Getting It Paid For!

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Disclosure

Dr Lashley is a partner of Allied Pediatrics of NY, a partnership of over 130 pediatricians based mostly on Long Island

Using Time to Code a Visit

If counseling and coordination of care is >50% of a visit, then time alone can be used to determine the E/M Code

Using Time

- Time Benchmarks for a visit: Document time in, time out, total counseling time, matters discussed
- 99212   10 minutes
- 99213   13 minutes
- 99214   22 minutes
- 99215   33 minutes

How to write a note based on Time

- Only HPI and Impression/Plan are needed.
- On PE consider filling in the psych system eg: alert, mood,eye contact, appropriate interaction
- Detail the problem in HPI, use the appropriate Diagnosis: ADHD, Depression, Anxiety etc.
- Detail what was discussed in your treatment plan and counseling

How to write a note based on Time

- HPI: Jane is here for symptoms of inattention and school difficulty. She is in 2nd grade and getting complaints from teachers, and having academic failure. She often needs to be redirected and is disorganized etc.….

- ROS: denies anger issues, staring spells

- Imp/Plan: After review of symptoms and Conner's, Pt is diagnosed with ADHD Inattentive Type. Parents and pt were counseled on how diagnosis is made and treatment plan consisting of: etc.

- Time in:9am, time out 9:50am, time counseling 26min total time 50min (99215)

NEW YORK STATE | Office of Mental Health

Using Time

- Don't be afraid to code a level 5 visit if indicated

- 99354 is an add on code to 99215 if a visit lasts an additional 30 minutes (total 70 minutes)

- Document: Time in, Time out, total counseling time, matters discussed and plan

- NPs and PAs cannot code by time

Example of an inadequate note

- HPI: Jane is inattentive and is failing in school

- IMP: ADHD, start a stimulant, counseled patient
- Start concerta
- Counseling >50%

Prolonged Services

Direct Patient Care	Outpatient
Face-to-Face	99354: first 30-74 min
Face-to-Face	99355: each add 30 min >75
Before or after Face-to-Face	99358: first 30-74 min of non face-to-face
Before or after Face-to-Face	99359: each add 30 min >75 min

Treating Mental Health at a Well Visit

- Document and code your well visit (99391-99395).
- Make a separate note about the mental health issue
- Also Code 99212-99215 use modifier -25
- Document time counseling on Mental Health issues, matters discussed, plan

Visits and Time
must meet a standard

Example: If a visit lasted around 15 minutes (99213) and counseling (and minimal care coordination) was not > 50% of the total time of the visit, time **cannot** be appropriately used for coding AND would be coded like any other visit

Time in: 3:02pm

Time out: 3:17pm

Time counseling 7 min

Coding without Time

- When coding an E/M visit the main determinant of the level of service is the complexity of Medical Decision Making (MDM).
- MDM complexity must reflect the level of service despite other documentation.

Clues for Highly Complex Medical Decision-Making (MDM)

- High risk for morbidity: e.g. autism; bipolar depression; mental retardation

- Laboratory or other diagnostic tests requiring review

- Extensive differential dx. to consider –List DDX or discussion.

Proper documentation of the visit is the cornerstone of justifying the use of any specific E/M code.

Elements of Complexity: Established Patient (Meet 2/3)

Code (Time)	99211 (5 m)	99212 (10 m)	99213 (15 m)	99214 (25 m)	99215 (40 m)
MDM	N/A Minimal severity	Minimal # dx, data, risk	Limited # dx, data Risk: low	Dx: multiple Data: mod. Risk: mod.	Dx: extensive Data: Extensive Risk: high
HX (meet 3/3)	N/A	HPI:1-3 ROS: 0 PFSH: 0	HPI:1-3 ROS: 1 PFSH: 0	HPI: 4+ ROS: 2-9 PFSH: 1	HPI: 4+ ROS: 10+ PFSH: 2
Exam	N/A	1 body area/organ system	Limited affected body area/organ + 1 other related	Extended affected body area/organ system and other related	8+ organ system or complete exam of a single organ system

Well Visit with E/M Code

- 99383 5y-11y Preventive
- 99214-25 (2/3)
    - HPI: 4+ elements
    - ROS: 3
    - PFSH: 3
    - Exam: Was part of preventive service
    - MDM: Moderate severity

Procedures

- 96127-Brief Mental Health Assessment

- Do **Not** use 96110 any more for these

- May be charged alone without a visit, but documentation and report is needed.

