You can CODE Correctly
Bright Futures 2011

Peter D. Rappo, MD, FAAP
Elk Grove Village, IL.
January, 2011

I have no relevant financial relationships with the manufacturers of any commercial products and/or provider of commercial services discussed in this CME activity. I do not intend to discuss an unapproved/investigative use of a commercial product/device in their presentation.
Disclosure: None except for previously questionable taste in hair styles & glasses
Pete’s Philosophy

- If there’s anything to the survival of the fittest, a lot of physicians were overlooked
- A pragmatic look at pediatricians’ coding needs under Bright Futures
The Negative Triple Play

Pediatrics has:
1) The broadest diagnostic range
2) The highest volume
3) The least reimbursement
Know what you’re getting into
Ideal Benefit Structure for Patients

- Every CSHCN has an identified PCP
- A health plan should include preventative care, DME, habilitative services
- Medical necessity includes developmental needs
- Health plan understands wellness principles for CSHCN
Ideal Benefit Structure for Patients (cont.)

- Behavioral / mental health coverage and support is adequate for families and CSHCN
- Transition plans exist for transfer to adult physicians
- Portability of insurance is guaranteed
Basic Coding Systems

- **CPT Codes:**
  - CPT is an acronym for the American Medical Association’s text *Physician’s Current Procedural Terminology* (Level 1)

- **HCPCS:**
  - (Pronounced “hick-picks”). An acronym for the *Healthcare Common Procedural Coding System* (Level 2)
  - AREA ONLY CODES (Level 3)

- **ICD-9-CM:**
  - An Acronym for the *International Classifications of Disease, 9th Edition, Clinical Modifications*, which is published by the World Health Organization. This text assigns codes to all the different diagnoses.

- **DSM-PC:**
  - *Diagnostic and Statistical Manual for Primary Care* – understanding and coding child and adolescent mental health issues

- **RBRVS:**
  - An acronym for *Resource Based Relative Value Scale*, which refers specifically to the Hsiao Harvard Study completed by William C. Hsiao and presented to Congress in 1989. Medicare reimbursements has been based on the RBRVS beginning in 1992.
In general, the physician should apply the following rules when determining salient coding for services provided by his or her practice:

1. Local (Medicaid/Medicare) codes (HCPCS Level Three) have the highest priority. Since the local carrier is responsible for administering a particular health plan, local coding always should be used first. As a practical matter, local codes are diminishing in utilization as HCPCS and CPTs standardize items and as HIPAA has eliminated the use of local codes.

2. The national HCPCS Level Two codes should take the second priority. For example, while the CPT text has the one code (99070) for supplies, the HCPCS codes specifically identify supplies through a separate set of codes (A4200 through A4927).

3. Finally, HCPCS Level One codes (CPT codes) should be used. Although level one codes are the last codes to use in areas where there is potential for conflict, as a practical matter, they comprise the bulk of most physician’s coding.
It is obvious that the federal government, through Medicare, sets the method for the billing of physician services that other third parties follow. Updated CPT and ICD-9-CM texts should be ordered each year, and all changes should be noted. Medical office charges should be updated to include these changes, and the physician, medical staff and business staff should be kept abreast of these changes.
RBRVS
Resource Based Relative Value Scale

- Based on Harvard University/ “Hsaio Study”
- Payments for services are determined by the resource costs needed to provide them
- List of physician services ranked according to value
- Each service on RBRVS divided into three components:
  1. **Physician Work** – Approximately 54% of relative value
     - Value maintained and updated by CMS with input from RUC
  2. **Practice Expense** – Approximately 41% of relative value
     - Value estimated by CMS based on historical allowed charged data—average Medicare approved charges from 1991. In 1994 Congress called for CMS to replace the charge-based practices expense relative values with relative values based on the resource costs involved in each service.
  3. **Professional Liability Insurance** – Approximately 5% of relative value
     - Value estimated by CMS based on cost estimates from national survey data
Physician Work Value

- Time spent
- Technical skill and effort
- Mental effort and judgment
- Psychological stress associated with physician’s concern related to iatrogenic risk to patient
Ten Basic Principles of CPT

