



Georgia's Opportunity: Immediate Postpartum IUD and Implant Placement

Melissa Kottke, MD, MPH, MBA
Atlanta, GA



Georgia Medicaid will shortly release a bulletin allowing coverage for immediate postpartum IUD and contraceptive implant placement outside of the global fee for delivery. Georgia has joined South Carolina, New Mexico, Colorado and Iowa as early adopters of this innovative and important practice.

Why is this a good idea?

- Contraceptive implants and IUDs are the most effective reversible methods and they do not require anything to achieve this high rate of efficacy.
- This removes common barriers to IUD and implant placement (cost, access, transportation, eligibility questions, etc).
- This is a perfect time to place them:
 - The woman is definitely not pregnant.
 - The provider has easy access to the uterine cavity, instruments, pain management, etc.
 - The woman is often very motivated to avoid pregnancy.
 - The traditional 6 week postpartum appointment is too late to initiate contraception. Ovulation can occur as soon as 25-28 days postpartum, and many women have reinitiated intercourse by this visit.
 - Furthermore, a high proportion of women do not attend their postpartum visit.
- Immediate postpartum placement of IUDs (defined as within 10 minutes of delivery of the placenta) and Implants is supported by the US Medical Eligibility Criteria and the Selected Practice Recommendations for breastfeeding and non-breastfeeding women.
- This approach is cost effective.
- This practice is commonplace in other countries, including India, Egypt, China and Mexico.
- This can help prevent rapid repeat pregnancy. Rapid repeat pregnancy is a problem that is linked to several other negative health outcomes and quality indicators.

- Pregnancy intervals <18 months are associated with increased maternal mortality, preterm labor, third trimester bleeding, low birth weight infants and neonatal death.
- Georgia ranks 4th in the nation for repeat teen births; 25% of births to teens in this state are to teens that are already parenting.

What does this mean?

- Providers and hospitals soon can bill for IUDs and implants using the appropriate J codes and receive reimbursement outside of the global fee for delivery.
- Associated professional placement fees, and ultrasound, as indicated, will also be covered.
- See the sidebar bulletin for details.
- Trainings for providers and other key stakeholders will be coming soon.

Dr. Melissa Kottke is Assistant Professor at Emory University School of Medicine, Department of Gynecology and Obstetrics, Director of the Jane Fonda Center for Adolescent Reproductive Health and Medical Director of the Teen Services Clinic at Grady Health System.

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LARC Devices Provided Immediately Postpartum in a Hospital Setting

Effective soon, Georgia Department of Community Health's Medicaid program (DCH) will reimburse for Long Acting Reversible Contraceptive (LARC) devices inserted immediately postpartum in a hospital setting. The coverage of this service is considered an add-on benefit and is not included in the Diagnostic Related Group (DRG) reimbursement process. The following codes will be covered separately from the DRG:

- J7300: Intrauterine copper contraceptive (Paragard®)
- J7301: Levonorgestrel-releasing intrauterine system (Skyla®)
- J7302: Levonorgestrel-releasing intrauterine device (Mirena®)
- J7307: Etonogestrel Implant (Nexplanon®, formerly Implanon®)

If it is decided that one of the following is used: J7300, J7301, or J7302, it must be inserted within

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Administrative Office

4485 Tench Road, Suite 2410
Suwanee, Georgia 30024
Telephone: 770 904-0719
Fax: 770 904-5251
www.georgiaobgyn.org

President's Column

The Best GOGS Events to Come

It's hard to believe more than half of my presidential year has flown by. Our Society has stayed busy in the past few months with legislative battles (See Dr. Toledo's column on page 4 for more details) and planning for the Society's Annual Golf Tournament, May 14 at Bear's Best in Suwanee, and for the 2014 GOGS Annual Meeting, August 21 to 24 at The Cloister, Sea Island, GA.

Our golf tournament is always a fun and popular event, so register soon if you have not done so already. As enjoyable as the golf tournament has been, I must say my true anticipation is building for our Annual Meeting. I am very excited about the excellent expertise of this year's faculty and the scientific quality and relevance of our topics! Here are just a few of the wonderful speakers and topics you will encounter at this year's educational meeting:

- Haywood L. Brown, MD, Roy T. Parker Professor and Chair of Obstetrics and Gynecology at Duke University Medical Center, returns as a guest lecturer on the topics of the Benefits of Breastfeeding and Preconception Counseling for Women with Chronic Diseases.

- Kevin Holcomb, MD, Associate Professor of Clinical OBGyn of Weill Cornell Medical College in New York, will speak on The History and Significance of CA125 and on Serum Bio Marker Preop Assessment of the Adnexal Mass.

