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Coding Scenarios for STD Clinic Visits

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Coding Scenarios for STD Clinic Visits

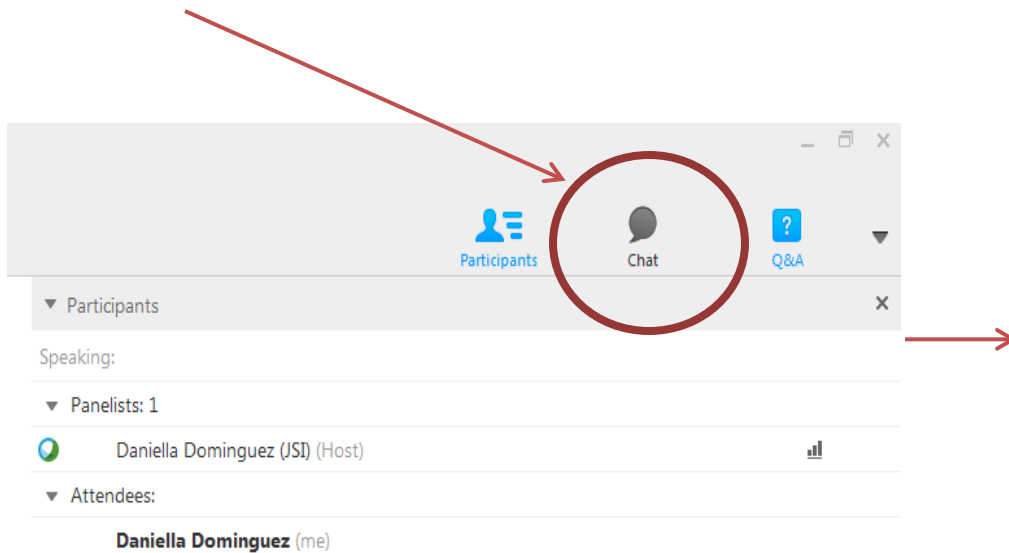
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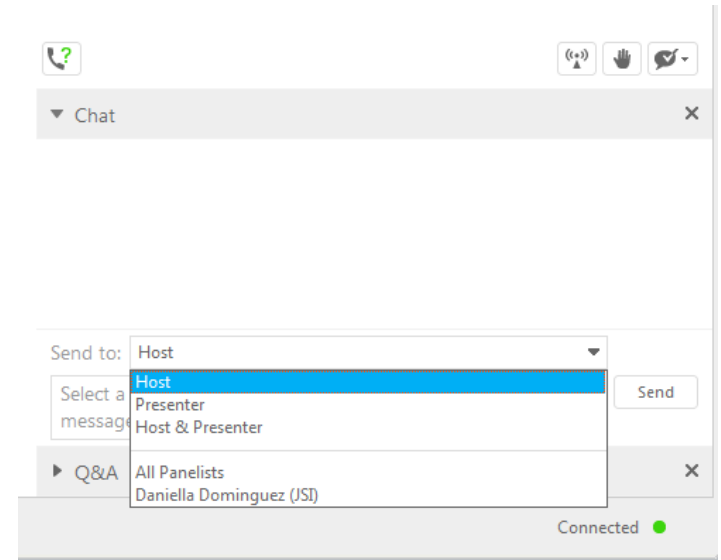
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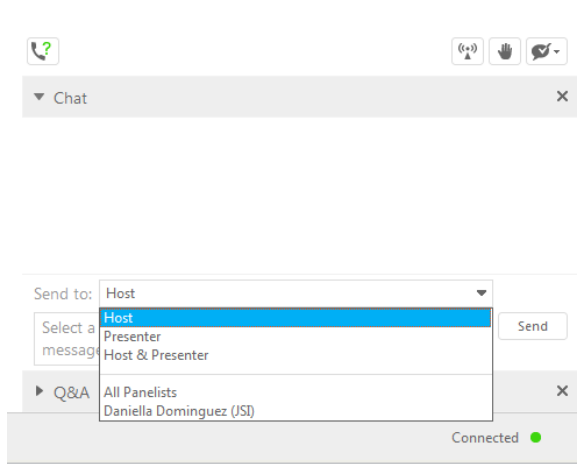


