

■ BY MELANIE WITT, RN, CPC, MA

Coding the Sims-Huhner postcoital analysis

Q One of my doctors performed a postcoital analysis of a patient's mucous due to infertility issues. The physician called it a Sims-Huhner test. How should I code for this service?

A The postcoital test—also known as the Sims-Huhner, or Huhner, test—analyzes the cervical canal after sexual intercourse to determine whether sperm are present and moving. The cervical mucus also may be evaluated to determine its elasticity and drying pattern.

The test is performed 1 to 2 days before ovulation is expected, when the cervical mucus is thin, elastic, and easily penetrable by sperm. Two to 4 hours after the couple has sexual intercourse (without lubricants), a clinician collects the specimen and analyzes it under a microscope.

As it happens, there is a non-CPT code for this procedure: code Q0115, (postcoital direct, qualitative examinations of vaginal or cervical mucous). It is part of the HIPAA-specified code set, and as such may be used to bill for the procedure. Note this is considered a physician-performed microscopy (PPM) procedure, which requires a Clinical Laboratories Improvement Amendments PPM certificate.

A good second choice is the CPT code 89300 (presence and/or motility of sperm including Huhner test [postcoital]), which includes semen analysis. Some infertility physicians I have spoken with recommend using 89300 for the Huhner test even when the semen analysis is not performed. In this scenario, you might consider adding the modifier -52 (reduced services) to be truly "coding accurate."

Labor triage: Not an ER service

Q Some pregnant patients (trauma cases, etc) go through our hospital emergency room (ER), but most go to our labor and delivery triage center, which is staffed by residents 24 hours a day, with an in-house attending always available. Some universities I know use ER codes for triage-center billing, because they feel it meets the requirements of an ER. Is this acceptable?

A No. Both Medicare and CPT guidelines state that to use the ER services codes, you must provide the service in the hospital's designated emergency room or department. The emergency department is defined as an organized hospital-based facility for the provision of unscheduled or episodic services to patients who present for immediate medical attention. Within this definition, there is the tacit understanding that such care must be provided to all, without discrimination as to gender or age. You have stated that your hospital has a designated ER; thus, the emergency services codes (99281-99285) are appropriate only when care is provided in that setting.

If physicians in the labor and delivery center are seeing pregnant patients for triage, your coding choices are:

- observation care admission (99218-99220),
- observation care discharge (99217),
- same-day observation admission and discharge (99234-99236),
- outpatient care (99201-99215), or
- outpatient consultations (99241-99245). ■

Ms. Witt, former program manager in the Department of Coding and Nomenclature at the American College of Obstetricians and Gynecologists, is an independent coding and documentation consultant. Reimbursement Adviser reflects the most commonly accepted interpretations of CPT-4 and ICD-9-CM coding. When in doubt on a coding or billing matter, check with your individual payer.