



Society for  
Maternal • Fetal  
Medicine

# SMFM FALL CODING COURSE



San Diego, California  
Thursday, April 27, 2022



# Disclosure of Faculty and Industry Relationships



- The following course faculty members have no conflicts of interest to disclose:
  - Vanita Jain, M.D.
  - Steve Rad, M.D.
  - Brad Hart, MBA, MS, CPC, CPMA, COBGC



# Objectives



- At the conclusion of this day of the course, attendees should be able to:
  - Discuss the fundamental principles of procedure and diagnosis coding for MFM providers.
  - Apply the principles of E/M coding for both inpatient and outpatient services, as well as consultations.
  - Demonstrate understanding of coding for delivery services.
  - Describe coding/billing rules associated with incident to and split-shared billing.



# Connecting to SMFM resources



There is an SMFM Coding White Paper available on this topic at [smfm.org](https://www.smfm.org).



There is an SMFM Coding Tip available on this topic at [smfm.org](https://www.smfm.org).





# Introduction to Coding for MFM

Brad Hart, MBA, MS, CMPE, CPC, CPMA, COBGC

Reproductive Medicine Administrative Consulting

Gastonia, North Carolina

# Why coding?





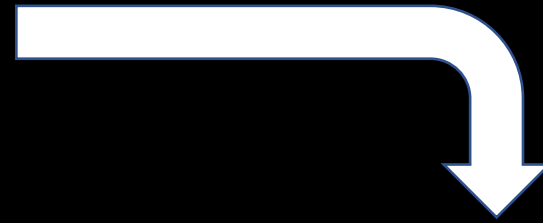
# Why coding?



The entity (payer) that is ultimately reimbursing for the service is not there when it takes place.



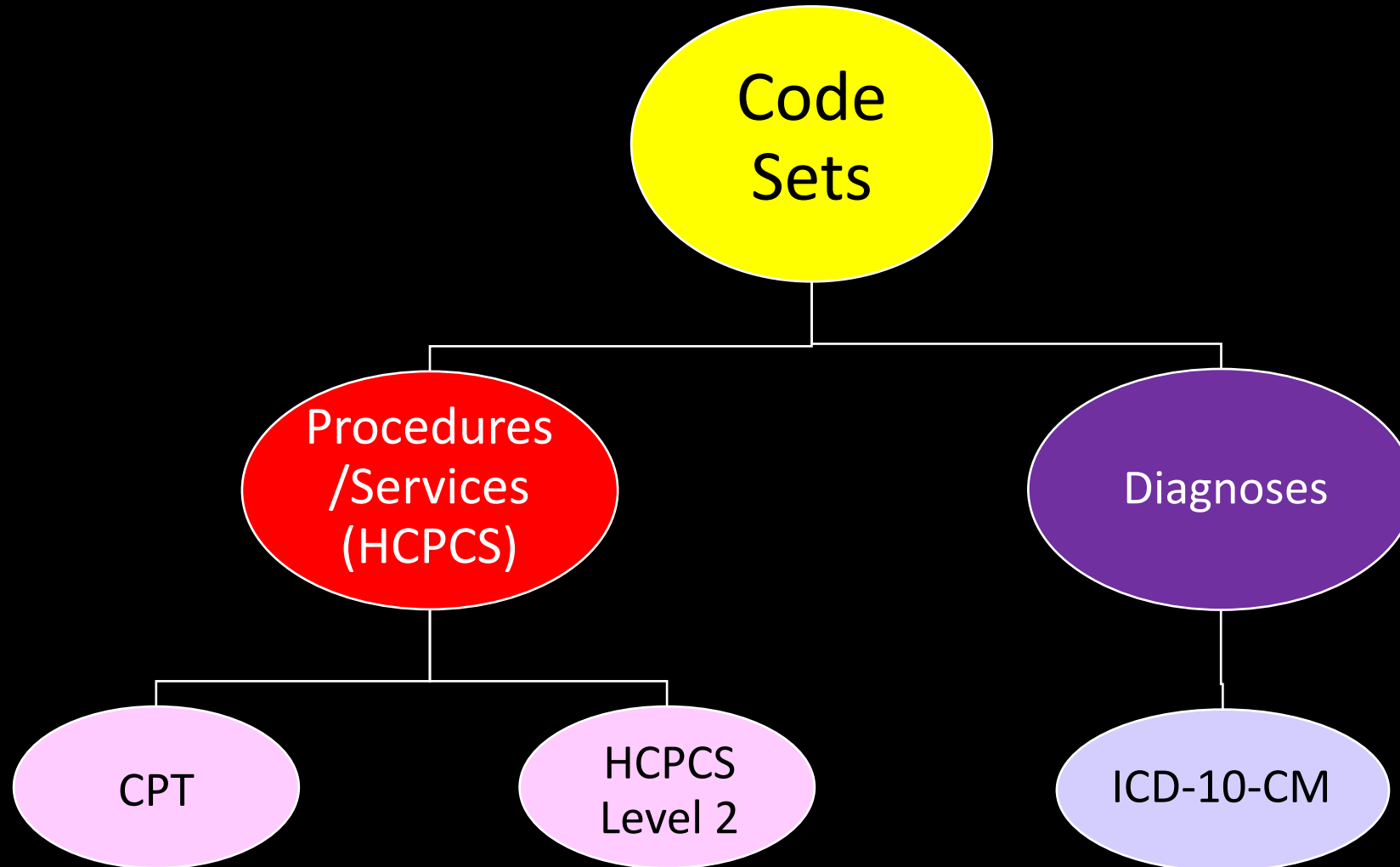
# Why coding?