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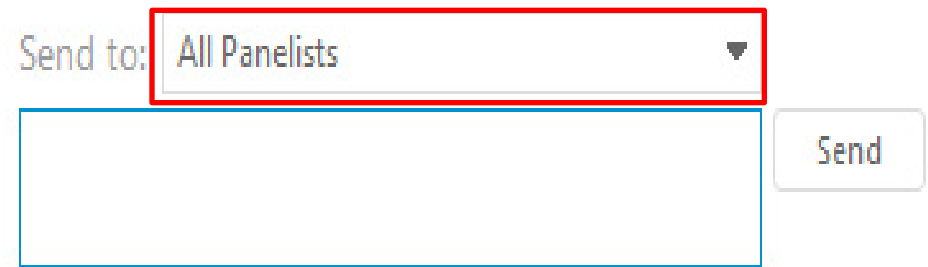


WebEx Interface Overview

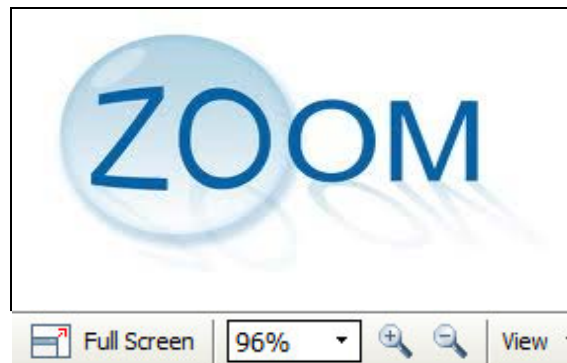
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Coding Scenarios for STD Clinic Visits

Presented by:

Lissa Singer, APRN (WHC), MBA, CPC-I, CPCO



Agenda

- Case Study – 1 – male without symptoms
- Case Study – 2 – male with symptoms
- Case Study – 3 – female with exposure
- Other Common Denial Scenarios
- Q&A

Learning Objective

Participants will be able to review denied claims for STD services and generate alternative coding options.



Disclaimer

The coding guidelines, interpretations, and recommendations provided are presented as a guide only. Your actual coding decisions are your sole liability and responsibility.

Lissa Singer and JSI do not accept any liability or responsibility in this regard.



Case Study – 1

50-year old male without symptoms (new patient)

Chief Complaint:	No symptoms, in a new relationship, just wants to be checked
HPI:	Context: wants STI screening
ROS:	GU: denies discharge, scrotal pain or swelling, denies pain with urination
PFSH:	Past Medical: + for chlamydia & gonorrhea 2014 Social Hx: MSM+, age at 1st intercourse – 18, total lifetime partners TNTC, oral and anal sex, condoms – only sometimes



Case Study – 1 (continued)

50-year old male without symptoms (new patient)

Exam: Psyche: alert & oriented – no acute distress

Assessment and Plan:

1. STI screening: urine chlamydia and gonorrhea (performed in house - both negative) & Rapid HIV (non reactive)
2. STI counseling: spent 15/20 minutes discussing - HIV test results, condoms, STIs and safer sex



Considerations

- What is the ACA coverage regarding this patient?
 - HIV screening for everyone ages 15 to 65, and other ages at *increased risk*
 - STI prevention counseling for adults at *higher risk*
 - If ACA covered – no cost sharing



Considerations

- Would the ACA coverage be different if he was 16 years old?
 - STI prevention counseling and screening for adolescents at higher risk
 - HIV screening for adolescents at higher risk
- Would it be different if he was low risk?
 - Likely not covered

Coding Options

CPT code visit based on history, exam & medical decision making

CPT Code	ICD 10 Code	ICD 10 Code	Coverage
99201 (visit) Modifier 33 (<i>private insurance only – identifies a screening service</i>)	Z11.3 Encounter for screening for infections with sexual mode of transmission	Z72.52 High-risk homosexual behavior	Not ACA covered; cost sharing applies
87591 (urine gonorrhea) Modifier 33 (<i>private insurance only – identifies a screening service</i>) Modifier 90 (<i>labs sent out</i>)	Z11.3 Encounter for screening for infections with sexual mode of transmission	Z72.52 High-risk homosexual behavior	Not ACA covered; cost sharing applies
87491 (urine chlamydia) Modifier 33 (<i>private insurance only – identifies a screening service</i>) Modifier 90 (<i>labs sent out</i>)	Z11.3 Encounter for screening for infections with sexual mode of transmission	Z72.52 High-risk homosexual behavior	Not ACA covered; cost sharing applies
86703 (rapid HIV) Modifier 33 (<i>private insurance only – identifies a screening service</i>)	Z11.4 Encounter for HIV screening	Z72.52 High-risk homosexual behavior	ACA covered; no cost sharing

