Hot Topics in OB/GYN

Orlando, Florida
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Objectives

– ICD-9-CM and ICD-10-CM Crosswalks
– CPT® and HCPCS Level II Changes for 2013
– Influenza Codes
– Online Services Coding, Care Coordination
– Pap Smear, mammography recommendations
– Modifier 52
– Medicare Annual Wellness Visit
ICD-9 and ICD-10 Crosswalks

• CDC web site:
  http://www.cdc.gov/nchs/icd/icd10cm.htm

• GEMs – General Equivalence Mappings
General Equivalence Mappings

• GEMs
  - **Section 1** – general interest discussion of mapping
  - **Section 2** – coding experts, researchers, claims processing personnel, software developers; Glossary, references
Quiz

With regard to ICD-9-CM and ICD-10-CM, GEMS refers to:

A. Useful tidbits or “pearls” to help understand ICD-10 coding
B. General Equivalence Mappings available online
C. First edition printing of ICD-10-CM codes for early release
D. General Evaluation and Management system codes
Quiz

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ICD-9 and ICD-10 Crosswalks

• CMS website: www.cms.gov/ICD10/
HCPCS Changes for 2013

Hot Topics in OB/GYN

Depo Provera

Medroxyprogesterone acetate
Discontinued 12.31.2012

- J1051 (Injection, medroxyprogesterone acetate, 50 mg)
- J1055 (Injection, medroxyprogesterone acetate for contraceptive use, 150mg)
- J1056 (Injection, medroxyprogesterone acetate/estradiol cypionate, 5 mg/25mg)
Depo Provera

Medroxyprogesterone acetate

Effective January 1, 2013

• J1050 (Injection medroxyprogesterone acetate, 1 mg)
Depo Provera

Injection administration

• 96372 (Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular)

• 99211 (Office or other outpatient visit for the E/M of an established patient…)

• See CPT® p. 546
Quiz

When CPT® refers to “Provider Neutrality” this means:
A. Discouraged doctors due to decreased future reimbursement, they are apathetic
B. A chart lacking a definitive diagnosis
C. Replacing “physician” with “Qualified health care professional” in CPT®
D. QHCP meaning Quality health control planning
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Provider Neutrality (Guidelines)

Example:
- Review and interpretation with report by a physician or other qualified health care professional

- Qualified health care professional - QHCP
Current Procedural Terminology
CPT®

• Example of code revision in CPT® 2013 code descriptor for code 59300:

-CPT® 2012:
  Episiotomy or vaginal repair; by other than attending physician,

-CPT® 2013:
  Episiotomy or vaginal repair; by other than attending
Evaluation and Management (E/M) Services Guidelines (CPT® 2013 p. 4)

- Classification of Evaluation and Management (E/M) Services
  - New and Established Patient
Qualified Health Care Professional

• QHCP – “physician extenders”
• Provider
• Health care provider
• Physician
• Doctor
• MD, DO, PA, NP, RN, CNM, etc.
Quiz

Time is not used in the Emergency Department (or ER) for selection of E & M codes because:

A. The ER doctor is managing several patients at the same time, moving back and forth between patients
B. ER doctors have a strong union and stick together
C. The reason doctors choose to work in the ER is to be able to have a specific time or shift to work
D. Visits in the ER are an emergency, doctors have to work fast
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CPT® and Time

- Evaluation and Management (E/M) code selection
- Averages – represent a range of time
- Emergency Department code levels
Initial Observation and Hospital Care

- CPT® Guidelines
- All E/M services provided on the same date
- Level of service
Subsequent Observation and Hospital Care

All levels of subsequent care include:
• Reviewing the medical record
• Reviewing results of diagnostic studies
• Reviewing changes in the patient’s status
Admission to Observation and Discharge on the Same Date

- Patient admitted from observation status
- Provider includes all services related to the observation services performed
CPT® – New Codes
Female Genital System - Urinary

- 52287 Cystourethroscopy, with injection(s) for chemodenervation of the bladder
- Botox or botulinum toxin
- Chemodenervation
- Instructional note for the supply of the Botox
- J0585 – J0588
A new CPT® code in 2013, 52287 for bladder botox, works using:
A. Acupuncture
B. Chemodenervation
C. Phagocytosis
D. Conditioned behavioral training
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CPT® – New Codes
Medicine/Vaccines, Toxoids

Influenza Vaccine Codes

• 90653 Influenza vaccine, inactivated, subunit, adjuvanted, for intramuscular use
• 90672 Influenza virus vaccine, quadrivalent, live, for intranasal use

Adjuvanted or adjuvant

Influenza - Flu
All of the following are true about influenza during pregnancy, except:

A. Vaccination should be a routine part of prenatal care
B. Flu vaccine can be given in all trimesters of pregnancy
C. Flu vaccine should not be given in the first eight weeks of pregnancy due to fetal safety
D. The flu season is from October to May
Quiz

All of the following are true about influenza during pregnancy, except:

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Flu & OB/GYNs

American College of Obstetricians and Gynecologists (ACOG)

- All women
- Pregnant women
- Postpartum
- Prenatal care
Flu & OB/GYNs

- ACOG
- CDC
- Flu season: October - May
Pregnant women who get the flu are at risk for:

A. Premature labor and delivery
B. 5 times more likely to have a severe illness than non-pregnant women
C. Their infants age <6 months more likely to be hospitalized
D. All of the above
Pregnant women who get the flu are at risk for:
A. Premature labor and delivery
B. 5 times more likely to have a severe illness than non-pregnant women
C. Their infants age <6 months more likely to be hospitalized
D. All of the above***
Flu & OB/GYNs

Pregnant women

• 5 times more likely to have severe illness
• Risk of premature labor and delivery is increased
• Flu hospitalization rates for infants <6 months of age 10 times that of older kids
Flu & OB/GYNs

Vaccination during pregnancy
- Protects mother & infant (6 months)
- Influenza illness
- Influenza hospitalizations
- Preterm births
Is the vaccine safe in pregnancy?

• No ill effects
• Any trimester
• Which vaccine to pregnant women?
  - flu shot – inactivated
  - nasal spray – attenuated
Pregnancy, Flu & Autism

Flu and/or fever during pregnancy

• Recent study
• More information needed
HCPCS Level II Flu Vaccine Codes

- HCPCS Level II code Q2034
- 90658 (Influenza virus vaccine, trivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use)
- G0008 – Administration of influenza virus vaccine
- V04.81
HCPCS Flu Vaccine Codes

• Q2034 (Agriflu) – New code 7/01/2012
• Q2035 (Afluria)
• Q2036 (Flulaval)
• Q2037 (Fluvirin)
• Q2038 (Fluzone)
• Q2039 (not otherwise specified)
Quiz

With regards to online services for patients, The following statement is true:
A. One-third of physicians communicate with patients electronically
B. There isn’t a CPT® code for online E & M
C. No payers cover online services
D. All payers cover online services
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Online Consults

- 99444 is: Online evaluation and management service provided by a physician or other qualified health care professional who may report an evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network
Online Consults - 99444

- Not related to a previous E&M service within previous 7 days
- Only once
- e-visit
- Part of patient record

Secure communications, tracking, billing

Which plans cover?
Online Consults - 99444

• Online services vs. in-office visits

New instructions for 2013 under 99444

• (Do not report 99444 when performed during the same month with 99487-99489)

• (Do not report 99444 when performed during the service time of codes 99495 or 99496)
CPT® – New Codes

Care Coordination Services:
• Complex Chronic Care Coordination
  99487-99489
• Transitional Care Management (TCM)
  99495-99496
Complex Chronic Care

- 99487-99489
  - Complex chronic care coordination services
- 99495 & 99496
  - Transitional Care Management Services
Care Coordination

1st Step
• Insurers
• Medicare

2nd step
• Learn how to use the codes properly
Care Coordination

- 99496
- 99495
  - physician and documentation
  - face to face
Care Coordination

- 99487
- 99488
- 99489
  - Who provides? Physician, nurse, others
  - What kind of services?
Care Coordination

• Develop a system to track time spent

3rd Step

Quiz

Co-testing for cervical cancer includes:
A. Your significant other or partner having a prostate exam in the same visit
B. Pap smears performed in consecutive months just to be sure
C. Testing mothers and daughters concurrently at a discounted rate
D. Pap smear and HPV testing
Quiz

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Screening for Cervical Cancer

• Age to begin screening
• Tests performed for screening
• Frequency of testing
• Co-testing – pap & HPV
• HPV – Human Papilloma Virus
Screening for Cervical Cancer

Pap smears

• Any reporting system 88174-88175
• Bethesda system 88164-88167
• Non-Bethesda 88152, 88152-88154
Screening for Cervical Cancer

Risk factors

- HIV
  - infection V08 (Z21)
  - illness 042 (B20)
- Immuno-compromised (organ transplants)
- Exposed to DES in utero
- CIN 2, CIN 3, cancer 180.9 (C53.9)
Screening for Cervical Cancer

What age to discontinue screening?

