

ICD-10 Coding Webinar Questions

1. What is modifier 33?

Modifiers are the exceptions to the rule and they are “the additional information”. They are appended directly to the applicable CPT code. In this webinar we introduced the Modifier 33, but there are others. See the following resources for a list and definition of other modifiers: <http://www.codingahead.com/2009/08/list-of-modifiers.html>.

Modifier 33 is applied to indicate that a preventive or screening service has taken place. The modifier may waive a patient's co-pay, deductible, and co-insurance so that there is no cost sharing. This modifier is **only** used on claims for commercial payers (BCBS, CIGNA, TUFTS etc). The modifier 33 does **not** have to be appended to those services that are inherently preventive (annual exams and preventive counseling).

Below is a list of services that the modifier 33 could be applied to. The modifier (as in all modifiers) is appended directly to the applicable CPT code.

- Services rated A or B by the U.S. Preventive Services Task Force (USPSTF);
- Immunizations for routine use in children, adolescents, and adults as recommended by the Advisory Committee on Immunization Practices of the U.S. Department of Health and Human Services;
- Preventive care and screenings for children as recommended by the Bright Futures program of the American Academy of Pediatrics and the newborn screening recommendations of the American College of Medical Genetics as supported by the Health Resources and Services Administration (HRSA); and
- Preventive care and screenings provided for women (not included in the task force recommendations) in the comprehensive guidelines supported by the HRSA.

Example: High-risk (for STI) patient presents to the clinic for screening but has some complaints as well. The primary reason service is screening. You bill a 99213 (append the 33 modifier) and the Z codes utilized might be Z11.3 (screening for STIs) and Z72.51 (high-risk heterosexual behavior).

2. Why is Medicaid rejecting claims when we use the ICD-10 code Z00.00?

Z00.00 is only intended to be used with the preventive annual exam codes. If there is a denial using that ICD-10 code with that set of preventative exam CPT codes, it is possible that you are not credentialed to provide a preventative annual exam (99381-99397).

3. Ohio Medicaid requires us to have an ordering provider for the gonorrhea and chlamydia for our reproductive health clinic. We only have NP's. Any suggestions?

One way to address this is to have the Medical Director of the clinic be the ordering provider.

4. Can you bill a 99401 code if the patient is a new patient and is only seeing the nurse, not the provider?

The patient may be new – however most payers will only reimburse this service if provided by a credentialed clinician (MD, NP, PA). In some states, payers may allow an RN to provide counseling and bill for it. Try contacting the payer to see if they will provide reimbursement for a non-clinician to provide that service.

5. What type of documentation in the chart do you need in order to code a visit as a preventive annual visit (99381-99397)?

A complete past medical family and social history, a complete 10-system review of systems (ROS), and general multi-system physical exam (8-organ systems recommended). Anticipatory guidance and risk factor reduction counseling based on age, etc.

6. May we bill a combination test as two single tests?

If a CPT code exists for the combination STI tests that you are performing, no, you may not.

7. We perform urine-based screening in our high schools after a 30-minute group (50 students) presentation. Presentation is by STD Program staff, not a clinician. How can we bill for the lab service to a Medicaid managed care provider?

Use the appropriate CPT code for the lab test along with the appropriate Z code (Z11.3). Likely the group counseling (CPT 99411) will not be reimbursed but you can try.

8. Our health department does STD screening only by RNs. May we bill?

The lab test should be reimbursed regardless of who provides/supplies/administers the test to the patient. Billing for counseling (99401 – 99404) or an office visit (99211) is a possibility for some payers but you need to contact individual payers for the determination. See RN Billing FAQs for more information:

http://stdtac.org/wp-content/uploads/2016/05/RN-Billing-FAQ_STDTAC-1.pdf

9. We are a very small Family Planning Clinic. What I have been taught is to stay with a standard ICD-10 code for everything. They told me to put Z30.09 on all female patients and Z20.2 on all male patients. Do you think this is going to stop working for us? We are primarily here for STI testing and birth control. Do we need to use the encounter and surveillance codes when they come for the birth control?

The Z30.09 is an encounter for other general counseling and advice on contraception (<http://www.icd10data.com/ICD10CM/Codes/Z00-Z99/Z30-Z39/Z30-/Z30.09>). The Z20.2 is contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission. If you were given that guidance by a payer and you are getting reimbursed for the services that you provide, you should continue that practice.

10. If a patient comes in for an annual exam and wants birth control, may we split the billing?

For both new and established patients, comprehensive preventive medicine evaluation and management of an individual includes an age- and gender-appropriate history; physical examination; counseling, **anticipatory guidance**, or **risk factor reduction** interventions; and the ordering of laboratory or diagnostic procedures. Because birth control is considered “anticipatory guidance and risk factor reduction”, it is not a separate billable service.

11. I oversee a Health Department STD Clinic where all services (exams, treatment, and counseling) are provided by RN's. We have a Medical Director that signs standing orders so the RN's can do exams and treat clients with STDs. Are we able to bill for our services?

The lab test should be reimbursed regardless of who provides/supplies/administers the test to the patient. Billing for counseling (99401 – 99404) or an office visit (99211) is a possibility for some payers but you would need to contact the payer for the determination. See RN Billing FAQs for more information:

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12. Where can I find more information about coding for STDs?

There is an introduction to coding for STDs webinar and transcript available. It used ICD-9 codes, but the information about CPT codes is current.

http://stdtac.org/wp-content/uploads/2016/05/STDTAC_Coding_Webinar_Slides2.pdf

<http://stdtac.org/wp-content/uploads/2016/05/Introduction-to-Coding-and-Documentation-for-STD-Services-.doc>