Coding Options

CPT code visit based on time spent counseling

CPT Code	ICD 10 Code	ICD 10 Code	Coverage
99201 (visit) Modifier 33 (<i>private insurance only – identifies a screening service</i>)	Z11.3 Encounter for screening for infections with sexual mode of transmission	Z72.52 High-risk homosexual behavior	Not ACA covered; cost sharing applies
87591 (urine gonorrhea) Modifier 33 (<i>private insurance only – identifies a screening service</i>) Modifier 90 (<i>labs sent out</i>)	Z11.3 Encounter for screening for infections with sexual mode of transmission	Z72.52 High-risk homosexual behavior	Not ACA covered; cost sharing applies
87491 (urine chlamydia) Modifier 33 (<i>private insurance only – identifies a screening service</i>) Modifier 90 (<i>labs sent out</i>)	Z11.3 Encounter for screening for infections with sexual mode of transmission	Z72.52 High-risk homosexual behavior	Not ACA covered; cost sharing applies
86703 (rapid HIV) Modifier 33 (<i>private insurance only – identifies a screening service</i>)	Z11.4 Encounter for HIV screening	Z72.52 High-risk homosexual behavior	ACA covered; no cost sharing

Coding Options

CPT code visit based on time spent counseling using preventive counseling codes

CPT Code	ICD 10 Code(s)	ICD 10 Code	Coverage
99401 (preventive counseling visit) Modifier 33 does not apply	Z71.7 HIV counseling Z71.89 Other specified counseling	Z72.52 High-risk homosexual behavior	ACA covered; no cost sharing
87591 (urine gonorrhea) Modifier 33 (private insurance only – identifies a screening service) Modifier 90 (labs sent out)	Z11.3 Encounter for screening for infections with sexual mode of transmission	Z72.52 High-risk homosexual behavior	Not ACA covered; cost sharing applies
87491 (urine chlamydia) Modifier 33 (private insurance only – identifies a screening service) Modifier 90 (labs sent out)	Z11.3 Encounter for screening for infections with sexual mode of transmission	Z72.52 High-risk homosexual behavior	Not ACA covered; cost sharing applies
86703 (rapid HIV) Modifier 33 (private insurance only – identifies a screening service)	Z11.4 Encounter for HIV screening	Z72.52 High-risk homosexual behavior	ACA covered; no cost sharing

Case Study – 2

20-year old male with symptoms (established patient)

Chief Complaint:	Wants to be checked for STIs, thinks he has a UTI
HPI:	Pain/onset: 4 days ago Location: penis Quality: burning
ROS:	GU: denies discharge, has pain with urination Constitutional: denies fever
PFSH:	Past Medical: none significant Social Hx: MSM+, MSW+, age at 1 st intercourse – 15, total lifetime partners 6, oral and anal sex, condoms – infrequently



Case Study – 2 (continued)

20-year old male with symptoms (established patient)

Exam: Constitutional: 98.5, 82, 107/54

Psyche: alert & oriented – no acute distress

GU: declined by patient

Assessment and Plan:

1. Urine dip stick: negative
2. STI testing: urine chlamydia and gonorrhea (performed in house – both positive) & rapid HIV (non reactive)
3. RX: Azithromycin 1GM PO & Ceftriaxone 250MG IM
4. STI counseling: spent 15/25 minutes discussing – HIV test results, condoms, STIs and safer sex, treatment and partner treatment

Considerations

- What is the ACA coverage regarding this patient?
 - This is not a screening visit, despite the fact the patient wants to be “checked,” he has symptoms. If he is expecting a screening visit (no copayment or cost sharing), he should be notified at check-out. The co-payment or cost sharing will depend on the coding scenario used and the patient’s insurance (flat rate vs. percentage).



