

Coding 2020

Change is Here !

KIDS FIRST
11/2020

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IMPORTANCE OF ACCURATE APPROPRIATE CODING

- INCREASED PAYMENT
- DECREASED LIABILITY
- IMPROVED INFORMATION FLOW

Pediatrics Today

- Health care innovation and investment increasingly focused on better access to primary care.
- Primary care physician / medical home as navigators of the health care system
- This is your value based health care opportunity!

Into The New Decade!

- Leverage existing efforts
 - Patient Centered Medical Home (PCMH)
 - Pay for Performance
 - Episodes of Care
- Work with existing provider efforts
 - Pediatric ACOs
 - Medicaid
- Look toward focusing on social determinants of health
 - Population Health Initiatives

ICD CODING *CHANGES*

2021

Effective 10/1/2020

2021 ICD-10

- Suspected foreign body, ruled out
- COVID-19
- Vaping
- Cerebral Infarction in a Neonate
- Elevated liver enzymes
- Immunodeficiency
- Injury to thorax
- New codes for syndromes, diseases, disorders

COVID-19 Pandemic

- Lasting effects on physicians and practices
 - What care to provide ?
 - New ways of delivering care ?
 - » Telemedicine
 - Challenges to your financial health ?
 - » PPP
 - » Cares Act – Provider Relief Fund
- Look to the AAP for guidance / Guidelines

COVID-19

ICD-10 Coding (April 2020)

- U07.1 Positive COVID-19 test
 - Code related condition secondary (eg, pneumonia)
 - Use for MIS-C (codes being developed)
- Z20.828 Suspected COVID-19
- Z03.818 Possible exposure to COVID-19 (ruled out)
 - Code for signs and/or symptoms
- P00.2 Fetal exposure to COVID-19
 - Code Z05.1 if ruled out during hospital stay
- Z11.59 Screening for COVID-19
 - Asymptomatic screening

COVID-19

ICD-10 Coding (April 2020)

- Follow-up Visits for COVID positive patients/
completed treatment
- Z09 –F/U exam after treatment
- And Z86.19 – Hx of other infections

COVID-19

CPT Coding

- E/M coding with higher levels of complexity and associate time
- **99072** Additional supplies, materials, clinical staff time above those included in office visit codes, during a Public Health Emergency, due to respiratory infectious disease

COVID-19

CPT Coding

TESTING

- **86328** Immunoassay – qualitative / semi-quantitative, single step method; SARS-CoV-2 (eg, reagent strip)
- **86769** Antibody SARS-CoV-2 - qualitative
– Also use for multiple step method immunoassay
- **86413** Antibody - quantitative

TELEMEDICINE – Relaxation definitions / restrictions

Up In Smoke!

Coding for Vaping

- E-cigarette, Vaping
 - Associated lung injury
- Tobacco Use
- Tobacco Exposure
- Substance Abuse

The Need !

- 40% Children 3 – 11 regularly exposed to smoke
- 90% Tobacco users addicted before 18
- Youth uniquely susceptible to tobacco addiction
- Skyrocketing vaping in junior and high school
- Vaping threatens to normalize tobacco use

ICD-10 Vaping 2021

- U07.0 – Vaping Related Disorder
 - Introduced April 2020
 - For lung injury due to vaping
 - Use additional codes to document manifestations
 - Do not code vaping-associated signs and symptoms

ICD-10 Vaping/Tobacco Diagnosis Coding

- Signs and symptom codes (19 currently listed)
[cdc.gov/vapingcodingguidance2019](https://www.cdc.gov/vapingcodingguidance2019)
 - R06.00 dyspnea, unspecified
 - R06.02 shortness of breath
 - R06.2 wheezing
 - R07.9 chest pain, unspecified
- Signs and symptoms inherent in a definitive diagnosis should not be separately reported

ICD-10 Vaping Diagnosis Coding Manifestations

- J68.0 Bronchitis and pneumonia due to chemicals, gases, fumes, vapors
- J68.9 Unspecified respiratory condition due to chemicals, gases, fumes, and vapors
- J69.1 Pneumonitis due to inhalation of oils/essences; including lipoid pneumonia
- J84.114 Acute interstitial pneumonitis

Vaping Diagnosis Coding

- Lung related complications
 - EVALI (vitamin E acetate lung injury)
 - » J80 – Acute respiratory distress syndrome
 - Lung injury w/o specific condition (pneumonitis, bronchitis)
 - » J68.9 - - Unspecified respiratory condition due to chemicals, gases, fumes, and vapors
 - » J84.89 Other specified interstitial pulmonary disease

Diagnosis Coding

■ Poisoning and Toxicity

- T65.291- Toxic effect of other nicotine/tobacco, accidental
 - » Poisoned by swallowing, breathing, or absorbing e-cigarette liquid
- T40.7X1 –Poisoning by cannabis (derivatives), accidental

