Effective Billing & Coding Practices for Contraceptive Care

NEW JERSEY HEALTH CARE QUALITY INSTITUTE

September 23, 2020
12:00pm – 1:30pm EST

Featured Speaker:
Barbara Levy MD, FACOG, FACS

NJDPA
New Jersey Doctor-Patient Alliance

Objectives

By the conclusion of this webinar participants should have a better understanding of:

- The importance of accurate billing and coding for contraceptive care
- Billing and coding for different contraceptive care services, including contraceptive counseling and care provided via telehealth
- Strategies to optimize revenue from contraceptive services

New Jersey Doctor Patient Alliance

Dr. Stavros Christoudias – Board Chairman

The New Jersey Doctor-Patient Alliance (NJDPA) is a Watchdog Organization that represents 350 diverse health care providers, made up of independent Physicians and Chiropractors. The NJDPA is dedicated to preserving and supporting the most critical relationship in health care; the doctor patient relationship. The NJDPA strives to protect the rights of the patients and the people that provide their care: always putting care first.

NJDPA
New Jersey Doctor-Patient Alliance

NJDPA – Membership Services

- Local, State and Federal Advocacy
- Physician thought sharing and education
- Patient Education Forums
- Coalition Development
- Practice Improvement

NJDPA
New Jersey Doctor-Patient Alliance

NJ-RHAP

The New Jersey Reproductive Health Access Project (NJ-RHAP) is a statewide initiative created to expand access to the full range of contraceptive options available.

The goal of NJ-RHAP is to reduce the policy and payment system barriers that prevent individuals from accessing the contraceptive method(s) they most desire through provider education efforts and the promotion of policy change that supports patient-centered reproductive health care.

NJ-RHAP is led by the New Jersey Health Care Quality Institute and supported by Arnold Ventures.

NJ-RHAP Provider Access Commitment Toolkit

The **NJ-RHAP PACT** provides education and support for the implementation of best practices to increase access to reproductive health services, including long-acting reversible contraception (LARC), centering the concepts of **shared-decision making** and the promotion of **reproductive justice**.

The full toolkit and NJ-RHAP Resources are available here:
https://bit.ly/QIResourcesNJRHAP

NJ-RHAP PACT Resources

- ***Billing and Coding Guide for Contraceptive Services***
- *National Women's Health Network (NWHN)-SisterSong Joint Statement of Principles on LARCs*
- *10 Steps to Verify Coverage for Contraceptive Services*
- *Reproductive Health Services for Uninsured and Underinsured Individuals in New Jersey*
- *LARC 'Buy and Bill' Models: Key Points and Considerations*
- *5 Steps for Increasing Same-Day Access to LARC*
- *Priority Setting Worksheet for Front Desk Staff*
- *Community Engagement Planning Worksheet*
- *NJ-RHAP PACT Pledge*