# The tools for coding





# Practical tools for coding



**PUBLIC, JANE**      **PATIENT: 23434**      **DOS: 11/29/2011**  
 Age: 44

**CC:** Fibroids

**HPI:** GSP4  
 LMP 10/5/11: Periods irregular, but heavy  
 Hot flashes 6-7 times per day; sweats @ night, worse in last two months  
 Pelvic ultrasound results: 14.1 cm leiomyomatous uterus with 2.6 cm endometrium and 3.8 cm cystic left ovary

**ENDOMETRIAL BIOPSY TODAY**

**ROS:** Patient denies fever, chills or malaise. Feeling generally well

**PMH:** No significant history or surgical procedures  
 GYN-menarche at 13 years. Cycles: Regular, monthly  
 Last Pap: 24 months ago-normal  
 Denies STDs  
 Contraception: Birth control

**SH:** Marital: Married  
 Occupation: RN  
 Denies tobacco, recreational drugs, occasional ETOH

**FH:** Mother-deceased at age 64; bone cancer  
 Father-deceased at age 68; emphysema (non-smoker)  
 Siblings: 1 sister with diabetes; 1 brother, 3 sisters all well

**Vitals:** BP 121/71

**PE:** Well nourished and well developed in no acute distress. Affect is normal and appropriate. Mucosa pink and moist. Chest is CTA. Heart is RRR without murmurs. Gait is WNL. Well nourished and well developed in no acute distress. Affect is normal and appropriate. Mucosa pink and moist. Chest is CTA. Heart is RRR without murmurs. Gait is WNL. Normal female external genitalia. Herniation of rt lateral vaginal wall into vaginal canal. No discharge. Cervix normal, without discharge. No cervical motion or tenderness. Uterus, 12-14 weeks size, mobile, non-tender, anteverted. No adnexal or ovarian masses noted. No adnexal tenderness. Cervix cleaned with betadine. EMB device passed to 6 cm in cavity and aspiration sampling performed. Adequate sample obtained. No pelvic tenderness with bimanual examination after procedure

**A/P:** Uterine leiomyoma  
 F/U in two weeks with EMB results  
 Consider hysterectomy, possibly laparoscopic

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) 15. OTHER DATE  
 MM DD YY QUAL MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION  
 FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. \_\_\_\_\_ 17b. NPI \_\_\_\_\_

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES  
 FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? \$ CHARGES  
 YES  NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) ICD (incl. \_\_\_\_\_

A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_ D. \_\_\_\_\_  
 E. \_\_\_\_\_ F. \_\_\_\_\_ G. \_\_\_\_\_ H. \_\_\_\_\_  
 I. \_\_\_\_\_ J. \_\_\_\_\_ K. \_\_\_\_\_ L. \_\_\_\_\_

22. RESUBMISSION CODE ORIGINAL REF. NO. \_\_\_\_\_

23. PRIOR AUTHORIZATION NUMBER \_\_\_\_\_

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (CPT/HCPCS) MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DATES OF UNITS	H. ICD (incl. ICD-9-CM)	I. QUAL.	J. RENDERING PROVIDER ID. #
1									NPI
2									NPI
3									NPI
4									NPI
5									NPI
6									NPI

25. FEDERAL TAX ID. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO. \_\_\_\_\_

27. ACCEPT ASSIGNMENT? (For gov. benefit use only)  YES  NO

28. TOTAL CHARGE \$ \_\_\_\_\_

29. AMOUNT PAID \$ \_\_\_\_\_

30. Pmt for NUCC Use \_\_\_\_\_

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (If certify that the statements on the reverse apply to this bill and are made a part thereof.)

