

PCC Coding Weblab

Jan Blanchard

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Roadmap – Version 7.4

- Beta testing underway
 - *Planned* deployment Sunday 6/26/16
- Release Resources (weblabs, videos, manuals)
 - Weblab schedule TBD
 - v7.4 video: <http://learn.pcc.com/help/pcc-7-4-release-video/>
 - v7.4 Manual: <http://learn.pcc.com/help/pcc-7-4-release/>



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PCC v7.4 Highlights

- inscoar: show total charges for the visit
 - HCFA and ECS lines will include total
- eligibility: verify secondary (medicaid) as well
 - Patient eligibility screen will have a selector
- Add visit notes to inscoar output
 - Billing history will include notes



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Documentation Q's

Q:

A:

Help!

Hospital giving a patient runaround. Saying they must bill a sleep study to reassess premie for whom a car bed was recommended.

- 94780: Car seat/bed testing for airway integrity, neonate, with continual nursing* observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes.
- 94781: Each additional **full** 30 minutes

Help!

- By whom these tests may be performed may depend upon State statutes
- Definition of “proof” that the patient no longer requires the car bed may already be worked out by local hospitals

Billing Q

Q: Carrier X tells me there's a better diagnosis than Z00.12_ for getting 96127 (Brief emotional/behavioral assessment) paid. What could it be?

Billing A

A: 96127 is recommended, age-based screening. Z00.129 makes the most sense. Carriers might reject all but illness/symptom codes. Problems which do not exist but get added to the patient's chart for billing are inaccurate.

Billing A (cont'd)

Get wacky requirements in writing and add "workaround" diagnoses to the EEF instead of to the chart.

Their requirement flies in the face of ICD instructions. Guidance in the Tabular List for ICD they recommended (Z13.4 - Encounter for screening for certain developmental disorders in childhood) clearly states:

"Excludes1: routine development testing of infant or child (Z00.1-)"

Goals

Documenting: Create accurate record of patient's and clinician's experience (State & Med Society regs)

Coding: Translate clinician's experience into standard language for payers

Billing: Elicit payment from payers



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June 2016 AAP Coding Newsletter

Same Day Preventive and Problem-oriented care

- Chronic condition **not** an automatic -25
- History limited to EPF unless PFSH *only* obtained in relation to problem
- ROS must be beyond age and gender appropriate in well visit
- Extended exam of affected system *would be* separately considered



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June 2016 AAP Coding Newsletter

Same Day Preventive and Problem-oriented care (cont'd)

- Counseling for problems NOT part of well care
- Some payers already require MDM be one of the two key components met for established patient E&M
- Some Medicaid programs offer EPSDT note templates



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June 2016 AAP Coding Newsletter

Same Day Preventive and Problem-oriented care
(cont'd)

- -25 should be appended to the *problem-oriented* service

AAP Coding Newsletter

June 2016 Issue (cont'd)

- Value-Based Purchasing: The Role of Coding
 - CPTII Codes
- Skin Lacerations: Complexity, Location, and Size

AAP Coding Newsletter

Gainsharing and Shared Savings

https://www.aap.org/en-us/professional-resources/practice-support/Documents/Gainsharing_and_Shared_Savings_HS.pdf

Medicaid ACO Pediatric Quality Measures and
Innovative Payment Models

<https://www.aap.org/en-us/advocacy-and-policy/state-advocacy/Documents/AAPMedicaidPedACOs.pdf>

What Questions Do You Have?



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Feature Demo?



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Next Coding Weblab: Wed 8/17/16 1pm EST



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