Top Errors to Avoid and Specialty Updates for 2012: Pediatrics

Jacqueline J. Stack, BSHA, CPC, CPC-I, CEMC, CFPC, CIMC, CPEDC, CCP-P

Agenda

• Newborn care
• High Risk newborn
• Preventive services
• Immunizations
• Pediatric Surgery
• Pediatric ICU
• Observation
Attendance at delivery

• OB/GYN calls your provider to the delivery room for a possibly difficult delivery. Your provider documents:
  – The request for attendance
  – The provider’s immediate interventions
  – Discussion with parents
• Code 99464 – Attendance at delivery

Attendance at delivery

• Physician attends delivery at request of delivering physician
  – Initial drying
  – Stimulation
  – Suctioning
  – Blow-by oxygen
  – CPAP
  – Assigning Apgars
  – Discussion of care with parents
• 99464
• May be reported with;
  – 99460 normal newborn
  – 99221-99223 sick newborn
  – 99477 initial intensive care
  – 99468 critical care
  – 31500 Intubation
  – 31515 laryngoscopy
  – 36510 catheterization
Standby Services/Resuscitation

1. Physician standby requested (cannot attend to any other patients and must be immediately available)

2. Newborn resuscitation

1. 99360 (choose appropriate 30 min units) If less than 30 minutes cannot be billed

2. 99465

Newborn care

1. Normal Newborn visit, initial service

2. Normal Newborn visit, day 2

3. Discharge normal newborn day 3

   • Normal Newborn evaluated & discharged same day

1. 99460-99461

2. 99462

3. 99238-99239

   • 99463
Normal Newborn Care

- 99460 Initial hospital or birthing center care – normal newborn
- 99461 Initial care other than hospital – normal newborn
- 99462 Subsequent hospital care – per day – normal newborn
- 99463 Initial care hospital or birthing center – normal newborn admit & discharge same day

Example

- Baby is a healthy full term 7lb male infant born by cesarean section. Your physician examines the baby the next morning
  - He reviews the records
  - Examines the infant, and speaks to the parents
  - Provider sees them three days in the hospital
  - Provider performs circumcision on day 2
- 99460 initial service for day 1, ICD V30.00
- 99462-25 Subsequent hospital care, ICD V30.00 & 54150 circumcision, ICD V50.2 for day 2
- 99238 for day of discharge, ICD V30.00
Initial Neonate Intensive Care

- 99477 Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires observation, frequent interventions and other intensive care services
  - Day of admission or day of re-admission
  - Less than or equal to 28 days
  - Weight not a factor
  - Neonate who requires intensive care but does not qualify for critical care. Requires frequent observation

CPT® 99477

- For the initiation of inpatient care of the normal newborn report 99460
- For initiation of the care of the critically ill neonate use 99468
- For initiation of inpatient hospital care for the neonate not requiring intensive observation, frequent interventions or other intensive care services use 99221-99223
Example

• The baby begins to show signs of persistent hypothermia on day one of the hospital stay. Your provider documents;
  – Intensive observation
  – Frequent interventions
  – Continual monitoring

• Code 99460 normal newborn service, ICD V30.00 and 99477 with modifier -25, ICD 778.3

Subsequent Intensive Care

• 99478 Subsequent intensive care, per day, recovering very low birth weight infant
  – Present body weight less than 1500 grams

• 99479 Subsequent intensive care, per day, recovering low birth weight infant
  – Present body weight of 1500-2500 grams

• 99480 Subsequent intensive care, per day, recovering infant
  – Present body weight of 2501-5000 grams
CPT® 99478-99480

- VLBW/LBW or not critically ill, but continue to require any of the following:
  - Cerebral Palsy monitoring, and/or
  - Vital sign monitoring, and/or
  - Heat maintenance, and/or
  - Enteral/parenteral nutritional adjustments, and/or
  - Observation by the healthcare team under the direct supervision of a physician
  - Once a day by one physician (per diem code)

Outpatient to Inpatient

- Critical care in the ED of patient five years or younger (99291-99292) that results in an inpatient admission by the same provider are reported with neonatal or pediatric critical care codes (99468-99472) because these codes are per day and cannot be billed more than once per day
Definition of Critical Care

