Coding for Office-Based OB/GYN Procedures

ACOG

THE AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS

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ACOG Committee for Health Economics and Coding

"Coding for Office-Based OB/GYN Procedures"

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Learning Objectives

- Participants will be should be able to:
  - List procedures commonly performed in the OB/GYN office and identify circumstances in which separate Evaluation and Management services can be billed in conjunction with these procedures
  - Distinguish common complications and variants of procedures that require special coding to accurately report the service

Learning Objectives

- Participants should be able to:
  - Predict circumstances in which third-party reimbursement for office procedures may be delayed and develop strategies to shorten the payment cycle
  - Design workflow processes to ensure that adequate information is collected/reported to facilitate proper billing for office-based procedures

THE BASICS OF OFFICE-BASED PROCEDURES

Office-Based Procedures

- More procedures are done in the office than have been done in the past…
  - Technology, techniques, and tools have improved, making office-based services possible
  - Benefits of office-based procedures
    - More convenient for the patient
    - More cost-effective for patient and third-party payer
    - More convenient for the provider
      - Theoretically, provides the opportunity for greater $$$

Questions Produced by Office-Based Procedures

- Can I bill an Evaluation and Management (E/M) service on the same date that the procedure is performed?
- Can I bill for supplies? When? How do I decide?
- How do I deal with special circumstances?
- Is it financially wise for me to provide this procedure in the office?

Patient/Financial Considerations

- Is it appropriate to provide this service in the office setting?
  - Is it medically safe to do so?
  - Will the patient tolerate the procedure in this setting?
- Is the reimbursement adequate to…
  - Cover the cost of supplies?
  - Justify the expenditure of physician time?

Patient/Financial Considerations

- Does the payer consider this procedure appropriate for the office setting?
  - Is special certification required in order to bill for a given procedure?
  - Is it on an “approved” office procedure list?

DEFINING THE PROCEDURES THAT CAN BE DONE IN THE OFFICE

It's All About Practice Expense

- Medicare Reimbursement (and that of many third-party payers) is based on **R**esource **B**ased **R**elative **V**alue **S**ystem (RBRVS)
  - Work
  - **Practice Expense**
    - **Non-facility**
    - **Facility**
  - Malpractice Expense

Clarifying Practice Expense

- Services are reimbursed based on…
  - Physician Work (averages 48.3% of RVUs)
    - Time to perform service
    - Mental effort and judgment
    - Technical skill and effort
    - Psychological stress

Clarifying Practice Expense

- Services are reimbursed based on…
  - Malpractice Expense (averages 4.3% of total RVUs)
    - Calculated using
      - Liability premium data
      - Current Medicare payment data
      - Specialty specific information

Clarifying Practice Expense

- Services are reimbursed based on…
  - Practice Expense (averages 47.4% of RVUs)
    - Indirect costs
      - Administrative labor and office expenses
    - Direct costs (per code)
      - Clinical labor
      - Medical supplies
      - Procedure-specific equipment

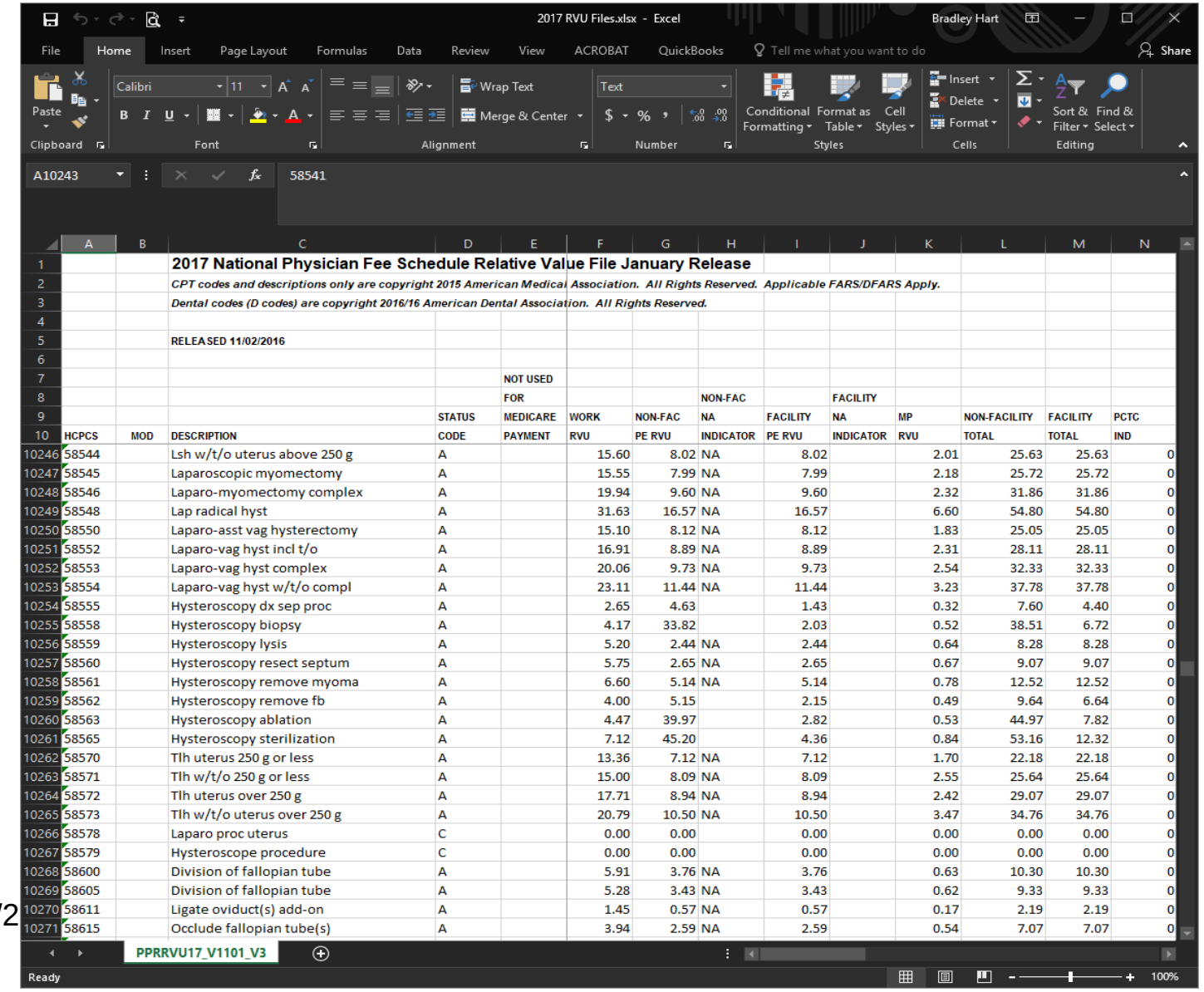
The Difference in Payment

RBRVS Category	Facility-Based	Non-Facility (Office)
Work	=	=
Practice Expense	<	>
Malpractice Expense	=	=

Why it matters

- RBRVS compensates providers for expense in delivering the service
  - Facility
    - The facility incurs most of the expense in delivering the service
    - The provider has relatively little expense
  - Non-Facility (Office)
    - The provider incurs all of the expense of delivering the service

