Podcast Transcript

Title: Best Practices for Implant Coding and Reimbursement Effective as of March 2017
Speaker Name: Ann Finn

NCTCFP: Welcome to today's podcast sponsored by the National Clinical Training Center for Family Planning, and part of an ongoing series called "Coding with Ann". The National Clinical Training Center for Family Planning is one of the training centers funded through the Office of Population Affairs to provide training to enhance the knowledge of family planning staff. Our guest speaker is Ann Finn from Ann Finn Consulting LLC. Ann is a healthcare reimbursement consultant and a national trainer with many reproductive health care organizations. Welcome, Ann!

Ann Finn: Hello, and thanks for the introduction. Welcome to my new listeners and welcome back if you have listened to other podcasts in our "Coding with Ann" series. We're very excited to be able to offer these focused coding sessions to provide you with some tips and guidance to ensure that you are able to capture and code your services more quickly and effectively resulting in both appropriate and timely reimbursement.

Today's podcast will focus on coding for contraceptive implant or Nexplanon services including insertions, removals, and reinsertions. So let's jump right in.

Lisa presents at your clinic seeking birth control as a new patient. She is not sure what method of contraception she would like so she and the medical provider discuss the variety of birth control methods available, their effectiveness and the potential side effects. After discussing these options, Lisa decides she would like an implant or Nexplanon. Lisa has had unprotected sex in the last month and is given a urine pregnancy test, which is negative. The clinician is then able to successfully insert the implant into her left arm during this visit. Let's think about what codes we would need to be appropriately reimbursed for all services:

First let's deal with the contraceptive options counseling portion of the visit. We want to capture the counseling portion of the visit that is separate and distinct from the implant insertion. We would code an outpatient problem-focused evaluation and management, or E/M, medical visit CPT code from the series 99201 thru 99215 based on either the documented 3 key components of the documented history, the level of exam performed and the medical decision making involved to determine a plan of care by the clinician, or by the clinician's total face-to-face time with the patient if the clinician documents that over 50% of their time was spent on counseling and / or coordination of care for the patient. Using time for E/M leveling is very common in the family planning context since many of our visits are spent counseling the patient on family planning and risk reduction. If Lisa had a preventive well women visit today, we might code a preventive E/M code

instead, using the CPT codes 99381 through 99397. There is also another podcast available in our series that talks in further detail about using time for E/M coding that you can download.

We would support the contraceptive counseling service or E/M code with an ICD-10 code of Z30.09 for contraceptive options counseling separate and distinct from the implant insertion.

It is also important that you add a MODIFIER 25 to the E/M code to tell the payer this counseling service portion was separate and distinct from the insertion procedure, and that the clinician's documentation supports the medical necessity of billing for a medical visit and a procedure. Without the appended modifier, the E/M will often go unpaid resulting in unintended revenue loss.

Next, in order to get paid for the implant insertion, we need to capture the procedure CPT code 11981 for the actual insertion. The procedure is supported by adding an ICD-10 code of Z30.017 Encounter for initial prescription or insertion of implantable subdermal contraceptive. This is a new implant-specific insertion code effective October 1 2016, so make sure your templates and forms as well as your billing systems are up-to-date.

In order to get paid for the implant device, we would include the supply HCPCS code J7307 on the claim as well.

If the implant was purchased through the federal outpatient drug discount 340b program, make sure you follow program guidelines and also report any needed modifiers to indicate 340b as needed.

Don't forget to include your in-house lab tests. Typically, you get reimbursed for the point of care tests you provide directly; however, the outside labs bill for the labs you send to them such as Chlamydia and Gonorrhea testing so these are typically not included on your claim. For today's visit, we would include CPT code 81025 for the Urine Pregnancy test along with the ICD-10 code Z32.02 for a negative result, and any other codes needed for tests that you do provide based on the individual patient's needs. We don't need to perform unnecessary tests to start contraception, so the medical chart documentation should support why you did any lab services including known risk factors along with test results.

ACOG, or the American Congress of Obstetricians and Gynecologists, summarized for us when to code and bill for a separate and distinct medical visit from a procedure such as a LARC implant insertion:

- If all contraceptive options are discussed and an implant's inserted, an E/M service may be reported, depending on the documentation
- If the patient comes into the office and states, "I want an implant," followed by a brief discussion of the benefits and risks and the insertion, an E/M service is not reported
- If the patient comes in for another reason and, during the same visit, a procedure is performed, then both the E/M services code and procedure code may be reported

Let's move on to implant removals. If Lisa presents to have her implant removed, we would capture the CPT code 11982 for the implant removal along with the ICD-10 code Z30.46 for Encounter for surveillance of the implantable subdermal contraceptive. This is another new ICD-10 code that went into effect October 1, 2016, and is specific to the method including the routine checking, removal, and reinsertion of the implant.

If Lisa is interested in becoming pregnant and is counseled about timing of intercourse to achieve pregnancy and preconception care, then we would also include the ICD-10 code Z31.69 for Procreative counseling and advice. If she starts another contraceptive method, we would want to document and code for the additional services along with the removal to ensure appropriate reimbursement.

Let's look at our third scenario. What if Lisa presents to have her implant replaced with a new one? Unlike IUD coding which requires 2 codes for the removal and the reinsertion of the IUD, there is one unique CPT code - 11983 - for the reinsertion of the implant. We would also code the new ICD-10 code Z30.46 for Encounter for surveillance of the implant that again covers the routine checking, the removal, and the reinsertion of the implant.

If you have any questions on reimbursement, contact your payer directly to discuss and resolve any issues.

Finally, if you don't document the service, it can't be coded and billed! Thanks for joining us today for implant coding best practices.

NCTCFP: Thank you, Ann, for this information. To listen to the other podcasts in this series or for more resources on billing and coding in family planning settings, please visit our website www.ctcfp.org, or call us at 1(866) 91-CTCFP - that's 1 (866) 912-8237. A transcript of today's podcast is available for download on our website. Thank you.