
Infertility Coding: Is Your Coding Reproductive?

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About me

I've been coding since 2007 in many different specialties. I started off my coding career working as a biller and coder for a pain management clinic in Bristol, CT. When the practice moved to Hartford I chose to stay with Bristol Hospital and do the coding and auditing for their multi-specialty group. The specialties ranged from primary care, rheumatology, general surgery, OBGyn, psychiatry, wound care, etc. Afterwards, I became the Billing Office Manager for a company called In Vitro Sciences, Inc. (part of Women's Health USA) where I managed the billing operations for 3 infertility practices in CT as well as Long Island, NY. Currently, I am the Medical Documentation Auditor for WHUSA as well as the Coding Trainer. WHUSA has approximately 250 OBGyn's in the state of CT and another 150 throughout NY. We also are contracted with Planned Parenthood.

Objectives

- What is infertility?
- Causes of infertility
- Underlying cause/OB Treatment
- Diagnosis and treatment options
 - Focus on IVF as it is most complex
 - New and emerging technologies
- CPT coding for procedures
- ICD 10 coding
- Documentation and mock IUI cycle examples
- Fertility Preservation

Infertility

- The World Health Organization defines infertility as follows:
- “Infertility is the inability to conceive a child. A couple may be considered infertile if, after two years of regular sexual intercourse, without contraception, the woman has not become pregnant.”
(American Society of Reproductive Medicine defines as 1 year for couples under 35 and 6 months for over 35 years of age)
- Primary infertility is infertility in a couple who have never had a child.
- Secondary infertility is failure to conceive following a previous pregnancy.

Common female causes of infertility

- Ovulation problems (e.g. polycystic ovarian syndrome (PCOS) is the leading reason why women present to fertility clinics due to anovulatory infertility)
- Tubal blockage
- Pelvic inflammatory disease
- Age-related factors
- Uterine problems
- Endometriosis

Common male causes of infertility

- Low semen quality
- Low sperm count
- Immotile sperm
- Testicular malformations
- Hormone imbalance
- Blockage of male duct system

Diagnostic Testing

- Blood testing (AMH, prolactin, FSH, LH, etc)
- Ultrasound
 - Transvaginal – 76830 (looking for signs of PCOS or fibroids)
- Sonohysterogram (uses saline to evaluate uterus)
 - 58340 and 76831 (if performed in the facility setting use modifier 26)
- Hysterosalpingogram (uses contrast dye to evaluate tubes)
 - 58340 and 74740 (if performed in the facility setting use modifier 26)
- Semen Analysis
 - 89300 (post coital)
 - 89310 (motility and count)
 - 89320 (volume, count, motility, and differential)

