

## Montana Family Planning Conference

### Coding, Documentation and Billing

**BROWN CONSULTING ASSOCIATES, INC**  
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### Today's Agenda

- Diagnosis Coding Fundamentals
- ICD-9-CM Coding Guidelines
- Using V Codes
- New Diagnosis Coding in 2009
- Clinic Tools
  - Cheat Sheets
  - Encounter Forms

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### Two Coding Systems

- ICD-9-CM
  - ICD-10-CM is coming....
- HCPCS Coding System
  - CPT Level I
  - HCPCS Level II

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### Reasons to Code Accurately

- Accurate diagnosis coding reflects the acuity of your patients.
- Accurate diagnosis coding supports the "medical necessity" for your services.
- Accurate CPT coding represents the correct value of your work (RVUs).
- Accurate CPT coding allows fair and appropriate reimbursement.
- Compliance.

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### The Reason For The Encounter



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### Diagnosis Coding for Clinicians in any Healthcare Setting

- ICD-9-CM Diagnosis Codes provide universal continuity of data
  - Morbidity (Illness)
  - Mortality (death)
  - CM – Clinical Modification
- Identify the reason for the encounter
- Supply the medical necessity for the encounter
- Used throughout healthcare with varying guidelines

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### Diagnosis Coding

- Payers (contracts) interpret medical necessity per:
  - Accepted standards of medical practice
  - Services "clinically appropriate"
    - Frequency
    - Extent
    - Duration
  - Not provided for patient's or physician's convenience



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### Diagnoses on Your Encounter Form



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### Diagnosis Coding for Physician Services

- ICD-9-CM Diagnosis Codes provide universal continuity of data
  - Identify the reason for the encounter
  - Supply the medical necessity for the encounter
  - Used throughout healthcare with varying guidelines

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### ICD-9-CM Guidelines Section IV

- Coding conventions of ICD-9-CM and the general and disease-specific guidelines (Section I) take precedence over the outpatient guidelines.
- Codes from 001.0 through V86.1 must be used to identify the reason(s) for the encounter.
- When a diagnosis has not been established (confirmed) by the physician, code signs/symptoms rather than the diagnosis.
  - See Chapter 16 in the Tabular List.
- List first the ICD-9-CM code for the diagnosis, condition, problem, or other reason shown in the medical record to be chiefly responsible for the services provided.
  - List additional codes to describe any coexisting conditions.

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### ICD-9-CM Guidelines Section IV

- Chronic conditions may be coded as often as the patient receives treatment and care.
- Code all documented conditions that coexist at the time of the encounter and require or affect pt care, treatment, or management.
  - History codes may be used as secondary codes if the historical condition impacts care or treatment.
- For pts receiving only diagnostic services, sequence first the dx or other reason for the service provided. Other diagnoses may be added.
  - If the test has been interpreted by a physician and final report is available at the time of coding, code any confirmed/definitive diagnosis(es) documented in the interpretation.
  - Don't code related signs/symptoms in addition.

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### ICD-9-CM Guidelines Section IV

- For pts receiving only therapeutic services, sequence first the dx or other reason for the service provided. Other diagnoses may be added.
  - Exception: When the primary reason for the encounter is chemo, radiation, or rehab, list first the V code for the service followed by the dx.
- For preoperative evaluations, sequence first a code from subcategory V72.8, followed by a code to describe the reason for the surgery.
  - Code also any findings related to the pre-op evaluation.
- For outpatient surgery, code the dx for which the surgery was performed.
  - If the post-op dx is different from the pre-op dx, use the post-op dx for coding since it is most definitive.

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### Diagnosis Coding Considerations

Acuity of patient's condition as represented by ICD-9 code(s) should be proportional to level of E/M service.



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### Diagnosis Coding Considerations

- Does the first-listed reflect encounter documentation?
- Are diagnoses submitted for billing complete when compared to the medical record?
- If multiple conditions treated today, are all included in Assessment/Plan?
- Do diagnoses on the encounter form match diagnoses in the medical record?

