

Making the Mission Visible: Coding for the Care Provided to Children Exposed to Violence

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“ AAP Medical Home for Children and Adolescents Exposed to Violence”

Disclosure

- I am a member of the AAP Committee on Coding and Nomenclature
- I have no industry relationships relevant to this presentation to report.

Disclaimer

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**DEFENDING
CHILDHOOD**
PROTECT HEAL THRIVE



Learning Objectives

- How to assign CPT codes to the services commonly part of general pediatric practice for complex conditions –such as exposure to violence
- Improved code assignment when counseling and care coordination is >50% of the visit
- Improved understanding of the correct use of codes related to non-face to face medical care

“Medical Home for Children and Adolescents Exposed to Violence”

Series of 6 webinars to increase provider knowledge related to:

Exposure to violence

The potential lifelong impact on children and adolescents

Methods to improve detection

Ways to improve referral for services

Preparing the medical home to be a medical home for those exposed to violence

The Bottom Line

- And now.....how to accurately document the related services for correct billing for this very important work!

Service Issues

- **Surveillance**
- **Formal screening** - 96110
- **Identification of relevant related concerns** –E/M codes
- **Referrals** –Prolonged services 99354 & 99355, 99358-99359; Physician telephone service 99441-99443
- **Ongoing management** –Care Plan Oversight 99339 & 99340; Non-valued CPT: Special Reports 99080; Medical Testimony 99075; Educational Supplies 99071

Surveillance

- Informal assessment
 - Provider-developed question (s)
 - Informal checklists
- Involves direct questions and assimilation of previous knowledge
- Does not require a standardized screening tool
- Positive results may lead to formal screening



The 'Whole' Child

- Children exposed to violence share basic childhood physical concerns w/ unaffected peers
- Children exposed to violence exhibit different rates of mental health conditions-multi-factorial etiology
- Those many factors may also lead to developmental delays not being perceived by caretakers
 - These children need close surveillance
 - Formal developmental screening more frequently
 - Formal emotional/behavioral screening more frequently



Formal Parent-Report **Screenings:** Developmental

- Birth-6 yrs:
 - PEDS: Parent Evaluation of Developmental Status
 - AGS: Ages and Stages
- 6 yrs +: May use parent/teacher adaptive behavior scales
 - ABAS-II: Adaptive Behavior Assessment System-Second Edition
 - Scales for Independent Behavior-Revised
 - Vineland Adaptive Behavior Scales-Second Edition

Formal Parent-Report Screenings: Emotional/Behavioral

- Birth-6 yrs:
 - PEDS-DM: Parent Evaluation of Developmental Status
 - AGS-SE: Ages and Stages, Social-Emotional
- 6-18 yrs:
 - PSC-17:
 - PHQ-9:

www.schoolpsychiatry.org

Screening for Violence Exposure

- Pediatric Emotional Distress Scale
 - Parent Report, 21 items
 - 2-10 yrs
- UCLA PTSD Reaction Index Screening
 - Semi-structured interview, 48 items
 - 0-8 yrs. (adol. version available)
- Tool for Early Predictors of PTSD
 - Acute trauma care
 - 12 items

www.healthcaretoolbox.org

Coding for **Screening**: 96110

96110: Developmental Screening

Used w/ developmental screening instruments, behavioral/emotional rating scales

Reported on the basis of the clinical setting and the provider's judgment as to when medically necessary

96110: Developmental Screening

May properly be coded for *each* rating scale completed

e.g. Mother, teacher, tutor BASC-2

3 x 96110

Expectation that non-MD administers/scores

Interpretation captured in the E/M service

Caveat!

If a physician performs this service (administration and scoring), the time and effort *should not* be counted toward the key components (hx., PE, med. decision making) *or time* when selecting the appropriate E/M code to describe the provided services.

The Visit: Complexity and Time

- ***E/M Complexity*** has:
 - Definite elements
 - Hx (ROS, PFSH)
 - PE (Single system; multi-system)
 - MDM (A/P)
 - Element requirements
 - Probably fits most EHR
 - Straightforward for compliance
- ***E/M Time*** is:
 - Defined in code descriptor
 - Must have >50% devoted to counseling and/or care coordination
 - Vague in documentation guidelines
 - Needs free form in EHR
 - More difficult to audit – remember the coders may not have any medical background!



Time Expectations

	Est. Patient (minutes)	New Patient (minutes)	Consultation (minutes)
Problem- focused 992x2	10	10	15
Expanded PF 992x3	15	20	30
Detailed 992x4	25	30	40
Comprehensive 992x5	40	45	60
Comprehensive	XX	60	80

What to Do If the Visit Runs Over?

