

For services provided starting October 1, 2015, all providers must transition to ICD-10-CM codes:

[Z30.02](#) Counseling and instruction in natural family planning to avoid pregnancy (previously V25.04)

[Z31.61](#) Procreative counseling and advice using natural family planning (previously V26.41)

## RECEIPT FOR FERTILITYCARE PRACTITIONERS BACKGROUND INFORMATION

For anyone discussing who can provide codes, I would first of all advise referencing the guidelines for the ICD-9-CM and CPT:

**Re ICD-9-CM coding guidelines**, see

<http://www.cdc.gov/nchs/data/icd9/icdguide09.pdf> (excerpt, emphasis added):

*These guidelines have been developed to assist both the healthcare provider and the coder in identifying those diagnoses and procedures that are to be reported. The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation accurate coding cannot be achieved. The entire record should be reviewed to determine the **specific reason for the encounter** and the conditions treated.*

*The term encounter is used for all settings, including hospital admissions. In the context of these guidelines, the term provider is used throughout the guidelines to mean **physician or any qualified health care practitioner** who is legally accountable for establishing the patient's diagnosis.\* Only this set of guidelines, approved by the Cooperating Parties, is official.*

**\*V codes:** ICD-9-CM provides codes to deal with encounters for circumstances other than a disease or injury. The Supplementary Classification of Factors Influencing Health Status and Contact with Health Services (V01.0 - V89.09) is provided to deal with occasions when circumstances other than a disease or injury (codes 001-999) are recorded as a diagnosis or problem [i.e., V codes are for non-diagnostic encounters in which a professional service has been provided].

**Re CPT coding guidelines**, the first two pages of this paper from AMA Practice Management Center paper "Standardizing CPT Codes, Guidelines and Conventions" (May 19, 2009)

<http://www.ama-assn.org/ama1/pub/upload/mm/368/admin-simp-cpt-wp.pdf> had useful info:

*While the uniform code set, guidelines and conventions for how **physicians and other qualified health care professionals report medical procedures and services on claims** have clearly benefited the health care system, there are no uniform rules for how health insurers and other third party payers process medical service claims.*

I think key points to understand concerning FCPs using a receipt with the appropriate codes corresponding to our professional services are:

- 1) The proposed receipt contains ONLY well-defined, non-diagnostic FertilityCare counseling services, which, due to their standardization are deliverable by either trained physician or non-physician professional counselors (i.e., FCPs).
- 2) **V codes are NOT diagnostic codes.**
- 3) The CPT counseling codes appropriately match the specified FertilityCare service and the V codes (in that sense, they are actually pre-determined). **The FCP gives the receipt to acknowledge that the professional service has been delivered and already paid for by the client.**

- 4) **We are not completing or submitting a claim form.** We are providing the client with the information which makes it possible for them to submit data for a claim. Therefore, it is not absolutely necessary for us to know the various stipulations of insurance companies in regard to coverage for professional services provided by non-physicians.
- 5) **If an insurance company has any limiting stipulations regarding non-physician providers, then it will either deny the client's claim or request more information to process it.**

I think the last two points may be the most important, practically speaking. **Both the ICD-9-CM and CPT coding guidelines specifically include qualified health care professionals and practitioners (as well as physicians) as providers and reporters of services.**

However, it is not the job of the parties\* that oversee and maintain the ICD-9-CM or the CPT coding systems to provide specific standards for what constitutes a qualified health care professional/practitioner. They leave it to insurance companies to receive, process, accept or deny claims for professional health-related services (diagnostic and non-diagnostic). If the insurance companies have questions as to any NFP service provider's qualifications, a Creighton Model professional would be able to provide them with documentation of the professional visit (f/u form) and their CrM educational program training dates, etc. (FCPs who are not yet certified by the AAFCP have also been professionally trained). FCPs are professional providers of counseling services for which there exist appropriate codes (and the only providers we know of that are uniformly qualified to deliver the professional NFP counseling services indicated by V25.04 and V26.41!).

We are not proposing that other NFP providers use these receipts. But if their clients provided such a receipt to their insurance companies, it would be for those NFP providers to be able to show that they are qualified professionals if requested to do so by the insurance company.

Please consider the above carefully and let me know if there is anything in it that I can clarify. It may be interesting to find out from St. John's Mercy Medical Center how other non-physician professional providers/counselors (dietitians, diabetes counselors, etc.) do their receipts/billing. It is likely that most providers working in an outpatient medical center setting have personnel to do the insurance billing/submit a claim for the client directly, and can do so under an associated physician.

But remember, at this point we are NOT completing or submitting a claim form. **As qualified professional providers, we are providing the client with the information acknowledging the delivery of professional services which makes it possible for them to submit data for a claim.** Therefore, unless anyone has a substantial reason not to move forward, we should not be afraid of making this practical resource available to FCPs. We are proceeding in good faith, as professional service providers giving our clients evidence of the professional service they have received. Leave it to the client's insurance company to process claims and decide whether this professional counseling service is reimbursable under the client's coverage.

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\*The four organizations that make up the Cooperating Parties for the ICD-9-CM are the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), CMS, and NCHS; the organizations that oversee the CPT codes are the AMA and CPT Editorial Panel