



ACOG
THE AMERICAN CONGRESS OF
OBSTETRICIANS AND GYNECOLOGISTS



District XII
FLORIDA

2015 Annual District Meeting

Boca Raton Resort & Club | Boca Raton, FL

Coding and Reimbursement Update 2015

Friday, August 14, 2015

Syllabus

AGENDA

Please Note: The coding course will take place in Grand GHI, unless otherwise noted.

Friday, August 14

- 7:00–8:00 AM REGISTRATION AND BREAKFAST
Grand Pre-Assembly
- 8:00–10:00 AM **Introduction**
- Coding Systems
 - Basics of Reimbursement
 - Future Reimbursement Models
- Understanding ICD-10-CM**
- Structure and Format of ICD-10
 - Principles of ICD-10-CM Coding
 - Key Coding Changes for Ob/Gyn Practices
- CMS Proposed Changes to the Global Surgical Package**
- Background and History
 - Proposed CMS Changes to Global Surgical Coding
 - Impact on Reimbursement
 - Preparing for the Change
- 10:00–10:15 AM BREAK
Grand Pre-Assembly
- 10:15 AM–12:00 PM **CPT and ICD Coding for the Ob/Gyn Practice**
- Evaluation and Management (E/M) Services
 - Distinguishing Outpatient Levels of Service
 - Basics of Coding for Preventive Services
 - Surgical Coding in 2015
 - Distinguishing the CPT and the CMS Global Surgical Package
 - Key Modifiers for Appropriate Reimbursement
 - Same Day E/M Services and Procedures
 - Maternity Care Services
 - Understanding the Global Obstetrical Package
 - Reporting Additional Services
- CPT and ICD Case Presentations**
- E/M Services
 - Surgical Services
 - Obstetrical Care
- 12:00–12:15 PM **Questions & Answer Session**
- 12:15 PM Adjourn

OBJECTIVES/ACCREDITATION

TARGET AUDIENCE

This program has been designed for physicians, coders, technicians, and administrators with a basic understanding of CPT and ICD-9.

LEARNING OBJECTIVES

At the conclusion of this activity, the attendee should be able to:

- Describe key coding and documentation strategies for Evaluation and Management (E/M) Services, and Surgical and Maternity Care to ensure appropriate reimbursement and data collection
- Discuss major CMS initiatives for 2015 and beyond that will impact Ob/Gyn practices

Disclosure of Faculty and Industry Relationships

In accordance with College policy, all faculty and planning committee members have signed a conflict of interest statement in which they have disclosed any financial interests or other relationships with industry relative to topics they will discuss at this program. At the beginning of the program, faculty members are required to disclose any such information to participants. Such disclosure allows you to evaluate better the objectivity of the information presented in lectures. Please report on your evaluation form any undisclosed conflict of interest you perceive.

ACCME Accreditation

The American College of Obstetricians and Gynecologists is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AMA PRA Category 1 Credits™

The American College of Obstetricians and Gynecologists designates this live activity for a maximum of **4 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

College Cognate Credits

The American College of Obstetricians and Gynecologists designates this live activity for a maximum of 4 Category 1 College Cognate Credits. The College has a reciprocity agreement with the AMA that allows **AMA PRA Category 1 Credits™** to be equivalent to College Cognate Credits.

CRITERIA FOR SUCCESS

Statements of credit will be awarded based on the participant's attendance and submission of the activity evaluation form. A statement of credit will be issued within 4-6 weeks of participant's completion of an online evaluation/claimed credit form at <http://obgpathways.com/claimcme>. Please contact info@acogdistrict12fl.org should you have any questions.

COMMERCIAL SUPPORT

No commercial support was received for this program.

FACULTY/PLANNING COMMITTEE

CODING COURSE INSTRUCTOR

Emily Hill, PA
President
Hill & Associates
Wilmington, NC

Emily is the President of Hill and Associates, and has a broad professional background in the health care industry. Her clinical, administrative, and consulting experience gives her a unique perspective in advising healthcare providers and their staff in medical practice management. With over 20 years of experience as a health care consultant, she has worked with numerous academic and private practices on coding, reimbursement, compliance, and practice management issues.

Ms. Hill has taught coding seminars for a number of medical specialty societies including the American College of Obstetricians and Gynecologists (ACOG). She is a well-received national speaker and currently serves as a representative on the Health Care Professional's Advisory Committee Review Board for the Relative Value Update Committee and as an advisor to the Society of Gynecologic Oncology and the American Academy of Pain Medicine on coding and reimbursement issues.

PLANNING COMMITTEE

Karen E. Harris, MD, MPH
Gainesville, FL

Robert W. Yelverton, MD
Tampa, FL

FACULTY/PLANNERS/STAFF/DISCLOSURES

| Faculty/Planner | Relationship | Company |
|-------------------------|---------------------|---------------------|
| Emily Hill, PA | N/A | Nothing to Disclose |
| Karen E. Harris, MD | N/A | Nothing to Disclose |
| Robert W. Yelverton, MD | N/A | Nothing to Disclose |

Emily Hill, PA

Emily is the President of Hill and Associates, and has a broad professional background in the health care industry. Her clinical, administrative, and consulting experience gives her a unique perspective in advising healthcare providers and their staff in medical practice management. With over 20 years of experience as a health care consultant, she has worked with numerous academic and private practices on coding, reimbursement, compliance, and practice management issues.

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Coding and Reimbursement Update

Presented by
Emily Hill, PA
Hill & Associates
District XII
Friday, August 14, 2015

Learning Objectives

- At the conclusion of the presentation, participants should be able to:
 - Apply key coding and documentation strategies for E/M Services, Surgical and Maternity Care to ensure appropriate reimbursement and data collection
 - Identify major CMS initiatives for 2015 and beyond impacting OB/Gyn practices

Disclaimer

- Codes in this presentation are current as of the date of the presentation
- Examples **should not be used** to select codes in clinical practice
- Codes are not valid until ICD-10 implementation on October 1, 2015

Code Sets

- Key code sets:
 - HCPCS (includes CPT-4)
 - ICD-9 CM/ICD-10-CM
- HCPCS describe “what”
- ICD describes “why”



Basics of Reimbursement

- Under current reimbursement models, providers are paid for the services they provide as defined by **CPT**
- **ICD-CM** codes provide the medical necessity of the service
- Important that CPT codes are linked to the ICD-CM code that justifies the service

Medicare Fee Schedule

- Product of 3 factors:
 - Uniform relative value unit (RVU)
 - Geographic adjustment factor (GAF)
 - Uniform conversion factor (CF)

Medicare Fee Schedule

- RVU has 3 components:
 - Relative value for work
 - Relative value for practice expense
 - Relative value for professional liability insurance

Medicare Fee Schedule

- Historically, estimated expenditures were based on formula known as Sustainable Growth Rate (SGR)
- In March 2015, Congress repealed the SGR and developed alternative methods for controlling spending

Medicare Fee Schedule-2015

- Immediate result of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) is an 0.5% increase beginning July 2015 through 2019
- Incentives to participate in Alternative Payment Models (APM)
- Although MACRA replaced the SGR, it did not abolish the option of Fee for Service nor the assignment of RVUs

Other Impact of MACRA

- Halted the CMS plan to convert all surgical codes to 0-day global services
 - Plans to “periodically collect information and use to assure payments are accurate...”
 - Large health system data
 - Collect info from practicing surgeons

CMS and the Global Surgical Practice

- Final Rule in 2014 outlined plans to phase in the elimination of all 10 and 90 day global packages
- Justification was concern that post-op visits were not being provided and/or were reported inappropriately
- AMA/RUC outlined concerns about impact on physicians/patients, implementation timeline, and determination of change in RVUs.

Current and Future Payment Models

- RBRVS
- Value-Based Purchasing
 - High Quality/ Low Cost
- Primary Care Incentives
- Physician Quality Reporting System
- Patient Centered Medical Home
- Accountable Care Organizations
- The Unknown Model !

Medicare Fee Schedule-2016

- Notice of Proposed Rule-Making (NPRM) issued in July
- Sets forth implementation plans for new Merit-Based Incentive Payment System (MIPS) including revisions to current quality initiatives
- Offers methodology to meet statutory goal of payment reductions due to misvalued codes
- Proposes to pay for advance care planning
- Public comments received until Sept. 8

Understanding ICD-10

- ICD is comprised of two code sets:
 - ICD-10-CM for diagnostic coding
 - ICD-10-PCS for procedural coding
- ICD-10-PCS only impacts reporting of inpatient procedures by hospitals
- **Physicians, other professionals, and outpatient facilities continue to use CPT and HCPCS Level II codes to report services**

Impact of Change on Reimbursement

- **Facilitates** collection of information on quality of care
- **Facilitates** Value Based Purchasing
- **Important** part of reimbursement models
 - Facilitates payment of claims, monitoring of utilization patterns, and review of costs
- **Communicates** justification for clinical services through increased specificity

Key Changes for OB/Gyn

- Inclusion of trimesters in obstetric codes
- Elimination of episodes of care for obstetric codes
- Changes in timeframes:
 - Abortion vs. Fetal death (20 weeks)
 - Early vs. Late pregnancy (20 weeks)
- Extensions to denote specific fetus
- New GU codes and notes including category title changes

Good News

- Similarity between many ICD-9 and ICD-10 codes, guidelines and conventions
- Most physicians will use only a subset of codes
- Some changes expand number of codes without complicating code selection

More Good News

- Over 1/3 of the expansion in coding for ICD-10 is related to laterality
- Manageable change for most practices
 - Estimated that 5% of ICD codes make up 70% of volume

Latest Good News!

- CMS and AMA announced a transitioning plan to assist practices as they prepare for ICD-10-CM
- 12-month period in which contractors will not deny claims solely because of the specificity of the ICD-10 code when claims are identified through an established audit process
- Similar protection for quality reporting systems
- CMS established Ombudsman to triage questions and concerns about ICD-10

Latest Good News!

- “Transition” does not change the requirement for a valid ICD-10 code in the appropriate family of codes
 - Highest available number of characters in category/subcategory
 - Current coverage policies based on ICD codes will continue for the family of codes

Structure, Format and General Guidelines

- First character is always alphabetic letter
 - Chapter 14 Diseases of the GU system (N00-N99)
 - Chapter 15 Pregnancy, Childbirth and Puerperium (O00-O9A)
- Second character is always a number
- Characters 3-7 alpha or numeric
 - O9A.311: Physical abuse complicating pregnancy, first trimester

Structure, Format and General Guidelines

- Code Format: **XXX.XXX X**
 - **XXX= Category**
 - *XXX= Etiology, anatomic site, severity*
 - X= Extension
- Placeholder Character X
 - Used with certain codes for potential future expansion or
 - Used to expand code when 7th digit extension required

Structure, Format and General Guidelines

- Labor and delivery complicated by cord around neck, without compression: **O69.81X2**
 - O69: Labor and delivery complicated by umbilical cord complications
 - 81: Cord around neck, without compression
 - X: Placeholder
 - 2: Fetus 2

Structure, Format and General Guidelines

- “Other” or “other specified” codes
 - NEC Not elsewhere classifiable
 - Used when information in the medical record provides detail for which a specific code does not exist
- “Unspecified” codes
 - NOS Not otherwise specified
 - Used when information in the medical record is insufficient to assign a more specific code

Structure, Format and General Guidelines

- N75.0 Cyst of Bartholin's gland
- N75.1 Abscess of Bartholin's gland
- N75.8 **Other** diseases of Bartholin's gland
- N75.9 Disease of Bartholin's gland, **unspecified**
- If unspecified code is not available for the category, use "other specified" code

Structure, Format and General Guidelines

- **Selecting a Code**
 - Most important rule: **Begin search in Alphabetic Index** followed by confirmation in **Tabular List**
 - Changes in classification
 - Need for 7th extension
 - Dummy placeholders
 - Laterality
 - Consistent, complete and accurate documentation a must !

