

# Coding and Billing Pediatric Services

AAPC  
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## About the Presenter

- Manager of the Special Investigations Unit at Providence Health Plans in Beaverton, Oregon
- 18 Years Healthcare Experience
- 14 Years of Management Experience
- 11 Years of Pediatric Experience
- National Speaker on Management, Coding & Compliance Topics
- Master's Degree in Healthcare Business Leadership (MHBL)
- Fellow in the American College of Medical Practice Executives (FACMPE)
- Certified Professional Coder in AAPC (CPC)



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# Agenda

1. E/M tips
2. Preventive Services Coding
3. Non Face-to-Face Services Coding
4. Prolonged Services
5. Inpatient tips
6. Commonly Missed Procedures
7. Common Pediatric Modifiers
8. Getting Reimbursed for What You Do



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## Selecting Appropriate E/M Codes

- E/M codes represent largest portion of codes reported and income for non-procedural based practices.
- Guidelines can be vague and complex
- Approach from clinical perspective
- Start with the elements of medical-decision making
- The nature of the presenting problem, severity of illness



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# Coding Compliance

- Not every visit is a 99213
- Seek appropriate training in the E/M guidelines
- Use electronic templates wisely
- Choose either the 1995 or 1997 guidelines for each encounter, do not mix
- Choose to code by key components (history, exam and medical decision making) or time carefully



# E/M Based on Time

- 99201-99215
- Typically related to child behavioral issues
- No exam necessary
- At times patient not present (payer specific)
- Documentation key
  - 40 minute visit with 25 minutes spent discussing oppositional defiant behaviors.
  - 40 minute visit 100% of visit spent discussing XXX.



# Telephone Calls

## Scenario of telephone E/M service

A mother calls your clinic to discuss her infant's fussiness. The physician obtains a detailed history with ROS and determines that the infant is fussy and counsels the mother for 8 minutes. This telephone management would be reported with code 99441 and 780.91 (fussy infant).



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# MD Telephone Calls

- Episode of care
  - Initiated by physician
  - Established patient
  - Do not see the patient in 24 hours or next urgent appt after call
  - Cannot be in reference to a E/M service that occurred within previous 7 days
  - Cannot be within the global period of previous procedure
- 99441 – Telephone E/M service 5-10 minutes
- 99442 11-20 minutes
- 99443 21-30 minutes
- Set parent/caller expectations of billing upfront.



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## MD Online E/M

- Response to patient's online inquiry
- Physician's personal time
- Permanent electronic or hard copy storage
- Report once for same episode of care for 7 days before or after
- Do not bill during global period
- 99444 Online E/M service provided by a physician to an established patient, guardian or healthcare provider, using the Internet or similar electronic communications network
- May not be billed with 99339-99340, 99374-99380



## Prolonged Services

- Scenario of prolonged services
- A 10-year-old with ADHD is seen for follow up. He is experiencing difficulty in the classroom and at home. The physician spends a total of 75 minutes counseling the child and mother. The visit is reported by using time as the key factor of 99215-25 (40 minutes of time) and 99354 (35 minutes prolonged services).



## Prolonged Services

1. Only the time spent face to face between physician and patient/family
  2. Does not have to be continuous but is per calendar day
  3. The start and end times of the visit shall be documented in the medical record along with the date of service.
    1. Start 2:00 End 3:10pm
1. E/M in office documentation supports 99214-25 (25 minutes)
    1. Nebulizer 94640
    2. 2<sup>nd</sup> treatment 94640-76
    3. 99354 x1 (45 additional minutes total face-to-face time beyond the initial 25 minute visit)



## Preventive Services

- A preventive medicine visit on a 13-year-old might include a comprehensive history including an age appropriate review of systems and updating the past, family, and social history.
- The comprehensive multi-system exam might include a routine pelvic and breast exam depending on age and sexual history.
- Codes for this service are 99394 Q0091 or 99000 and codes for any other screenings done.
- ICD V20.2 routine or child check



## Preventive Medicine

- 99381-99397
- Comprehensive history and exam does not equal the comp required in E/M guidelines.
- Q0091 – Pap Smear Medicare
- 99000 – Pap Smear other payers
- 9921\_ -25 for unanticipated additional work outside normally performed during preventive visit.



## Sports/Camp Physicals

- AAP recommends use preventive medicine codes 99381-99397.
- If not covered due to previous preventive visit in same year, will be billed to parent.
- Office visit codes 99211-99215 only if problem uncovered.
- 99241-99245 outpt. consult if coach or school nurse requests visit due to medical concern.



