



The Essential Guide to LARC Coding

Keisha Sutton, CPC

ACOG Health Economics Department Coding Specialist

March 24, 2016

ACOG Health Economics Department

The Essential Guide to LARC Coding March 24, 2016

CONFLICT OF INTEREST DISCLOSURE: FACULTY

NO DISCLOSURES TO DECLARE Keisha Sutton, CPC

ACOG LARC Coding

Learning Objectives

Participants should be able to:

- Explain the appropriate use of CPT-4 and ICD-10-CM for LARC-related services
- Determine the appropriate code selection and the documentation requirements for reporting Preventive Medicine services according to CPT guidelines
- Describe resources available to address common LARCrelated coding questions

Understanding the Basics of LARC Coding

The Importance of CPT

Current Procedural Terminology (CPT®) is a set of codes, descriptions, and guidelines intended to describe procedures and services performed by physicians and other qualified health care professionals

The Importance of CPT

- Each CPT code is identified with a five-digit code used to identify medical procedures, diagnoses, and supplies
- Physicians must assign codes and document the care given to patients in order to assure appropriate reimbursement

The Impact of Medical Practice

- CPT codes are linked to physician reimbursement and based on the codes submitted to the payer
- Physicians do better financially if they:
 Select their own codes
 Understand the coding process
 - Participate in their reimbursement cycle

ACOG LARC Coding

The Impact of Medical Practice

 The key to proper coding and reimbursement is to:

Document "what" was done (CPT)
Document "why" it was done (ICD)
Code for "what" you documented

The Importance of ICD

- The International Statistical Classification of Disease and Related Health Problems (ICD) is published by the World Health Organization (WHO)
- ICD is a classification of diseases, signs and symptoms, abnormal findings and complaints, social circumstances, and external causes of injury or disease

The Importance of ICD

- ICD-10-CM is a coding and classification system used by physicians and others to describe the clinical picture of a patient
- Each ICD code is identified by 3-7 alphanumeric characters organized by organ system or condition

ICD Code Structure

All ICD-10-CM codes are alphanumeric
 The first character is always a letter
 The second character is always a number
 Remaining characters are letters or numbers

 Each ICD code is identified by 3-7 alphanumeric characters organized by organ system or condition

ICD Code Structure

- The first three characters of a code identify the category
 ✓ Example: XXX.XXX(X)
- The next three characters identify the subcategory based on etiology, anatomic site, or severity
 ✓ Example: XXX.XXX(X)
- The final character is called an extension
 ✓ Example: XXX.XXX(X)

ICD Code Structure

- Dummy placeholder "X" in certain codes that require a 7th character
- Used to fill the empty character space
- 7th character must be in the 7th data field position to be valid

 Example:T83.31XA-Breakdown (mechanical) of intrauterine contraceptive device, initial encounter

Comparison of ICD-9 and ICD-10

	ICD-9	ICD-10
Number of characters	3-5 digits in length	3-7 characters in length
Number of codes	Approximately 13,000 codes	Approximately 68,000 available codes
Types of characters	First digit can be alpha (E or V) or numeric; digits 2-5 are numeric; most codes are all numeric	Character 1 is alpha; character 2 is numeric; characters 3-7 are alpha or numeric
Code capacity	Limited space for adding new codes	Flexible for adding new codes
Specificity	Lacks detail	Very specific
Laterality designations (right vs. left)	Lacks laterality	Has laterality

ACOG LARC Coding

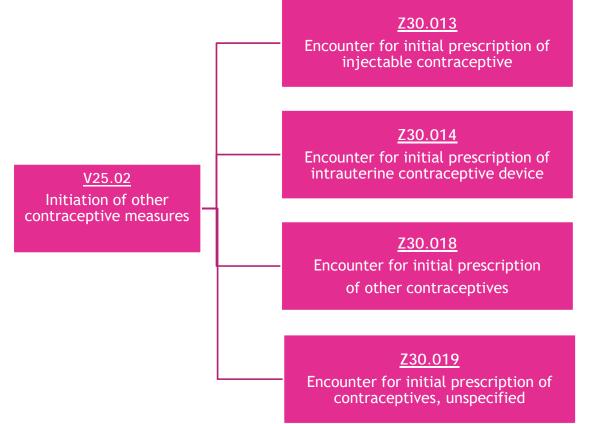
Comparison of ICD-9 and ICD-10

 Prior to October 1, 2015 the following code was used when counseling for contraception in an outpatient setting:



