CONFLICT OF INTEREST DISCLOSURE: FACULTY

NO DISCLOSURES TO DECLARE
Keisha Sutton, CPC
Learning Objectives

- Participants should be able to:
  - Explain the appropriate use of CPT-4 and ICD-10-CM for LARC-related services
  - Determine the appropriate code selection and the documentation requirements for reporting Preventive Medicine services according to CPT guidelines
  - Describe resources available to address common LARC-related coding questions
Understanding the Basics of LARC Coding
The Importance of CPT

Current Procedural Terminology (CPT®) is a set of codes, descriptions, and guidelines intended to describe procedures and services performed by physicians and other qualified health care professionals.
The Importance of CPT

- Each CPT code is identified with a five-digit code used to identify medical procedures, diagnoses, and supplies

- Physicians must assign codes and document the care given to patients in order to assure appropriate reimbursement
The Impact of Medical Practice

- CPT codes are linked to physician reimbursement and based on the codes submitted to the payer

- Physicians do better financially if they:
  - Select their own codes
  - Understand the coding process
  - Participate in their reimbursement cycle
The Impact of Medical Practice

- The key to proper coding and reimbursement is to:
  - Document “what” was done (CPT)
  - Document “why” it was done (ICD)
  - Code for “what” you documented
The Importance of ICD

- The International Statistical Classification of Disease and Related Health Problems (ICD) is published by the World Health Organization (WHO)

- ICD is a classification of diseases, signs and symptoms, abnormal findings and complaints, social circumstances, and external causes of injury or disease
The Importance of ICD

- ICD-10-CM is a coding and classification system used by physicians and others to describe the clinical picture of a patient

- Each ICD code is identified by 3-7 alphanumerical characters organized by organ system or condition
ICD Code Structure

✓ All ICD-10-CM codes are alphanumeric
✓ The first character is always a letter
✓ The second character is always a number
✓ Remaining characters are letters or numbers

- Each ICD code is identified by 3-7 alphanumeric characters organized by organ system or condition
ICD Code Structure

- The first three characters of a code identify the category
  ✓ Example: XXX.XXX(X)

- The next three characters identify the subcategory based on etiology, anatomic site, or severity
  ✓ Example: XXX.XXX(X)

- The final character is called an extension
  ✓ Example: XXX.XXX(X)
ICD Code Structure

- Dummy placeholder “X” in certain codes that require a 7th character
- Used to fill the empty character space
- 7th character must be in the 7th data field position to be valid

Example: T83.31XA-Breakdown (mechanical) of intrauterine contraceptive device, initial encounter
<table>
<thead>
<tr>
<th></th>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of characters</td>
<td>3-5 digits in length</td>
<td>3-7 characters in length</td>
</tr>
<tr>
<td>Number of codes</td>
<td>Approximately 13,000 codes</td>
<td>Approximately 68,000 available codes</td>
</tr>
<tr>
<td>Types of characters</td>
<td>First digit can be alpha (E or V) or numeric; digits 2-5 are numeric; most codes are all numeric</td>
<td>Character 1 is alpha; character 2 is numeric; characters 3-7 are alpha or numeric</td>
</tr>
<tr>
<td>Code capacity</td>
<td>Limited space for adding new codes</td>
<td>Flexible for adding new codes</td>
</tr>
<tr>
<td>Specificity</td>
<td>Lacks detail</td>
<td>Very specific</td>
</tr>
<tr>
<td>Laterality designations (right vs. left)</td>
<td>Lacks laterality</td>
<td>Has laterality</td>
</tr>
</tbody>
</table>
Comparison of ICD-9 and ICD-10

- Prior to October 1, 2015 the following code was used when counseling for contraception in an outpatient setting:

V25.02
Initiation of other contraceptive measures

ICD-10
ICD-9 to ICD-10 Crosswalk

V25.02
Initiation of other contraceptive measures

Z30.013
Encounter for initial prescription of injectable contraceptive

Z30.014
Encounter for initial prescription of intrauterine contraceptive device

Z30.018
Encounter for initial prescription of other contraceptives

Z30.019
Encounter for initial prescription of contraceptives, unspecified
The Impact on Medical Practice

- Physicians must learn basic coding rules before attempting to understand why claims are sometimes not paid appropriately.

