



CPT Code 99459

(Pelvic examination [List separately in addition to code for primary procedure])

Last Updated 04.04.24

CPT Code 99459 – effective January 1, 2024

- **Should only be used in the office setting (POS 11).**
- **Practice expense-only code.**
 - **The intention is to capture the cost of performing this service when a female pelvic exam is performed.**
 - **Supplies (speculum, gowns, drapes, etc.)**
 - **Equipment (lights)**
 - **Any additional staff time (chaperone)**
- **Documentation in the medical record must support the need for the pelvic examination and confirm the use of a chaperone or offered and declined a chaperone.**
- **This relates to direct practice expenses associated with performing a pelvic exam during:**
 - **Preventative medicine services (99381-99397)**
 - **Evaluation and Management (E/M) services (99202-99215)**
 - **Consultation (99242-99245)**
- **Report only ONE time per encounter for the same date of service as an add-on code with the above-mentioned codes.**
- **Do NOT report with the E/M service if, during the same encounter, a procedure is reported that requires a pelvic exam (e.g., colposcopy, endometrial biopsy, IUD placement, etc.) as these procedure codes are already included in the additional costs.**
- **No modifier is needed.**

Frequently Asked Questions

04.04.24

1) Who qualifies as a chaperone?

A person of the same gender as the patient, employed by the Company or associated with the company as a healthcare student/intern/resident in training, who witnesses both a patient and a provider during a medical examination or procedure. Family members, caregivers, significant others, or friends may be present at the patient's request in appropriate circumstances but are not considered substitutes for a chaperone.

2) Do you need a chaperone to bill 99459?

Yes. A significant portion of the new CPT code 99459 expense is associated with the use of a chaperone. i.e., clinical staff time (4 minutes to assist).

3) What if the patient refuses a chaperone?

The provider should offer a chaperone to be present during the physical exam. If the patient refuses the chaperone, it is best to document the reason for the refusal (if known) for both billing and medicolegal reasons. If, after explaining the use of a chaperone and the patient still refuses the chaperone, this decision should be respected, and it is best practice to (should) document the reason in the medical record.

4) Our care center does not use chaperones, can we still bill 99459?

No. The documentation must support that a chaperone was present, or the patient was offered a chaperone and the patient declined.

5) What is a good way to explain to the patient about the chaperone?

ACOG recommends the use of a chaperone is explained as needed. A chaperone is an integral part of the clinical team whose role includes assisting with the examination and protecting the patient and the physician. Any concerns the patient has regarding the presence of a chaperone should be elicited and addressed if feasible.

6) Do we need to document the name of the healthcare chaperone?

Although not a requirement, ACOG recommends as best practice the documentation indicate that the name of the chaperone be specifically recorded or documented in the record.

7) Our office is a female-only OB/GYN practice that does not use chaperones. Can we bill this code?

No. This code requires documentation to support a chaperone was present or declined with an explanation.

8) What does ACOG support?

ACOG supports the new CPT code 99459 to advance the care provided to people seeking women's health services by including coverage for pelvic examinations (for services on or after January 1, 2024). This policy is essential to improving access to safe, high-quality, and evidence-based care for all patients and reducing health inequities.

Excerpt from ACOG Committee Opinion:

If a patient declines a chaperone, it should be explained that the chaperone is an integral part of the clinical team whose role includes assisting with the examination and protecting the patient and the physician. Any concerns the patient has regarding the presence of a chaperone should be elicited and addressed if feasible. If, after counseling, the patient refuses the chaperone, this decision should be respected and documented in the medical record.

9) When can you bill the CPT code 99459?

The CPT code 99459 is payment for direct practice expenses associated with performing a pelvic exam in the non-facility setting. That said, when a medically appropriate E/M visit or an annual exam includes a pelvic exam, this code can be billed.

10) If the provider performs a medically appropriate external exam with a chaperone present, can we bill the code?

Yes. When the documentation supports that the provider performs a medically appropriate internal or external genital or rectal examination, CPT code 99459 may be billed.

11) For CPT code 99459 to be billable, if only the external genitalia are visualized, can this still be considered a pelvic exam? What if only labia majora was examined and no other anatomy was mentioned also?

The CPT guidelines do not specifically require that a vaginal exam must take place in order to bill for CPT code 99459. If the pelvis is examined and there is a chaperone present, then reporting CPT code 99459 is appropriate.

12) Do we bill the preventive medicine code along with the two codes (G0101- pelvic/breast exam) and Q0091 – pap) and bill the 99459?

May bill the preventative medicine code – 993xx and G0101- pelvic/breast exam and Q0091 – pap however would not report the 99459 because the pelvic is inclusive in G & Q.

13) We do not add the pelvic exam code on Medicare patients because the pelvic exam is included in those codes, is that correct?

Correct. Do not add the pelvic exam code on Medicare patients because the pelvic exam is included in G0101- pelvic/breast exam) and Q0091 – pap.

14) If we collect cash for the periodic wellness exam, would we also report a pelvic exam?

Depends on the 'periodic wellness exam' - if off year: then 993xx + can add 99459 because you are not billing the G+Q. Use the ABN for any patient responsibility. If billing Medicare breast & pelvic exam or Pap collection, 99459 may not be reported as it is included in the G0101/Q0091.

15) Are payers paying for this code?

Depends, and varies by state. The Unified Revenue Cycle Management and Compliance team are monitoring the payments and denials.

16) Is there reimbursement for this code at this time?

Yes, and depends on the payer.

17) Is this code in the fee schedule as of yet?

Yes. However, check your payer-specific allowable schedule.

18) Is there any cost-sharing to the patient?

Co-pays, deductibles, and cost-share may apply and depend on the patient's individual policy.

19) Can the documentation be automated in the EHR (athena)?

Yes. The athena physical exam template already displays 'chaperone is present'. There is no default drop-down for the refusal. You may free text 'chaperone offered and declined' unless a provider makes a saved phrase. It is best practice to include the reason for declining after explaining the need for a chaperone to the patient.

20) What happens if the payer denies 99459, what do we do?

IF the explanation of benefits (EOB) shows patient responsibility, then the patient should be billed; IF the EOB shows denial of no patient responsibility, you cannot bill the patient but rather appeal the claim.

21) What happens if the patient complains about their bill?

The billing for the new code should be explained or shared in writing with the patient upfront to let them know there may be an additional charge. Medically appropriate pelvic exams may be billed with the supporting documentation. The patient has the right to contact their carrier for an explanation of benefits.

22) Is there a standardized appeal letter?

Yes. ACOG has drafted an appeal letter for claim submission to payers.

This document is periodically updated as information becomes available.

If you have any questions: ethicsandcompliance@unifiedhc.com .

Resources

AAPC OBGYN Coding Alert Pelvic Exam

ACOG Clinical-Guidance Committee-Opinion

ACOG's Payment Advocacy and Policy Portal

AMA 2024 Summary

Urology Times 2024