Data from Medicare Web Site



2017 National Physician Fee Schedule Relative Value File January Release

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RELEASED 11/02/2016

	HCPCS	MOD	DESCRIPTION	STATUS CODE	NOT USED FOR MEDICARE PAYMENT	WORK RVU	NON-FAC PE RVU	NON-FAC NA INDICATOR	FACILITY PE RVU	FACILITY NA INDICATOR	MP RVU	NON-FACILITY TOTAL	FACILITY TOTAL	PCTC IND
10246	58544		Lsh w/t/o uterus above 250 g	A		15.60	8.02	NA	8.02		2.01	25.63	25.63	0
10247	58545		Laparoscopic myomectomy	A		15.55	7.99	NA	7.99		2.18	25.72	25.72	0
10248	58546		Laparo-myomectomy complex	A		19.94	9.60	NA	9.60		2.32	31.86	31.86	0
10249	58548		Lap radical hyst	A		31.63	16.57	NA	16.57		6.60	54.80	54.80	0
10250	58550		Laparo-asst vag hysterectomy	A		15.10	8.12	NA	8.12		1.83	25.05	25.05	0
10251	58552		Laparo-vag hyst incl t/o	A		16.91	8.89	NA	8.89		2.31	28.11	28.11	0
10252	58553		Laparo-vag hyst complex	A		20.06	9.73	NA	9.73		2.54	32.33	32.33	0
10253	58554		Laparo-vag hyst w/t/o compl	A		23.11	11.44	NA	11.44		3.23	37.78	37.78	0
10254	58555		Hysteroscopy dx sep proc	A		2.65	4.63		1.43		0.32	7.60	4.40	0
10255	58558		Hysteroscopy biopsy	A		4.17	33.82		2.03		0.52	38.51	6.72	0
10256	58559		Hysteroscopy lysis	A		5.20	2.44	NA	2.44		0.64	8.28	8.28	0
10257	58560		Hysteroscopy resect septum	A		5.75	2.65	NA	2.65		0.67	9.07	9.07	0
10258	58561		Hysteroscopy remove myoma	A		6.60	5.14	NA	5.14		0.78	12.52	12.52	0
10259	58562		Hysteroscopy remove fb	A		4.00	5.15		2.15		0.49	9.64	6.64	0
10260	58563		Hysteroscopy ablation	A		4.47	39.97		2.82		0.53	44.97	7.82	0
10261	58565		Hysteroscopy sterilization	A		7.12	45.20		4.36		0.84	53.16	12.32	0
10262	58570		Tlh uterus 250 g or less	A		13.36	7.12	NA	7.12		1.70	22.18	22.18	0
10263	58571		Tlh w/t/o 250 g or less	A		15.00	8.09	NA	8.09		2.55	25.64	25.64	0
10264	58572		Tlh uterus over 250 g	A		17.71	8.94	NA	8.94		2.42	29.07	29.07	0
10265	58573		Tlh w/t/o uterus over 250 g	A		20.79	10.50	NA	10.50		3.47	34.76	34.76	0
10266	58578		Laparo proc uterus	C		0.00	0.00		0.00		0.00	0.00	0.00	0
10267	58579		Hysteroscope procedure	C		0.00	0.00		0.00		0.00	0.00	0.00	0
10268	58600		Division of fallopian tube	A		5.91	3.76	NA	3.76		0.63	10.30	10.30	0
10269	58605		Division of fallopian tube	A		5.28	3.43	NA	3.43		0.62	9.33	9.33	0
10270	58611		Ligate oviduct(s) add-on	A		1.45	0.57	NA	0.57		0.17	2.19	2.19	0
10271	58615		Occlude fallopian tube(s)	A		3.94	2.59	NA	2.59		0.54	7.07	7.07	0

Data from the 2017 ACOG Coding Manual

		Relative Value Units (RVUs)					
			Practice Expense			Total RVUs	
CPT Code	Desc.	Work	Non-Fac	Fac.	Malp.	Non-Fac	Fac.
49320	Diag Lap.	5.14	3.23	3.23	1.04	9.41	9.41
57452	Colposcopy	1.50	1.40	0.94	0.20	3.10	2.64
58100	Endo Bx	1.53	1.38	0.78	0.19	3.10	2.50
58150	Total Hyst.	17.31	9.04	9.04	2.66	29.01	29.01
58356	Endo Cryoablation	6.41	46.03	2.65	0.76	53.20	9.82
58555	Diag Hyst.	2.65	4.63	1.43	0.32	7.60	4.40

Payment for Endometrial Biopsy

Performed in Physician's office in Wyoming

	RVUs	GAF*	Total
Work	1.53	1.000	1.5300
Practice Expense	1.38	1.000	1.3800
Malpractice	0.19	1.050	0.1995
Total RVUs	3.10		3.1095
Total RVUs x Conversion factor ($35.89)			$111.60

* Geographic Adjustment Factor

Payment for Endometrial Biopsy

Performed in a setting outside of the Physician's office in Wyoming

	RVUs	GAF	Total
Work	1.53	1.000	1.5300
Practice Expense	0.78	1.000	0.7800
Malpractice	0.19	1.050	0.1995
Total RVUs	2.50		2.5005
Total RVUs x Conversion factor ($35.89)			$89.74

A massive change in Medicare payment policy

		Relative Value Units					
2016			Practice Expense			Total RVUs	
CPT Code	Desc.	Work	Non-Fac	Fac.	Malp.	Non-Fac	Fac.
58558	Hysteroscopy w/biopsy	4.74	6.11	2.23	0.59	11.44	7.56
58563	Hysteroscopy ablation	6.16	40.12	2.78	0.73	47.01	9.67
2017			**Practice Expense**			**Total RVUs**	
CPT Code	Desc.	Work	Non-Fac	Fac.	Malp.	Non-Fac	Fac.
58558	**Hysteroscopy w/biopsy**	**4.17**	**33.82**	**2.03**	**0.52**	**38.51**	**6.72**
58563	Hysteroscopy ablation	4.47	39.97	2.82	0.53	44.97	7.82

Deciding if a Procedure Can Be Done in the Office Setting

- Review the RBRVS Data
  - Is there a variance in practice expense RVUs?
- Check with insurance company policy or handbook
- Determine if the procedure can be appropriately performed in the office setting

PROCEDURES AND SAME DAY E/M SERVICES

A commonly asked question…

- Can I bill for an evaluation and management service on the same day as an in-office procedure?

- The answer is…
  - It depends

E/M Services and Same Day Procedures

- Visit must be *above and beyond* the usual pre- and post-procedure care
- Separately identifiable from the procedure
- Distinct diagnosis not required

E/M Services and Same Day Procedures

- You generally report *both services* if:
  - Physician must address signs, symptoms, conditions before deciding to perform procedure, *OR*
  - Work was above and beyond normal pre/post-procedure work, *OR*

E/M Services and Same Day Procedures

- Diagnosis for E/M and procedure are different, *AND*
- E/M service is supported by documentation in the medical record

E/M Services and Same Day Procedures

- You generally report *only the procedure* if:
  - The decision for procedure was made at different encounter, *OR*
  - E/M service did not require significant history, exam, MDM, or time, *OR*
  - The E/M service is not supported by the medical record documentation

E/M Services and Same Day Procedures

- Report visits only if:
  - Significant- Hx, PE, MDM, or time
  - Separately identifiable- Unrelated to usual care associated with procedure
- Apply 25 modifier to E/M service
- Advisable to clearly distinguish documentation in medical record

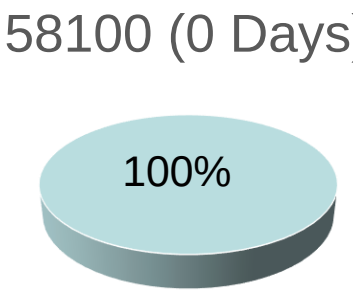
Payer's Response

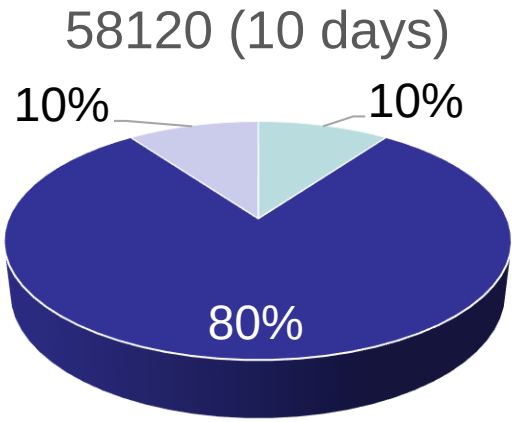
- Medicare pays for both services if:
  - Reported with 25 modifier regardless of diagnosis
  - Distinct documentation in record
  - Clinical need for both services established