ACOG LARC Coding

ICD-9 to ICD-10 Crosswalk



ACOG LARC Coding

The Impact on Medical Practice

- Physicians must learn basic coding rules before attempting to understand why claims are sometimes not paid appropriately
- Sometimes there is more than one correct way to code for services provided

The Impact on Medical Practice

- Correct coding implies that the code selection is based on:
 - The most accurate description of "what" was performed and "why" it was performed
 - Support from documentation in the medical record
 - Consistency with coding conventions and guidelines

Preventive Medicine Services codes are reported for comprehensive Evaluation and Management (E/M) services provided to patients who have no current symptoms or diagnosed illnesses

ACOG LARC Coding

- Preventive codes are used to report annual "well-woman" examinations and include:
 - Counseling/anticipatory guidance/risk factor reduction interventions
 - Age and gender appropriate comprehensive history

- Preventive codes are used to report annual "well-woman" examinations and include:
 - Age and gender appropriate comprehensive physical examination including in most case, but not limited to:
 - Gynecological exam
 - Breast exam
 - Collection of Pap smear specimen

- Preventive codes are used to report annual "well-woman" examinations and include:
 - Discussion about the status of previously diagnosed stable conditions
 - Ordering of appropriate laboratory/diagnostic procedures and immunizations
 - Discussion about issues related to the patient's age or lifestyle

Preventive Medicine codes (99381-99387 and 99391-99397) differ in several ways from problem-oriented Evaluation and Management (E/M) services

ACOG LARC Coding

Preventive codes:

Can be performed in any setting
Do NOT require a chief complaint
Can NOT be reported using time

- Medicare and other payers have different rules for reporting and reimbursing for preventative services
- Physicians should check with their specific commercial carrier about their rules!

- In accordance with the Patient Protection and Affordable Care Act, payers are required to provide 100% coverage for preventive care services when services are rendered by a provider in the member's plan network
- This means that members will have no cost-sharing when preventive services are rendered by an innetwork provider

- Non-preventive Services received in conjunction with a preventive service visit may be subject to member cost-sharing. Plan authorization requirements must still be met for services that require prior authorization
- If a non-preventive service is performed during a preventive care visit, applicable member costsharing applies

- If a patient comes in to discuss contraceptive options but no procedure is provided at that visit, an additional Evaluation and Management (E/M) services is not appropriate
- The discussion is NOT reported separately if it takes place during a preventive visit (99381-99387 or 99391-99397)

Non-Preventive Services

- If the discussion takes place during an Evaluation and Management (E/M) office or outpatient visit (99201-99215), report separately
- Link the E/M code with the ICD-10-CM diagnosis code Z30.09 (Encounter for other general counseling and advice on contraception).
 Applicable member cost-sharing applies

Coding for LARC

New HCPCS Codes for IUDs

- Effective January 1, 2016, CMS has discontinued the use of Healthcare Common Procedure Coding System (HCPCS) code J7302 for 52 mg levonorgestrel-releasing IUDs
- Two 52 mg dosage levonorgestrel-releasing intrauterine contraceptive systems (IUS) are approved for use in the U.S.
- FDA approved indications and product life effectiveness differ between the two products

New HCPCS Codes for IUDs

- Mirena® is currently approved for the treatment of heavy menstrual bleeding in IUD users and for 5 years of contraceptive use
- Liletta® is currently approved for 3 years of contraceptive use

New HCPCS Codes for IUDs

Procedure and Device Coding

- ✓ Effective January 1, 2016 potential codes to report are as follows:
 - 58300 (IUD Insertion)
 - J7297 (Levonorgestrel-releasing intrauterine contraceptive system, 52mg, 3 year duration [Liletta®]) OR
 - J7298 (Levonorgestrel-releasing intrauterine contraceptive system, 52mg, 5 year duration [Mirena®])

ACOG LARC Coding

HCPCS Codes for IUDs

HCPCS codes for the 13.5mg levonorgestrelreleasing IUD (J7301) (brand name Skyla®) and the intrauterine copper contraceptive (J7300) (brand name ParaGard®) remain unchanged