- Sometimes there is more than one correct way to code for services provided.
The Impact on Medical Practice

- Correct coding implies that the code selection is based on:
  - The most accurate description of “what” was performed and “why” it was performed
  - Support from documentation in the medical record
  - Consistency with coding conventions and guidelines
Preventive Medicine Services
Preventive Medicine Services

Preventive Medicine Services codes are reported for comprehensive Evaluation and Management (E/M) services provided to patients who have no current symptoms or diagnosed illnesses.
Preventive Medicine Services

- Preventive codes are used to report annual “well-woman” examinations and include:
  - Counseling/anticipatory guidance/risk factor reduction interventions
  - Age and gender appropriate comprehensive history

ACOG LARC Coding 3/24/16
Preventive Medicine Services

- Preventive codes are used to report annual “well-woman” examinations and include:
  
  ✓ Age and gender appropriate comprehensive physical examination including in most case, but not limited to:
    ◦ Gynecological exam
    ◦ Breast exam
    ◦ Collection of Pap smear specimen
Preventive Medicine Services

- Preventive codes are used to report annual “well-woman” examinations and include:
  - Discussion about the status of previously diagnosed stable conditions
  - Ordering of appropriate laboratory/diagnostic procedures and immunizations
  - Discussion about issues related to the patient’s age or lifestyle
Preventive Medicine Services

Preventive Medicine codes (99381-99387 and 99391-99397) differ in several ways from problem-oriented Evaluation and Management (E/M) services
Preventive Medicine Services

- Preventive codes:
  - Can be performed in any setting
  - Do NOT require a chief complaint
  - Can NOT be reported using time

ACOG LARC Coding 3/24/16
Preventive Medicine Services

- Medicare and other payers have different rules for reporting and reimbursing for preventative services

- Physicians should check with their specific commercial carrier about their rules!
Preventive Medicine Services

- In accordance with the Patient Protection and Affordable Care Act, payers are required to provide 100% coverage for preventive care services when services are rendered by a provider in the member’s plan network.

- This means that members will have no cost-sharing when preventive services are rendered by an in-network provider.
Preventive Medicine Services

- **Non-preventive Services** received in conjunction with a preventive service visit may be subject to member cost-sharing. Plan authorization requirements must still be met for services that require prior authorization.

- If a non-preventive service is performed during a preventive care visit, applicable member cost-sharing applies.
Preventive Medicine Services

- If a patient comes in to discuss contraceptive options but no procedure is provided at that visit, an additional Evaluation and Management (E/M) services is not appropriate.

- The discussion is NOT reported separately if it takes place during a preventive visit (99381-99387 or 99391-99397).
Non-Preventive Services

- If the discussion takes place during an Evaluation and Management (E/M) office or outpatient visit (99201-99215), report separately

- Link the E/M code with the ICD-10-CM diagnosis code Z30.09 (Encounter for other general counseling and advice on contraception). Applicable member cost-sharing applies
Coding for LARC
New HCPCS Codes for IUDs

- Effective January 1, 2016, CMS has discontinued the use of Healthcare Common Procedure Coding System (HCPCS) code J7302 for 52 mg levonorgestrel-releasing IUDs.

- Two 52 mg dosage levonorgestrel-releasing intrauterine contraceptive systems (IUS) are approved for use in the U.S.

- FDA approved indications and product life effectiveness differ between the two products.
New HCPCS Codes for IUDs

- Mirena® is currently approved for the treatment of heavy menstrual bleeding in IUD users and for 5 years of contraceptive use
- Liletta® is currently approved for 3 years of contraceptive use
New HCPCS Codes for IUDs

- Procedure and Device Coding
  - Effective January 1, 2016 potential codes to report are as follows:
    - 58300 (IUD Insertion)
      - J7297 (Levonorgestrel-releasing intrauterine contraceptive system, 52mg, 3 year duration [Liletta®]) OR
      - J7298 (Levonorgestrel-releasing intrauterine contraceptive system, 52mg, 5 year duration [Mirena®])
HCPCS Codes for IUDs

HCPCS codes for the 13.5mg levonorgestrel-releasing IUD (J7301) (brand name Skyla®) and the intrauterine copper contraceptive (J7300) (brand name ParaGard®) remain unchanged.
Intrauterine Contraceptive Device Coding

The insertion and/or removal of an intrauterine contraceptive device is reported using one of the following CPT codes:

- 58300 Intrauterine contraceptive device insert
- 58300 Intrauterine contraceptive device insert FAILED (append modifier 53)
- 58301 Intrauterine contraceptive device removal
Intrauterine Contraceptive Device Coding

- Most IUD services will be linked to the Z30 series in ICD-10-CM:
  - Z30.014 Encounter for initial prescription of intrauterine contraceptive device
  - Z30.430 Encounter for insertion of intrauterine contraceptive device
  - Z30.431 Encounter for routine checking of intrauterine contraceptive device
  - Z30.432 Encounter for removal of intrauterine contraceptive device
  - Z30.433 Encounter for removal and reinsertion of intrauterine contraceptive device
  - Z97.5 Presence of intrauterine contraceptive device
Intrauterine Contraceptive Device Coding

- The CPT procedure codes do not include the cost of the supply. Report the supply separately using a HCPCS code:
  - J7297 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration
  - J7298 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration
  - J7300 Intrauterine copper contraceptive
  - J7301 Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg
LARC Reimbursement
Birth Control Coverage Benefit

- All non-grandfathered health plans must cover all 18 categories of FDA-approved contraceptive methods and counseling for all women, as prescribed by a health care provider.

