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On the topic:
OB/GYN Coding Updates & Challenges
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OB/GYN CODING UPDATES AND CHALLENGES

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TOPIC OVERVIEW

• OVERVIEW OF OB/GYN CODING AND BILLING
• ICD10-CM UPDATES FOR FY/CY 2019
• EXPLANATION OF COMMON CARC/RARC DENIALS ON OB/GYN CLAIMS
• CODING CHALLENGE: HOW PAYER SPECIFIC MEDICAL POLICY AND LOCAL EDITS AFFECT CLAIMS AND DENIALS
• CODING CHALLENGE: WHEN TO BILL GLOBAL AND WHEN TO BILL PER VISIT
• YOUR QUESTIONS!
OB CHAPTER SPECIFIC CODING GUIDELINES (CHAPTER 15 ICD10-CM)

- **Codes from Chapter 15 used on Maternal record only, never on newborn records**
- **Last digit of many of the Codes from chapter 15 will usually indicate trimester – 1 = first trimester, 2=second tri, 3=third tri, 9=unspecified tri**
  - **Example:** O89.91 Supervision of high risk pregnancy, unspecified 1st tri
  - O89.92 Supervision of high risk pregnancy 2nd tri
  - O89.93 Supervision of high risk pregnancy 3rd tri

  (Avoid Denials - Change if main coding does not specify trimester)

- **Codes from Chapter 15 have sequencing priority over codes from other chapters. Additional codes from other chapters may be used in conjunction with Ch 15 codes to further specify conditions.**
  - **Example:** O23.12 Infection of bladder in pregnancy, second trimester
    N90.00 Other Osteitis without hematuria
    Z3A.25 25 Weeks Gestation of pregnancy (for complications of pregnancy, code weeks of gestation whenever known)

- **Inpatient admissions that encompass more than 1 trimester**
  - **Assign code based on when complication developed, not the trimester of the discharge**

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OB CHAPTER SPECIFIC CODING GUIDELINES (CHAPTER 15 ICD10-CM)

- **7th character for Fetus Identification for certain categories (ex: O31- Complications due to multiple gestations**
  - 0 = unspecified, 1 = fetus 1, 2 = fetus 2 (and so on up to fetus 5. Over fetus 5, use 9 as the 7th character)

- **Routine Outpatient Prenatal visits use Z34- Encounter for supervision of normal pregnancy**

- **Episodes when no delivery occurs** Principal dx should correspond to the complication that necessitated the encounter

- **When Delivery occurs**
  - Condition that prompted admission should be listed as principal dx
  - A code for any complication of delivery should be assigned as additional dx
  - If c-section was performed, condition warranting the c-section should be principal dx
OB CHAPTER SPECIFIC CODING GUIDELINES (CHAPTER 15 ICD10-CM)

- **Pre-Existing Conditions in Pregnancy**
  - Chapter 15 identifies many pre-existing conditions, dx codes from this chapter take priority in sequencing
    - O24.111 Pre-Existing Type 2 DM in Pregnancy, First Tri/DM Type 2 Diabetes Holes in Pregnancy, Initial Occurrence
    - E11.9 T2 DM Without Complication
    - Z79.84 Long Term/Current Use of Oral Hypoglycemic Drugs

- **Gestational Diabetes** use codes from O24.4-

- **Normal Delivery** Code O80, Z37.0 (Single Live Birth. This is the only code that is appropriate to use with O80

The ICD10-CM code book provides many other examples of chapter specific coding rules and guidelines that are not addressed in this presentation.

ICD10 UPDATES FY 2019 (OCT 1 2018 TO SEPT 30 2019)

- **Chapter 15: Pregnancy, Childbirth and the Puerperium (O00–Q99)**
  - O86.0 - Infection of Obstetric Surgical Wound (DELETED FOR BILLING)
    - Must choose more specific code O86.00 through O86.09
      - Example: O86.01 Infection of Obstetric Surgical Wound, Superficial Incisional Site

- **Chapter 5: Mental and Behavioral Disorders (F00–F99)**
  - F53.0 - Mental and Behavioral Disorders Associated with the Puerperium, NEC (DELETED FOR BILLING)
    - Must choose more specific code
      - F53.0 Post Partum Depression
      - F53.1 Puerperal Psychosis