Considerations

- Would the ACA coverage be different if he had no symptoms?
 - HIV screening for everyone ages 15 to 65, and other ages at increased risk
 - STI prevention counseling for adults at higher risk
 - If ACA covered – no cost sharing
- Would the ACA coverage be different if he was 15 years old and had no symptoms?
 - STI prevention counseling and screening for adolescents at higher risk
 - HIV screening for adolescents at higher risk



Coding Options

CPT code visit based on history –exam and medical decision making

CPT Code	ICD 10 Code	ICD 10 Code	Coverage
99213 (visit)	A56.01 Chlamydial cystitis and urethritis	A54.00 Gonococcal infection of lower genitourinary tract, unspecified	Not screening, but likely covered by insurance; cost sharing applies
87591 (urine gonorrhea) Modifier 90 (labs sent out)	A54.00 Gonococcal infection of lower genitourinary tract, unspecified		Not screening, but likely covered by insurance; cost sharing applies
87491 (urine chlamydia) Modifier 90 (labs sent out)	A56.01 Chlamydial cystitis and urethritis		Not screening, but likely covered by insurance; cost sharing applies
81002 (urine dipstick)	A56.01 Chlamydial cystitis and urethritis	A54.00 Gonococcal infection of lower genitourinary tract, unspecified	Not screening, but likely covered by insurance; cost sharing applies
86703 (rapid HIV) Modifier 33 (private insurance only – identifies a screening service)	Z11.4 Encounter for HIV screening	Z72.53 High-risk bisexual behavior	ACA covered; no cost sharing

Coding Options

CPT code visit based on time spent counseling

CPT Code	ICD 10 Code	ICD 10 Code	Coverage
99214 (visit)	A56.01 Chlamydial cystitis and urethritis	A54.00 Gonococcal infection of lower genitourinary tract, unspecified	Not screening, but likely covered by insurance; cost sharing applies
87591 (urine gonorrhea) <i>Modifier 90 (labs sent out)</i>	A54.00 Gonococcal infection of lower genitourinary tract, unspecified		Not screening, but likely covered by insurance; cost sharing applies
87491 (urine chlamydia) <i>Modifier 90 (labs sent out)</i>	A56.01 Chlamydial cystitis and urethritis		Not screening, but likely covered by insurance; cost sharing applies
81002 (urine dipstick)	A56.01 Chlamydial cystitis and urethritis	A54.00 Gonococcal infection of lower genitourinary tract, unspecified	Not screening, but likely covered by insurance; cost sharing applies
86703 (rapid HIV) <i>Modifier 33 (private insurance only – identifies a screening service)</i>	Z11.4 Encounter for HIV screening	Z72.53 High-risk bisexual behavior	ACA covered; no cost sharing

Coding Options

CPT code visit based on history, exam & medical decision making **and** preventive counseling

CPT Code	ICD 10 Code(s)	ICD 10 Code	Coverage
99213 (visit) – 25 modifier * not all payers will pay for both on the same day	A56.01 Chlamydial cystitis and urethritis	A54.00 Gonococcal infection of lower genitourinary tract, unspecified	Not screening, but likely covered by insurance; cost sharing applies
99401 (preventive counseling visit) Modifier 33 does not apply	Z71.7 Human immunodeficiency virus [HIV] counseling Z71.89 Other specified counseling	Z72.53 High-risk bisexual behavior	ACA covered; no cost sharing
87591 (urine gonorrhea) Modifier 90 (labs sent out)	A54.00 Gonococcal infection of lower genitourinary tract, unspecified		Not screening, but likely covered by insurance; cost sharing applies
87491 (urine chlamydia) Modifier 90 (labs sent out)	A56.01 Chlamydial cystitis and urethritis		Not screening, but likely covered by insurance; cost sharing applies
81002 (urine dipstick)	A56.01 Chlamydial cystitis and urethritis	A54.00 Gonococcal infection of lower genitourinary tract, unspecified	Not screening, but likely covered by insurance; cost sharing applies
86703 (rapid HIV) Modifier 33 (private insurance only – identifies a screening service)	Z11.4 Encounter for HIV screening	Z72.53 High-risk bisexual behavior	ACA covered; no cost sharing