- Direct delivery by a physician
- Acute impairment one or more vital organ systems such that there is a high probability of imminent or life threatening deterioration in the patient's condition
- High complexity decision making to treat single or multiple vital organ system failure and/or to prevent further life threatening deterioration of the patient's condition
- Typically requires interpretation of multiple physiologic parameters and/or application of advanced technology(s), critical care may be provided in life threatening situations when these elements are not present
- Examples of vital organ system failure include, but are not limited to: central nervous system failure, circulatory failure, shock, renal, hepatic, metabolic and/or respiratory failure

Critical Care

- **Bundled or Global Services:**
  - Venous and arterial catheters
  - Vascular access procedures
  - Vascular punctures
  - Oral or nasogastric tube placement
  - Endotracheal intubation
  - Lumbar puncture
  - Suprapubic bladder aspiration
  - Bladder catheterization
- Vent management
- CPAP
- Surfactant administration
- Transfusion of blood components
- Invasive or noninvasive electronic monitoring of vital signs
- Bedside PFTs
- Blood gases
- Oxygen saturation
- All services normally bundled into Critical Care codes 99291-99292
Critical Care 99291-99292

• Ambulatory Setting (e.g. ED or office) for patient of any age
• Inpatient Setting for patient 72 months of age or greater
• Inpatient Setting, Critical care to neonate by 2nd physician of different specialty, any age
• Transport Setting, Physician in transport of child greater than to 24 months

Inpatient Neonatal Critical Care

• 99468 Initial
• 99469 Subsequent
• Per diem
• May be reported with:
  – Delivery room attendance (when requested by attending)
  – Delivery room resuscitation
  – Less than or equal to 28 days of age
• The initial day neonatal critical care code (99468) can be used in addition to 99464 (physician is present for the delivery) or 99465 (resuscitation) as appropriate
• Other procedures performed as a necessary part of the resuscitation
  – (eg, endotracheal intubation [31500])
The baby has been home for a few weeks and mother notices she is having trouble breathing. She returns to the ED at three weeks old with respiratory distress.

- The ED physician provides an hour of critical care and the baby is admitted to the PICU on the same day by the pediatrician.
  - ED physician = 99291 Critical Care first 30-74 min.
  - Pediatrician = 99468 Initial Inpatient neonatal critical care, per day for neonate 28 days or less.

Example

- The baby is out of the PICU on day 3 and appears to be slowly recuperating. The physician performs an expanded problem focused history and physical exam on the baby who is experiencing mild transient tachypnea. She requires low-flow nasal cannula and small gavage feedings. The baby is discharged the next day.
  - Code 99232 subsequent inpatient visit for day 3
  - 99238/99239 for discharge day 4, dependent on time

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Inpatient

- **99221 – 99223 Initial hospital care**
  - 99221
    - Detailed or comprehensive history
    - Detailed or comprehensive examination
    - Straightforward of low complexity medical decision making
  - 99222
    - Comprehensive history
    - Comprehensive examination
    - Moderate complexity medical decision making
  - 99223
    - Comprehensive history
    - Comprehensive examination
    - High complexity medical decision making

Inpatient

- **99231 – 99233 Subsequent hospital care**
  - 99231
    - Problem focused interval history
    - Problem focused examination
    - Straightforward of low complexity medical decision making
  - 99232
    - Expanded problem focused interval history
    - Expanded problem focused examination
    - Moderate complexity medical decision making
  - 99233
    - Detailed interval history
    - Detailed examination
    - High complexity medical decision making
Inpatient

- 99238 – 99239 Hospital discharge day management
- 99238
  - 30 minutes or less
- 99239
  - More than 30 minutes

Time

- Inpatient
  - Unit/floor time
- Office or Outpatient
  - Face to face time
New vs Established

• New
  – Received any professional service from the physician or another physician in group of same exact specialty and subspecialty within last three years

Well Child Check

• A 2 month old baby comes to the pediatrician for a scheduled 2 month preventive service. The physician documents a multisystem examination, comprehensive history and counsels the family on age appropriate vaccines.
• CPT® 99391, ICD-9-CM V20.2 and codes for vaccines and other screenings.
Other Screening Services

• Per CPT® instructions; screening tests identified with CPT® codes are coded separately
• Hearing screening and assessment
  – 92551 screening test pure tone, air only
  – 92552 full pure tone audiometric assessment
  – 92568 Acoustic reflex testing
• Urinalysis
  – 81000-81003