- John C. Jennings, MD, who will be ACOG President by our August meeting, will tell us about OBGyn Workforce Trends and Possibilities for Collaborative Practice.

- Peter L. Rosenblatt, MD, Director of Urogynecology at Mount Auburn Hospital in Cambridge, MA, will present Fecal Incontinence: Managing a Dirty Little Secret and Laparoscopy: Considerations for the Obese Patient.

There are many more fine speakers slated for our meeting and I urge you to review the Annual Meeting brochure, which should arrive in your mailbox very soon, to see the full line-up of speakers and topics.

In addition to the fantastic program we have planned, we have the opportunity to honor John S. Inman, Jr., MD, as our 2014 Distinguished Service Award recipient. Dr. Inman, an Emory University School of Medicine graduate from 1945 and a founding member of the school's National Council, has



Roland Matthews, MD
GOGS President
Atlanta, Georgia

practiced medicine for 62 years. We will be presenting Dr. Inman with our highest award at the Saturday night Annual Awards Banquet.

Please remember we are returning to the Membership's favorite venue, The Cloister. While we have reserved almost all of the rooms in the hotel, these rooms fill up quickly, so please, if you haven't already, call The Cloister to reserve a room (1-800-732-4752)! I'm looking forward to seeing all you at our Golf Tournament and Annual Meeting, so make plans now to attend both!

Editor's Column

Of Male Patients and Anal Cancer

Last September, The American Board of Obstetrics and Gynecology (ABOG) made a well-intended but ill-advised attempt to limit the practice of its diplomats to female patients.¹ The resulting debate highlighted the many instances of overlap between gynecology and male health care. The most obvious are sexual dysfunction, contraceptive advice, fertility evaluations, STI treatment and newborn circumcision. But two other groups of male patients stood to lose their doctors amid the controversy: those with pelvic pain syndrome and those at high risk for anal cancer.

In response to a massive protest and negative media attention, ABOG made exceptions or reversed itself three times

over the next four months. In November it allowed gynecologists to screen for and treat men for anal cancer.² In December it allowed gyns who treat male patients with chronic pelvic pain to treat their current patients only, but no new male patients.³ And in January, under threat of a lawsuit, it removed gender restrictions entirely and simply required the "majority" (down from the



previous 75%) of a practice be devoted to obstetrics and gynecology.⁴

The most interesting thing to me in all of this was gyns screening for anal cancer in males using high resolution anoscopy. Anal cancer is actually more common in females, although very little attention is given to this by our specialty. There is much study about HPV infection and cervical, vaginal and

vulvar cancer. But there seems to be an invisible line drawn between the perineum and the anus. Most of us routinely do rectovaginal exams. But do we really inspect the anus and talk about that part of the body as we do the exam? Do we teach that anal intercourse, smoking, multiple sex partners and HPV infection are risk factors, and that the HPV vaccine and female condoms can be protective?⁵ Do we know when and how to do an anal pap smear?⁶

If we don't "go there," no one else will. I had a patient with a large broad based polyp protruding from the anal verge, which made it difficult for her to clean herself. I sent her to a general surgeon who removed something, but not the polyp. She explained to me this year she thinks he never saw the polyp, perhaps



Margaret D. Schaufler, MD
Editor
Lagrange, Georgia

because she "didn't slide down far enough on the exam table." She was too embarrassed to go back to him.

A patient who might have anal problems needs a doctor who is comfortable and experienced with that part of the body. If the doctor happens to be a gynecologist and the patient happens to be male, no specialty board should stand between them. You could say that trying to isolate the practice of gynecology from the health care of the male sex makes as much sense as trying to isolate the anus from the rest of the perineum. The ABOG controversy, however awkward, clearly drove this point home.

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This continuing nursing education activity was approved by the Georgia Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Reasons to Celebrate the 2014 Legislative Session

As the 2014 Georgia Legislative Session draws to a close, we have reasons to celebrate and a thing or two that did not go as planned. Each year, we work diligently to steer legislators toward problem-solving bills that will improve the health of women in Georgia. In that vein this year, we were successful in several important areas.

We passed legislation that ensures and protects a state maternal mortality review aimed at improving our state ranking of 50th in maternal mortality. Now that we have successfully passed the legislation, look for reports from the Georgia Maternal Mortality Review Committee on how we might improve in our state and see fewer women die.

In the last 19 years, closure of 29 Labor and Delivery units has left less than 80 obstetrical hospitals in Georgia and decreased rural opportunities where new OBGyns with scholarship repayment obligations can practice.