Presenters

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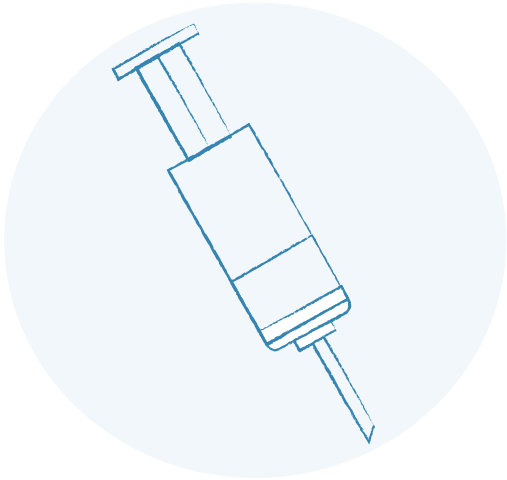
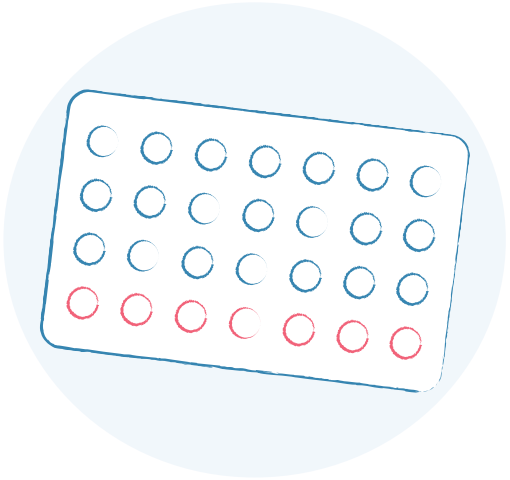
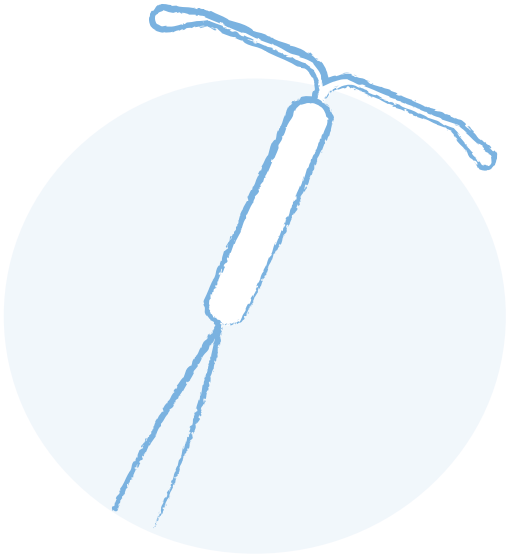
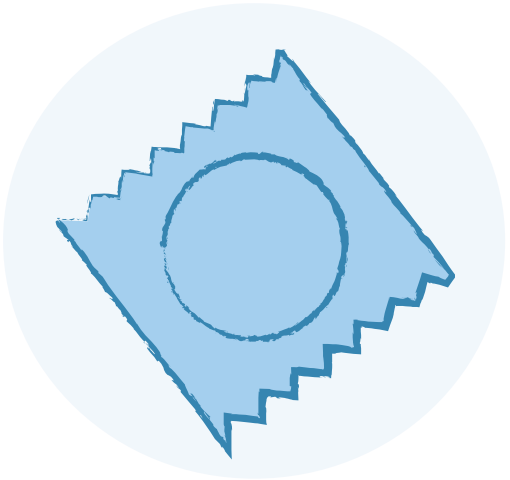
Importance of Billing and Coding in Contraceptive Care









Benefits of Correct Billing and Coding

- More efficient systems
- Optimized cash flow
- Seamless access and care for patients

When provider offices are better equipped with the information necessary to be appropriately paid for their services, they will have more time and funds available to invest in other improvements (i.e. technology advancements or sliding scale services for low-income patients).

Payment Barriers to Contraception

- Coverage
- Prior-Authorization/Insurance Processes
- Large patient co-pays or deductibles
- Payer coverage policies that don’t pay for counseling and contraceptive placement on the same date
- Up-front costs

Federal Coverage Requirements

- Health plans subject to ACA regulations must cover, in-network and without a copayment, **at least one form** of contraception within each of the **18 FDA identified methods**, including:
  - Barrier methods, like diaphragms
  - Hormonal methods, like birth control pills and vaginal rings
  - Implanted devices, like IUDs
  - Emergency contraception
  - Sterilization procedures
  - Patient education and counseling

Under this mandate, health plans are permitted to use formularies, prior authorization, or other benefit design strategies within a given category of contraception that could promote accessibility of one form of contraceptive method over another (i.e. coverage for one brand of IUD and not another), but are not permitted to structure their benefits to favor one method over another (i.e. providing coverage for oral contraceptives but not injectable contraceptives).

New Jersey Coverage Requirements

- New Jersey law requires health plans sold in the state to cover a set of mandated health benefits, among these are prescription female contraceptives.
  - Including, but not limited to, birth control pills, implanted devices, and diaphragms, at **no cost** to the patient.
- State law also requires plans to provide up to **6 months** of coverage for prescription contraceptives (such as birth control pills) at one time, with a **3-month** dispensing limit for the initial prescription.

Options for Coverage in New Jersey

- **Employer Sponsored Insurance**
  - Fully insured, self-funded/ERISA plans, state employee benefits, etc.
- **Individual Marketplace**
- **New Jersey Medicaid Program**
  - **Medicaid Plan First:** To be eligible, individuals must be between 139%-205% FPL, New Jersey residents, U.S. citizens or Qualified Immigrants who are not pregnant.
    - Plan First **only** provides reproductive health care, not other preventive health services.
- **Title X**
  - Federal grant program dedicated to providing low-income families and uninsured individuals with family planning and related preventive health services.