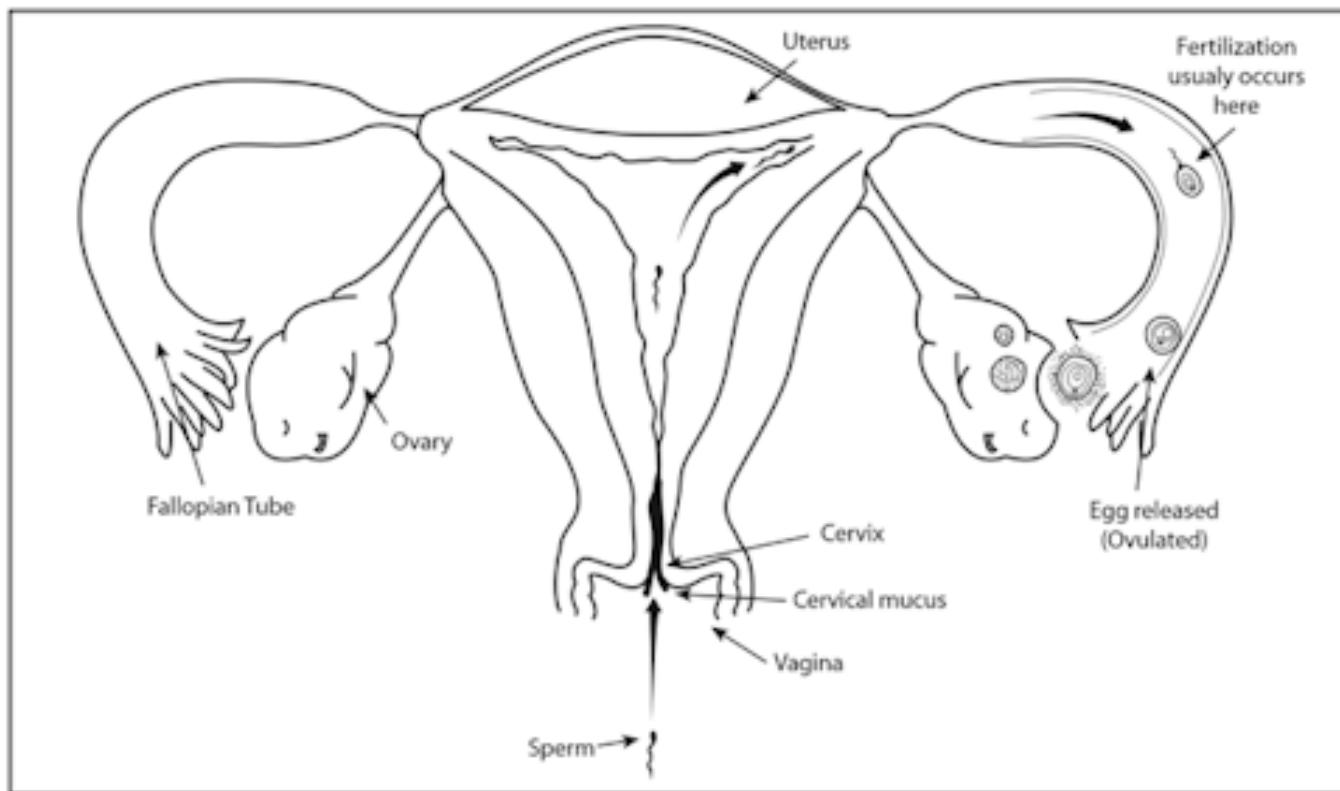
Possible treatment options

- Ovulation induction medications (such as clomid)
- In Vitro Fertilization
- Intra-Uterine Insemination
 - 58322 (IUI), 76830(optional ultrasound), 58323(sperm wash)
- Gestational Carriers
- Surrogacy
- Sperm/Egg/Embryo Donation

What is IVF?

- Per ASRM “IVF is a method of assisted reproduction in which a man’s sperm and a woman’s eggs are combined outside of the body in a laboratory dish.”
 - One or more fertilized eggs may be transferred back into the women.
 - The basic steps in an IVF treatment cycle are *ovarian stimulation, egg retrieval, fertilization, embryo culture, and embryo transfer.*

Female Anatomy



*Figure 1. Solid arrows indicate path sperm must travel to reach the egg.
The fertilized egg continues traveling through the fallopian tube to the uterus.*



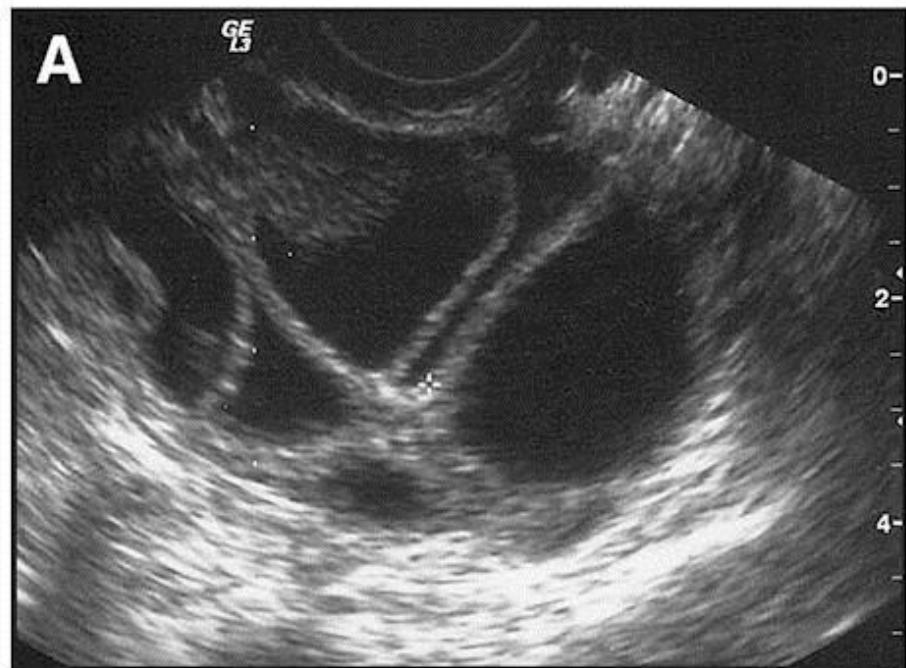
HEALTHCON

Images courtesy of ASRM

Ovarian Stimulation

- Can be oral or injectable medications
- Produce multiple follicles which contain eggs
- Medication is given to stop ovulation after stimulation
- Ultrasound and blood monitoring every few days

Figure 2



Ovarian follicles, stimulated by ovulation medications, visible on ultrasound. The dark, circular areas are the follicles.