Cause Coding

- Nicotine or Cannabis
- Use, abuse and/or dependence
 - Code dependence if use, abuse, dependence exist

Cause Coding

- F17.- Nicotine dependence
- F17.21 Nicotine dependence , cigarettes
- F17.29 Nicotine dependence, other tobacco product, vaping, ENDS (electronic nicotine delivery system)
- F17.290 Nicotine dependence, other tobacco product, uncomplicated

Cause Coding

- F12.1- Cannabis abuse
- F12.2- Cannabis dependence
- F12.9- Cannabis use, unspecified

Treatment / Prevention

CPT Coding

- E/M Visit **99201 – 99215**
- Time Based Coding
- Preventive Medicine Visit **99381 – 99395**
 - Anticipatory Guidance
 - 99401 – 99404 can not be coded with PM visit
- Spirometry **94010**
- CXR, Pulmonary consultation as needed

Treatment / Prevention

CPT Coding

- **99406- 99407** – Smoking and tobacco use cessation counseling visit
- **99408- 99409** - Alcohol and/or substance (other than tobacco) abuse structured screening (AUDIT, DAST) and brief intervention
- **99401 – 99404** – Preventive medicine counseling/and or risk reduction, individual
- **99411 – 99412** - group setting

QUESTIONS



Transitioning to Tomorrow

Changes in Coding Guidelines 2021

- CMS moves to lessen administrative burden
- Patients over Paperwork!
- Definitions for change released
- Published in CPT 2021
- Change implementation 1/1/2021 after final CMS approval and publication

2021 What Changes?

What stays the Same?

■ Same:

- Overall concept of Medical Decision Making
 - » Provider must establish the diagnosis
 - » Straightforward, Low, Moderate, High MDM
 - » Based on Problems, Data, and Risk
- Medical necessity still determining factor for code selection

■ Changed : Apply only to 99202-99205; 99211-99215

- Code selection based on MDM or total time
- Guidelines for MDM
- 99201 eliminated

2021 E/M CHANGE !

- Office Visit codes
 - 99202 – 99205
 - 99211 – 99215
- Previous proposal to “blend” OV codes deleted
- Continue separate payment for 5 levels
- Deletion of 99201
- Resurvey of relative values (RVUs)
Anticipate a significant increase in relative values
(?payments) for office visit codes 99202 - 99215

2021 E/M CHANGE !

- Elimination of History and/or Physical Examination to determine code level
- Time or Medical Decision Making will determine code level
- Time both face-to-face and non face-to-face
Does not include clinical staff time
Total time day of encounter only!

Evaluation and Management Codes

7 Components

Where we are now 2020!

■ Key

- History
- Examination
- Medical Decision Making

■ Contributory

- Counseling
- Coordination of Care
- Nature of Presenting Problem

■ Explicit

- Time – Only to assist physician in selection

Evaluation and Management Codes

7 Components

Where we are going 2021!

■ Key

- Medical Decision Making
- Time

■ Contributory

- History
- Physical Examination
- Counseling
- Coordination of Care

Medical Decision Making 2021

- Change is here, More is Coming!
- Today's World Transitioning to Tomorrow
- Medical Decision Making in overdrive!
- Focus your attention NOW on MDM
- History and Examination will be the least of your worries

Medical Decision Making 2021

- More straightforward
- Single table with levels of MDM
 - Straightforward, Low, Moderate, High
- 3 elements
 - Number and complexity of Problems
 - Amount and complexity of Data reviewed
 - Risk of complications; morbidity or mortality

3 Elements of MDM

- Same elements as before – with modifications

Number and Complexity of <u>PROBLEMS Addressed</u>	Amount and/or Complexity of <u>DATA to be Reviewed and Analyzed</u>	<u>RISK</u> of <u>Complications and/or Morbidity or Mortality of Patient Management</u>
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- 2 out of the 3 elements required to reach a level

Medical Decision Making 2021

- Definitions of types of problems
 - Minimal
 - Self-limited or minor
 - Acute uncomplicated illness or injury
 - Acute illness with systemic symptoms
 - Undiagnosed new problem with uncertain prognosis
 - Chronic- stabile, w/exacerbation, progression
 - Acute complicated injury
 - Acute or chronic illness or injury posing threat to life or bodily function

Medical Decision Making

Decision Making <u>2 of 3</u>	Number of Problems	Amount of Data	Risk of Complication
Straight forward (99212)	1 minor problem	Min. or None	Minimal risk Reassurance
Low (99213)	1 acute 1 chronic illness	Hx from parent	Low risk OTC meds
Moderate (99214)	1 acute systemic 1 chronic exacerbation	Hx from parent 2 test ordered or reviewed	Mod risk <u>Rx med</u> Minor surgery Social Determinants
High Complexity (99215)	1 severe acute 1 chronic severe exacerbation	Hx from parent 2 test ordered Test interpret	High risk Decision re hospitalization