ACOG LARC Coding

Intrauterine Contraceptive Device Coding

- The insertion and/or removal of an intrauterine contraceptive device is reported using one of the following CPT codes:
 - 58300 Intrauterine contraceptive device insert
 - 58300 Intrauterine contraceptive device insert FAILED (append modifier 53)
 - 58301 Intrauterine contraceptive device removal

Intrauterine Contraceptive Device Coding

- Most IUD services will be linked to the Z30 series in ICD-10-CM:
 - Z30.014 Encounter for initial prescription of intrauterine contraceptive device
 - Z30.430 Encounter for insertion of intrauterine contraceptive device
 - Z30.431 Encounter for routine checking of intrauterine contraceptive device
 - Z30.432 Encounter for removal of intrauterine contraceptive device
 - Z30.433 Encounter for removal and reinsertion of intrauterine contraceptive device
 - **Z97.5** Presence of intrauterine contraceptive device

Intrauterine Contraceptive Device Coding

- The CPT procedure codes do not include the cost of the supply. Report the supply separately using a HCPCS code:
 - J7297 Levonorgestrel-releasing intrauterine contraceptive system,
 52 mg, 3 year duration
 - J7298 Levonorgestrel-releasing intrauterine contraceptive system,
 52 mg, 5 year duration
 - J7300 Intrauterine copper contraceptive
 - J7301 Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg

LARC Reimbursement

Birth Control Coverage Benefit

- All non-grandfathered health plans must cover all 18 categories of FDA-approved contraceptive methods and counseling for all women, as prescribed by a health care provider
- Plans must cover these services without charging a copayment or coinsurance when provided by an in-network provider even if a patient's deductible has not been met

Birth Control Coverage Benefit

- FDA-approved contraceptive methods prescribed by a woman's provider are covered, including:
 - Barrier methods, like diaphragms and sponges
 - Hormonal methods, like birth control pills and vaginal rings
 - Implanted devices, like intrauterine devices (IUDs)
 - Emergency contraception, like Plan B® and ella®
 - ✓ Sterilization procedures
 - Patient education and counseling

Birth Control Coverage Barriers

- Insurance companies are <u>not</u> complying with the birth control benefit if they:
 - × Do not provide coverage for all 18 FDA-approved methods of birth control or impose out-of-pocket cost on them
 - × Limit their coverage to generic birth control
 - Fail to cover the services associated with birth control without out-of-pocket cost, including counseling or followup visits
 - × Impose utilization management within a method category

CoverHer Hotline

- Insurance companies are still charging out-ofpocket costs for birth control in ways that do <u>not</u> comply with the ACA
- The National Women's Law Center operates a nationwide hotline, CoverHer, that provides guidance on how to obtain coverage
- Call 1-866-745-5467 or email CoverHer@nwlc.org

ACOG LARC Coding

CoverHer Hotline

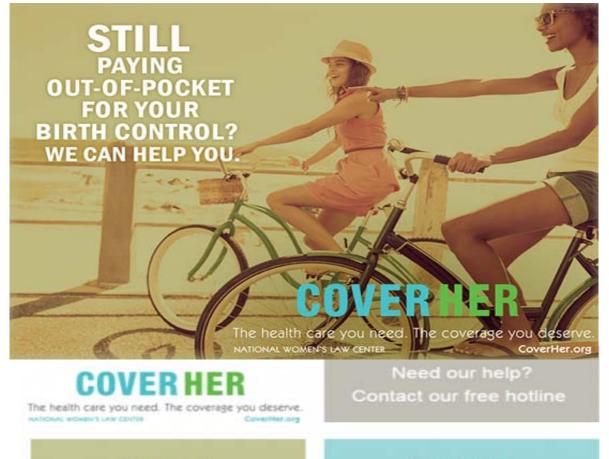
- The National Women's Law Center operates a nationwide hotline that:
 - ✓Collects data

Assists women in securing coverage

Compiles additional resources to understand coverage

Call 1-866-745-5467 or email CoverHer@nwlc.org

CoverHer Website: www.CoverHer.org



Call us at 1-866-745-5487

Email us at CoverHer@nwlc.org

ACOG LARC Coding

Coding Overview

Strategies for Improving Coding Accuracy

- Code for what you do
- Services must be medically necessary (use diagnosis codes)
- Avoid unspecified codes
- ✓ Documentation, documentation, documentation!
- Keep coding resources updated (coding books/EHR, payer memos) etc.
- If in doubt about particular codes, review ICD or CPT guidelines
- Periodically review your specific payers' payment policies