1. The physician selects the diagnosis and procedural codes
2. Document patient services to support codes
3. Use separate codes for different encounters
4. Set a separate fee for each code
5. Use a modifier when altering a standard fee
6. Set fees independent of reimbursement
7. Know local variations in coding and reimbursement
8. Inquire about reimbursement changes
9. Review your codes and fees at least annually
10. Design a super bill appropriate for your office/specialty
Rappo’s Corollaries

1. Distinguish between new and established patients
2. One can only be a new patient every 3 years
3. Covering for other physicians. Life’s not fair.
4. You can’t do a consult on your own patient, except…
5. Decide who codes for what
6. Counseling: Discussion with a patient or family
7. The patient doesn’t have to be there
8. Time is a guide, not a shackle
9. All Gaul is divided into 3 parts; CPT code series can be three or five
Where counseling and/or coordination of care dominates the face-to-face physician/patient encounter (more than 50%), then time is considered the key or controlling factor.
Don’t Forget

- 96110: Developmental Screening
- 99420: Administration and evaluation of a health-risk assessment instrument (e.g. Depression Screen, post-partum)
- 96111: Developmental Testing
I could sit here doing nothing.

Or I could implement a bold quality initiative with the help of my talented and energetic co-workers.

I crack me up.
“I’ve got it, too, Omar ... a strange feeling like we’ve just been going in circles.”
The Background of Rosie D.

- In 2001, frustration of families covered by MassHealth led to a lawsuit against the Romney Administration.
- The lawsuit stipulated that mental health services for Medicaid Recipients were inadequate and that screening for mental health problems was not provided.
Rosie D. Continued

- A federal judge found that essentially all the allegations in the suit were true
- Massachusetts has to expand access to mental health home services and community supports
- BUT, the big implication for Primary Care Physicians is…
A mandate for behavioral assessments at EVERY well visit using a validated screening tool
“OK, let’s see—that’s a curse on you, a curse on you, and a curse on you.”
AAP Recommendations

- This policy dovetails nicely with the AAP’s Bright Futures
  - Recommendations for surveillance at every well visit and screening at 9, 18, and 30 months

- Clearly, because of the lawsuit the Massachusetts requirement is more stringent
Preparing for Implementation

- To prepare for screening, one should:
  - Pick your screening instruments
    - Each tool has its strengths and weaknesses
  - Fit the screening into your workflow
    - How do you get the tools into the hands of the parents?
    - Involve your staff
    - Distribution best in waiting room, mail-out, exam room?
Preparing for Implementation 2

- Know your options for referral
  - How much counseling and psychopharmacology is your practice able to do?
  - What are your community resources for mental health?

- Resources in Massachusetts include:
  - The MA Behavioral Health Partnership
  - MA Child Psychiatry Access Project
Medicaid Only?

Although the lawsuit only addressed Medicaid clients, Private insurers in conjunction with the MA AAP and Pediatric Counsel had agreed to cover reimbursement for screening.
Selection of Screening Tools

How my practice decided on which tools were best for us (can you spell cheap?)
<table>
<thead>
<tr>
<th>Screening Tool</th>
<th>Full Name</th>
<th>Age Group</th>
<th>Administered By</th>
<th>Initial Cost</th>
<th>Ongoing Costs</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEDS</td>
<td>Parents' Evaluation of Developmental Status</td>
<td>Birth to 6 yrs.</td>
<td>Parent</td>
<td>Complete starter kit - $30 (guide, set of 50 forms)</td>
<td>Pad of 50 forms is $15. $30 per form (bulk ordering and discounts available)</td>
<td><a href="http://www.pedtest.com">http://www.pedtest.com</a></td>
</tr>
<tr>
<td>CBCL</td>
<td>Achenbach System: Child Behavior Checklist</td>
<td>1½ to 18 yrs.</td>
<td>Parent</td>
<td>Pre-school starter kit - $230 (includes manual, software, and 50 forms.) School-Age starter kit - $305 (includes manual, software, and 50 forms.) Adult starter kit - $230</td>
<td>Preschool forms - 50 for $25 School-Age forms - 50 for $25; $5.50 per form</td>
<td><a href="http://www.ASEBA.org">http://www.ASEBA.org</a></td>
</tr>
<tr>
<td>CRAFFT</td>
<td>An acronym for: Care, Relax, Alone, Forget, Friends, Trouble, screening for substance abuse</td>
<td>14+</td>
<td>Youth</td>
<td>Copyright by Children's Hospital Boston; no charge.</td>
<td>Copyright by Children's Hospital Boston; no charge.</td>
<td><a href="http://www.ceasar-boston.org/clinicians/crafft.php">http://www.ceasar-boston.org/clinicians/crafft.php</a></td>
</tr>
<tr>
<td>PHQ-9</td>
<td>Questionnaire-9; screening for depression</td>
<td>18+</td>
<td>Young Adult</td>
<td>Copyright by Pfizer. No charge.</td>
<td>No charge.</td>
<td><a href="http://www.phqscreeners.com">http://www.phqscreeners.com</a></td>
</tr>
</tbody>
</table>
# Pediatric Symptom Checklist (PSC)

