

## Coding for Adolescent Reproductive Health Services

NOTE: This resource contains comprehensive listings of codes that may not be utilized by your practice on a regular basis. We recommend that you identify the codes most relevant to your practice and include those on your encounter form/billing sheet.

### CPT (Procedure) Codes

#### Preventive Medicine Service Codes

99384/99385	Use for initial comprehensive preventive medicine evaluation and management (E/M) in new* patients, including age and gender appropriate history, examination, and counseling/anticipatory guidance/risk factor reduction interventions
99394/99395	Use for periodic comprehensive preventive medicine E/M in established patients, including age and gender appropriate history, examination, and counseling/anticipatory guidance/risk factor reduction interventions

#### Preventive Medicine Counseling Codes

99401/99402/9403/99404	Use for individual preventive medicine counseling and/or risk factor reduction that occurs during <i>a separate encounter</i> in patients without established symptoms or illness
99411/99412	Use for group preventive medicine counseling and/or risk factor reduction that occurs during <i>a separate encounter</i> in patients without established symptoms or illness

#### Office or Other Outpatient Service Codes

99201/99202/99203/99204/99205:	Use for new* patients only; require 3 of 3 key components** or greater than 50 percent of the visit spent in counseling or coordinating care***
99212/99213/99214/99215:	Use for established patients; require 2 of 3 key components** or greater than 50 percent of the visit spent in counseling or coordinating care***

#### Office or Other Outpatient Consultation Codes

99241/99242/99243/99244/99245	Use for new <u>or</u> established patients; appropriate to report if another physician or other appropriate source (ie, school nurse, psychologist) requests an opinion regarding a patient. Require 3 of 3 key components** or greater than 50 percent of the visit spent in counseling or coordinating care***.
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NOTE: Use of the consultation codes *requires* the following (the "three Rs"):

- a) Written or verbal **request** for consultation is documented in the patient chart
- b) Consultant's opinion as well as any *services* ordered or **rendered** are documented in the patient chart
- c) Consultant's opinion and any *services* that are performed are prepared in a **written report**, which is sent to the requesting physician or other appropriate source

#### Prolonged Physician Service Codes

99354/99355	Use for <i>outpatient face-to-face</i> prolonged services
99358/99359	Use for <i>non-face-to-face</i> prolonged services in <i>any setting</i>

- Used when a physician provides prolonged services beyond the usual service (ie, beyond the typical time)
- The face-to-face prolonged physician service codes (99354-99355) can only be reported in conjunction with codes that contain "typical times" as part of their descriptors (eg, 99201-99215, 99241-99245); they cannot be reported with the Preventive Medicine Service or Preventive Medicine Counseling codes
- Time spent does not have to be continuous
- Codes are "add-on" codes, meaning they are reported separately in addition to the appropriate code for the service provided (eg, office or other outpatient E/M codes, 99201-99215)
- If the physician spends at least 30 and no more than 74 minutes over the typical time associated with the reported E/M code, report 99354 (for face-to-face contact) or 99358 (for non-face-to-face contact). Codes 99355 (each additional 30 minutes of

\*A new patient is defined as one who has not received any professional services from a physician, or another physician of the same specialty who belongs to the same group practice, within the past 3 years {*Principles of CPT Coding* {fourth edition}, American Medical Association, 2005}

\*\*Key components = history, physical examination, and medical decision making

\*\*\*Time can be used as the key factor in determining a level of service when counseling and/or coordinating care constitute more than 50% of the encounter

face-to-face prolonged service) and 99359 (each additional 30 minutes of non-face-to-face prolonged service) are used to report each additional 30 minutes of service beyond the first 74 minutes.

- Prolonged services of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes are *not reported separately*

#### Case Management Services Codes

99361/99362 Use to report a medical conference among the physician and an interdisciplinary team of health professionals to coordinate activities of patient care (patient not present)

99371/99372/99373 Use to report telephone calls made by the physician to patient/parent or for consultation or medical management or for coordinating medical management with other health care professionals

#### Modifiers

The CPT code set uses modifiers as an integral part of its nomenclature. A modifier provides a means by which a physician can indicate that a service or procedure was altered by specific circumstances but not changed in definition or code. The modifiers most commonly used in providing adolescent reproductive health services include:

21	Prolonged E/M services
24	Unrelated E/M service by same physician during a postoperative period
25	Significant, separately identifiable E/M service by same physician on the same day of the procedure or other service
32	Mandated services
52	Reduced services
53	Discontinued procedure
57	Decision for surgery
76	Repeat procedure by same physician
QW	CLIA waived test