Egg Retrieval

Aspiration of oocytes:
58970

Ultrasound guidance ova aspiration:
76948

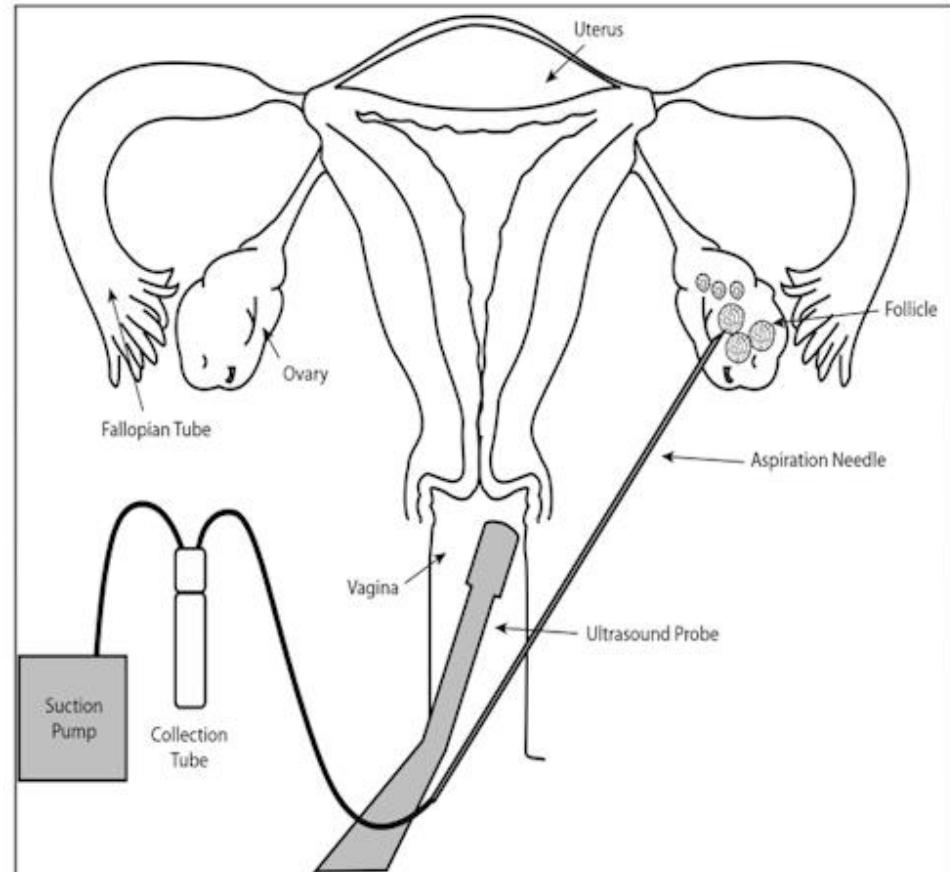


Figure 3. Egg retrieval is usually performed through the vagina with an ultrasound-guided needle.



HEALTHCON

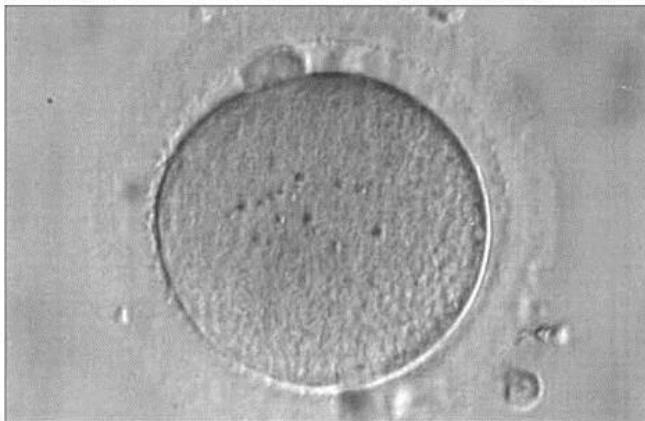
Embryo Culture /other lab procedures

- 89260/89261: Sperm isolation simple/complex:
- 89254: Oocyte identification from follicular fluid
- 89268: Insemination of oocytes (non-ICSI method)
- 89250: Culture of oocyte(s)/embryo(s), less than 4 days;
 - 89251: w/co-culture of oocyte(s)/embryos (not add on code)
- 89272: Extended culture of oocyte(s)/embryo(s), 4-7 days
- 89258: Cryopreservation; embryo(s)