# Vaccine Coding

A 2-month-old patient presents for vaccines, physician spends time counseling the family on vaccines and addresses concerns, the nurse provides forms and administers vaccines.

- CPT® and ICD for Vaccines
  1. 90743 Hepatitis B, V05.3
  2. 90680 Rotavirus, V04.89
  3. 90700 Diphtheria, Tetanus, Pertussis, V06.1
  4. 90648 Hemophilus influenza type b, V03.81
  5. 90669 Pneumococcal, V03.82
  6. 90713 Inactivated Poliovirus, V04.0
- To code appropriately must have code from both series
- Administration Codes
  1. 90465- first IM/SubQ administration
  2. 90474-additional oral administration
  3. 90466-additional IM/SubQ administration
  4. 90466- additional IM/SubQ administration
  5. 90466- additional IM/SubQ administration
  6. 90466- additional IM/SubQ
- Attach same ICD to admin as vaccine



## Link to Complete 2010 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.aspx?emailID=glch a617F6d55ry1DE9623EBqrig3>





# Vaccine Counseling

- Pediatric specific codes 90465-90468
  - Patient younger than 8 years
  - Physician must personally perform face-to-face vaccine counseling.
- Vaccine administration codes 90471-90474
  - Patient any age and no MD face-to-face counseling
- Reimbursement troubles?
  - <http://www.cispimmunize.org/pro/doc/VaccineCounselingPositionPaper.doc>
- VFC coding state specific
  - Vaccines for Children federal program



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# Preventive Dx coding

- School/sports/camp physical
  - V70.3 other medical examination for administrative purposes
- Annual or periodical preventive visit
  - V20.31 for newborn <8 days
  - V20.32 newborn 8-28 days
  - V20.2 Routine infant or child health check
  - If school/sports physical incorporated into the routine preventive visit.



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## 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
  - 92583 select picture audiometry
- Urinalysis
  - 81000-81003



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## 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



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## Pre-Natal Planning

- Provider documents a medical history
  - Background information about mom's health.
- A complete family history
  - Health of the parents, their children, their brothers, sisters, parents and grandparents.
- Documented statement:
  - "I spent 45 minutes with parents describing fetal and maternal risks for a mother with insulin-dependent diabetes, reviewed risks for infection, poor glucose control, and operative delivery; reviewed fetal anomaly risk including macrosomia, hypoglycemia and respiratory problems."
- Code 99403 Preventative counseling 45 minutes



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## Preventive Counseling

- 99401-99404 discussion of risk reduction intervention.
- No established symptoms or illness
  - Healthy diet, exercise, alcohol, drug abuse
- Pre-natal discussion of risks to fetus due to a family history of inheritable disease.
  - Prematurity
  - In-vitro fertilization
  - Congenital disorders



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## CNS Assessment

- The mother of a 5-year-old patient expresses concern about language delay. The Parents' Evaluations of Developmental Status (PEDS) test is ordered, completed by the parent and scored by the physician's nurse. Results indicate an expressive language delay is present.
- Code with 96110 for limited developmental testing and ICD 315.31 for expressive language disorder



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## CNS/Development tests

- Developmental testing; limited
  - Developmental Screening Test II
  - Early Language Milestone Screening
  - Parents Evaluation of Developmental Status
  - Ages and Stages
  - Vanderbilt Attention-Deficit/Hyperactivity Disorder Rating scales
- 96110
  - Often reported in the context of preventive medicine service
  - Typically performed by nurse or other non-physician staff.
  - If other non related services performed on same day code with modifier 25.



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## Extended Tests

- A 10-year-old patient has shown a decline in school. His parent reports that the child says the work is too hard, and the teachers wonder if the child is just lazy or if there is something wrong. The physician administers a Kaufman Brief Intelligence Test and a Wide Range Achievement test. The tests are scored, interpreted and shows ADD, 40 minute counseling with the family and the interpretation of the test is documented.
- CPT® 99215-25, 96111 and diagnosis 314.00



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## CNS/Development tests

- Developmental testing; extended
  - Bayley Scales of Infant Development
  - Woodcock-Johnson Tests of Cognitive Abilities
  - Clinical Evaluation of Language Fundamentals
- 96111 Typically performed and scored by a physician or other trained professional
  - Code once when tool is finished and interpretation and results are provided.