Please mark under the heading that best describes your child:

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Complains of aches or pains</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Spends more time alone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Tires easily, little energy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Fidgety, unable to sit still</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Has trouble with a teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Less interested in school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Acts as if driven by a motor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Daydreams too much</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Distracted easily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Is afraid of new situations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Feels sad, unhappy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Is irritable, angry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Feels hopeless</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Has trouble concentrating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Less interest in friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Fights with other children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Absent from school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>School grades dropping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Is down on him or herself</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Visits doctor and doctor finds nothing wrong</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Has trouble sleeping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Worries a lot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Wants to be with you more than before</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Feels he or she is bad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>Takes unnecessary risks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>Gets hurt frequently</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>Seems to be having less fun</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>Acts younger than children his or her age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td>Does not listen to rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td>Does not show feelings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td>Does not understand other people’s feelings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32.</td>
<td>Teases others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33.</td>
<td>Blames others for his or her troubles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34.</td>
<td>Takes things that do not belong to him or her</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35.</td>
<td>Refuses to share</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Parent Instructions.** Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child’s behavior, emotions, or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child.
Although the CRAFFT tool is an easily understood tool for substance abuse screening, we felt that we needed something more inclusive for adolescents.

Thus, we integrated the CRAFFT with an existing tool we use for assessing adolescent issues related to body image, sexuality, and depression.
CPT Codes:
Used to report behavioral health screening

- 96110- Limited Developmental Testing (with interpretation and report, does not include any payment for physician services)
- Expectation is that your clinical staff will administer the clinical tool and then score the parent’s responses
- The physician reviews and interprets the screening results with the physician work included in the E & M service
If no further services are necessary based on the interpretation then the E & M code will stand.

If substantial work is required based on the screening then an office visit code can be appended to a preventative medicine code.
Many private plans will require a modifier 25 appended to the preventative care code.

Ask me about the -59 Modifier.
CPT Code 96111

- Is for extended developmental testing and does require physician work
- The code would be appropriately used when the provider observes a child performing a task or demonstrating a specific developmental skill
- Tools would include: The Capute Scales, Bayley Scales, or Brigance Screens
- Since they are time dependent, they are usually not performed by Primary Care Docs
## Modifier Use Unique to the Commonwealth

Modifiers for Use with CPT code 96110

<table>
<thead>
<tr>
<th>Servicing provider</th>
<th>NO Behavioral Health Need Identified</th>
<th>Behavioral Health Need is Identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD, Independent Practitioner</td>
<td>U1</td>
<td>U2</td>
</tr>
<tr>
<td>Midwife employed by Physician of CHC</td>
<td>U3</td>
<td>U4</td>
</tr>
<tr>
<td>NP employed by Physician or CHC</td>
<td>U5</td>
<td>U6</td>
</tr>
<tr>
<td>PA employed by Physician or CHC</td>
<td>U7</td>
<td>U8</td>
</tr>
</tbody>
</table>
Advantage of MA Modifiers

- The advantage to this coding system is that it does report whether or not action was taken for a behavioral health need.
Logistical Issues

- Once a problem is identified, how can we be sure patients actually see Mental Health Providers?

- A Study by Rushton et. al 2002 indicated that only 61% of patients referred for mental health treatment actually saw a mental health provider within 6 months
What will the net effect of this screening be on parents?