Contraceptive Coverage Gap

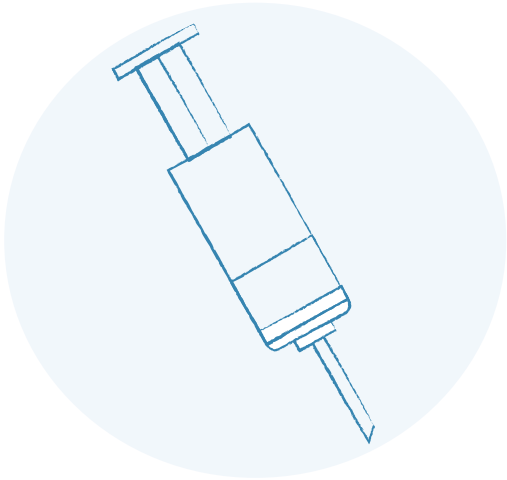
Why don't all insured individuals have contraceptive coverage?

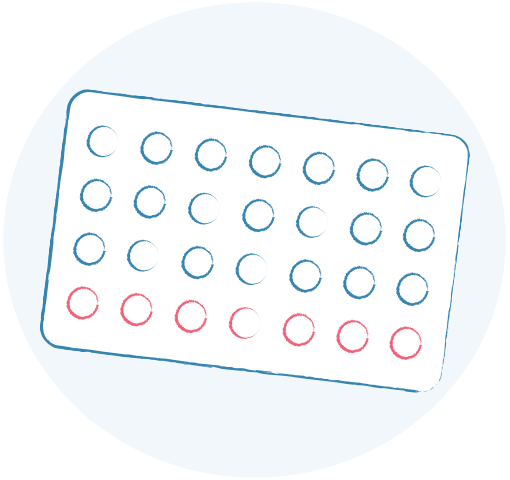
- State and Federal mandates **ONLY** apply to some types of insurance.
  - State laws do not regulate self-insured plans, so they may or may not be subject to federal mandates.
- Employers may exercise a religious exemption/accommodation allowing them to withhold some or all contraceptive coverage for their employees.
- Individuals may not have contraceptive coverage for their chosen birth control method, depending on the plan's formulary.

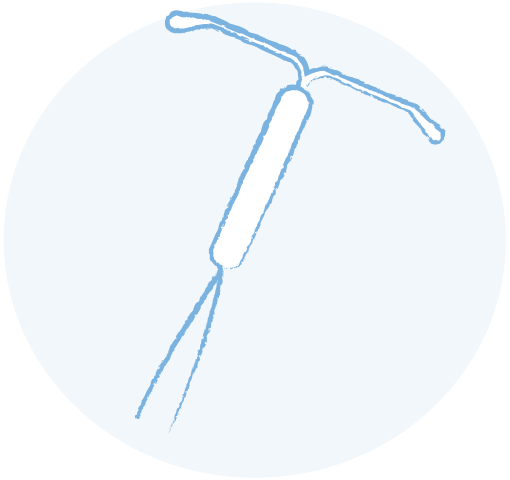
Overview of CPT and ICD-10 Codes:

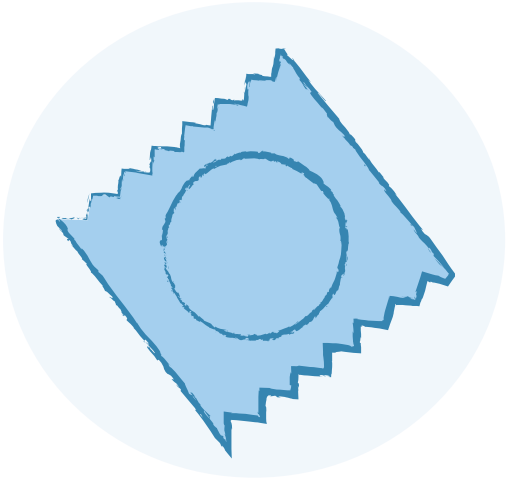
CPT: ***What*** was done

ICD-10: ***Why*** it was done









CPT Coding: Types of Office Visits

- Office visits are separated into categories based on the content of the visit:
  - Problem-Oriented
  - Counseling
  - Behavior Change Interventions
  - Preventive Medicine

CPT Coding: Types of Office Visits (cont.)