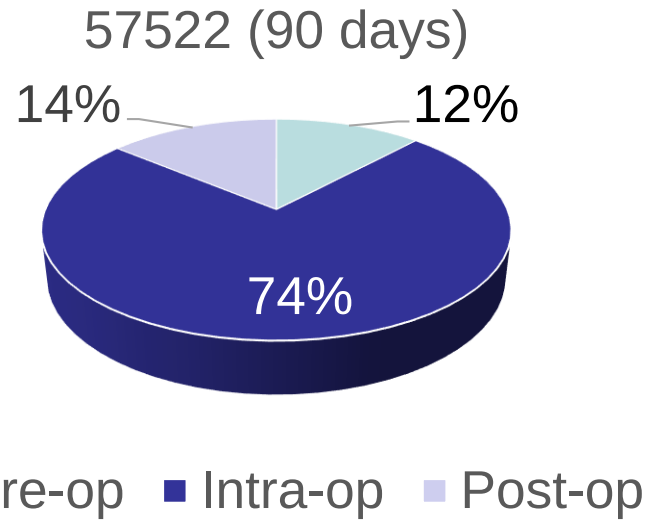
Payer's Response

- Other payers may:
  - Reimburse for both services
  - Require different diagnoses
  - Never pay for both services on same day
  - Require documentation prior to payment

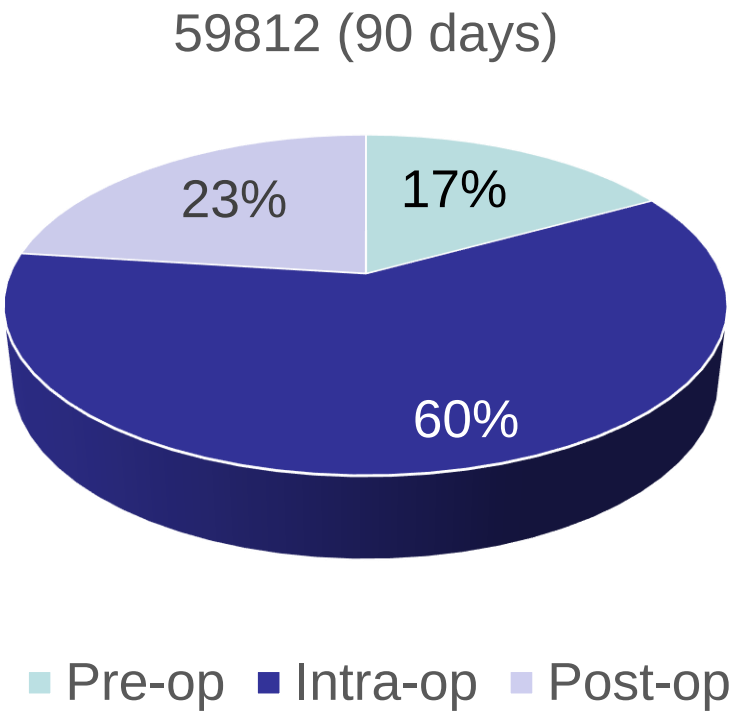
Another way to think about surgical services

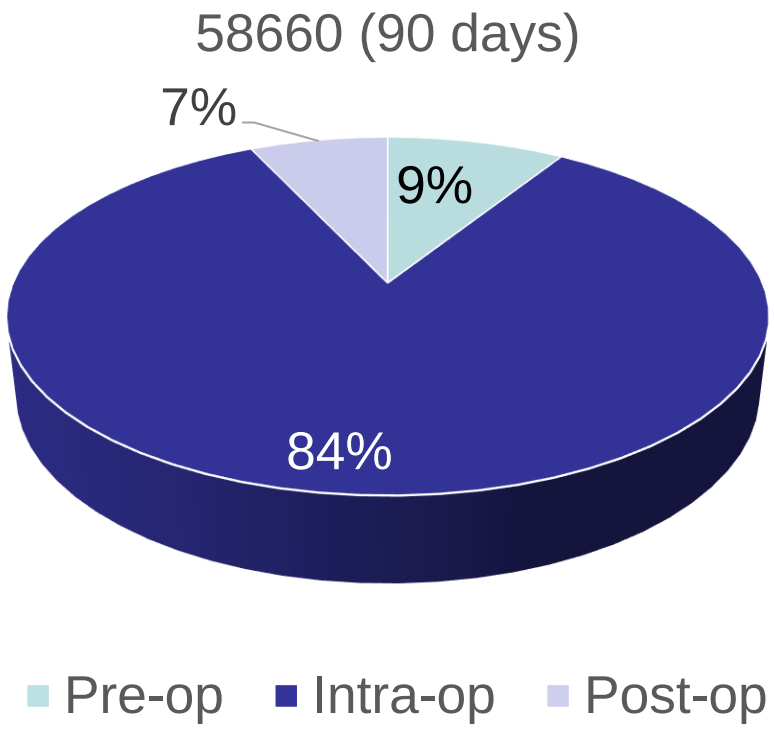






Another way to think about surgical services





So, what's included?

58100 Endometrial biopsy

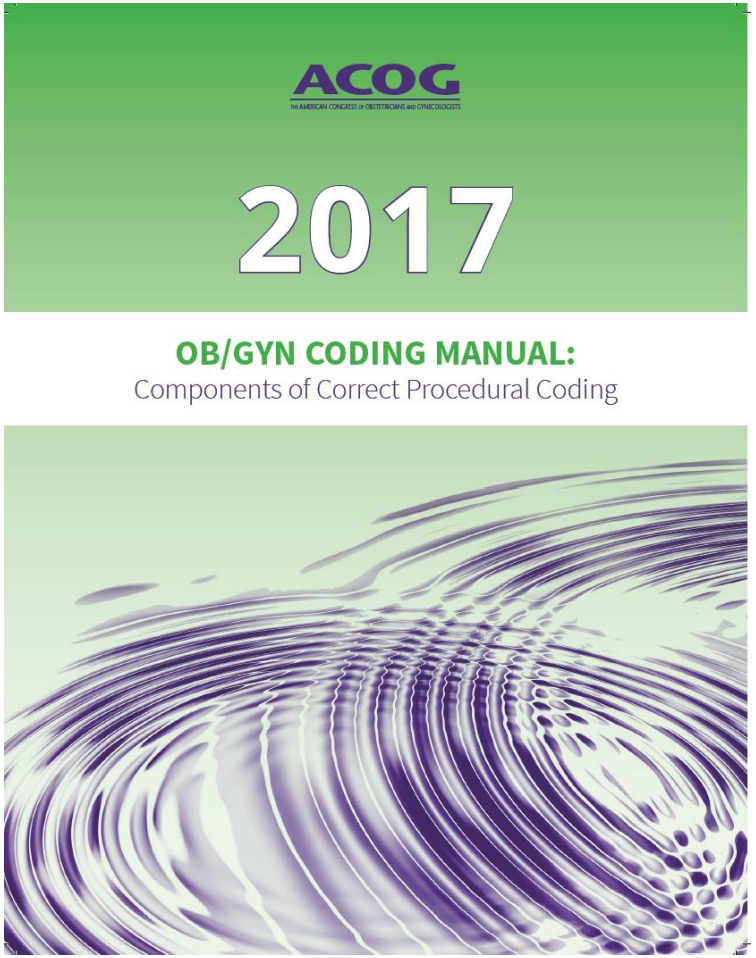
- Proper positioning
- Catheterization or catheter insertion
- Injection of local anesthesia
- Insertion of speculum
- Visualization of cervix
- Application of tenaculum
- Endometrial sampling, any method
- Endocervical sampling
- Hemostasis

58120 D & C

- Proper positioning
- Placement of appropriate markings, packs or probes
- Catheterization or catheter insertion
- Examination under anesthesia
- Insertion of speculum
- Visualization of cervix
- Application of tenaculum
- Endocervical curettage
- Sound uterus for size
- Dilation of cervical canal
- Uterine curettage

How we know this…

- ACOG OB/GYN Coding Manual: Components of Correct Procedural Coding



Antoinette

- Antoinette, a 28-year-old established patient of Dr. Louis, was seen on 11/01/0X with complaints of vulvar pain and swelling occurring over the last 3 days. She denied discharge, bleeding, urgency, and frequency.
- After evaluation, Dr. Louis determined it was a Bartholin's gland abscess and recommended an I&D be performed the same day.
- Antoinette agreed and Dr. Louis performed the procedure.

Antoinette

- Office Procedure Note: On 11/01/0X, incision and drainage of a Bartholin's gland abscess was performed. An incision was made just inside the opening of the vagina through the mucosal surface into the cavity of the abscess. A small catheter was left in the cavity to facilitate drainage. She was instructed to return in one week.

Dr. Louis Antoinette

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).								22. RESUBMISSION CODE			ORIG REF. NO.		
A. **N75.1**		B.		C.		D.							
E.		F.		G.		H.		23. PRIOR AUTHORIZATION NUMBER					
I.		J.		K.		L.							

