

CODING FOR STI SERVICES



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LEARNING OBJECTIVES

- Understand ICD9 / diagnosis coding
- Understand coding for E&M visits
- Understand coding for basic procedures with modifiers

DISCLAIMER

The guidelines, interpretations, and recommendations set forth as part of this training session are presented as a guide only. Attendees understand and recognize that actual coding/billing decisions are the sole liability and responsibility of the provider(s) and respective billing staff.

MEDICAL NECESSITY: A GOVERNMENT DEFINITION

A service that is reasonable & necessary for the diagnosis and treatment of illness or injury, or to improve the functioning of a malformed body member.

- Service c/w symptoms or diagnosis
- C/w generally accepted medical standards
- Not for convenience (patient nor provider)
- Rendered at the most appropriate level

FRAUD & ABUSE

- **Over coding** - billing for higher or more complex services than rendered → fraud
- **Under coding** – billing for less than what was rendered → fraud
 - considered an incentive for “frequent fliers”
 - no refunds
- **Waiving co-pay** → fraud (www.cigna.com)
- **Falsely established “medical necessity”** – reporting false, inaccurate ICD-9 codes → abuse

“INCIDENT TO” BILLING

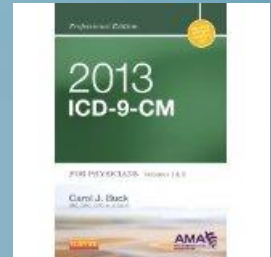
- Allied Health Professional bills as if the supervising provider saw the patient
- Multiple limitations
 - No new patients – no established patients with new problems
 - Doctor must be on site
- Medicaid & Medicare enroll Allied Health Professionals (AHPs)
- Many Commercial Insurers enroll AHPs

THE BASICS

- ICD-9 Codes – diagnosis – the “why”
- CPT Codes – service – the “what”
- Modifiers – exception – “the add’l info”
- HCPCS Codes – supply(s) – the “what else”

ICD-9 CODE LOOK-UP

- The “Why”
- Alpha-Numeric (3 to 5 characters)
- Always have the most current ICD-9
- Look up term in Volume 2 – alpha index
- Verify code in Volume 1 – numeric index
- V – codes – last resort



ICD-9 CODE LOOK-UP

- Always use the most specific code
- Cheat sheet for most common diagnoses
- Update it every year
- Not just for reimbursement
- Get ready for 10-2014 /ICD-10

DIFFERENCES BETWEEN ICD-9 & ICD-10

ICD-9	ICD-10CM
3-5 characters in length	3-7 characters in length
Appx. 14,000 codes	Appx. 70,000 codes
First digit may be alpha or numeric; digits 2-5 are numeric	First digit is alpha; digits 2 & 3 are numeric; digits 4-7 are alpha or numeric
Limited space for adding new codes	Flexible for adding new codes
Lacks detail	Very specific
Lacks laterality	Has laterality (i.e., codes identifying right vs. left)

October 1, 2014

ICD-9 USAGE GUIDELINES

1. Identify all diagnoses, symptoms, conditions, problems (linkage important)
2. List primary condition first
3. Utilize all five digits if possible; Be as specific as possible
4. Probable, suspected, rule out, diagnoses should not be coded

ICD-9 USAGE GUIDELINES

5. Chronic diseases: report as many times as the patient receives treatment

6. Code diagnosis for which service is performed; if diagnosis is different after service list new diagnosis only.

7. DO NOT CODE WHAT NO LONGER EXISTS

ICD-9 EXAMPLES

- [090](#) Congenital syphilis
- [091](#) Early syphilis symptomatic
- [092](#) Early syphilis latent
- [093](#) Cardiovascular syphilis
- [094](#) Neurosyphilis
- [095](#) Other forms of late syphilis with symptoms
- [096](#) Late syphilis, latent
- [097](#) Other and unspecified syphilis
- [098](#) Gonococcal infections