- **Problem-Oriented:** The patient has a set of symptoms or complaints that require evaluation
- **Preventive Medicine:** The patient is coming in for their annual “well” visit *(may include counseling and behavior change interventions)*
- **Counseling:** The patient requests advice to promote health or prevent illness or injury *(contraceptive counseling)*
- **Behavior Change Interventions:** The patient has a behavior that may be considered an illness itself *(smoking, substance abuse)*

Types of Office Visits: CPT Codes

- **Problem-Oriented:**
  - **99201-99215:** Evaluation and Management (E/M) Services
    - Use these codes for problem-oriented visits where contraceptive counseling may have been a component of the counseling but not the main purpose of the encounter
  - Distinct problem-oriented E/M services may be reported at the same encounter using modifier **-25**
    - E/M services are based on time **OR** level of medical decision-making
- **Counseling:**
  - **99401-99404:** Individual counseling and/or risk factor reduction (15, 30, 45 or 60 minutes)
    - Use when contraceptive counseling is the **ONLY** purpose of the visit and at least 15 minutes are spent counseling
    - All counseling codes are time-based and separate procedures *(must use a modifier when coding with another service)*

Types of Office Visits: CPT Codes (cont.)

- **Behavior Change Interventions:**
  - **99401-99412** for patients who already have a behavior often considered an illness, such as substance use disorder
- **Preventive Medicine:**
  - **99381-99387; 99391-99397** for adults, children and infants
    - Codes based on age of patient and whether new/established
      - **99381-99386:** New Patient Comprehensive Preventive Visits *(include contraceptive counseling when performed)*
      - **99391-99396:** Established Patient Comprehensive Preventive Visits
    - **Other services cannot be reported on same day as preventive medicine services** *(counseling and behavior change interventions are included within the comprehensive preventive medicine codes)*

Other Office Visit Services

- Services not included that may be **separately** coded:
  - Performance of ancillary studies or immunizations
  - Tests – pregnancy tests
  - Ultrasound when indicated
  - Significant additional work associated with abnormalities or pre-existing problems

CPT Codes for Office Procedures Include:

- Brief focused history
- Checking use of medications and allergies
- Review of procedure, side effects and related questions
- Administration of local anesthesia
- Performance of procedure
- Post-operative observation

Modifiers

Modifiers can be used with CPT codes to bypass a payer's payment "bundle" and address a significant additional service that was performed.

- **25:** Significant, separately identifiable E/M service on the same day as a procedure or other service
  - Used when more than one service is provided on a single date
- **51:** Multiple procedures (Apply to the lower valued procedure)
  - Use when there are multiple "procedures" or services provided
- **22:** Increased procedural services
  - Use when the service is far more difficult or involved than what is considered a typical situation
- **53:** Discontinued services
  - Use when the service must be discontinued due to patient intolerance or medical difficulty

Contraceptive Procedure Coding

- Code for counseling as appropriate (i.e. when significant time is spent counseling regarding multiple options)
- Additionally code for:
  - Pregnancy test when indicated
  - The device itself
  - Insertion of the device
  - Additional tests or services such as ultrasound

CPT Codes for LARCs

- **IUDs**:
  - 58300: Insertion of IUD
  - 58301: Removal of IUD
  - 58301 + 58300-50: Removal with reinsertion of IUD
- **Contraceptive Implant**:
  - 11981: Insertion
  - 11982: Removal
  - 11983: Removal with reinsertion

CPT Codes for LARCs (cont.)

- **J7307:** Etonogestrel implant system and supplies
- **J7296:** Levonorgestrel- releasing (LNG) IUD 19.5 mg (Kyleena)
- **J7297:** LNG-releasing IUD 52mg (Liletta)
- **J7298:** LNG-releasing IUD 52 mg (Mirena)
- **J7300:** Copper IUD (Paragard)
- **J7301:** LNG-releasing IUD 13.5 mg (Skyla)

CPT Codes for Injectable Contraceptives

- **Injectable Contraception**
  - **96372:** Therapeutic, Prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration) (Depo Provera Injection)
  - **J1050:** Depo Provera 1mg (code 150 units)

Coding for Telemedicine Encounters

- Telemedicine interactions may be distinguished by:
  - The format and timing of the virtual visit
  - The purpose – whether it is ongoing monitoring of a chronic condition.
- Encounters are also distinguished by:
  - Who initiates the encounter
  - Whether it is audio/visual or phone only
  - Whether the discussion is synchronous or asynchronous

As a response to COVID-19, CMS has lifted some restrictions on coding and payment for telehealth services. Most insurers, including Medicaid, are paying for these virtual visits as though they were face to face. At this time, it is not known whether or not these changes will remain in place long-term.