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### Diagnosis Coding Summary

- Sequence the main reason for the encounter first.
- Code all conditions that affect or require care.
- Include no unconfirmed diagnoses; code signs/symptoms.
- Code reasons for all studies.
- Code specificity rather than generality.

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### Screening vs. Diagnostic

- A patient receiving a routine mammogram will be assigned a diagnosis code of V76.12. Other screening mammogram.
- A planned routine exam which results in pathological findings will be first assigned V76.12 followed by the pathology (e.g., 793.81, Mammographic microcalcifications)
- A patient with a family history of breast cancer in her mother, aunt, or older sister, who presents for a screening mammogram because she is considered at high risk for disease, will be assigned to V76.11 followed by V16.3.

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### Screening Services

Special screening for:

- **Diabetes mellitus V77.1**
  - Also code **Family History of DM, V18.0**, when appropriate.
- **STD-I V74.5**
- **Thyroid disorders V77.0**
  - Also code **Family History, V18.1**, when appropriate.

**See "screening" in the ICD-9-CM Index to Diseases!**

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### V72 - Special Investigations & Exams

**V72 Special investigations and examinations**  
Includes: routine examination of specific systems  
Excludes: general medical examination (V20.0-V20.9)  
general screening exams of defined population groups (V20.5 - V20.9)  
routine examination of infant or child (V20.2)  
Use Additional Code (5) to identify any special screening examination(s) performed (V72.0-V72.9)

**V72.3 Gynecological examination**  
Excludes: cervical Pap smear without general gynecological exam (V76.2)  
routine examination in contraceptive management (V23.40-V23.49)

**V72.31 Routine gynecological examination**  
General gynecological examination with or without Pap cervical smear  
Pelvic examination (annual) (periodic)  
Use Additional Code to identify routine vaginal/Papanicolaou smear (V76.47)

**V72.32 Encounter for Papanicolaou cervical smear to confirm findings of recent normal smear following initial abnormal smear**

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### Screening Codes – nothing is wrong

- Report codes from the range indicated in the information to the right when the clinician orders or performs tests where the patient has no signs/symptoms.

If patient has sign/symptoms report the signs/symptoms or medical condition requiring care.


SCREENING (Patient w/o Sx)	
HTN	V81.1
Anemia, iron deficiency	V78.0
Breast CA screening exam	V76.15
Cholesterol/lipid disorder	V77.91
Diabetes mellitus	V77.1
Lead poisoning	V82.5
Osteoporosis	V62.81
Prostate CA screen (PSA, etc.)	V76.44
Preg test pos. V72.42 neg. V72.41	
TB (PTD)	V74.1
PPD+ non needs X-ray	V76.5
Thyroid disorder	V77.0
STI screening (bacterial)	V74.5
HPV screening	V73.81
Chlamydia, unspecified	V73.98
Virus, other (HIV, Hep, HSV)	V73.89

### Pregnancy Test

Diagnosis Coding Specificity, is both Required and Desired!



**Pregnancy Diagnosis Considerations**  
 Patient thinks she is pregnant today  
 Not the first "OB" visit visit

- V72.41 Pregnancy exam or test, negative
- V72.42 Pregnancy exam or test, positive
- V72.4x may be used in addition to V72.31 (Routine GYN exam)
- V72.40 Prega exam/test unconfirmed (rare)



### ICD-9-CM – V25

Codes assigned from the V25 category are specific for family planning encounters. Select based on the encounter content and birth control method involved.

### Contraceptive Management

Starting or Follow-up? AND/OR What method?