Office Visits Level of MEDICAL DECISION MAKING (MDM) Table

	PROBLEMS	DATA	RISK
99202/212	1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	<ul style="list-style-type: none"> • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury 	<p><u>Category 1: Tests and documents</u></p> <ul style="list-style-type: none"> • Any combination of 2 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* Or <p><u>Category 2: Assessment requiring an independent historian(s)</u></p>	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	<ul style="list-style-type: none"> • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury 	<p>(Must meet the requirements of at least 1 out of 3 categories)</p> <p><u>Category 1: Tests, documents, or independent historian(s)</u></p> <p>Any combination of 3 from the following:</p> <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) Or <p><u>Category 2: Independent interpretation of tests</u></p> <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>Or</p> <p><u>Category 3: Discussion of management or test interpretation</u></p> <ul style="list-style-type: none"> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) 	<p>Moderate risk of morbidity from additional diagnostic testing or treatment Examples only:</p> <ul style="list-style-type: none"> • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	<ul style="list-style-type: none"> • 1 chronic illnesses with severe exacerbation, progression, or side effects of treatment; Or • 1 illness or injury that poses a threat to life or bodily function 	<p>(Must meet the requirements of at least 2 out of 3 categories) as for 99204/99214 above</p>	<p>High risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples only:</p> <ul style="list-style-type: none"> • Drug therapy requiring intensive monitoring for toxicity • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

MEDICAL DECISION MAKING

Time	PROBLEMS Addressed	DATA Reviewed and Analyzed	RISK - Pt management Morbidity/ Dx test or Rx
99202 15-29 99212 10-19	1 self-limited or minor	Minimal or none	Minimal
99203 30-44	• 2 or more self-limited or minor Or	<u>1 of 2</u> categories: <u>Category 1: Tests, documents</u>	Low risk
99213 20-29	• 1 stable chronic illness Or • 1 acute, uncomplicated	• Any combination of <u>2</u> : • Review external note(s) each source*; • Review result(s) each test*; • Order each test* Or <u>Category 2: Parent Hx</u>	
99204 45-59	• 1 or more chronic illnesses exacerbation/progression Or	<u>1 of 3</u> categories: <u>Category 1: Tests, documents, historian</u>	Moderate risk Examples:
99214 30-39	• 2 or more stable chronic illness Or • 1 undiagnosed new problem uncertain prognosis Or • 1 acute illness systemic symptoms Or • 1 acute complicated injury	• Review of prior external note each source*; • Review of the result(s) of each test*; • Order of each test*; • Parent Hx Or <u>Category 2: Interpretation of tests</u> • Test by another physician/ QHCP; Or <u>Category 3: Discuss management/ test</u> • Discuss with external physician/QHCP/source	• Prescription • Decision minor surgery with identified risk factors • Decision elective major surgery without identified risk factors • Dx or Rx limited by social determinants of health
99205 60-74	• 1 chronic illnesses /severe exacerbation, progression Or	<u>2 of 3</u> categories as for 99204/99214	High risk Examples:
99215 40-54	• 1 illness or injury /threat to life or bodily function		• Drug therapy monitoring /toxicity • Decision hospitalization

EXAMPLE

- 8 yo patient with a diagnosis of morbid obesity, being seen for re-evaluation
- An interval Hx obtained (from mother) and focused PE completed
- The patients weight has increased excessively and poor compliance with dietary recommendations is noted
- Decision is made to proceed with nutrition counseling with a dietician
- F/U is planned on a monthly basis

Office Visits Level of MEDICAL DECISION MAKING (MDM) Table

	Number /Complexity of PROBLEMS Addressed	Amount/Complexity of DATA to be reviewed/ analyzed	RISK of complication/ morbidity or mortality of Patient Management	MDM Level (need 2 of 3)
99211	N/A	N/A	N/A	N/A
99202 99212	Minimal	Minimal or none	Minimal risk	Straight-forward
99203 99213	Low	Limited	<u>Low risk</u> Changing diet Repeat weight check	Low
99204 99214	<u>Moderate</u> 1 or more chronic	<u>Moderate</u> Input from dietician	Moderate risk	<u>Moderate</u>
99205 99215	High	Extensive	High risk	High

Medical Decision Making

Documentation !

