CODING FOR STI SERVICES

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CHIEF QUALITY & COMPLIANCE OFFICER
LEARNING OBJECTIVES

• Understand ICD9 / diagnosis coding

• Understand coding for E&M visits

• Understand coding for basic procedures with modifiers
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.
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
<table>
<thead>
<tr>
<th></th>
<th>ICD-9</th>
<th>ICD-10CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-5 characters in length</td>
<td>3-7 characters in length</td>
<td></td>
</tr>
<tr>
<td>Appx. 14,000 codes</td>
<td>Appx. 70,000 codes</td>
<td></td>
</tr>
<tr>
<td>First digit may be alpha or numeric; digits 2-5 are numeric</td>
<td>First digit is alpha; digits 2 &amp; 3 are numeric; digits 4-7 are alpha or numeric</td>
<td></td>
</tr>
<tr>
<td>Limited space for adding new codes</td>
<td>Flexible for adding new codes</td>
<td></td>
</tr>
<tr>
<td>Lacks detail</td>
<td>Very specific</td>
<td></td>
</tr>
<tr>
<td>Lacks laterality</td>
<td>Has laterality (i.e., codes identifying right vs. left)</td>
<td></td>
</tr>
</tbody>
</table>
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!

I'M WORRIED THAT HEALTH CARE HAS BECOME TOO IMPERSONAL, DOC.

NONSENSE... JUST RELAX AND LIE BACK ON THE BAR CODE SCANNER.

Globe 7/26/98
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
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

<table>
<thead>
<tr>
<th>E&amp;M</th>
<th>NEW PATIENT - 3 YRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>DEF</td>
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<tr>
<td></td>
<td>MPH</td>
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<tr>
<td></td>
<td>OBS</td>
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<td>PED</td>
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<tr>
<td>99202</td>
<td>DEF</td>
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<td>OBS</td>
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<td>PED</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>E&amp;M</th>
<th>EST PATIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>99211</td>
<td>DEF</td>
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<tr>
<td></td>
<td>MPH</td>
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<tr>
<td></td>
<td>OBS</td>
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<tr>
<td></td>
<td>PED</td>
</tr>
<tr>
<td>99212</td>
<td>DEF</td>
</tr>
<tr>
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<td>MPH</td>
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<tr>
<td></td>
<td>OBS</td>
</tr>
<tr>
<td></td>
<td>PED</td>
</tr>
<tr>
<td>99213</td>
<td>DEF</td>
</tr>
<tr>
<td></td>
<td>MPH</td>
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<td></td>
<td>OBS</td>
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<td>PED</td>
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<tr>
<td>99214</td>
<td>DEF</td>
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<td>MPH</td>
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<td>OBS</td>
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<td></td>
<td>PED</td>
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<tr>
<td>99215</td>
<td>DEF</td>
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<td>MPH</td>
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<tr>
<td></td>
<td>OBS</td>
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<td></td>
<td>PED</td>
</tr>
</tbody>
</table>
E&M

LEVEL OF SERVICE

Level of History + Level of Exam + Level of Decision Making = Level of Service

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)
<table>
<thead>
<tr>
<th>Code</th>
<th>History</th>
<th>Exam</th>
<th>MDM</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>Problem Focused 1-3 HPI No ROS No PFSH</td>
<td>Problem Focused &lt;1 BA/OS</td>
<td>Straightforward</td>
<td>10 Minutes</td>
</tr>
<tr>
<td>99202</td>
<td>Expanded Problem Focused 1-3 HPI 1 ROS No PFSH</td>
<td>Expanded Problem Focused 2-4 BA/OS</td>
<td>Straightforward</td>
<td>20 minutes</td>
</tr>
<tr>
<td>99203</td>
<td>Detailed 4 HPI 2-9 ROS 1 PFSH</td>
<td>Detailed 5-7 BA/OS</td>
<td>Low Complexity</td>
<td>30 minutes</td>
</tr>
<tr>
<td>99204</td>
<td>Comprehensive 4 HPI 10 ROS 3 PFSH</td>
<td>Comprehensive 8 Organ Systems</td>
<td>Moderate Complexity New Problem w/ RX Acute Complicated Illness/Injury Undx’d, New Problem 1 or more chronic Illness w/ mild exacerbation</td>
<td>45 minutes</td>
</tr>
<tr>
<td>99205</td>
<td>Comprehensive 4 HPI 10 ROS 3 PFSH</td>
<td>Comprehensive 8 Organ Systems</td>
<td>High Complexity New Problem with work up planned and high level of acuity</td>
<td>60 minutes</td>
</tr>
</tbody>
</table>

