

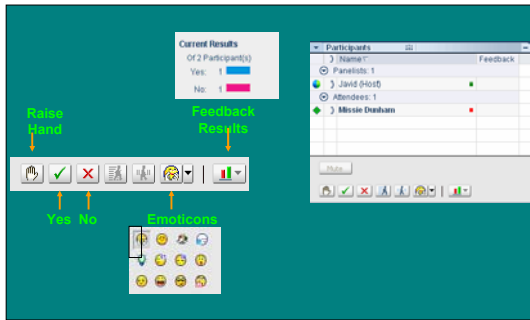
Coding for Clinicians

April 13, 2010

Leslie A. Watts, MS, CPC
Bixby Center for Global Reproductive Health
University of California, San Francisco

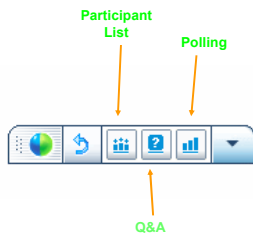
California Department of Public Health
Office of Family Planning (OFP)

Tools you can use – Feedback Toolbar



Floating Toolbar

- Use the floating toolbar to communicate in today's session.



Family PACT

Q&A

Click Send

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Evaluation and Sign-in

At the conclusion of session complete:

1. Evaluation Form
2. Sign-in Sheet

Please fax these items to 510-625-9307

Those without web access can get forms by calling 1-877- FAMPACT

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File Transfer

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File name	Location	Size	Status
2013-01-17-09H.doc		4,752.0 B	Not Saved
STD_Update_Evaluab...		53,760 B	Not Saved

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Objectives

As a result of this training, participants will be able to:

1. Describe the Superbill and its utility in coding Family PACT services.
2. Describe coding for Family PACT primary benefits and secondary related reproductive health conditions.
3. Accurately code a Family PACT visit.
4. Discuss communicating about codes for services referred outside your practice.

Purpose of Coding

- Provides uniform method of reporting:
 - **What:** Services given (CPT, E/M, and/or HCPCS)
 - Additional information (Modifier)
 - **Why:** Diagnoses (S-codes and ICD-9)
- To establish medical necessity
 - For every **'what'** there must be a **'why'**
- It is how you are credited for the work you do
- It is how your practice collects fee-for-service reimbursement



Tools for Clinicians

- **Family PACT Superbill 3/1/10v**
- **Policies, Procedures and Billing Instructions manual:**
 - **Benefits Grid**
 - **Treatment and Dispensing Guidelines for Clinicians**
- **Family PACT Referral Form**
- **“Family PACT Update” bulletin**

www.familypact.org

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www.familypact.org/providers Providers Research General




You Are Here: [Home](#) > [Providers](#) > Policies, Procedures, and Billing Instructions

Policies, Procedures, and Billing Instructions


The **Family PACT Policies, Procedures and Billing Instructions (PPBI)** manual is your official program provider manual. This revision includes all communicated changes and modifications to the program found in previous Medical Update bulletins and Family PACT Program letters. This is the program's resource for successful incorporation of the Family PACT Program into your practice.

PPBI

NEW Navigating the New Policies, Procedures, and Billing Instructions | [Audio and Internet Conference \(MP3, 3/29/10\)](#) | [Emergency Protocols \(PDF\)](#)

- [NEW PPBI Manual](#)
- [NEW Family PACT Benefit Grid](#)
- [Medical Manual](#)
- [NEW Family PACT Formulary](#)
- [NEW Family PACT Price Guide](#)
- [NEW Family PACT Program Standards](#)

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Coding Resources

- **Diagnoses:** ICD-9-CM
International Classification of Diseases – 9th Revision - Clinical Modification
 - Developed by WHO; maintained by CMS
- **Medical services** performed by physicians: CPT Current Procedural Terminology (4th edition) **Level I of HCPCS**
 - Visits: Evaluation and Management CPT codes (E/M)
 - Developed and maintained by AMA
- **Procedures and supplies:** HCPCS II National Codes Healthcare Common Procedure Coding System
 - Developed and maintained by CMS

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Coding Resources

- **Program specific codes:** HCPCS III Local (interim) Codes
 - Family PACT primary diagnosis S-codes and Education and Counseling (E&C) codes
 - Some injection and drug codes
 - Some modifiers
 - Developed and maintained by Medi-Cal
 - **Phasing out to become HIPAA compliant**
- **Medi-Cal Bulletin & "Family PACT Update"**
 - Read bulletins upon publication (15th of month) as changes often occur the first of the following month.