#### Miscellaneous Service Codes<sup>§</sup>

99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory
99050	Service(s) provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service <sup>†</sup>
99051	Service(s) provided in office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service <sup>†</sup>
99058	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service <sup>†</sup>
99071	Educational supplies, such as books, tapes, and pamphlets, provided by the physician for the patient's education at cost to the physician
99078	Physician educational services rendered to patients in a group setting
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form

<sup>§</sup>Since these codes have limited guidelines and no published values, interpretation, coverage, and payment are determined at the contractual level

<sup>†</sup>*Codes are "add-on" codes, meaning they are reported separately in addition to the appropriate code for the basic service (eg, 99213) provided*

#### Emergency Department Service Codes

99281/99282/99283/99284/99285 Use to report E/M services provided in the emergency department (ED)

- An emergency department is defined as an organized hospital-based facility for the provision of unscheduled episodic services to patients who present for immediate medical attention; the facility must be available 24 hours a day
- If the attending ED physician requests that the primary care physician see a patient in the ED, report an office or other outpatient consultation code (99241-99245) instead of an ED code

#### Health and Behavior Assessment/Intervention Codes

96150/96151 Use to report health behavior assessment/re-assessment

96152/96153 Use to report health behavior intervention (individual/group)

96153/96154 Use to report health behavior intervention (family with patient/family without patient)

- Vignette: A 15-year-old patient who has recently been diagnosed with HIV is referred for behavioral distress associated with repeated treatments. Previously unsuccessful approaches had included pharmacologic treatment of anxiety. The patient is assessed using standardized questionnaires.

- Used to report services provided by *non-physician providers*. If physicians provide these services, report evaluation and management codes.
- Primary purpose is not psychiatric diagnosis but rather as a way for non-physician providers (eg, psychologists, social workers, nurses) to report behavioral assessments and/or interventions with patients who have medical (not psychiatric) illness.
- Health behavior assessment/intervention procedures are used to identify the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems
- Describe services offered to patients who present with primary physical illnesses, diagnoses, or symptoms and may benefit from assessments and interventions that focus on the biopsychosocial factors related to the patient's health status
- These services do *not* represent preventive medicine counseling and risk factor reduction interventions
- These services are offered to patients who present with established illness or symptoms, who are not diagnosed with mental illness, and may benefit from evaluations that focus on the biopsychosocial factors related to the patient's physical health status
- Focus of the assessment is not on mental health but on the biopsychosocial factors important to physical health problems and treatments
- Focus of the intervention is to improve the patient's health and well-being utilizing cognitive, behavioral, social, and/or psychophysiological procedures designed to ameliorate specific disease-related problems
- For patients who require psychiatric services as well as health behavior assessment/intervention on the same date of service, report the predominant service provided; do not report these codes in conjunction with psychiatric codes 90801-90899
- Cannot be reported on the same date of service as evaluation and management codes

#### Education and Training for Patient Self-Management Codes<sup>‡</sup>

98960 Use to report education and training for patient self-management to an individual patient

98961/98962 Use to report education and training for patient self-management to a group of patients

- Used to report services provided by *non-physician providers*. If physicians provide these services, report evaluation and management codes or 99078
- Used to report educational and training services prescribed by a physician and provided by a qualified, nonphysician healthcare professional using a standardized curriculum for treatment of established illness(s)/disease(s) or to delay comorbidity(s)
- Standardized curriculum must be used in order to report these codes but can be modified as necessary for the clinical needs, cultural norms, and health literacy of the patient(s)
- For health and behavior assessment/intervention that is not part of a standardized curriculum, see codes 96150-96155 (listed above)
- Purpose is to teach the patient/caregiver how to effectively self-manage the patient's illness(s)/disease(s) or delay disease comorbidity(s) in conjunction with the patient's professional healthcare team
- Education and training related to subsequent reinforcement or due to changes in the patient's condition or treatment plan are reported in the same manner as the original education and training
- The type of education and training provided for the patient's clinical condition will be identified by the appropriate diagnosis code(s) reported
- The qualifications of the nonphysician healthcare professionals and the content of the educational and training program must be consistent with guidelines or standards established or recognized by a physician society, nonphysician healthcare professional society/association, or other appropriate source

<sup>‡</sup>*The Education and Training for Patient Self-Management codes have an effective date of January 1, 2006. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that "the version of the medical data code sets specified in the implementation specifications must be the version that is valid at the time the health care is furnished." This means that HIPAA covered entities must start recognizing the new codes as of January 1, 2006. However, physicians should contact their carriers regarding coverage for the new codes.*