**New Patient Office Visits** – all elements must be met. Code based on the **lowest** element.

**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.
<table>
<thead>
<tr>
<th>Code</th>
<th>History</th>
<th>Exam</th>
<th>MDM</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>99211</td>
<td>Provider not required. Patient must have been seen previously and this is just a follow up – not a new problem</td>
<td>Problem Focused 1-3 HPI No ROS No PFSH</td>
<td>Problem Focused &lt;1 BA/OS</td>
<td>10 minutes</td>
</tr>
<tr>
<td>99212</td>
<td>Problem Focused 1-3 HPI No ROS No PFSH</td>
<td>Problem Focused 1-3 HPI No ROS No PFSH</td>
<td>Straightforward</td>
<td>10 minutes</td>
</tr>
<tr>
<td>99213</td>
<td>Expanded Problem Focused 1-3 HPI 1 ROS No PFSH</td>
<td>Expanded Problem Focused 2-4 BA/OS</td>
<td>Low Complexity</td>
<td>15 minutes</td>
</tr>
<tr>
<td>99214</td>
<td>Detailed 4 HPI 2-9 ROS 1PFSH</td>
<td>Detailed 4 HPI 2-9 ROS 1PFSH</td>
<td>Moderate Complexity New Problem w/ RX Acute Complicated Illness/Injury Undx’d, New Problem 1 or more chronic Illness w/ mild exacerbation</td>
<td>25 minutes</td>
</tr>
<tr>
<td>99215</td>
<td>Comprehensive 4 HPI 10 ROS 2 PFSH</td>
<td>Comprehensive 4 HPI 10 ROS 2 PFSH</td>
<td>High Complexity New Problem with work up planned and high level of acuity</td>
<td>40 minutes</td>
</tr>
</tbody>
</table>
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
<table>
<thead>
<tr>
<th>Element</th>
<th>Definition</th>
<th>Example(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Area of the body</td>
<td>Lower back, elbow, stomach</td>
</tr>
<tr>
<td>Quality</td>
<td>Characteristic of complaint</td>
<td>Stabbing or radiating</td>
</tr>
<tr>
<td>Severity</td>
<td>Measurement of discomfort</td>
<td>8 on a scale of 1-10</td>
</tr>
<tr>
<td>Duration</td>
<td>Length of time it is present</td>
<td>Pain for three days</td>
</tr>
<tr>
<td>Timing</td>
<td>What time or what brings it on</td>
<td>Worse after eating, the pain is worse in the morning</td>
</tr>
<tr>
<td>Context</td>
<td>Circumstances of the event</td>
<td>Occurs when climbing stairs</td>
</tr>
<tr>
<td>Modifying factors</td>
<td>What makes it better / worse</td>
<td>Tylenol helps</td>
</tr>
<tr>
<td>Associated signs/symptom</td>
<td>Any problem associated with chief complaint</td>
<td>Before the headache  - my eyes hurt</td>
</tr>
</tbody>
</table>

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
You must clearly explain your problem
# E&M: HISTORY

## History Scoring 3 of 3 required

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

Focused History

• CC: Pelvic Pain

• HPI: Patient complaining of stabbing pain for one day

Quality

• ROS: No fever

Constitutional

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

• Past Hx: No medications except OCP

Location

Duration

Medical

GU

Modify. Fact.
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.

*1995 Guidelines require only 1 vital sign vs. 3 for 1997 Guidelines
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
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
S C/C: Here for urine CT/GC

HPI: Unprotected sex 2 weeks ago – no discharge

O A/P NAD

Results pending – options reviewed

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

2-3-4 = 99213
EXAMPLE 99214

S C/C: Here for HSV culture results
HPI: Concerned about results and telling partner
ROS: GU/denies discharge, Const. -fever
O CST: WDWNF
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

3-4-4 = 99214
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
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

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
Actually, I’m fine. I just like to have a place where I’m allowed on the couch.
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
• 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
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
• 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
• 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
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?
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
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!”