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Why Must Clinicians Be Active in Coding?

- Informs **history** and **physical exam** components
 - But don't add these elements solely for billing
- Informs **documentation**
 - But don't document elements not performed
- Informs the choice of **correct codes** for an encounter
- **Minimize errors** in coding
 - Under-coding: missed income, production credit
 - Over-coding: compliance violations, fraud

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Family PACT Superbill

- Tool requested by providers
- Designed by OFP and Health Access Programs (HAP) Field Reps
- Updated as codes/benefits change
- May be modified to fit the needs of your practice (downloadable Excel file)
- Not an official form; use is not required

<http://www.familypact.org/en/Providers/provider-resources.aspx>

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Family PACT

Coding Primary Benefits

- What lab tests are performed on-site in your practice?
 - CLIA certification required:
 - On-site CLIA-waived testing
 - On-site provider-performed microscopy procedures
 - On-site clinical lab
- Only mark on Superbill what is performed on-site
 - Superbill serves as a tool of covered benefits listing services found on the Benefits Grid

www.cms.gov Keyword: CLIA

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Family PACT

Laboratory Modifiers

- What is your claim vs. the lab's claim?
- Modifiers
 - TC** Technical component
 - 26** Professional component
 - ZS** Both
 - QW** On-site with CMS appr'd test kit
 - No modifier (AKA, not split-billable)
- Source: Medi-Cal Part 2 manual
 - www.medi-cal.ca.gov

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Family PACT

Indicate On-site Tests Done

Lab: Screening Tests (All S-Code except 560)	Lab: Specific to S-Code Diagnosis
<input type="checkbox"/> 86562 VDRL/RPR	0061 Lipid profile
<input type="checkbox"/> 86701 HIV-I	0076 LFTs
<input type="checkbox"/> 86702 HIV-II	1000 UA dipstick w/micro
<input type="checkbox"/> 86703 HIV-I & HIV-II single assay	4 81001 UA auto w/micro
<input type="checkbox"/> 87081 GC culture	5 81002 UA dipstick w/micro
<input type="checkbox"/> 87491 Chlamydia NAAT	6 81003 UA auto w/micro
<input type="checkbox"/> 87591 GC NAAT	7 81025 Urine preg test
<input type="checkbox"/> 87800 Infant antigen detection (direct probe)	8 82465 Cholesterol
	9 82947 Glucose
	10 82951 2hr GTT
	11 85013 Hematocrit, spun
	12 85014 Hematocrit
	13 85018 Hemoglobin
	14 85025 CBC w/diff
	15 85027 CBC w/diff
	16 88142-3 Pap
	88147-8 Pap
	88164-5 Pap
	88167 Pap
	88174-5 Pap
	See Cervical Abn for reflex tests and HPV test
	17 88302 Surgical pathology
	18 93000 ECG
	19 71020 Chest Xray

LABS: Screening Tests - Reflex Tests
Based on a positive Screening Test above
(All S-Code except 560)

86761 TP-coat test

86693 Syphilis test

86689 HIV confirm

87480 Chlamydia di

87560 GC direct probe

BLOOD DRAW & HANDLING

95000 Blood specimen handling and/or conveyance to unaffiliated lab

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Family PACT **Laboratory Requisition Forms**

- Do you know what you are really ordering?
- If you don't see CPT codes on requisition forms, communicate with lab representatives to ensure services are the covered benefits that you intend to order.
- Enter accurate Primary (S-codes) and Secondary (ICD-9) codes on all lab slips

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Family PACT **Pap Smears***

Taking a Pap smear sample is considered part of a pelvic examination and is **not** separately reimbursable. The Pap smear test is reimbursable only to the provider who performs and reads the Pap smear and issues the written report.