- Parents have the right to decline the screen
  - Will those families who most need the services decline the intervention?

- Once treatment is initiated will there be better communication between the Mental Health world and the Primary Care Physician?

- Can we expect that PCPs will increasingly be asked to be the prescribers of psychiatric medications?
When referrals are made to psychiatrists the old fashioned interpretation is “You must think my child is crazy.”

Here there is also an opportunity, not only for mental health screening but behavioral and developmental screening

We should reflect to families that our concerns are primarily related to sadness, depression, and anxiety
Overcoming resistance to referral

☐ 1. Destigmatize Mental Health Issues
☐ 2. Be clear in the goals of referral
☐ 3. Outline plans for follow-up
☐ 4. Empower with information
☐ 5. Challenge stereotypes
☐ 6. Help families distinguish past from present
How are we doing Statewide?

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Total WCC Visits</th>
<th>Total Behavioral Health Screens</th>
<th>Total Behavioral Health Screens with WCC Visit</th>
<th>Percent of WCC Visits with a Behavioral Health Screen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1</td>
<td>27,277</td>
<td>4,988</td>
<td>4,775</td>
<td>17.51%</td>
</tr>
<tr>
<td>Jan 1- Mar 31</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarter 2</td>
<td>28,536</td>
<td>9,404</td>
<td>9,078</td>
<td>31.81%</td>
</tr>
<tr>
<td>Apr 1-June 30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarter 3</td>
<td>19,460</td>
<td>8,421</td>
<td>8,164</td>
<td>41.95%</td>
</tr>
<tr>
<td>July 1-Sept 30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Some behavioral health screens are administered outside of WCC visit.

Source: Masshealth Bulletin
In Conclusion…

A patient once gave me a card that I treasure:

“When you’re up to your rear end in alligators, it’s hard to remember that your objective is to drain the swamp”
Masshealth recognizes that the actual rate of screening is probably higher
If you are doing it, bill for it
If you aren’t, why not?
What is on the horizon?

- Intensive care coordination
- In-home therapy services
- In-home behavioral service
- Crisis stabilization
- Mobile crisis intervention
- Therapeutic Mentoring
In Conclusion…

- Governmental Mandates are usually viewed as an intrusive burden for practices.
- THIS program may be viewed as a what the Harvard Business School describes as a window of opportunity.
In Conclusion…

- Remember this is a service for which the practice will be paid and the bulk of the work will be completed by your staff.
- Additionally, as insurers quantitate the concept of the advance medical home this is a service that exemplifies that definition.
Bottom Line…

- Screening with validated instruments saves time & money
Clinicians think screening takes too much time but:

- How much time do you spend asking parents about their child’s wellbeing?
- How many “Oh by the way” questions do you have each week?
- How often do you reassure concerned parents only to discover a problem later that could have been identified?
A validated screening tool can minimized problems by:

- Being self-administered by parents
- Help you improve your referral precision
- Increase attendance at well visits
- Reduce the “grenades of the day”
- Enhance the teachable moment
- Establish developmental and behavioral care as an integral element of what we do
- Ease the task of giving bad news
“It isn’t that I don’t love you. It’s just that I’ve evolved and you haven’t.”
Sgt. Preston’s Law of the Wild

“The scenery only changes for the lead dog”
Common Office Visit Codes

- 99201-99205 New Patient
- 99211-99215 Established patients
- What are possible uses for 99211
Preventive Medicine Services

Discovery of problem/abnormality during the preventive medicine visit:

- If significant (i.e., requires additional work and key components are met), then code the appropriate acute E/M visit in addition to 99381-99397
- Modifier –25 should be added to acute visit E/M code
- If not significant, code only 99381-99397
Counseling/Risk Factor Reduction Intervention

- Codes for services to promote health and prevent illness or injury:
  - Family problems
  - Diet and exercise
  - Substance abuse
  - Sexual practices
  - Injury prevention
  - Dental health
  - Individual, 99401→99404
  - Group, 99411 and 99412
Modifiers you should care about

- 25
- Separate E & M Service Same Day
- 76 Repeat procedure by same MD
- Category II Codes- Performance Measurement
- 1000 F – Tobacco use assessed
- 1003 F– Level of activity assessed
- 1005 F– Asthma symptoms assessed
Consultations