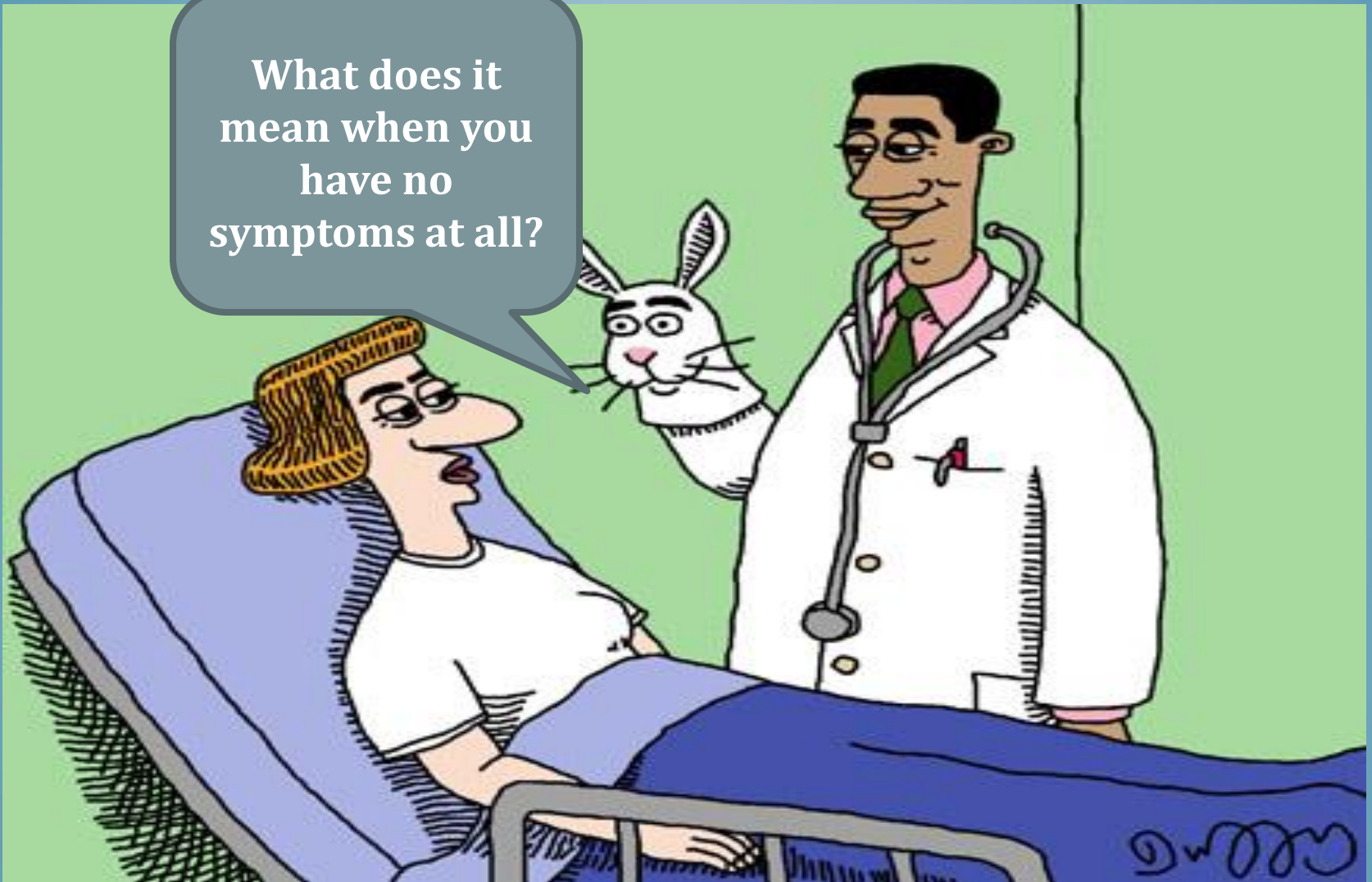
ICD-9 EXAMPLES

- [099](#) Other venereal diseases
- [099.0](#) Chancroid
- [099.1](#) Lymphogranuloma venereum
- [099.2](#) Granuloma inguinale
- [099.3](#) Reiter's disease
- [099.4](#) Other nongonococcal urethritis
- [099.40](#) ... unspecified
- [099.41](#) ... chlamydia trachomatis
- [099.49](#) ... other specified organism

ICD-9 EXAMPLES

- [099.5](#) Other diseases due to chlamydia trachomatis
- [099.50](#) ... unspecified site
- [099.51](#) ... pharynx
- [099.52](#) ... anus and rectum
- [099.53](#) ... lower genitourinary sites
- [099.54](#) ... other genitourinary sites
- [099.55](#) ... unspecified genitourinary site
- [099.56](#) ... peritoneum
- [099.59](#) ... other specified site
- [099.8](#) Other specified venereal diseases
- [099.9](#) Venereal disease, unspecified

What does it
mean when you
have no
symptoms at all?