Legislation was passed to expand the criteria areas where these new OBGyns can practice, assuring they can meet their loan repayment obligations and we can keep them in our state helping in underserved areas.

Amazingly, the Medicaid budget passed rather peacefully without fee cuts for physicians! In addition, the P4HB program, which allows us to provide birth control for low income and Medicaid women between pregnancies, was refunded enabling OBGyns to see these women in their practices between pregnancies. All this legislation is good news for women in Georgia and the OBGyns who treat them.

We continue to struggle with the problem of "legislators in the exam room." As has happened for the past 10 years, debate time was consumed again this year determining whether women should have access or

payment for abortion services. This year, it was determined that certain women (those in the State Employee Benefits Plan and those buying insurance through the Exchange) should not have coverage for abortion in cases of rape, incest, anomalies or mental health conditions. This type of legislation is so time consuming and controversial that the state does not focus on important issues that would improve the health of women. Georgia has serious problems and ranks in the bottom 10 states out of 50:

- 50th in the United States in maternal mortality



Andrew A. Toledo, MD
GOGS Government Relations Chair

- 41st out of 50 states in rates of teen pregnancy and has the 4th highest repeat teen pregnancy rate in the United States
- 45th out of 50 states in the number of low birth weight babies
- 42nd out of 50 states in premature births

While we celebrate our accomplishments in this year's session, we have a long way to go if we want to make Georgia a healthy place for women and infants. I hope between now and next January you will not only vote, but also talk with your legislators about the real problems faced by women in Georgia.

Please contact me if I can be of service as your Legislative Chair.



Women's Health Week is May 11-17, 2014 and **National Woman's Checkup Day** is May 12th.

For more information on National Women's Health Month, visit <http://womenshealth.gov/nwhw/>

For more information on National Women's Checkup Day, visit http://www.wvdhhr.org/mcfh/wvfp/whw_checkup_day_fact_sheet.pdf

Live Telemedicine High-risk OB Viewed at Georgia Capitol

On February 7th, Women's Telehealth, the Georgia Partnership for Telehealth (GPT), and the Georgia Department of Public Health (DPH) telemedicine team all partnered to demonstrate the first ever "live" and interactive telemedicine visit to both the House of Representatives and the Senate floor of the Georgia Capitol. It was Telemedicine Day at the Capitol. Previously, GPT had visited the Capital to present telemedicine progress in Georgia, but this time, live interactions with

patients provided a first-hand, interactive experience for participants.

The GPT technology team pulled T1 lines into the Capitol building for both chambers to provide the appropriate



The reality of how telemedicine works was demonstrated to legislators when they could see and communicate with a patient hundreds of miles away.



On screen, a doctor, her staff as well as a patient and her family talk with state legislators via telemedicine interactive media.

bandwidth so congressmen and senators could experience for themselves a live telemedicine encounter with OB patients in the Albany Health District DCH office. Dr. Anne Patterson from

Women's Telehealth in Atlanta and Dr. Jackie Grant from the Albany

DPH and the legislature all connected via telemedicine. The physicians then provided a demonstration of live ultrasound scanning and patient interaction on two separate patients. From the chamber floor, participants on both sides of the camera could see each other and interact.

The reality of telemedicine hit home for many when the Speaker of the House asked if the patient's baby was a boy or girl. She replied, "It's a boy ... and you all do know I can see all of you." Many hands then shot into the air to wave



February 7, 2014 was Telemedicine Day at the Capitol.

to the patient and the two-way nature of a telemedicine encounter was experienced by all.

The demonstration was a success as it showed how three entities worked together to extend high-risk obstetric care via telemedicine to areas in Georgia that often do not have extensive high-risk OB care. Women's Telehealth and DCH also discussed how they are working together to provide the first and only known telemedicine collaboration using a Centering Pregnancy model and a maternal-fetal medicine physician to interact with and educate patients with normal and high-risk pregnancies to prevent such complications as preterm labor and preeclampsia.

The demonstration at the Capitol was an excellent way to show senators and representatives how coordinated health care technology can bring needed services into rural areas that lack some sub-specialist care in a cost-effective manner.



Dr. Anne Patterson of Women's Telehealth explains to state legislators how Telemedicine enhances care in underserved areas of Georgia

Legislative Day at the Capitol Canceled Because of Weather

Snowmageddon closed the State Capitol and canceled the 2014 Legislative Day at the Capitol scheduled for February 13, 2014. Because scheduling for this event is required far in advance of the event, Legislative Day could not be rescheduled. We still want to give a special **Thank You** to our Legislative Day Sponsors for their support!