Structure, Format and General Guidelines

- Tabular List is a structured chronological list of codes divided into chapters based on body system or condition.
- Tabular list contains:
 - Categories (all 3 characters)
 - Subcategories (4 or 5 characters)
 - Codes (3-7 characters in length)

Structure, Format and General Guidelines

- **First-Listed Diagnosis**
 - The condition chiefly responsible for the service
 - First-listed may be a symptom if a diagnosis has not been established
 - Preventive services, screening services and tests, preoperative evaluations and routine prenatal visits can all be first-listed diagnoses

Structure, Format and General Guidelines

- **Diagnostic Services Only:**
 - First-listed diagnosis is the one chiefly responsible for the service
 - Outpatient tests that have been interpreted by the provider and final report is available:
 - **Code definitive** or confirmed diagnoses documented in the interpretation
 - **Do not code** related signs/symptoms as additional diagnoses

Structure, Format and General Guidelines

- **Reporting additional diagnoses**
 - Report other conditions that coexist at the time of the encounter that are evaluated, treated or managed
 - Chronic conditions may be reported as many times as the patient receives treatment and care for the condition
 - Do not code conditions that were previously treated and no longer exist

Basic Guidelines for Diagnosis Coding

- Code to the highest degree of **specificity**
- **Link** the ICD code to the correct CPT
- Code to the highest degree of **certainty**
- **Sequence** the diagnoses
- Code only **relevant** diagnoses

Coding for Specificity

- *Each* service must be supported by an ICD code
- The most specific diagnosis code helps ensure proper reimbursement and reflect the appropriateness of care



Coding for Specificity

- Choosing the most specific code requires selecting:
 - The maximum number of digits possible in a category
 - The most appropriate descriptor of the patient's condition

Coding for Specificity

- Avoid unspecified diagnosis when possible
 - May not support medical necessity of service
 - May adversely impact practice profile
 - Report if reflects most accurate information known at the time of the encounter
- May be necessary to report unspecified ICD-10 codes until additional clinical info is available

ICD-10: Coding for Specificity

- ICD-10 classifies ovarian dysfunction in category E 28
 - E28.0 Estrogen excess
 - E28.1 Androgen excess
 - E28.2 Polycystic ovarian syndrome

ICD-10: Coding for Specificity

- E28.3 Primary ovarian failure
 - E28.31 Premature menopause
 - E28.310 Symptomatic premature menopause
 - E28.319 Asymptomatic premature menopause
 - E28.39 Other primary ovarian failure
- E28.8 Other ovarian dysfunction
- E28.9 Ovarian dysfunction, unspecified

Linkage and Medical Necessity

- ICD codes “justify” the services provided
- Important to “link” the ICD code to the CPT code on the claim form
- Failure to appropriately link may result in denials!
- Physicians should provide the linkage!!!

Annabelle Lee

- Dr. Poe performs a colposcopy of the cervix and upper vagina and a loop electrode biopsy on his patient Annabelle Lee. She had an abnormal Pap smear indicating HGSIL at the time of her recent well-woman examination.
- At the time of the procedure, she is also complaining of vulvar pain. Dr. Poe notes that she has a Bartholin’s gland abscess and performs an I&D at the same encounter.

Original Claim Form

Dr. Poe Annabelle Lee

| | | | | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------|---------|----|----|----|----|--------------------------------------------------------------------|----|-----|-----|--------------------------------|----|---------------|-------|-------------|----|------|------------------------|
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E). | | | | | | | | | | 22. RESUBMISSION CODE | | ORIG REF. NO. | | | | | |
| A. | R87.613 | | | B. | | C. | | D. | | | | | | | | | |
| E. | | | | F. | | G. | | H. | | 23. PRIOR AUTHORIZATION NUMBER | | | | | | | |
| I. | | | | J. | | K. | | L. | | | | | | | | | |
| 24A. DATE(S) OF SERVICE | | | | B. | | D. PROCEDURES/SERVICES OR SUPPLIES (Specify Unusual Circumstances) | | E. | | F. | | G. | | I. | | J. | |
| From | MM | DD | YY | To | MM | DD | YY | POS | CPT | MODIFIER | DX | POINTER | RVU/s | DAYS/ UNITS | QD | QUAL | RENDERING PROVIDER NPI |
| | | | | | | | | | 11 | 57460 | | A | 8 | 00 | 1 | | NPI |
| | | | | | | | | | 11 | 56420 | 51 | A | 3 | 46 | 1 | | NPI |

ICD-10 Codes **ICD-10 Description**
R87.613 High grade squamous intraepithelial lesion on cytologic smear of cervix (HGSIL)

CPT Codes **CPT Description**
57460 Colposcopy of the cervix/upper/adjacent vagina with loop biopsy
56420 I&D of Bartholin’s gland abscess
Modifier 51 Indicates multiple procedures performed

Revised Claim Form

Dr. Poe Annabelle Lee

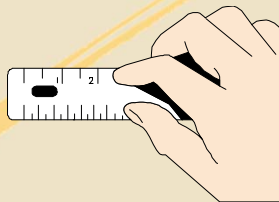
| | | | | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------|---------|----|----|----|-------|--------------------------------------------------------------------|----|-----|-----|--------------------------------|----|---------------|-------|-------------|----|------|------------------------|
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E). | | | | | | | | | | 22. RESUBMISSION CODE | | ORIG REF. NO. | | | | | |
| A. | R87.613 | | | B. | N75.1 | | | C. | | D. | | | | | | | |
| E. | | | | F. | | G. | | H. | | 23. PRIOR AUTHORIZATION NUMBER | | | | | | | |
| I. | | | | J. | | K. | | L. | | | | | | | | | |
| 24A. DATE(S) OF SERVICE | | | | B. | | D. PROCEDURES/SERVICES OR SUPPLIES (Specify Unusual Circumstances) | | E. | | F. | | G. | | I. | | J. | |
| From | MM | DD | YY | To | MM | DD | YY | POS | CPT | MODIFIER | DX | POINTER | RVU/s | DAYS/ UNITS | QD | QUAL | RENDERING PROVIDER NPI |
| | | | | | | | | | 11 | 57460 | | A | 8 | 00 | 1 | | NPI |
| | | | | | | | | | 11 | 56420 | 51 | B | 3 | 46 | 1 | | NPI |

ICD-10 Codes **ICD-10 Description**
R87.613 High grade squamous intraepithelial lesion on cytologic smear of cervix (HGSIL)
N75.1 Abscess of Bartholin’s gland

CPT Codes **CPT Description**
57460 Colposcopy of the cervix/upper/adjacent vagina with loop biopsy
56420 I&D of Bartholin’s gland abscess
Modifier 51 Indicates multiple procedures performed

Code to the Highest Degree of Certainty

- Code only what you know to be fact
- **Never** code for condition being “ruled out”



Solution 1

Code the Signs/Symptoms

- Chapter 18: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)
- Signs/symptoms that point directly to a diagnosis are assigned to a disease chapter
- Important to use both Alphabetic Index and Tabular List

Code the Signs/Symptoms: ICD-10

- Hesitancy of micturition- **R39.11**
- Straining to void- **R39.16**
- Unspecified lump in breast- **N63**
- Other specified abnormal uterine and vaginal bleeding- **N93.8**

Solution 2

Wait for Test Results

- If test results available, code for the definitive diagnosis
- If findings non-specific:
 - Report signs/symptoms
 - Inconclusive findings from Chapter 18
- **R75** Inconclusive laboratory evidence of HIV
- **R92.2** Inconclusive mammogram, NOS (also includes dense breasts)

Solution 3

Report “Z” Code And Symptoms

- Chapter 21: Factors Influencing Health Status and Contact with Health Services (Z00-Z99)
- “Z” codes provide valuable additional information
 - **Z85.43** Personal history of malignant neoplasm of ovary
 - **Z15.02** Genetic susceptibility to malignant neoplasm of ovary

Sequencing Diagnoses

- Often more than one diagnosis applies
- **Primary** diagnosis is one chiefly responsible for the service(s)
- Report other diagnoses that are treated or impact treatment

Sequencing Diagnoses

- How Many Codes Are Necessary?
 - **At least one** is necessary to explain why each service was rendered
 - **Up to 12** can be submitted on electronic claims



Mavis

- Mavis, who is at 28 weeks gestation, has gestational diabetes that is well-controlled by diet. She is seen for her routine antepartum visit.

Answer- Mavis

- O09.893 Supervision of other high risk pregnancy, 3rd trimester
- O24.410 Gestational diabetes mellitus in pregnancy, diet controlled
- Z3A.28 28 weeks gestation
 - Supervision of pregnancy code reported first since prenatal visit
 - Weeks gestation reported

Mavis ICD-10

- Gestational Diabetes is coded in sub-category O24.4-
- No other code from category O24 (Diabetes in Pregnancy) should be reported with a code from O24.4 subcategory
- There are no trimester designations in sub-category for gestational diabetes
- O99.81- reported for Abnormal glucose complicating pregnancy, childbirth, and the puerperium

Mavis ICD-10

- A 5th character in O24.4 (gestational diabetes) sub-category specifies:
 - In pregnancy
 - In childbirth
 - In the puerperium
- A 6th character specifies
 - Diet controlled vs. insulin controlled
 - Patients treated with both are coded only as insulin controlled

Relevant Diagnoses

- Only current condition(s) reported
 - Reason for the encounter
 - Treated at that encounter
 - Co-existing conditions affecting treatment

Relevant Diagnoses

- Do not code a diagnosis no longer applicable!
 - Report “history of” codes (Z80-Z87) if influence treatment
- Do not code for risk factors if the patient has not been diagnosed with the disease
 - Report family history or personal history

Jeanette

- Jeanette comes into Dr. Anthony’s office with complaints of dysuria, urgency, and frequency that began 3 days ago. She denies hematuria or vaginal discharge.
- She was last seen 9 months ago with a breast cyst that has since resolved.

Dr. Anthony

Jeanette

| | | | | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------|-------|----|-------|----|--------|------------------------------------|-----|----------------------------------------|----------|-----------------------|------------|--------------------------------|----|------|-----------------------|----|--|
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Retype A-L to service line below (24E). | | | | | | | | | | 22. RESUBMISSION CODE | | ORIG REF. NO. | | | | | |
| A. | R30.0 | B. | R35.0 | C. | R39.15 | D. | | E. | | F. | | 23. PRIOR AUTHORIZATION NUMBER | | | | | |
| E. | | F. | | G. | | H. | | I. | | J. | | | | | | | |
| L. | | M. | | N. | | O. | | P. | | Q. | | | | | | | |
| 24A. DATE(S) OF SERVICE | | To | | B. | | D. PROCEDURES/SERVICES OR SUPPLIES | | E. | | F. | | G. | | I. | | J. | |
| From | MM | DD | YY | MM | DD | YY | POS | (Specify Unusual Circumstances) CPT | MODIFIER | DX POINTER | \$ CHARGES | DAYS/ UNITS | ID | QUAL | RENDERING PROVIDER N° | | |
| | | | | | | | | 11 9921X | | ABC | | 1 | | | NP1 | | |
| | | | | | | | | 11 81002 | | ABC | | 1 | | | NP1 | | |

ICD-10 Codes ICD-10 Description

R30.0 Dysuria
R35.0 Frequency of micturition
R39.15 Urgency of urination

CPT Codes CPT Description

9921X Established outpatient E/M service, level undetermined
81002 Urinalysis, by dipstick non-automated, without microscopy

Note: Breast cyst not reported since it has resolved and was not addressed.

Answer- Jeanette

- Signs/symptoms reported for office visit because definitive diagnosis not made
- Cannot code for “rule out” diagnosis
- Symptoms involving urinary system included in both Chapter 14 (Diseases of Genitourinary System) and Chapter 18 (Signs, Symptoms...)

Jeanette Again

- If Jeanette had been diagnosed with cystitis:
 - ICD-10 has combination codes for cystitis that specify with and without hematuria
 - N30.00 Acute cystitis without hematuria
 - N30.01 Acute cystitis with hematuria
- If urinary tract infection documented, then code N39.0 (urinary tract infection, site not specified) reported.
 - Hematuria status not included

Jeanette Again

- Instructions for both cystitis and the unspecified UTI code state to use additional code to identify infectious agent (B95-B97) if identified
 - B code would be reported on any subsequent visits if culture performed and test results are available
 - Important if medication change

Jeanette-One More Time!