ICD-9 EXAMPLES

- [V15.85](#) Personal H/o contact with and (suspected) exposure to potentially hazardous body fluids
- [V69.2](#) High Risk sexual behavior
- [V73](#) Special screening examination for viral and chlamydial diseases
- [V74](#) Special screening examination for bacterial and spirochetal diseases
- [V75](#) Special screening examination for other infectious diseases

ICD-9 EXAMPLES

- [V01.6](#) Contact with or exposure to venereal diseases
- [V01.7](#) “.....” exposure to other viral diseases
- [V02.6](#) Carrier or suspected carrier of viral hepatitis
- [V02.60](#) Viral hepatitis carrier, unspecified
- [V02.61](#) Hepatitis B carrier
- [V02.62](#) Hepatitis C carrier
- [V02.69](#) Other viral hepatitis carrier
- [V02.7](#) Carrier or suspected carrier of gonorrhea
- [V02.8](#) “.....” carrier of other venereal diseases
- [V02.9](#) “.....” carrier of other specified infectious organism

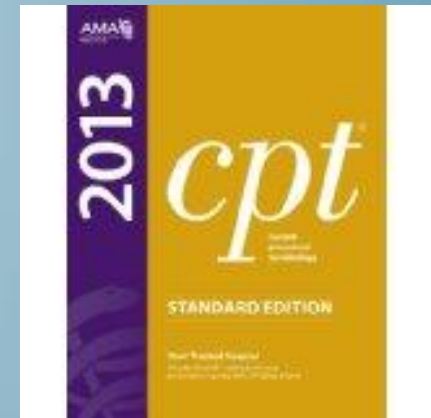
INFORMATION AGE?

**ICD-9 codes have a life longer
than the claim!**



CURRENT PROCEDURAL TERMINOLOGY (CPT)

- The “What”
- 5 numeric characters
- Evaluation and Management (E&M)
 - Office visits
 - Preventive Visits
 - Hospital visits
- Major surgical procedures – simple office procedures
 - Cardiac Bypass
 - Wart Removal



CPT CODE RANGE BREAKDOWN

- **99201-99499: Evaluation & Management (E&M)**
- 00100-01999: Anesthesia
- 10040-69979: Surgery
- 70000 Series: Radiology
- 80000 Series: Pathology
- 90700-99199: Medicine

HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

- The “what – else”
- 3 to 5 Alpha-numeric characters
- IM antibiotics
 - J0696 Injection, ceftriaxone sodium, per 250 mg
 - J0694 Injection, cefoxitin sodium, 1 G
 - J2510 Injection, penicillin g procaine, aqueous, up to 600,000 units

RANKING & LINKING

ICD Codes in order of Provider's Perceived Acuity

1. *Pelvic Pain 625.9*
2. *Condyloma: 078.10*

Rendered Services

"Linked" ICD (Above)

- A. *99214-25 (Level 4 Established Patient Visit) 1 & 2*
- B. *56515 (Destruction of Vulva Lesions, Extensive) 2*

CPT CODE RANGE BREAKDOWN

E&M		
NEW PATIENT - 3 YRS		
99201	DEF	\$22.65
	MPH	\$25.94
	OBS	\$50.05
	PED	\$33.48
99202	DEF	\$39.27
	MPH	\$44.98
	OBS	\$89.06
	PED	\$58.05
99203	DEF	\$57.97
	MPH	\$66.40
	OBS	\$131.79
	PED	\$85.69
99204	DEF	\$87.45
	MPH	\$100.17
	OBS	\$187.80
	PED	\$129.27
99205	DEF	\$109.43
	MPH	\$125.34
	OBS	\$238.56
	PED	\$161.76

E&M		
EST PATIENT		
99211	DEF	\$13.04
	MPH	\$14.94
	OBS	\$30.00
	PED	\$19.27
99212	DEF	\$23.42
	MPH	\$26.83
	OBS	\$52.26
	PED	\$34.62
99213	DEF	\$37.48
	MPH	\$42.93
	OBS	\$73.17
	PED	\$55.41
99214	DEF	\$56.74
	MPH	\$64.99
	OBS	\$114.02
	PED	\$83.87
99215	DEF	\$76.48
	MPH	\$87.60
	OBS	\$166.19
	PED	\$113.06