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LARC Devices Provided Immediately Postpartum in a Hospital Setting

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ten minutes of birth. These devices should be available in the birthing suite to ensure timely insertion, which decreases the likelihood of expulsion by 40%.

If the hospital provided the device, the hospital should bill for the Jcode and the National Drug Code (NDC) for the device in addition to UB (Uniform Billing) code. The hospital revenue codes are as follows:

- 636 for Injections (ICD-9 procedure code 69.7), and
- 272 for sterile supplies, or
- 279 for other supplies devices

The following Categories of Service (COS) are eligible to bill for the reimbursement of the insertion of J7300, J7301, J7302, and J7307:

- COS 430: Physician Services (use Modifier FP, and Place of service 21)
- COS 070: Outpatient Hospital
- COS 010: Inpatient Hospital

Physicians who are billing for the device, or for the insertion, must indicate the place of service, Inpatient Hospital (21) on the CMS1500 [version 02/12] claim form. Providers should continue using the Family Planning (FP) modifier.

Additional information for LARC Codes

LARC Procedures/Codes UB-04 Hospital

International Classification of Diseases (ICD-9 or ICD 10) Codes Diagnosis

- V25.1 – Header code
- V25.2 – (Z30.2)
- V25.5 – (Z30.49)
- V25.11– (Z30.430)
- V25.12 – (Z30.432)
- V25.13 – (Z30.433)
- V25.02 – (Z30.018)

Ultrasounds -76857 /76830 /76998

– Payment % of charge for hospital
The Ultrasounds are non-obstetric transvaginal/ultrasonic guidance/ intraoperative for placement.

CODING CORNER

Coding of Well Visits

When it comes to ICD-10CM coding, one area that has seen some significant changes is in the way you'll select codes for annual well visits.

With ICD-10CM, there are entirely new options for general medical exams as well as gynecological visits. In addition, there are even bigger changes in the way we will select ICD-10CM codes for vaccine administration. I thought we could start there – Vaccine Administration.

Encounter for Immunization

In the past, we had to have an exhaustive list of several diagnosis codes for each individual vaccine that was administered. For example, when providing a patient with a flu vaccine, we had to use V04.81. For HPV vaccine we would submit ICD-9CM code V04.89.

With ICD-10CM, we no longer will be required to know all those vaccine administration diagnosis codes. In fact, they are all replaced with one ICD-10CM code: Z23 – Encounter for immunization. In fact, Z23 replaces 39 current ICD-9CM codes. As a coder, this is one of the small gifts we will have with the implementation of ICD-10CM.

General Medical Exam

Next, let's talk about the ICD-10CM codes we'll use to report a general well physical examination (GME). The

CPT codes used to reflect these services are 99381-99397. Most providers in primary care are used to using one of those Evaluation and Management codes (EM Code) along with the ICD-9CM diagnosis code of V70.0. V70.0 is an ICD-9CM code that read the following: *Routine general medical examination at a health care facility.*

In ICD-10CM, that one code will now be replaced with two codes:

- Z00.00 - Encounter for general adult medical examination without abnormal findings
- Z00.01 - Encounter for general adult medical examination with abnormal findings

So, let's use this information in a clinical example.

Example 1:

Stephanie is an established 45 year old white female in for an annual well visit and an influenza vaccine.

- 99396 Z00.00 (GME without abnormal)
- 90471 Z23 (Encounter for Immunization)
- 90658 Z23 (Encounter for Immunization)

Example 2:

In this event, a separately identifiable service is also documented during her visit (maybe there is a lump in her breast that required additional history, exam and decision-making to support a 99213).



Steve Adams, MCS, CPC, CPC-H, CPC-I, PCS, FCS, COA
InGauge Healthcare Solutions

- 99396 Z00.01 (GME with abnormal) N63 (Lump in breast)
- 99213-25 N63 (Lump in breast)
- 90471 Z23 (Encounter for Immunization)
- 90658 Z23 (Encounter for Immunization)

Gynecological Examination

Gynecological visits include a breast, pelvic and pap type of service. Again, the CPT codes for these services will remain the same: 99381-99397.

In the past, a provider would select ICD-9CM code V72.31 to show this was a *routine gynecological*

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THE NATIONAL DAY TO PREVENT TEEN PREGNANCY



Help Raise Awareness:

May is National Teen Pregnancy Prevention Month and National Teen Pregnancy Prevention Day is May 7th.

The latest news on the teen pregnancy national front has been very positive. Since the early 1990s, teen pregnancy and birth rates in the United State have declined by 44 percent and 52 percent respectively and are now at record low levels.