**Contraceptive Management**

- V25.01 Starting oral contraception today
- V25.02 Starting other method today  
Patch, Depo, diaphragm, condoms, rhythm etc.
- V25.03 Encounter for EC counseling/prescription
- V25.04 Advice/counseling (only CM service today)  
Use when no other V25 code is appropriate
- V25.1 Insertion of intrauterine contraceptive device
- V25.2 Encounter regarding sterilization  
Assign codes below for follow-up of previously prescribed contraception. Select by method.
  - Checking, nonsterilizable contraceptive device
  - Repeat prescription for contraceptive method
  - Routine exam necessary for contraceptive mgt.
- V25.41 Follow-up, Contraceptive pill
- V25.42 Follow-up IUD (checking, remove/insert etc.)
- V25.49 Follow-up patch, depo, or other method
- V25.43 Follow-up long-act type contraception

### Contraceptive Management DX

V25 Encounters for contraceptive management

V25.0 General counseling and advice

- V25.01 Prescription of oral contraception
- V25.02 Initiation of other contraceptive measures  
Fitting of diaphragm  
Prescription of foams, creams, or other agents
- V25.03 Encounter for emergency contraceptive counseling and prescription
- V25.04 Counseling and instruction in natural family planning to avoid pregnancy
- V25.09 Other (Family planning advice)

V25.1 Insertion of intrauterine contraceptive device

V25.2 Sterilization  
Admission for interruption of fallopian tubes or vas deferens

### Contraceptive Management DX

V25.4X Surveillance of previously prescribed contraceptive methods

- Checking, reinsertion, or removal of contraceptive device
- Repeat prescription for contraceptive method
- Routine examination in connection with contraceptive maintenance

Excludes: presence of intrauterine contraceptive device as incidental finding (V45.5)

- V25.40 Contraceptive surveillance, unspecified
- V25.41 Contraceptive pill
- V25.42 Intrauterine contraceptive device  
Checking, reinsertion, or removal of intrauterine device
- V25.43 Implantable subdermal contraceptive
- V25.49 Other contraceptive method

### Personal & Family History

- V13.22 Personal history of cervical dysplasia
  - Includes dysplasia classifiable to 622.10-622.12, not personal hx of cervical cancer
- V16.52 Family history of malignant neoplasm, bladder

### Exam and Screening

- V73.81 Special screening examination for human papillomavirus (HPV)
  - V76.2 will be used for cervical cancer screening; if HPV screening is also planned, use V73.81 in addition
- VIN (Vulvar Intraepithelial Neoplasia)
- VAIN (Vaginal Intraepithelial Neoplasia)

### Wellness Diagnosis Coding

Do it Well!

**Preventive/Maintenance Exams**

- V70.3 Ex for drivers, immigration, sports, etc.
- V70.5 Occupational health exam
- V70.8 - Disability determination  
Code also conditions evaluated
- V20.2 Well child check. Code also any appropriate immunization diagnoses & any screening diagnoses
- V70.8 Routine (adult M or F) general medical exam
- V72.31 Routine gynecological examination  
(for selected systems only. Do not use with V70.0. If appropriate full exam consider V70.0 instead)
- V76.2 Special screening for malignant neoplasms, cervix  
Do not use with V72.31, may use with V70.0
- V76.19 Screening breast exam only. May use with V72.2. Not needed with V70.0 or V72.31

**Screening Diagnoses for Tests**

Use only in absence of signs/symptoms

- V74.5 Screening for STD (if symptoms, code instead)
- V73.08 Screen chlamydia (if symptoms code instead)
- V73.00 Screening for HIV
- V77.0 Special screening thyroid
- V77.1 Special screening diabetes
- V77.91 Special screening lipid disorder
- V78.0 Special screening iron deficiency
- V79.0 Special screening depression
- V81.0 Special screening ischemic heart disease
- V82.81 Special screening for osteoporosis
- V82.89 Special screening for other condition
- V78.11 Screening for screening mammo high-risk patient
- V86.12 Standing for regular screening mammogram

### Encounters Mainly for CM Should List V 25.XX First

Encounters primarily for CM are coded with a V25 series diagnosis as the "first-listed" code.

