

Billing and Coding for LARCs – Part 2 CDPHE – 2016 LARC Symposium

Toni Woods, CCS, CPC,
AHIMA-Approved ICD-10-CM/PCS Trainer

R.T. Welter & Associates, Inc.

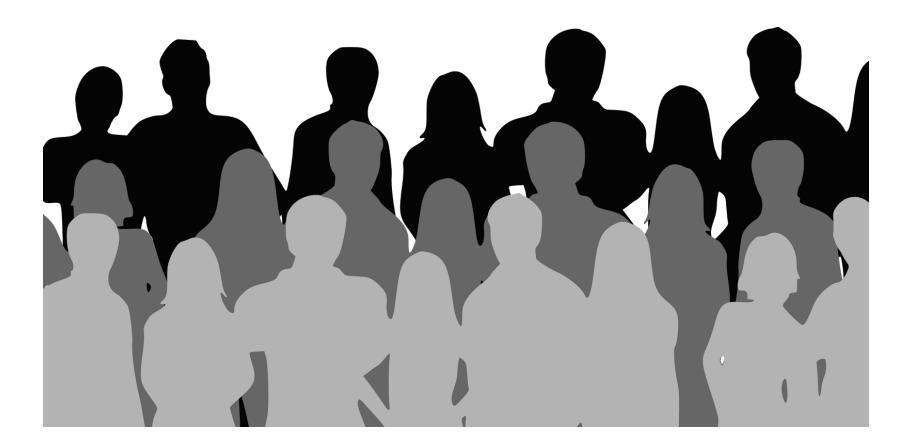
www.RTWelter.com

303.534.0388

tmw@RTWelter.com

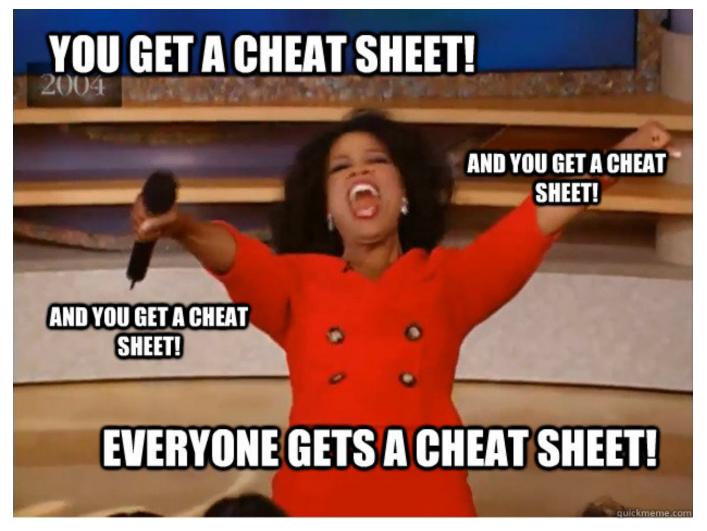


Quick Audience Survey





LARC Cheat Sheet



Denials

Reasons for denial of payment:

- Clinically based evidence
 - Requires at least two clinical trials reveal the safety and effectiveness of the procedure or drug.
- Diagnosis
 - Warrants medical need for that service
 - Based on NCDs, LCDs, and best practice
- Frequency
 - Test or procedure ordered too many times in an approved period

Denials

• Scenarios:

- Provider orders a pregnancy test with a diagnosis of rheumatoid arthritis.
 - Denied: Medical Necessity
- Provider places an IUD 4x within a 1 year period.
 - Denied: Frequency limitations
- Provider removes skin tags from a patients neck because the patient is self-conscious.
 - Denied: Cosmetic procedure





Clinical Documentation

- When documentation is Not "Perfect" it is...
 - Inconsistent
 - Contrasting
 - Ambiguous
 - Misleading/Conflicting
 - Missing/Lacking





Clinical Documentation

- Many providers remain unaware of how their documentation impacts:
 - Coding and reimbursement
 - Quality reporting
 - Their reputation as a provider!!!
 - New designations of "high cost" provider
 - Plans are tiering preferred providers



What can you do to mitigate risk?

- Know and understand the documentation guidelines and update yourself on changes
- Conduct coding and billing audits at least annually!
- Identify and correct any errors as quickly as possible
- Overpayments are required by law to be returned within 60 days of detection
- Keep the lines of communication open!!!



Audit Provider Documentation!!!

- Randomly select 20 Charts per provider
- Identifying:
 - Over-coding
 - Under-documenting
 - Over-documenting
 - Under-coding
 - Discrepancies
 - Opportunities to increase revenues (i.e. missing charges)



ICD-10 – So far, So Good!



ICD-10 Struggles thus far

- ICD-9 codes not fully converted to ICD-10 in commonly used templates
- Navigating the EMR to find appropriate ICD-10 codes (the lookup isn't always the best tool)
- Lots of unspecified codes being used!
- Coding errors with active conditions vs. personal history of condition



What ICD-10 Means to Providers

Unspecified = I don't know!

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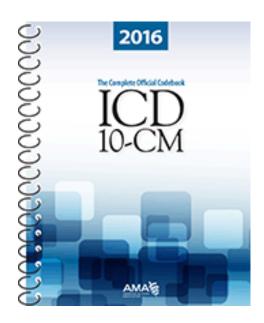




ICD-10-CM

Structure of the book:

- Coding Conventions
- Coding Guidelines
- Volume II: Alphabetic Index
- Volume I: Tabular List



- *Always code directly from the tabular list and never from the alphabetic index
- **Revisions published annually on October 1st.