However, much work still needs to be done, especially in Georgia. Georgia ranks about 10th in the US for teen pregnancies and 4th in the nation for repeat teen births (25% of births to teens in this state are to teens that are already parenting).

For additional information and materials to promote National Teen Pregnancy Prevention Month, visit <http://thenationalcampaign.org/event/national-day-2014>.

ICD-10 Implementation Delayed to 2015

In April, United States law makers snuck a seven-line addition to the Medicare sustainable growth rate (SGR) bill that prevented ICD-10/PCS from being implemented by at least one year.

The bill, H.R. 4302, Protecting Access to Medicare Act of 2014, mainly creates a temporary "fix" to the Medicare sustainable growth rate (SGR) and prevents cutbacks in reimbursement to physicians. However, a seven-line section of the bill states that the Department of Health and Human Services (HHS) cannot adopt the ICD-10 code set as the standard until at least October 1, 2015. The healthcare industry had been preparing to switch to the ICD-10 code set on October 1, 2014.

With the implementation of ICD-10 still inevitable, healthcare leaders are scrambling to answer questions raised by the delay including exactly

when the ICD-10 will be implemented and how to lend technical assistance and training to stakeholders as they navigate the challenge of preparing for ICD-10 while still using ICD-9.

After years of preparation, federal regulators were telling doctors, hospitals, and insurers to be ready for an Oct. 1 transition to a much more detailed standard for documenting their work. Now, that will not happen until at least Oct. 1, 2015, by legislative decree.

The deadline had been moved once before, when the Centers for Medicare and Medicaid Services (CMS) made an administrative decision to bump it from 2013 to 2014, giving both providers and payers more time to prepare for the transition. In February, the CMS said it absolutely, positively would not move the date again — except that now it must, by act of Congress. The

timing of this latest delay is particularly awkward for large organizations that have poured great effort into information systems changes and training with the understanding that the deadline would not be moved.



NBS Panel to Add Critical Congenital Heart Defects Screening

The Georgia Department of Public Health is planning to revise the administrative regulations currently codified as Chapter 511-5-5 ("Testing for inherited disorders in the newborn"). These revisions are intended to add new tests to the roster of required screenings of newborn babies in Georgia including the testing for Critical Congenital Heart Defects (CCHDs).

According to the National Center on Birth Defects and Developmental Disabilities, Congenital heart defects account for nearly 30% of infant deaths due to birth defects. In the United States, about 7,200 (or 18 per 10,000) babies born every year have CCHDs (also are known collectively in some instances as critical congenital heart disease).

CCHD represents a group of heart defects that cause serious, life-threatening symptoms and requires intervention within the first days

or first year of life. CCHD is often treatable if detected early. Newborn screening using pulse oximetry can identify some infants with a CCHD before they show signs of the condition. If detected early, infants affected with CCHD can often be treated by a cardiologist and receive specialized care so they can lead longer healthier lives.

With the new revisions to the NBS rules and regulations, CCHD screening will become available to every newborn in Georgia. The proposed effective date for implementation will be 7/1/15.

The proposed revised regulation can be found on the Society website; www.georgiaobgyn.org. Interested persons may submit comments on these proposed revisions in writing addressed to: Sidney R. Barrett, Jr., General



Counsel Georgia Department of Public Health, 2 Peachtree Street, NW, 15th Floor, Atlanta, GA. 30303. Comments may also be presented in person at a public meeting scheduled for 1:30 p.m., May 2, 2014, in room 9-260 at 2 Peachtree Street, 15th Floor, Atlanta, GA.

T-Dap Vaccine Covered During Pregnancy by Medicaid and CMOs

In order to comply with the ACOG policy of encouraging the tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) during pregnancy, Georgia Medicaid, AmeriGroup, PeachState and Wellcare will now cover provision of the Tdap vaccine during pregnancy. The billing code for reimbursement is **90715**.

CODING CORNER Coding of Well Visits *Continued from page 7*

examination. Of course, with ICD-10CM, we will no longer use this one code – instead, we'll have two codes to select from to report this service.

- Z01.411 - Encounter for gynecological examination (general) (routine) with abnormal findings
- Z01.419 - Encounter for gynecological examination (general) (routine) without abnormal findings

Again, one code is used for a visit with abnormal findings, and another is used for patients without an abnormal finding.

Example 3:

A 54 year old new female patient presents to establish care and receive her annual breast, pelvic and pap. Her examination is normal and she is to RTC (return to clinic), PRN (Pro re nata/as needed).

- 99386 Z01.419

If a problem is addressed or an abnormal finding is detected, you would simply

append the ICD-10CM code Z01.411 to the preventive service along with the ICD-10CM code for the abnormal finding.

