

**International Family Day**

# **PCC Pediatric Billing Drop-In**

May 15, 2024  
2-4 pm ET



# Drop-In Premise

- This is your time to ask questions of each other and of PCC (Coding, Billing, Payer issues)
- 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  
Brian K Application Specialist  
Doug B Implementation Spec  
Douglas Ed Content Creator  
Jack Application Specialist  
Jan Operations/HR  
Jay Backend Developer  
Jordan Product Developer  
Justin Visionary  
Kelsey Business Analyst  
Kristen Project Manager

Mary Tech Support Specialist  
Michael Product Designer  
Noah Product Developer  
Owen Quality Assurance  
Phil Operations Specialist



# Getting Clients Paid Vision

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



# Discussion Topics



1. Change Healthcare EDI Service Disruption Update
2. Coding Chat

# Change Healthcare EDI Service Disruption Update

## Real-Time Eligibility Verification

- Fewer than 7% of total eligibility requests processed by PCC remain routed through the Change Healthcare affected gateway
  - Represents miscellaneous exclusive payors
  - Change Healthcare continues to restore payor connectivity
    - Eligibility payors still affected include Aetna Better Health, Molina Healthcare
      - Alert “The payor or clearinghouse is unable to process the request at this time. (Reject Reason Code 42)” / Coverage Status “Unknown” now returned for requests to still affected payors

# Change Healthcare EDI Service Disruption Update

## Electronic Claims (ECS)

- Fewer than 3% of total claims processed by PCC remains routed through the Change Healthcare affected gateway
  - Represents miscellaneous Medicaid and exclusive commercial payors
  - All now routed through former ProxyMed / Capario and Optum iEDI gateways
  - Implication is that Change Healthcare may not restore the former Envoy / Emdeon ECS gateway
    - Emdeon electronic claim reports no longer returned
  - Change Healthcare continues work to resolve internal payor ID mismapping causing erroneous claim rejections

# Change Healthcare EDI Service Disruption Update

## Electronic Remittance Advice (ERA)

- Change Healthcare continues to restore payor connectivity
  - Increasing number of payors reconnected including Aetna
  - Per May 14 notice Change Healthcare is working to reroute affected payor ERA through now active gateways (Relay Exchange / RPA and Optum iEDI) for receivers like PCC with connections to both, without need for payor / provider reenrollment
  - ERA payors still affected include TRICARE East and West, Horizon Blue Cross Blue Shield of New Jersey, Molina Healthcare
    - PCC is developing / testing new Horizon Blue Cross Blue Shield of New Jersey and TRICARE East direct-to-payor EDI interfaces



# Coding Chat

- RVU mid-year change
- 2024 Care Management Reference



# RVU Mid-Year Update

Consolidated Appropriations Act of 2024 raised the conversion factor. WOOHOO!

However, the Act did not make any provisions for making the change retroactive to 1/1/24... Whuh?!

- 1/1-3/8/24 the value is \$32.74; 3/9-12/31/24 the value is \$33.29
- Pay close attention to contracts based on 2024 RVU values. The *service date* may have bearing on expected payment.
- PCC Practice Management updates needed for:
  - Allowable Editor - Contract Fee Schedules (**allowedit**)
  - RVU-based SRS reports

# PCC Care Management Reference

Chronic Care Management			
99490	*2 or more chronic conditions expected to last at least 12 months or until the death of the patient *Significant risk of death, acute exacerbation/decompensation, or functional decline *Comprehensive care plan established, implemented, revised, or monitored	Clinical staff directed by MD or QHP	Do not report if less than 20 mins in a calendar month. Bill 20 min increments beginning at minute 20. Report only once per calendar month.
99439	99490 Add-On	Clinical staff directed by MD or QHP	(99490 Add-On) ...each additional 20 minutes in a calendar month. Report only twice per calendar month.
99491	*2 or more chronic conditions expected to last at least 12 months or until the death of the patient *Significant risk of death, acute exacerbation/decompensation, or functional decline *Comprehensive care plan established, implemented, revise, or monitored	Provided personally by MD or QHP	If less than 30 mins in a calendar month time may be combined w/99490 minutes. Bill 30 min increments beginning at minute 30. Report only once per calendar month.
99437	99491 Add-On	Provided personally by MD or QHP	(99491 Add-On) ...each additional 30 minutes in a calendar month.
Complex Chronic Care Management			
99487	*2 or more chronic conditions expected to last at least 12 months or until the death of the patient *Significant risk of death, acute exacerbation/decompensation, or functional decline *Comprehensive care plan established, implemented, revise, or monitored <b>*Moderate or high complexity MDM</b>	Clinical staff directed by MD or QHP	Do not report if less than 60 mins in a calendar month. Bill 60 min beginning at minute 60. Report only once per calendar month.
99489	99487 Add-On	Clinical staff directed by MD or QHP	(99487 Add-On) ...each additional 30 minutes in a calendar month.
Principal Care Management			
99424	*One complex chronic condition expected to last at least 3 months *High-risk disease *Places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, *Condition requires **development, monitoring, or revision of disease-specific care plan **frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities **ongoing communication and care coordination between relevant practitioners furnishing care	Provided personally by MD or QHP	Do not report if less than 30 mins in a calendar month. Bill 30 min beginning at minute 30. Report only once per calendar month.
99425	99424 Add-On	Provided personally by MD or QHP	(99424 Add-On) ...each additional 30 minutes in a calendar month.
99426	*One complex chronic condition expected to last at least 3 months *High-risk disease *Places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, *Condition requires **development, monitoring, or revision of disease-specific care plan **frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities **ongoing communication and care coordination between relevant practitioners furnishing care	Clinical staff directed by MD or QHP	If less than 30 mins in a calendar month time may be combined w/99490 minutes. Bill 30 min increments beginning at minute 30. Report only once per calendar month.
99427	99426 Add-On	Clinical staff directed by MD or QHP	(99426 Add-On) ...each additional 30 minutes in a calendar month.