*Does your documentation prove the visits was primarily for CM?*

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### V72 - Special Investigations & Exams

COUNSELING FOR		PREVENTION & WELLNESS	
Dietary	V65.3	Well Child (to 21st BD)	V20.2
Exercise	V65.41	General wellness exam	V70.0
Family planning	V25.06	Sports/Driver/immigrat	V70.3
HIV	V65.44	Student exam (see ICD-9)	V70.5
STI	V65.45	GYN w/wvo cervical Pap	V72.31
Substance use/abuse	V65.42	Pap only, cervical	V72.32
Injury prevention	V65.43	Pap, vaginal	V72.32
Foster/adopted child	V61.29	SCREENING FOR:	
Parent/child conflict	V61.291	HT, w/o signs/symptoms/disease	
PREGNANCY RELATED		Cholesterol/lipid disor	V77.91
Pregnancy test, negative	V72.41	Diabetes mellitus	V77.1
Pregnancy test, positive	V72.42	HIV	V73.89
Prog. test, unconfirmed	V72.43	Hypertension	V81.1
Pregnancy, incidental	V22.2	PPD/TB (skin/other test)	V74.1
Pregnancy, 1st normal	V22.0	Thyroid disorder	V77.0
Pregnancy, subseq, nor	V22.1	Veneral disease	V74.5
Prog. age at del < 15yrs	V23.83	Other:	

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### V72 - Special Investigations & Exams


SUPPLEMENTAL HEAD EX		SOCIAL CONCERNS	
Exposure to STI	V61.8	Abuse unsp, adult	955.80
Drug monitoring/therapy	V61.81	Abuse unsp, child	955.50
Hes B carrier status	V62.81	Academic problems	V62.3
Hes C carrier status	V61.82	Acculturation problem	V62.4
High-risk sexual behav	V61.2	Alcoholism in family	V61.41
Hx alcoholism	V71.1	Benevolence, uncom	V62.82
Hx anorexia	V71.41	Family disruption/divorc	V61.0
Hx bulimia	V71.52	Family problem, other	V61.8
Inappropriate dieting	V61.1	Homeless	V60.0
Long term antibiotic	V61.52	Inadequate housing	V60.1
Long term anorgasm	V61.81	Inadmt. mat. resources	V60.3
Long term NSAID	V61.54	Race, observ. following	V71.5
Long term steroid use	V61.65	Sleep deprivation	V69.4
Long term other med	V61.69	Social maladjustment	V62.4
Lack of physical exercise	V61.0		
Noncompliance w/ med	V18.81		
Personal hx of (acute myocardial infarct)	V82.3		

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### Diagnosis Reporting

*In summary ...*


- Code the main reason for the encounter first.
- Code reasons for all studies.
- Code specificity rather than generality.
- Code all conditions that affect or require care.
- No unconfirmed diagnoses on the encounter form.



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- The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 includes a provision to add new diagnosis codes on April 1<sup>st</sup> and October 1<sup>st</sup> of each year.
  - New codes available through CMS and NCHS websites
  - Coding Clinic for ICD-9-CM

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### Headaches

- Terminology in ICD-9 has become outdated and many disorders are misclassified or not classified
  - "Classic" and "common" migraine no longer used
  - Tension headache classified as psych disorder
- New classifications are reflected in ICHD-2
  - International Classification of Headache Disorders, 2<sup>nd</sup> Edition
- Headache syndromes and migraines will now be excluded from category 338 pain codes
- Headache NOS will still be coded to 784.0
- Headache due to lumbar puncture (spinal headache) will still be coded to 349.0

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### Headaches

Headache, unsp. (or below)	784.0
Cluster HA syndrome, unsp.	539.00
Tension type HA, unsp.	539.10
Episodic tension type HA	539.11
Chronic tension type HA	539.12
Post-traumatic HA, unsp.	539.20
Acute post-traumatic HA	539.21
Chronic post-traumatic HA	539.22
Drug induced HA (rebound)	539.3
Primary cough HA	539.83
Primary exertional HA	539.84
Head injury, unspecified	959.01
Insomnia, unsp.	780.52