#### Common Procedures

11975 Insertion, implantable contraceptive capsules

11976 Removal, implantable contraceptive capsules

11977 Removal with reinsertion, implantable contraceptive capsules

17000 Destruction, all benign or premalignant lesions other than skin tags or cutaneous vascular proliferative lesions; first lesion

17003 Destruction, all benign or premalignant lesions other than skin tags or cutaneous vascular proliferative lesions; second through 14 lesions, each

36410 Venipuncture, age 3 years or older, necessitating physician's skill, for diagnostic or therapeutic purposes (not to be used for routine venipuncture)

36415 Collection of venous blood by venipuncture (routine venipuncture)

51701 Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)

56441 Lysis of labial adhesions

57170 Diaphragm or cervical cap fitting with instructions

57410 Pelvic exam under anesthesia

58999 Unlisted procedure, female genital system (nonobstetrical) [Report for vaginal foreign body removal]

### Injection Codes

90471 Immunization administration; one vaccine

90472 Immunization administration; each additional vaccine

90633 Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use

90649 Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use (NOTE: Code released July 1, 2005 and implemented January 1, 2006; product has not yet received FDA approval)

90744 Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use

90772 Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

J0696 Injection, ceftriaxone sodium, per 250 mg (Rocephin)

J1055 Injection, medroxyprogesterone acetate for contraceptive use, 150 mg (Depo-Provera)

J2550 Injection, promethazine HCl, up to 50 mg (Phenergan)

### Laboratory Codes<sup>◇</sup>

81000 Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy

81001 Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy

81002 Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy

81003 Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy

81025 Urine pregnancy test, by visual color comparison methods

82044 Albumin; urine, microalbumin, semiquantitative (eg, reagent strip assay)

82270 Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided three cards or single triple card for consecutive collection)

86701 Antibody; HIV-1

86703 Antibody; HIV-1 and HIV-2; single assay

87210 Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KPH preps)

87220 Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)

99000 Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory

<sup>◇</sup>For more information, see *Lab Addendum*

### ICD-9-CM (Diagnosis) Codes

- *Before a condition is diagnosed*, do not use "rule out" codes as the diagnosis; use as many diagnosis codes that apply to document the patient's complexity and report the patient's symptoms and/or adverse environmental circumstances
- *Once a definitive diagnosis is established*, report the appropriate definitive diagnosis code(s) as the primary code, plus any other symptoms that the patient is exhibiting as secondary diagnoses
- Counseling diagnosis codes can be used when patient is present or when counseling the parent/guardian(s) when the patient is not physically present

"V" codes are used to deal with occasions when circumstances other than a disease or injury are recorded as "diagnoses" or "problems." While some carriers may request supporting documentation for the reporting of V codes, others may not pay for them at all. In the latter case, a numeric ICD-9-CM code must be listed as the primary diagnosis.

