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WOMEN'S HEALTHCARE™

Pelvic Exam (99459):

Understanding and
Implementing this service in
your OBGYN practice

March 2024

Learning Objectives

Code introduction

Documentation requirements

Coding and billing guidance

Payer Response

Final Thoughts

Code Introduction



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CPT 99459

- 99459 was approved at the September 2022 AMA CPT Editorial Panel Meeting
 - ACOG began advocating for this additional reimbursement years ago
- Developed to help offset additional and unique direct practice expenses of pelvic examinations of female patients.
 - Direct practice expenses include:
 - 4 minutes of clinical staff time associated with chaperoning a pelvic exam.
 - Supplies (speculum, gown, drapes, etc.)
 - Equipment (lights)
- Approved as an add-on code to both problem-oriented AND preventive medicine services.
- Effective as of 01/01/2024

In 2015, 52 million pelvic exams were performed in the United States. By finalizing this new code, CMS is taking a crucial step to reimburse expenses incurred by obstetrician-gynecologists and other physicians performing pelvic examinations during preventive and evaluation and management visits.

-ACOG Payment Advocacy and Policy Portal

Documentation Requirements



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Documentation Requirements

- The record must support the pelvic exam as medically necessary.
- Documentation must confirm the use of a chaperone (staff member).
 - Best practice recommendation is to identify the name of the chaperone.
- If a chaperone is refused by the patient, document the refusal with an appropriate explanation.
 - *Example: Ms. Jones refused a chaperone citing she is uncomfortable with another staff member in the room.*

Documentation Examples

Physical Exam

Chaperone: Present, Jan H (MA)

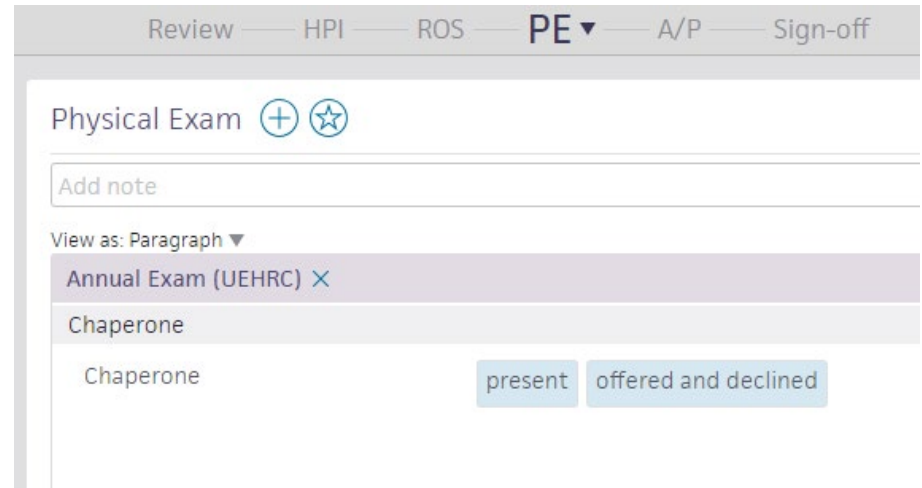
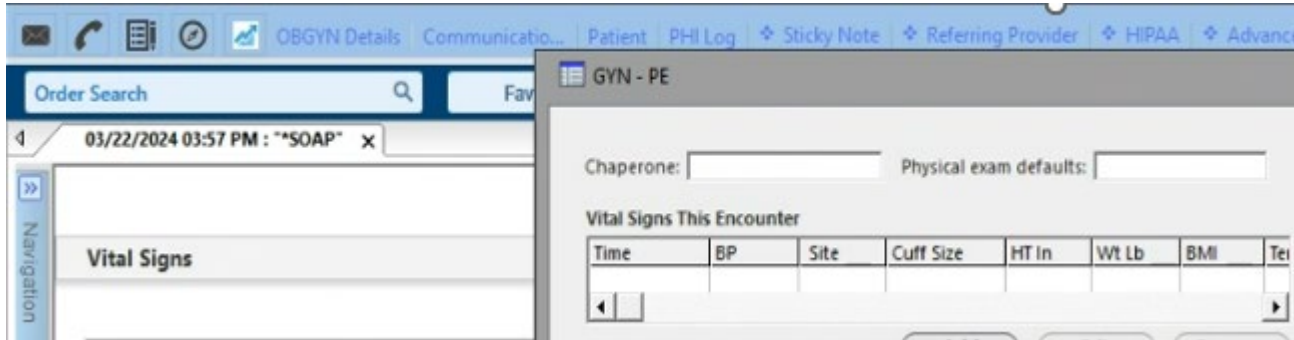
Female Genitalia: Vulva: normal. Mons: normal. Labia: normal. Introitus: normal. Bartholin's Gland: normal. *Vagina: no discharge, erythema, atrophy, lesions, ulcers, swelling, masses, tenderness, prolapse, or blood present and normal. Vaginal discharge no abnormal discharge present. *Urethral Meatus/ Urethra: no discharge, masses, or tenderness and normal meatus and well supported urethra. *Bladder: non-distended, non-tender, and no palpable mass. *Adnexa/Parametria: no tenderness or mass palpable.