Best 2 of 3 elements: Data, Diagnoses, Risk

1. Amount and/or complexity of DATA reviewed/ordered
 - Note if you reviewed the chart or obtained history from someone other than the patient (*parent)
 - Discussed the case with another healthcare provider
 - Note if you intend to order old records
 - Note if you personally reviewed a specimen, image or tracing
 - Note any other diagnostic test results or orders
2. Number of PROBLEMS and/or management options
 - Note any workup planned
 - Note any comorbidities/complications effecting decision making
 - Status of chronic problem/ prognosis
3. RISK of complications, morbidity, mortality
 - Note decision making / Level of risk / Rx drug management
 - Note social determinants of health

Medical Decision Making

Clinical Examples

- Otitis Media 99203 / 99213
- Otitis Media; fever, lethargy 99204 / 99214

- Asthma – persisting cough 99203 / 99213
- Asthma – wheezing, low O2 99204 / 99214
Rx aerosol, home
- Asthma – pneumonia, hypoxia, wheezing 99205 / 99215
Rx multiple aerosols, O2, antibiotics,
steroids, consider admission, f/u next day

TIME- NOW

Key for Value Based Coding

- 2020 an explicit factor to assist in selecting the most appropriate level of E/M services
- When counseling and/or coordination of care are more than 50% of the face to face encounter, then time is the key controlling factor.
- Utilize prolonged services codes (time based)
 - *Documentation in the medical record is a must

Time Based Coding - NOW

Established Patient

■ 99212	10
■ 99213	15
■ 99214	25
■ 99215	40

New Patient

■ 99201	10 minutes
■ 99202	20
■ 99203	30
■ 99204	45
■ 99205	60

2021 E/M expected CHANGE !

- Total day of service Time includes:
 - Preparing to see patient (reviewing tests, records)
 - Counseling and educating
 - Ordering medications, procedures
 - Communicating with other health care professionals
 - Documentation in EHR or other record
 - Interpreting results / communicating with pt/family
 - Care coordination

2021 Patient Codes

- **99202 – straightforward** MDM
 - **15 – 29** minutes total time
- **99203 - low** level MDM
 - **30 – 44** minutes total time
- **99204 – moderate** level MDM
 - **45 – 59** minutes total time
- **99205 – high** level MDM
 - **60 – 74** minutes total time

2021 Patient Codes

- **99211** – May not require physician or other QHCP
- **99212** – **straightforward** MDM
 - **10 – 19** minutes
- **99213** – **low** level MDM
 - **20 – 29** minutes
- **99214** – **moderate** level MDM
 - **30 – 39** minutes
- **99215** – **high** level MDM
 - **40 – 54** minutes

Prolonged Services CHANGE!

■ 99417

- Prolonged office or other outpatient E/M services, **each 15 minutes**

Prolonged Services

Direct Patient Care	Outpatient	Inpatient
Face to Face	99354 first hour > 30 min (\$131)	99356 first hour > 30 min (\$2.60)
Face to Face	99355 each add 30 min > 75 min (\$99)	99357 each add 30 min > 75 min (\$2.60)
Before or after Face to Face	99358 first hour > 30 min (\$113)	99358 first hour > 30 min (\$113)
Before or after Face to Face	99359 each add 30 min > 75 min (\$55)	99359 each add 30 min > 75 min (\$55)

E/M Payments

2020 Medicare

■ 99201	\$46.56	99211	\$23.46
■ 99202	\$77.23	99212	\$46.19
■ 99203	\$109.35	99213	\$76.15
■ 99204	\$167.09	99214	\$110.43
■ 99205	\$211.12	99215	\$148.33

CPT Code	Current Work RVU	2021 Work RVU	Percent Increase
99202	0.93	0.93	
99203	1.42	1.60	13%
99204	2.43	2.60	7%
99205	3.17	3.50	10%
99211	0.18	0.18	
99212	0.48	0.70	46%
99213	0.97	1.30	35%
99214	1.50	1.92	28%
99215	2.11	2.80	33%
99417	NA	0.61	

Current and Transitioning Process

- Problems – acute, chronic, injury
 - Critical to the level of care in all locations
- Testing and Referrals – ordered, interpreted
 - Key to medical decision making
- Before/After Visit Work
 - Include in total day of service time
 - May be appropriate for prolonged non face-to-face codes
- The “other work”
 - Telephone calls, telehealth, virtual care

Transitioning Issues

- New 2021 Relative Value Units (RVUs)
 - Payer considerations / acceptance
 - » CMS / Medicaid
 - » Private payers
 - Projected payments ?
- Payer Adoption – New guidelines / HIPAA compliance
 - Timeline
 - Transition Process
 - » ? Grace Period

Transitioning Issues

- Electronic Health Record
 - Modification of past coding assists
 - » Focused on History and Physical Examination
 - Ease and prompting of Medical Decision Making
 - Enhancement for documenting total visit time
- Billing Office Management System modifications
 - Care Management code time requirements
- Contact your vendors now!