- 99354 , 99355: **Prolonged E/M service** in the office or other outpatient setting, before and/or after direct patient contact
- 99354 , 99355: **Prolonged service** in the office or other outpatient setting requiring direct patient contact beyond the usual service
- Prolonged services: starts 30 minutes after the time for the E/M visit level

Prolonged Services (99354-99359)

- Report on a separate line –no longer an add-on code
- May be reported in addition to other physician services, including E/M services at any level OR without an accompanying E/M code (without direct patient contact)
- Code series defining prolonged services by:
 - Site of service
 - Direct 99354-55 or without direct patient contact 99358-99359 (out-pt.)
 - Time
- Total time for a given date, even if the time is not continuous
- Time must be of 30 minutes or more
- Reported in addition to other physician services, including E/M services at any level
- Code series defining prolonged services by:
 - Site of service
 - Direct or without direct patient contact
 - Time
- Total time for a given date, even if the time is not continuous
- Time must be of 30 minutes or more

Prolonged Out-Pt. Services (99354-55;99358-59)

Direct Patient Care	Out-Patient
Face to Face	99354 first 30-74 min
Face to Face	99355 each add 30 min >75 (use w/99354)
Before or after Face to Face	99358 first 30-74 min of non-face to face (+ add on)
Before or after Face to Face	99359 each add 30 min >75 min (+ add on; use w/99358)

Modifiers

- CPT definition: A means by which the reporting physician can indicate a service or procedure has been altered by some specific circumstance but not changed in the basic code definition
- 2 digit suffix appended to a CPT code
- Medical record must support the change
- **Not all modifiers are recognized by all payers**
- CPT modifiers and CMS Healthcare Common Procedure Coding System (HCPCS) modifiers

Commonly Appended Modifiers to E/M Services

- **-25 Significant separately identifiable E/M service by the same physician on the same day.**
- When a physician must provide a separate and identifiable E/M service on the same day as a procedure or another service, modifier 25 is appended to the E/M code.
- Both the E/M service and the other service or procedure require individual documentation, although this documentation may be within the same written note]
 - Used to report developmental screening/testing (96110,111,116) with E/M code: eg 99215-25, 96111
- **Ask yourself: “Would a separate visit have been needed to take care of the problem? Does my documentation (hx, PE, MDM and/or time) support a separate service?”**

Modifier -25 and 96110

- Write two notes: one for the E/M service and one for the procedure
- Each entry should include the elements needed for that service –therefore the 96110 documentation needs to have:
 - Who completed the rating scales
 - What the scores showed
 - The action on the results

Modifier -76

- -76: **Repeat procedure by the same physician on the same date**
- Append the -76 to all subsequent procedures
- Each procedure should be listed on a separate line

Modifier -59

- **-59 Distinct Procedural Service**
- A procedure or service was distinct or independent from other non-E/M services performed on the same day
- Used to report services reported together on a date of service which are not normally done so –but are appropriate in this circumstance
- Repeat procedure by same physician (e.g.when more than one version of the same rating scale is given to multiple raters)

Modifier -59

- Documentation must support the different service
 - Never append to an E/M code
 - Do not use in place of modifier -25
- 59 is the “*modifier of last resort*”: only use -59 if it best explains the circumstances of the visit and no other, more descriptive modifier is available!

96110 and E/M

Append modifier -25 to E/M to show the E/M

is a separate and identifiable service by the same physician (on the same day of the procedure) from the procedure performed

Alternatively, if the payer does not permit -25

Append modifier -59 (distinct procedural service) to 96110 to show the services were separate and necessary at the same visit

Modifier Use and CPT Units

Multiple units not permitted

- 992x4-25
- 96110
- 96110-76
- 96111-59

Multiple units permitted

992x4-25
(2) 96110
96111-59

Non-Face-to-Face Services

- Telephone Care
- Care Plan Oversight
- Home Care Coordination
- Medical Team Conferences
- Non-valued Services:
 - Educational materials
 - Medical testimony
 - Special written reports

Telephone Care

- 2006: AAP publishes “Policy Statement: Payment for Telephone Care” in October issue *Pediatrics*
- Advocating physicians charging for telephone care and insurer payment
- Will not limit access to care for the poor
- Can reduce, not increase, health care costs
 - Reduces Emergency room and office visits
- Published RVUs for these services!
- Select appropriate care by work level

Telephone Care: MD

9944x: Telephone E/M service provided by a physician to an established patient, parent or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appt.

99441: 5-10 min. medical discussion

99442: 11-20 min. medical discussion

99443: 21-30 min. medical discussion

Telephone Care: Non-MD
(Currently Status “N”=Non-covered by
Medicare)

9896x:Telephone assessment and management service provided by a qualified **nonphysician health care professional** to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appt.