Medicare Prevention

With Medicare you will still have the option to use the Annual Well Visit Codes and the Breast/Pelvic Examination codes. Here are some examples:

Example 4:

- Q0091 Z01.411 or Z01.419
- G0101 Z01.411 or Z01.419

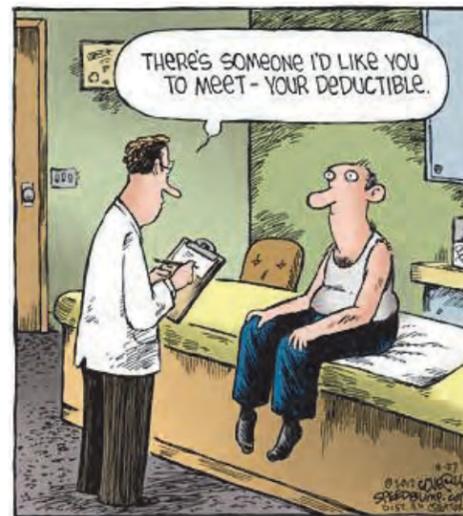
Example 5:

- G0438 Z00.00 or Z00.01
- G0439 Z00.00 or Z00.01

Just remember, to also use the ICD-10CM code that identifies the problem along with the ICD-10CM code for the general medical exam or gynecological examination.

Medicare has in the past also allowed us to bill some additional codes along

with G0101 and Q0091. In the future, those additional codes will be outlined in either a local coverage or national coverage policy.



News from Around the State

Dr. Green Serves as OBGyn Section Chair for NMA



Victoria Green, MD, is currently serving as the Chair for the OBGyn Section of the National Medical Association (NMA), the largest and oldest national organization representing more than 50,000 African American physicians and their patients in the US. Dr. Green earned her Bachelor of Science and Medical Doctorate degrees from Northwestern University. She completed her residency in obstetrics and gynecology at Henry Ford Hospital in Detroit, Michigan. She was awarded a Master's Degree from the School of Public Health at the University of Michigan in Health Management and Policy and later completed her Master's in Business Administration. She graduated from the Georgia State University College of Law with a Juris Doctorate (JD). She is an Associate Professor in the Department of Gynecology and Obstetrics at Emory University School of Medicine and the Medical Director of the Ambulatory Care/Satellite Clinics. She has direct responsibility for residency and medical student training as the director of the Gynecology Comprehensive Breast Center, a division of the Avon Breast Clinic in the Georgia Cancer Center of Excellence.

Another L&D Unit Closes in Georgia

Another Labor and Delivery unit is closing in Sandersville, Washington County, GA. This will make 29 L&D unit closures since 1994, a rate of more than one per year, with an acceleration over the past few years. The vast majority of these closures are in rural Georgia. Falling on the heels of the neighboring Burke County closure in December 2012, this closure leaves a circle around Augusta of 17 counties without an obstetrical unit. Concerns continue about diminished access to obstetrical care and, in some cases, a two or more hour drive to OB services. Georgia now has less than 80 L&D units to serve 159 counties.

DPH Welcomes HIV Medical Advisor



The Georgia Department of Public Health (DPH) welcomed Gregory Felzien, MD, as medical advisor to the department's HIV program. He will provide

medical guidance to program staff and help DPH assure the quality of care it provides to Georgians with HIV/AIDS. Felzien served as the director of the Office of Infectious Diseases and HIV Medicine in the Southeast Health District for the past 5 years. Dr. Felzien's experience in using telemedicine to care for people with HIV will be instrumental in DPH's quest to expand telemedicine and specialty consultations in areas of the state that do not have medical specialists.

SGR Patch Passed Again for Another Year

April 3rd, the US House of Representatives passed another SGR patch under a highly unusual voice vote maneuver. The bill, HR 4302, the Protecting Access to Medicare Act of 2014, would delay the SGR cut by a year, and extend several other Medicare and Medicaid provisions. The US Senate passed the bill on Monday, sending it to the President for his signature. This represents the 17th patch delaying the cuts mandated by the flawed SGR formula.

ACOG, the AMA and the majority of state and national medical societies urged the US House and Senate to vote "no" on the patches, calling instead on Congress to permanently replace SGR with the bipartisan, bicameral policy agreed upon earlier this year.

Georgia Breastfeeding Coalition Annual Meeting

Join the Georgia Breastfeeding Coalition's Annual Meeting in Savannah - or via webinar - Friday, April 25th, 2014 from 11 a.m. to 1 p.m. at Memorial Hospital in Savannah. The meeting will include a light lunch. Email ceden@gaap.org to RSVP for the meeting or visit <https://www4.gotomeeting.com/register/929126479> to register for the webinar. A room block is available at Oglethorpe Inn and Suites for the evening of April 24th.