QUESTIONS



Value-Based Services/ Coding

- Bright Futures
 - Preventive Medicine
 - Screening
 - Immunizations
- Care Management
- Other Medical Home Opportunities

BRIGHT FUTURES

**Preventive Medicine
Plus !**

Optimizing Your Medical Home

Bright Futures Guidelines

- The GOLD STANDARD for medically necessary services for children to young adults
- Important in VALUE BASED HEALTH CARE
- Supported by Current Fee-For-Service codes

Preventive Medicine Services

New Patient

Initial E/M of a new patient including an age and gender appropriate history, examination

identification of risk factors, ordering of appropriate tests, and counseling
\$ 2020 Medicare

99381	Age < 1 year	\$112.96
99382	Ages 1 – 4 years	\$118.37
99383	Ages 5 – 11 years	\$123.43
99384	Ages 12 – 17 years	\$139.67
99385	Ages 18 – 39 years	\$135.34

Preventive Medicine Services

Established Patient

Periodic reevaluation and management requiring an age and gender appropriate history, examination

identification of risk factors, ordering of studies, and counseling
\$ 2020 Medicare

99391	Age < 1	\$102.13
99392	Ages 1 – 4 years	\$108.63
99393	Ages 5 – 11 years	\$108.27
99394	Ages 12 – 17 years	\$119.10
99395	Ages 18 – 39 years	\$121.98

Preventive Medicine + E/M Office Visit ?

Capture the opportunity to provide a Preventive Medicine visit when a patient presents for a problem visit!

What do you do if a significant illness or problem is found at a preventive medicine visit?

PM + E/M-25 Modifier

You are a Hero!

- By providing a Preventive Medicine visit when the patient presents for a problem, you save the family another visit for a preventive medicine visit! They are already expecting a copay.
- Preventive Medicine
 - No copay
 - Not applied to deductible
- + EM – 25
 - Expected Copay
 - Expected Subject to deductible

EM - 25

Another opportunity!

- If a significant problem/abnormality is found at a preventive medicine visit:
 - Code the appropriate E/M visit in addition to preventive medicine visit (99381 – 99395)
 - Add modifier –25 to the E/M code
 - If not significant code only 99381 – 99395
- Option: Have patient return for a separate E/M visit for problem/abnormality found

PM + E/M-25 Modifier

- Significant Problem:
 - Separate Documentation
 - Separate Supporting Diagnosis
 - Prescription or Lab/ Xray Testing ordered
 - Consultation Required
 - Time intensive Problem
- Acute
- Chronic requiring discussion and/or intervention

PM + E/M-25 Modifier

You are a Villain!

- Preventive Medicine
 - No copay
 - Not applied to deductible
- + EM – 25
 - Unexpected Copay
 - Subject to deductible
- Proactively educate your patients and families
- Be consistent !

Office Services

Supporting Bright Futures / Medical Home

- Immunizations
- Screening procedures
- Minor procedures
- Lab and x-ray services
- Medical services
- Special services

Immunizations

- Bill and Document ALL:

- E/M Visit -25

- »Office Visit, Preventive Medicine

- Immunization Administration

- »90471 – 90474 (individual vaccine based)

- »90460 – 90461 (pediatric component based)

- Vaccine/Toxoid

- »90476 – 90749

- Link to ICD Diagnoses

- ICD -10: Z-23

CPT 2011

Pediatric Immunization Administration Codes

■ 90460

Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component

■ 90461

Each additional vaccine/toxoid component
(List separately in addition to code for primary procedure)

Vaccine Administration

AAP Payment Victory 2021 !

■ Per Vaccine codes

	2017 (medicare)	2018	2019	2020	2021
– 90471 –	\$25.95	\$20.87	\$16.94	\$14.44	\$28.51
– 90472 –				\$12.99	\$14.25
– 90473 –	\$25.95	\$20.87	\$16.94	\$14.44	\$28.51

■ Component Based codes

– 90460 –	\$25.95	\$20.87	\$16.94	\$14.44	\$28.51
– 90461 –				\$12.99	\$14.25

Screening services

	2020 Medicare
■ 92583 - hearing screen, select picture	\$50.00
■ 92551 - hearing screen, pure tone	\$11.91
■ 92552 –hearing screen, pure tone threshold	\$32.12
■ 99173 - visual acuity screening	\$ 2.89
– may be reported w/ preventive care codes, not if part of an E/M service of the eye	

Developmental Screening Code

Central Nervous System Assessments/Tests

- **96110** Developmental Screening
- Performed by office nurse or other trained non-physician personnel
- Parent/guardian report of behavior
- **\$10.11** 2020 Medicare
- Modifier 25 may be attached to associated E/M visit
- Modifier 59 to multiple additional tests
- Interpretation and report
Documentation in progress report of E/M visit

96110 Examples

- Ages and Stages Questionnaire (ASQ)
- Brigance Early Preschool
- Developmental Profile II
- Early Language Milestone Scales
- PEDS
- PDQ
- MCHAT

- NOT direct physician observation or
general developmental assessment with
checklist of milestones appropriate for age

2015

CNS Assessments / Tests

- **96110** – Developmental screening with scoring and documentation, per standardized form
- **96127** – Brief emotional/behavioral assessment (depression inventory, ADHD scale, with scoring and documentation, per standardized instrument)