E&M

LEVEL OF SERVICE

$$\begin{array}{rcl} & \text{Level of History} & \\ + & \text{Level of Exam} & \\ + & \text{Level of Decision Making} & \\ \hline = & \text{Level of Service} & \end{array}$$

CMS 95 & 97 Guidelines

E&M: KEY COMPONENTS

- New Patient: “3 of 3 Required”
 - Overall visit level is the lowest component score
- Established Patient: “2 of 3 Required”
 - Overall visit level is the component score in the middle (median)

History

MDM

Exam



E&M: NEW PATIENT OFFICE VISIT

Code	History	Exam	MDM	Time
New Patient Office Visits – all elements must be met. Code based on the lowest element.				
99201	Problem Focused 1-3 HPI No ROS No PFSH ①	Problem Focused <1 BA/OS ①	Straightforward ①	10 Minutes
99202	Expanded Problem Focused 1-3 HPI 1 ROS No PFSH ②	Expanded Problem Focused 2-4 BA/OS ②	Straightforward ②	20 minutes
99203	Detailed 4 HPI 2-9 ROS 1PFSH ③	Detailed 5-7 BA/OS ③	Low Complexity ③	30 minutes
99204	Comprehensive 4 HPI 10 ROS 3 PFSH ④	Comprehensive 8 Organ Systems ④	Moderate Complexity New Problem w/ RX Acute Complicated Illness/Injury Undx'd, New Problem 1 or more chronic Illness w/ mild exacerbation ④	45 minutes
99205	Comprehensive 4 HPI 10 ROS 3 PFSH ⑤	Comprehensive 8 Organ Systems ⑤	High Complexity New Problem with work up planned and high level of acuity ⑤	60 minutes

NOTE: New Patient Definition- patient has not had face-to-face service by a provider of the same specialty within a group practice in three years.

E&M: ESTABLISHED PATIENT OFFICE VISIT

Code	History	Exam	MDM	Time
Established Patient Office Visits -all elements must be met. Code based on the middle element.				
99211	Provider not required. Patient must have been seen previously and this is just a follow up – not a new problem			
99212	Problem Focused 1-3 HPI No ROS No PFSH 2	Problem Focused <1 BA/OS 2	Straightforward 2	10 minutes
99213	Expanded Problem Focused 1-3 HPI 1 ROS No PFSH 3	Expanded Problem Focused 2-4 BA/OS 3	Low Complexity 3	15 minutes
99214	Detailed 4 HPI 2-9 ROS 1PFSH 4	Detailed 5-7 BA/OS 4	Moderate Complexity New Problem w/ RX Acute Complicated Illness/Injury Undx'd, New Problem 1 or more chronic Illness w/ mild exacerbation 4	25 minutes
99215	Comprehensive 4 HPI 10 ROS 2 PFSH 5	Comprehensive 8 Organ Systems 5	High Complexity New Problem with work up planned and high level of acuity 5	40 minutes

E&M: HISTORY

- **Chief Complaint (Required for ALL visits)**
 - Reason(s) for visit- not always the primary ICD-9
 - Concise statement in patients own words, not “f/u”
- **History of the Present Illness**
 - Duration, timing, severity, location, modifying factors, associated signs & symptoms, context

E&M: HISTORY - HPI

Element	Definition	Example(s)
Location	Area of the body	Lower back, elbow, stomach
Quality	Characteristic of complaint	Stabbing or radiating
Severity	Measurement of discomfort	8 on a scale of 1-10
Duration	Length of time it is present	Pain for three days
Timing	What time or what brings it on	Worse after eating, the pain is worse in the morning
Context	Circumstances of the event	Occurs when climbing stairs
Modifying factors	What makes it better / worse	Tylenol helps
Associated signs/symptom	Any problem associated with chief complaint	Before the headache - my eyes hurt

Source: Patricia McKinnon, Berdon Healthcare

E&M: HISTORY CONT.