24.A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. POS	D. PROCEDURES,SERVICES,OR SUPPLIES (Explain Unusual Circumstances) CPT	MODIFIER	E. DX POINTER	F. $ CHARGES		G. DAYS/ UNITS	I. ID QUAL	J. RENDERING PROVIDER N°
11	**01**	**1X**				**11**	**9921X**	**25**	**A**			**1**	NPI	
11	**01**	**1X**				**11**	**56420**		**A**			**1**	NPI	

ICD-10 Codes	ICD-10 Description
N75.1	**Abscess of Bartholin's gland**

CPT Codes	CPT Description
9921X	**E/M service, office/outpatient, level unspecified**
56420	**Incision and drainage, Bartholin's gland abscess**

Marie

- Marie, a 28-year-old established patient of Dr. King, was seen on 11/01/0X with a developing Bartholin's gland abscess.
- After evaluation, Dr. King prescribed p.o. antibiotics and hot baths q.i.d.
- Marie was instructed to return in 3 days for a probable I&D.

Marie

- On 11/04/0X, Marie returned after having followed Dr. King's instructions. Dr. King briefly examined Marie and decided to perform the procedure.

First Visit

Dr. King Marie

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).								22. RESUBMISSION CODE			ORIG REF. NO.		
A.	**N75.1**	B.		C.		D.							
E.		F.		G.		H.		23. PRIOR AUTHORIZATION NUMBER					
I.		J.		K.		L.							

24.A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. POS	D. PROCEDURES,SERVICES,OR SUPPLIES (Explain Unusual Circumstances) CPT	MODIFIER	E. DX POINTER	F. $ CHARGES		G. DAYS/ UNITS	I. ID QUAL	J. RENDERING PROVIDER N°
11	**01**	**1X**				**11**	**9921X**		**A**			**1**	NPI	
													NPI	

ICD-10 Codes	ICD-10 Description
N75.1	**Abscess of Bartholin's gland**

CPT Codes	CPT Description
9921X	**E/M service, office/outpatient, level unspecified**

Second Visit

Dr. King Marie

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).								22. RESUBMISSION CODE			ORIG REF. NO.		
A.	**N75.1**	B.		C.		D.							
E.		F.		G.		H.		23. PRIOR AUTHORIZATION NUMBER					
I.		J.		K.		L.							

24.A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. POS	D. PROCEDURES,SERVICES,OR SUPPLIES (Explain Unusual Circumstances) CPT	MODIFIER	E. DX POINTER	F. $ CHARGES		G. DAYS/ UNITS	I. ID QUAL	J. RENDERING PROVIDER N°
11	**04**	**1X**				**11**	**56420**		**A**			**1**	NPI	
													NPI	

ICD-10 Codes	ICD-10 Description
N75.1	**Abscess of Bartholin's gland**

CPT Codes	CPT Description
56420	**Incision and drainage, Bartholin's gland abscess**

Anna

- History:
  - CC: “Growths” on her vulva
  - HPI: Anna is a 22-year-old who has been seen on multiple occasions for perineal and vaginal condylomata. Today she comes in to see Dr. Vronsky with complaints of recurring external lesions and mild vaginal itching. She first noted symptoms about 2 weeks ago. She tried an OTC anti-fungal medication without relief.

Anna

- PMH: Previous perineal and vaginal condyloma
- SH: Sexually active and on oral contraceptives
- ROS: She denies urinary urgency, frequency, or burning. She denies pain on intercourse. Her last Pap smear was 8 months ago and normal. No vulvar rash, erythema, or ulcer. No other rashes or lesions.

Anna

- Physical Exam:
  - Const: BP: 120/78; Wt: 125 #; Ht: 65”
  - GU: several thickened areas of epithelium were noted on the vulva and perianal area
  - *Urethra and meatus:* no lesions
  - *Vagina:* normal appearance with small amount of thick, yellow discharge
  - *Wet mount:* negative

Anna

- Assessment: Condylomata
- Plan: The nature of the lesions and treatment plan were discussed with Anna. Because of her past history, a cervical colposcopy and vaginoscopy will be done today. The vulvar lesions will be treated today using topical TCA. She was counseled regarding STD's and the use of condoms. She should return to the office in 1 week for biopsy results.

Anna

- Office Procedural Note: Acetic acid (5% solution) is applied to the entire vagina. The cervix showed a thin rim of acetowhite epithelium around the ectocervical os as well as faint changes on the left vaginal sidewall. Both areas were injected with local anesthetic and biopsies were taken from the 12 o'clock position on the cervix as well as the vaginal side wall. Silver nitrate was used for hemostasis.

Anna

- Office Procedural note (cont'd):

  The vulvar lesions were treated using topical TCA. The patient tolerated both procedures well without complaints.

Dr. Vronsky Anna

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).								22. RESUBMISSION CODE			ORIG REF. NO.		
A. **A63.0**	B. **N89.8**	C.	D.										
E.	F.	G.	H.	23. PRIOR AUTHORIZATION NUMBER									
I.	J.	K.	L.										

24.A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. POS	D. PROCEDURES,SERVICES,OR SUPPLIES (Explain Unusual Circumstances) CPT	MODIFIER	E. DX POINTER	F. $ CHARGES		G. DAYS/ UNITS	I. ID QUAL	J. RENDERING PROVIDER N°
						11	**9921X**	**25**	**AB**			**1**	NPI	
						11	**57421**		**A**			**1**	NPI	
						11	**56501**	**51**	**A**			**1**	NPI	
						11	**87210**		**B**			**1**	NPI	

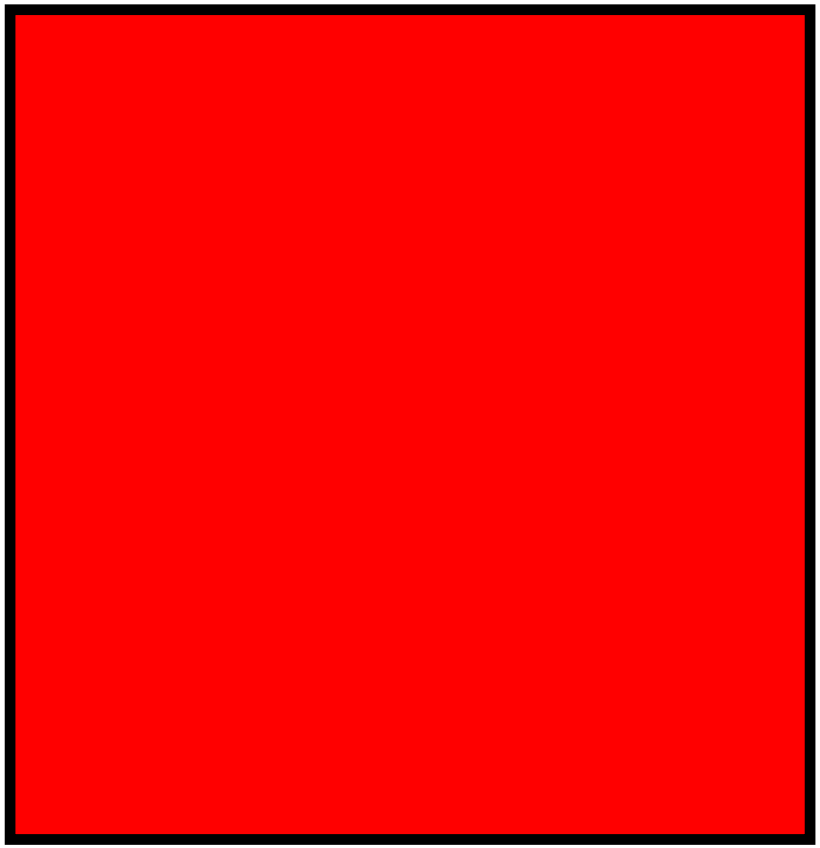
ICD-10 Codes	ICD-10 Description
A63.0	**Anogenital (venereal) warts**
N89.8	**Other specified noninflammatory disorders of vagina (discharge)**

CPT Codes	Description
9921X	**E/M service, office/outpatient, level unspecified**
57421	**Colposcopy of entire vagina with bx**
56501	**Destruction of lesion(s), vulva**
87210	**Wet Mount**