96127 Examples

- Vanderbilt
- ASQ-SE (Ages and Stages: Social-Emotional)
- Australian Scale for Asperger's Syndrome
- Connors
- PHQ-2
- PHQ-9
- Screen for Child Anxiety Related Disorders

Suicide Screening

96127

- Ask Suicide – Screening Questionnaire (ASQ)
- Zero Suicide - zerosuicide.org
- SQUARE – suicide questions answers resources
- PHQ-2 depression screening
- PHQ-9 depression screening

CPT

Health Risk Assessment

96160 Administration of patient-focused health risk assessment instrument, scoring and documentation, per standardized instrument (health hazard appraisal – eg CRAFFT) - \$2.53

96161 Administration of caregiver-focused health risk assessment instrument, scoring and documentation, per standardized instrument (depression inventory – eg Edinburgh) - \$2.53

Depression Screening

- **96127** Adolescent depression screening
(\$5.05 - 2020 Medicare)
- **96127** Suicide risk screening
- **96161** Maternal depression screening
(\$2.53 - 2020 Medicare)

Behavior Change Intervention

2020 medicare

- 99406 Smoking and tobacco use cessation counseling visit, 3 – 10 minutes (\$15.52)
- 99407 > 10 minutes (\$29.59)
- 99408 Alcohol and/or substance abuse structured screening, and brief intervention, 15 – 30 minutes (\$36.81)
- 99409 > 30 minutes (\$71.46)

Behavior Change Intervention

- Provided by : Physician or
“other qualified health care professional”
- E/M Service provided same day must be distinct
-25 modifier

ICD-10 2017

Preventive Fluoride Administration

■ Z29.3

- Encounter for prophylactic fluoride administration

■ CPT 99188

2020 Medicare - \$12.63

Application of topical fluoride varnish by a physician or other qualified health care professional

Preventive Medicine + Ancillary Services

Screening

2020 Medicare

Hearing testing - Select picture	92583	\$50.00
Hearing testing – Puretone	92551	\$11.91
Hearing testing – Puretone(threshold)	92552	\$32.12
Vision screening	99173	\$2.89
Developmental Screening	96110	\$10.11
Emotional/Behavioral Assessment	96127	\$5.05

Lab

Hemoglobin	85018	\$3.26
Urine (dip only)	81002	\$3.24
Routine Venipuncture	36415	\$3.00
Finger/Heel Stick	36416	\$4.95

Immunizations

Immunization administration	90471/90460	\$28.51/\$28.51
	90472/90461	\$14.25/\$14.25
Vaccine/Toxoid product	90476-90479	

QUESTIONS



Into the NEW DECADE

Enhancing Primary Care Practices

Payment for non-physician services !

- Nutrition Counseling
- Mental Health Services
- Exercise/Wellness Counseling
- Digital Services / Telemedicine
- Care Management Services

Non-physician Providers Incorporate in Your Practice Provide Full Scope of Care

- QHCP – Qualified Health Care Professionals
 - PNPs, PAs, Clinical Nurse Specialists
- AHP - Allied Health Professionals
 - Clinical psychologists, social workers, dietitians/nutritionists, lactation consultants
- Clinical staff (always supervised/”incident to”)
 - RNs, LPNs, MAs

Non-physician Providers

- Provide full scope of practice in your Medical Home
- Considerations
 - Ability to have a NPI, independent billing
 - State defined scope of practice
 - Medicaid/ Payer requirements and limitations
 - "Incident To" considerations
 - Best practices in employment and/or contractual agreements
- If services not employed or contracted (co-location), consider anti-kickback, self referral

HCPCS Codes (Level II)

- S0315 Disease management program – initial
- S0320 Telephone call by RN
- S9441 Asthma education, NPP
- S9443 Lactation classes, NPP
- S9449 Weight management classes, NPP
- S9452 Nutrition class, NPP
- S9455 Diabetic management program
- S9470 Nutrition counseling, dietitian

Nutrition/ Exercise Counseling

Physician or PNP, PA

- Time Based E/M coding when related to a documented problem
- Preventive Medicine, Individual Counseling
 - 99401–99404 15, 30, 45, 60 minutes
- Preventive Medicine, Group Counseling
 - 99411-99412 30, 60 minutes

Nutrition Counseling

Certified Dietician

- 97802 Medical Nutrition Therapy, 2020 MFS \$38.25
initial assessment and intervention,
each 15 minutes, face to face
- 97803 Re-assessment and intervention, \$29.23
each 15 minutes, face to face
- 97804 Group (2 or more), \$17.32
each 30 minutes

Lactation Services

- Affordable Care Act states services must be provided
- No co-pay, not subject to deductible or cost sharing
- No specific CPT code !
- Payers with specific individual guidelines and coding recommendations; may say included in E/M service