- If seen for breast cyst:
 - N60.1 Diffuse cystic mastopathy
 - N60.11 Diffuse cystic mastopathy of *right* breast
 - N60.12 Diffuse cystic mastopathy of *left* breast
 - N60.19 Diffuse cystic mastopathy of unspecified breast

ICD-10: Laterality

- Some codes indicate whether condition is right, left, or bilateral
- If no bilateral code exists, then report code for right and left (two codes)
 - Note: No laterality for ovarian cyst but distinguished for ovarian cancer !

Reference

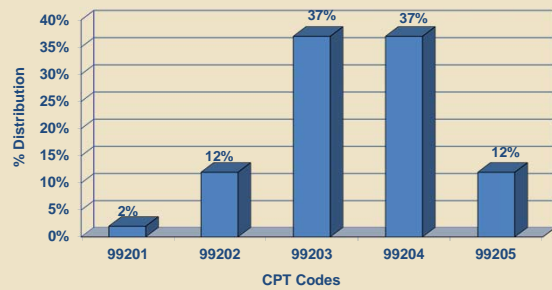
- Time



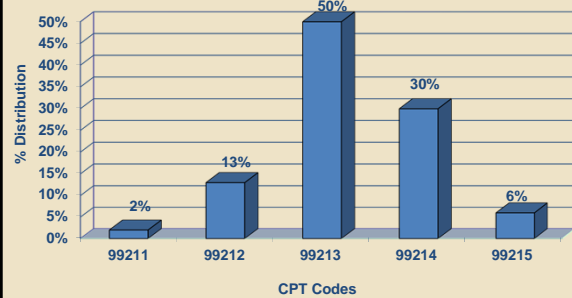
RVU Comparison

| Level | Established | New | Consult |
|-------|-------------|------|---------|
| 1 | .56 | 1.23 | 1.37 |
| 2 | 1.23 | 2.10 | 2.57 |
| 3 | 2.04 | 3.05 | 3.51 |
| 4 | 3.03 | 4.64 | 5.19 |
| 5 | 4.09 | 5.83 | 6.35 |

Medicare OB/GYN E/M Distribution Outpt. Services - New



Medicare OB/GYN E/M Distribution Outpt. Services - Established



Category Requirements

- Visits requiring 3 of 3 key components
 - New Outpatient
 - Consultations
 - Initial Inpatient
 - Initial Observation care
 - ED services
- Visits requiring 2 of 3 key components
 - Established Outpatient
 - Subsequent inpatient
 - Subsequent observation care



Time Factors

- Physician may perform PE, obtain history BUT may spend most of the encounter providing counseling, *OR*
- All of the visit involves counseling with patient/family

Using Time To Determine Levels

- Time may be the key factor for the selection of the level of service when *counseling and/or coordination of care dominates the encounter* (more than 50%)

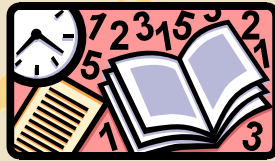


Counseling

- Discussion with patient and/or family
 - Test results
 - Prognosis
 - Risks/benefits of management options
 - Instructions
 - Compliance issues
 - Risk factor reduction
 - Education

Documentation

- Document description of the counseling/coordination activities
- Document total time and time spent counseling with the patient



Measuring Time

- **Outpatient:** Time spent by the provider face-to-face with the patient and/or family
- **Inpatient:** Time spent both with the patient and on the patient's unit or floor
- Report using the code with the closest actual time



Time Factors: Hester

- Hester is a 55-year-old postmenopausal patient referred to Dr. Dimmesdale by her friend to discuss treatment options for menorrhagia. She recently had a transvaginal ultrasound that showed the endometrial lining to be 3 mm. She brings her records from another physician who has suggested a vaginal hysterectomy.

Time Factors: Hester

- Hester would like to discuss other options including alternative surgical approaches. She refuses a physical exam today
- Dr. Dimmesdale spends 40 minutes discussing the risks and benefits of various treatment options with Hester. She will make a return appointment once she has determined her preferred course of treatment.

Dr. Dimmesdale **Hester**


| | | | | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------|--------------|----|--|-----|--|----------------------------------------------|--|--------------------------------|--|-----------|--|-----------------------|--|---------------|--|-----------------------|--|
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: Retype A-L to service line below (24E). | | | | | | | | | | | | 22. RESUBMISSION CODE | | ORIG REF. NO. | | | |
| A. | N95.0 | | | B. | | C. | | D. | | | | | | | | | |
| E. | | F. | | G. | | H. | | 23. PRIOR AUTHORIZATION NUMBER | | | | | | | | | |
| I. | | J. | | K. | | L. | | | | | | | | | | | |
| 24A. DATE(S) OF SERVICE | | | | B. | | D. PROCEDURE(S) OR SERVICE(S) | | E. | | F. | | G. | | I. | | J. | |
| From MM DD YY To MM DD YY | | | | POS | | (Explain Unusual Circumstances) CPT MODIFIER | | DX POINTER | | S CHARGES | | DAYS/ UNITS | | ID QUAL. | | RENDERING PROVIDER TY | |
| | | | | | | 11 99204 | | A | | | | 1 | | NPI | | | |
| | | | | | | | | | | | | | | NPI | | | |

ICD-10 Codes **ICD-10 Description**
N95.0 Postmenopausal bleeding

CPT Codes **CPT Description**
99204 Office or other outpatient service, new patient, level IV

Note: Typical times for E/M codes are included in the CPT-4 code descriptors. Code 99203 lists 30 minutes as its "typical time". Code 99204 lists 45 minutes as its "typical time".

- ### Reminders
- Times in CPT are typical times only
 - *Time requirements do not have to be met* when selecting codes based on *key components*
 - *Key component requirements do not have to be met* when selecting codes based on *time*
 - *Time requirements must be met and documented when determining factor for level of service*

- ### 1995 and 1997 Documentation Guidelines
- Documentation Guidelines (DG) developed by AMA and CMS
 - In many instances, the DGs "quantify" the extent of the key components
 - Both sets of guidelines still in effect
- 

- ### 1995 and 1997 Documentation Guidelines
- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • 1995 <ul style="list-style-type: none"> – Exam based on number of organ systems/body areas examined – Criticized for not reflecting work of specialists | <ul style="list-style-type: none"> • 1997 <ul style="list-style-type: none"> – Created single-organ system exams to reflect work of specialists – Criticized for complexity of system |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- ### Gynecologists and The DGs
- Comprehensive Exam
 - 1995 guidelines less restrictive
 - 8 organ systems vs. 9 systems in 1997 DGs
 - Less than comprehensive exams
 - 1997 DGs recognizes work of single organ system exam
 - Pelvic exam has 9 specific elements under 1997 vs. representing only 1 organ system in 1995 DGs

- ### Documenting Services in 2015
- Electronic Health Records (EHR) present both opportunities and challenges
 - Increased efficiency/improvements in quality of care
 - Concern about accuracy and specificity of clinical information

Documenting Services in 2015

- Medicare Carrier Manual:
 - The *volume of documentation* should *not* be the primary influence upon which a specific level of service is billed
 - *Medical necessity* of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code

Medically Necessary Services

- AMA's Model Managed Care Contract definition:
"Health care services or procedures that a *prudent physician would provide to a patient* for the purpose of preventing, diagnosing, or treating an illness, injury, disease or it's symptoms in a manner that is:

Medically Necessary Services

- In accordance with generally accepted *standards for medical practice*;
- *Clinically appropriate* in terms of type, frequency, extent, site, and duration; and
- **Not primarily for the economic benefit** of the health plans and purchasers or for the convenience of the patient, physician, or other health care provider."

Documenting Services in 2015

- Medicare has noted increase frequency of identical information across services (copy/paste)
- Providers must select codes based on content of service and support selection with documentation

Documenting Services in 2015

- OIG Work Plans have focused on E/M codes suggested or determined by EHRs and templated notes
- Review of multiple E/M services for the same provider and same patient to identify improper payments

Documenting Services in 2015

- Other government and non-government payers initiating similar reviews
- Must consider the *integrity* of the medical record
- Information that is not customized to the individual patient may jeopardize patient care

Tess

- **Progress Note:** 02/15/1X
- **CC/HPI:** Tess is a 63-year-old established patient who was last seen 4 years ago. She is being seen today with complaints of urinary urgency and frequency that has worsened over the last several months. She states that occasionally she can't make it to the bathroom in time but then it takes her a long time to urinate.

Tess

- She also notes that she has urine loss on coughing or sneezing. She finds herself avoiding public places for extended periods of time. She has not discussed the issue with her primary care physician who she sees periodically for hypercholesterolemia and routine exams.

Tess

- **ROS:** She denies burning on urination, vaginal bleeding, or discharge. Has not experienced loss of bowel control or other GI symptoms. Weight remained stable. All other systems are negative.
- **PMH:** She currently takes a statin medication for high cholesterol. She is not currently on any other medications.
- **SH:** She is sexually active. She does not smoke or use alcohol.

Tess

- **EXAM:**
 - **Constitutional:** BP 120/85; Pulse 85; Wt 125; Ht. 5'4. Pleasant, cooperative, appears stated age
 - **Abdomen:** No masses, no tenderness and no enlargement of liver or spleen

Tess

- **Pelvic:** External genitalia: no lesions. Urethra and meatus: no lesions. Vagina: normal appearance. Cervix: normal appearance. Second degree uterine prolapse. First degree cystocele/rectocele. Bimanual: Uterus small, anterior, mobile, and non-tender. Adnexa: no masses or tenderness. Rectal: Confirms exam and rectocele

Tess

- **IMP:**
 - Pelvic relaxation with second degree uterine prolapse
 - Stress incontinence
 - Possible UTI

Tess

- **Plan:**
 - In office urine dipstick, non-automated w/o microscopy
 - Return in 2 months for re-exam
 - Pelvic instructions given
 - Consider vaginal hysterectomy or TAH and sacrocolpopexy.
- Risks/benefits discussed. Literature and informed consent form sent home for review.

Medical Decision Making

- **Level determined by:**
 - Number of diagnosis or management options
 - Amount and/or complexity of data
 - Risk to the patient

Types of Medical Decision Making

- Straightforward (SF)
- Low complexity (Low)
- Moderate complexity (Mod)
- High complexity (High)



Selecting the Level of MDM

Based on 2 of 3 areas

| Level of Medical Decision Making | Number of diagnoses or management options | Amount and/or complexity of data to be reviewed | Risk of complications and/or morbidity or mortality |
|-----------------------------------------------------|-------------------------------------------|-------------------------------------------------|-----------------------------------------------------|
| Straightforward (99241, 99242, 99201, 99202, 99212) | Minimal | Minimal or None | Minimal |
| Low complexity (99243, 99203, 99213) | Limited | Limited | Low |
| Moderate complexity (99244, 99204, 99214) | Multiple | Moderate | Moderate |
| High complexity (99245, 99205, 99215) | Extensive | Extensive | High |

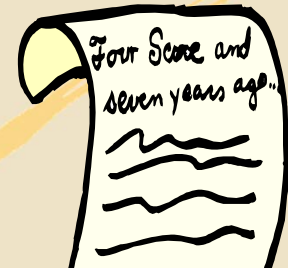
History

- **Four Types:**
 - Problem-focused
 - Expanded problem-focused
 - Detailed
 - Comprehensive



Components of History

- Chief Complaint (CC)
- History of Present Illness (HPI)
- Review of Systems (ROS)
- Past, Family, and/or Social History (PFSH)



Key Documentation Guidelines

- CC required for all levels
- Extent dependent on clinical judgment
- No specific format requirements
 - Ex. ROS may be included in HPI
- Describe circumstances which preclude obtaining history

Key Documentation Guidelines

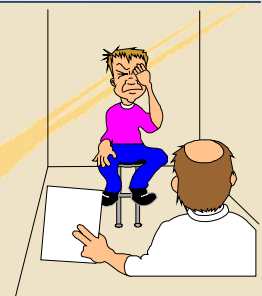
- ROS/PFSH may be recorded by pt. or staff
 - Provider must supplement/confirm info
- ROS/PFSH updated by:
 - New information or noting change
 - Noting date/location of previous information
- Note all positive and pertinent negatives in ROS

Choosing the Level of History

| Type | HPI | ROS | PFSH |
|-----------------------------------|------------------|----------------------|--------------------------------|
| PF (99201, 99241, 99212) | Brief (1-3) | None | None |
| EPF (99202, 99242, 99213) | Brief (1-3) | Problem Pertinent | None |
| Detailed (99203, 99243, 99214) | Extended (4+) | Extended (2-9) | Pertinent (1 of 3) |
| Comp (99204, 99205, 99215) | Extended (4+) | Complete (10+) | Complete (2 of 3 or 3 of 3) |

Examination

- Four Types
 - Problem-focused
 - Expanded problem-focused
 - Detailed
 - Comprehensive



Choosing the Level of Exam

| TYPE OF EXAM | 1995 REQUIREMENTS | 1997 REQUIREMENTS |
|--------------------------|-------------------------------------------|-----------------------------------------------------------------|
| Problem Focused | 1 body area or organ system | 1-5 elements |
| Expanded Problem Focused | 2-4 organ systems including affected area | 6-11 elements |
| Detailed | 5-7 organ systems including affected area | 12 or more elements |
| Comprehensive | 8 or more organ systems | Not defined |
| Multi-System | Not defined | 2 elements from at least 9 areas/systems |
| Single Organ System | Not defined | All elements in shaded boxes 1 element in all unshaded boxes |

Female Genitourinary Exam

- Constitutional (shaded)
- Neck
- Respiratory
- Cardiovascular
- Chest (breast)
- Lymphatic
- Skin
- Neurological/Psych
- GI (shaded)
- GU (shaded: 7 of 11 elements)

1997 Guidelines

- Tables identify included systems/areas
- Content or “elements” detailed
- All numeric requirements must be met
- Exams not “specialty specific”

Female Genitourinary Exam

- *Shaded* boxes only important when documenting comprehensive exam
- All other levels of exam dependent on the number of exam elements documented.