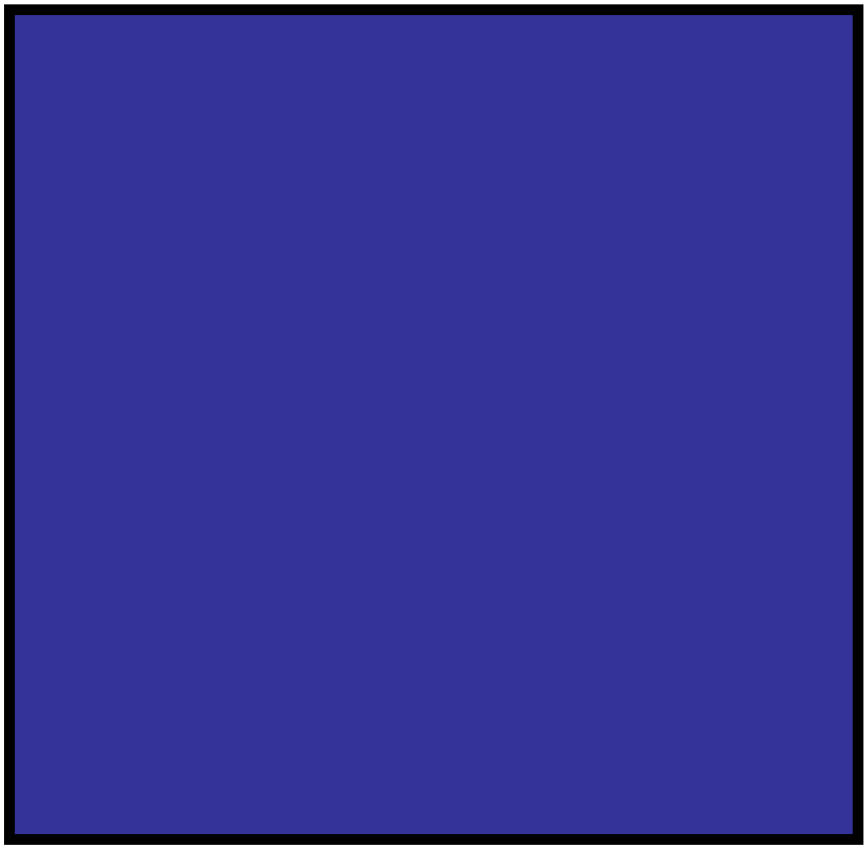
WHAT LEVEL OF E/M SERVICE CAN BE BILLED?

Remember, there are two distinct services

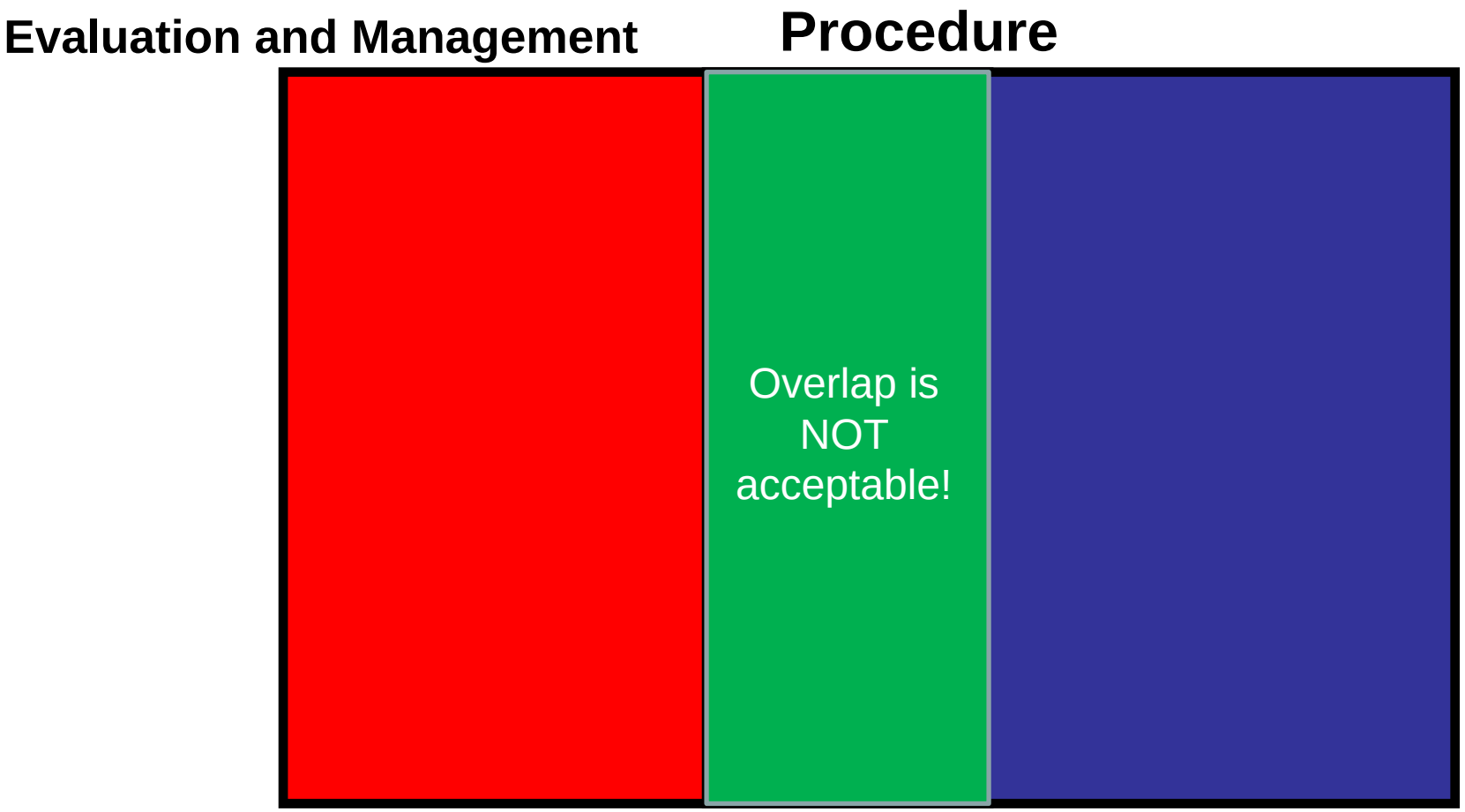
Evaluation and Management



Procedure



Remember, there are two distinct services



Office or Other Outpatient Services

New Patient	99201	99202	99203	99204	99205
HISTORY					
CC	Required	Required	Required	Required	Required
HPI	1-3 elements	1-3 elements	≥ 4 elements OR ≥ 3 chronic or Inactive conditions	≥ 4 elements OR ≥ 3 chronic or Inactive conditions	≥ 4 elements OR ≥ 3 chronic or Inactive conditions
ROS	N/A	1 system	2-9 systems	10-14 systems	10-14 systems
PFSH	N/A	N/A	1 element	3 elements	3 elements
Level	PF	Expanded PF	Detailed	Comprehensive	Comprehensive
PHYSICAL EXAMINATION					
1995	1 System	2-4 systems	5-7 systems	≥ 8 systems	≥ 8 systems
1997	1-5 elements	6-11 elements	≥ 12 elements	Comprehensive	Comprehensive
Level	PF	Expanded PF	Detailed	Comprehensive	Comprehensive
MEDICAL DECISION MAKING					
Dx Mgmt Options	Minimal	Minimal	Limited	Multiple	Extensive
Data Reviewed	Minimal or None	Minimal or None	Limited	Moderate	Extensive
Risk	Minimal	Minimal	Low	Moderate	High
Level	SF	SF	Low	Moderate	High
TIME					
Face-to-face	10 min.	20 min.	30 min.	45 min.	60 min.