98966: 5-10 min. medical discussion

98967:11-20 min. medical discussion

98968:21-30 min. medical discussion

Documenting Telephone Care

- Telephone care levels may represent three levels of complexity –need to document this to support charge
- Documentation should:
 - Be thorough
 - Fulfill the need for continuity of care
 - Describe the complexity of the call
 - Meet the requirements of the typical E/M visit
 - A general note including the key elements of hx. and medical decision-making
 - Time spent on call

Home Care Plan Oversight (99339-99340)

- **99339-99340: Individual physician supervision of a patient (patient not present) in home...**requiring complex and multi-disciplinary care modalities
- These 2 codes are for children w/ complex and chronic special healthcare needs not living in a hospice or skilled nursing facility
- Describes the work a physician provides on a monthly basis while performing complex supervision services to a patient in their home or a rest home, not hospice or skilled nursing facility

Home Care Plan Oversight

- 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

Home Care Plan Oversight

- Services less than 15 minutes reported for the month should not be billed
- **99339: 15-29 minutes/month**
- **99340: greater than 30 minutes/month**



Home Care Plan Oversight

- Services might include:
 - Regular physician development and/or revision of management 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

Home Care Plan Oversight

- **Services NOT included in home care plan oversight:**
 - Travel time to and from any meeting sites
 - 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

Home Care Plan Oversight

- This code should not be used for intermittent telephone care to discuss a single topic, such as one lab result or care change.. That would not be “complex and multidisciplinary care modalities.”
- Submit a documented bill for telephone care (98966-98968)

Telephone Care Rule

Don't "double dip"!!

- If you include a call in the time record for home care plan oversight, do not submit a separate bill for the call!

Home Care Plan Oversight Log

- Use a care plan log to document services provided and time spent.
 - This will become part of the medical record
 - This may be used to substantiate the service-append to the submitted bill, if needed

E.g. 5/19/2010: 1600-1607: Telephone call w/ child psychiatrist RE: Recent ↑ aggressive beh; gave him BASC-2 scale results from mother and teacher; he rec. ↑ fluoxetine and monitor response.

Care Plan Oversight Log Example

Date Last Appt.	Date of Service	Service	Action After Service	Time	Total Time/ month
9/8/12	9/20/12	Review pt therapist's report	Call family therapist	12 min.	--
9/8/12	2/21/12	Call to school guidance counselor	Talk w/parent @ next appt. about school outbursts	13 min.	
9/8/12	2/24/12	Reviewed Teacher Vanderbilt	Consider Concerta dose ↑	4 min.	29 min.

Home Health Care Supervision: 99374-99375

- **99374-99375: Individual physician supervision of a patient (patient not present)** under care of a home health agency in home...requiring complex and multi-disciplinary care modalities
- This code also is for children w/ complex and chronic special healthcare needs
- Describes the work a physician provides on a monthly basis while performing complex supervision services to a patient in their home or a rest home

99374-99375

- This code would be appropriate if the child exposed to violence was also a medically complex child who was receiving in-home services from a home health agency

Home Health Care Supervision: 99374-99375

- Same elements as Home Care Plan Oversight services
- **99374: 34 min/month:** Assumes 5 min. reviewing record; 20 min. acquiring new information; 9 min. documentation/acting on info.
- **99375:57 min/month:** Assumes 10 min. reviewing record; 32 min. acquiring new information; 15 min. documentation/acting on info.
- Keep a log!

Medical Team Conference: Physician: Non-Face to Face: 99367

- **99367: Medical Team Conference w/ interdisciplinary team of healthcare professionals**
 - participation by physician
 - patient and/or family NOT present
 - **If patient/family present, report attendance w/ appropriate E/M service based on time**
 - ≥ 30 minutes
 - Again, if you include attendance at a meeting as part of the time on home care plan oversight, do not submit a separate bill!

Medical Team Conference: Physician

- Pre-service work: Review of chart
- Post-meeting work: Clinician must document his/her participation in the team
 - Information he/she contributed
 - Any treatment recommendations he/she made
 - Review of the patient's care plan

Online Medical Evaluation

- 99444: Online E/M Service:
 - Non-face-to-face E/M service for established patient
 - provided by a physician to a patient, guardian, or healthcare provider
 - not originating from a related E/M service provided w/in previous 7 days
 - in response to a patients' *online* inquiry
 - using the Internet or similar electronic network

Online Medical Evaluation: Carrier Pricing Only -Now

- The RUC discussed code 99444 Online Evaluation and Management and concluded that the definition of work and physician time and complexity involved in this service were unclear, therefore making it difficult to recommend a specific work relative value. The specialty societies agreed and recommended that code 99444 be carrier-priced. The specialty societies indicated that they will bring this code back to CPT in order to develop a clearer definition of this service. The RUC recommended that code 99444 be carrier-priced for CY 2008+.