Genitourinary Exam

97 Guidelines (*shaded*)

| System/Body Area | Elements of Examination |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Constitutional | <ul style="list-style-type: none"> • Measurement of any 3 of the 7 vital signs: BP_ (sitting or standing), BP_ (supine), P_, R_, T_, Ht_, Wt_ • General appearance of patient |

Genitourinary Exam

97 Guidelines (*unshaded*)

| System/Body Area | Elements of Examination |
|------------------|------------------------------------------------------------------------------------------------------------------------|
| Neck | <ul style="list-style-type: none"> • Examination of neck • Examination of thyroid |
| Respiratory | <ul style="list-style-type: none"> • Assessment of respiratory efforts • Auscultation of lungs |

Genitourinary Exam

97 Guidelines (*unshaded*)

| System/Body Area | Elements of Examination |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cardiovascular | <ul style="list-style-type: none"> • Auscultation of heart, with notation of abnormal sounds and murmurs • Examination of peripheral vascular system by observation and palpation |
| Chest (Breasts) | (See genitourinary female) |

Genitourinary Exam

97 Guidelines (*unshaded*)

| System/Body Area | Elements of Examination |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Lymphatic | <ul style="list-style-type: none"> • Palpation of lymph nodes in neck, axillae, groin and/or other location |
| Skin | <ul style="list-style-type: none"> • Inspection and/or palpation of skin and subcutaneous tissues |
| Neurological/ Psychiatric | Brief assessment of mental status including: <ul style="list-style-type: none"> • Orientation • Mood and affect |

Genitourinary Exam

97 Guidelines (shaded)

| System/Body Area | Elements of Examination |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Gastrointestinal (Abdomen) | <ul style="list-style-type: none"> Examination of abdomen with notation of masses or tenderness Examination for presence or absence of hernia Examination of liver and spleen Obtain stool sample for occult blood test when indicated |

Genitourinary Exam

97 Guidelines (shaded)

| System/Body Area | Elements of Examination |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Genitourinary | Includes at least 7 of the following 11 bulleted elements: <ul style="list-style-type: none"> Inspection and palpation of breasts Digital rectal examination including sphincter tone, presence of hemorrhoids, rectal masses |

Genitourinary Exam

97 Guidelines (shaded)

| System/Body Area | Elements of Examination |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Genitourinary (Cont'd) | Pelvic examination including: <ul style="list-style-type: none"> External genitalia Urethral meatus Urethra Bladder Vagina Cervix Uterus Adnexa/parametria Anus and perineum |

1997 Examination

| Type of Exam | 1997 Requirements |
|---------------------------------------------------|---------------------------------------------------------------------------------------------|
| Problem Focused (99241, 99201, 99212) | 1-5 elements |
| Expanded Problem Focused (99242, 99202, 99213) | 6-11 elements |
| Detailed (99243, 99203, 99214) | 12 or more elements |
| Comprehensive (99244, 99245, 99204, 99205, 99215) | |
| Multi-System | 2 elements from at least 9 areas/systems |
| Single Organ System | All elements in shaded boxes 1 element in all unshaded boxes |

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. |

Dr. Hardy

Tess

| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E). | | | | | | | | | | | | 22. RESUBMISSION CODE | | ORIG REF. NO. | | | | |
|---------------------------------------------------------------------------------------|-------|--|----|-------|--|----|-------|--|----|--|--|--------------------------------------------------------------------------|-------|---------------|---------------|----------------|------------|---------------------------|
| A. | N81.2 | | B. | N39.3 | | C. | R35.0 | | D. | | | | | | | | | |
| E. | | | F. | | | G. | | | H. | | | | | | | | | |
| I. | | | J. | | | K. | | | L. | | | | | | | | | |
| 23. PRIOR AUTHORIZATION NUMBER | | | | | | | | | | | | | | | | | | |
| M. A. DATES OF SERVICE From MM DD YY To MM DD YY POS | | | | | | | | | | | | N. PROCEDURE(S) OR SUPPLIES (Explain Unusual Circumstances) CPT MODIFIER | | E. DX POINTER | F. \$ CHARGES | G. DAYS/ UNITS | L. D. QUAL | J. RENDERING PROVIDER NPI |
| | | | | | | | | | | | | 11 | 99203 | ABC | | 1 | NPI | |
| | | | | | | | | | | | | 11 | 81002 | C | | 1 | NPI | |
| ICD-10 Codes | | | | | | | | | | | | ICD-10 Description | | | | | | |
| N81.2 | | | | | | | | | | | | Uterovaginal prolapse, incomplete | | | | | | |
| N39.3 | | | | | | | | | | | | Stress incontinence (female) (male) | | | | | | |
| R35.0 | | | | | | | | | | | | Frequency of micturition | | | | | | |
| CPT Codes | | | | | | | | | | | | CPT Description | | | | | | |
| 99203 | | | | | | | | | | | | Level III new patient E/M service | | | | | | |
| 81002 | | | | | | | | | | | | Urinalysis by dipstick, non-automated, w/o microscopy | | | | | | |

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. |

Dr. Hardy Tess

| | | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------|-------|----|----|----|-------|-----|--------------------------------------------------------------------------|------------|------------|-------------------------------------------------------|------------------------|---------------|--|----|--|
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E). | | | | | | | | | | 22. RESUBMISSION CODE | | ORIG REF. NO. | | | |
| A. | N81.2 | | | B. | N39.3 | | | C. | R35.0 | | | D. | | | |
| E. | | | | F. | | | | G. | | | | H. | | | |
| I. | | | | J. | | | | K. | | | | L. | | | |
| 24.A. DATES OF SERVICE | | | | | | | | | | 23. PRIOR AUTHORIZATION NUMBER | | | | | |
| From | | To | | B. | | S. | | E. | | F. | | G. | | I. | |
| MM | DD | YY | MM | DD | YY | POS | PROCEDURE/SERVICE OR SUPPLY (Explain Unusual Circumstances) CPT MODIFIER | DX POINTER | \$ CHARGES | DAYS/UNIT | RENDERING PROVIDER NPI | QUAL | | | |
| | | | | | | | 11 99214 | ABC | | 1 | NPI | | | | |
| | | | | | | | 11 81002 | C | | 1 | NPI | | | | |
| ICD-10 Codes | | | | | | | | | | ICD-10 Description | | | | | |
| N81.2 | | | | | | | | | | Uterovaginal prolapse, incomplete | | | | | |
| N39.3 | | | | | | | | | | Stress incontinence (female) (male) | | | | | |
| R35.0 | | | | | | | | | | Frequency of micturition | | | | | |
| CPT Codes | | | | | | | | | | CPT Description | | | | | |
| 99214 | | | | | | | | | | Level IV established patient E/M service | | | | | |
| 81002 | | | | | | | | | | Urinalysis by dipstick, non-automated, w/o microscopy | | | | | |

Preventive Medicine Services

- E/M Services for adults, children, infants (99381-99387; 99391-99397)
 - Codes based on age of patient and whether new/established
 - Not gender specific
 - Well-woman exams (9938X and 9939X)

Content of the E/M Preventive Service

- Service includes:
 - Comprehensive History and PE
 - Risk factor reduction/counseling
 - Anticipatory Guidance
 - Ordering of lab/diagnostic procedures
 - Treatment of insignificant abnormalities

Comprehensive History

- Not problem-oriented and does not require CC or HPI
- Does include comprehensive ROS, comprehensive or interval PFSH, and assessment of risk factors appropriate for the patient's age, gender, and identified risks
- E/M Documentation Guidelines do not apply

Comprehensive Exam

- Multi-system exam based on age, gender, and identified risk factors
- E/M Documentation Guidelines do not apply

Counseling

- Age appropriate counseling included
 - Contraception in women of child-bearing age
 - Menopausal concerns with older women
- Other examples:
 - Safety issues
 - Need for screening tests
 - Status of previously diagnosed stable conditions

Content of the Service

- Services **not** included:
 - Performance of ancillary studies or immunizations
 - *Significant additional* work associated with abnormalities or pre-existing problem



New Patient Encounters

| E/M Services | RVUs | Preventive Medicine | RVUs |
|--------------|------|------------------------|------|
| 99201 | 1.23 | 99383 (5-11 yo) | 3.39 |
| 99202 | 2.10 | 99384 (12-17 yo) | 3.84 |
| 99203 | 3.05 | 99385 (18-39 yo) | 3.73 |
| 99204 | 4.64 | 99386 (40-64 yo) | 4.31 |
| 99205 | 5.83 | 99387 (65 yo and over) | 4.67 |

Established Patient Encounters

| E/M Services | RVUs | Preventive Medicine | RVUs |
|--------------|------|------------------------|------|
| 99211 | .56 | 99393 (5-11 yo) | 2.98 |
| 99212 | 1.23 | 99394 (12-17 yo) | 3.27 |
| 99213 | 2.04 | 99395 (18-39 yo) | 3.35 |
| 99214 | 3.03 | 99396 (40-64 yo) | 3.58 |
| 99215 | 4.09 | 99397 (65 yo and over) | 3.85 |

Nora

- Nora, a 54-y-o G1 P₁₋₀₋₀₋₁, is an established patient here for her wellness exam. She is experiencing some vaginal itch and irritation especially on the right side of her vulva. Her LMP was 2 years ago. She is complaining of hot flashes and difficulty sleeping. She is not on HT.

Nora

- **Medication:** None
- **ROS:** Positive for tired and sluggish, frequent headaches. Remainder of ROS neg. See Gyn intake form.
- **PMH:** Last mammogram 1 year ago. No changes in medical/surgical history since last visit.

Nora

- **SH:** No change. Denies sexual problems. Never smoked. Alcohol use rarely.
- **FH:** Breast CA and heart disease in maternal grandmother. HTN mother and grandmother.

Nora

- **Physical Exam**
 - **Constitutional:** Ht. 5'8"; Wt. 138; B/P 120/82. Pt. is well nourished and well developed.
 - **Psychiatric:** She is oriented X 3.
 - **Skin:** Moist without lesions
 - **Neck:** Thyroid neg. Neck supple without adenopathy
 - **Chest:** Clear to auscultation

Nora

- **Heart:** RRR w/o M, G, R
- **Breasts:** Checked in all positions. No masses, lesions, or galactorrhea.
- **Abdomen:** Soft, non-tender. No hernia. No hepatosplenomegaly.
- **Pelvic:** External genitalia: Skene's, Bartholin's and urethra negative. There was mild irritation of vulva.

Nora

- **Vagina:** Normal appearance. No sign of infection or bleeding
- **CX:** Well epithelialized.
- **Uterus:** Anterior, normal size and shape
- **Adnexa:** Both left and right were negative.
- **Rectal:** Good tone. No hemorrhoids. Occult-neg.