Case Study – 3

25-year old female with STI exposure (established patient)

Chief Complaint:	Wants to be checked for STIs. Partner told her he had “something” – but she’s not sure.
HPI:	Timing: partner treated one week ago, got “pills and a shot” Context: not using condoms – thought relationship was monogamous Severity: feels well, “nothing feels wrong” Associated S&S: no symptoms
ROS:	GU: denies vaginal discharge or pain with urination Constitutional: denies fever GI: denies abdominal pain or cramping
PFSH:	Past Medical: G2P1, HTN, Diabetes type 2, has Mirena (since 2016) Social Hx: age at 1 st intercourse – 13, total lifetime partners 2, oral and vaginal sex



Case Study – 3 (continued)

25-year old female with STI exposure (established patient)

Exam: Constitutional: 97.9, 75, 129/84

Psyche: alert & oriented – no acute distress

GU: ext genitalia – WNL, CVX – slightly friable, no CMT, white – yellow discharge. Mirena string intact, Bimanual – AV uterus – no pain

Assessment and Plan:

1. Friable cervix
2. STI testing: endo cervical swab chlamydia and gonorrhea (send out) & rapid HIV (non reactive), RPR (send out)
3. Will treat presumptively, Rx: Azithromycin 1GM PO & Ceftriaxone 250 MG IM
4. STI counseling: spent 22/40 minutes discussing - HIV test results, condoms, STIs and safer sex, treatment and partner treatment

Considerations

- What is the ACA coverage regarding this patient?
 - This is not a screening visit, despite the fact the patient wants to be “checked,” she has been exposed and has signs of infection. If she is expecting a screening visit (no co-payment or cost sharing), she should be notified at check-out. The co-payment or cost sharing will depend on the coding scenario used and the patient’s insurance (flat rate vs. percentage).



Considerations

- Would the ACA coverage be different if she had no exposure and no signs or symptoms?
 - HIV screening and counseling for sexually active women
 - STI counseling for sexually active women
 - Syphilis screening for all pregnant women or other women at increased risk
 - Chlamydia infection screening for younger women and other women at higher risk
 - If ACA covered – no cost sharing



Coding Options

CPT code visit based on history, exam & medical decision making

CPT Code	ICD 10 Code(s)	ICD 10 Code	Coverage
99214 (visit)	N72 Inflammatory disease of the cervix Z20.2 Contact with and (suspected) exposure to venereal diseases	Z72.51 High-risk heterosexual behavior	Not screening, but likely covered by insurance; cost sharing applies
87590 (endocervical swab gonorrhea) Modifier 90 (labs sent out)	N72 Inflammatory disease of the cervix Z20.2 Contact with and (suspected) exposure to venereal diseases	Z72.51 High-risk heterosexual behavior	Not screening, but likely covered by insurance; cost sharing applies
87490 (endocervical swab chlamydia) Modifier 90 (labs sent out)	N72 Inflammatory disease of the cervix Z20.2 Contact with and (suspected) exposure to venereal diseases	Z72.51 High-risk heterosexual behavior	Not screening, but likely covered by insurance; cost sharing applies
86592 (syphilis, qualitative) Modifier 90 (labs sent out)	N72 Inflammatory disease of the cervix Z20.2 Contact with and (suspected) exposure to venereal diseases	Z72.51 High-risk heterosexual behavior	Not screening, but likely covered by insurance; cost sharing applies
86703 (rapid HIV) Modifier 33 (private insurance only – identifies a screening service)	Z20.2 Contact with and (suspected) exposure to venereal diseases	Z72.51 High-risk heterosexual behavior	ACA covered; no cost sharing