- **Chapter 17: Congenital Abnormalities, Deformations and Chromosomal Abnormalities (Q00–Q99)**
  - Q51.2 - Other Doubling of Uterus (DELETED FOR BILLING)
    - Must choose more specific code Q51.20 through Q51.28
      - Example: Q51.21 Other Complete Doubling of Uterus
• **O30** MULTIPLE GESTATIONS **ADD CODES**
  - O30.13 — TRIPLET PREGNANCY, TRICHIORIONIC/TRAUNIOTIC
    - O30.131 — FIRST TRIMESTER
    - O30.132 — SECOND TRIMESTER
    - O30.133 — THIRD TRIMESTER
    - O30.139 — UNSPECIFIED TRIMESTER
  - O30.23 — QUADRUPLET PREGNANCY, QUADRACHIORIONIC/QUADRUAMNIOTIC
    - O30.231 — FIRST TRIMESTER
    - O30.232 — SECOND TRIMESTER
    - O30.233 — THIRD TRIMESTER
    - O30.239 — UNSPECIFIED TRIMESTER
  - O30.8 — OTHER SPECIFIED MULTIPLE GESTATION
  - O30.83 — NUMBER OF CHORIONS AND AMNIONS ARE BOTH EQUAL TO THE NUMBER OF FETUSES
    - PENTACHIORIONIC, PENTAMAMNIOTIC PREGNANCY (QUINTUPLET)
    - HEXACHIORIONIC, HEXAMAMNIOTIC PREGNANCY (SEXTUPLE)
    - HEPTACHIORIONIC, HEPTAMAMNIOTIC PREGNANCY (SEPTUPLE)
    - O30.831 — FIRST TRIMESTER
    - O30.832 — SECOND TRIMESTER
    - O30.833 — THIRD TRIMESTER
    - O30.839 — UNSPECIFIED TRIMESTER

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**ABNORMAL FINDINGS**

- **R82.99** OTHER ABNORMAL FINDINGS IN URINE *(DELETED FOR BILLING)*
  - **MUST CHOOSE MORE SPECIFIC CODE R82.991 THROUGH R82.998**
    - **EXAMPLE:** R82.994 HYPERCALCIURIA
- **R93.8** ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES *(DELETED FOR BILLING)*
  - **MUST CHOOSE MORE SPECIFIC CODE R93.811 — R93.89**
    - **EXAMPLE:** R93.89 ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES
    - **ABNORMAL FINDING BY RADIOISOTOPE LOCALIZATION OF PLACENTA**
COMMON DENIALS – CARC (CLAIM ADJUSTMENT REASON CODES)

- Usually preceded by CO (Contractual Obligation, i.e.: write off).
  - 97: Benefit for service is already included in the payment for another service/procedure already adjudicated (most common – procedure is deemed to be within the global maternity benefit)
  - 18: Duplicate claim/service
  - 16: Claim lacks information or has errors
  - 2244: Procedure is not paid separately
  - 96: Non-covered charge(s)

- Tips to prevent common denials
  - Document specific trimesters. For example, ICD-10-CM code O09.01 is equated with supervision of pregnancy with history of infertility, first trimester.
  - Take care when documenting an annual gynecological exam. The code for an annual GYN exam is included in ICD-10-CM chapter 21, not chapter 15. Code Z01.41 denotes a routine/annual GYN exam.
  - Document cause of pelvic pain. If cause of pelvic pain is known, OB/GYN physicians should document this information.
  - Document carefully in regards to migraines. Specify a patient has menstrual migraines when she complains of chronic migraines related to menstrual cramps.
  - Document reason for fetus visibility scans. When documenting fetus visibility scans, specify if it is a routine screening or if there are any signs indicating a possible miscarriage.
  - Specify if patient’s age complicates pregnancy. If a patient is older than 35 years of age, indicate whether or not age may affect delivery.

MEDICAL POLICY/STANDARD OF CARE

- Successful claims processing is not just about finding the “right” code for a procedure.

- Medical Policy and Standard of Care must be understood and followed.

- Most payers have medical policy guidelines that dictate medical necessity for certain procedures.

- Some payers’ “corporate” policies (aka: local) are contradictory to NCCI edits.

- Before you embark on any care with a patient, know what insurance they will be using, and look up the medical policy guidelines.
HOW DO I FIND THE MEDICAL POLICY?
EXAMPLE: FETAL DIAGNOSTIC PROCEDURES

Go to Provider Portal for your Payer

Look for link that would take you to the medical policy

FIND THE LINK FOR MEDICAL POLICY.
Then Use SEARCH for the Policy you are looking for.

Type in Keyword, i.e.: Amniocentesis

Standards and Requirements

Product Quality Standards

See the standards Blue Cross NC and our contracting physicians must meet to provide the best service possible.

National Committee for Quality Assurance (NCQA)

See the quality standards Blue Cross NC managed care plans have met or exceeded.

Continuing Quality Improvement

Find out what Blue Cross NC is doing to improve members' health and well-being.

Blue Cross NC

Serving Blue Cross HMO and Silver Managed Care insurance.