Nora

- **Impression/Plan**
 1. Normal well-woman exam. Pap performed. Will call with results.
 2. Minor vulvar irritation. Discussed personal hygiene.
 3. Menopausal symptoms. Discussed management options with patient. She prefers not to be on HT.

Dr. Ibsen

Nora

| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: Retype A-L to service line below (24E). | | | | 22. RESUBMISSION CODE | | ORIG REF. NO. | | | | | | | | | | | |
|---------------------------------------------------------------------------------------|---------|----|-------|-----------------------|-------|------------------------------------------------------|--------|----------------------------------------------|-------|-----------|----|-------------|----|----|--|--|-----|
| A. | Z01.411 | B. | N95.1 | C. | R23.2 | D. | G47.01 | | | | | | | | | | |
| E. | | F. | | G. | | H. | | | | | | | | | | | |
| I. | | J. | | K. | | L. | | | | | | | | | | | |
| 24.A. DATE(S) OF SERVICE | | | | B. | POS | S ¹ . PROCEDURE(S) SERVICE(S) OR SUPPLIES | E. | D. X POINTER | F. | S CHARGES | G. | DAYS/ UNITS | L. | J. | | | |
| From | MM | DD | YY | To | MM | DD | YY | (Specify Unusual Circumstances) CPT MODIFIER | | | | | | | | | |
| | | | | | | | | 11 | 99396 | | | | | | | | NPI |
| | | | | | | | | | | | | | | | | | NPI |

| ICD-10 Codes | ICD-10 Description |
|--------------|-------------------------------------------------------------------|
| Z01.411 | Encounter for gyn exam (general) (routine) with abnormal findings |
| N95.1 | Menopausal and female climacteric states |
| R23.2 | Flushing |
| G47.01 | Insomnia due to medical condition |

| CPT Codes | CPT Description |
|-----------|-------------------------------------------------------------|
| 99396 | Preventive EM service, established patient, age 40-64 years |

ICD-10

- Z01.411 Encounter for gynecological exam (general) (routine) **with abnormal findings**
- Z01.419 Encounter for gynecological exam (general) (routine) **without abnormal findings**
- If no abnormal findings at exam but subsequent test shows abnormality
 - Report without abnormal findings
 - Subsequent visits will include code for the condition

ICD-10

- N95.1 Menopausal and female climacteric states
 - **Inclusion terms:** Symptoms such as flushing, sleeplessness, headache, lack of concentration, associated with natural (age-related) menopause
 - **Use additional code:** for associated symptoms

ICD-10

- N95.1
 - Excludes 1:
 - Asymptomatic menopausal state (Z78.0)
 - Symptoms associated with artificial menopause (E89.41)
 - Symptoms associated with premature menopause (E28.310)

ICD-10

- R23.2 Flushing
 - **Inclusion terms:** Excessive blushing
 - **Code First:** if applicable, menopausal and female climacteric states (N95.1)

ICD-10

- G47.01 Insomnia due to medical condition
- **Code Also:** associated medical conditions

ICD-10-CM Guidelines

- Certain conditions may have underlying cause and multiple body system signs/symptoms due to the underlying condition
- ICD guidelines require that *the underlying condition be coded first* followed by the manifestation

ICD-10-CM Guidelines

- Etiology Codes
 - “Use additional code”
- Manifestation Codes
 - “Code first”
- “Code First” and “Use Additional Code” provide sequencing guidance for the order of codes

Preventive Visits and Other Services

- Patient presents with:
 - Complaints or medical problems, **OR**
 - Problem found during exam
- Additional service reported if:
 - Problem/abnormality is significant enough to require **additional** work to perform key components of an E/M service

Preventive Visits and Other Services

- Level of service should be consistent with **additional** work for problem/abnormality
- Insignificant or trivial problems that do not require performance of key components should **not** be reported

Preventive Visits and Other Services: Principles

- You can only bill **ONCE** for the same service for the same patient on the same day
- Services must be medically necessary and clinically relevant
- Documentation should reflect the **additional** work performed

Preventive Visits and Other Services

- Documenting the encounter:
 - Distinguish the encounters in your note
 - Clearly document problem-oriented portion
 - Indicate portion of the visit that is Preventive Care
- Remember you are billing for 2 services!
 - 99212-99215 with modifier 25
 - 99381-99397

Medicare Preventive Coverage

- Comprehensive preventive exams never covered
- Covered screening services:
 - Pelvic/clinical breast exam
 - Screening Pap test
 - Screening hemocult
 - Screening mammography
 - Bone mass measurement

Screening Pelvic/ Clinical Breast Exam

- Once every 2 years for all women
- Annually for high risk women
 - Medicare definition
- Both deductible and co-pays are waived under the Affordable Care Act (ACA)

Screening Pelvic/ Clinical Breast Exam (G0101)

- 7 of the following 11 elements:
 - Inspection/palpation of breasts
 - Digital rectal
 - External genitalia
 - Urethral meatus
 - Urethra
 - Bladder
 - Vagina
 - Cervix
 - Uterus
 - Adnexa/parametria
 - Anus and perineum

Content of G0101

- *Includes only* defined exam elements
- Does *not include* other elements common to a well-woman exam
- Does *not include* a ROS or PFSH

Collection of Screening Pap Smear

- **Screening - Absence** of illness, disease, symptoms
- Reported with HCPCS code Q0091
- Criteria for coverage same as G0101
 - Patient has no deductible/co-pay per ACA
- Interpretation paid separately to lab/pathologist
 - Patient has no deductible/co-pay per ACA

Medicare: Preventive Service With Other Services

- Comprehensive Preventive Medicine Service is *never covered* by Medicare
- Preventive Service with covered service
 - Non-covered “carved out” (preventive)
 - Medicare pays only for covered service
- May occur with:
 - G0101, Q0091
 - 99201-99215

Allowable Charges and Patient Billing

- Physician charges patient the *difference* between:
 - Established charge for non-covered preventive service, **AND**
 - Medicare’s allowable for the covered E/M service

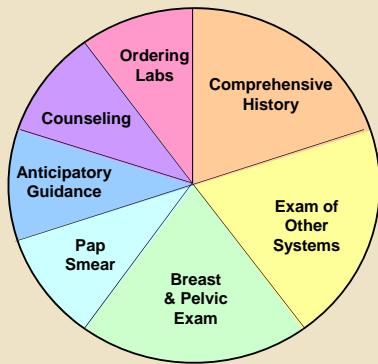
Medicare Regulations

- Must code accurately for preventive and problem-oriented services
- Cannot *accept payment for non-covered* services from Medicare
- Cannot *charge the patient* for any *covered* services

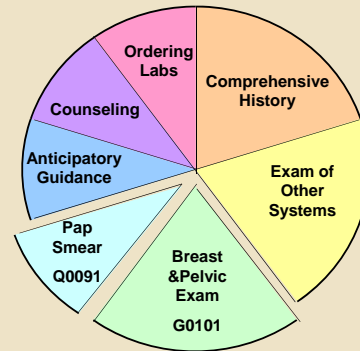
Covered Screening Service with Non-Covered Preventive Service

- Non-covered services “carved out”
- Patient responsible for *non-covered* Preventive Service
- Medicare responsible for *covered* screening services

Preventive Medicine Services



Preventive Medicine Services for Medicare Patients



Non-Covered Preventive Service with G0101

| Bill To | CPT/HCPCS Code(s) | ICD-9 Code(s) | Established Hypothetical Charge | Charge to Pt/Medicare Allowable |
|-------------------------|-------------------|---------------|---------------------------------|---------------------------------|
| Patient | 99397-GX | Z01.419 | \$100.00 | \$61.33 |
| Medicare | G0101-GA | Z12.4 | N/A | \$38.67 |
| | | Z12.72 | | |
| | | Z12.79 | | |
| | | Z77.9 | | |
| | | Z01.419 | | |
| Total allowable Charges | | | | \$100.00 |

Non-Covered Preventive Service with G0101 and Q0091

| Bill To | CPT/HCPCS Code(s) | ICD-9 Code(s) | Established Hypothetical Charge | Charge to Pt/Medicare Allowable |
|-------------------------|-------------------|---------------|---------------------------------|---------------------------------|
| Patient | 99397-GX | Z01.419 | \$100.00 | \$17.13 |
| Medicare | G0101-GA | Z12.4 | N/A | \$38.67 |
| | | Z12.72 | | |
| | | Z12.79 | | |
| | | Z77.9 | | |
| | | Z01.419 | | |
| Medicare | Q0091-GA | Z12.4 | N/A | \$45.47 |
| | | Z12.72 | | |
| | | Z12.79 | | |
| | | Z77.9 | | |
| | | Z01.419 | | |
| Total Allowable Charges | | | | \$100.00 |

Carole

- Carole is a 68-year-old established patient who presents for a gynecologic exam. She indicates she experiences vaginal dryness and mild dyspareunia. She has no other menopausal symptoms. Dr. Crachit performs a breast and pelvic exam noting atrophic changes of the vagina. He spends approximately 10 minutes discussing treatment options with Carole. She agrees to try a vaginal cream.

Covered Screening with Covered E/M

| Bill To | CPT/HCPCS Code(s) | ICD-9 Code(s) | Established Hypothetical Charge | Charge to Pt/Medicare Allowable |
|-------------------------|-------------------|----------------|---------------------------------|---------------------------------|
| Medicare | 99212-25 | N95.2, N94.1 | | \$43.68 |
| Medicare | G0101-GA | Z12.4 or Z77.9 | | \$38.67 |
| Total Allowable Charges | | | | \$82.35 |

Surgical Procedures

- Based on a global package concept
- All rules and modifiers apply to any physician/QHP in the same specialty and same group as surgeon



Global Package Concept

- CPT
- Medicare
- Other third-party payer definitions/rules



CPT Global Package

- Includes:
 - Operation per se
 - Local infiltration, metacarpal/digital block, topical anesthesia
 - One *related* E/M encounter *on the date immediately prior to or on the date of the procedure if decision for surgery previously made* (includes H&P)

CPT Global Package

- Includes:
 - Writing orders
 - Evaluation in post-anesthesia recovery area
 - Immediate postoperative care including dictating operative notes and talking with family/physicians
 - Typical post-operative care
 - Supplies and materials usually used

CPT Global Package

- Follow-up care for therapeutic surgical procedures *“includes only that care which is usually a part of the surgical service”*
- CPT does not assign a timeframe for the covered postoperative period.

CPT Global Package

- Does **not** include:
 - Administration of regional anesthesia or conscious sedation (unless specifically noted)
 - Care provided for complications, exacerbations, recurrence, or other diseases or injuries

CPT Global Package

- Does **not** include:
 - Supplies and materials provided by the physician *over and above* those usually included
 - Care provided **outside** the group or by **other specialties** within the same group

Medicare Global Package

- Intent to provide consistent definition of *work* and *resources* associated with “global surgery”
- Defines:
 - Preoperative Services
 - Intraoperative Services
 - Postoperative Services
- Also includes supplies and certain miscellaneous services such as removal of sutures, insertion of lines, wires, tubes, etc.