- Consultation is service provided by a physician whose opinion is requested by another physician
- The consultant may initiate diagnostic and/or therapeutic services
- Consultant must document:
  - Request for consultation
  - Opinion & Services Performed
  - Need for consultation
  - Letter to requesting source

Office Consultation – New or Established
- 99241 → 99245
Telephone Care

- Telephone Calls: 99441 (5-10 minutes), 99442 (11-20 min), 99443 (21-30 min)
- Do not report when using 99339-99340

- Ideal For CSHCN And Children With Developmental/Behavioral Problems
Strategies For Getting Paid For Telephone Care

1. The Contracting Model

2. The Consult Model
The Problem: The Payer’s View

Some variable non face-to-face care is “bundled” as pre- or post-service work time in E/M code relative value units
Time: “Intra-Service Time”

Face-To-Face Time (Office & Other Outpatient Visits And Office Consultations):

For coding purposes, face-to-face time for these services is defined as only that time that the physician spends face-to-face with the patient and/or family. This includes the time in which the physician performs such tasks as obtaining a history, performing an examination, and counseling the patient.
Time: “Non Face-To-Face”

This non face-to-face time for office services – also called pre- and post-encounter time – is not included in the time component described in the E/M codes. However, the pre- and post- face-to-face work associated with an encounter is included in calculating the total work of typical services in physician surveys.
E/M Codes DO Have Some Post-Service Time “Built In” To Their Relative Value Units

Example:

99214 = 25 minutes intra-service and 13 minutes post-service
99444

- Online evaluation and management services for patient
- Not related to a previous E-M service within the previous 7 days
- Online evaluation provided by a non-physician, use 98969
- The reality of email communication verses the potential opportunity
- Insurers are embracing virtual management of CSHCN
And coming to a computer near you...

☐ 98969: Online Medical Evaluation by a Nonphysician
Non-Face-to-Face Nonphysician Services: Telephone services

- 98966: Telephone assessment and management by a Nonphysician Health Care Professional, not related to a previous service within 7 days and not leading to a visit or procedure within the next 24 hours (5-10 minutes)
- 98967: 11-20 minutes
- 98968: 21-30 minutes
### Care Plan Oversight:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>99374-</td>
<td>Home Health Agency</td>
<td>&lt;30 min.</td>
</tr>
<tr>
<td>99375-</td>
<td>“</td>
<td>&gt;30 min.</td>
</tr>
<tr>
<td>99377-</td>
<td>Hospice patient</td>
<td>&lt;30 min.</td>
</tr>
<tr>
<td>99378-</td>
<td>“</td>
<td>&gt;30 min.</td>
</tr>
<tr>
<td>99379-</td>
<td>Nursing Facility patient</td>
<td>&lt;30 min.</td>
</tr>
<tr>
<td>99380-</td>
<td>“</td>
<td>&gt;30 min.</td>
</tr>
</tbody>
</table>

### Nursing Facility Discharge Services:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>99315-</td>
<td>Discharge Day Management</td>
<td>&lt;30 min.</td>
</tr>
<tr>
<td>99316-</td>
<td>“</td>
<td>&gt;30 min.</td>
</tr>
</tbody>
</table>
And now…

99339-40, the opportunity for case management for those children NOT under the care of a home health provider. Pray for the RVUs for these codes.
In the land of the visually impaired…

- 99339-40 Can be the opportunity to be fairly reimbursed for care management, changing of care plans, integration of laboratory data, review with other physicians etc.
- The use of a template should be a integral part of the implementation of this code
## Home Services

<table>
<thead>
<tr>
<th>New Patient:</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>99341 Problem focused, straight forward</td>
<td>20 min.</td>
</tr>
<tr>
<td>99342</td>
<td>30 min.</td>
</tr>
<tr>
<td>99343</td>
<td>45 min.</td>
</tr>
<tr>
<td>99344</td>
<td>60 min.</td>
</tr>
<tr>
<td>99345 Comprehensive, high complexity</td>
<td>75 min.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Established Patient:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>99347 Problem focused, straight forward</td>
<td>15 min.</td>
</tr>
<tr>
<td>99348</td>
<td>25 min.</td>
</tr>
<tr>
<td>99349</td>
<td>40 min.</td>
</tr>
<tr>
<td>99350 Comprehensive, high complexity</td>
<td>60 min.</td>
</tr>
</tbody>
</table>