Intracytoplasmic Sperm Injection/ICSI

CPTs: 89280 (≤ 10 eggs)/89281(>10 eggs)

Figure 4



A mature, unfertilized egg.

If only ICSI is used do not use 89268; if both techniques are used then use both codes.

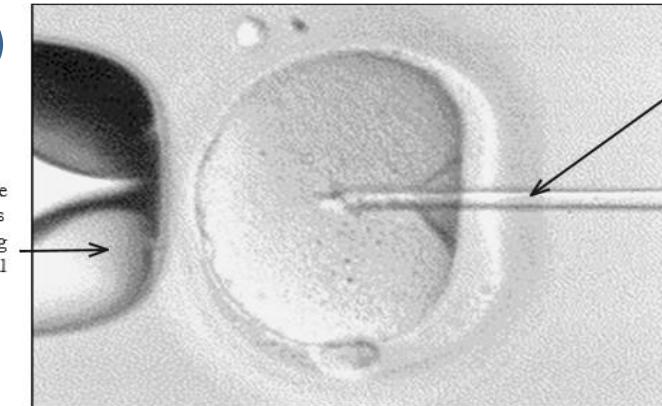


Figure 5. Intracytoplasmic sperm injection (ICSI), in which a sperm is injected directly into an egg to facilitate fertilization.

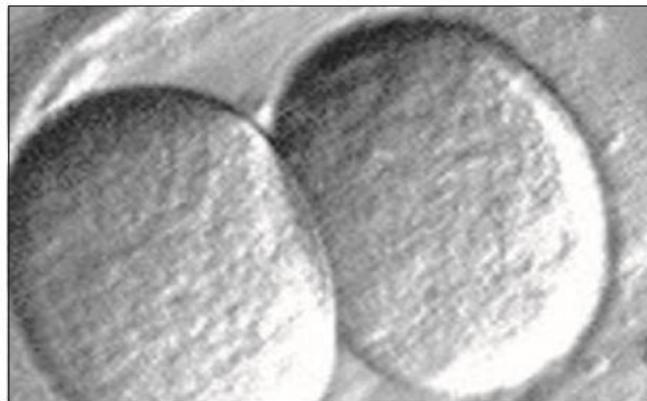


Figure 6. A fertilized egg has divided once and is now a 2-cell embryo.



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Elective or Diagnostic lab procedures

- 89253: Assisted embryo hatching, microtechniques (any method)
- 89257: Sperm identification from aspiration (other than seminal fluid)
- 89264: Sperm identification from testis tissue, fresh or cryopreserved
- 89290: Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation diagnosis); less than or equal to 5 embryos
- 89291: Greater than 5 embryos

