Pediatric Perspectives in Coding
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Agenda

- Brief update of Coding Changes for 2012
- Clinical Perspectives of Coding
  - Prenatal care
  - Newborn care / Hospital and office
  - Well child care and immunizations
  - Other issues in Pediatrics
Changes for 2012

- New CPT codes go into effect every January 1
  - Early release of Category III and vaccine codes are posted on the AMA website every July 1 and Jan 1 and become effective 6 months later
- New ICD-9 Codes go into effect October 1
- No Grace Period – Always have a current edition
- AAP Coding Hotline
  - Free to AAP members and their staff
  - aapcodinghotline@aap.org or 800/433-9016 ext.4022

2011 Vaccine Changes

- Immunization Administration for Vaccines
  - Based on the number of COMPONENTS not the number of vaccines!!!
  - Plan is to reflect the total amount of counseling
  - A component is the number of antigens in the vaccine to prevent disease
  - Combination vaccines contain multiple components
  - 90460 First Vaccine/Toxoid Component
  - 90461 Each subsequent vaccine/toxoid component
2012 Changes

- New definition of a “qualified health care professional”
  - This precludes reporting the pediatric immunization administration codes 90460 and 90461 when the counseling is provided by any person (i.e. RN, LPN) who does not have their own provider ID number.
  - This will preclude the reporting of nonphysician telephone care codes when the services are provided by staff under physician supervision.

2012 Changes Continue

- Revised definition of an established patient
  - Clarifies that an established patient is receiving services from the physician or another physician from the “EXACT” same specialty and “subspecialty” who belongs to the same group practice.
  - The descriptor for code 96110 is changed from developmental testing to developmental screening with interpretation and report per standardized instrument form
  - New codes for Car Seat/Bed testing for airway integrity in the neonate
2012 Changes

Vaccine Changes

- 90470 and 90633 – H1N1 immunization administration have been deleted

Additions

- 90581 Anthrax vaccine (>19 years old)
- 90644 Meningococcal vaccine C&Y, HIB 4 dose schedule when given to children 2-15 months
- 90654 Influenza virus split virus preservative-free

2012 Changes

- Typical items are added to the initial observation care codes 99218-99220
- Revision to the prolonged services codes 99354-99349 to clarify the definition of direct patient care to remove the reference “face to face”
- Instructions for reporting care of the sick neonate receiving intensive care services when 2 providers of different groups provide care on the same day
Prenatal Visit

- 11:30 – Mr. and Mrs. Brown are scheduled for a prenatal consultation.
  - Mrs. Brown has had a healthy pregnancy with no problems.
  - A friend has recommended this physician and mom desires to meet before the baby is born.
  - Physician meets with Mrs. Brown. Anticipatory care for the newborn during the hospital stay including a discussion of breast feeding and jaundice, when the expected 1st office visit will be, office hours, how to handle after hours questions, and expected visits/vaccines for the first year of life.

Prenatal Visit Coding

- Many physicians do not charge for this visit
- Prenatal services are charged under the mother’s insurance
- Is the visit providing risk reduction intervention for avoidance of a future problem at the request of the family or another physician? If yes, CPT codes 99401-99404 may be reported
  - Cannot be used when the patient (fetus/mom) has an established illness
  - Preventive medicine counseling and/or risk-factor reduction intervention provided to an individual
    - 99401 – 15 minutes
    - 99402 – 30 minutes
    - 99403 – 45 minutes
    - 99404 – 60 minutes
Mrs. Matthew has been referred by her OB. She has just been informed that her fetus has an enlarged bladder and dilated ureter detected on ultrasound.

You meet with the family and spend 30 minutes counseling them regarding this condition.

A report is sent to the requesting physician a note is made in the chart.

Is the physician providing services at the request of another physician or other appropriate source for evaluation of an existing problem? If yes:

- 99241-99245 if Office or Outpatient
- 99251-99255 if Inpatient Hospital
- Reported when a physician requests an opinion and a written report is sent back. The request is documented in the medical record
- Reported based on performance and documentation of required components
- Typically reported based on time as the determining factor with more than 50% of face-to-face time spent in counseling and coordination of care.
- Reported when payer covers consultation codes. If not accepted use 99201-99215 for office and 99221-99233.
- Not used when mom is self-referred.
Delivery

- 99464 – Reported when the physical presence of provider is requested by the delivering physician and indicated for a newborn who may require immediate intervention.
  - Medical record documentation includes the request for attendance at delivery and services are substantiated.
  - Service provided includes initial drying, stimulation, suctioning, blow by oxygen, CPAP without positive pressure ventilation, a cursory visual inspection of the neonate, assignment of Apgar Scores, and discussion of care with delivering physician and family.
  - May be reported in addition to initial normal newborn care (99460), initial hospital care (99221-99223), neonatal intensive care (99477), or initial neonatal critical care (99468)
  - Cannot be reported when attendance at delivery is performed only because it is mandated by hospital policy and not requested by delivering physician.

Delivery

- Your physician is called to the delivery room to attend an infant born via C-Section. There are no problems but hospital policy requires a pediatrician to be in attendance at all C-Section deliveries.
  - 99026 – hospital-mandated on-call service in hospital each hour
  - 99027 – hospital-mandated on-call service out of hospital each hour
Normal Newborn Care

- You receive a call from the nursery at 10pm to report a baby born at 39 weeks gestation, vaginal delivery, 7lb4ounces, Apgars 6 and 8. Physician standing orders are followed. The next morning the physician reviews the record, examines the infant and talks with the mom.

- **99460** – History and examination of the normal newborn initial service
  - Reported only once on the first day the physician provides a face to face service. May not correlate with birth date.
  - Normal newborn codes are used to report care to neonates who are acting normally but recovering from a low Apgar.

- **99461** – Normal newborn care in other than hospital and birthing room i.e. home or free standing birthing center
Normal Newborn Care

- 99462 – Subsequent hospital care, normal newborn
- 99238 – Hospital discharge day management; 30 min or less
- 99239 – Hospital discharge day management; more than 30 minutes
- 99463 – History and examination of the normal newborn, including discharge.

Any additional procedures including lumbar puncture, arterial puncture, circumcision, and bladder tap should be reported to the normal codes

- Modifier 25 should be appended to the E/M code when performed on same day of service