*QuIIN Quality Improvement Innovation Network*

*Bright Futures: prevention and health promotion for infants, children, adolescents, and their families™*
New Medical Team Conference Codes

- 99366 Medical Team Conference with patient or family present, 30 minutes or more (Non-physician Health Care Professional)
- 99367 Medical Team Conference, patient or family not present, 30 minutes or more (Participation by Physician)
- 99368 Medical Team Conference, patient or family not present, 30 minutes or more (Participation by a Non-physician)

QuINN
Quality Improvement Innovation Network
A program of the American Academy of Pediatrics

Bright Futures.
Prevention and health promotion for infants, children, adolescents, and their families™
Medical Nutrition Therapy

- 97802 Initial Assessment and Intervention, Individual face-to-face, each 15 minutes
- 97803 Reassessment and Intervention, Individual face-to-face, each 15 min
- 97804 Group, each 30 minutes

These codes are for Non-physician use
Patient Self-Management Codes

- 98960 Education and training for patient self-management, using a standardized curriculum, Non-physician face-to-face with individual patient and/or family, each 30 minutes
- 98961 Two to four patients
- 98962 Five to eight patients
Health and Behavior Assessment/Interventions (Non-physician)

- Designed to assess patients' psycho-physiologic state around a chronic illness
- 96150 Each 15 minutes with the patient, initial assessment
- 96151 Reassessment
- 96152 Health and Behavior Intervention, each 15 minutes face-to-face with individual patient
- 96153 Group
- 96154 Family with patient present
- 96155 Family without patient present
Home Health Procedures/ Services

- 99503 Home visit for respiratory therapy
- 99504 Home visit for mechanical ventilation care
- 99505 Home visit for stoma care
- 99506 Home visit for IM injections
- 99509 Home visit for assistance with activities of daily living
- 99510 Home visit for counseling
- 99511 Home visit for fecal impaction

Generally these are Non-physician codes, however the physician may code for these services along with a home visit code if he performs the services.
Behavioral Change Interventions

- 99406 Smoking and tobacco use cessation (3-10 minutes)
- 99407 >10 minutes
- 99408 Alcohol and substance abuse intervention with a structured screen (15-30 minutes)
- 99409 > 30 minutes
Special E/M Services

Work Related or Medical Disability Evaluation Services

99455  Work related by medical disability examination by the treating physician

99456  by other than the treating physician

☐ Medical history
☐ Examination
☐ Diagnosis, assessment of impairment
☐ Development of treatment plan
☐ Completion of forms
Prolonged Service Codes

Without Direct Contact (CPT 99358, 99359)
- Physician provides care beyond the usual service
- Total amount of time spent on a given date, even if the time is not continuous
- Less than 30 minutes is not reported separately
- Less than 15 minutes beyond the first hour is not reported separately
- Telephone calls coded separately

With Direct Contact (CPT 99354, 99355, 99356, 99357)
- For use if the physician provides prolonged service in either the inpatient or outpatient setting
- Are used in addition to the E/M and other procedure/supply codes
- Begin using these codes after base time plus 30 minutes of face-to-face contact

Note: Time spent with patient must be documented
Don’t forget procedures

For example, with asthma

- Pulse Ox: 94761
- Spirometry: 94010
- Neb Treatments: 94640
- Demonstration and evaluation of patient use of an asthma medication delivery system: 94664
- There are also codes for Trach and G-Tube insertions
Visual screening

☐ 99173: Visual acuity
☐ 99174: Ocular photoscreening
Miscellaneous and Add-on codes

- 99000 Handling or conveyance of a lab specimen
- 99050 Services provided at times other than regularly scheduled office hours (Sundays and Holidays)
- 99051 Office service— evenings and weekends, regularly scheduled hours
- 99058 Services provided on an emergency basis
- 99071 Educational materials at cost
- 99078 Physician educational services to a group
- 99080 Special reports requiring more information than usual
Future of ICD

- ICD-10-CM
- 20 Chapters
- Alphanumeric index
- Release after 2007
Documentation