Office or Other Outpatient Services

Established Pt.	99211	99212	99213	99214	99215
HISTORY					
CC	N/A	Required	Required	Required	Required
HPI	N/A	1-3 elements	1-3 elements OR ≥ 3 chronic or Inactive conditions	≥ 4 elements OR ≥ 3 chronic or Inactive conditions	≥ 4 elements OR ≥ 3 chronic or Inactive conditions
ROS	N/A	N/A	1 system	2-9 systems	10-14 systems
PFSH	N/A	N/A	N/A	1 element	2 elements
Level	N/A	PF	Expanded PF	Detailed	Comprehensive
PHYSICAL EXAMINATION					
1995	N/A	1 system	2-4 systems	5-7 systems	≥ 8 systems
1997	N/A	1-5 elements	6-11 elements	≥ 12 elements	Comprehensive
Level	N/A	PF	Expanded PF	Detailed	Comprehensive
MEDICAL DECISION MAKING					
Dx Mgmt Options	N/A	Minimal	Limited	Multiple	Extensive
Data Reviewed	N/A	Minimal or None	Limited	Moderate	Extensive
Risk	N/A	Minimal	Low	Moderate	High
Level	N/A	SF	Low	Moderate	High
TIME					
Face-to-face	5 min. supervision	10 min.	15 min.	25 min.	40 min.

Typical Times for Outpatient E/M Services

Outpatient - New					
Codes	99201	99202	99203	99204	99205
Times	10 min.	20 min.	30 min.	45 min.	60 min.
Outpatient - Established					
Codes	99211	99212	99213	99214	99215
Times	5 min.	10 min.	15 min.	25 min.	40 min.
Outpatient - Consultations					
Codes	99241	99242	99243	99244	99245
Times	15 min.	30 min.	40 min.	60 min.	80 min.

BILLING FOR PROCEDURES NOT COMPLETED

53- Discontinued Procedure

- Terminated surgical or diagnostic procedure *after anesthesia induction or surgical prep*
- Physician decision due to:
  - Extenuating circumstances
  - Threat to well-being of patient
- Intent to provide way to seek partial payment for service/assure future payment

Payer's Response

- Medicare:
  - Recognizes modifier
  - Reimbursement rate set at ~50% of usual allowance
- Other Payers:
  - Internal payment policy
  - Documentation review

Rebecca

- Surgeon: Dr. Danvers
- Preop Dx: Postmenopausal bleeding
- Postop Dx: Postmenopausal bleeding
  Stenotic cervix
- Procedure: Attempted endometrial biopsy, discontinued after surgical prep

Rebecca

- Background: Rebecca is a 64-y-o established patient, not on HT, who presents with unexplained vaginal bleeding. She has had four recent episodes, one lasting for several days.
- After obtaining additional history and performing a limited examination, it was decided that an endometrial biopsy should be performed on the same day. Rebecca's questions were answered and a consent signed.

Rebecca

- Procedure Note: A small Pederson speculum was inserted and the cervix identified. No vaginal lesions were noted. *The os was quite stenotic. Multiple attempts were made to insert the endometrial aspiration device. It was decided to schedule her for a D&C the next day.*

Dr. Danvers Rebecca

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).								22. RESUBMISSION CODE			ORIG REF. NO.		
A. **N95.0**		B. **N88.2**		C.		D.							
E.		F.		G.		H.		23. PRIOR AUTHORIZATION NUMBER					
I.		J.		K.		L.							

24.A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. POS	D. PROCEDURES,SERVICES,OR SUPPLIES (Explain Unusual Circumstances) CPT	MODIFIER	E. DX POINTER	F. $ CHARGES		G. DAYS/ UNITS	I. ID QUAL	J. RENDERING PROVIDER N°
04	01	1X				11	9921X	25	A			1	NPI	
04	01	1X				11	58100	53	AB			1	NPI	
04	02	1X				22	58120		AB			1	NPI	

ICD-10 Codes	ICD-10 Description
N95.0	**Postmenopausal bleeding**
N88.2	**Stricture and stenosis of cervix uteri**

CPT Codes	CPT Description
58100	**Endometrial sampling (biopsy), w or w/o ECC, w/o cervical dilation, any method (separate procedure)**
9921X	**E/M service, established patient, level unspecified**
58120	**D & C**

Failed IUD Insertion

- Nicole, a 26 year-old G_0, desires the insertion of a Levonorgestrel-releasing IUD (Mirena®). After a number of attempts, Dr. Elmets determines that Nicole can not tolerate the procedure due to the discomfort she is reporting.
- After a brief discussion, Nicole states that she still wants the IUD. Dr. Elmets reschedules the procedure for 1 week later. Nicole will be provided Valium prior to the procedure.

Dr. Elmets Nicole

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).								22. RESUBMISSION CODE			ORIG REF. NO.		
A.	**Z30.430**	B.	**Z53.09**	C.		D.							
E.		F.		G.		H.		23. PRIOR AUTHORIZATION NUMBER					
I.		J.		K.		L.							

24.A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. POS	D. PROCEDURES,SERVICES,OR SUPPLIES (Explain Unusual Circumstances) CPT	MODIFIER	E. DX POINTER	F. $ CHARGES		G. DAYS/ UNITS	I. ID QUAL	J. RENDERING PROVIDER N°
04	**01**	**1X**				**11**	**58300**	**53**	**AB**			**1**	NPI	
04	**01**	**1X**				**11**	**J7298**		**A**			**1**	NPI	

ICD-10 Codes	ICD-10 Description
Z30.430	**Encounter for insertion of intrauterine contraceptive device**
Z53.09	**Procedure and treatment not carried out because of other contraindication**

CPT Codes	CPT Description
58300	**Insertion of intrauterine device (UID)**
J7298	**Levonorgestrel-releasing IUD (Mirena®)**

Dr. Elmets-2nd Visit Nicole

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).								22. RESUBMISSION CODE		ORIG REF. NO.
A. **Z30.430**	B.	C.	D.							
E.	F.	G.	H.	23. PRIOR AUTHORIZATION NUMBER						
I.	J.	K.	L.							

24.A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. POS	D. PROCEDURES,SERVICES,OR SUPPLIES (Explain Unusual Circumstances) CPT	MODIFIER	E. DX POINTER	F. $ CHARGES		G. DAYS/ UNITS	I. ID QUAL	J. RENDERING PROVIDER N°
04	**05**	**1X**				**11**	**58300**		**A**			**1**	NPI	
04	**05**	**1X**				**11**	**J7298**		**A**			**1**	NPI	

ICD-10 Codes	ICD-10 Description
Z30.430	**Encounter for insertion of intrauterine contraceptive device**
Z53.09	**Procedure and treatment not carried out because of other contraindication**

CPT Codes	CPT Description
58300	**Insertion of intrauterine device (UID)**
J7298	**Levonorgestrel-releasing IUD (Mirena®)**

Notes on supplies with failed procedure

- Payers may object to paying for two IUDs
- Often, suppliers will replace materials that were part of a failed procedure, were damaged, contaminated, etc.
- If that is the case, then the supply should not be billed
  - The supply should not be billed if patient supplies the device

SUPPLIES AND OFFICE-BASED PROCEDURES

Supplies and Office-Based Procedures

- Per the CPT Code Book…
  - "Supplies and materials provided by the physician (eg, sterile trays/drugs), ***over and above those usually included with the procedure(s) rendered*** are reported separately. List drugs, trays, supplies, and materials provided. Identify as 99070 or specific supply code."

Supplies and Office-Based Procedures

- Supplies can’t be billed if…
  - The supply is integral to the performance of a procedure
    - (e.g. sutures are needed to close surgical wounds)
  - The supply is used each time the procedure is performed

Supplies and Office-Based Procedures

- Supply should be billed if…
  - The supply is the centerpiece of the procedure
    - IUD
    - Diaphragm
    - Pessary
  - The provider incurs the expense of obtaining the supply

When supplies can't be separately billed

- Medicare and certain other payers consider supplies as valued into the procedure
- Newer codes have certain supplies valued into the RVUs for the code
- You may want to check with your specific payers for their rules on reimbursement for supplies, since payer rules vary

When supplies can't be separately billed

		Relative Value Units (2017)					
			Practice Expense			Total RVUs	
CPT Code	Desc.	Work	Non-Fac	Fac.	Malp.	Non-Fac	Fac.
57452	Colposcopy	1.50	1.40	0.94	0.20	3.10	2.64
58100	Endo Bx	1.53	1.38	0.78	0.19	3.10	2.50
58356	Endo Cryoablation	6.41	46.03	2.65	0.76	53.20	9.82
58555	Diag Hyst.	2.65	4.63	1.43	0.32	7.60	4.40

SPECIAL CIRCUMSTANCES–OFFICE-BASED PROCEDURES

Medicare Pessary Supply

- Medicare reimburses for pessary and associated services
- Payment made through Part B Carriers and reimbursed under the Physician Fee Schedule

Medicare Pessary Supply

- Two HCPCS codes:
  - A4561- Rubber pessary
  - A4562- Non-rubber
- Patients may take Rx to a Medicare-enrolled pharmacy
  - Pharmacy will bill for pessary and physician will bill for services
- Contact local carrier for any specific reporting requirements

Mrs. Graham

- Mrs. Graham, an 82-year-old established patient, sees Dr. Hearst in his office. She complains of “pressure down below” and problems with urination. Dr. Hearst takes a detailed history from Mrs. Graham.