- **Review of Systems**
 - Signs & Symptoms related to the illness or complaint
- **Past Medical, Family & Social History**
 - Allergies, medication list, other problems or surgeries
 - Sick contacts at home
 - Smoker, Alcohol/Drug use, Sexual history



E&M: HISTORY

History Scoring 3 of 3 required

History Level	<u>Chief Complaint</u>	<u>HPI</u>	<u>ROS</u>	<u>PFSH</u>
Problem Focused	Required	1-3 (Brief)	N/A	N/A
Expanded Prob. Focused	Required	1-3 (Brief)	1 (Pertinent)	N/A
Detailed	Required	4+ (Ext)	2-9 (Ext)	1 (Pert)
Comprehensive	Required	4+ (Ext)	10+ (Comp)	2/3 (Comp)

E&M: HPI EXAMPLE

Expanded Problem Focused History

- CC: Discharge
- HPI: Vaginal discharge for two days
- ROS: Negative dysuria

Duration

Location

Detailed History

- CC: Discharge

Duration

Location

Quality

- HPI: Patient Complaining of white, lumpy vaginal discharge for two days; Heavier flow in the morning; No change with Monistat

Timing

- ROS: Negative fever; Negative dysuria

Mod. Factors

- Hx: 2 partners in the last 30 days

Constitutional and GU

Social

E&M: HISTORY EXAMPLE

Expanded Problem Focused History

- CC: Pelvic Pain
- HPI: Patient complaining of stabbing pain for one day

Quality

- ROS: No fever

Constitutional

Duration

Modify. Fact.

Detailed History

- CC: Pelvic Pain
- HPI: Patient complaining of stabbing/LLQ pain for one day; Better when lying down

- ROS: No vaginal discharge or fever

Duration

GU

- Past Hx: No medications except OCP

Constitutional

Medical

Quality

Location

E&M: EXAM

- **Problem Focused Exam**
 - Less than one complete Body Area/Organ System
- **Expanded Problem Focused Exam**
 - Two to Four (2-4) BA/OS
- **Detailed Exam**
 - Five to Seven (5-7) BA/OS
- **Comprehensive Exam**
 - 8 Organ Systems

E&M: EXAMINATION

Body Areas

- Head (incl. face)
- Neck
- Chest
- Abdomen
- Genitalia, groin, buttocks
- Back
- Each extremity

Organ Systems

- Constitutional*
- Eyes
- ENMT
- Cardiovascular
- Respiratory
- Genitourinary
- Gastrointestinal
- Musculoskeletal
- Skin
- Neurologic
- Psychiatric
- Hem/Lymph/Immun.



E&M: MEDICAL DECISION MAKING

- Diagnosis & Mgmt. Options
 - Document Diagnosis(es) and options
- Amount/Complexity of reviewed data
 - Document specific sources and dates
- Risk
 - Document Table of Risk Verification

E&M: MDM TABLE USAGE EXAMPLES

Low Complexity

- Established Problem not well controlled with OTC
- New Problem with OTC
- Established problem with Prescription Drug Management

E&M: MDM TABLE USAGE EXAMPLES

Moderate Complexity

- New Problem with Acute Systemic Symptoms
- 3 Chronic Problems (HPV, HSV, Chronic BV)
- New Problem with Prescription Drug Management
- New Problem with Uncertain Diagnosis(es)