Network Participation

A Blue Cross NC network of providers.
MEDICAL POLICY EXAMPLE

Corporate Medical Policy

Maternal and Fetal Diagnostics

Related Policies:
Noninvasive Prenatal Testing for Fetal Anomalies Using Cell-Free Fetal DNA
Carrier Testing

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefit may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

Policy

*BUNOS will provide coverage for the Ultrasound, Fetal Echocardiography, and Prenatal Genetic and Chromosomal Metabolic Testing when it is determined to be medically necessary...because the medical criteria and guidelines noted below are met.

*Please see appropriate sections for policy guidelines.
MEDICAL POLICY EXAMPLE

Coverage Guidelines for Amniocentesis or Chorionic Villus Sampling (CVS)

1. Amniocentesis may be medically necessary to diagnose or determine the severity of the following conditions:
   - Neural tube defects (e.g., spina bifida or exomphalos) or other congenital malformations (e.g., cleft lip or palate).
2. Amniocentesis or Chorionic Villus Sampling may be appropriate for the following clinical indications:
   - In pregnancies where the mother will be 35 years of age or older at the expected time of delivery.
   - In pregnancies complicated by diabetes, blood pressure, or maternal age.
   - In pregnancies complicated by a familial history of a genetic disorder, Down syndrome, or other major malformations.
   - Where amniocentesis or chorionic villus sampling is otherwise indicated.

If you have questions or if there is any other information you need, please contact the Practice Management Institute at www.pmiMD.com or by calling 888-567-3456.

Maternal and Fetal Diagnostics

- When a history of chromosomal or genetic abnormality is present in a blood relative.
- When there is history of multiple births or maternal factors that increase the risk of a genetic or other abnormality.
- When the mother is a carrier of a genetic abnormality or is at risk for a genetic disorder.

Guidelines and documentation are provided by the Practice Management Institute at www.pmiMD.com.

Increased risk for neural tube defect (e.g., a family history or elevated maternal serum alpha-fetoprotein level)

Amniocentesis and CVS are not medically necessary when they are performed for sex-determination in the absence of a documented increased risk of an X-linked disorder, or for routine screening in the absence of risk factors noted above.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina website at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

- S5635, S5616, S5617, S5618, S5619
- S5623, S5626, S5627, S5628, S5629
- S5630, S5631, S5632, S5633, S5634, S5635, S5636, S5637
- S5638, S5639, S5640, S5641, S5642

Applicable codes for prenatal genetic and chromosome testing:
- S5643, S5644, S5645, S5646, S5647
- S5648, S5649, S5650, S5651, S5652

In cases of analysis for a specific defect, the applicant code is that for the disease itself (e.g., in analyzing for glucocorticoid deficiency, appropriate code is 62986, the code for this specific enzyme defect).

BCHSNC may require medical records for determination of medical necessity. When medical records are received, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.
Payer’s Administrative Guidelines will provide clarity on when the Global Maternity reimbursement applies, and when it is appropriate to bill separately outside the Global.

Reimbursement Policy Defines the Global and what can be billed outside the Global.
Policy defines complications of pregnancy, and what is not considered to be a complication.

Policy provides billing guidance on when it is appropriate to bill globally or separately.

### Guidelines for Global Maternity Reimbursement

<table>
<thead>
<tr>
<th>Guidelines</th>
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<tbody>
<tr>
<td>1. The coverage terminates prior to delivery.</td>
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<tr>
<td>2. The pregnancy does not result in delivery.</td>
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<tr>
<td>3. The member provides care to the woman prior to completion of global services.</td>
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<tr>
<td>4. The member(s) are in a different practice and have followed their protocols.</td>
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### Billing/Coding/Physician Documentation Information

- Ensure that the appropriate codes are used to report services provided during pregnancy.
- Use CPT codes that are specific to obstetrics and gynecology.

#### Date of first prenatal visit

- Submit a claim reflecting the actual date of the first visit for prenatal care. Use CPT codes to capture the specific services provided.

#### Date of postpartum visit

- Submit a claim reflecting the actual date of the postpartum visit. Use CPT codes to capture the specific services provided.