<b>A</b>	Abdominal Pain	789.00	<b>C</b>	Counseling, Pregnancy	V26.4
	Abdominal Tenderness	789.60		Counseling, STD Prevention	V65.45
	Abnormal Findings, w/o Diagnosis (Examination, Laboratory Test)	796.4		Counseling, Substance Use/Abuse	V65.42
	Abnormal Periods (Grossly)	626.9		Counseling, Victim of Abuse NEC	V62.89
	Abnormal Urination NEC	788.69		Crabs, Genital	132.2
	Abuse Child/Adolescent	995.50		Cramps, Lower Abdominal	729.82
	Abuse Physical	995.54		Cyst, Ovary	620.2
	Abuse Sexual/Rape	995.53		Cystitis	595.9
	Alleged Rape	V71.5	<b>D</b>	Delayed Puberty	259.0
	Amenorrhea/Ovarian	256.8		Dermatitis, Atopic	691.8
	Amenorrhea/Primary, Secondary	626.0		Dermatitis, Contact, Unspecified	692.9
	Anal Fissure, Tear	565.0		Diabetes Mellitus, w/o Mention of Complication:	
	Anemia, Iron Deficiency	280.1		Type II/Unspecified, Not Stated as Uncontrolled	250.00
	Anemia, Unspecified	285.9		Type II/Unspecified, Uncontrolled	250.02
	Annual Pelvic/Pap	V72.31		Diarrhea	787.91
	Aphthous Ulcer/Stomatitis	528.2		Diarrhea/Dysentery/Infections	009.2
	Alleged Sexual Assault	V71.5		Difficulty Walking	719.7
<b>B</b>	Bacterial Vaginosis	616.10		Disturbance, Sleep	780.59
	Balanitis	607.1		Dizziness	780.4
	Bartholin Gland, Cyst	616.2		DUB	626.8
	Bartholin's Gland, Abscess	616.3		Dysmenorrhea	625.3
	Bloating, Abdominal Pain	787.3		Dysuria	788.1
	Boil, Carbuncle	680.9	<b>E</b>	Elevated Blood Pressure w/o Hypertension	796.2
	Breast Asymmetry	611.9		Emergency Contraceptive Counseling & Rx	V25.03
	Breast Lump/Mass	611.72		Enuresis	788.36
	Breast Pain	611.71		Epididymitis	604.90
	Breast, Problem	611.79		Erythema, First Degree	949.1
<b>C</b>	Candidal Vulvovaginitis	112.1		Exam for Alleged Rape	V71.5
	Cellulitis/Abscess	682.9		Exanthem (Rash)	782.1
	Cervicitis, Chlamydial	099.53		Excessive Beginning Periods	626.3
	Cervicitis, Gonococcal	098.15		Excessive Bleeding, Menses	626.2
	Cervicitis, Unspecified	616.0	<b>F</b>	Fatigue	780.79
	Chlamydia Urethritis (STD)	099.41		Folliculitis	704.8
	Condyloma Acuminatum	078.11		Follow-up Exam After STD Treatment	V67.59
	Conjunctivitis, Acute	372.00		Follow-up Exam, Pap Smear	V67.01
	Contact/Exposure to STD	V01.6		Follow-up Exam/Recheck	V58.89
	Contraception, Emergency			Follow-up, Unspecified	V67.9
	Counseling & Prescription	V25.03		Foreign Body, Vagina	939.2
	Contraception, Initiation, Non-Oral (Injection, Device)	V25.02		Foreign Body, Penis	939.3
	Contraception Surveillance	V25.40	<b>G</b>	Galactorrhea	611.6
	Contraceptive Counseling/Family	V25.09		Gastritis, Acute	535.50
	Contraceptive Initiation, Oral	V25.01		Gastroenteritis	558.9
	Contraceptive Maintenance, Oral	V25.41		Gastroenteritis, Infection	009.0
	Contraceptive Management NEC (Depo-Provera)	V25.49		Genital Herpes	054.10
	Contraceptive Monitoring, Oral (Includes Repeat Prescription)	V25.41		Genital Pain, Female	625.9
	Counseling, Health Problems in Family	V61.49		Genital Pain, Male	608.9
	Counseling, Explanation/Medication	V65.49			
	Counseling, HIV	V65.44			
	Counseling, Other	V65.40			
	Counseling, Parent-Child Conflict	V61.20			
	Counseling, Phase of Life Problem	V62.89			