32. SERVICE FACILITY LOCATION INFORMATION

33. BILLING PROVIDER INFO & PH # ( )

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

a. NPI \_\_\_\_\_ b. \_\_\_\_\_

c. NPI \_\_\_\_\_ d. \_\_\_\_\_

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org) PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

Medical Record

CMS-1500 Claim Form



# Insurers and Payment Policies



Procedure  
(CPT)

Diagnosis  
(ICD-10-CM)



- Services must be appropriate for the evaluation and treatment of the patient
- CPT and ICD-10-CM codes must be supported by the documentation in the medical record
- Physicians are paid for medical “services” they provide but the clinical need for each service must be “justified” by a code from ICD-10-CM



# What are CPT codes and where do they come from?



- Healthcare Common Procedural Coding System
- **Level I: CPT:** Current Procedural Terminology (CPT) System of 5-digit alphanumeric codes complemented by 2-digit modifiers (What/how?)
  - Primary set of codes that describes cognitive and procedural services
  - Copyrighted by AMA
  - New codes and guidelines in effect on January 1 each year



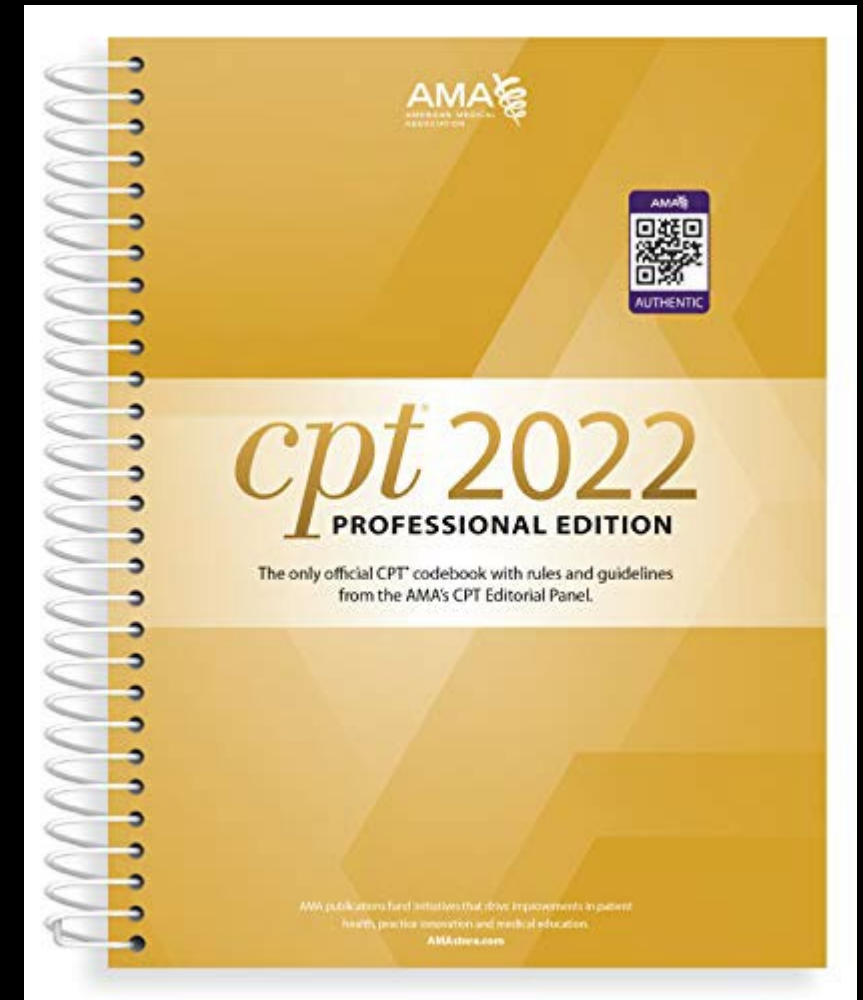
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# Category I CPT Codes



- CPT codes are divided into 6 sections:
  - Evaluation and Management (E/M)
  - Anesthesiology
  - Surgery
  - Radiology
  - Pathology and Laboratory
  - Medicine





# Category I CPT Codes



- Specific guidelines included in each section
- Other instructions present for selected codes
- Important to read and follow CPT guidelines and instructions



# Code Sets: HCPCS



- **Level II: National Codes**
  - 5-digit alphanumeric codes
  - Developed by CMS with payer input
- **Permanent**
  - Maintained by National Panel (i.e. “J” codes)
    - J1726            Injection, hydroxyprogesterone caproate, (Makena), 10 mg
- **Temporary**
  - Solutions to operational needs
    - G0425            Telehealth consultation ED or initial inpatient, typically 30 minutes communicating with the patient via telehealth