- Age 65 years
- Three consecutive negative cytology results or two consecutive negative co-test results in 10 years
- History of CIN 2, CIN 3 or adenocarcinoma in situ – 20 years
Screening for Cervical Cancer

Previous hysterectomy

• V88.01 (Acquired absence of both cervix and uterus)
• No history of pre-cancer or cancer
• History of cancer (V10 Personal history of malignant neoplasm)
Screening for Cervical Cancer

• HPV testing alone (87620, 87621, 87622)
• Future
Screening for Cervical Cancer

• Women who have received the HPV vaccine
  - Human Papillomavirus see Vaccine
  - Human Papilloma Virus (HPV) 90649, 90650

• Different recommendations?
Pap Smear Coding Tip

Q0091

- Non-Medicare payers
- Medicare
Pap Smear Coding Tip - Medicare

• Diagnostic pap smear due to illness

Screening Pelvic Exam
• HCPCS code G0101
• At least 7 of 11 elements
Modifier 52

Gynecological surgery

• Vaginal hysterectomy attempted, unsuccessful
• Abdominal hysterectomy is performed
• Not used in this case
Modifier 52

- Carrier review
- Standard percentage discount
- Appeal
• 58565-52

*Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants*
American Cancer Society

Breast Cancer Detection

• Age 40 and older
• 20s & 30s
• CBE (CBE vs BSE)
Breast self examination (BSE)

• Benefits
• Limitations
American Cancer Society

Mammography

- Screening (77057)
- Diagnostic (77055-77056)
- Digital (77051)
- MRI (77058-77059)
Digital Mammograms

Standard Screening (77057)
- Photographic film

Digital (77051, 77052)
- Computer
- Full-field digital mammogram (FFDM)
- $
Medicare Annual Wellness Visit

• [www.medicare.gov](http://www.medicare.gov) web site for beneficiaries

• “After you’ve had Part B for longer than 12 months, you can get a yearly wellness exam to develop or update a prevention plan just for you, based on your current health and risk factors. This exam is covered once every 12 months.”
Medicare Annual Wellness Visit

• 99381-99397
• Non-covered, denied by Medicare
• Advanced Beneficiary Notice (ABN)
• “to develop or update a preventive plan”
Medicare Annual Wellness Visit

• Annual Wellness Visit (AWV) – 12 months after the IPPE
• Initial Preventive Physical Examination (IPPE) – one per beneficiary (G0402)
• Welcome to Medicare Visit = IPPE
• Annual Wellness Visit (AWV) ≠ Welcome to Medicare or IPPE
Medicare Annual Wellness Visit

• Annual wellness visit – G0438
• Subsequent annual wellness visits – G0439
Initial Annual Wellness Visit
G0438

- Routine measurements: ht, wt, BP, BMI
- Review of medical and FMH
- List of providers & medications
- Personal risk assessment (mental health)
- Review of functional ability and level of safety
Initial Annual Wellness Visit
G0438 - continued

- Detection of any cognitive impairment
- Screening for depression
- Schedule for Medicare’s screening and preventive services over next 5-10 years
- Any other advice or referral services, may help intervene and treat potential health risks
Subsequent Annual Wellness Visits G0439

- Measurement of wt, BP, and other measurements deemed appropriate
- Update to medical and FMH
- Update to the list of providers, suppliers and medications (supplements)
- Review of the initial personal risk assessment
Subsequent Annual Wellness Visits G0439 - continued

- Detection of any cognitive impairment
- An updated screening schedule
- A review and update to list of referral services to help intervene and treat potential health risks
Quiz

Preventive visits covered by Medicare include:
A. Initial Preventive Physical Examination (IPPE) G0402
B. First Annual Wellness Visit (AWV) G0438
C. Subsequent Annual Wellness Visit (AWV) G0439
D. All of the above
Preventive visits covered by Medicare include:
A. Initial Preventive Physical Examination (IPPE) G0402
B. First Annual Wellness Visit (AWV) G0438
C. Subsequent Annual Wellness Visit (AWV) G0439
D. All of the above***
Summary of IPPE, AWV, & Subsequent AWV

1. Initial Preventive Physical Examination (IPPE) – G0402. CPT® 99204
2. First Annual Wellness Visit (AWV) – G0438. CPT® 99204
3. Subsequent Annual Wellness Visit (AWV) – G0439. CPT® 99214
Summary of IPPE, AWV, & Subsequent AWV - more

Preventive screening services

• Screening mammography
• Screening pap smear
• Screening pelvic exam
• Bone mass measurement

http://www.cms.gov/MLNProducts
What does it mean for OB/GYNs?

- AWV or IPPE services
- Letter template available
Resources & References

- American Medical Association
- American College of Obstetricians & Gynecologists, www.acog.org
- American Cancer Society, www.cancer.org
The End, Thank You!