Medicare Global Package

- **Preoperative Work**
 - Hospital admission paperwork
 - Interval H&P
 - Review records
 - Obtain consent
 - Check instruments, position patient etc.
 - Scrub, gown, glove

Medicare Global Package

- **Intraoperative Work**
 - “Skin-to-skin time”
 - Varies according to surgery
- **Postoperative Work**
 - Other services in OR, recovery, hospital
 - Post-op visits in hospital, discharge management
 - Related office visits during global period
 - Number and level of visits varies

Medicare Global Package

- **Minor procedures**
– 0 or 10 day-global period
- **Major procedures**
– 90-day global period

Medicare and Global Periods

| CPT Codes | General Description | Global Periods |
|-------------|-----------------------------------------------------------------|----------------|
| 57420-57460 | Colposcopy, vagina and cervix | 000 |
| 57461 | Colposcopy with loop electrode conization of the cervix | 000 |
| 57520-57522 | Conization of cervix; cold knife, laser/loop electrode excision | 090 |
| 58120 | Dilation and curettage | 010 |

Medicare and Global Periods

| CPT Codes | General Description | Global Periods |
|----------------------------|----------------------------------------------------------|----------------|
| 58555-58563 | Hysteroscopy, diagnostic and surgical (including w/ D&C) | 000 |
| 58565 | Hysteroscopy, sterilization | 090 |
| 58660-58673 (Except 58661) | Laparoscopy, surgical | 090 |
| 58661 | Laparoscopy with removal of adnexal structures | 010 |

Medicare and Global Periods

| CPT Codes | General Description | Global Periods |
|-------------|---------------------------------------------------|----------------|
| 58720 | Salpingo-oophorectomy, complete or partial (open) | 090 |
| 49320 | Laparoscopy, diagnostic | 010 |
| 49321-49322 | Laparoscopy, with biopsy/aspiration of cyst | 010 |

Medicare and Global Periods

| CPT Codes | General Description | Global Periods |
|-----------|--------------------------------------|----------------|
| 58100 | Endometrial sampling | 000 |
| +58110 | Endometrial sampling with colposcopy | ZZZ |

Minor Surgical Procedures

- **Include:**
 - **Preoperative:** Same day visits
 - **Intraoperative:** All integral procedures
Supplies usually used

Minor Surgical Procedures

- Include:
 - Postoperative:
 - 0 day global: Related visits on same day
 - 10-day global: Follow-up visits for 10 days that are related to recovery from surgery

Major Surgical Procedures

- Include:
 - Preoperative: EM services beginning one day prior
 - Intraoperative:
 - All usual intra-operative procedures
 - Anesthesia administered by surgeon

Major Surgical Procedures

- Include:
 - Postoperative:
 - Complications treated outside the operating or procedure room
 - Related visits for 90 days
 - Post-surgical pain management by surgeon

25- Significant, Separately Identifiable E/M Service

- Appended to *E/M Service* when procedure performed on the same day by same physician/QHP
- Visit must be *above and beyond* the usual pre- and post-operative care associated with the procedure
- Different diagnoses not required

E/M Services and Same Day Procedures

- You generally report *both services* if:
 - Physician/QHP must address signs, symptoms, conditions before deciding to perform px., **OR**
 - Work was above and beyond normal pre/post procedure work, **OR**
 - 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**
 - *E/M service is not supported by the medical record documentation*

Ms. Havisham

- Ms. Havisham is a 22-year-old who presents to the emergency room with complaints of vaginal bleeding and pelvic pain. She states that her menstrual cycle is 3 weeks late and she has not been using any form of birth control.

Ms. Havisham

- The ED physician, Dr. Charles, orders a stat HCG and a transvaginal ultrasound and calls Dr. Dickens to come in and evaluate the patient.

Ms. Havisham

- Dr. Dickens performs a pelvic exam and reviews the findings of the ultrasound.
- The findings include a normal size uterus without evidence of a gestational sac. A mass measuring 2.1 cm is found between the right ovary and the uterus.
- The stat HCG level returns and shows 4000 mlu/ml.

Ms. Havisham

- Based on these findings, Dr. Dickens diagnoses an ectopic pregnancy.
- Ms. Havisham is taken to the OR the same day for outpatient laparoscopic treatment.

Answer- Ms. Havisham

- O00.1 Tubal pregnancy**
- ICD-10 does not specify if there was an intrauterine pregnancy
 - ACOG has requested new codes

Dr. Dickens

Ms. Havisham

| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E). | | | | | | | | | | | | 22. RESUBMISSION CODE | | ORIG REF. NO. | | | | | | |
|---------------------------------------------------------------------------------------|----|-----|-----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------------------------------|--------|---------------|----|----|----|----|----|----|
| A. | B. | C. | D. | E. | F. | G. | H. | I. | J. | K. | L. | 23. PRIOR AUTHORIZATION NUMBER | | | | | | | | |
| O00.1 | | | | | | | | | | | | | | | | | | | | |
| 24. A. DATE(S) OF SERVICE | | | | | | | | | | | | B. | C. | D. | E. | F. | G. | H. | I. | J. |
| From | To | POS | PROCEDURE(S) SERVICE(S) OR SUPPLY | ICD-10 | ICD-10 | ICD-10 | ICD-10 | ICD-10 | ICD-10 | ICD-10 | ICD-10 | ICD-10 | ICD-10 | | | | | | | |
| MM | DD | YY | MM | DD | YY | POS | ICD-10 | ICD-10 | ICD-10 | ICD-10 | ICD-10 | ICD-10 | ICD-10 | | | | | | | |
| | | | | | | | 23 | 9924X | 57 | A | | 1 | NPI | | | | | | | |
| | | | | | | | 22 | 59150 | | A | | 1 | NPI | | | | | | | |

| | |
|---------------------|-----------------------------------------------------------------------------------|
| ICD-10 Codes | ICD-10 Description |
| O00.1 | Tubal pregnancy |
| CPT Codes | CPT Description |
| 9924X | Outpatient consultation, level unspecified |
| 59150 | Laparoscopic treatment of ectopic pregnancy without salpingectomy or oophorectomy |

NOTE: ICD-10 does not specify if there was an intrauterine pregnancy

Intraoperative Bundling and Unbundling

- **Bundling:** Lesser procedures *usually performed* in conjunction with other procedures are considered “bundled” into primary procedure
- Only services *not typically performed* during the primary procedure should be billed separately

Intraoperative Bundling and Unbundling

- **Unbundling means:** Reporting more than one code when:
 - One code includes the description of the other code(s)
 - Codes are bundled according to CPT and/or Medicare rules
 - One code includes various sub-services

Intraoperative Bundling and Unbundling

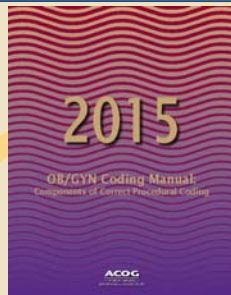
- Services included in *description:*
 - 58552- Laparoscopic hysterectomy with removal of tube(s) and/or ovary(s)
- CPT bundles codes:
 - 57283- Colpopexy, vaginal; intra-peritoneal...**AND** codes that include enterocele repair
- Services included in *payment:*
 - EUA (57410) at time of surgical procedure

Bundling Guidelines

- **CPT**
 - CPT descriptors
 - Instructions
 - (Separate procedure) designations
- **Medicare**
 - Correct Coding Initiative (CCI)
- **Other Payers**
 - Internal policies

ACOG and Bundling Issues

- Components of Correct Procedural Coding OB/Gyn Coding Manual
- Reflects knowledge of Committee
- May differ from CCI or other payer guidelines



Medicare's Correct Coding Initiative

- CCI intended to ensure consistent application of bundling rules
- **Guiding Principle:**
 - All services integral to accomplishing a procedure are bundled into the primary service
 - Only comprehensive procedure reported

Correct Coding Initiative

- Service considered **bundled** when:
 - Represents standard of care in performing procedure
 - Necessary to successfully accomplish procedure
 - Not separate and unrelated from primary procedure

Correct Coding Initiative

- CCI presents “code pairs” that are not separately payable if performed at the same setting
- Updated quarterly with input from medical community ACOG publishes on website (www.acog.org)

CCI Exceptions

- Modifiers allow for exceptions when services are “distinct”
 - Drainage of Rt ovarian cyst and Lt oophorectomy
- Certain modifiers designated for this purpose
 - 24, 25, 57, 58, 59, 78, 79, 91, LT, RT

CCI Exceptions

- Some pairs will never be paid by Medicare even with a modifier
- Ex: Medicare will never pay separately for an omentectomy when performed at time of hysterectomy
- Ex: Lysis of adhesions and enterolysis are bundled into hysterectomy codes and never paid together by Medicare

CCI Impact on Gyn

- October 2014 CCI edits bundled vaginal hysterectomy and some vaginal reconstruction codes
- Edits bundled with vaginal hysterectomy codes included:
 - combined anterior and posterior colporrhaphy: code 57260
 - abdominal sacrocolpopexy: 57280
 - extraperitoneal vaginal colpopexy (e.g., sacrospinous ligament suspension): 57282
 - intraperitoneal vaginal colpopexy (e.g., high uterosacral ligament suspension): 57283

CCI Impact on Gyn

- Through the efforts of ACOG, AUGS, SGS and others, many of these edits were overturned or revised with changes retroactive to October 1, 2014.
- Revised edits allow the following to be reported in addition to the vaginal hysterectomy codes :
 - combined anterior and posterior colporrhaphy (code 57260)-no modifier required
 - abdominal sacrocolpopexy (57280)-modifier 59 required
 - extraperitoneal vaginal colpopexy (e.g., sacrospinous ligament suspension, or SSLS, 57282)-modifier 59 required
 - intraperitoneal vaginal colpopexy (e.g., high uterosacral ligament suspension, 57283)-modifier 59 required

59- Distinct Procedural Services

- May be circumstances when appropriate to report code combinations that are usually “bundled”
- Modifier 59 indicates that a service is distinct from another service reported on same day
- Indicates an “exception” -not typical situation
- *Use only if no other appropriate modifier*

59- Distinct Procedural Services

- Applied to services that are usually bundled
- Indicates that both services should be reimbursed
- Attach 59 *only if procedure distinct* from primary procedure (not integral)

59- Distinct Procedural Services

- Services may be distinct because they represent:
 - Different session
 - Different procedure or surgery
 - Different site or organ system
 - Separate incision/excision
 - Separate lesion or injury

Payer’s Response

- Medicare:
 - Modifier appropriate if procedures performed on *different anatomical sites or at different patient sessions*
 - If diagnostic clearly distinct from therapeutic
 - Represents an *unusual* circumstance
- CMS has growing concern overuse misuse of the modifier

New Modifiers

- New series of HCPCS modifiers effective January 5, 2015
- Modifiers are subset of modifier 59 and are referred to as X{EPSU}
- Modifier 59 will continue to be accepted initially
- Transition to X{EPSU} modifiers for certain high-risk code pairs
- Additional guidance is forthcoming

Global Obstetric Package

- “Global” obstetric package includes those services *normally* provided in *uncomplicated* cases



Typical Antepartum Care

- Initial prenatal history and physical
- Subsequent history and physicals
- Wt., BP, FHT, U/A
- Visits (13)
 - Monthly to 28 weeks
 - Biweekly to 36 weeks
 - Weekly to delivery
- Other services normally provided



Services Excluded From the Antepartum Package

- Initial E/M service to diagnose pregnancy
 - Patient presents with symptoms
 - Minimal counseling, order labs, prescribe prenatal vitamins
- If activities included in antepartum record are initiated, the encounter is not separately reported

Services Excluded From the Antepartum Package

- Additional E/M service for related or unrelated conditions
- Inpatient admission, observation care, and subsequent visits for complications
 - Only those occurring greater than 1 day prior to delivery

Services Excluded From the Antepartum Package

- Diagnostic services:
 - Ultrasounds
 - BPP
 - NST
- Certain other procedural services

Services Unrelated to Pregnancy

- Diagnosis **unrelated** to pregnancy
 - URI, flu, etc.
- Report labs, visits, etc. separately
- Services reported at time of encounter

Services Unrelated to Pregnancy

- Clearly document treatment of the presenting problem
- Level of service for unrelated problem must be supported

Services Related to Pregnancy

- Patient may be seen more frequently than the typical 13 antepartum visits due to:
 - High risk status
 - Current complication
 - Need for diagnostic tests

Services Related to Pregnancy

- High risk is not the same as current “complications of pregnancy”
- Additional *visits are not reported* if active problems do not develop
- Medically necessary *diagnostic tests may be reported*

Services Related to Pregnancy

- *Additional visits for current complications of pregnancy may be reported*
 - Pregnancy complicated by hypertension
 - Vaginal bleeding

Services Related to Pregnancy

- Additional E/M services reported at the *time of delivery*
- Diagnostic tests, etc. reported at the *time of the service*
- Report the diagnosis that prompted the additional visits
- The date the service was provided should be reported on the claim form

Services Related to Pregnancy

- *Do not report visits* in addition to package if:
 - Total number of visits is <13, OR
 - Visits are not for complications in current pregnancy
- The level of E/M visit is determined by CPT-4 definitions and guidelines

Heloise

- Heloise, a 28-year-old G₂P₁ established patient, comes into see Dr. Abelard because her period is a week late. She has been using oral contraceptives for birth control. The office pregnancy test is positive.
- Dr. Abelard sees her briefly to discuss the results of the pregnancy test, give her a prescription for prenatal vitamins, and schedule her first prenatal visit in one month.