<b>G</b>	Glucose Fasting Test, Impaired	790.21	<b>M</b>	Menometrorrhagia	626.2
	Glucose Tolerance Test, Impaired (Oral)	790.22		Menstruation, Normal Cycle	626.5
	Glycosuria	791.5		Menstruation, Pubertal	626.3
	Gonococcal Cervicitis	098.15		Metrorrhagia	626.6
	Gonorrhea, Acute Urethritis, Vulvovaginitis	098.0		Mittelschmerz	625.2
	Gynecological Exam (Pap)	V72.31		Molluscum Contagiosum	078.0
	Gynecomastia	611.1	<b>N</b>	Moniliasis, Vulvovaginitis	112.1
<b>H</b>	Hematuria (Gross)	599.7		Mononucleosis, Infectious	075
	Hemorrhoids	455.6	<b>N</b>	Nausea (Alone)	787.02
	Hernia, Inguinal	550.90		Nausea and Vomiting	787.01
	Hepatitis, Unspecified, w/o Coma	070.9	<b>O</b>	Obesity	278.00
	Hepatitis w/ Infectious Mononucleosis	075 + 573.1		Overweight	278.02
	Herpes, Genital	054.10		Oligomenorrhea	626.1
	Herpes, Labialis (Simplex)	054.9		Ovarian Cyst	620.2
	Herpes Zoster/Shingles	053.9	<b>P</b>	Pain, Abdominal	789.00
	Herpetic Gingivostomatitis	054.2		Pain, Breast	611.71
	Hidradenitis (Suppurative)	705.83		Pain, Pelvic (Female)	625.9
	Hirsutism	704.1		Pap Smear, Abnormal	795.09
	HIV Counseling	V65.44		Pap Smear, Follow-up Abnormal	V72.32
	HIV Infection w/o Sx	V08		Pap Smear, Follow-up	V67.01
	Hives/Urticaria	708.9		PCO (Polycystic Ovary)	256.4
	Homeless	V60.0		Pediculosis, Body	132.1
	Human Papilloma Virus (HPV)	079.4		Pediculosis, Genital	132.2
	Hydrocele	603.9		Pelvic Inflammatory Disease	614.9
	Hyperinsulinemia	251.1		Pharyngitis, Acute Sore Throat	462
	Hypothyroidism	244.9		Phobia, Isolated or Specific	300.29
<b>I</b>	Immunization	V06.9		Physical Abuse, Hx of Child Physical/ Sexual Abuse/Rape	V15.41
	Imperforate Hymen	752.42		PMS	625.4
	Infectious Mononucleosis	075		Polydipsia/Excess Thirst	783.5
	Infrequent, Menses	626.1		Post Traumatic Stress Disorder	309.81
	Injury, Penis	959.13		Pregnancy (Condition or Positive Test)	V22.2
	Injury, Vaginal	959.14		Pregnancy, Counseling	V26.4
	Irregular, Menses, Periods	626.4		Pregnancy Exam or Test (Test Results Pending)	V72.40
	Irritable Bowel Syndrome	564.1		Pregnancy Exam or Test, Negative Result	V72.41
<b>L</b>	Labial Adhesion	623.2		Pregnant	V22.2
	Laceration, Penis	878.0		Premenstrual Tension Syndrome	625.4
	Laceration, Vaginal	878.6		Prescription Refill, Non-contraceptive	V68.1
	Lice, Pubic	132.2		Proteinuria	791.0
	Lymphadenitis, Unspecified	289.3		Proteinuria, Postural	593.6
	Lymphadenopathy	785.6		Pruritus, Genital Organs	698.1
<b>M</b>	Malnutrition (Calories), Unspecified	263.9		Puberty	V21.1
	Mass, Breast	611.72		Puberty, Delayed	259.0
	Mass, Scrotum	608.89		Puberty, Precocious	259.1
	Mastalgia	611.71	<b>P</b>	Pyelonephritis, Acute	590.10
	Medical Examination for Camp/School	V70.3		Rape	995.53 + E960.1
	Menorrhagia (Primary)	626.2		Rape, Alleged	V71.5
				Rash	782.1

<b>S</b>	Scabies	133.0	<b>U</b>	Underweight	783.22
	Screen for:			Urethral Discharge	788.7
	Chlamydia & Viral Disease	V73.88		Urethritis, Gonococcal	098.0
	Thyroid	V77.0		Urethritis, STD	099.40
	Sebaceous Skin Cyst	706.2		Urethritis, Non-STD	598.8
	Scrotal/Testicular Mass	608.89		Urinary Complaints, Sx	788.9
	Short Stature	783.43		Urinary Frequency	788.41
	Skin Infection,			Urinary Urgency	788.63
	Unspecified	686.9		UTI	599.0
	Somatization Disorder	300.81	<b>V</b>	Vaginal Bleeding	623.8
	Sport/Job/Camp Physical	V70.3		Vaginal Discharge	623.5
	Sleep Disturbance	780.59		Varicocele	456.4
	STD, Contact	V01.6		Vertigo/Dizziness	780.4
	STD, Counseling	V65.45		Viral Exanthem	057.9
	STD, Follow-up Exam	V67.59		Viral Infection, Unspecified	079.99
	STD, Screening	V75.9		Vomiting (Alone)	787.03
	STD, Unspecified	099.9		Vomiting, Persistent	536.2
	Stress, Acute	308.3		Vulvovaginitis	616.10
	Syphilis, Genital (Primary)	091.0		Vulvovaginitis, Candidal	112.1
				Vulvovaginitis, Trichomoniasis	131.01
<b>T</b>	Testicle Torsion	608.2	<b>W</b>	Warts, Genital	078.19
	Throat Pain	784.1		Warts, Unspecified	078.10
	Thyroid Enlargement	240.9		Weight Gain/Overweight	783.1
	Tonsillitis, Acute	463		Weight Check	783.3
	Trichomonal, Vulvovaginitis	131.01		Weight Loss	783.21
				Well Child (0-17)	V20.2
				Well Child (18+)	V70.0
				Worried Well (Could Not Find Problem)	V65.5
				(See also V71.x)	