High Complexity

- New problem with a transfer to the ED

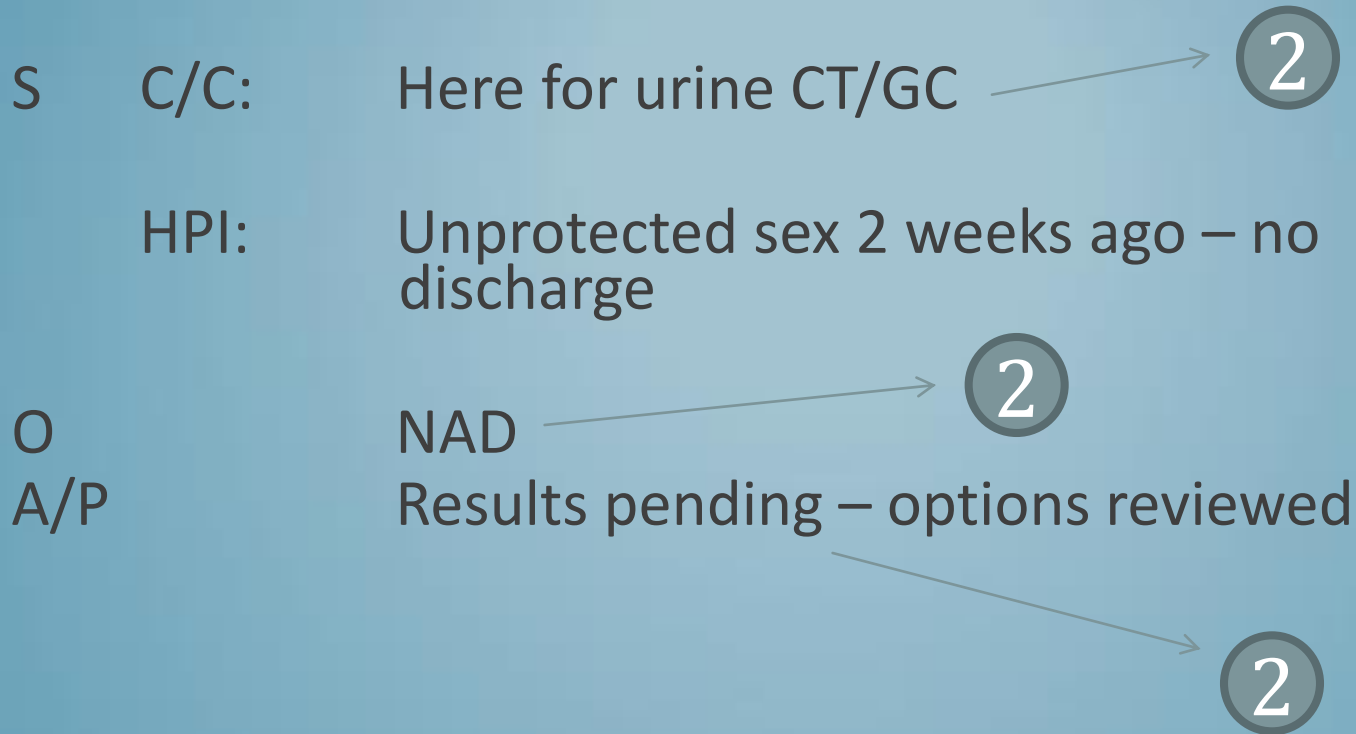


"Your symptoms are completely alien to me."

EXAMPLE 99211

- Billing or Supervising provider has to be on site (Comm. Insurance/Medicare)
- Medicaid – w/in 15mins, phone, emergency
- Can't be a NEW problem
- Should a NP ever bill 99211?
 - Dx CT/GC? No
 - DX HIV? No

EXAMPLE 99212



$$2-2-2 = 99212$$

EXAMPLE 99213

S C/C: Here for urine CT/GC
 HPI: Unprotected sex 2 weeks ago
 ROS/ GU +vag/penile discharge, Const. -fever
O NAD
A/P Presumptive treatment for Chlamydia
 RX: Azithromycin 1 g orally in a single dose

3

2

4

2-3-4 = 99213

EXAMPLE 99214

S C/C: Here for HSV culture results → 3
HPI: Concerned about results and telling partner
ROS: GU/denies discharge, Const. -fever
O CST: WDWNF → 4
INTG: Skin warm and dry
PSYCH: NAD
LYMPH: no inguinal lymphadenopathy
GU: No lesions – no fissures
A/P Positive culture HSV2 – likely subsequent outbreak
Rx acyclovir 400 mg orally 3x/day for 5 days → 4

EXAMPLE 99215

- S C/C: Pelvic pain
HPI: RLQ & LLQ, started 2 days ago, very severe at times, taking OCs - not using condoms
ROS: LMP – 1 week ago, green/yellow vaginal d/c, slight fever, slight nausea – all other systems (10) reviewed and are negative
PFSH – NKDA, Non smoker, New partner
- O- CST: Toxic appearing (102.1- 88-16 120/78)
RESP: clear apex to bases
CARD: RRR 88 no murmur

5

EXAMPLE 99215 CONT.

- O Skin: pale, warm & dry – no rashes
GI: soft, tender to palp RLQ & LLQ, + guarding
GU: Vagina – copious D/C, CX + CMT w/ contact bleeding, Uterus & Adnexa + tenderness
LYMPH: No inguinal lymphadenopathy
PSYCH: Affect appropriate

5

A/P PID → CBC, STS, ESR, GC/Chlam today.

Rx; Ceftriaxone 250 mg IM & Doxycycline 100 mg orally twice a day for 14 days. RTC 48 hours

4

Actually, I'm fine. I just like to have
a place where I'm allowed on the couch.



