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Two main areas to discuss for OB/Gyn include annual gynecological exams and the global obstetrics package.

**Annual Gynecological Exams**

Once a year, most females will visit their family physician or gynecologist for an annual physical and Pap smear. The annual physical performed by the gynecologist for a woman in her 20’s is likely to include performing a pelvic examination, obtaining a Pap smear, completing a breast examination, and check of the vitals. In looking at the guidelines for preventive medicine services, we are reminded that the comprehensive nature of a preventive visit, “reflects an age and gender appropriate history/exam and is not synonymous with the “comprehensive” examination required in Evaluation and Management codes 99201-99350.” When the patient presents to a provider without complaints, the appropriate code to report is a preventive medicine visit.

The pelvic and breast exam are included in the preventive medicine visit; however, preparing the Pap smear and conveyance to the lab can be reported separately with 99000. For Medicare and carriers who follow Medicare guidelines, Q0091 can be reported for obtaining the Pap smear.

In the history of the exam, the pregnancy and delivery history is noted. This is done in an abbreviated format, such as G1P0. G stands for gravida which means the patient has been (or is) pregnant 1 time. P stands for parity which is the number of live births. In this case, the patient has not had a live birth yet; she could either still be pregnant, or has been pregnant but had an abortion (spontaneous or therapeutic). G1P1 would represent a patient who has been pregnant once and had one live birth. G1P2 would represent a patient who has been pregnant once and delivered live twins.

**Maternity Care and Delivery**

The codes in the Maternity Care and Delivery section are used to describe services related to antepartum, delivery, and postpartum care. All typical care—including initial and subsequent history and physical exam and routine labs throughout the normal antepartum period (usually about 13 visits), delivery and postpartum care—is part of the global OB package. These visits are not reported separately with codes from the Evaluation and Management section.

Extra visits related to complicated maternity care, or any other unrelated problems treated by the physician, are billed separately. Also included is the work of the delivery, either vaginal or cesarean section, and normal postpartum care in the hospital and afterward in the clinic.

There are additional codes to use if the global OB package must be divided because of change of insurance or change of doctor. Antepartum care, delivery, and postpartum care can be billed separately when necessary.

A number of services may be performed during the antenatal period, but are not part of the global OB package. Included in this group are amniocenteses (59000 and 59001), fetal stress and non-stress tests, and several services listed in the Radiology chapter of CPT®.

The most common radiologic service is the limited ultrasound (76815). This ultrasound usually is performed to confirm the size, placental placement, and anticipated delivery date. This
procedure is performed so routinely, that some payers include one ultrasound in the typical delivery reimbursement. Other ultrasounds in the obstetrical section require additional specific documentation, as outlined in the CPT® manual. Non-obstetrical ultrasounds also have specified documentation requirements. All billable ultrasound services require an image of the service be captured and stored either on paper or electronically.

<table>
<thead>
<tr>
<th>Acronyms</th>
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<tbody>
<tr>
<td>BCP Birth Control Pills</td>
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<tr>
<td>CA Cancer</td>
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<td>CIN Cervical Intraepithelial Neoplasia</td>
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<tr>
<td>CIS Carcinoma-in-situ</td>
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<tr>
<td>C/S Cesarean section or Cesarean delivery</td>
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<tr>
<td>DNC Dilation and Curettage (also D&amp;C)</td>
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<tr>
<td>HRT Hormone replacement therapy</td>
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<tr>
<td>IND Incision and Drainage (also I&amp;D)</td>
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<tr>
<td>IUD Intrauterine device</td>
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<td>IUP Intrauterine pregnancy</td>
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<td>IVF In Vitro Fertilization</td>
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<tr>
<td>LEEP Loop Electrode Excision Procedure</td>
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<tr>
<td>NST Non-Stress Test</td>
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<tr>
<td>SVD Spontaneous vaginal delivery</td>
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<tr>
<td>PID Pelvic Inflammatory Disease</td>
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<tr>
<td>TAB Therapeutic abortion</td>
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<tr>
<td>TAH-BSO Total Abdominal Hysterectomy—Bilateral Salpingo-Oophorectomy</td>
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<tr>
<td>TOLAC Trial of labor after cesarean</td>
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<tr>
<td>US Ultrasound</td>
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<tr>
<td>VBAC Vaginal Birth after Cesarean (delivery)</td>
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<td>VIN Vulvar Intraepithelial Neoplasia</td>
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8.09.2010 – New patient – Pap smear, contraception consult