Coding for Telemedicine Encounters (cont.)

- There are separate codes (often not paid) for asynchronous communications with patients via telephone **(99441-99443)**, email or secure portal digital exchanges **(99421-99423)**.
- For synchronous telemedicine service via real-time interactive audio and visual telecommunication system use the applicable office visit service code with modifier **-95**.

For current billing and coding regulations, staff should check with each payer to understand individual changes in telemedicine reimbursement during COVID-19.

ICD-10 Codes for Contraceptive Management

- **Z30:** The general category for “Contraceptive Management”
  - **Z30.0:** Encounter for general counseling and advice on contraception
  - **Z32.02:** Pregnancy test/exam- negative

ICD-10: Implant

- **Z30.017:** Encounter for initial prescription of implantable subdermal contraceptive
  - *This code is reported for the initial prescription, counseling, advice, and insertion of the implant, even when the insertion is performed at a separate encounter.*
- **Z30.46:** Encounter for surveillance of implantable subdermal contraceptive
  - *This code is reported for checking, reinsertion, or removal of the implant.*

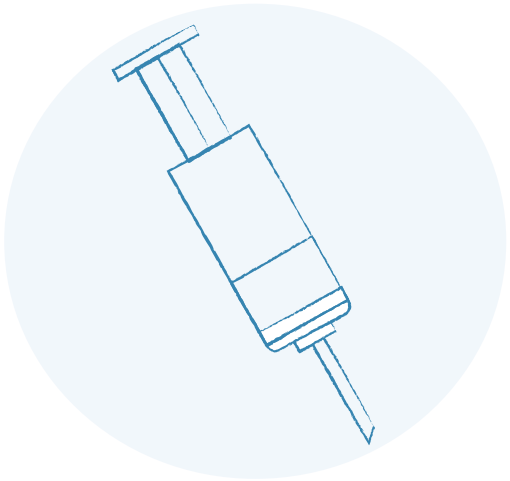
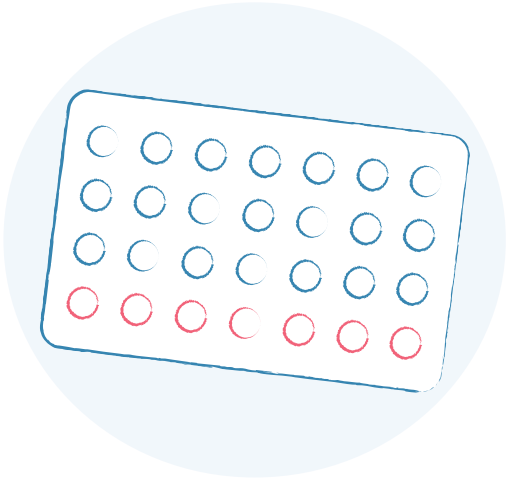
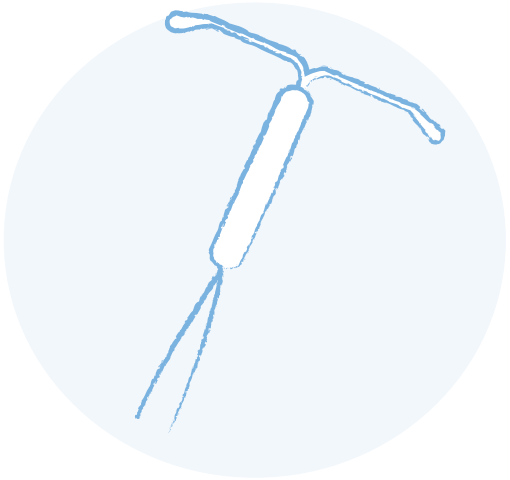
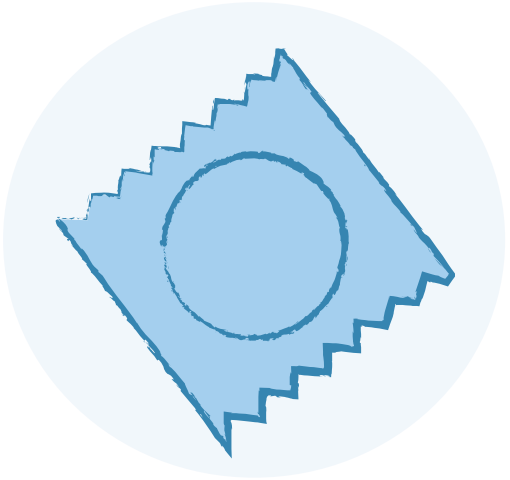
ICD-10 Codes: IUDs