Coding Options

CPT code visit based on time spent counseling

CPT Code	ICD 10 Code(s)	ICD 10 Code	Coverage
99215 (visit) *may require pre-payment authorization due to high level coding	N72 Inflammatory disease of the cervix Z20.2 Contact with and (suspected) exposure to venereal diseases	Z72.51 High-risk heterosexual behavior	Not screening, but likely covered by insurance; cost sharing applies
87590 (endocervical swab gonorrhea) Modifier 90 (labs sent out)	N72 Inflammatory disease of the cervix Z20.2 Contact with and (suspected) exposure to venereal diseases	Z72.51 High-risk heterosexual behavior	Not screening, but likely covered by insurance; cost sharing applies
87490 (endocervical swab chlamydia) Modifier 90 (labs sent out)	N72 Inflammatory disease of the cervix Z20.2 Contact with and (suspected) exposure to venereal diseases	Z72.51 High-risk heterosexual behavior	Not screening, but likely covered by insurance; cost sharing applies
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86703 (rapid HIV) Modifier 33 (private insurance only – identifies a screening service)	Z20.2 Contact with and (suspected) exposure to venereal diseases	Z72.51 High-risk heterosexual behavior	ACA covered; no cost sharing

Coding Options

CPT code visit based on history, exam & medical decision making and preventive counseling

CPT Code	ICD 10 Code(s)	ICD 10 Code	Coverage
99214 (visit) – 25 modifier * not all payers will pay for both on the same day	N72 Inflammatory disease of the cervix Z20.2 Contact with and (suspected) exposure to venereal diseases	Z72.51 High-risk heterosexual behavior	Not screening, but likely covered by insurance; cost sharing applies
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Modifier 33 (private insurance only – identifies a screening service)	Z20.2 Contact with and (suspected) exposure to venereal diseases	Z72.51 High-risk heterosexual behavior	ACA covered; no cost sharing

Common Denial Scenarios

- Multiple labs different sources
 - Chlamydia and gonorrhea swabs obtained from multiple locations need an explanation. The payer needs to know why the same test was ordered more than once on the same day – as the test itself does not differentiate the specimen source.
 - 76 modifier (repeat procedure or service)
 - 91 modifier (repeat diagnostic laboratory test)
 - 59 modifier (distinct procedural service)



Common Denial Scenarios

- Multiple annual exams for the same patient
 - If your service line includes annual preventive exams, these are the ONLY ICD10 codes accepted and must be listed as primary
 - **Z01.411** – Encounter for GYN exam with or without PAP *with* abnormal findings
 - **Z01.419** – Encounter for GYN exam with or without PAP *without* abnormal findings
 - **Z00.00** – Encounter for general adult medical *without* abnormal findings
 - **Z00.01** – Encounter for general adult medical *with* abnormal findings
 - Women are generally allowed 2 preventive
 - One GYN and one general adult
 - The only thing that differentiates them is the ICD10 code
 - Patients don't always keep track of this



Is it possible to be reimbursed for Expedited Partner Therapy (EPT)?

- CDC has concluded that EPT is a useful option to facilitate partner management
- Codes for “non face-to-face” services
 - Typically for established patients
 - Provided via telephone
 - Rarely reimbursed
 - Coded based on time 99441-99443
- Counseling for the partner (who is not present at the visit) should not be included in the patient’s total counseling time



CPT Modifier Summary

- Modifier 25: Significant, Separately Identifiable Evaluation and Management (E &M) Service by the Same Physician on the Same Day
 - **EXAMPLE**: problem visit (E&M) and preventive visit same day (append to E&M)
- Modifier 33: Preventive Service
 - **EXAMPLE**: services rated A or B by U.S. Preventive Services Task Force (append to the E&M or service that is not inherently screening – for private insurance only)
- Modifier 59: Distinct Procedural Service
 - **EXAMPLE**: multiple labs specimens from different sources (append to the repeated lab)
- Modifier 76: Repeat Procedure by Same Physician
 - **EXAMPLE**: multiple labs specimens from different sources (append to the repeated lab)
- Modifier 90: Reference (Outside) Laboratory
 - **EXAMPLE**: specimens collected in your office but sent to an outside lab (append to all send-out labs)
- Modifier 91: Repeat Clinical Diagnostic Laboratory Test
 - **EXAMPLE**: multiple labs specimens from different sources (append to the repeated lab)