- Use for: Vanderbilts, Columbia,SCARED, PSC etc…

- May use multiple units

Rating Scales

- Must be standardized

- Informal checklists don't qualify

- Ex: ASQ-SE, PEDS, M-CHAT, Vanderbilt ADHD, SCARED, PSC, PHQ-9, Connor's ADHD, CBCL, BASC-2, BRIEF, CDS

- May assign one unit of 96127 for each form completed, scored, interpreted and noted in the medical record

Using 96127 w/ E/M

- Most insurer's computer software requires a modifier to get the procedure 96127 through their system

- Modifier -25 must be appended to the E/M code

- May be billed independently from a visit- document the score and interpretation.

Modifiers (for our use here)

- -25: Significant, separately identifiable E/M service by the same physician on the same date of the procedure or other service

(This is the modifier you use when you find an acute problem during a well check-up, or give any vaccine!)

Coding well with Sick

- 99383
- 99214-25
- (2) 96127 (PSC, SCARED)

This is for insurers who allow -25 and multiple units of a procedure

Good News!: Non Face-to-Face Codes

- 99339-99340: Home Care Plan Oversight

- 99358   Prolonged Service Not Face to Face relating to a prior visit

Domicillary/ Home Care Supervision 99339

- Recurrent physician supervision of a complex patient or pt. who requires multidisciplinary care and ongoing physician involvement

- Non-face-to-face

- Reflect the complexity and time required to supervise the care of the pt.

- Reported separately from E/M services

- Reported by the MD who has the supervisory role in the pt's. care or is the sole provider

- Reported based on the amount of time spent/calendar month

Domicillary/ Home Care Supervision

- Services less than 15 minutes reported for the month should not be billed

- **99339**: 15-29 minutes/month

- **99340**: greater than 30 minutes/month
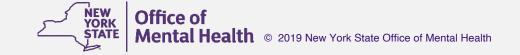
Domicillary/ Home Care Supervision

- Services might include:
  - Regular physician development and/or revision of care plans
  - Review of subsequent reports of patient status
  - Review of related laboratory and other studies
  - Communication (including telephone care) for purposes of assessment or care decisions w/ healthcare professionals, family members, legal guardians or caregivers involved in patient care
  - Integration of new information into the medical tx. plan and/or adjustment of medical tx.
  - Attendance at team conferences/meetings
  - Development of extensive reports

Domicillary/ Home Care Supervision

- **Services NOT included in care plan oversight:**
  - Travel time to and from the facility or place of domicile
  - Services furnished by ancillary or incident-to staff
  - Very low-intensity or infrequent supervision services included in the pre- and post-encounter work for an E/M service
  - Interpretation of lab or other dx. studies associated w/ a face-to-face E/M service
  - Informal consultations w/ health professionals not involved in the pt's. care
  - Routine post-operative care

Home Care Plan Oversight Log

Date Last Appt.	Date of Service	Service	Action After Service	Time	Total Time/ month
2/8/10	2/20/11	TC: Talked w/mother re: severity of sxs	Offered to see Nora	12 min.	--
2/8/10	2/21/10	TC: Explained need for scale to teacher	Waiting for scales	13 min.	
2/8/10	2/24/10	Reviewed Teacher scale	Moved up Nora's appt.	4 min.	29 min.

How often can you follow up?

- Remember, a chronic condition, such as ADHD or depression, managed on an ongoing basis may be coded and reported as many times as applicable to the patient's treatment.

- The level of the E/M visit may change as the complexity of the child's needs change.

CPT Updates

- Documentation guideline revisions by CMS and AMA: www.cms.hhs.gov/MLNProducts

- AAP updates on these: www.aap.org; AAP News; *AAP Pediatric Coding Companion* newsletter

- AACAP updates published in their newsletter

References

- Lear, JG, Isaacs, Stephen L, Knickman, JR. School Health Services and Programs. Princeton,NJ: Robert Wood Johnson Foundation, 2006.

- US Department of Health and Human Services. Mental Health: A Report of the Surgeon General—Executive Summary. Rockville, MD: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health; 1999

References

American Academy of Pediatrics. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Third Edition.* Elk Grove Village, IL: American Academy of Pediatrics, 2008.

- AAP Committee on Coding and Nomenclature. *Coding for Pediatrics: A Manual for Pediatric Documentation and Payment, Fifteenth Edition. Elk Grove Village, IL: Academy of Pediatrics, 2010.*

- AAP Committee on Coding and Nomenclature. *aappediatric coding newsletter .Elk Grove Village, IL: Academy of Pediatrics, 2010.*

Resources

Committee on Children with Disabilities et al. Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening. *Pediatrics*. 116 (1), July 2006; 405-420.

Child and Adolescent Health Measurement Initiative. 2007 National Survey of Children's Health. Data Resource Center for Child and Adolescent website: www.nschdata.org

- RUC Database: www.catalogue.ama-assn.org or call 800/621-8335

Resources

- www.aap.org/sections/schoolhealth

- www.aap.org/mentalhealth

- www.aacap.org

- www.schoolpsychiatry.org

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Thank you

Questions?

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