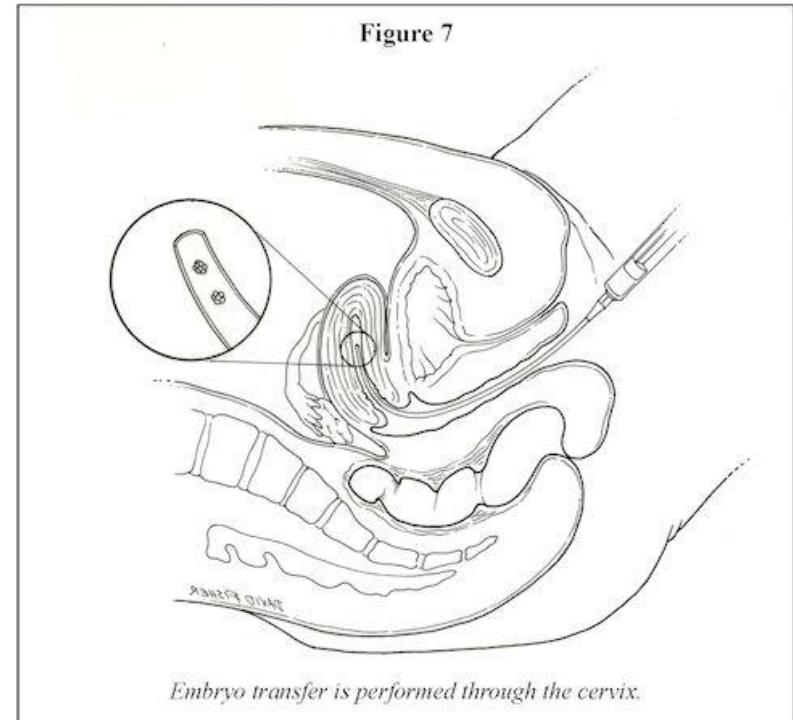
PGS

PGS- Preimplantation Genetic Screening

- The purpose of PGS is to analyze, select and transfer only embryos that have the appropriate number of chromosomes.
- *Aneuploidy* is the term used to describe any embryo with either too many or too few chromosomes. The normal amount for humans is 23 pairs of chromosomes, for a total of 46. Twenty-two of these pairs, called autosomes, look the same in both males and females. The 23rd pair, the sex chromosomes, decides female and male. Most people are not aware that aneuploidy is the cause of greater than 60% of miscarriages, as well as the most likely reason that patients do not get pregnant from an in-vitro fertilization (IVF) cycle with unscreened embryos

Getting ready for transfer/Transfer

- 89255: Preparation of embryo for transfer (any method)
- 58974: Embryo transfer, intrauterine
- 76705: Ultrasound, abdominal, real time with image documentation; limited



PGD

Preimplantation Genetic Diagnosis,

- Involves removing a cell from an IVF embryo to test it for a specific genetic condition (cystic fibrosis, Tay Sachs, Fragile X, Myotonic Dystrophy and Thalassemia for example) before transferring the embryo to the uterus.

Other options

- Gestational Carriers
- Surrogacy
- Sperm/Egg/Embryo Donation

Fertility Preservation

- **Embryo Freezing**
- **Egg Freezing**
- **Ovarian Tissue Freezing**
- **Ovarian Suppression**
- **Donor Eggs and Donor Embryos**
- **Sperm banking/freezing**

Reasons for fertility preservation

Personal Choice

- More and more patients are waiting longer to have children and since a women's prime child bearing years are in her 20s and early 30s some women are opting to freeze their eggs or embryos for later use.

Cancer or other sterilizing medical procedures

- For women, certain therapies can cause ovarian damage or failure, early menopause, genetic damage to growing eggs and other reproductive problems.
 - Roughly 8% of women who are diagnosed with cancer are less than 40 years old.
 - For men, cancer treatments can cause damage to the testes and interfere with sperm production.

Infertility ICD 10 Coding

With Examples

New patient visits

- At the first visit if the patient has a previously established diagnosis of infertility continue to use the infertility diagnosis codes.
- If the patient is diagnosed as infertile by a provider at first visit use infertility diagnosis codes.
 - Female infertility on females only.
 - Male infertility on males only.
- If the patient is undiagnosed at end of visit you should use a counseling code for first visit only. Any further visits will need a testing or other diagnosis.

Underlying Cause

- If a patient is seeking infertility treatment for the inability to establish or maintain a pregnancy due to an underlying cause you must code infertility or recurrent pregnancy loss code first and then any additional diagnosis such as PCOS or endometriosis.
 - Patients seeking treatment should not be coded with just the underlying cause diagnosis.
 - Only patients being treated for the underlying cause, without seeking immediate pregnancy, should have the GYN diagnosis only.

Absent, scanty and rare menstruation

- The diagnosis codes for conditions “amenorrhea” and “oligomenorrhea” have been broken out into three separate subcategories
 - N91.0 Primary amenorrhea
 - N91.1 Secondary amenorrhea
 - N91.2 Amenorrhea, unspecified
 - N91.3 Primary oligomenorrhea
 - N91.4 Secondary oligomenorrhea
 - N91.5 Oligomenorrhea, unspecified

Primary versus Secondary Amenorrhea

- Primary:
 - When menstruation has not begun by age 16
- Secondary:
 - Absence of menstrual periods for three months in a woman who has previously established regular periods

Counseling

- Preconception Counseling Z31.69
- Encounter for fertility preservation counseling Z31.62
- Encounter procreative management Z31.89
- Encounter for procreative management and counseling for gestational carrier Z31.7