5th: 0= no intractable/status migrainosus	
1= w/intractable, no status migrainosus	
2= no intractable, w/status migrainosus	
3= w/intractable & status migrainosus	
Migraine, unspecified	346.9x
Migraine w/aura	346.0x
Migraine w/o aura	346.1x
Menstrual migraine	346.4x

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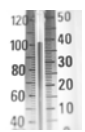
### Hematuria

- Hematuria is a common presenting symptom of bladder cancer
  - Can be caused by underlying conditions such as UTI, BPH, kidney/ureteral calculi
- Patients with other risk factors for bladder cancer may require more intensive workup
  - Some risk factors already have codes (smoking, hx tobacco use, voiding dysfunction, hx UTI, hx urinary disorder, hx irradiation)
  - Other risk factors also have new 2009 codes (V87)
- New 2009 codes:
  - 599.70 Hematuria, unspecified
  - 599.71 Gross hematuria
  - 599.72 Microscopic hematuria

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### Fever

- Inherent in many conditions
- May be a significant complication when associated with some chronic conditions (e.g., leukemia, sickle cell disease)




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### Fever

- Previous code selection:
  - 780.6 Fever
    - Includes chills with fever, etc.
    - Instructional note to "Code first underlying condition when associated fever is present..."
- New 2009 codes:
  - 780.60 Fever unspecified (still includes chills w/fever)
  - 780.61 Fever presenting with conditions classified elsewhere (includes "Code first..." note)
  - 780.62 Postprocedural fever
  - 780.63 Postvaccination fever
  - 780.64 Chills (w/o fever) (no longer coded to 780.99)
  - 780.65 Hypothermia not associated with low environmental temperature

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### Pap Smear Results



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### Abnormal Cervical Paps

See also new codes for vaginal Pap smears and anal Pap smears

Pap, Neoplasia & Related Dx	
Pap, cervix, unsp abnormal	795.00
Pap, cervix, ASC-US	795.01
Pap, cervix, ASC-H	795.02
Pap, cervix, LGSIL	795.03
Pap, cervix, HGSIL	795.04
Pap, cervix, lacks transform zone	795.07
Pap, cervix, inad cytology smear	795.08
HPV (hi-risk), cervix, DNA test +	795.05
HPV (hi-risk), vagina, DNA test +	795.15
CIN I / mild cervical dysplasia	622.11
CIN II / moderate dysplasia	622.12
CIN III / sev. dysplasia / CA in situ	233.1
VAIN I or II / vaginal dysplasia	623.0
VAIN III / sev. dysplasia / CA in situ	233.31
VIN I / mild vulvar dysplasia	624.01
VIN II / moderate dysplasia	624.02
VIN III / sev. dysplasia / CA in situ	233.32

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### Abnormal Pap and HPV of Vagina

- Vaginal Pap smears are interpreted the same way as cervical smears; new codes mirror the codes for abnormal cervical smears
- Revisions to 795.0x codes reflect cervical specificity
- Also note new 2009 cervical code
  - 795.07 Satisfactory cervical smear but lacking transformation zone

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### Abnormal Pap and HPV of Vagina

- Also code acquired absence of uterus/cervix (V88.0x) and HPV (079.4) as needed
- New 2009 codes:
  - 795.10 Abnormal glandular Pap smear of vagina
  - 795.11 Pap smear of vagina with ASC-US
  - 795.12 Pap smear of vagina with ASC-H
  - 795.13 Pap smear of vagina with LGSIL
  - 795.14 Pap smear of vagina with HGSIL
  - 795.15 Vaginal high risk HPV, DNA test positive
  - 795.16 Pap smear of vagina with cytologic evidence of malignancy
  - 795.18 Unsatisfactory vaginal cytology smear
  - 795.19 Other abnormal Pap smear of vagina & vaginal HPV