Physical Exam

Chaperone: Offered but declined, wants no extra people in room.

Vagina: no discharge, erythema, atrophy, lesions, ulcers, swelling, masses, tenderness, prolapse, or blood present and normal. Cervix: no lesions, discharge, bleeding, or cervical motion tenderness and grossly normal. *Uterus: normal size and contour and midline, mobile, non-tender, and no uterine prolapse.

EHR Improvements to Aid in Documentation



Coding & Billing



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Billing: General Limitations

- May not be billed if a chaperone is not present during exam.
- Must be reported as an add-on code to an approved primary code
 - CPT states, “Use 99459 in conjunction with 99202-99215, 99242-99245, and 99383-99397”.
- May not be reported with an E/M service if, during the same encounter, a procedure is also reported which inherently requires a pelvic exam (colposcopy, endometrial biopsy, IUD placement, etc.).
- May only be reported once per encounter for the same date of service.

Billing: Payer Limitations

- Do not report 99459 in addition to G0101/Q0091.
- Some payers have restricted payment of 99459 to only problem-oriented E&M services.
- Some payers consider 99459 bundled to the primary service and allow no payment.
- Co-pays, deductibles, and cost-sharing may apply and depend on the patient's individual policy.

Payer Response



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Early Reimbursement Data

National Payers

Payer	Comments
Aetna Commercial	Initially paid claims, denials began in March 2024 for both E&M and Annual Visits. Investigating payment change with payer.
Aetna Medicare	No denials identified at this time.
Humana Medicare	Reimbursement for both problem visits and annuals.
Medcost	Reimbursement for both problem visits and annuals.
Medicaid	Varies by state, generally non-reimbursable.
Medicare (Traditional)	Payments identified with problem-oriented visits. Not billable with G0101 or Q0091.
Molina HealthCare	No denials identified at this time.
UHC Commercial	Not covered when billed with annual visits. Covered for problem-oriented E&M visits.
UHC Medicare Advantage	Reimbursement for both problem visits and annuals.

Challenging Payer Response – ACOG Appeal Letter

Dear [insert payer contact],

As an obstetrician–gynecologist who provides services to your beneficiaries, I’m writing to urge you to work to advance the care provided to people seeking women’s health services by including coverage of the new CPT code for pelvic examinations (CPT code 99459) for services on or after January 1, 2024. This practice expense-only code is intended to assist with the cost of pelvic examination packs, such as speculums, and [in-room chaperones](#) for patients receiving pelvic examinations during an [outpatient evaluation & management visit](#). In 2015, [52 million pelvic examinations](#) were performed in the United States. By finalizing this new code, [payer] would be taking a crucial step to reimburse expenses incurred by obstetrician-gynecologists and other physicians performing pelvic examinations during preventive and evaluation and management visits.

The add-on code 99459 should be covered when accompanied with the following CPT codes:

- 99202 – 99205: Office or other outpatient visit for the evaluation and management of new patient
- 99212 – 99215: Office or other outpatient visit for the evaluation and management of established patient
- 99242 – 99245: Office or other outpatient consultation visit for new or established patient
- 99384 – 99387: Initial comprehensive preventive medicine, new patients
- 99396 – 99397: Periodic comprehensive preventive medicine, established patients

These services represent visits in which pelvic examinations may be performed and are not currently accounted for in CPT code valuation in your commercial population, despite ACOG guidance that [recommends indicated pelvic examinations](#) and [the use of a chaperone for all breast, genital, and rectal examinations](#).

[Insert personal experience/narrative here]

This policy is essential to improving access to safe, high quality, and evidence-based care for all patients and reducing health inequities. I respectfully request that your policies align with the most up-to-date national standards and recommendations, as indicated by ACOG and CMS.