2014 ACOG Annual Clinical Meeting



Learn seminars, hands-on courses, postgraduate courses and clinical seminars. For additional meeting information visit the ACOG ACM webpage <http://www.acog.org/acm>.

GOGS CPT Coding Seminar May 9th



The next GOGS CPT Coding Seminar will be May 9th at the Macon Marriott City Center in Macon, GA. Seminar

highlights include: ICD-10 CM for OB Services & OBGyn Coding Updates for 2014, 2014 Compliant Evaluation and Management Coding for OBGyn, Reducing Risks...Improving Outcomes, and Understanding and Implementing the Affordable Care Act. Additional information is available on the Society website. Please contact our office at 770-904-0719 for registration or additional information.

2014 GOGS Golf Tournament

Make plans to participate in the GOGS annual Golf Tournament Wednesday, May 14, 2014 at Bears Best in Suwanee, GA. Call our office at 770-904-0719 to register or visit www.georgiaobgyn.org for the Golf Tournament Brochure and registration form.

CDC's 2014 STD Prevention Conference in Atlanta

The Centers for Disease Control and Prevention's 2014 STD Prevention Conference is June 9-12, 2014, Atlanta, GA. For information, visit <http://www.cdc.gov/stdconference/default.htm>.

2014 GOGS Annual Meeting

Register today for the 2014 GOGS Annual Meeting,

August 21-24, 2014 at The Cloister, Sea Island, GA by filling out the registration form in your Annual Meeting brochure or by obtaining a registration

form on at www.georgiaobgyn.org. Also, make your hotel reservations now by calling 1-800-732-4752. Standard room block rates start at \$325 per night.

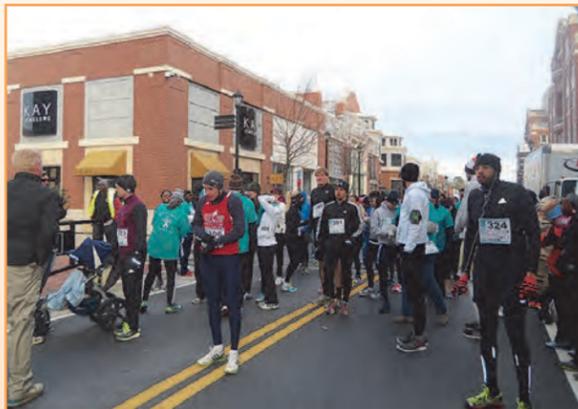
April Awareness Campaigns:

- **National Autism Awareness Month:** <http://www.autism-society.org/get-involved/national-autism-awareness-month/>
- **National Alcohol Awareness Month,** <http://www.ncadd.org/index.php/programs-a-services/alcohol-awareness-month>

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Spirit Foundation's Run/Walk for Hope Raises Funds for Cervical Cancer Screening

January 25 was one of the coldest days of the year, but that didn't stop the Spirit Foundation's 2014 5K Run & Walk for Hope. Participants just bundled up and braved the cold to raise funds to provide cervical cancer screenings with free pap tests for underserved women and educational intervention programs for women suffering from cervical cancer. The Spirit Foundation is a non-profit 501(c)(3) health organization headquartered in Atlanta whose mission is to increase awareness about Human Papillomavirus (HPV) and provide clinical services towards the detection and prevention of cervical cancer in Georgia, several other US states, Latin America and Africa.



Runners and walkers braved the cold to raise funds for the Spirit Foundation.



Dr. Lisa Flowers (on right), of Emory University's Department of Gyn/OB, participated in the Spirit Foundation's 2014 5K Run & Walk for Hope.

2014 CPT Coding for OBGyn Practices

Friday, May 9, 2014
Macon Marriott City Center, Macon, GA

Presenting: Steve Adams

Topics Include:

- ICD-10-CM for OB Services
- OBGyn Coding Updates for 2014
- 2014 Compliant Evaluation and Management Coding for OBGyn
- Reducing Risks...Improving Outcomes
- Understanding and Implementing the Affordable Care Act.

CEUs for Staff Personnel and CMEs for Physicians will be available.

Call the Society for additional details at 770-904-0719 or visit our website at georgiaobgyn.org.

News from Around the State

Continued from page 9

- **Sexual Assault Awareness Month**, <http://www.nsvrc.org/saam/sexual-assault-awareness-month-home>
- **National Public Health Week** (April 5-11), <http://www.nphw.org/>
- **National Infant Immunization Week** (April 24 – May 1), <http://www.cdc.gov/vaccines/events/niiw/index.html>
- **World Health Day** (April 7th), <http://www.who.int/campaigns/world-health-day/2014/en/>

May Awareness Campaigns:

- **National Teen Pregnancy Prevention Month and Day** (May 7th), <http://thenationalcampaign.org/event/national-day-2014>
- **Hepatitis Awareness Month**, <http://www.liverfoundation.org/chapters/ham/>
- **National Alcohol and Other Drug-Related Birth Defects Week** (May 11-17), <http://www.ncadd.org/index.php/in-the-news/1024-alcohol-and-other-drug-related-birth-defects-awareness-week-to-begin-on-mothers-day>
- **Women's Health Week** (May 11-17), <http://womenshealth.gov/nwhw/>
- **National Woman's Checkup Day** (May 10), http://www.wvdhhr.org/mcfh/wvfp/whw_checkup_day_fact_sheet.pdf
- **HIV Vaccine Awareness Day** (May 18), <http://aids.gov/news-and-events/awareness-days/hiv-vaccine-awareness-day/>

Join us at
The Cloister on
Sea Island, Ga



Georgia Obstetrical and Gynecological Society's
63rd Annual Meeting
August 21-24, 2014

Faculty Includes:

Haywood L. Brown, MD, Duke University

Medical Center, Durham, NC

Senator Dean Burke, MD, Bainbridge Memorial Hospital, Bainbridge, GA

Brenda Fitzgerald, MD, Commissioner, Georgia Department of Public Health

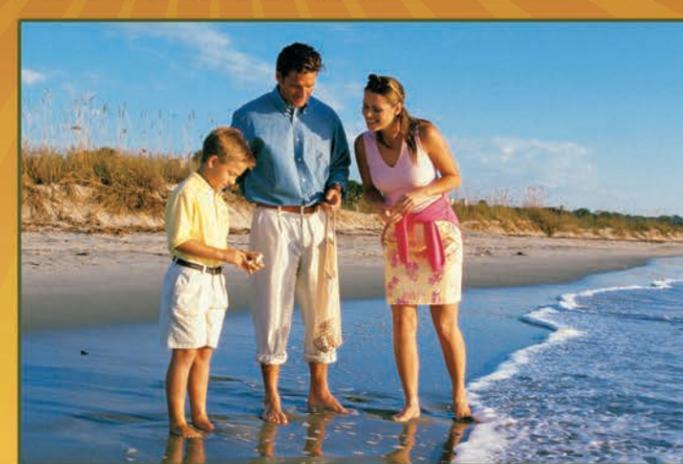
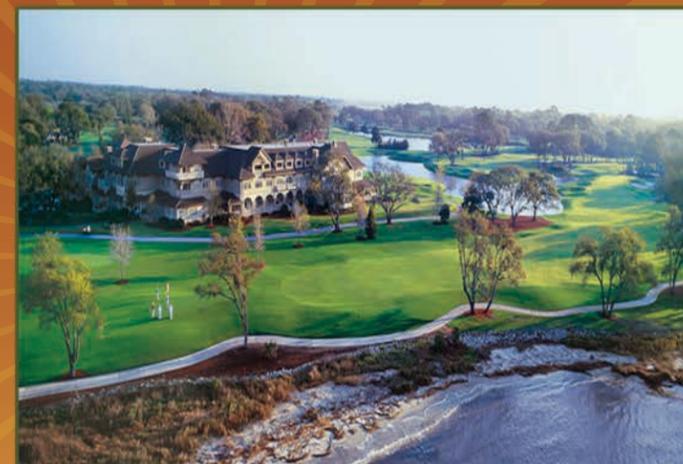
Kevin Holcomb, MD, Weill Cornell Medical College, New York, NY

John C. Jennings, MD, President-Elect, ACOG

Edward E. Partridge, MD, Comprehensive Cancer Center, Birmingham, AL

Holly E. Richter, PhD, MD, University of Alabama Birmingham

Peter L. Rosenblatt, MD, Mount Auburn Hospital, Cambridge, MA



Make Room Reservations at The Cloister Now!

Block rates range from \$325 to \$415 through July 7, 2014 or until room block is full.

Call 1-800-732-4752 for reservations. Reference the Georgia OBGyn Society 2014 Event.



Georgia Obstetrical and
Gynecological Society, Inc.

Administrative Office

4485 Tench Road
Suite 2410

Suwanee, Georgia 30024

Telephone: 770 904-0719

Fax: 770 904-5251

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