Mrs. Graham

- Dr. Hearst performed a pelvic exam and found complete uterovaginal prolapse. He discussed treatment options with Mrs. Graham and recommended insertion of a pessary.
- She is fitted with a donut silicone pessary. Vaginal antibiotic cream is placed in the vagina.

Dr. Hearst Mrs. Graham

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).								22. RESUBMISSION CODE			ORIG REF. NO.		
A. **N81.3**		B. **R33.8**		C.		D.							
E.		F.		G.		H.		23. PRIOR AUTHORIZATION NUMBER					
I.		J.		K.		L.							

24.A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. POS	D. PROCEDURES,SERVICES,OR SUPPLIES (Explain Unusual Circumstances) CPT	MODIFIER	E. DX POINTER	F. $ CHARGES	G. DAYS/ UNITS	I. ID QUAL	J. RENDERING PROVIDER N°
						11	**9921X**	**25**	**AB**	**3**	**03**	**1**	NPI
						11	**57160**		**AB**	**2**	**17**	**1**	NPI
						11	**A4562**		**AB**	*****		**1**	NPI

ICD-10 Codes	ICD-10 Description
N81.3	**Complete uterovaginal prolapse**
R33.8	**Other retention of urine**

CPT Codes	CPT Description
9921X	**E/M service, established patient, level unspecified**
57160	**Fitting & insertion of pessary or other intravaginal support device**
A4562	**Non-rubber pessary**

Mrs. Graham

- Payment rates determined under local Medicare jurisdiction
- Using 2017 N.C. rates, Dr. Hearst would receive **~$235.00** for this encounter.

Mrs. Graham

- Mrs. Graham later returns to Dr. Hearst for removal, cleaning, and reinsertion of her pessary.
- Dr. Hearst reports only an E/M service.

Mrs. Graham

- He cannot report 57160 a second time unless fitting a different pessary.
- Cannot report 57150 (irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic or fungoid disease) unless condition documented

Dr. Hearst Mrs. Graham

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).								22. RESUBMISSION CODE			ORIG REF. NO.		
A.	**N81.3**	B.		C.		D.							
E.		F.		G.		H.		23. PRIOR AUTHORIZATION NUMBER					
I.		J.		K.		L.							

24.A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. POS	D. PROCEDURES,SERVICES,OR SUPPLIES (Explain Unusual Circumstances) CPT	MODIFIER	E. DX POINTER	F. $ CHARGES		G. DAYS/ UNITS	I. ID QUAL	J. RENDERING PROVIDER N°
						11	**9921X**		**A**			**1**	NPI	
													NPI	

ICD-10 Codes	ICD-10 Description
N81.3	**Complete uterovaginal prolapse**

CPT Codes	CPT Description
9921X	**E/M service, established patient, level unspecified**

52- Reduced Services

- Surgeon does not perform all components of CPT code, *AND*

- No CPT code to describe “reduced service”

Payer's Response

- Medicare:
  - Individual review
- Other Payers:
  - Individual review
  - May not utilize in determining reimbursement

Mimi

- Mimi, a 37-y-o G_3P_3, desires permanent sterilization. She had a left salpingectomy as a result of an ectopic pregnancy. After consultation with Dr. Puccini, Mimi elects to have a hysteroscopic approach which was scheduled for two weeks later.
- Following assessment of the uterine cavity and fallopian tubes, Dr. Puccini successfully places the micro-insert in the right tube.

Dr. Puccini Mimi

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).								22. RESUBMISSION CODE			ORIG REF. NO.		
A.	**Z30.2**	B.		C.		D.							
E.		F.		G.		H.		23. PRIOR AUTHORIZATION NUMBER					
I.		J.		K.		L.							

24.A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. POS	D. PROCEDURES,SERVICES,OR SUPPLIES (Explain Unusual Circumstances) CPT	MODIFIER	E. DX POINTER	F. $ CHARGES		G. DAYS/ UNITS	I. ID QUAL	J. RENDERING PROVIDER N°
						11	**58565**	**52**	**A**			**1**	NPI	
													NPI	

ICD-10 Codes	ICD-10 Description
Z30.2	**Encounter for sterilization**

CPT Codes	CPT Description
58565	**Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants**

Tubal cannulation

		Relative Value Units (2017)					
			Practice Expense			Total RVUs	
CPT Code	Desc.	Work	Non-Fac	Fac.	Malp.	Non-Fac	Fac.
58565	Hyst, sterilization	7.12	45.20	4.36	0.84	53.16	12.32

- The device is not billed separately
- Need to confirm with the insurance company regarding their reimbursement

Sonohysterography

- Elizabeth is a 34 year-old G_0 established patient who seeks diagnosis for an inability to conceive for 5 years and abnormal uterine bleeding.
- Dr. Snowton decides to do a sonohysterogram in the office.

Dr. Snowton Elizabeth

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).								22. RESUBMISSION CODE			ORIG REF. NO.		
A.	**Z31.41**	B.	**N93.8**	C.		D.							
E.		F.		G.		H.		23. PRIOR AUTHORIZATION NUMBER					
I.		J.		K.		L.							

24.A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. POS	D. PROCEDURES,SERVICES,OR SUPPLIES (Explain Unusual Circumstances) CPT	MODIFIER	E. DX POINTER	F. $ CHARGES		G. DAYS/ UNITS	I. ID QUAL	J. RENDERING PROVIDER N°
						11	**58340**		**A**			**1**	NPI	
						11	**76831**		**A**			**1**	NPI	
						11	**9921X**		**B**			**1**	NPI	

ICD-10 Codes	ICD-10 Description
Z31.41	**Encounter for fertility testing**
N93.8	**Other specified abnormal uterine and vaginal bleeding**

CPT Codes	CPT Description
58340	**Catheterization and introduction of saline**
76831	**Sonohysterogram**
9921X	**Office/outpatient service, established patient, unspecified level**

Responding to the claim denial

- 9921x and 76831 were denied
  - No E/M on the same day as a procedure
  - Not certified by payer to perform this procedure
- Provider should ensure they are “allowed” to deliver the services that they provide.

Dr. Snowton Elizabeth

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).								22. RESUBMISSION CODE			ORIG REF. NO.		
A.	**Z31.41**	B.	**N93.8**	C.		D.							
E.		F.		G.		H.		23. PRIOR AUTHORIZATION NUMBER					
I.		J.		K.		L.							

24.A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. POS	D. PROCEDURES,SERVICES,OR SUPPLIES (Explain Unusual Circumstances) CPT	MODIFIER	E. DX POINTER	F. $ CHARGES		G. DAYS/ UNITS	I. ID QUAL	J. RENDERING PROVIDER N°
						11	**58340**		**A**			**1**	NPI	
						11	**76831**		**A**			**1**	NPI	
						11	**9921X**	**25**	**B**			**1**	NPI	

ICD-10 Codes	ICD-10 Description
Z31.41	**Encounter for fertility testing**
N93.8	**Other specified abnormal uterine and vaginal bleeding**

CPT Codes	CPT Description
58340	**Catheterization and introduction of saline**
76831	**Sonohysterogram**
9921X	**Office/outpatient service, established patient, unspecified level**

Cordelia

- Cordelia, age 36, is sent by her family physician, Dr. Regan, to Dr. Lear, a gyn, because of an abnormal Pap smear indicating low grade squamous intraepithelial lesion (LGSIL).
- At the initial encounter, Dr. Lear took an appropriate history, performed a relevant exam, and performed a colposcopy with biopsy and ECC.