Strategies for Improving Coding Accuracy

- Conduct internal chart audits
- Regularly share correct coding tips/audit results with the team
- Regularly review Explanation of Benefits (EOBs)
- ✓ Determine what codes are or aren't being reimbursed by which payers and why?
 - Incorrect codes? Specific payer policy? Patient Coverage?
- Attend Coding Training periodically

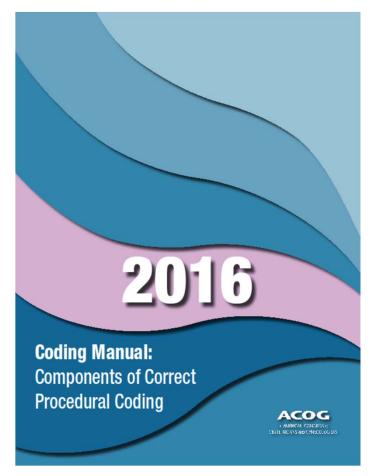
2016 ACOG Coding Resources

ACOG's Department of Health Economics

- The Department of Health Economics offers a variety of resources related to practice management, health economics, physician reimbursement, and coding
- Our mission is to support ACOG Fellows' efforts to maintain economically viable ob-gyn practices so they can continue to provide high quality health services for women

ACOG LARC Coding

2016 OB/GYN Coding Manual: Component of Correct Procedural Coding with Thumb Drive

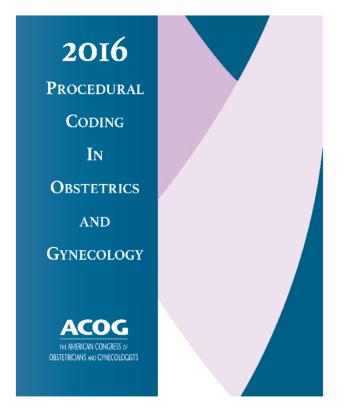


3/24/16

ACOG LARC Coding

Procedural Coding in OB/GYN

- 2016 OB/GYN Posted on the ACOG Coding Webpage
- Additional copies can be purchased
- Updated in even years



ACOG LARC Coding

OB/GYN Quick Ref Sheet

NE0.3 N73.0 N73.1 N73.2 N73.5 N73.5 N73.6 N73.3 N73.6 N73.3 N99.4 ES1.5

URDAAR NGO, R30.0 R81 R31.0 R31.1 R31.2 R31.2 R31.2 R31.2 NG5.0 NG5.0 NG5.0 NG5.4 NG5.0 R35.1 R35.1 R35.1 S NG2.0

NOTE

- ✓ OB/GYN Quick Reference Coding Sheet includes official CPT® and ICD codes with abbreviated descriptions for the most commonly reported OB/GYN-related procedures and diagnoses
- One version is available: ICD-10/CPT codes as double-sided, laminated sheet(s)
- Procedure codes are on one side with diagnosis codes on the other side