- Plans must cover these services without charging a copayment or coinsurance when provided by an in-network provider even if a patient’s deductible has not been met.
Birth Control Coverage Benefit

- FDA-approved contraceptive methods prescribed by a woman’s provider are covered, including:
  - Barrier methods, like diaphragms and sponges
  - Hormonal methods, like birth control pills and vaginal rings
  - Implanted devices, like intrauterine devices (IUDs)
  - Emergency contraception, like Plan B® and ella®
  - Sterilization procedures
  - Patient education and counseling
Birth Control Coverage Barriers

- Insurance companies are not complying with the birth control benefit if they:
  - Do not provide coverage for all 18 FDA-approved methods of birth control or impose out-of-pocket cost on them
  - Limit their coverage to generic birth control
  - Fail to cover the services associated with birth control without out-of-pocket cost, including counseling or follow-up visits
  - Impose utilization management within a method category
Insurance companies are still charging out-of-pocket costs for birth control in ways that do not comply with the ACA.

The National Women’s Law Center operates a nationwide hotline, CoverHer, that provides guidance on how to obtain coverage.

Call 1-866-745-5467 or email CoverHer@nwlc.org
CoverHer Hotline

- The National Women’s Law Center operates a nationwide hotline that:
  - Collects data
  - Assists women in securing coverage
  - Compiles additional resources to understand coverage

- Call 1-866-745-5467 or email CoverHer@nwlc.org
CoverHer
Website:
www.CoverHer.org
Coding Overview
Strategies for Improving Coding Accuracy

- Code for what you do
- Services must be medically necessary (use diagnosis codes)
- Avoid unspecified codes
- Documentation, documentation, documentation!
- Keep coding resources updated (coding books/EHR, payer memos) etc.
- If in doubt about particular codes, review ICD or CPT guidelines
- Periodically review your specific payers’ payment policies
Strategies for Improving Coding Accuracy

✓ Conduct internal chart audits
✓ Regularly share correct coding tips/audit results with the team
✓ Regularly review Explanation of Benefits (EOBs)
✓ Determine what codes are or aren’t being reimbursed by which payers and why?
  - Incorrect codes? Specific payer policy? Patient Coverage?
✓ Attend Coding Training periodically
2016 ACOG Coding Resources
ACOG’s Department of Health Economics

- The Department of Health Economics offers a variety of resources related to practice management, health economics, physician reimbursement, and coding.

- Our mission is to support ACOG Fellows’ efforts to maintain economically viable ob-gyn practices so they can continue to provide high quality health services for women.
2016 OB/GYN Coding Manual: Component of Correct Procedural Coding with Thumb Drive
Procedural Coding in OB/GYN

- 2016 OB/GYN Posted on the ACOG Coding Webpage
- Additional copies can be purchased
- Updated in even years
OB/GYN Quick Ref Sheet

- OB/GYN Quick Reference Coding Sheet includes official CPT® and ICD codes with abbreviated descriptions for the most commonly reported OB/GYN-related procedures and diagnoses.

- One version is available: ICD-10/CPT codes as double-sided, laminated sheet(s).

- Procedure codes are on one side with diagnosis codes on the other side.