Cordelia

- Biopsy results revealed CIN III that was treated with loop electrode conization at a subsequent visit.
- Cordelia was scheduled for repeat Pap smears with Dr. Lear at appropriate intervals. All Pap smears were normal.
- She sees Dr. Regan 3 months after the last follow-up Pap smear for her scheduled well-woman exam.

Initial visit

Dr. Lear Cordelia

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).								22. RESUBMISSION CODE			ORIG REF. NO.		
A.	**R87.612**	B.		C.		D.							
E.		F.		G.		H.		23. PRIOR AUTHORIZATION NUMBER					
I.		J.		K.		L.							

24.A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. POS	D. PROCEDURES,SERVICES,OR SUPPLIES (Explain Unusual Circumstances) CPT	MODIFIER	E. DX POINTER	F. $ CHARGES		G. DAYS/ UNITS	I. ID QUAL	J. RENDERING PROVIDER N°
						11	**9924X**	**25**	**A**			**1**	NPI	
						11	**57454**		**A**			**1**	NPI	

ICD-10 Codes	ICD-10 Description
R87.612	**Low grade squamous intraepithelial lesion on cytologic smear of cervix (LGSIL)**

CPT Codes	CPT Description
9924X	**Outpatient consultation, level undetermined**
57454	**Colposcopy of cervix/upper/adjacent**

Second visit

Dr. Lear Cordelia

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).								22. RESUBMISSION CODE			ORIG REF. NO.		
A.	**D06.1**	B.		C.		D.							
E.		F.		G.		H.		23. PRIOR AUTHORIZATION NUMBER					
I.		J.		K.		L.							

24.A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. POS	D. PROCEDURES,SERVICES,OR SUPPLIES (Explain Unusual Circumstances) CPT	MODIFIER	E. DX POINTER	F. $ CHARGES		G. DAYS/ UNITS	I. ID QUAL	J. RENDERING PROVIDER N°
						11	**57522**		**A**			**1**	NPI	
													NPI	

ICD-10 Codes	ICD-10 Description
D06.1	**Carcinoma in situ of exocervix**

CPT Codes	CPT Description
57522	**Conization of the cervix, with/without fulguration, w/ or w/o D and C, w/ or w/o repair, loop electrode excision**

First Follow-up Visit

Dr. Lear Cordelia

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).								22. RESUBMISSION CODE			ORIG REF. NO.		
A.	**D06.1**	B.		C.		D.							
E.		F.		G.		H.		23. PRIOR AUTHORIZATION NUMBER					
I.		J.		K.		L.							

24.A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. POS	D. PROCEDURES,SERVICES,OR SUPPLIES (Explain Unusual Circumstances) CPT	MODIFIER	E. DX POINTER	F. $ CHARGES	G. DAYS/ UNITS	I. ID QUAL	J. RENDERING PROVIDER N°
						11	**9921X**		**A**		**1**	NPI	
												NPI	

ICD-10 Codes	ICD-10 Description
D06.1	**Carcinoma in situ of exocervix**

CPT Codes	CPT Description
9921X	**Established outpatient E/M service, level undetermined**

Second Follow-up Visit

Dr. Lear Cordelia

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).								22. RESUBMISSION CODE			ORIG REF. NO.		
A.	**Z01.42**	B.		C.		D.							
E.		F.		G.		H.		23. PRIOR AUTHORIZATION NUMBER					
I.		J.		K.		L.							

24.A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. POS	D. PROCEDURES,SERVICES,OR SUPPLIES (Explain Unusual Circumstances) CPT	MODIFIER	E. DX POINTER	F. $ CHARGES		G. DAYS/ UNITS	I. ID QUAL	J. RENDERING PROVIDER N°
						11	**9921X**		**A**			**1**	NPI	
													NPI	

ICD-10 Codes	ICD-10 Description
Z01.42	**Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear**

CPT Codes	CPT Description
9921X	**Established outpatient E/M service**

Pap Smear Follow-up

- Z01.42 Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear
- Used to identify normal Pap smears during the surveillance period following an abnormal Pap
- Not used once the typical surveillance (f/up) is completed

Scheduled Preventive Exam

Dr. Regan Cordelia

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).								22. RESUBMISSION CODE			ORIG REF. NO.		
A.	**Z01.419**	B.	**Z87.410**	C.		D.							
E.		F.		G.		H.		23. PRIOR AUTHORIZATION NUMBER					
I.		J.		K.		L.							

24.A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. POS	D. PROCEDURES,SERVICES,OR SUPPLIES (Explain Unusual Circumstances) CPT	MODIFIER	E. DX POINTER	F. $ CHARGES		G. DAYS/ UNITS	I. ID QUAL	J. RENDERING PROVIDER N°
						11	**99395**		**AB**			**1**	NPI	
													NPI	

ICD-10 Codes	ICD-10 Description
Z01.419	**Encounter for gyn examination (general) (routine) w/o abnormal findings**
Z87.410	**Personal history of cervical dysplasia**

CPT Codes	CPT Description
99395	**Preventive medicine service, 18-39 years old**

Why not Q0091?

- Q0091 Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory
- It is a Medicare-specific code
  - Created because other “annual” exam components are not separately billable
- Some payers may recognize this code
  - Ensure that you have written instruction from the payer, indicating that they recognize/accept this code
  - Even Medicare only recognizes it for screening—not a diagnostic pap smear

PREPARATION FOR OFFICE-BASED PROCEDURE BILLING

Preparation Steps

- Confirm that the payer will reimburse for the procedure done in the office setting
  - Discuss with provider rep.
  - Check provider/payer contract for reimbursable services
  - Check payer website
- Ensure that reimbursement will be sufficient to cover the cost of delivering the service
  - Are supplies separately billable?
  - Can reimbursement level be negotiated?

Other Preparation Steps

- Ensure that documentation is in order
  - Particularly important with E/M and procedure billed on the same day
  - Ensure that the documentation is of sufficient detail to justify the procedure billing
- Ensure that billable services are not missed
  - Either procedure or E/M

Questions?

Contact Information

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ACOG's Health Economics Department Coding Web Page:

www.acog.org/About-ACOG/ACOG-Departments/Coding

MEDICARE CONVERSION FACTOR

- The current conversion factor is set at $35.8887**.**
- Annually ACOG's Coding Department assembles the latest Medicare updates for the current year of codes normally used by OB-GYNs. This information is found on the ACOG Coding page as RVU Charts and Payment Indicators. These charts include, the relative value units (RVUs), the list of payment indicators (eg, will Medicare reimburse for co-surgeons or assistant surgeons, will Medicare adjust payment for multiple or bilateral procedures), and payment policies.

CCI EDITS

- Correct Coding Initiative (CCI) edits are available on the ACOG website for members. The CCI lists pairs of CPT codes or "edits" that Medicare considers bundled. These edits are updated quarterly.

***ACOG members may access these charts from the ACOG website www.acog.org, click on "Practice Management." On the next page, click on "Coding" on the left side of the page.**

ACOG Coding Resources

Use ACOG's coding reference materials to:

- Enhance coding knowledge in OB/GYN
- Appeal denied claims
- Develop internal coding policies
- Dispute insurance company policies

- OB/GYN CPT Coding Manual with USB Drive 2017
- ICD-10/CPT Quick Reference Coding Guide
- OB and GYN Quick Reference Guide with ICD-10-CM
- "New" OB and GYN Diagnostic Coding Tool
- "New" Diagnostic Coding in Obstetrics and Gynecology (available for free web download)

Order from www.sales.acog.org or call 1-800-762-2264.

Course Evaluation

- We are eager to have relevant content presented by effective instructors. Please assist us in evaluating this program and planning for future continuing education webcasts by completing the evaluation form.
- **Each** registered participant **must** complete the on-line evaluation form at the end of each live event in order to access the CME or CEU forms. The registration link you received will be active for **5** business days in order for you to retrieve your CME or CEU certificates.
- **No CME/CEU attaches to archived webcasts.**

Course Evaluation & Other Questions

- Evaluation and Continuing Medical Education forms are downloadable online for each registered attendee during and after this webcast.
- If you have other questions, please e-mail HealthEconomics@acog.org.

Thank you for attending…

- Coding questions may be submitted to ACOG Coding Assistance by registering for our Ticket Database at https://acogcoding.freshdesk.com or by fax to 202-484-7480.