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### Abnormal Pap and HPV of Anus

- New subcategory 796.7 mirrors abnormal cervical and vaginal Pap smear results
- New 2009 codes:
  - 569.44 Dysplasia of anus (AIN I & II, etc.)
  - 796.70 Abnormal glandular Pap smear of anus
  - 796.71 Pap smear of anus with ASC-US
  - 796.72 Pap smear of anus with ASC-H
  - 796.73 Pap smear of anus with LGSIL
  - 796.74 Pap smear of anus with HGSIL
  - 796.75 Anal high risk HPV, DNA test positive
  - 796.76 Pap smear of anus with cytologic evidence of malignancy
  - 796.77 Satisfactory anal smear but lacking transformation zone
  - 796.78 Unsatisfactory anal cytology smear
  - 796.79 Other abnormal Pap smear of anus & anal HPV

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### What type of visit is coded?

- Special program with special rules/codes?
- New patient?
- Established patient?
- Who saw the patient?
- Professional service or supplies?
- If it was a professional services
  - Wellness/Preventive service?
  - "Illness service?"

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### E/M Code Selection "Illness Visit" New vs. Established

- 99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these **3 key components**:
  1. A detailed history;
  2. A detailed examination; and
  3. Low complexity medical decision making.
  - ... Usually, the presenting problem(s) are of moderate severity. Physicians typically spend **30 minutes face-to-face** with the patient ...
- 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**:
  1. An expanded problem focused history;
  2. An expanded problem focused exam;
  3. Low complexity medical decision making.
  - ... Usually the presenting problem(s) are of low to moderate severity. Physicians typically spend **15 minutes face-to-face** with the patient...

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### The "Wellness" Encounter

- The Wellness service includes:
  - > Comprehensive Age and Gender Appropriate History
  - > Comprehensive Age and Gender Appropriate Exam
    - A multi-system exam based on the age and gender of the patient and identified risk factors.
  - > Counseling and Anticipatory guidance
    - Family Planning
    - Menopause
    - Stress Management



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### Wellness/Illness Overview

- Patient communication and education is critical!
- It is the clinician's responsibility to educate the patient regarding:
  - The nature of the service provided
  - How the service will be billed:
    - Billed as one E/M code vs. billed as two E/M codes?
    - Billed as wellness, illness, or wellness and illness?

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### The Wellness Encounter

- Diagnosis Coding
  - > V20.2 Routine infant or child health check
  - > V70.0 Routine general medical examination at a healthcare facility
  - > V70.3 Other medical examination for administrative purposes
  - > V70.5 Health exam of defined populations
  - > V72.31 Special screening for malignant neoplasms, cervix
  - > Use additional code(s) to identify any special screening exam(s) performed (V73.0-V82.9).

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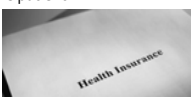
### The Wellness Encounter

- Diagnosis Coding
  - V72.31 Routine gynecological examination
    - Was this a routine exam of only a specific system?
    - Notice the Excludes notes for this category; don't code V70.0 with V72.31 (Both are exam codes)
  - Use additional code to identify routine vaginal Pap smear... not routine cervical Pap smear.
    - Cervical Pap is the most common
    - Vaginal Pap (V76.47) may be done if the patient has had a hysterectomy and no longer has a cervix.
    - Report with V45.77 Acquired Absence of Genital Organs

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### The Wellness Encounter

- Coverage: A patient may or may not have Wellness (preventive) coverage depending upon the insurance carrier and/or plan.
  - This is a billing issue, not a coding issue.
  - Educate the patient!!



