

PCC Pediatric Billing Drop-In

November 15, 2023
2-4 pm ET



Drop-In Premise

- This is **your time** to ask questions of each other and of PCC
 - Coding (Diagnoses, procedures, supplies)
 - Billing (Denials, workarounds, workflow)
 - Payer management (Helpful contacts & references, policy insights, updates, memos)
- PCC wants your input into our development of services and products
- *Please consider changing your Zoom name to include the state in which your practice is located to facilitate crowdsourcing based on geographic area*

Getting Clients Paid Crew

Ben	SME & Consultant	Kelsey	Business Analyst
Brian K	Application Specialist	Kristen	Project Manager
Doug B	Implementation Spec	Mary	Tech Support Specialist
Douglas	Ed Content Creator	Michael	Product Designer
Jack	Application Specialist	Noah	Product Developer
Jan	Operations/HR	Owen	Quality Assurance
Jay	Backend Developer	Phil	Operations Specialist
Jordan	Product Developer		
Justin	Visionary		

Getting Clients Paid Vision

Every pediatrician gets maximal payment for every service rendered with minimal administrative effort



Discussion Topics

1. 2024 CPT Updates
2. 9.8 Billing Features Feedback
3. Beyfortus Claim Payment Update

What Questions Do You Have?

2024 CPT Updates

2024 CPT - E&M: Time

2023: “When using time for code selection, #-# minutes of total time is spent on the date of the encounter.”

2024: “When using total time on the date of the encounter for code selection, # minutes must be met or exceeded.”

2024 CPT - E&M: Time

“... minutes must be met or exceeded.”

99202	15 mins	99212	10 mins
99203	30 mins	99213	20 mins
99204	45 mins	99214	30 mins
99205	60 mins	99215	40 mins

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2024 CPT - E&M: Audio-Video & Audio-Only Criteria

Services in Appendices P and T must satisfy the following criteria:

...totality and quality of the communication of info exchanged between Physician/QHP and the patient during synchronous telemedicine must be of an amount and nature that would be sufficient to meet requirements for the same service if they were to be rendered in-person face-to-face

AND ...

2024 CPT - E&M: Audio-Video & Audio-Only Criteria

...evidence supports the benefits of performing service through telecommunications. Include but not limited to these examples:

- Facilitates diagnosis or treatment plan that may reduce complications
- Decreases
 - Diagnostic or therapeutic interventions
 - Hospitalizations
 - In-person visits to ED, Physician/QHP (incl UC)
- Increases rapidity of resolution
- Decreases quantifiable symptoms
- Reduces recovery time
- Enhances access to care (rural, vulnerable pts)

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2024 CPT - Appendix Q: COVID Vaccines

These CPTs marked as NEW in 2024 manual are included in AMA's [online PDF version](#):

- 91312 SARS-Cov-2 mRNA-LNP 12 yrs and older Pfizer
- 91315 SARS-Cov-2 mRNA-LNP 5-11 yrs Pfizer
- 91317 SARS-Cov-2 mRNA-LNP 6m-4 yrs Pfizer
- 91313 SARS-Cov-2 mRNA-LNP 12 yrs and older Moderna
- 91314 SARS-Cov-2 mRNA-LNP 6m-11 yrs Moderna
- 91316 SARS-Cov-2 mRNA-LNP 6m-5 yrs Moderna

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2024 CPT - Split or Shared Visits

When Physicians/QHPs act as part of a team, Physician/QHP may report service if:

- Physician/QHP's time was the majority spent
- Physician/QHP:
 - made or approved management plan and takes responsibility for that plan with its inherent risks of complications and/or morbidity or mortality of patient management
 - **does not** have to personally assess independent historian or order/review tests
 - **does** have to personally interpret tests and discuss management plan or test interpretation

2024 CPT - E&M: Pelvic Examination

NEW Add-on code:

+99459 Pelvic Examination

Bill with:

9920_	9938_
9921_	9939_
9924_	

2024 CPT - Bits and Bobs

Code Use

- Reinforces Golden Rule: Choose the CPT that *accurately* identifies the service performed

Time

- Many codes other than E&M are selected based on time.
 - Midpoint applies to some (NOT E&M)
 - Be clear about units considerations apply (days for some services, hour by hour for others (IV hydration, eg)
 - DO NOT include time spent in these other timed services in E&M totals

2024 CPT - Bits and Bobs

Risk

- Within E&M consideration it is defined differently according to context within MDM Leveling
 - Risk of complications and/or morbidity or mortality of patient management applies in assigning a
 - Risk to the patient from the condition is a factor in specifically the Number and Complexity of Problems (Uncertain prognosis, threat to life or bodily function, eg)

Final Rule - Separate Payment for Add-On G2211

+G2211 Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)

Beyfortus Claim Payment Update

- Verified payments for 90380 / 90381 / 96380 / 96381 from Aetna, CareFirst BCBS, Cigna, BCBS MA, BCBS MI, BCBS NC, BCBS TX (HCSC), Highmark, Horizon BCBS, Humana, TRICARE East, UnitedHealthcare
- Anthem reporting \$0 payment for 90380 with CARC 211 (NDC not eligible / covered) in at least one state
- BCBS AZ reporting \$0 payment for 90380 with CARC 204 (Service / drug not covered under patient's benefit plan)
- Blue Shield CA reporting \$0 payment for 90381 with CARC 181 (Procedure code was invalid on the date of service)

Future Drop-Ins

Next: Thursday, 12/14/23 2pm EDT

Register at <https://www.pcc.com/events/>

Future: Tuesday, 1/16/24 2pm EDT

Register at <https://www.pcc.com/events/>

Recordings and Materials: learn.pcc.com

Thank You!