Heloise

- At 6 weeks gestation, she is seen as a work-in because of a complaint of vomiting for the last 3 days.

Heloise

- At 8 weeks, she is seen for her first prenatal visit. She indicates that she still has nausea but the vomiting is less frequent. She has a history of perineal condyloma that has been treated medically in the past. She indicates today that she has noticed recurring lesions that have been increasing in size and has mild vaginal itching. The remainder of her history is negative.

Heloise

- A comprehensive examination is performed. Several thickened areas of epithelium are noted on the vulva and perianal area. A Pap smear is obtained. Dr. Abelard discusses with Heloise the issues and risks associated with condyloma in pregnancy. She is scheduled to return in two weeks for a colposcopy and treatment of the lesions.

Heloise

- At 10 weeks she returns for the colposcopy and cryosurgery for the external lesions.
- At 12 weeks she is seen again for her routine prenatal visit.
- At her 16 week prenatal visit, she complains of urinary urgency and frequency and is diagnosed with a UTI.

Heloise

- Heloise is then seen monthly until 28 weeks gestation.
- At 29 weeks she presents with nausea and vomiting. Her husband and 4-year-old son have similar symptoms. Dr. Abelard diagnosed a viral illness and prescribed conservative treatment.

Heloise

- At week 30 she returns for her routine prenatal visit much improved. She is then seen biweekly until 34 weeks gestation.
- At 34 weeks she develops mild hypertension and is seen weekly through 39 weeks gestation.

Heloise

- Five days after her last visit she delivers vaginally a healthy 8 pound female infant. The postpartum course is uneventful.

| Visit # | Week | Visit # | Week | Diagnosis(es) | |
|-------------------|---------------------------------------------------|---------|---------------------------------------------------|---------------------------------|--------------|
| | | | | ICD-9 | ICD-10 |
| N/A | Initial visit to dx preg. (not in global package) | N/A | Initial visit to dx preg. at 4 weeks | (Pregnancy exam/test: positive) | |
| 1 | 8 weeks | 1 | 6 weeks | V72.42 | Z32.01 |
| 2 | 12 weeks | 2 | 8 weeks | 643.03 (mild hyperemesis) | Z34.81 |
| 3 | 16 weeks | 3 | 10 weeks | V22.1 | A63.0 |
| 4 | 20 weeks | 4 | 12 weeks | 078.11 (condyloma) | Z34.81 |
| 5 | 24 weeks | 5 | 16 weeks | V22.1;599.0 (UTI) | Z34.82;N39.0 |
| 6 | 28 weeks | 6 | 20 weeks | V22.1 | Z34.82 |
| 7 | 30 weeks | 7 | 24 weeks | V22.1 | Z34.82 |
| 8 | 32 weeks | 8 | 28 weeks | V22.1 | Z34.83 |
| | | 9 | 29 weeks | 008.8 (viral gastroenteritis) | A08.4 |
| 9 | 34 weeks | 10 | 30 weeks | V22.1 | Z34.83 |
| 10 | 36 weeks | 11 | 32 weeks | V22.1 | Z34.83 |
| 11 | 37 weeks | 12 | 34 weeks | 642.X3 (HTN) | O13.3;Z3A.34 |
| 12 | 38 weeks | 13 | 35 weeks | 642.X3 | O13.3;Z3A.35 |
| 13 | 39 weeks | 14 | 36 weeks | 642.X3 | O13.3;Z3A.36 |
| | | 15 | 37 weeks | 642.X3 | O13.3;Z3A.37 |
| | | 16 | 38 weeks | 642.X3 | O13.3;Z3A.38 |
| | | 17 | 39 weeks | 642.X3 | O13.3;Z3A.39 |
| | 40 weeks Delivery | | 39 weeks Delivery | | |
| Total visits = 13 | | | Total visits = 16 plus 1 encounter for procedures | | |

First Visit

Dr. Abelard

Heloise

| | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------|--------|----|--|-------------------------------------------------------------------------------------|--|----|----|----------------|------------|--------------------------------|--|---------------|--|
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E). | | | | | | | | | | 22. RESUBMISSION CODE | | ORIG REF. NO. | |
| A. | Z32.01 | | | B. | | C. | | D. | | | | | |
| E. | | | | F. | | G. | | H. | | 23. PRIOR AUTHORIZATION NUMBER | | | |
| I. | | | | J. | | K. | | L. | | | | | |
| 24A. DATE(S) OF SERVICE From MM DD YY To MM DD YY POS | | B. | | D. PROCEDURE(S) SERVICE(S) OR SUPPLIES (Explain Unusual Circumstances) CPT MODIFIER | | E. | F. | G. DAYS/ UNITS | I. ID QUAL | J. RENDERING PROVIDER NPI | | | |
| | | 11 | | 9921X | | | A | 1 | | NPI | | | |
| | | | | | | | | | | NPI | | | |

ICD-10 Codes ICD-10 Description
Z32.01 Encounter for pregnancy test, result positive

Note: Reported at the time of service since the visit to diagnose pregnancy is not part of the global maternity package

10 Weeks

Dr. Abelard

Heloise

| | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------|-------|----|--|-------------------------------------------------------------------------------------|--|----|----|----------------|------------|--------------------------------|--|---------------|--|
| 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. | | C. | | D. | | | | | |
| E. | | | | F. | | G. | | H. | | 23. PRIOR AUTHORIZATION NUMBER | | | |
| I. | | | | J. | | K. | | L. | | | | | |
| 24A. DATE(S) OF SERVICE From MM DD YY To MM DD YY POS | | B. | | D. PROCEDURE(S) SERVICE(S) OR SUPPLIES (Explain Unusual Circumstances) CPT MODIFIER | | E. | F. | G. DAYS/ UNITS | I. ID QUAL | J. RENDERING PROVIDER NPI | | | |
| | | 11 | | 56501 | | | A | 1 | | NPI | | | |
| | | | | 57420 | | 51 | A | 1 | | NPI | | | |

ICD-10 Codes ICD-10 Description
A63.0 Anogenital (venereal) wart

Note: Reported at the time of service since procedures are not part of routine antepartum care

29 Weeks

Dr. Abelard

Heloise

| | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------|-------|----|--|-------------------------------------------------------------------------------------|--|----|----|----------------|------------|--------------------------------|--|---------------|--|
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E). | | | | | | | | | | 22. RESUBMISSION CODE | | ORIG REF. NO. | |
| A. | A08.4 | | | B. | | C. | | D. | | | | | |
| E. | | | | F. | | G. | | H. | | 23. PRIOR AUTHORIZATION NUMBER | | | |
| I. | | | | J. | | K. | | L. | | | | | |
| 24A. DATE(S) OF SERVICE From MM DD YY To MM DD YY POS | | B. | | D. PROCEDURE(S) SERVICE(S) OR SUPPLIES (Explain Unusual Circumstances) CPT MODIFIER | | E. | F. | G. DAYS/ UNITS | I. ID QUAL | J. RENDERING PROVIDER NPI | | | |
| | | 11 | | 9921X | | | A | 1 | | NPI | | | |
| | | | | | | | | | | NPI | | | |

ICD-10 Codes ICD-10 Description
A08.4 Viral intestinal infection, unspecified

Note: Reported at the time of service since condition is unrelated to pregnancy

6 & 35 Weeks

Dr. Abelard

Heloise

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|---------------------------------------------------------------------------------------|-------|----|--|-------------------------------------------------------------------------------------|-------|----|----|----------------|------------|---------------------------|----|---------------|--|
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E). | | | | | | | | | | 22. RESUBMISSION CODE | | ORIG REF. NO. | |
| A. | O21.0 | | | B. | O13.3 | | | C. | Z3A.01 | | D. | Z3A.35 | |
| E. | | | | F. | | | | G. | | | H. | | |
| I. | | | | J. | | | | K. | | | L. | | |
| 24A. DATE(S) OF SERVICE From MM DD YY To MM DD YY POS | | B. | | D. PROCEDURE(S) SERVICE(S) OR SUPPLIES (Explain Unusual Circumstances) CPT MODIFIER | | E. | F. | G. DAYS/ UNITS | I. ID QUAL | J. RENDERING PROVIDER NPI | | | |
| 6 weeks | | 11 | | 9921X | | | AC | 1 | | NPI | | | |
| 35 weeks | | 11 | | 9921X | | | BD | 1 | | NPI | | | |

ICD-10 Codes ICD-10 Description
O21.0 Mild hyperemesis
O13.3 Gestational HTN w/o significant proteinuria, 3rd trimester
Z3A.01 Less than 8 weeks gestation
Z3A.35 35 weeks gestation

Note: Visits at 6 and 35 weeks are billed once the antepartum visits exceed 13 because the services are related to the pregnancy.

Delivery

Dr. Abelard **Heloise**

| | | | | | | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------|--------------|----|-----------------|----|--------------|----|----|-----|-----------------|----------|----|-------------------------------------------------------------|----|--------------------------------|------|-----------------|----|----------------------------|--|
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: Relate A-L to service line below (24E). | | | | | | | | | | | | 22. RESUBMISSION CODE | | ORIG REF. NO. | | | | | |
| A. | O13.3 | | | B. | Z37.0 | | | C. | Z3A.39 | | | D. | | 23. PRIOR AUTHORIZATION NUMBER | | | | | |
| E. | | F. | | G. | | H. | | I. | | J. | | K. | | L. | | | | | |
| 24A. DATE(S) OF SERVICE | | | | | | | | | | | | 24B. PROCEDURE(S) OR SUPPLY (Specify Unusual Circumstances) | | 24C. CHARGES | | 24D. DAYS/UNITS | | 24E. RENDERING PROVIDER ID | |
| From | MM | DD | YY | To | MM | DD | YY | POS | CPT | MODIFIER | DX | POINTER | \$ | | DAYS | UNITS | ID | QUAL | |
| | | | 39 weeks | | | | | | 21 59400 | | | ABC | | 1 | | NPI | | | |
| | | | | | | | | | | | | | | | | NPI | | | |

ICD-10 Codes **ICD-10 Description**

O13.3 Gestational HTN w/o significant proteinuria, 3rd trimester

Z37.0 Single live birth

Z3A.39 39 weeks gestation

CPT Codes **CPT Description**

59400 Global maternity care, including antepartum, vaginal delivery, and postpartum care

Carmen

- Carmen, a 27-year-old established patient, presents in her third pregnancy. She has a history of miscarriage due to an incompetent cervix. At her prenatal visit at 14 weeks, a cerclage is placed and reported to payer. She is seen biweekly.

Carmen

- At 33 weeks, (August 1) she is admitted to the hospital with preterm labor. After 3 days of hospitalization (August 2-4), her membranes rupture and the cerclage was removed. She delivered on the morning of Day 5 (August 5) within 24 hours of her membranes rupturing. She delivers vaginally a healthy male. The inpatient and outpatient postpartum course is uneventful. She is discharged at her 6 week visit.