Bizarro.com

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RODAN
TRAZO
10.4.10

RESUSCITATED@
CRACK  SPIRAL

E&M SERVICES

THE TIME COMPONENT



- Only used when counseling or coordination of care represents greater than 50% of time spent with the patient
- Clock time, i.e., 9:01am - 9:58am
- Spent 20/25 minutes counseling Re:.....
- Face to face: clinician only
- Does not have to be continuous
- Phone time does not count
- “ > 50%, C³ ”
- No need for Hx-Exam-MDM
- Can't round up

EXAMPLE

“BILLING FOR TIME”



1/15/13 (9:00 – 9:25 optional)

S: C/C follow/up labs (+ Herpes culture last visit)

HPI - Finished Valtrex Rx– “no more sores”

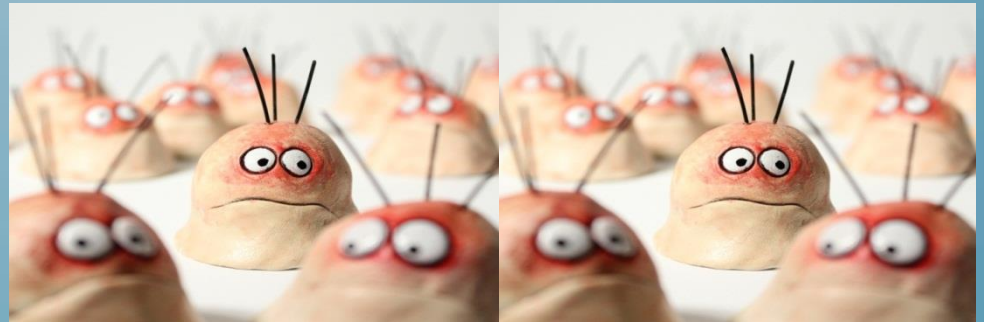
O: GU – no lesions at present

A/P: New dx of herpes, spent 35/40 minutes discussing; HSV 1 & 2, viral transmission, treatment episodic vs suppressive, healthy behaviors to reduce outbreaks & safer sex.

=99215

PROCEDURES & THE GLOBAL SURGICAL PACKAGE

- Wart removals –vulva –simple (56501) = 10 days
- Wart removals –vulva- ext (56515) = 10 days
- Wart removals –vagina (57061) = 10 days
- Wart removals –anal (46900) = 10 days
- Wart removals –penis – simple (54050) = 10 days
- Wart removals –penis – extensive (54050) = 10 days



PROCEDURES & THE GLOBAL SURGICAL PACKAGE

Simple vs Extensive

What is your definition? Make it a policy.

54050 - Destruction **of lesion(s)**, penis simple; **chemical**

- 54065 -extensive (any method)

56501- Destruction **of lesion(s)**, vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)

- 56515 -extensive

Extensive – needs to be documented

MODIFIERS

22
78
24
79
53
58

24

Unrelated E&M

- To report a service performed during a postoperative period for reason(s) unrelated to the original procedure
- Should be billed with an E/M code. Do not use this modifier with a CPT surgical code
- A diagnosis code that clearly identifies the reason for the visit as unrelated to this procedure is required
- Helps to get claim paid
- Append the modifier to the E&M

25 E&M/Procedure Same Day

- Indicates a significant, separately identifiable E/M service on the same day as procedure.
- Indicates an E&M service that was above and beyond the usual “preoperative care” associated with the procedure.
- Did the visit lead to the procedure?
- OV & Procedure (same dx or different dx)
- Append the modifier to the E&M
- Helps to get you paid for both

CASE STUDY #1

The nurse practitioner/physician assistant performs an expanded problem focused history, a problem focused exam and the medical decision making was of moderate complexity. This nurse practitioner was not at today's training and asks for your help. The diagnoses are CT/GC.

CASE STUDY #1

1. If this was an established patient problem office visit, what would the code be?
2. If this was a new patient problem office visit, what would the code be?
3. Would you tell her she needs to go to the next training session?

CASE STUDY #2

The NP/PA lost his coding cheat sheet. He asks for your help coding this “problem office visit” for this established patient.

S: Think I have STI

HPI: Severe vaginal burning X 3 days – took cranberry capsules without effect

ROS: no fever or chills – + vaginal discharge

Non smoker (Detailed history)

O: T98.6, looks well, Abd. Soft- no CVA or supra-pubic tenderness. Urine for CT/GC obtained

(2 OS = Expanded problem focused exam)

A/P: Dx: CT– RX Azithromycin 1 g orally in a single dose

New problem with RX-Moderate Complexity

CASE STUDY #2

1. How will you help this NP/PA to code this office visit?
2. What would the appropriate code be?
3. If this was a new patient, would the code be any different? Why?



"Well you can't say that I never give you anything!"