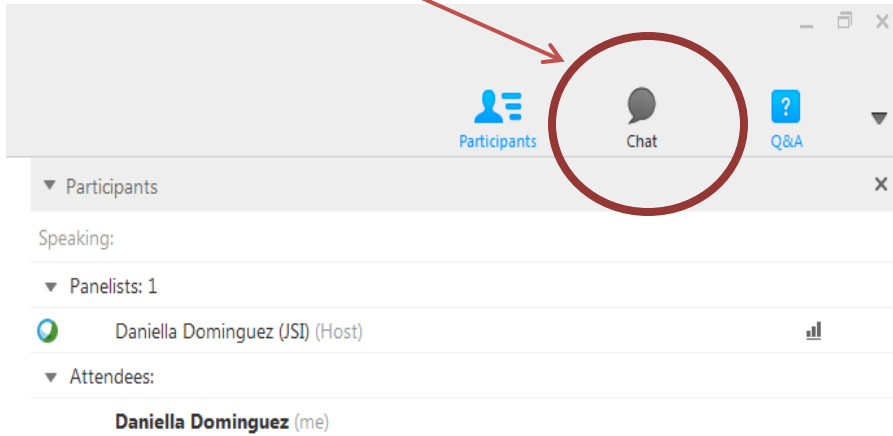


Summary

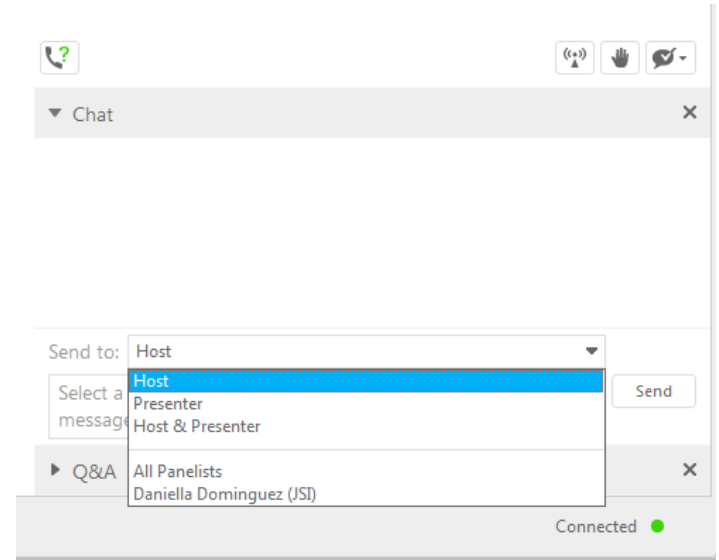


- Know the ACA (age and sex matters)
- Know your payer (ACA interpretation varies by payer)
- Every STI check is NOT a screening
- All preventive care has limits (example 99401)
- Screening labs may be covered but the provider “exam” may not be
- Document counseling time (then you’ll always have the option to report your CPT code either way)

Questions?

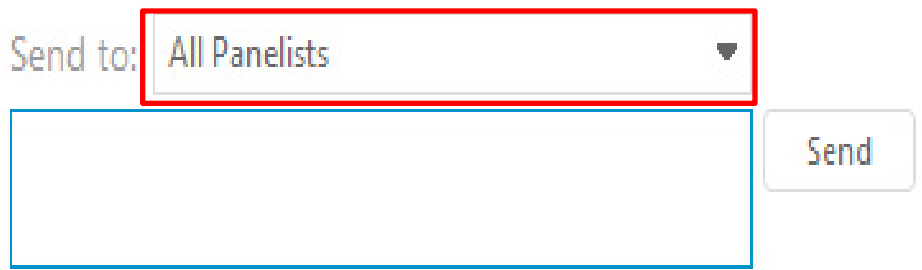


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Resources

List of ACA Preventive Services & CPT Codes

A list of STD services-related preventive services covered by ACA without cost-sharing and their respective billing codes. – *STD TAC, 2016*

<http://stdtac.org/wp-content/uploads/2014/06/List-of-ACA-Preventative-Services-and-CPT-Codes- STDTAC.pdf>

Evaluation and Management Code Selection Overview

A decision-making job aid to be used in coding for evaluation and management visits for new and established patients, for codes 99201-99205 and 99211-99215.

– *STD TAC, 2016*

http://stdtac.org/wp-content/uploads/2016/05/levels_service_april2016_stdac.pdf



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