ICD-10-CM GYNECOLOGIC AND GENER				GY		
			2015 A	COG ICD-10/CPT Quie	ck Reference Coding	Guide
NEAL CAVITY In dometriculs of pervice personnum	UTERUS	S Other benien mess lasm of corpus uter!		E/M SEE	And the second sec	
In dometricals of pehic pertoneum Acute parametritis and pehvic cellulitis	026.1	Otherbenign neoplasm of corpus stari Congenital malformations of uterus and cervix	CPT E&M SERVICES	CPT CONSULTATIONS	CPT PREVENTIVE VISITS	OPT OTHER
Ovonic parametritis and pelvic cellulitis		Cardinoma in situ of endometrium				OPT OTHER
Unspecified parametritis and pelvic colluitis	Q51.10	Doubling of uterus with doubling of cervix and vagina without obstruction	New Patient	Office New or Established	New Patient	Medicare Services
Female pelvic peritonitis, unspecified	Q\$1.11		99201 PF HBP, strived MDM, app 10 min	99241 PF HSP, stifwd MDM, app 15 mil	n 99304 Apr 12 - 17	G2008 Informa vacadmin
Remain polvic peritoneal adhesions postinfactive)	Q51.2	Other doubling of uterus	99202 EXPF H&P, strfwd MDM, app 20 min	99242 EXPF HEP, stried MDM, app 301	min 99385 Age 18 - 39	Q0091 Papsmear collect
Pemale acute pelvic peritonitis Postprocedural pelvic perito neal adhesions	C41	Malignant neoplasm of endometrium Benign endometrial hyperplasia	99203 Detail H&P, low MDM, app 30 min	99243 Detail HSP, low MDM, app 40 mi	in 99386 Age 40 - 64	G0101 Pelvic exam
Abnormal findings on diagnostic imaging of other abdominal ingions,	NES.02		99204 Comp H&P, mod MDM, app 45 min			60328 Occult blood, immunoessay
including retroper bareum	N80.0	Endometrics & of uterus	99205 Comp H&P, high MDM, app 60 min	99245 Comp H&P, high MDM, app 80 m	uin .	
Abnormal findings on diagnostic imaging of urinary organs	N85.2	Hypertrophy of uterus				
	N71.0	Acute inflammatory disease of uterus	Established Patient	Prolonged Services (Face to Fac	ce) Established Patient	
Cervical stump prolapse			99211 Minimal grob, app 5 min	99354 First hour (30-74 minutes)	99394 Age 12 - 17	
Cystocale, midline	025.1	Intramutal lekonyoma of uterus	99212 PFHSP, strfwd MDM, apo 10 min	99355 Ea additional 30 min (75-104 min		
Cystocale, lateral	025.0	Submucous leionyoma of uterus	99213 EXPF H&P, low MDM, app 15 min		99396 Age 40 - 64	
Vaginal entero cele	N84.0	Subsexual lelomyoma of uterus Polyp of corpus uteri	99214 Detail H&P, mod. MDM, app 25 min		99397 Age 65 and Over	
incompidence or weakining of pubocervical tissue	NO.1	Polypol after parts of female genital tract	99215 Comp H&P, high MDM, app 40 min			
incompetence or weakening of rectovaginal tissue	104.5	Poly of female genital tract, unspecified		PROCE		
Pelvic mus de wasting				PROCE	DUNES	
Perineccele Restorale	URGINA CS2	Malgrant resplasm of vagina		PROCEDURE	S BY SITE	
Other female genital prolace		Malignant neoplasm of vigin a Secondary malignant neoplasm of genital organs	Breat	Skin	Utens	Vagina-Vulva
Urethiocele	NS0.4	Endometricsis of rectoraginal septum and ragina		and the second se	and the second se	
Incomplete uterovaginal prolapse	N25.5	Other specified noninflammatory disorders of vagina	10021 Fine needle aspir w/o guidance	101.80 I&D pastop wound infection,	58353 Endomet ablation, thermal	57100 Bxvag muczsa, simple (sep pro
Complete uterovaginal prolapse	N89.4	Leukoplakia of vagina	10022. Fine needle aspir w/ guidance 19000. Puncture aspiration cyst (breast)	complex 11200 Skin tag excision, 1-15	SE356 Endomet cryoablation, u/s guidance	57105 Bx vag mucosa, extensive 56605 Bx vulva/perineum (sep proc.)
Prolapse of vaginal vault after hysterectorry	N76.81		77057 Screening mammography	+11201 Skin tag excision, a. add 10	SE100 Endometrial ba (includes ECC)	1 Jesinn
ORY SYSTEM	NE2.2 NE2.3	Fistula of vagina to small intestine		11100 Skin br, 1 lesion	+581.10 Endometrial bs w/coloospov	+56606 Exvula/perineum each add.
Asthma	NE2.3	Fistula of vagina to large intestine Other female intestinal-genital tout fistulae		+11101 Skin bs, ea, sep/add lesion	SBS 55 Hysteroscopy, dx (sep proc)	57061 Destruct vag lesion(s), simple