Smith, MD

CC: sexually active, annual exam, desires contraception

S: Pt is a 22 yo G1P0 desiring contraceptive options and yearly exam. She has had 1 IUP resulting in a TAB at 8 wks, age 17. She has had an IUD and depo in the past. Now considering BCPs or another IUD for contraception. She had to discontinue an IUD 9 months ago due to PID. Condoms and gel at this time. Currently with one partner, has had “2 or 3” different partners in the last 12 months. Her periods are regular, mild to moderate cramping and bleeding. She reports her last Pap with mild atypia 6 months ago. 2 years ago she had moderate cervical dysplasia, colposcopy with LEEP at that time. Paps normal following colpo. She is a non-smoker, occasional ETOH (1–2 drinks 2x/wk). Denies drug use or any meds. She took BCPs at age 15 to control her menses and for her complexion, no problems. Does not remember what BCP. Otherwise she denies any previous surgery, admissions or other medical issues. She is adopted, does not know anything regarding her family history. Denies allergies.

O: weight 122, VS – BP 122/78, P 68

ENT: normal

Lungs: clear

Cardiac: nl S1, S2, neg. murmur

Abd: w/o masses, nontender

Breasts: symmetrical, no masses

1 New Patient.
2 Reason for visit: Annual exam and desire for contraception—this is a preventive visit as no “problem” is addressed.
3 G1P0 is an abbreviation which means Gravida 1 (1 pregnancy). Parity 0 (delivered zero).
4 Intrauterine pregnancy.
5 Therapeutic abortion.
6 Intrauterine device.
7 Birth Control Pills.
8 Pelvic inflammatory disease.
9 PFSH: Social History.
10 ROS: Genitourinary.
11 PFSH: Social History.
12 ROS: Integumentary.
13 PFSH: Past Medical.
14 PFSH: Past Family.
15 PFSH: Past Medical.
16 Exam: OS—ENT.
17 Exam: OS—Respiratory.
18 Exam: OS—Cardiovascular.
20 Exam: BA—Chest, including breasts and axillae.
Pelvic: uterus anterior, adnexa negative 21

Pap done 22 (assistant present for breast & pelvic exams)

Extremities: normal, nontender 23

A: 1) normal exam; 2) desires reliable contraception; 3) history of cervical dysplasia with LEEP; 4) history of TAB

P: Contraceptive counseling, pt given information regarding IUD, BCPs, depo and norplant. With hx of TAB and IUD with PID, IUD discouraged. Long discussion (20 min) regarding BCPs and other possible methods. 24 Pt counseled to use condoms even while on BCPs. Pt also counseled regarding regular Paps secondary to abnormal Paps in the past. Will: 1) send Pap to lab, if nl, qyr; 2) given samples and Rx for triphasic BCPs; 3) obtain records from previous Paps and colpo; 4) HCG or nl menses before starting BCPs, this is explained to patient, she understands.

Smith, MD

21 Exam: OS—Genitourinary.
22 Pap taken.
23 Exam: OS—Musculoskeletal.
24 20 minute counseling on birth control pills. This is included in the preventive medicine visit.

CPT® Code: 99385, 99000
ICD-9-CM code: V72.31, V25.01, V13.22

Rationale:

CPT® code: This is a preventive medicine visit as there are no complaints. Preventive medicine visits are coded based on status (new or established) and on age. This is a new patient, age 22 making 99385 the correct code selection. For Medicare and commercial carriers who follow Medicare guidelines, report Q0091 for the Pap collection. For payers who do not accept Q0091, report 99000 for the handling of the specimen for transfer to a laboratory.

ICD-9-CM code: The primary reason for the consult is an annual exam. Look in the ICD-9-CM Alphabetic Index for Examination/Pelvic V72.31. The patient was also there for contraceptive management. Look for Counseling/contraceptive/prescription/oral contraceptive (pill) V25.01. Then to report the history of dysplasia, look for History/dysplasia/cervical V13.22. The history of TAB is not reported since it is history of a procedure, not a condition. Verification in the Tabular List confirms this code selection.