- **Z30.014:** Encounter for initial prescription of intrauterine contraceptive device
  - *This code includes the initial prescription of the IUD, counseling, and advice, but excludes the IUD insertion.*
- **Z30.430:** Encounter for insertion of intrauterine contraceptive device
- **Z30.431:** Encounter for routine checking of intrauterine contraceptive device
- **Z30.432:** Encounter for removal of intrauterine contraceptive device
- **Z30.433:** Encounter for removal and reinsertion of intrauterine contraceptive device

ICD-10 Codes: Other Contraception Encounters

- **Z30.011:** Encounter for initial prescription of contraceptive pills
- **Z30.012:** Encounter for prescription of emergency contraception
- **Z30.013:** Encounter for prescription of injectable contraception
- **J1050:** DepoProvera 1mg (150 Units)
- **Z30.015:** Encounter for prescription of vaginal ring
- **Z30.016:** Encounter for prescription of transdermal patch
- **Z30.41:** Encounter for surveillance of oral contraceptives
- **Z30.42:** Encounter for surveillance of injectable contraception
- **Z30.49:** Encounter for surveillance of other contraceptives
- **Z30.018:** Encounter for initial prescription of other contraceptive

Contraceptive Coding Case Studies

Case 1: E/M with Contraceptive Counseling

J.L., a 44-year-old hypertensive patient is seen for evaluation and management of abnormal uterine bleeding. A relevant history and physical examination are performed, and a differential diagnosis is established. Labs and imaging are ordered and options for management reviewed. The patient discloses that they are recently divorced and soon may be in a new sexual relationship. They didn't think they could become pregnant at 44. An additional 15 minutes is spent discussing contraceptive options and STI prevention.

Correct Coding for Case 1

For 2020, the total time of the encounter may be used to choose a level of E/M service if >50% of the encounter is counseling.

- **992XX** for the E/M service.
  - **DO NOT REPORT 99401** (Preventive Medicine Counseling and/or risk factor reduction interventions provided to an individual (separate procedure) for approximately 15 minutes), since this is designed as a “separate procedure” which means it will be bundled into any other service by payers.

Case 2: Contraceptive Counseling

K.S., a 35-year-old patient with chronic hypertension, diabetes, and obesity comes in requesting birth control pills. The patient's medical co-morbidities preclude safe prescription of combined oral contraceptives and considerable time is spent providing counseling about options for safe and effective birth control.

Correct Coding for Case 2

- Codes **99401-99404** are reported when the entire encounter is for preventive medicine counseling (contraceptive and/or STI).
  - The coding is based on the time spent with the patient face-to-face
- The diagnosis code is **Z30.09** (encounter for other general contraception counseling).

Case 3: Initiation of Injectable Contraceptive

T.K. is a 37-year-old patient who has been on combined oral contraceptives since the birth of their last child 5 years ago. T.K. is overweight, has type 2 diabetes and has recently been diagnosed with hypertension. T.K's primary care physician took them off oral contraceptives with a referral to you for counseling regarding contraceptive options. Comprehensive counseling is provided including all non-estrogenic options. 30 minutes is spent counseling and providing tools for shared decision-making. T.K. decides to proceed with an injection of Depo-Provera during this visit as their chosen method of contraception.

Correct Coding for Case 3

- **99402**: Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
- **81025:** Urine pregnancy test (if indicated)
  - **Z32.02:** Negative pregnancy test
- **96372:** Therapeutic, prophylactic, or diagnostic injection
  - **J1050:** Depo Provera 1mg (150 Units)
- **Z30.013:** Encounter for prescription of injectable contraception

Modifiers are not necessary when coding for injections, tests or medications along with a counseling or evaluation and management service.

Case 4: Well Woman Preventive Visit

A.S. is a 27-year-old established patient coming in for an annual examination and to discuss birth control options. A.S. is sexually active and does not want to become pregnant. A.S. smokes one pack of cigarettes daily, has a BMI of 28, and is generally sedentary. In the visit, you discuss lifestyle modification, smoking cessation, healthy diet, and review goals for contraception with A.S. You perform an age-appropriate examination. After discussion, the patient decides to try low dose oral contraceptives. You provide a prescription for 12 months of pills and educate about follow-up care if there are any issues with the medication.