ACOG LARC Coding
Laminated ICD-9/ICD-10 Crosswalks

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>ICD-9 CM</th>
<th>ICD-10 CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>651.1</td>
<td>First trimester bleeding</td>
<td>651.10</td>
<td>651.10</td>
</tr>
<tr>
<td>651.2</td>
<td>Second trimester bleeding</td>
<td>651.20</td>
<td>651.20</td>
</tr>
<tr>
<td>651.3</td>
<td>Third trimester bleeding</td>
<td>651.30</td>
<td>651.30</td>
</tr>
<tr>
<td>651.4</td>
<td>Other bleeding</td>
<td>651.40</td>
<td>651.40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>ICD-9 CM</th>
<th>ICD-10 CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>652.0</td>
<td>Placental abruption</td>
<td>652.00</td>
<td>652.00</td>
</tr>
<tr>
<td>652.1</td>
<td>Placental separation</td>
<td>652.10</td>
<td>652.10</td>
</tr>
<tr>
<td>652.2</td>
<td>Placenta previa</td>
<td>652.20</td>
<td>652.20</td>
</tr>
<tr>
<td>652.3</td>
<td>Placenta accreta</td>
<td>652.30</td>
<td>652.30</td>
</tr>
<tr>
<td>652.4</td>
<td>Other complications of pregnancy</td>
<td>652.40</td>
<td>652.40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>ICD-9 CM</th>
<th>ICD-10 CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>653.0</td>
<td>Miscarriage</td>
<td>653.00</td>
<td>653.00</td>
</tr>
<tr>
<td>653.1</td>
<td>Termination of pregnancy</td>
<td>653.10</td>
<td>653.10</td>
</tr>
<tr>
<td>653.2</td>
<td>Abortion</td>
<td>653.20</td>
<td>653.20</td>
</tr>
<tr>
<td>653.3</td>
<td>Other complications of abortion</td>
<td>653.30</td>
<td>653.30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>ICD-9 CM</th>
<th>ICD-10 CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>654.0</td>
<td>Ectopic pregnancy</td>
<td>654.00</td>
<td>654.00</td>
</tr>
<tr>
<td>654.1</td>
<td>Other complications of pregnancy</td>
<td>654.10</td>
<td>654.10</td>
</tr>
<tr>
<td>654.2</td>
<td>Other complications of abortion</td>
<td>654.20</td>
<td>654.20</td>
</tr>
</tbody>
</table>

ACOG LARC Coding 3/24/16
ACOG Staff Coding Assistance

- Effective April 6, 2015 coding@acog.org is no longer active!

- Fellows and their staff can now submit specific OB/GYN coding questions by registering through our New Ticket Database at: https://acogcoding.freshdesk.com

- Features include:
  - Coding FAQs
  - Top Coding Questions of the Month
  - Hot Topics
  - ICD-10 Updates
ACOG Staff Coding Assistance
https://acogcoding.freshdesk.com
E-Mail Listserv for Coding Resources

- “The Practice Management & Coding Update” is a free monthly e-mail news service. The update includes effective coding tips, practice management advice, information about regulatory issues, and the latest news on what ACOG is doing to help address your reimbursement concerns and improve your practice environment.

- Visit the website (www.acog.org), click on the Practice Management tab and the link to “Join Our List” to sign up for free!
Live Webcasts for Coding Support

- ACOG presents a series of live Webcasts offered at 1:00-2:30 pm Eastern Time on the second Tuesday of each month. Six coding webcasts are conducted each year during the even months: February, April, June, October and December.

- Participants must register individually for the webcast in order to receive CME or CEU credit.

- Recordings of past webcasts are also available on a pay-per-view basis. Visit the postgraduate courses portion of the ACOG website for additional information.
Upcoming Live Webcasts for Coding

- Live webcasts are now just $25! Each participant must be registered and will need their own log-in and access codes:

  ✓ CPT Modifiers and the Global Surgical Package - April 12, 2016
  ✓ Correct Coding for Infertility Diagnosis & Treatment - June 14, 2016
  ✓ Clinical Documentation Improvement & EMRs - August 9, 2016
  ✓ Coding for Wound Repair: Post-Operative & Postpartum - October 11, 2016
  ✓ Preview of New Codes & Medicare Changes for 2017 - December 13, 2016
ACOG’s FREE Webcasts

ACOG continues to offer the following six ICD-10 webcasts at no cost!!! The free webcasts are available on the acog.org website under the Education and Events tab:

✓ ICD-9 to ICD-10: What to Expect
✓ ICD-10 Documentation Guidelines
✓ ICD-10 Documentation Requirements
✓ ICD-10 Diagnosis Coding for Obstetric Care Complications
✓ ICD-10 Diagnosis Coding for Gynecological Conditions
✓ ICD-10 A Smooth Transition

These webcasts are informational only. CME or CEU not attached
ACOG’s 2016 Coding Workshops

- ACOG’s Committee on Health Economics and Coding and ACOG’s Executive Board believe physicians must educate themselves and their staff about appropriate coding and billing practices.

- These workshops are designed to assist physicians in coping with these challenges by demonstrating:
  - The relationships between diagnostic and procedural coding
  - Improving documentation specificity
  - Select and support different levels of Evaluation and Management (E/M) services
  - Common coding mistakes that may trigger audits
2016 Coding Workshop Locations

Orlando, Florida • March 31-April 3, 2016
Chicago, Illinois • April 22-24, 2016
Atlanta, Georgia • June 10-12, 2016
Las Vegas, Nevada • June 24-26, 2016
Austin, Texas • July 8-10, 2016
Seattle, Washington • July 29-31, 2016
Memphis, Tennessee • September 9-11, 2016
Arlington, Virginia/Washington, DC • September 16-18, 2016
Santa Fe, New Mexico • October 7-9, 2016
Questions?