# What Questions Do you Have?



# Future Drop-Ins

Register at [PCC Events & Trainings](#)

Next: Thursday, 6/13/24 2pm EDT

Future: Friday, 7/19/24 1:15pm-2:15pm EDT

**Live From the UC!!!**

Recordings and Materials available at:

[PCC's Pediatric Practice Management, Billing, and Coding Web Labs](#)



# Care Coordination Billing Webinar

Register [here](#).

When: Thursday, May 23rd at 2pm EDT on Zoom

What:

- Learn to differentiate between Chronic, Complex Chronic, and Principal Care Management
- Explore documentation to support billing



# Thank You!



Credits: This slide presentation template was created by  
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# Extra Slide If Needed







# ASETT Complaint Form



## ASETT

### Administrative Simplification Enforcement and Testing Tool

ASETT is a web-based application which enables individuals or organizations to file a Health Insurance Portability and Accountability Act (HIPAA) and/or Affordable Care Act (ACA) complaint against a HIPAA covered entity for potential non-compliance with the non-Privacy/Security provisions of HIPAA.

### [ASET Start Page](#)

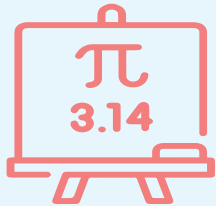
Step 1: ID the type of HIPAA/ACA complaint

Step 2: Provide your contact information

Step 3: Identify the Filed Against Entity

Step 4: Describe the HIPAA/ACA violation

Step 5: Review and Submit



## • AMA COVID-19 Vaccine and Immunization Codes **New Monovalent COVID-19 Vaccine / Administration Codes**

- Updated (XBB.1.5) monovalent vaccines pending FDA and CDC approval
- **Pfizer**
  - **91318** (6mo-4yr 3mcg/0.2mL), **91319** (5-11yr 10mcg/0.2mL), **91320** (12yr+ 30mcg/0.3mL)
- **Moderna**
  - **91321** (6mo-11yr 25mcg/0.25mL), **91322** (12yr+ 50mcg/0.5mL)
- **Single** administration code **90480**
- *All existing CPT codes that describe COVID-19 vaccine products and associated administration codes that end in "A" for products that are no longer covered under an existing Emergency Use Authorization (EUA) or Biologics License Application (BLA) from the US Food and Drug Administration (FDA) will be deleted effective Nov. 1, 2023.*



# Proposed Rule – Telehealth POS Codes

Home (10) will pay higher than other than home (02). Get your ducks in a row.



- Vaccine counseling without administration
  - **99401-99404** Preventive Medicine Counseling
  - **G0112-5** (Medicaid / EPSDT) Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service

# Stand-alone Vaccine Counseling Codes

♥♥ Are you successfully billing these codes for cases of vaccine hesitancy / refusal?



## Medicaid / MCO "Pay and Chase" Denial / Recoupment

- Coordination of Benefits / Third Party Liability issue for patients with commercial primary insurance coverage and Medicaid / MCO secondary
- Issue recently discussed on the AAP SOAPM LISTSERV
  - It was noted that federal regulations prohibit Medicaid / MCOs from
    - Cost avoiding EPSDT claims
    - Recouping pediatric Medicaid claims for cost avoidance
- Have you experienced associated denial and / or recoupment?