Applications to assist with ICD-10 Coding

- ICD10 Lite by iPremiumApps
- ICD10 by TVN Labs
- ICD10 Codes by Black-Night Labs
- ICD-9 to ICD-10 Helper



Other FREE ICD-10 Resources...

- www.ICD10Charts.com
- www.ICD10Data.com
- www.Roadto10.org



Troubleshooting in the ICD-10 World!

- ALWAYS code according to provider documentation!
 - Remember the golden rule: If it isn't documented, it didn't happen!
- Query your provider if specificity is not present in documentation
- Review the category of the code to see if additional specificity is now required

Troubleshooting in the ICD-10 World!

- Look up the code to identify any notable
 - Excludes 1 notes
 - Two codes *cannot* be submitted together
 - Should have been called the includes notes
 - Excludes 2 notes
 - Two codes <u>can</u> be submitted together



ICD-10-CM Conventions

 Excludes 1 notes to indicate when the code can't be used with another code. Used when a condition cannot occur together, such as a congenital form of a condition with an acquired form of the same condition (NOT CODED HERE)

✓6ª <u>Z30.01</u>	Encounter for initial prescription of contraceptives
	encounter for surveillance of contraceptives (Z30.4-) (Z30.4)
	Z30.011 Encounter for initial prescription of contraceptive pills
	Z30.012 Encounter for prescription of emergency contraception
	Encounter for postcoital contraception
	Z30.013 Encounter for initial prescription of injectable contraceptive

6/16/2016

ICD-10-CM Conventions

 Excludes 2 notes to indicate that the condition excluded is not part of the condition represented by the code, but that the patient may have both conditions at the same time.

EXCLUDES 2	molluscum contagiosum (B08.1) (B08.1)
	papilloma of cervix (D26.0) (D26.0)
A63.0	Anogenital (venereal) warts
	Anogenital warts due to (human) papillomavirus [HPV]
	Anogenital warts due to (human) papillomavirus [HPV] Condyloma acuminatum

6/16/2016

- 18-year-old new client would like information on LARCs.
- After a lengthy discussion, the patient decides on the Mirena IUD.
- NP places the IUD with no complications.

CPT and HCPCS codes for the encounter:

- 58300 Insertion of intrauterine device (IUD)
- **J7298** Mirena

ICD-10 code(s) for the encounter:

• Z30.430 – Encounter for insertion of intrauterine contraceptive device

 25-year-old new client would like to discuss birth control options. She recently had sex and would like ECP, but also wants resources on LARCs.

 Provider documented a detailed history, expanded problem focused exam, and low complexity MDM.

CPT code for the encounter:

• 99213 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

ICD-10 code(s) for the encounter:

- Z30.012 Encounter for prescription of emergency contraception
- Z30.09 Encounter for other general counseling and advice on contraception

- Dori has had a nexplanon implant for 3 years. She
 is not planning on having a child for 3–5 years, and
 would like another implant. She is also a cigarette
 smoker and would like resources on how to quit.
- The nurse practitioner removes the old implant and inserts a new one during the same encounter.
 She also provides smoking cessation (8 minutes) counseling to the patient for tobacco dependence.

CPT and HCPCS codes for the encounter:

- 99406 25 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
- 11983 Removal with reinsertion, non-biodegradable drug delivery implant
- J7307 Etonogestrel (contraceptive) implant system, including implant and supplies

ICD-10 code(s) for the encounter:

- Z30.49 Encounter for surveillance of other contraceptives
- F17.210 Nicotine <u>dependence</u>, cigarettes, uncomplicated

- Laura has had an IUD for 3 years. She has decided to have a child and would like the IUD removed.
- The nurse practitioner removes the IUD.

CPT code for the encounter:

• **58301** - Removal of intrauterine device (IUD)

ICD-10 code(s) for the encounter:

 Z30.432 – Encounter for removal of intrauterine contraceptive device

- 19-year-old established client is having menstrual irregularity following placement of the nexplanon implant. She is also experiencing symptoms of mild depression.
- Spent 30/35 minutes discussing the causes of depression and various treatment options.
 The patient would like to keep the implant but use Lysteda to stop the period.

CPT and HCPCS codes for the encounter:

- **99214** Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.
- **J8499** Lysteda

ICD-10 code(s) for the encounter:

- N92.6 Irregular <u>bleeding</u> NOS
- Z30.49 Encounter for surveillance of nexplanon
- F32.0 Major depressive disorder, single episode, mild

- Jen had an IUD inserted 2 weeks ago and now complains of pain at the insertion site with accompanying left lower quadrant abdominal pain.
- The nurse practitioner examines the insertion site and does not visualize any issues. The provider has a 15 minute discussion regarding whether to keep or remove the IUD.
- The patient decides not to have the IUD removed and will return in a month if symptoms persist.

CPT code for the encounter:

• 99213 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

ICD-10 code(s) for the encounter:

- Z30.431 Encounter for routine checking of intrauterine <u>contraceptive</u> device
- R10.32 Left lower quadrant pain



QUESTIONS?



On Behalf of RTWelter & Associates...