# Clarifying the use of ICD-10-CM (“Why?”)



- The International Classification of Disease, 10<sup>th</sup> edition, Clinical Modification (ICD-10-CM), is developed and copyrighted by the WHO.
- Used for morbidity and mortality statistics and in reimbursement systems
  - Updated in the U.S. by CMS and NCHS
- ICD-10 updates occur each year on October 1





# Why ICD-10 codes?



- **ICD-10-CM** codes describe the clinical picture of the patient
  - 3-7 character alphanumeric codes
  - Organized by organ system or condition
    - 22 chapters



# ICD-10-CM code format



- Code Format: **XXX.XXX X**
  - **XXX= Category**
  - *XXX= Etiology, anatomic site, severity*
  - X= Extension
- Placeholder Character X
  - Used with certain codes for potential future expansion or
  - Used to expand code when 7<sup>th</sup> digit extension required



# Diagnosis coding



Type of Code	Description	ICD-10-CM Code
Condition	Sickle-cell disease w/o crisis	D57.1
Illness	Influenza due to unidentified virus w/respiratory manifestations	J11.1
Diseases	Crohn's disease, unspecified without complications	K50.90
Injuries	Contusion of vagina and vulva	S30.23X-
Signs/symptoms	Right lower quadrant pain Shortness of breath	R10.31 R06.02
Other reasons for medical care	Encounter for antenatal screening for malformations	Z36.3



# Diagnosis coding



- CMS and NCHS have authorized a set of rules to accompany and complement conventions, instructions and abbreviations
- Intended to assist in identifying diagnoses and procedures
- Understanding of terminology and conventions necessary
- Conventions and abbreviations found in front of book



# Diagnosis coding



- Documentation must support ICD code reported
- The entire record can be used to determine the appropriate code
- Consistent, complete, and accurate documentation is critical for proper code selection
- Assignment of a code is based on the provider's documentation of the condition(s) that exist



# Practical tools for coding

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Who? (the Patient)

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).										22. RESUBMISSION CODE		ORIG REF. NO.	
A.	B.	C.	D.	E.	F.	G.	H.	J.	L.	23. PRIOR AUTHORIZATION NUMBER			
24A. DATE(S) OF SERVICE					B.	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E.	F.	G.	I.	J.
From	DD	YY	To	DD	YY	POS	CPT	MODIFIER	DX POINTER	\$ CHARGES	DAYS/ UNITS	ID QUAL	RENDERING PROVIDER N°
													NPI
													NPI

When?

Where?

Who? (the Provider)



# Common place of service codes



- 11 Office
- 19 Off Campus-Outpatient Hospital
- 21 Inpatient hospital
- 22 On Campus-Outpatient hospital
- 23 Emergency room
- 24 Ambulatory surgery center
- 25 Birthing center
- 02 Telehealth



# Practical tools for coding



## What?/How?

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to space line below (24E).										22. RESUBMISSION CODE		ORIG REF. NO.					
A.		B.		C.		D.											
E.		F.		G.		H.		23. PRIOR AUTHORIZATION NUMBER									
I.		J.		K.		L.											
24.A. DATE(S) OF SERVICE From MM DD YY To MM DD YY				B.		D. PROCEDURE(S), SERVICE(S) SUPPLIES (Explain Unusual Circumstances) CPT MODIFIER		E.		F.		G.		I.		J.	
				POS				DX POINTER		\$ CHARGES		DAYS/ UNITS	ID QUAL		RENDERING PROVIDER N°		
															NPI		
															NPI		





# Practical tools for coding



What?/How?

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-E to service line below (24E).										22. RESUBMISSION CODE		ORIG REF. NO.		
A.		B.		C.		D.								
E.		F.		G.		H.		23. PRIOR AUTHORIZATION NUMBER						
I.		J.		L.										
24. DATE(S) OF SERVICE		To		D. PROCEDURES, SERVICES, OR SUPPLIES		E.		F.		G.	I.	J.		
From		MM	DD	MM	DD	YY	(Explain Unusual Circumstances)	CPT	MODIFIER	DX POINTER	\$ CHARGES	DAYS/ UNITS	ID QUAL	RENDERING PROVIDER N°
														NPI
														NPI

Why?



# Coding Principles



Document **what** was done (CPT codes)

Document **why** it was done (ICD-10-CM codes)

**Code** for what you document



# Questions?