Miscellaneous Codes

- **99071: Educational supplies**, such as books, tapes and pamphlets, provided by the physician for the pt's. education at a cost to the physician (No RVU's)
- **99075: Medical Testimony** (No RVU's)
- **99080: Special reports** such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form (No RVU's)

Diagnostic Codes

- **International Classification of Diseases-Tenth Revision, Clinical Modification (ICD-9-CM)**
 - Arranges diseases and injuries into groups according to established criteria
 - Numeric, consisting of 3,4 or 5 numbers and a title
 - Revised approx. q 10 years by WHO, annual updates by Health Care Financing Administration (HCFA)

Using and Reporting ICD-9- CM Codes

- Code to the highest degree of specificity
- Code to the highest degree of certainty for the encounter such as symptoms, signs, abnormal test results
- Probable, suspected, questionable, or rule out should not be coded
- List the ICD-9-CM code that is identified as the main reason for the service or carries the highest risk - first. Next list any current coexisting conditions.
- Chronic disease treated on an ongoing basis may be coded as many times as applicable to the pt's tx.
- When a chronic disease affects the complexity of an encounter for an acute problem, it should be coded.
- Do not code for conditions that were previously treated and no longer exist

Using and Reporting ICD-9- CM Codes

- **V-codes:** (V01.4-V84.8) A supplementary classification of factors influencing health status and contact w/ health services: used when an encounter is for circumstances other than a disease or injury
- Counseling v-code: used when the pt. or family receives counseling in the aftermath of injury or illness, or when support is required in coping with family or social problems
 - V61.X: Other family circumstances
 - V65.4 Other counseling, not elsewhere classified



Principal Diagnosis-Only V-Codes

- V70.4 Examination for medico-legal reasons
- V70.8 Other specified general medical examinations
- V70.9 Unspecified general medical examination
- V71.X Observation and evaluation for suspected conditions not found

Nonspecific V-Codes

- Very nonspecific and potentially redundant w/ other codes
- Do not use inpatient
- Limit use to those situations when there is no more specific documentation to permit precise coding

E-Codes

- **E-codes:** Modifier codes-when and where violence happened, to whom, by whom and how
 - Never used as principal or solo codes
 - May be used with any ICD-9-CM code: 001-V91
 - Use is not required
 - May properly use multiple E codes

Examples of E-Codes

- **E960-E968**, Homicide and injury purposely inflicted by other persons, (except category E967): When the cause of an injury or neglect is intentional child or adult abuse
- **E967**, Child and adult battering and other maltreatment, should be added as an additional code to identify the perpetrator, if known.

Relevant V-Codes

- V11.9 Personal hx. of unspecified mental disorder
- 15.41 Personal hx. of physical abuse (including sexual abuse)
- V15.42 Personal hx. of emotional abuse
- V15.82 Hx. of tobacco use
- V17.0 Family hx. of psychiatric condition
- V40.0 Problems w/learning
- V40.1 Problems w/ communication
- V40.2 Other mental problems
- V40.3 Mental and behavioral problems; other behavioral problems
- V41.2 Problems w/hearing
- V61.08 Family disruption due to extended absence of family member
- V61.20 Counseling for parent/child problem, unspecified
- V61.23 Counseling for parent/biological child problem
- V61.24 Counseling of a parent-adoptive child problem
- V61.25 Counseling of a parent (guardian)-foster child problem
- V62 Other psychosocial circumstances

Relevant V-Codes

- V65.49 Other specified counseling
- V65.5 Person w/feared complaint in whom no dx was made
- V65.42 Counseling on substance use and abuse
- V65.49 Other specified counseling
- V65.5 Person w/feared complaint in whom no dx was made
- V69.4 Lack of adequate sleep
- V69.5 Behavioral insomnia of childhood
- V71.02 Observation for suspected mental condition; childhood or adolescent antisocial behavior
- V71.09 Other suspected mental condition
- V79.1 Special screening for alcoholism
- V79.2 Special screening for mental retardation
- V79.3 Special screening for developmental delays in childhood
- V79.9 Unspecified mental disorder and developmental handicap
- V80.09

Nonspecific Conditions

- 799.21 Nervousness
- 799.22 Irritability
- 799.23 Impulsiveness
- 799.24 Emotional lability
- 780.95 Excessive crying of child, adolescent or adult
- 799.29 Other signs and sxs. Involving emotional state
- 799.51 Attention or concentration deficit (no association w/ Attention deficit disorder)
- 799.59 Other signs and sxs. involving cognition
- 780.51 Sleep disturbance, unspecified
- 780.52 Insomnia, unspecified
- 780.7 Malaise and fatigue

Resources

- American Academy of Pediatrics. *Coding for Pediatrics-2010:A Manual for Pediatric Documentation and Payment. Elk Grove Village, IL: American Academy of Pediatrics, 2012.*
- American Academy of Pediatrics. *Pediatric Coding Newsletter. Elk Grove Village, IL: American Academy of Pediatrics.*
- Documentation guideline revisions by CMS and AMA:
www.cms.hhs.gov/MLNProducts