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Podcast Transcript

Title: ICD-10 Codes for Each Birth Control Method

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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 back, Ann!

Ann Finn: Hello, everyone! Welcome to my new listeners, and welcome back if you have had the chance to listen to other podcasts in our "Coding with Ann" series. We've been having lots of fun making these sessions for you and are excited by the great response from our listeners. These are short, focused podcasts you can download and take with you providing some tips and guidance to help you efficiently capture and code for your family planning services. Correct coding is important to describe and support the medical necessity of the services we provide and to ensure our claims are paid accurately the first time we submit a claim avoiding costly denials of services.

For today's session, I thought it would be helpful to review the different ICD-10 diagnosis codes related to the different contraceptive methods commonly prescribed. When I talk with clinicians and review medical records, I often see the wrong codes being used to describe the contraceptive method prescribed and whether it is a new or refill prescription. So, let's jump right in!

Under ICD-10 there is a family of diagnosis codes that are used to describe contraceptives. This family is the Z30—codes. Z30 is used to describe counseling or management of current contraceptive practices. There are codes for each method for when you initiate or start a method, or when you provide surveillance or routine checks of a method including

providing a refill prescription.

Tip 1: Avoid unspecified Z30 codes. There are a few Z30 codes labeled as unspecified such as Z30.019 Encounter for initial prescription of contraceptives, unspecified, or Z30.40 Encounter for surveillance of contraceptives, unspecified. But, since there is a specific code for each method available and the clinician would know the method that is being started, checked or refilled, then these codes really would not be appropriate to use. We always want to code the most specific code available to support the medical services provided during the encounter. Remember, each birth control method has specific related codes. If you see these unspecified codes being routinely used in your practice, then it would be a good quality assurance step to select these records for review and provide feedback to the coder or clinician. Typically, these codes are used in error when the clinician is not familiar with all the codes available for each method and default to using these unspecified codes in habit, but I also find the encounter form or electronic health record can also be out of date with missing or inaccurate codes. These templates should be reviewed on a regular basis, at least annually.

Tip 2: There are unique codes for initial vs surveillance or refill visits for each method. Let's say you are starting a client on the pill. You would select a code under the family Z30.01- Encounter for initial prescription of contraceptives specifically Z30.011 for initial prescription of oral contraceptive pills. However, if you are initiating Depo Provera then we would select the method specific code Z30.013 initial prescription of an injectable contraceptive. For vaginal rings, we would select Z30.015 for initial prescription of vaginal rings or Z30.016 to start a client on the patch. Z30.018 initial prescription of other contraceptives is coded for barrier methods such as sponges, spermicide and condoms, or the diaphragm. These codes typically include the counseling about contraception and the method as well so we don't need to use multiple codes for the counseling and the administration of these methods.

When the client comes back for a routine surveillance check or refill of the method, we select specific codes under the family Z30.4-- Encounter for surveillance of contraceptives. So, if our same client is now returning for a refill of her pills, then we would code Z30.41 for Encounter for surveillance of contraceptive pills rather than the Z30.011 used for the initial prescription. The same holds true for other methods so take some time to review the codes available for your use.

There are also specific codes for Natural Family planning instruction

(Z30.02), Emergency contraception prescription (Z30.012) and for sterilization procedures (Z30.2) such as a tubal or vasectomy. Remember, different method – different code.

Tip 3: LARC methods or long acting reversible contraception, which include the IUD and implant method, have unique ICD codes. There are four unique diagnosis codes under Z30.430 through Z30.433 used to describe IUD procedures including encounter for the insertion, routine checking, removal or reinsertion of a new IUD. If our patient is here to have an IUD inserted, we would choose the specific ICD code Z30.430 IUD insertion to support the insertion procedure CPT code 58300 IUD insertion to ensure accurate payment of the service.

Unlike the four unique ICD codes for IUDs, there are only two codes for the Nexplanon implant services: Z30.017 for the initial prescription and insertion, and Z30.46 used to describe a routine check, removal or a reinsertion of Nexplanon. These implant-specific codes were introduced in the 2nd year of ICD-10 so make sure you are no longer using the Z30.018 or Z30.49 other contraception codes that were originally recommended for the implant method. I still see these codes used in error rather than the updated new codes Z30.017 and Z30.46. Ensure your forms are updated as well to reflect this change. Also, take a moment to review the other podcasts in our series that describe LARC coding for more detail and coding instruction.

Tip 4: Use Z30.09 Family planning advice for general method counseling. I like to refer to this code as birth control counseling but no method dispensed. Let's say our patient is unsure of what method she would like and receives counseling on all methods before deciding to have a LARC placed during the visit. In order to get paid for both the counseling visit and the LARC procedure, we would need to indicate the counseling visit was separate and distinct from the procedure. So, we would document the general counseling provided and use the Z30.09 code for the counseling and then we would document the LARC procedure performed and select the related ICD code to support the LARC we just discussed. This code can also be used with our male clients when general family planning counseling is provided.

Let's recap what we just learned about the Z30 family of ICD codes. There are specific codes for either initiating or surveillance / refill visits for each method of birth control. Two, avoid using Z30 unspecified codes since you would always know the method being prescribed. Three, use Z30.09 for general family planning advice especially when billing for both birth control

method counseling and a LARC procedure on the same day. Four, review and update your encounter forms, superbill, or EHR templates on a regular basis to ensure your codes are up to date; and last, when you see the wrong codes being used in your practice, take a moment to do some review and provide feedback and training to your staff to ensure quality coding. Resolve the root issue so this error does not continue and result in a loss of revenue.

I hope these tips can be easily implemented into your coding practices. Be sure to check out the other podcasts available in the “Coding with Ann” series focusing on family planning services. If there’s a topic you’d like to see covered, please let us know. Thanks for joining us today.

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 websites at www.ctcfp.org or www.fpntc.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.