Dr. Bizet

Carmen

| | | | | | | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------|---------------|----|-------------------|----|---------------|----|----|-----|-----------------|----------|----|-------------------------------------------------------------|-----------------|---------------|------|--------------------------------|----|----------------------------|--|
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: Relate A-L to service line below (24E). | | | | | | | | | | | | 22. RESUBMISSION CODE | | ORIG REF. NO. | | | | | |
| A. | O60.03 | | | B. | O34.33 | | | C. | O42.013 | | | D. | O60.14X0 | | | 23. PRIOR AUTHORIZATION NUMBER | | | |
| E. | Z3A.33 | | | F. | Z37.0 | | | G. | | H. | | I. | | J. | | K. | | L. | |
| 24A. DATE(S) OF SERVICE | | | | | | | | | | | | 24B. PROCEDURE(S) OR SUPPLY (Specify Unusual Circumstances) | | 24C. CHARGES | | 24D. DAYS/UNITS | | 24E. RENDERING PROVIDER ID | |
| From | MM | DD | YY | To | MM | DD | YY | POS | CPT | MODIFIER | DX | POINTER | \$ | | DAYS | UNITS | ID | QUAL | |
| | | | August 1 | | | | | | 21 99222 | | | ABE | | 1 | | NPI | | | |
| | | | August 2-3 | | | | | | 21 99232 | | | ABE | | 2 | | NPI | | | |
| | | | August 5 | | | | | | 21 59400 | | | DCBEF | | 1 | | NPI | | | |
| | | | | | | | | | | | | | | | | NPI | | | |

ICD-10 Codes **ICD-10 Description**

O60.03 Preterm labor 3rd trimester w/o delivery

O34.33 Incompetent cervix

O42.013 Preterm PROM, onset labor w/in 24 hours of rupture

O60.14X0 Preterm labor 3rd trimester with preterm delivery 3rd trimester

Z3A.33 33 weeks gestation

Z37.0 Single live birth

| NORMAL PREGNANCY | | PATIENT: Carmen | | |
|-------------------|-------------------------------------|---------------------|----------|------------------------|
| Visit # | Week | Visit # | Week | Diagnosis(es) |
| N/A | Initial visit to diagnose pregnancy | N/A | | N/A |
| 1 | 8 weeks | 1 | 8 weeks | O34.31, O26.21, Z3A.08 |
| 2 | 12 weeks | 2 | 10 weeks | O34.31, O26.21, Z3A.10 |
| 3 | 16 weeks | 3 | 12 weeks | O34.31, O26.21, Z3A.12 |
| 4 | 20 weeks | 4 | 14 weeks | O34.32, O26.22, Z3A.14 |
| 5 | 24 weeks | 5 | 16 weeks | O34.32, O26.22, Z3A.16 |
| 6 | 28 weeks | 6 | 18 weeks | O34.32, O26.22, Z3A.18 |
| 7 | 30 weeks | 7 | 20 weeks | O34.32, O26.22, Z3A.20 |
| 8 | 32 weeks | 8 | 22 weeks | O34.32, O26.22, Z3A.22 |
| 9 | 34 weeks | 9 | 24 weeks | O34.32, O26.22, Z3A.24 |
| 10 | 36 weeks | 10 | 26 weeks | O34.32, O26.22, Z3A.26 |
| 11 | 37 weeks | 11 | 28 weeks | O34.33, O26.23, Z3A.28 |
| 12 | 38 weeks | 12 | 30 weeks | O34.33, O26.23, Z3A.30 |
| 13 | 39 weeks | 13 | 32 weeks | O34.33, O26.23, Z3A.32 |
| 40 weeks Delivery | | 33 weeks(Delivered) | | |
| Total visits = 13 | | Total visits = 13 | | |

ICD-10-CM

- Antepartum visits
 - O34.3 - Maternal care for cervical incompetence (5th character indicates trimester)
 - O26.2 - Pregnancy care for patient with recurrent pregnancy loss (5th character indicates trimester)
 - Z3A. - Weeks gestation (last 2 characters indicates weeks)

Let's Practice! Emma

- Emma, a 24-year-old G₁P₀, is 34 weeks pregnant by dates and has Type I diabetes mellitus treated with insulin. Her original ultrasound exam was performed at 16 weeks and was normal. Uterine fundus today on exam is 40 cm.

Let's Practice! Emma

- An ultrasound is performed and polyhydramnios is diagnosed.
- Because of her diabetes and polyhydramnios, a BPP is also performed.

Answers- Emma

- O24.013 Pre-existing diabetes mellitus, type 1, in pregnancy, 3rd trimester
- O40.3XX0 Polyhydramnios, 3rd trimester, single fetus
- E10.9 Type 1 diabetes without complications
- Z3A.34 34 Weeks gestation

Chapter 15: Pregnancy, Childbirth, and the Puerperium (O00-O9A)

- Pre-existing diabetes reported with code from category O24
 - Pre-existing Type 1 (O24.0-)
 - Pre-existing Type 2 (O24.1-)
 - Unspecified (O24.3-)
 - Other unspecified (O24.8-)

Chapter 15: Pregnancy, Childbirth, and the Puerperium (O00-O9A)

- A 5th character in each subcategory of pre-existing diabetes specifies:
 - In pregnancy
 - In childbirth
 - In the puerperium
- A 6th character specifies trimester

Chapter 15: Pregnancy, Childbirth, and the Puerperium (O00-O9A)

- Code for pre-existing diabetes reported first, followed by the appropriate diabetes code (E08-E13)
 - E10.649 Type 1 diabetes mellitus with hypoglycemia without coma
 - E11.21 Type 2 diabetes mellitus with diabetic nephropathy
- Code Z79.4 Long term (current) use of insulin should be assigned as appropriate for **Type 2 diabetes only**

ICD-10

| Pre-existing | Pregnancy induced |
|-----------------------------------------------------------------------|----------------------------------------------------------------------|
| Type of diabetes (Type 1, Type 2, other) | Condition (Abnormal glucose O99.81- or Gestational O24.4-) |
| Trimester | Maternal episode of care (pregnancy, childbirth, puerperium) |
| Any manifestations/complica- tions (E08, E09, E10, E11, E13) | Method of control for gestational (diet, insulin, unspecified) |

Let's Practice! Linda

- Linda is at 24 weeks gestation with low weight gain and pre-existing essential hypertension complicating the pregnancy. She presents to the office as a work-in stating her blood pressure has ranged between 160/90 and 170/95 for the last two days.
- Her exam is normal.

Let's Practice! Linda

- Her obstetrician reviewed her medication use and diet. Linda will be seen every two weeks to monitor her weight gain and blood pressure.

Answer-Linda

- O10.012 Pre-existing essential hypertension complicating pregnancy, 2nd trimester
- O26.12 Low weight gain in pregnancy, 2nd trimester
- Z3A.24 24 weeks gestation

Answer-Linda

- Since this was a work-in, "supervision of pregnancy" code is not reported
- Sequencing based on condition chiefly responsible for encounter
- Low weight gain and hypertension are indexed under *complications of pregnancy*
- Fetus: O26.84 Uterine size-date discrepancy complicating pregnancy

ICD-10: Hypertension

- Pre-existing hypertension complicating pregnancy, childbirth, and puerperium (O10)
 - Instructed to add additional code to specify type of heart kidney, or secondary hypertensive disease from cardiovascular chapter
- Do not need to add additional code for essential HTN complicating pregnancy (O10.01-)

ICD-10: Hypertension

- Pre-existing hypertension complicating pregnancy, childbirth, and puerperium (O10)
 - Essential hypertension (O10.01-)
 - Hypertensive heart (O10.1-)
 - Hypertensive chronic kidney disease (O10.2-)
 - Hypertensive heart and chronic kidney disease (O10.3-)
 - Pre-existing secondary hypertension (O10.4-)
 - Unspecified pre-existing hypertension (O10.9-)
 - Pre-existing hypertension with pre-eclampsia (O11.-)

ICD-10: Hypertension

- Pre-existing hypertension complicating pregnancy, childbirth, and puerperium (O10)
 - Each category (except pre-eclampsia) contains codes for:
 - Each Trimester
 - Complicating Childbirth
 - Complicating Puerperium

Let's Practice! Hope

- **CC/HPI:** Hope is a 22-year-old established patient with complaints of mild vaginal itching and irritation for the last 3-4 days.

Let's Practice! Hope

- **Exam:**
 - *Pelvic:*
 - *External genitalia:* mild redness.
 - *Vagina:* thick, white, curdy discharge.
 - *Wet mount:* positive for candida.

Let's Practice! Hope

- **Assessment:** Vaginal candidiasis
- **Plan:**
 1. Clotrimazole cream and vaginal inserts X 7 days
 2. RTO prn.

Office or Other Outpatient Services

Established Patient

| Code | History | Exam | Medical Decision Making | Face to Face Time |
|-------|---------------------------------------|--------------------------|-------------------------|-------------------|
| 99211 | Requires physician's supervision only | | | 5 min. |
| 99212 | Problem-focused | Problem-focused | Straightforward | 10 min. |
| 99213 | Expanded problem-focused | Expanded problem-focused | Low | 15 min. |
| 99214 | Detailed | Detailed | Moderate | 25 min. |
| 99215 | Comprehensive | Comprehensive | High | 40 min. |

Let's Practice! Charity

- **CC/HPI:** Charity is a 25-year-old established patient with complaints of vaginal discharge and discomfort for the last 1-2 weeks. The discharge is described as a thin greenish discharge that recently has become quite profuse.

Let's Practice! Charity

- **ROS:** She complains of mild dysuria and dyspareunia.
- **Past history:** She is sexually active and is on oral contraceptives. She does not use condoms. She has no history of previous STIs. Her last pap smear was 6 months ago and normal.

Let's Practice! Charity

- **Constitutional:** BP 120/80; Wt.125; Ht. 64 inches
- **Pelvic:** External genitalia: Vulva is inflamed,
 - **Vagina:** Large amount of greenish-yellow discharge in vaginal fornix. Vaginal mucosa: red and inflamed.
 - **Cervix:** Punctate, red “strawberry” spots.
 - **Bimanual:** Slight discomfort on palpation. No localization.
 - **Wet mount:** Suggestive of trichomonas. Cultures taken.

Let's Practice! Charity

- **Assessment:** Probable trichomonas. She was counseled regarding STIs and the use of condoms.
- **Plan:**
 1. Will screen for STIs
 2. Metronidazole 500mg. bid X 7 days
 3. Will call with test results and schedule appointment as necessary

Office or Other Outpatient Services

Established Patient

| Code | History | Exam | Medical Decision Making | Face to Face Time |
|-------|---------------------------------------|--------------------------|-------------------------|-------------------|
| 99211 | Requires physician's supervision only | | | 5 min. |
| 99212 | Problem-focused | Problem-focused | Straightforward | 10 min. |
| 99213 | Expanded problem-focused | Expanded problem-focused | Low | 15 min. |
| 99214 | Detailed | Detailed | Moderate | 25 min. |
| 99215 | Comprehensive | Comprehensive | High | 40 min. |

Let's Practice! Patience

- **CC/HPI:** Patience is a 48-year-old established patient with complaints of recurrent vaginitis. She has had 3 episodes of yeast in the last 6 months. The last episode, which was 4 weeks ago, required 2 courses of therapy. The discharge is again thick and white. She has significant external irritation and itching.

Let's Practice! Patience

- **ROS:** She is also complaining of dysuria, frequency, and urgency. She denies polydipsia or polyphagia. She has had a weight gain of 10 lbs. over the last 6-8 months. Menses have been irregular for the last 18 months, occurring about 6-8 weeks apart. She has no menopausal symptoms.

Let's Practice! Patience

- **Past history:** She is married and sexually active. She has had no recent illness or oral antibiotic use. She has no history of STIs. Her last pap smear was 10 months ago and normal.
- **Family history:** Mother developed Type II DM at about age 58.

Let's Practice! Patience

- **Constitutional:** BP 130/86; Wt. 160 lbs.; Ht. 65"
- **Pelvic:**
 - **External genitalia:** Mild erythema
 - **Vagina:** Moderate amount of thick, white, discharge
 - **Cervix:** Significant area of patchy white discharge
 - **Bladder:** Tender to palpation
 - **Uterus:** Normal size, shape
 - **Adnexa:** Non-tender without masses

Let's Practice! Patience

- **Wet mount:** Positive for candida.
- **U/A:** Positive for increased WBC's. Both urine and vaginal cultures taken.
- **Assessment:**
 - Recurrent candidiasis.
 - Need to rule out diabetes and consider re-infection by partner.
 - Probable UTI. Will wait for culture results prior to initiating therapy.

Let's Practice! Patience

- **Plan:**
 1. Fluconazole 150 mg. X 1 dose
 2. FBS and 2 hour pp in the AM. Will call with test results
 3. RTO in 7-10 days for follow-up.

Office or Other Outpatient Services

Established Patient

| Code | History | Exam | Medical Decision Making | Face to Face Time |
|-------|---------------------------------------|--------------------------|-------------------------|-------------------|
| 99211 | Requires physician's supervision only | | | 5 min. |
| 99212 | Problem-focused | Problem-focused | Straightforward | 10 min. |
| 99213 | Expanded problem-focused | Expanded problem-focused | Low | 15 min. |
| 99214 | Detailed | Detailed | Moderate | 25 min. |
| 99215 | Comprehensive | Comprehensive | High | 40 min. |



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