Fertility Testing Codes

- Fertility testing for both male and female Z31.41
 - Can be used for fallopian tube patency testing
 - Encounter for sperm count for fertility testing
 - Other (not infertility) procreative investigation and testing Z31.49

Genetic Testing

- Encounter of female for testing for genetic disease carrier status for procreative management Z31.430
- Encounter for other genetic testing of female for procreative management Z31.438
- Encounter of male for testing for genetic disease carrier status for procreative management Z31.440
- Encounter for testing of male partner of patient with recurrent pregnancy loss Z31.441
- Encounter for other genetic testing of male for procreative management Z31.448

Female Infertility

- Female infertility associated with anovulation N97.0
- Female infertility of tubal origin N97.1
- Female infertility of uterine origin N97.2
- Female infertility of other origin N97.8
- Female infertility, unspecified N97.9

Old ICD9 code 628.1 maps to E23.0 Hypopituitarism (which includes infertility due to...)

Recurrent pregnancy loss

- ICD10 descriptor: 3 or more consecutive spontaneous or missed abortions / Or 2 or more second trimester losses.
 - Payer definitions may differ so check policies
- Use code N96 for Recurrent pregnancy loss without current pregnancy.
- O26.21 Pregnancy care for patient with recurrent pregnancy loss, unspecified trimester

New Code for ICD 10

- Z31.81 is the Encounter for male factor infertility in a female patient
 - Can only be used on a female patient
 - Do not use female infertility code with this code
 - If female patient has her own established infertility use appropriate N97 code.

Egg Donor

These codes are for use on the female patient utilizing the egg donor for insurance billing.

- The Egg donor is under age 35 and designated recipient Z52.811
- The Egg donor is over age 35 and anonymous recipient Z52.812
- The Egg donor is over age 35 and designated recipient Z52.813
- The Egg donor is under age 35 and anonymous recipient Z52.810
- Unspecified use of Egg donor Z52.819

Male infertility

Only use on male patient. Never the female.

- Male Infertility NOS N46.9
- Azoospermia
 - Due to drug therapy N46.021
 - due to infection N46.022
 - due to obstruction of efferent ducts N46.023
 - due to radiation N46.024
 - due to systemic disease N46.025
 - due to other extratesticular causes N46.029
- Organic azoospermia (Azoospermia NOS) N46.01
- Scrotal varices I86.1
- Undescended testis C62.00

Infertility Example-The Smith's

Mr. and Mrs. Smith come for a consultation, they are looking to start a family. They have been actively trying for over a year and are both less than 35 years of age. Mrs. Smith had been taking birth control for 5 years but had stopped over one year ago when they decided to try for children. Mrs. Smith's OBGYN ran initial blood work and transvaginal ultrasounds with no abnormal results and diagnosed her as infertile and subsequently referred them to a RE. The provider reviews the recent blood work and performs their own exam and ultrasound. Afterwards, you agree with the OBGYN that the diagnosis meets ASRM's definition of infertility but would like to do some more tests.

- N97.9 Female infertility, unspecified
- Z31.49 Fertility testing
- E/M visit as well as transvaginal ultrasound of 76830.

Encounters for Fertility treatment

- Artificial Insemination procedure Z31.89
 - There is no longer a diagnosis code for IUI's in ICD10
 - You will use the procreative management code
 - Use as secondary code to infertility code
- Encounter for assisted reproductive procedure (IVF) Z31.83
 - Use as secondary code to infertility code
- Encounter for fertility preservation procedure Z31.84
 - Use reason for fertility preservation as primary diagnosis

Fertility Treatment complications

- Complications of.....
 - ...attempted introduction of embryo in embryo transfer N98.3
 - ...attempted introduction of fertilized ovum following IVF N98.2
 - ... associated with artificial fertilization, unspecified N98.9
- Hyperstimulation of ovaries N98.1
- Infections associated with artificial insemination N98.0
- Other complications associated with artificial fertilization N98.8

A few visits later....