Acute branchitis	NEC.4	Other tenure vitastna-genita toct totulae Other specified noninflammatory disorder of vagina	Cervix	Urinary System	58563 Hysteroscopy, endomet	57065 Destruct wag lesion(s), extension
Broncho pneumo-nia, unsp-ecified organism	100.0	Polip of vagina	57500 Cervical biopsy, polypectomy		585.58 Higteros.copyw/sampling (bx)	56501 Destruct vulvar lesion(s), simple
kute nasopharyngitis (common cold) nfluenza due to other identified influenza virus	104.7	Vaginismus	57800 Cervical diation (sep grod)	51700 Bladder instillation 51726 CMG, complex	58545 Hysteroscopy w/tubal	\$6515 Destruct vulvar lesion(s), ext
infuenza due to other identified influenza virus influenza due to other identified influenza virus with pneumonia	N75-	Other inflammation of vagina and valva	57511 Cryocautery of cervis	SU/26 CMG, complex SU/25 CMG, simple	oclusion	56420 180 Bartholin's gland abscess
G STRUCTS UR NARY TRACT	N05.0	Mild vaginal dysplasia	\$7505 Endocervical cure tage	\$2000 Cystourethroscopy (sep proc)		56405 18D vulva or perineal abszero
G SERVICES UNERWAY TRACT incounter for scienning for malignant neoplasm of cervis	N89.1	Moderate vaginal dysplasia		\$22.87 Cystourethroscopy, w/mj. for		56440 Marsup of Bartholin's cyst
incounter for screening for malignant neoplasm of colon. Incounter for screening for malignant neoplasm of colon.	N05.3	Dysplasia of vagina, unspecified		che moden ervation of bladder		57160 Pessary/other device
Incounter for screening for malignant neoplasm of actum	007.2	Cardnoma in situ of vagina		51702 Temp catheter, simple 51727 UPP studies		insertion/fitting
Incounter for screening for malignant neoplasm of other	WINAP	PERINEUM AND INTROITUS		51741 Uroflowmetry, complex		
penitourinary organs		Abscess of subm		\$1736 Uroflowmetry, simple		
Incounter for screening for malignant neoplasm of other sites	N75.1	Abscess of Bartholin's gland				
incounter for screening formalignant neoplasm of ovary	N75.0	Cyst of Bartholin's gland Benign neoplaam of valva		OTHER PRO	DCEDURES	
Deputer for screening for malignant neoplasm of vagina	C31.9	Bengh neoplash of valva Malignant neoplash of valva, unspecified	COLPOSCOPY	IMMUNE GLOBULINS / VACCINES	ULTRASOUND, NON-OB	MOOFIERS
incounter for screening for other diseases and disorders incounter for screening for diabetes melitus	CHE		Contraction of the Contraction o	Provide a state of the second state of the sec	and the second se	and the second s
The specified penonal risk factors, not elsewhen classified		Otherendometricals	57452 Cervix+upper/adjacent vagina	90632 Hepatitis A vaccine, IM	76856 Complete pelvic	22 Increased procedure
incounter for screening for human papilion avirus HPV)	N90.25	Other specified noninflammatory disorders of vulva and perineum	57455 Cervle+upper/adj vag + bx cervlx	90746 Hepatitis 8 vaccine, IM	76857 Limited/follow-up pelvic	24 Unrelated E/M postop
incounter for screening mammogram for malignant neoplasm of breast	N90.4	Leuko plakia of vulva	57454 Cenvix+upper/adj vag+ bx cenvix+ ECC	90650 HPV vazine (bivalent) IM 90649 HPV vazine (guadrivalent) IM	58340 SS, catheterization 76831 SS, u/s superv & interp	25 E/M + procsame day 51 Multiple procedure
incounter for scmening for exterior orisis	190.0	Lichen scierosus et atrophicus	57456 Cervix+upper/adj vag + ECC	90649 Infuenza vaccine, split virus,	76831 SO, U/S SIDERY & ITEEP 76830 Transvagiral	52 Reduced services
incounter for screening for other viral diseases	194.0	Localized sciencerma (morphea)	57460 Cervix+upper/adjvag+leep.bx	intradermal		53 Discontinued procedure
incounter for schening for diseases of the blood and blood-forming	194.1	Linear s deroderma Scienadamik	anvix	90658 Influenza vac, split virus, IM	ULTRASOUND, OB	57 Decision for surgery
