

## **Top Errors to Avoid and Specialty Coding Updates for 2013: Pediatrics**

<b>Questions</b>	<b>Answers</b>
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<p>I was looking for clarification on what is required by the provider exactly in order to bill for the immunization administration with counseling - Does the provider need to specifically mention each disease? Thank you for any additional information you can give.</p>	<p>CPT guidelines indicate that you must provide documentation to support the reporting of a given service. As an example, documentation should list all vaccine components along with a notation such as “counseling for all components completed.” The documentation format (eg, check box, handwritten, electronic template, etc) for this service should be the same as it is for other services.</p>
<p>Our providers often will counsel on vaccine aftercare for the patient - what to expect and what would cause concern and require an additional visit if need be - the disease itself is rarely discussed except for the handout given to the patient which gives information on the disease itself and what the vaccine is protecting against.</p>	<p>CPT guidelines indicate that you must provide documentation to support the reporting of a given service. As an example, documentation should list all vaccine components along with a notation such as “counseling for all components completed.” The documentation format (eg, check box, handwritten, electronic template, etc) for this service should be the same as it is for other services.</p>
<p>if child is admitted as 99460 or 99221. then on same day or next day transferred to picu or nicu is initial day charge allowed for picu/nicu?</p>	<p>If the child is admitted and then is transferred to picu or nicu on the same day code both and add 25 modifier.</p>
<p>Which code group is the proper coding for New born nursery: 99460,99462,99238 or 99221-99223 and 99231-99233?</p>	<p>The codes are not based on the location but more the condition of the patient. 99460, 99462 are fo the health newborn, however if the newborn is sick or having a problem you would use the 99221-99233 codes.</p>
<p>Can you bill 90744 x 2?</p>	<p>90744 is for Hepatitis B vaccine, can you give me an example of when you would need to code it X2?</p>

In the example just given, why is 90474 needed? Isn't 90460 for any route of administration?	CPT states 90460 is any administration method with counseling by MD.
For the administration codes, if the parents don't have any questions or concerns, but the DR still gives the information per the template, is this better coded with 90471-90474?	If the DR is only handing the VIS sheet and not counseling or talking to the parents then you would want to use the 90471-90474 code set.
I thought admin code 90474 was only used when not MD counseled. And 90460 is billed for each vaccine 's first component and then 90461 is billed for each vaccine's additional components. Your vaccines billing example is not clear.	Example: Should state 90460 x 6 and 90461 x2. There are six vaccines given and one of the vaccines has 3 components.
Re slide 38 - why would you need to use CPT 90474 for oral admin if counseling was performed? CPT 90460 is for any route of administration.	CPT states 90460 is any administration method with counseling by MD.
Questioning slide #38. The codes chosen don't follow what was said in the prior information. Wouldn't you bill 90460 times 5, 90474 & 90461 times 3? We have been billing 90460 for the first component of the vaccine/toxoid and 90461 for each additional in a combo vaccine.	Example: Should state 90460 x 6 and 90461 x2. There are six vaccines given and one of the vaccines has 3 components.
slide 38 Clarification: 90460 is "any route" not IM/SubQ and therefore 90474 would not be used for oral vaccine.	CPT states 90460 is any administration method with counseling by MD.

<p>We bill a vaccine code such as 90698 Pentacel(has 5 components) with a 90460 admin and 4 units of 90461admin,90680 Rotatag(Rotavirus) with 90460 admin where MD counseling was done. If not MD counseling would use admins 90471 for 1st component of Pentacel and 90472 x 4 units for additonal components of vaccine, and Rotatag with 90474 for non counseled admin of oral or nasal administration. CPT states 90460 is any administration method with counseling by MD.</p>	<p>You are correct that for Pentacel (5 components) with counseling would be 90460 and 90461 x4 and Rotatag with 90460. However, if no MD counseling you would code the Pentacel 90471 and Rotatag 90474 as those codes are per vaccine and not per component. Yes, per CPT states 90460 is any administration method with counseling by MD.</p>
<p>Can you please vaildate the prolonged service time on slide 54? You have 45 additional minutes, however shouldn't it be 1 hour?</p>	<p>Yes you are correct. Code 99354 is for the first hour beyond the usual service.</p>
<p>for 90744 X 2 question: The dr's note states 'hep B booster (2) and he also marked ticket 'x2'</p>	<p>I can find no guidance where you would give 2 Hep B immunizations on the same day</p>
<p>Would you use both codes for ages on 99471,99475 and with subsequent days 99472,99476 if the pt had a birthday during their stay? We had this happen at one point.</p>	<p>As these codes are based on age I would use both code sets.</p>
<p>For the examples on slides 53-54, are the nebulizer and MDI use demonstration included in, or carved out of, the initial or prolonged E&amp;M , for purposes of computing overall face-to-face time?</p>	<p>The nebulizer and MDI demonstration would not be included in the initial or prolonged E/M. Time calculated is only the face-to-face time with the provider.</p>
<p>When did the subsequent codes come out for OBSV?</p>	<p>2011</p>
<p>Does that constitute an ma or does that only constitute a physician or nurse practioner? Thank you</p>	<p>Phyisician, Physician Assistant, Nurse Praticitioner</p>

Hi Jackie, we were told that the medical assistant can counsel the patient so we can bill for the pediatric administration codes. Can an ma give and document the counseling for the vaccine administration codes or does it have to be the dr doing the counseling?	The counseling has to be provided by a physician or "other qualified health care professional"
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