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## Hospital Observation/Admit

- |   |  |
|---|--|
| 1. Patient seen in clinic.                | 1. Do not bill (included in admit)                       |
| 2. Patient admitted to observation day 1. | 2. 99218-99220   |
| 3. Patient visit in obs day 2.            | 3. 99212-99215, Unlisted E/M code or payer specific code |
| 4. Patient admitted inpatient day 3.      | 4. 99221-99223   |
| 5. Patient day 4 inpatient.               | 5. 99231-99233   |
| 6. Patient discharge day 5.               | 6. 99238-99239   |



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## Hospital Admit from Clinic

- |   |   |
|---|---|
| 1. Patient seen in clinic by Dr. 1  | 1. 99212-99215  |
| 2. Dr. 1 dictates H&P in hospital system but does not physically see the patient in the hospital. | 2. May not bill hospital visit unless physically present, exam, and document visit at hospital. |
| 3. Dr.2 admits patient at hospital  | 3. 99221-99223 if under different tax ID (may be carrier specific)                              |



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## Newborn care

- |  |                |
|--|----------------|
| 1. Normal Newborn visit, initial service | 1. 99460-99461 |
| 2. Normal Newborn visit, day 2           | 2. 99462       |
| 3. Discharge normal newborn day 3        | 3. 99238-99239 |
- 
- Normal Newborn evaluated & discharged same day
  - 99463



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## Standby Services

- Pediatrician is called at home and asked to come to the hospital for delivery of neonate with meconium passage and deep variable decelerations in utero. The pediatrician had been readily available and not providing services to any other patients and documented that he was present for 30 minutes before the mother delivered.
- CPT® 99360



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## Standby Services/Resuscitation

- |  |   |
|--|---|
| 1. Physician standby requested (cannot attend to any other patients and must be immediately available) | 1. 99360 (choose appropriate 30 min units)<br>If less than 30 minutes cannot be billed. |
| 2. Attendance at birth   | 2. 99464  |
| 3. Newborn resuscitation   | 3. 99465  |



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## Attendance at Delivery

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Physician attends delivery at request of delivering physician<ul style="list-style-type: none"><li>– Initial drying</li><li>– Stimulation</li><li>– Suctioning</li><li>– Blow-by oxygen</li><li>– CPAP</li><li>– Assigning Apgars</li><li>– Discussion of care with parents</li></ul></li></ul> | <ul style="list-style-type: none"><li>• 99464</li><li>• May be reported with;<ul style="list-style-type: none"><li>– 99460 normal newborn</li><li>– 99221-99223 sick newborn</li><li>– 99477 initial intensive care</li><li>– 99468 critical care</li><li>– 31500 Intubation</li><li>– 31515 laryngoscopy</li><li>– 36510 catheterization</li></ul></li></ul> |
|---|---|



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## Discharge Services

- Discharge from observation
- 99217
- Discharge from hospitalization
- 99238 (Less than or equal to 30 minutes)
- 99239 (greater than 30 minutes)



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## Incident To Billing

- A patient presents to the practice with trouble breathing, the medical assistant as allowed under scope of practice laws, administers a nebulizer treatment that is ordered, directly supervised, and documented by the physician.
- The CPT® 94640 would be reported under the physician's or nurse practitioner's provider number.



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## Allied Health Providers

- Nurse practitioners, Nutritionists, Social workers, Physician assistants, etc.
- Follow state statutes on independent billing.
- If generate own bills under own NPI/UPIN
  - May provide medically necessary services that are ordinarily billed by;
    - Nurses, MAs
    - Supervising physician within scope of their practice
  - Typically paid a percentage of MD payment

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## Supervision Allied Health Providers

- If not billing under own numbers
  - Service must be type commonly provided in physician office or clinic.
  - Supervising physician must be on site during service.
  - Reported under the name of and reimbursed to the supervising physician at full MD rate.
  - Only to established patient with established plan of care.
  - Time cannot be basis of CPT® code
  - If new problem discovered MD must see and bill for patient visit.

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## Non-Physician Phone Services

- Telephone assessment and management by qualified non-physician health care professionals
  - Established patient
  - Not originating from service within previous 7 days
  - Not resulting in a visit within next 24 hours or soonest available appt.
- 98966 5 to 10 minutes
- 98967 11 to 20 minutes
- 98968 21 to 30 minutes
- May be used for nurse triage or medical advice.
- Coverage is carrier specific
- Set expectations with patients before billing.