rgans and certain disorders involving the immune mechanism	194.3	Science activity Polies of videa	57461 Cervis+upper/adjvag + leep cone	90660 Influenza vac, ilve, intranasal	the second s	59 Distinct procedure
ncounter for screening for infections with a predominantly recal mode of transmission	143.0	Hypertrophic lichen planus	57420 Entire vagina + cervix if present 57421 Entire vagina + bx cervix & vagina	90732 Pneumovas, subq or IM 90384 RhoGAM, imm glob, full dose,	76817 Transvaginal (confirmation of prognancy visit)	XE (Separate Encounter) XS (Separate Structure)
exual mode of transmission incounter for screening for other viral diseases	143.1	Bullous lichen planus	5/421 Erele vigna + Dxcevix & vigna 56820 Vulva	M	hiddraw Land	XP (Separate Practitioner)
	143.2	Lichenold drug reaction	56821 Vulva with biopsy	90706 Rubella vaccine, live, subq		XU (Unusual Non-Overlapping
TRACT VIETS	48.3	Subacute (active) lichen planus		90396 Varicella-Zoster, immune	MISCELLANEOUS / SUPPLIES	Service)
ya una	L43.8	Other lichen planus	CONTRACEPTION	glob, IM	36415 Collect blood specimen	79 Unvelated proc postop
nje onu ila	L43.9	Lichen planus, unspecified			36415 Collect blood specimen 17500 IUD, copper	
ros hematuria	156.1	Lichen planopilaris Lichen simoles devoninas	\$7170 Diaphragm/cervical cap fit		17342 IUD, levonorgestrel	
enign es sential microscopic hematuria	128.0		S8300 IUD Insertion S8301 IUD removal		A4561 Pessary, rubber (Medicare)	
	N76.81	Macostos jacorativej of vagina andivalva Mild valvar dysplasia	Saws IDD removal	LABORATORY	A4562 Pessary, non-rubber (Medicare)	
ther microscopic hematuria	N90.1	Modeste vulvar dysplasia		8290X Guose tests	99000 Specimen handling	
ther microscopic hematuria iematuria, unspecified	007.1	Cardinoma in situ of vulva	INJECTIONS	87205 Gramstain	99024 Postop follow-up	
ther microscopic hematuris enuturia, unspecified emoglo binuria				88738 Hemoglobin (Hgb), transp		
ther microscopic hematuria ematuria, una peofiled emoglobinaria risays track infection, site ext specified	N90.3	Dysplasia of vulva, unspe difed				
Dher microscopic hematurla ienaturia, unspecified ienogloburla aviewy trast ivelaction, site not specified arises ophischer deficiency (ICO)	N90.3	Vulvodynia	64435 Admin paracervical block	87210 KOH prep		
Zher mices scopic hematuris isensuturi, unspecified immy binuti ahimy track inlexion, site set specified atchnic philoscher (ISO) filled is cartionen	N90.3 N94.85- N76.0	- Vulvodynia Acute vaginitis	31050 Depo-Provera 1 mg	87210 KOH prep 82272 Stool for consit blood, 1-3 spec		
Other references to scape hemature instruction, uspecified interruptionaria oblany track teleficion, site aut specified interruise sphincher deficiency (ISO) Mitted in carationan a Result incordinence (Bronke) (male)	N90.3 N94.81- N76.0 N76.1	- Vulvodynia Acute vaglisitis Subacute and chronic vaginitis	11050 Depo-Provers 1 mg 90471 Immunization, any method	87210 KOH prep 82272 Stool for equit blood, 1-3 spec (non-screening)		
Other mice sample hematurks Interruption sample and a second sample Interruption sample and sample sample sample Interruption sample sample sample sample sample Interruption sample sample sample sample sample sample sample sample Rese incontinents (Result) (inde) Oge incontinents	N90.3 N94.85- N76.0 N76.1 N76.2	- Valvodynia Acute vaginitis Subaute and chenic vaginitis Acute valvitis	11050 Depo-Provers 1 mg 90471 Immunization, any method 96372 Injection, therapy, diagnosis	87210 KDH prep 82272 Stool for cosht blood, 1-3 spec (non-screening) 82270 Stool for occult blood, 3 spec (sc)		
Other microscopic hematuris Internarius, umpedited Hemoglobinuria Urisany tract silencion, silka not specified Internisc sphinicer deficience/(EO) Miled iscantinens Resen incentiones (Breniel Inde)	N90.3 N94.85- N76.0 N76.1 N76.2	- Vulvodynia Acute vaglisitis Subacute and chronic vaginitis	11050 Depo-Provers 1 mg 90471 Immunization, any method	87210 KOH prep 82272 Stool for equit blood, 1-3 spec (non-screening)		