*Policy provides guidance on billing for services unrelated to the pregnancy.*

*Policy provides guidance on the dates included in the Global Package, and billing/coding and documentation guidelines that must be followed.*
YOUR QUESTIONS-

1. CAN YOU BILL MORE THAN ONE ANTEPARTUM CODE PER PREGNANCY?

2. SHOULD PREGNATAL VISITS BE INCLUDED UNDER THE GLOBAL OBSTETRIC PACKAGE?

3. CAN ANTEPARTUM AND DELIVERY CODES BE BILLED TOGETHER IF POSTPARTUM CARE WAS NOT PROVIDED?

4. CAN INDIVIDUAL E/M CODES BE USED FOR PREGNANCY RELATED E/M VISITS?

• REFER TO THE MEDICAL POLICY OF THE PAYER

• THERE ARE A NUMBER OF VARIABLES THAT MUST BE DEFINED BEFORE THE APPROPRIATE CODING AND BILLING IS DONE. SEE FOLLOWING EXAMPLE FOR ILLUSTRATION

• THIS ILLUSTRATION DEFINES THE MEDICAL POLICY OF THE IOWA DEPT OF HEALTH AND HUMAN SERVICES (IOWA MEDICAID)
Medical Policy
Iowa Medicaid Program
Always get the Medical Policy Guidelines from the payer to verify correct billing procedures

Maternity Billing

The Maternity Period - For billing purposes, the obstetrical period begins on the date of the initial visit in which pregnancy was confirmed and extends through the end of the postpartum period (56 days after vaginal delivery and 90 days after c-section).

Global OB - The global obstetric (OB) code should be billed whenever one practitioner or practitioners of the same group provide all components of the patient’s obstetrical care, including: 4 or more antepartum visits, delivery and postpartum care. The number of antepartum visits may vary from patient to patient, however, if global OB care (more than 3 antepartum visits, delivery and postpartum care) is provided. All pregnancy-related visits (including antenatal hospital visits for complications of pregnancy) should be billed under the global OB code. Individual E/M codes should NOT be billed to report pregnancy-related E/M visits.

- Less than 4 antepartum visits, delivery and postpartum care (the appropriate delivery including postpartum care code) and (E/M codes for the individual office visits). The 25 modifier should be appended to the E/M codes to indicate that the visits are outside of the global surgery period.
- 4-6 antepartum visits, delivery and postpartum care - Bill the appropriate global surgery code with the 52 modifier appended to indicate reduced services.
- 11 or more, medically necessary, antepartum visits, +office or outpatient hospital visits - Bill the appropriate OB global code and append the 22 modifier to indicate increased services. Individual E/M codes should NOT be billed for the excess office visits. Attach documentation (such as progress notes and/or the antepartum flow sheet) that clearly describes the medical necessity for each of the additional visits. When documentation supports the medical necessity of the additional visits, IME will reimburse an additional $55.44, for each additional visit.
- Inpatient hospital visits for complications of pregnancy may be billed using the

Antepartum care only - “Antepartum care only codes” should be billed when the practitioner or practitioners of the same group will NOT be performing all 3 components of global OB care (more than 3 antepartum visits, delivery and postpartum care). Only one antepartum care code is allowed to be billed per pregnancy.

- <3 antepartum visits are performed - bill appropriate E/M codes for the visits
- 4-6 antepartum visits - Bill 59425
- 7-14 antepartum visits - Bill 59426
- More than 14 antepartum visits due to complications of pregnancy - Bill 59436 and append the 22 modifier to indicated increased services. Attach documentation (such as progress notes and/or the antepartum flow sheet) that clearly describes the medical necessity for each of the additional visits. When documentation supports the medical necessity of the additional visits, IME will reimburse an additional $55.44, for each additional visit.

Delivery Only - Delivery begins on the date of initial hospitalization for delivery and extends through the date in which the member is released from the hospital. Hospital care, related to the delivery, is considered part of the delivery charge and is NOT considered part of postpartum care. If a c-section is performed, the reimbursement for the delivery only charge includes payment for the surgical procedure as well as the post-surgical care.

- Vaginal delivery only - bill 59409

Billing guidelines for antepartum care only
YOUR QUESTIONS-

5. IS GLUCOSE TOLERANCE TEST INCLUDED IN THE GLOBAL OB PACKAGE?

ANSWER: GENERALLY, LABS (OTHER THAN CHEMICAL URINALYSIS) ARE SEPARATELY PAYABLE. BUT CHECK PAYER MEDICAL POLICY FOR DETAILS ON HOW TO APPROPRIATELY CODE TO AVOID MEDICAL NECESSITY DENIAL (I.E.: COMPLICATIONS OF PREGNANCY CODE THAT WOULD JUSTIFY A GTT EX: O24.111 PRE-EXISTING TYPE 2 DM IN PREGNANCY, FIRST TRI.)

THANK YOU FOR YOUR ATTENDANCE!

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• IF YOU WOULD LIKE TO KNOW MORE ABOUT GOLD STAR MEDICAL’S BILLING, CODING AND REVENUE CYCLE MANAGEMENT SERVICES, PLEASE CALL OR EMAIL YOUR INQUIRY!