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## Non-Physician Online

- Online assessment and management service provided by qualified non-physician health care professional
  - Established patient
  - Not originating from service within previous 7 days
  - Not resulting in a visit within next 24 hours or soonest available appt.
- 98969 - Online using Internet or similar electronic communications network.
- Coverage carrier specific.
- Set expectations with patients before services.



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## 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 inguinal hernia repair necessary. Surgeon report 99241-99245-57 and 49507 for surgery.



## Procedures Commonly Missed

- |   |   |
|---|---|
| 1. Simple excision underneath the skin                | 1. 10120 (splinter removed with tweezers is included in E/M visit code) |
| 2. Complicated removal embedded earring from ear lobe | 2. 10121  |
| 3. Removal of bead from inside nose                   | 3. 30300  |
| 4. Removal of doll shoe from ear canal                | 4. 69200  |
| 5. Removal of sawdust from eye                        | 5. 65205-65265  |



## Destructions/Cauterization

- |  |   |
|--|---|
| 1. Destruction common wart on heel         | 1. 17110-17111 depending on number of lesions |
|  | 2. 17250                                      |
| 2. Chemocauterization of newborn umbilicus | 3. 30901                                      |
| 3. Cauterization of nosebleed              | 4. 11200                                      |
| 4. Removal of newborn sixth digit          | (Dx: 755.00)                                  |



## How to Decide What to Bill

- Did you address a problem/condition prior to decision to perform procedure?
- Does the medical record show the decision to perform procedure, the procedure, and performance of key elements of E/M?
- Was the purpose of the visit for procedure only?
- Does the payer follow the CPT® or CMS guidelines?



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## 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
  - Repair of simple wound of arm and wart removal toe 12001, 17110-51



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



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## Surgery/Procedure Modifiers Continued

- 63 Procedure performed on infants weighing less than 4 kg.
  - Append modifier to any procedure on an infant less than 4 kg.
- 76 Repeat procedure or service by the same physician
  - Nebulizer treatment repeated 94640, 94640-76, 94640-76
- 78 Unplanned return to the OR by same MD for related procedure
  - Treat hemorrhage post surgery 35840-78



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# Getting Paid for What You Do

## Top 10 coding/billing errors

1. Duplicate claims
2. Non-covered services
3. Lack of Medical Necessity
4. Inappropriate unbundling
5. Patient ineligible
6. Wrong Insurance carrier
7. Primary/Secondary Ins errors
8. Improper diagnosis code
9. Missing or incorrect modifier
10. Provider/practice information missing/incomplete



# Appeal Process

- Identify incorrectly processed claim by review EOB/EOP
- Contact payer identify proper procedure
- Generate new/corrected claim
- Write professional clear letter
- Send to appropriate appeal address or fax number at payer





## Sample Appeal Language

Dear Insurance claim person,

- I am writing this letter on behalf of your insured
- Name, ID#, Date of Service, Amount Billed
- Your original processing incorrectly denied this service for \_\_\_\_\_
- Based on CPT, AAP, CMS guidelines it should have been processed \_\_\_\_\_
- We will expect to see this claim reprocessed for appropriate payment within the next two weeks, please contact us at \_\_\_\_\_



## When Appeals Do Not Work

- If you've appealed the decision and have been rejected again, go through the carriers different levels of appeal
  - 1<sup>st</sup> level claims review
  - 2<sup>nd</sup> level nurse review
  - 3<sup>rd</sup> level medical director review
- If unsuccessful, attempt to get your issue to their medical director committee review
  - New technology, new drugs, review policy



## What Next?

If your issue is not satisfactorily resolved with medical director level.

- Connect with contracting
- Work with contract negotiation to have specific issue addressed at contract level
  - Overturn edits
  - Resolve underpayment of drugs/biologicals
  - Increase reimbursement of procedure or services with bundled services
  - Carve outs



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## Resources

- AAFP – [www.aafp.org](http://www.aafp.org)
- AAPC – [www.aapc.com](http://www.aapc.com)
- American Academy of Pediatrics – [www.aap.org](http://www.aap.org)
- AAP Coding for Pediatrics book 2009 (14<sup>th</sup> edition)
- CMS – [www.cms.gov](http://www.cms.gov)
- Medical Group Management Association - [www.mgma.com](http://www.mgma.com)



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# Questions and Thank You!

Email questions: [lisa.jensen@providence.org](mailto:lisa.jensen@providence.org)