Other Screening Services

• Vision Screening and assessment
  – 99173 screening test of visual acuity, quantitative, bilateral (Snellen chart)
• Screening lab work
  – 36416 – Collection of capillary blood
    • PKU test
  – 36415 - Venipuncture
    • Access vein for blood draw
• Preparation of specimen
  – 99000
Administration

• 90460 – Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered

• +90461 – each additional vaccine or toxoid component administered (list separately in addition to code for primary procedure)
Vaccine Counseling

• Pediatric specific codes 90460-90461
  – Patient younger than 18 years
  – Physician personally must perform face-to-face vaccine counseling
    • Common discussion/education topics;
      – Refusal of all vaccines.
      – Desire to not give as many vaccines at one time.
      – Is there mercury (thimerosal) in any vaccines?
      – When I was a kid everyone got chicken pox and was ok.
      – What about autism?

Meningococcal

• 90644 – Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza B vaccine (Hib-MenCY), 4 dose schedule, when administered to children 2-15 months of age, for intramuscular use
Vaccines

- CPT® and ICD-9-CM for Vaccines are:
  1. 90743 Hepatitis B, V05.3
  2. 90680 Rotavirus, V04.89
  3. 90700 Diptheria, Tetanus, Pertussis, V06.1
  4. 90648 Haemophilius influenza type b, V03.81
  5. 90669 Pneumococcal, V03.82
  6. 90713 Inactivated Poliovirus, V04.0

- Administration Codes
  90460
  90460
  90460, 90461, 90461
  90460
  90460
  90460

- Attach same ICD-9-CM to admin as vaccine

Vaccine Administration Billing

- Vaccine administration codes 90471-90474
  - Patient any age and no MD face-to-face counseling

- Reimbursement troubles?
  - [http://www.cispimmunize.org/pro/doc/VaccineCounseling
    PositionPaper.doc](http://www.cispimmunize.org/pro/doc/VaccineCounseling
    PositionPaper.doc)

- VFC coding state specific
  - Vaccines for Children federal program
  - Bill just vaccine/Follow state guidelines
Link to Complete 2012 AAP Vaccine Coding Table

- **Vaccine Coding Table**
- Includes CPT® and ICD-9-CM codes for 43 Vaccines and 2 Globulin
- List by Manufacturer & Brand
- [http://practice.aap.org/emailedContent.asp?emailID=glcha617F6d55ry1DE9623EBqrig3](http://practice.aap.org/emailedContent.asp?emailID=glcha617F6d55ry1DE9623EBqrig3)

Vaccines CPT® “Early Release”

- **Vaccine Product Codes**
  “Early Release” on the Website
- Published in **CPT®** each October- Active January 1st
- Appear Twice a Year on the AMA website “Early Release”
- January 1<sup>st</sup> and July 1<sup>st</sup>
  - Codes Become “Active” for use 6 months after appearing
Surgery Example

- 6-year-old goes to the hospital for placement of a central venous access and repair of right and left inguinal hernia. The first venous access fails so the surgeon has to place a second one later.
- 49505-50 – Bilateral hernia repair
- 36555 first catheter
- 36555-76 redo of catheter on same day

Surgery/Procedure Modifiers

- -22 Increased Procedural Service
  – Greater than typical work during a procedure
  Requires clear documentation - payer specific
- -50 Bilateral Procedure
  – Right and left arm fracture repair 25500-50
- -51 Multiple Procedures – payer specific
  – Repair of simple wound of arm and wart removal toe 12001, 17110-51
Surgery/Procedure Modifiers Continued

-52 Reduced/-53 Discontinued Services
  - Not able to complete circumcision
    - 54150-52 (danger to patient 54150-53)

-58 Staged or related procedure during global
  - Planned at the time of the initial surgery – Closure of perineal urethrostomy 5 weeks post hypospadias repair, 53520-58

-59 Distinct Procedural Service
  - Nebulizer and inhaler teaching same day
    - 94640, 94664-59

-63 Procedure performed on infants weighing less than 4 kg.
  - Append modifier to any procedure on an infant less than 4kg that does not specify infant in CPT® description

-76 Repeat procedure or service by the same physician
  - Nebulizer treatment repeated 94640, 94640-76

-78 Unplanned return to the OR by same MD for related procedure
  - Treat abdominal hemorrhage post surgery, 35840-78
Global