Correct Coding for Case 4

- **99395**: Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, age 18-39

- **Z01.419:** Encounter for gynecological examination (general) (routine) without abnormal findings
- **Z30.011:** Encounter for initial prescription of oral contraceptive pills.

**** You do not code separately for the smoking cessation counseling, contraceptive counseling and other age-appropriate screening or counseling since these are all bundled into the preventive medicine service.***

Case 5: Removal and Reinsertion of IUD

N.G., a 32-year old patient, had a 52 mg, 5-year duration levonorgestrel IUD inserted five years ago and desires removal of the IUD and insertion of a new one. Minimal counseling is required as the patient had no problems with the IUD over the last few years. After vital signs are documented, the IUD is removed without difficulty and a new 52 mg, 5-year duration levonorgestrel IUD is inserted.

Correct Coding for Case 5

- **58301** (removal), **58300-51** (insertion)
- **J7298** for the device.
- Modifier **-51** (multiple procedures) is added to the *lesser valued* procedure.
  - IUD insertion (58300) is allocated 2.28 total RVUs in 2019 and IUD removal (58301) has 2.70 RVUs. Therefore, the modifier -51 is applied to the insertion code.
- **No E/M** services code is reported since the brief discussion and taking of vital signs is included in the total work value for the procedure.
- **Z30.433** (removal and reinsertion of IUD) is reported for the diagnosis.

To avoid claim denials, providers should check with payers to determine if they reimburse for both removal and reinsertion at the same encounter, and how to bill appropriately to ensure payment.

Case 6: IUD Insertion After a Procedure

G.Z., a 27-year old patient, presented with heavy bleeding at 9 weeks' gestation and by limited ultrasound was found to have a nonviable pregnancy. The physician recommended uterine evacuation in the office. The patient requested placement of a copper IUD during the same encounter. The physician spent a total of 25 minutes counseling the patient about the miscarriage and contraceptive choices.

Correct Coding for Case 6

- **99214-25** to report the evaluation and management service provided at the time of the procedures, which was significant and separately identifiable. *(Documentation MUST identify those issues discussed with the patient.)*
  - **76817** (transvaginal ultrasound)
  - **59812** (incomplete abortion completed surgically) (9.37 total RVUs)
  - **58300-51** (IUD insertion). (2.28 total RVUs)
  - **J7300** (intrauterine copper contraceptive [Paragard®] [10-year duration]) is reported for the IUD supply.
- The ICD-10 codes are **O03.39** (spontaneous abortion with other specified complications, incomplete) and **Z30.430** (insertion of IUD.

Correct Coding for Case 6 (cont.)

- If the miscarriage was complete *(requiring no surgical intervention)* the following coding would be appropriate:
  - E/M service with a **modifier -25** *(significant, separately identifiable E/M service)*
  - **58300** for the IUD insertion
  - **J7300** for the IUD
  - **76817** (transvaginal ultrasound) if performed

Case 7: Missing IUD Strings

K.M., a 22-year old patient, complains about being unable to feel the IUD strings for a device that was placed last year.

Correct coding will depend on the level of services required to manage this patient.

Correct Coding for Case 7

- If, on examination, the physician *is able* to tease the strings from the cervix:
  - A low-level evaluation and management (E/M) service – **99213**
  - **Z30.431** (routine checking of IUD) as the diagnosis code
- If the physician *is unable* to find the strings, provides a limited ultrasound examination and documents appropriate location of the IUD.
  - A low-level E/M service **(99212-3)** plus the limited ultrasound, **76857**
  - No modifier is needed to report an imaging study in conjunction with E/M services.
  - Diagnosis code **T83.32XA** (displacement of IUD, initial encounter) should be used to justify the need for ultrasound.

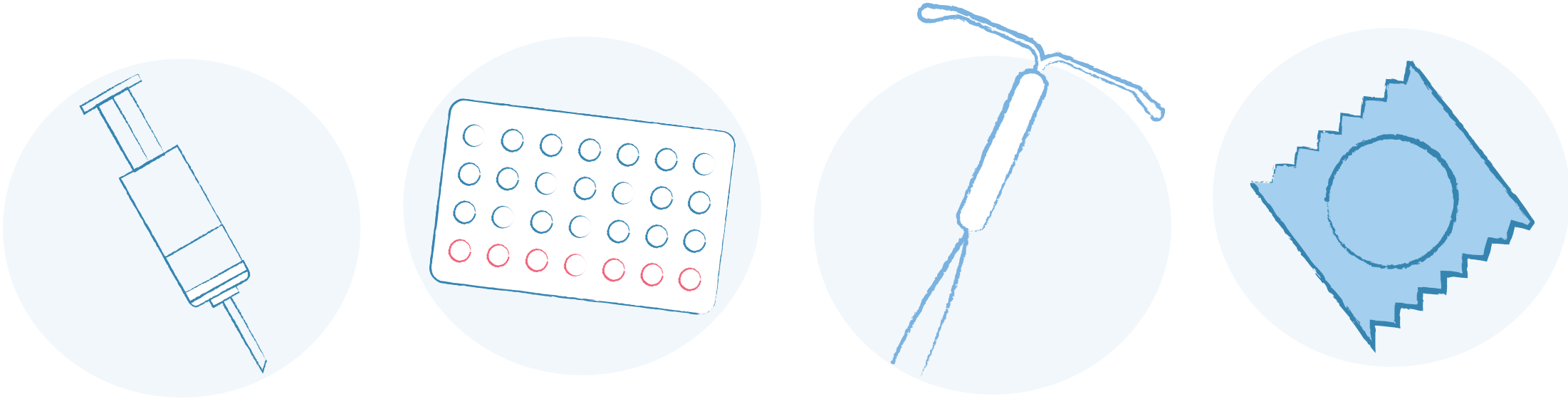
Case 8: Unsuccessful Insertion of IUD

S.P., a 37-year old patient, comes in requesting IUD placement. S.P. has a history of 3 previous cesarean births. Access to the uterine cavity is challenging due to scarring, and after multiple attempts at IUD placement, the procedure is abandoned due to patient discomfort.

Correct Coding for Case 8

- For attempted removal or placement of an IUD which is unsuccessful in the office encounter, modifier **-53** may be added to the CPT code for the attempted procedure.
  - The record should document the difficulty encountered, for example, cervical stenosis or pain.
- **58300-53** *AND* the appropriate **J-code** for the IUD device for an aborted insertion.
    - If the service was for an aborted removal, use code **58301-53**.
- **N88.2** may also be used for cervical stenosis or stricture.

Best Practices and Strategies to Improve Billing and Coding Practices



Billing and Coding Best Practices

- Create a culture of continuous quality improvement in the office
- Designate a “contraception champion” to troubleshoot issues and identify optimal solutions
- Become friendly with provider representatives from your major payers– get answers to potentially problematic claims **BEFORE** submitting them
- Audit claims denials to become familiar with payer quirks and ways to avoid future problems
- Use resources, such as ACOG’s coding ticket system, to get support for improperly denied claims

Solutions to Optimize Cash Flow

- Verify Coverage
- Be specific in asking which devices are covered
- Collect any deductibles and co-pays prior to visit
- Consider bulk purchasing of LARCs to obtain discount
- Keep up to date on the cost and reimbursement for LARCs – when a price increase occurs, immediately send an invoice to all payers to update their payment

Avoiding and Addressing Denied Claims

- Keep a spreadsheet of payers, contacts and specific policies
- Submit claims daily or weekly to avoid denials due to late submission
- Ensure ICD-10 codes accurately and completely justify the procedures and services being reported and billed
- Be sure to verify coverage at every visit for every patient
- Track prior-authorization requirements

Remember…

- Must code to **the *highest level of specificity***
  - Often payers will ***reject*** claims with “unspecified” codes.
- Keep a list of appropriate codes and create an audit system to ensure accurate CPT and ICD-10 matched coding.

Resources

- ACOG: Practice Management – Coding
  - https://www.acog.org/en/Practice%20Management/coding
- Family Planning National Training Center: Coding Resources
  - https://www.fpntc.org/training-packages/coding
- National Clinical Training Center for Family Planning: Coding with Ann – A Podcast Series
  - https://www.ctcfp.org/coding-with-ann/
- Reproductive Health Access Project: Coding Resources
  - https://www.reproductiveaccess.org/resources/?rsearch=&rtopic%5B%5D=44&rtype%5B%5D=64

Q&A

Thank You

The full toolkit and NJ-RHAP Resources are available here: **https://bit.ly/QIResourcesNJRHAP**.

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