Lactation Services

- S9443 Lactation classes, non physician provider
- 99212-99215 If provided by physician or PNP for feeding problem
- 99211 If provided by RN, LPN, MA
- 99401-99402 Preventive medicine counseling for lactation counseling
- 98960 Education/training for self-management, qualified nonphysician health care professional, each 30 minutes

Behavioral / Mental Health Services

- Moving ahead and getting paid for enhanced behavior / mental health services
- Provided by PCP
- Provided by Mental Health Professional
 - Collaboration
 - Consultation
 - Co-location
- Billing / Payment Considerations
- Joint / Independent

Behavioral/Mental Health Services

- Physician/ PNP
 - Time Based Coding and Documentation
 - E/M Problem Based Coding
- Psychologist
 - Mental Health Coding
- Social Worker
- Pharmacotherapy
- Same day physician/ psychologist / social worker

Coding for PCP Behavior/ Mental Health

- E/M visit coding
 - Medical Complexity
 - Time Based Coding – Best Opportunity !
 - Prolonged Services
- Screening – 96127
- Neurobehavioral Assessment (2019 codes)
- Mental Health Codes as appropriate

CPT 2018

PCCM Codes

- Psychiatric Collaborative Care Management
 - Specific evidence-based psychiatric collaborative care model
 - Care management by
 - » Behavior Health Care Manager under direction of
 - » Treating Physician or QHP
 - » In consultation with Psychiatrist or behavior health professional qualified to prescribe full range of medications

CPT 2018

PCCM Codes

2020 medicare

- **99492** Initial psychiatric collaborative management, first 70 minutes, first month, psychiatric consultant, directed by treating physician \$156.99
- **99493** Subsequent psychiatric collaborative management, first 60 minutes, subs month \$126.31
- **99494** Initial or subs, each additional 30 minutes \$48.00

CPT 2018

- **99484** 2020 medicare \$48.00
Care management services for behavioral health conditions, at least 20 min clinical staff time, directed by physician or QHP, per calendar month

CPT 2018

- General Behavioral Health Integration Care Management Services
- Clinical staff for patient with behavioral health condition
- >20 minutes in a calendar month
- Not reported with PCCM services in same mos
- Initial or follow-up

AAP Mental / Behavioral Health Resources

aap.org

- The Primary Care Clinician as Mental Health Consultant
- Care of Children with Mental Health Problems
- Coding and Billing for Mental Health Services in Primary Care

Digital Medicine/ Telemedicine

- **99444 and 98969 DELETED**
 - Previous codes for on-line communication
- Required documentation similar to face-to-face visits

Online Digital E/M Service

”Email Chat” 2020

2020 medicare

- **99421** Physician/Adv Practice Professional
Online digital E/M service established patient,
patient initiated, up to 7 days cumulative; new or
est problem; **5 – 10 minutes** \$15.52
- **99422** **11– 20 minutes** \$31.04
- **99423** **21 or more minutes** \$50.16
- Documentation required for 7 day period
- Permanent documentation storage
- Secure email/HIPAA-compliant messaging

Online Digital E/M Service 2020

■ Overlapping Services

- Online digital service within 7 days before or after another related E/M service, add physician work online and face-to-face together
 - » Add Time together
 - » Add Medical Decision Making together
- Do not report both services separately

Online Digital E/M Service 2020

- **Do not report** Online Digital E/M services:
 - For calls to schedule appointments
 - Cumulative time of less than 5 minutes
 - For time spent by clinical staff
 - Provided within 7 days before or after related E/M service
 - If reporting telephone service within 7 days
 - With other time based codes
 - With prolonged services w/o direct patient contact

2020 CPT

E/M

- 98970 – Online digital evaluation, “Qualified nonphysician health care professional”, established patient, up to 7 days, 5-10minutes
- 98971 - 11-20 minutes
- 98972 - > 21 minutes
- 98969 - deleted

Remote Interprofessional Consultation

- 99446 – 99449 Consultative physician
 - Interprofessional Consultation
 - » Telephone, Internet, EHR assessment/management
 - » Written report
 - » Time based
- **99452** Treating/requesting physician MFS 2020
 - Interprofessional Consultation \$37.53
 - » Telephone, Internet, EHR referral
 - » 30 minutes
 - » Additional prolonged service if indicated

Telephone Services

- 99441 **Physician** to est patient, parent or guardian 2020 medicare
5 – 10 minutes of medical discussion (\$14.44)
No related E/M service within previous 7 days
No related E/M service in next 24 hours or next available appointment
- 99442 11 – 20 minutes (\$28.15)
- 99443 21 – 30 minutes (\$41.14)

Virtual “Check-in” 2020

- **G2012** 5 – 10 minutes medical discussion 2020 medicare
 - Brief communication technology-based service (\$14.80)
 - Telephone or computer based
 - Established patient
 - Physician can initiate
 - Not related to E/M service in previous 7 days
 - Not leading to E/M service in next 24 hours
 - Exception if unrelated reason