Medi-Cal Part 2 manual path cyto 1

- 88142 LBC, manual screen
- 88143 LBC, manual screen and re-screen
- 88147 Smear, automated screen
- 88148 Smear, automated screen, manual re-screen
- 88164 Smear, Bethesda, manual screen
- 88165 Smear, Bethesda, manual screen, re-screen
- 88167 Smear, Bethesda, manual/computer re-screen
- 88174 LBC, automated screen
- 88175 LBC, automated screen, manual re-screen
- For HPV tests, see Cervical Abnormalities in Benefits Grid

* Pap Smears reimburse once per 30 days

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Family PACT **Ordering Screening Lab Tests**

<p>LABS: Screening Tests (All S-Codes except S60) Use for symptomatic or asymptomatic clients as clinically indicated based on individual assessment</p> <p><input type="checkbox"/> 86592 VDRL, RPR</p> <p><input type="checkbox"/> 86701 HIV-I</p> <p><input type="checkbox"/> 86702 HIV-II</p> <p><input type="checkbox"/> 86703 HIV-I & HIV-II single assay</p> <p><input type="checkbox"/> 87081 GC culture</p> <p><input type="checkbox"/> 87491 Chlamydia NAAT</p> <p><input type="checkbox"/> 87591 GC NAAT</p> <p><input type="checkbox"/> 87800 Inf agent antigen detection (direct probe)</p>	<p>When ordering Ct/GC direct probe screening 87800, lab will reflex to 87490 & 87590 when 87800 is positive. Do not order reflex tests independently.</p>
<p>LABS: Screening Tests - Reflex Tests Based on a positive Screening Test above (All S-Codes except S60)</p> <p><input type="checkbox"/> 86781 TP-conf test; if positive, 86593 is req'd</p> <p><input type="checkbox"/> 86593 Syphilis test, quantitative</p> <p><input type="checkbox"/> 86689 HIV confirmation</p> <p><input type="checkbox"/> 87599 Chlamydia direct probe</p> <p><input checked="" type="checkbox"/> 87800 GC direct probe</p>	<p>Order either NAAT or direct probe, not both on same day.</p> <p>It is duplication to order/perform GC culture on the same day as GC NAAT or GC direct probe.</p>
<p>BLOOD DRAW & HANDLING</p> <p><input type="checkbox"/> 99000 Blood specimen handling and/or conveyance to unaffiliated lab</p>	

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Family PACT

Medi-Cal Patient Acknowledgement for Drugs, Devices, and Lab Tests

By signing below, I agree that I have received assistance from my provider in obtaining prescriptions, drugs, devices, or lab tests by written order, and that I have given permission for the performance of lab tests or orientation.

Date: _____ Signature: _____ Print name: _____

- Requires providers to “obtain and keep a record of clients’ signatures when dispensing a product or prescription or when obtaining a laboratory specimen”
- Applies to any drug, device, supply, or lab test, for which Family PACT will be billed
- If client is not picking up, note relationship of the person receiving the drug for the client
- Some alternatives and exceptions apply
- May use Superbill or other document to be available “on file”

Welfare and Institutions Code Section 14043.341
 PPBI: prov res 7 and Medi-Cal Part 2 39

Family PACT

Availability of Covered Services

On-Site

- OC, EC, patch, ring (dispense or by prescription)
- Contraceptive injection
- Condoms, spermicides, LAM
- Pregnancy test, with counseling
- Screening, testing, treatment of uncomplicated sexually transmitted infections (STIs)
- Cervical cancer screening (Pap test)

On-site or By Referral


- IUCs, diaphragm, FAM, sterilization
- Complications: method-related or due to treatment of reproductive health condition
- Pre-invasive cervical lesion services
- Screening mammogram (women ages 40-55) 40

Family PACT

Sending Clients to a Consultant

- Designate specific provider or any provider in group to whom client is being sent
- Indicate if the request is urgent or routine
- Send the request in writing, including
 - The purpose of the consultation
 - Relevant hx, exam, lab findings
 - Preference for **treatment recommendation (only)**, a co-management plan, or **specialist to initiate care**
- Provide list of relevant covered services and codes consultant needs for reimbursement
- Provide your billing NPI number to consultant

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Family PACT Referral Form

Client Name _____

Client HAP ID Number _____

Primary Diagnosis Code _____ **S-code required**

Secondary Diagnosis Code _____ **Relevant covered Secondary Diagnosis Code(s)**

Services Needed _____ **Describe services requested and attach relevant pages from Benefits Grid**

Attach completed and signed PM 330 Consent Form for female or male sterilization (if applicable)


Rendering Provider Name _____

Family PACT Provider _____

National Provider Identifier _____ **Required for consultant's claim**

- Written consent is needed for any invasive procedure, including intra uterine contraceptive (IUC), implants and sterilization procedures.
- Sterilizations require the client to sign a sterilization consent form (PM 330).
- For sterilization procedures, the sterilization consent form must be attached to the claim form.