- After a complete infertility workup it is noted that Mr. Smith has borderline low motility in his semen analysis. It is recommended to first try IUI for a few cycles and then re-assess if not pregnant. The patient is here today for her first IUI, sperm wash, and ultrasound to confirm ovulation occurred.
- N97.8 Female Infertility of other origin
 - There is no established dx of male infertility so continue to use female infertility code.
- Z31.89 Procreative management
 - Remember this code is used for Artificial insemination
- 58322, 76830, 58323

Trimesters and weeks

- Most of the codes for conditions and complications of pregnancy have a character indicating the trimester
 - This might be the fourth, fifth or sixth character
 - Since infertility providers will rarely, if ever, see anyone outside of the first trimester all codes will use a 1 for first trimester in this presentation for illustration purposes.
- New codes to indicate the weeks of gestation
 - Will NEVER be the primary code used
 - Code first any complications
 - Z3A.01 Less than 8 weeks
 - Z3A.08 8 weeks
 - Z3A.09 9 weeks
 - Z3A.10 10 weeks
 - Z3A.11 11 weeks
 - Z3A.12 12 weeks

Pregnancy from ART

- Pregnancy resulting from ART procedure (first trimester)
 - O09.811
 - Use when patient is pregnant resulting from IUI or IVF
 - Any Genetic testing on pregnancies with donor or frozen embryos use the age of the egg versus age of patient at time of conception
- Pregnancy with history of infertility
 - O09.01
 - Use when patient is pregnant with or without ART assistance and has a history of infertility.
- High Risk
 - Elderly Multigravida (over 35 years of age) O09.521
 - Elderly Primigravida O09.511

Multiple Gestations

Multiple gestations are broken out by number of amniotic sacs as well as placenta.

Twins-mono/mono (first trimester) O30.011

Twins- Mono/Di O30.031

Twins-Di/Di O30.041

Twins- Unable to determine # of placenta/sacs O30.091

Triplets-two or more monochorionic fetuses O30.111

Triplets- two or more monoamniotic fetuses O30.121

Even more visits later...

- Mrs. Smith had a positive hcg test, level at the time was 131 (Z32.01, 84702) 4 weeks ago after her 3rd IUI. She comes in today for her pregnancy ultrasound. Patient states she feels nauseated in the morning but is otherwise ok. Transvaginal ultrasound today reveals an ongoing twin pregnancy with two placentas and two amniotic sacs. Fetal heart rates confirmed in both. EGA 6w3d.
- O30.041 Twin pregnancy, dichorionic/diamniotic, first trimester
- Z3A.01 Less than 8 weeks gestation
- O09.811 Pregnancy resulting from ART procedure (**first trimester**)
- 76817 Ultrasound, pregnant uterus, real time with image documentation, Transvaginal

Pregnancy Complications

- Biochemical pregnancy O02.81
- Blighted Ovum O02.0
- Missed Abortion O02.1
- Spontaneous abortion Incomplete O03.4
- Spontaneous abortion, Complete O03.9
- Threatened abortion O20.0
- Bleeding <20 weeks O20.9
- Encounter for Fetal Viability O36.80X**0***
 - Last digit can be changed to indicate fetus # (0 for singleton, fetus 1, 2, 3, 4, 5, 9=other)
- Abnormal ultrasonic finding O28.3

ICD 10 Updates for 10/1/2016

- Follicular and Ovarian cysts now must identify which side the cyst is on. If both, use two codes.
 - N83.201 Unspecified Ovarian Cyst, Right
 - N83.202 Unspecified Ovarian Cyst, Left
- Ectopic and Tubal Pregnancies used to be 'with or without intrauterine pregnancy'. Now separated into two different designations.
 - O00.10 Tubal Pregnancy, without intrauterine pregnancy
 - O00.11 Tubal Pregnancy, with intrauterine pregnancy

Cont: Updates for 10/1/2016

- Dyspareunia has expanded out into 4 codes
 - N94.10 Unspecified dyspareunia
 - N94.11 Superficial (intraoital) dyspareunia
 - N94.12 Deep dyspareunia
 - N94.19 Other specified dyspareunia
- Procreative Management for gestational Carrier
 - Z31.7
 - Gestational carrier Status
 - Z33.3 (Use in addition to any pregnancy codes)

Resources

- Images sourced from:

http://www.reproductivefacts.org/uploadedFiles/ASRM_Content/Resources/Patient_Resources/Fact_Sheets_and_Info_Booklets/ART.pdf

- Great booklets and FAQs for infertility providers and patients

<http://www.asrm.org/>

- Coding questions and FAQs for OBGYNs

<https://acogcoding.freshdesk.com/support/solutions>

Thank you!

- Please do not hesitate to contact me if you have any questions or need any additional information/clarification.
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