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### Illness vs. Wellness Codes

<ul style="list-style-type: none"> <li>Illness Encounter</li> <li>• Patient presents with chief complaint and provides HPI.</li> <li>• Results in problem solving.</li> <li>• Includes problem-pertinent History, Exam and Medical Decision Making.</li> <li>• May involve extra time, nursing services, procedures and plans.</li> <li>• Diagnosis is related to the findings.</li> <li>• Payers usually cover this service.</li> </ul>	<ul style="list-style-type: none"> <li>Wellness Encounter</li> <li>• Patient presents to confirm wellness; results in confirmation of wellness.</li> <li>• Includes Age/Gender appropriate History, Exam, anticipatory guidance, risk factor reduction, counseling.</li> <li>• Includes ordering of labs and studies.</li> <li>• Diagnosis indicates reason for wellness examination.</li> <li>• Payers/individual plans may or may not cover this service.</li> </ul>
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### Or... Is it a nurse visit?

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### 99211 – The only E/M code in CPT which is appropriate for "nursing"

99211 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of the physician. Usually the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.


**BCA NOTE:** *This patient must have previously been seen by one of your clinicians (MD, DO, FNP or PA).*

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### Who Typically Uses 99211?

**Employed staff members as follows:**

- RNs
- LPNs/LVNs
- MAs
- CNAs
- CMAs
- Other assistants (technicians, etc.)



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- Addendum and code title information [www.cms.hhs.gov/paymentsystems/icd9](http://www.cms.hhs.gov/paymentsystems/icd9)
- Summary of new, revised and deleted code titles [www.cms.hhs.gov/medlearn/icd9code.asp](http://www.cms.hhs.gov/medlearn/icd9code.asp)
- New diagnosis code info [www.cdc.gov/nchs/icd9.htm](http://www.cdc.gov/nchs/icd9.htm)

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### Coding Scenario #1

- A 31 year old family planning patient comes in for contraception. She had a pap/pelvic 6 mos ago which were normal. Careful history is taken, methods discussed and she is started on the patch.
- What is/are diagnoses?
- What is the service code(s) and/or modifiers?
- What is CC, HPI, Hx, Exam, Counseling and A&P?
- Special program considerations

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### Coding Scenario #2

- A 23 year old established family planning patient comes in for Depo Provera. She does complain of some headaches and weight gain but after careful discussion it appears these are mild side effects of DP and she agrees to symptomatic treatment of side effects and will continue DP.
- What is/are diagnoses?
- What is the service code(s) and/or modifiers?
- What is CC, HPI, Hx, Exam, Counseling and A&P?
- Special program considerations?

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### Coding Scenario #3

- A 27 established CM client is seen who has been using pills for the past year. A full history review and examination is completed including a Pap and pelvic. She will continue on pills.
- What is/are diagnoses?
- What is the service code(s) and/or modifiers?
- What is CC, HPI, Hx, Exam, Counseling and A&P?
- Special program considerations?

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### Coding Scenario #4

- A family planning patient comes in for 3<sup>rd</sup> Depo Provera injection and is complaining of STI symptoms, the FNP completes detailed history, performs examination and labs and diagnoses STI. STI prevention education is provided. Treatment is started and Depo Provera is given.
- What is/are diagnoses?
- What is the service code(s) and/or modifiers?
- What is CC, HPI, Hx, Exam, Counseling and A&P?
- Special program considerations

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### Coding Scenario #5

- A new patient comes in requesting a pregnancy test. The test is negative. She makes an appointment to come in next week for a CM visit.
- Who performed today's service?
- What is/are diagnoses?
- What is the service code(s) and/or modifiers?
- What is CC, HPI, Hx, Exam and A&P?
- Special program considerations

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*Thank you for your attention!*




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### Our References – Your Resources

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- 2009 ICD-9-CM Code Book
- 2009 HCPCS Code Book
- CPT Assistant (AMA)
- The Coding Clinics (AHA)
- American Academy of Family Physicians
- American College of Obstetrics & Gynecology
- CMS Transmittals, Memos and MCM
- CMS Women and Medicare
- Montana SYF 2008 Annual Report



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