- Shortly after recuperating from his recent surgery the child was seen again in the office for an upper respiratory infection. Pediatrician documents an expanded problem focused visit.
  - Visit during global normally would not be charged, however this is an unrelated issue from surgery
- Codes 99213 with modifier -24, ICD 465.9

E/M Modifiers

- -24 Unrelated E/M by the same MD during post-op period
  - Seeing patient for ear infection 7 days after wound repair in office
- -25 Significant, Separately Identifiable E/M by the same MD on the same day of the procedure or other service
  - Finding unknown significant illness or injury during routine preventive visit
E/M Modifiers Continued

- **-52 Reduced Services**
  - You are unable to complete a visit as planned due to disruptive child behavior or family member behavior

- **-57 Decision for Surgery**
  - Surgeon consults on a patient for abdominal pain. During visit determines urgent strangulated hernia repair necessary. Surgeon report 99241-99245-57 (consults may be payer specific) and 49507 for surgery

Example

- A mom brings a 5-year-old child in to the office because she’s concerned she isn’t breathing well again. The patient is an asthmatic.
- Physician documents two nebulizer treatments, physical exam after each shows decreased wheezing.
- The nurse documents her evaluation of use and education of home use of MDI and provision of medication.
- Codes?
Inhalation Treatments

1. Detailed office visit
2. Initial Pressurized or non-pressurized inhalation treatment
3. Second inhalation treatment
4. Demonstration and/or eval. of patient use of MDI

• Diagnosis code- 493.02 for extrinsic asthma with acute exacerbation

Prolonged Services

1. Patient with difficulty breathing in office receives E/M and nebulizer treatment. Physician evaluates before and after two additional treatments.
2. Direct face-to-face contact with patient and physician beyond the usual service duration.
3. The start and end times of the visit need to be documented in the medical record along with the date of service.
   1. Start 3:00 End 4:10pm

1. E/M in office documentation supports 99214-25 (25 minutes)
   1. Nebulizer 94640
   2. 2nd treatment 94640-76
   3. 99354 x1 (45 additional minutes total face-to-face time beyond the initial 25 minute visit)
Prolonged Service

- 99354 – Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (list separately in addition to code for office or other outpatient Evaluation and Management Service)
- 99355 – each additional 30 minutes (list separately in addition to code for prolonged service)

Prolonged Services

- 99356 – Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (list separately in addition to code for inpatient Evaluation and Management service)
- 99357 – each additional 30 minutes (list separately in addition to code for prolonged service)
Hospital

- The 5-year-old child is taken home with the MDI, however, the patient is found to be hypoxic and is admitted. The pediatrician sees the child in the hospital and documents a comprehensive history & comprehensive physical and moderate level medical decision making.
  - Code 99222 Initial hospital care, per day, ICD 799.02 (hypoxemia)

Transfer

- The patient is not responding to treatment, she is moderately ill with respiratory distress. X-ray shows right lower lung infiltrate with flattened diaphragm. The patient is transferred to PICU and the physician begins critical care services.
  - Codes 99475 critical care, ICD-9-CM 486 (pneumonia)
Inpatient Pediatric Critical Care

- 99471 Initial
- 99472 Subsequent
- Per diem
- 29 days to 24 months old
- They represent care starting with the date of admission (99471, 99475) and subsequent day(s) (99472, 99476) the infant or child remains critical. These codes may be reported only by a single physician and only once per day, per patient in a given setting.

Inpatient Pediatric Critical Care

- 99475 Initial
- 99476 Subsequent
- Per diem
- 2 years to 71 months old
- If patient in PICU and crosses from 23 to 24 months, would begin PICU with 99471 but report subsequent with 99476
- Keep track of ages, or will receive denials
Observation

• 99218 – Initial observation care, per day, for the evaluation and management of a patient
  – A detailed or comprehensive history;
  – A detailed or comprehensive examination; and
  – Medical decision making that is straightforward or of low complexity

Observation

• 99219 – Initial observation care, per day, for the evaluation and management of a patient
  – A comprehensive history;
  – A comprehensive examination; and
  – Medical decision making that is moderate complexity
Observation

• 99220 – Initial observation care, per day, for the evaluation and management of a patient
  – A comprehensive history;
  – A comprehensive examination; and
  – Medical decision making that is high complexity

Observation

• 99224 – Subsequent observation care
• 99225 – Subsequent observation care
• 99226 – Subsequent observation care

• 99217 – Observation care discharge