ACOG LARC Coding

Laminated ICD-9/ICD-10 Crosswalks



ACOG LARC Coding

ACOG Staff Coding Assistance

- Effective April 6, 2015 coding@acog.org is no longer active!
- Fellows and their staff can now submit specific OB/GYN coding questions by registering through our New Ticket Database at: https://acogcoding.freshdesk.com
- Features include:
 - ✓ Coding FAQs
 - Top Coding Questions of the Month
 - ✓ Hot Topics
 - ✓ ICD-10 Updates

ACOG LARC Coding

ACOG Staff Coding Assistance https://acogcoding.freshdesk.com

Login to the support portal Enter the details below Your e-mail address Password Remember me on this computer forgot your password? LOGIN	Sign up Sign up with us Once you sign up, you will have complete access to our solutions and FAQs, ask questions and learn from our user community. You can also raise support issues and track their status.
or Submit a new ticket New support ticket	

ACOG LARC Coding

E-Mail Listserv for Coding Resources

- "The Practice Management & Coding Update" is a *free* monthly e-mail news service. The update includes effective coding tips, practice management advice, information about regulatory issues, and the latest news on what ACOG is doing to help address your reimbursement concerns and improve your practice environment
- Visit the website (www.acog.org), click on the Practice Management tab and the link to "Join Our List" to sign up for free!

Live Webcasts for Coding Support

- ACOG presents a series of live Webcasts offered at 1:00-2:30 pm Eastern Time on the second Tuesday of each month. Six coding webcasts are conducted each year during the even months: February, April, June, October and December
- Participants must register individually for the webcast in order to receive CME or CEU credit
- Recordings of past webcasts are also available on a pay-per-view basis. Visit the postgraduate courses portion of the ACOG website for additional information

ACOG LARC Coding

Upcoming Live Webcasts for Coding

- Live webcasts are now just \$25! Each participant must be registered and will need their own log-in and access codes:
 - ✓ CPT Modifiers and the Global Surgical Package-April 12, 2016
 - ✓Correct Coding for Infertility Diagnosis & Treatment-June 14, 2016
 - Clinical Documentation Improvement & EMRs-August 9, 2016
 - Coding for Wound Repair: Post-Operative & Postpartum-October 11, 2016
 - Preview of New Codes & Medicare Changes for 2017-December 13, 2016

ACOG LARC Coding

ACOG's FREE Webcasts

ACOG continues to offer the following six <u>ICD-10 webcasts</u> at no cost!!! The free webcasts are available on the acog.org website under the Education and Events tab:

- ✓ ICD-9 to ICD-10: What to Expect
- ICD-10 Documentation Guidelines
- ✓ ICD-10 Documentation Requirements
- ICD-10 Diagnosis Coding for Obstetric Care Complications
- ICD-10 Diagnosis Coding for Gynecological Conditions
- ICD-10 A Smooth Transition

These webcasts are informational only. CME or CEU not attached

ACOG LARC Coding

ACOG's 2016 Coding Workshops

- ACOG's Committee on Health Economics and Coding and ACOG's Executive Board believe physicians must educate themselves and their staff about appropriate coding and billing practices
- These workshops are designed to assist physicians in coping with these challenges by demonstrating:
 - The relationships between diagnostic and procedural coding
 - Improving documentation specificity
 - Select and support different levels of Evaluation and Management (E/M) services
 - Common coding mistakes that may trigger audits

ACOG LARC Coding

2016 Coding Workshop Locations Orlando, Florida • March 31-April 3, 2016 Chicago, Illinois • April 22-24, 2016 Atlanta, Georgia • June 10-12, 2016 Las Vegas, Nevada • June 24-26, 2016 Austin, Texas• July 8-10, 2016 Seattle, Washington • July 29-31, 2016 Memphis, Tennessee • September 9-11, 2016 Arlington, Virginia/Washington, DC • September 16-18, 2016 Santa Fe, New Mexico • October 7-9, 2016





THE AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS



3/24/16

ACOG LARC Coding