Medicare requirements for new E/M codes

☐ Codes should be understood clearly and uniformly by physicians and payers

☐ Codes should be simple and efficient for physicians to use and carriers to administer

☐ Codes should facilitate accurate reporting and allow carriers to detect misuse
## Established Patient Office Visit

<table>
<thead>
<tr>
<th>CPT</th>
<th>HPI</th>
<th>ROS</th>
<th>PFSH</th>
<th>Type History</th>
</tr>
</thead>
<tbody>
<tr>
<td>99211</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>99212</td>
<td>B/1 to 3</td>
<td>N/A</td>
<td>N/A</td>
<td>Problem Focus</td>
</tr>
<tr>
<td>99213</td>
<td>B/1 to 3</td>
<td>PP/1</td>
<td>N/A</td>
<td>Expanded Problem Focus</td>
</tr>
<tr>
<td>99214</td>
<td>E/4+</td>
<td>E/2 –9</td>
<td>P/One From Any</td>
<td>Detailed</td>
</tr>
<tr>
<td>99215</td>
<td>E/4+</td>
<td>C/10 –14</td>
<td>C/One From Any Two</td>
<td>Comprehensive</td>
</tr>
</tbody>
</table>

**KEY:**

- HPI: History of Illness
- ROS: Review of Symptoms
- PFSH: Past, Family, Social History
- PP: Problem Pertinent
- E: Extended
- C: Complete
- P: Problem
- B: Brief
Established Patient Office Visit
2 of 3 Key Components must be met or exceeded

<table>
<thead>
<tr>
<th>E/M Code</th>
<th>History</th>
<th>Physical Exam</th>
<th>Medical Decision Making</th>
<th>Average Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>99211</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>5</td>
</tr>
<tr>
<td>99212</td>
<td>P</td>
<td>P</td>
<td>S</td>
<td>10</td>
</tr>
<tr>
<td>99213</td>
<td>E</td>
<td>E</td>
<td>L</td>
<td>15</td>
</tr>
<tr>
<td>99214</td>
<td>D</td>
<td>D</td>
<td>M</td>
<td>25</td>
</tr>
<tr>
<td>99215</td>
<td>C</td>
<td>C</td>
<td>H</td>
<td>40</td>
</tr>
</tbody>
</table>

Key: History & Physical Exam
- P – Problem Focused
- E – Expanded Problem Focused
- D – Detailed
- C – Comprehensive

Key: Medical Decision Making
- S – Straightforward
- L – Low Complexity
- M – Moderate Complexity
- H – High Complexity
What CPT Codes might be used in conjunction with DSM – PC codes?
Potential Codes

1. “Regular” evaluation and management codes
2. Counseling/risk reduction codes
   a) Individual
   b) Group
3. Case management codes
4. Telephone consultation codes
5. Prolonged physician service codes
6. Care plan oversight codes
7. Use of “time” for “counseling”
8. Administration/interpretation of health risk assessment
9. Consultation codes
How important is it to have a spread or bell shaped distribution of codes used?
Don’t like coding?
Time for boutique practice?
The Good News of Boutique Practice

- A cash-only practice will let you trim the 6-9% of gross revenue you spend on billing and collection
- You can probably cut payroll from five employees per full time physician to two
- Practice management software needs drop dramatically; a low-end program and Microsoft Outlook may be all you need
- You can simplify your fee structure
- You may lose up to half your old patients but you’ll gain new ones, too
The Cautionary Note for Boutique Practice

☐ Is there a compelling need for your service?

☐ Is your area “over doctored”?

☐ Their need versus your want?
The Real Problem with Boutique Practice

- First mover advantage

- How many “wealthy folks” are there who understand the value equation?
“If you’re not sure where you are going, you can make excellent time.”
Lots of Providers. Who is best able to care for all children?
"The picture's pretty bleak, gentlemen. ... The world's climates are changing, the mammals are taking over, and we all have a brain about the size of a walnut."
...YOU’VE GOTTA HELP ME, DOC...
I’M DEVELOPING HIGH SELF-ESTEEM!!

[Cartoon by Matt Handelsman, 2004, New Day]
Special Thanks to

Melissa Rappo