Non Face-to-Face Non-Physician Services

■ Telephone – by qualified non-physician health care professional

No related E/M service previous 7 days

No related other service in next 24 hours or

next available appointment

2020 medicare

98966	5 – 10 minutes medical discussion	(\$14.44)
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98967	11 – 20 minutes	(\$28.15)
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98968	21 – 30 minutes	(\$41.14)
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Telemedicine / Telehealth

**Face to Face or
Non Face to Face ?**

Telehealth

COVID-19 Driving Forward

- Face-to-face services through use of technology
- Technology reimagining care
- Interactive 2-way telecommunication systems
- Networks of telehealth programs and physicians
- Access to care issues
- Millennials demanding the convenience
- Insurers paying for services
- Supported by state laws
- *Medicare pursuing fraudulent billing

CPT

Telemedicine

- Modifier (**95**)

- Service provided using real-time interactive telecommunications system

- CPT Appendix (**P**)

- CPT codes that may be used for synchronous interactive audio and video telemedicine services
- Same E/M codes for in-person encounters

- **POS2** Place of service

HCPCS

Telemedicine

- T1014 – telehealth transmission, per minute
- Q3014 - telehealth originating site facility fee
- Additional exemptions under medicare telehealth waiver.
- Check with your payers.

QUESTIONS



CSHCN

Children with Special Health Care Needs

Care Management Services

Process in which a physician is responsible for direct care of a patient, and for coordinating and supervising other health care services required .

The Team / Opportunities !

- All Office staff
- Clinical staff
- Physicians
- “Other Qualified Health Care Professionals”
 - Nurse Practitioners
 - Physician Assistants
- Getting paid, the challenge and the opportunity !

Care Management Services 2020

- Care Plan Oversight - 99339, 99340, 99374-99380
- Prolonged Services w/o direct pt contact- 99358-99359
- Medical Team conferences - 99366-99368
- Education and Training 98960-98962, 99071, 99078
- Telephone Services - 98966-98968, 99441-99443
- Digital E/M Service- physician 99421-99423
- Digital E/M Service- QHCP 98970-98972

Care Management Services 2020

- Transitional Care Management - 99495- 99496
- Chronic Care Management- clinical staff 99490
- Chronic Care Management- physician 99491
- Complex Chronic Care Management 99487-99489
- Interprofessional Consult- 99446-99449, 99451
- Interprofessional Consult-Request physician 99452
- Psychiatric Collaborative Care Management
99492-99494
- Prolonged Services- Clinical Staff – 99415-99416

Care Management Services 2020

- Guidelines common to all CCM services
 - Timed activities
 - Creation/revision of a documented care plan
- Codes may exclude other Care Management Services
 - Telephone
 - Online E/M digital
 - Educational services
 - Prolonged E/M services – non face-to-face

Chronic Care Management

New 2019

2020 medicare - \$84.09

- 99491 Chronic Care Management Services, physician/QHCP, >30 min/ calendar month
 - Multiple chronic conditions, lasting 12 mos
 - Significant risk of death, decline
 - Comprehensive care plan
- Bill in addition to clinical staff CCM (99490), complex CCM (99487, 99489), if separate service
- Face to face E/M services separately reportable

Chronic Care Management Services 2020

- New CMS medicare temporary codes
 - GCCC1 – Chronic Care Management, initial 20 minutes clinical staff time
 - GCCC2 – each additional 20 minutes
 - **Principle Care Management**
 - » G2064 – Comprehensive Care Management of single high-risk disease, physician or QHCP
 - » G2065 - Comprehensive Care Management of single high-risk disease, clinical staff time directed by physician

Care Management Services 2020

- Consider Office Implementation
 - Coding Resources
 - » American Academy of Pediatrics (AAP) - annually updated products
 - » aap.org/coding
 - » AAP coding hotline
 - » AAP code valuation and payment
 - Research and confirm payment with Medicaid/payers
 - Consider detailed documentation unique requirements (eg, time per calendar month; documented care plan)
 - » Tools, Templates (aap.org/coding)

DOCUMENT !

DOCUMENT !

DOCUMENT !

Turn to AAP for Help –
State AAP Pediatric Councils
SOAPM

National PPAC (Ped Practice Adv Council)

PPMA (Ped Practice Managers Alliance)

aap.org PMO

AAP Your CODING CONNECTION

Coding & Reimbursement Resources

- National AAP Coding Hotline:
aapcodinghotline@aap.org or 800/433-9016 ext 4022; free service to members and their office staff
- Coding publications: Coding for Pediatrics, Pediatric Coding Companion, Quick Reference Guides, ICD-10-CM, RBRVS Brochure, *AAP News* Coding Corner

QUESTIONS

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