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Tips for Administrators

- Use Family PACT template Superbill or update your office Superbill
- When submitting claims, check that E/M, E&C, and procedure codes match covered primary and secondary diagnosis codes
- On-site drug dispensing
 - Claim for Family PACT formulary drugs only
 - Secondary diagnosis is required for Z7610 (miscellaneous drugs)
 - Billable only by hospital O/P, EDs, surgical units, and community clinics

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Tips for Clinicians

- Use Family PACT (or adapted) Superbill for all Family PACT encounters
- Educate *all* staff regarding benefits and formulary
- Post *Benefits Grid and Treatment and Dispensing Guidelines for Clinicians* at each clinical site

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Benefit Case Study #1

- Ms. A is a 34-year-old woman with a HSIL on Pap 3 weeks ago; seen for colposcopy
- Using a Mirena® IUC for 2 years
- In addition, has complaint of vaginal discharge for 2 weeks
- Wet mount: Candida present
- Colposcopy: biopsy + ECC
- Prescription given for Monistat® 3
- Because of recurrent candidiasis, FBS ordered to screen for Type-2 diabetes

Benefit Case Study #1

Billable

- S-code: S402
- E/M (99212-25)
 - Separately identifiable service
 - Wet mount (Q0111-ZS)
 - ICD-9: 112.1 (candida)
 - Colpo+biopsy (57454-AG)
 - ICD-9: 795.04 (HSIL)
 - Surgical Supplies (57454 ZM)
 - ICD-9: 795.04 (HSIL)

Do not Bill

- Miconazole
 - Pharmacy dispensed
- Fasting blood glucose
 - Not a S402 benefit
- Surgical path
 - Lab slip: S402 + 795.04

Remember:

- Two 2° diagnosis ICD-9 codes are required along with the S-code
- Pathology slips needs PDC & SDC
- Client must be advised that FBS is not covered for diabetes and note that she agrees to be responsible (client signs or initials).

Benefit Case Study #2

- Ms. B is a 28-year-old woman whose male partner was diagnosed with gonorrhea
- She has no symptoms
- Using NuvaRing® as contraceptive method
- Diagnostic tests for gonorrhea and chlamydia obtained and sent to lab
- No abnormalities on pelvic exam
- Dispensed:
 - Ceftriaxone 125 mg IM
 - Azithromycin 1 gm PO

Benefit Case Studies #2

Billable

- S-code: S102
- E/M (99213)
- Medication (Z7610)
 - Azithromycin
 - ICD-9: V01.6
- Medication (J0696)
 - Ceftriaxone IM
 - ICD-9: V01.6

Do not Bill

- Ct & GC screening
- Lab slip: 87800 S102

Remember

- Use the ICD-9 code that indicates she had contact with or exposure to infection
- Document NDC for Ceftriaxone

Heads Up! ICD-10 is Coming October 1, 2013

ICD-9-CM Volumes I and II

3 – 5 characters
First character can be either numeric or alpha
Characters 2 – 5 are numeric
Coding possibilities: 13,000

ICD-10-CM

3 – 7 characters
First character is always alpha
Characters 2 – 7 can be either alpha or numeric
Coding possibilities: 68,000

The change will have major impacts on provider's charting and billing practices. Medical staff and coding personnel will need to become familiar with the new system. Computer systems will need to be updated to accept the new codes. ICD-9-CM and ICD-10-CM/ICD-10-PCS are not fully compatible; codes cannot simply be cross-walked. There will need to be coordination among all trading partners.

For Additional Assistance

- **Policy & Benefits: Office of Family Planning**
 - Telephone: 916-650-0414
 - Website: www.familypact.org
 - E-mail: fampact@cdph.ca.gov
- **Billing Assistance: HP Enterprises**
Telephone Service Center: 1-800-541-5555
- **Technical Assistance: Resource Line**
Telephone: 1-877-FAMPACT (1-877-326-7228)

Family PACT
Family Assessment and Management Program

Questions & Answers

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Family Assessment and Management Program

File Transfer

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File name	Location	Size	Status
CLINICALFORM.doc		4320 B	Not Saved
STD_Update_Evaluat...		53760 B	Not Saved

To download a file, either select it and then click Download, or right-click.

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Family Assessment and Management Program

Evaluation and Sign-in

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2. Sign-in Sheet

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