Sincerely,

[sender name and credentials]

Closing Thoughts



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CPT 99459 - FAQs

Is there any cost-sharing to the patient?

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

If a patient has a balance after insurance, can it be written off?

- If insurance applies the balance to the patient's deductible, copay, or co-insurance, it should be treated as any other patient responsibility.

Do we need to inform the patient of this charge in advance (good faith)?

- You may choose to advise of the potential for extra financial responsibility as a courtesy however it would not require a formal good faith estimate unless the patient is self-pay.

What if a patient does not agree to the charge?

- Practices should seek to educate patients on the potential costs of care. If the patient has consented to treatment, they have consented to the associated charges.

CPT 99459 - FAQs

What if the patient refuses a chaperone?

- The current recommendation is to allow reporting of this service if the patient refuses a chaperone. The refusal should be documented, with an appropriate explanation.

Can 99459 be billed if no chaperone is used (female-only OB/GYN practice)?

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

Is it required to document the patient's reason for declining the chaperone?

- Yes, Payers **require for a chaperone present or not and the reason to allow billing of the code**. Excerpt from ACOG:
 - 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.

CPT 99459 - FAQs

Who meets the definition of ‘chaperone’?

- To qualify for the practice expense associated with 99459, the chaperone must be an employee of the practice. ACOG recommends that chaperones should “be trained in the requirements of best clinical practices... and empowered to report concerning behavior”.

Can 99459 be billed with a preventive medicine service?

- Per CPT guidelines, 99459 may be billed with 99383-99397. Individual payer policies vary.

Can the pelvic exam code be used for: IUD check, pessary check, post-partum check?

- 99459 may be reported with problem-focused encounters during which a medically necessary pelvic exam is performed.

Is this code billed for OB visits with a cervical check?

- If the OB antepartum visits are being reported with separate E/M services, then 99459 can be used, when appropriate. However, if there is global billing, then you cannot because:
 - 99459 must be attached to a billed E/M service or preventive service, and
 - The value of the global presumes that there will be some pelvic exams along the way. Since it is already included, 99459 can’t be added.

99459 Factsheet



CPT Code 99459

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

Last Updated 03.07.24

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'.**
- **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.**

Resources

Federal Register, “Medicare and Medicaid Programs; CY 2024 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Advantage; Medicare and Medicaid Provider and Supplier Enrollment Policies; and Basic Health Program”, <https://public-inspection.federalregister.gov/2023-24184.pdf>

American Urological Association, “Final Rule: CY 2024 Medicare Physician Fee Schedule Summary”, <https://www.auanet.org/advocacy/get-involved/comment-letters-and-resources/physician-payment-and-coverage-issues/final-rule-cy-2024-medicare-physician-fee-schedule-summary>

ACOG, “ACOG Win: CMS Increases Payment for Pelvic Exams”, <https://www.acog.org/news/news-articles/2023/10/acog-win-cms-increases-payment-for-pelvic-exams>

ACOG Payment Advocacy & Policy Portal, “CPT Code 99459 – Pelvic Examination Documentation”, <https://acogcoding.freshdesk.com/support/solutions/articles/64000299037-cpt-code-99459-pelvic-examination-documentation>

American Medical Association, CPT 2024 Professional Edition

American Medical Association, AMA/Specialty Society RVS Update Committee Meeting Minutes, <https://www.ama-assn.org/system/files/jan-2023-ruc-meeting-minutes.pdf>

Important CEU Information

1. AAPC still has not issued a CEU for the February webinar – we are continuing to communicate with them to resolve this issue.
2. AAPC has changed their language related to ‘In-Service’ webinars and associated CEU credits.
 - **PLEASE NOTE:** The CEU certificate states, “This CEU award is only for current employees (on this company’s taxable payroll)”.
 - If you are unsure whether you are eligible to claim this CEU credit, review your paystub to determine whether your paycheck is issued by Unified Women’s Healthcare.

AAPC CEU Certificate

Unified Womens Healthcare In-Service Certificate of Approval

Name

Pelvic Exam (99459): Understanding and implementing this service in OBGYN practice



Index # UWH0315241106INA



Date

This program meets AAPC guidelines for 1.0 CEUs. Can be split between Core A, COBGC, CPCCO and CPMA for continuing education units. This CEU award is only for current employees (on this company's taxable payroll). As an in-service, no fees (membership, attendance, client, lunch, etc.) should have been charged. If you were charged a fee for attendance, Please call AAPC at 800-626-2633

*This program has the prior approval of AAPC for continuing education hours. Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsor.