

Ask Donelle Anything!!!  
Ok, not ANYTHING!!!

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# Questions

- Can you bill for a phone call?
- Will you get paid for the phone call?
- Can you bill for a procedure like a wart and visit
- Will you get paid for both
- Can you bill well and sick at same time
- Will you get paid for both

# Questions and Answers

- Billing a visit with a procedure such as a wart or burn care
- Billing for nurse-99211 when and for what
- Documenting 99213/4 added onto well visit (1-2)
- How is coding changing in the face of “high deductible plans”

# Expanded Problem Focused History

- **99202 and 99213**
- Requires 1 to 3 HPI and 1 ROS
  - Example:
    - Patient c/o left ear hurting and a sore throat, not eating as well and no fever and no cough or V&D.
      - Chief Complaint: ear hurting
      - HPI: location (left ear); assoc. sign and symptom- sore throat
      - ROS: Respiratory: no cough; General: no fever; GI: no V&D
  - HX: 2 HPI and 2 ROS

# Detailed History

- 99203/99214/99218/99221/99243
  - Requires 4+ HPI; 2 to 9 ROS and 1 of PMFSH
    - Example: Patient presents today with c/o sore throat, also has had a fever for 2 days. Mom states has been using Motrin. Patient states sore throat has gotten worse in the last 24 hours. No rash, no nausea, vomiting or diarrhea. No other family members ill
      - Chief Complaint: sore throat
      - HPI:
        - » Associated sign and symptoms: fever
        - » Duration: 2 days
        - » Modifying factor: Motrin
        - » Quality: gotten worse
      - ROS: Skin and GI
      - Family History: no other ill members

# Even More!

- Coding edits and how to identify payers who use them
- What coding errors are most likely to get you audited/recouped
- Where do things stand with NCCI edits for 25 modifiers and vaccines (3)

90460	99382	2013010 1	*	1
90460	99383	2013010 1	*	1
90460	99384	2013010 1	*	1
90460	99385	2013010 1	*	1
90460	99386	2013010 1	*	1
90460	99387	2013010 1	*	1
90460	99391	2013010 1	*	1
90460	99392	2013010 1	*	1
90460	99393	2013010 1	*	1
90460	99394	2013010 1	*	1
90460	99395	2013010 1	*	1
90460	99396	2013010 1	*	1
90460	99397	2013010 1	*	1
90460	99401	2013010 1	*	1
90460	99402	2013010 1	*	1
90460	99403	2013010 1	*	1
90460	99404	2013010 1	*	1
90460	99406	2013010 1	*	1
90460	99407	2013010 1	*	1
90460	99408	2013010 1	*	1

# More Questions

- “unbundling” of procedures-How
- Do’s and don’ts for Complex chronic care coordination. (4)
- Pt not present but doc speaks to parents, subspecialists and email correspondence
- How to really determine and document medical decision making
- F/U visits when new problems present



# Complex Chronic Care Coordination Revised 2014!

- Significant revisions to these codes!
  - **Cannot report these codes if the plan of care is not changed in a month (or care plan is changed minimally)**
  - Involve clinical staff developing, **substantially revising** and implementing a care plan under direction of the physician or other qualified health care professional.
    - Revision to a care plan will or could occur when the pt's clinical condition changes significantly
      - **Identification of a new problem, new interventions, exacerbation of existing problem, and further education to patient and/or caregiver**
  - Pts may be identified by recognizing those with multiple illnesses, mult. medication use, inability to perform activities of daily living, requirement of caregiver, repeat admissions or ER visits.
  - Pediatric pt's usually receive 3 or more therapeutic interventions (meds, nutritional support, respiratory support); have 2 or more chronic continuous or episodic health conditions expected to last at least 12 months or until death.
- The office must have the capabilities:
  - 24/7 access to care providers
  - Standardized methodology to identify patients who require chronic complex care coordination services
  - Have an internal care coordination process/function
  - Use a form and format in the medical record that is standardized within the practice
  - Be able to engage and educate pt's and caregivers as well as coordinate care amount all service providers as appropriate for each pt.

# Risk of Complications

Level of Risk	Presenting Problems	Diagnostic procedures	Management options
<b>Minimal</b>	<b>1 self limited</b>	<b>Lab test-veni punct.</b>	<b>Bandages / rest / drsg</b>
<b>Low</b>	<b>2 or more self limited 1 stable chronic illness Acute uncomp. Illness or inj.</b>	<b>Superficial needle bx Lab test- art punc Single x-ray Physiologic tests</b>	<b>OTC drugs Minor surgery OT</b>
<b>Moderate</b>	<b>1 or more chronic illness with mild exacerbation 2 or more stable Acute illness with systemic sympt. Acute comp. inj. Undiag. New prob. With uncertain prog.</b>	<b>Multiple x-rays Deep needle bx LP, joint asp. CT, MRI Cardio imaging</b>	<b>Minor surgery with risks Elective major surgery Prescription Drugs Closed tx of fx</b>
<b>High</b>	<b>1 or more chronic with severe exacerbation Acute illness with threat to life/limb Abrupt change in neurologic status</b>	<b>Discography Myelography arthrogram</b>	<b>Elective major surgery with risks/ER major surgery Parenteral controlled substance/Drug therapy with intensive monitoring DNR</b>

**Two out of three elements must be met or exceeded for a given level of Medical Decision Making**

Risk of complications	Number of DX and/or mgmt options	Amount and / or complexity of data to be reviewed	Level of MDM
Minimal	(PTS / ITEMS) 1 pt Minimal 1 self limited 1 est. problem	1 pt Order and / or review lab 1 pt Order and / or review radiology test	
Low	2 pts Low 2 self limited / minor 2 est. problems 1 est. worsening 1 stable chronic	1 pt Order and / or review other tests- EKG / PFT 2 pts Direct visualization and independent review of image/tracing or spec.	
Moderate	3 pts Moderate 1 new prob. w/o add. work up 3 established problems 2 est. problems, one worsening	1 pt Decision to obtain old records and / or history other than pt 2 pts. Review & summarize old records and / or obtain hx other than pt	
High	4 pts High 1 new problem w/add work up 4 established problems 2 established prob. worsening Total Points_____	2 pts. Discuss case with other health care provider  Total Points_____	
Minimal	1 pt Minimal	< 1 pt Minimal	Straightforward
Low	2 pts Low	2 pt Low	Low
Moderate	3 pts Moderate	3 pts Moderate	Moderate
High	4 pts High	4 pts High	High

# Some more!

- Going to a patients school for IEP discussion- Billing?
- Modifiers for cerumen removal (69210)
- Bundling of vision and hearing with well care
- Documenting procedures-I & D
- Wart removal but no real visit, bill visit as well as procedure
- Consults still ok to bill and when is it appropriate
- Consult from another provider in same office

# Removal of Impacted Cerumen- Revised!

- May be good news for payments!
- **69210: Now states: “Removal impacted cerumen requiring instrumentation, unilateral”**

  - With this new definition carriers may now recognize the work effort put forth having to use instrumentation.
  - Use modifier 50 if cerumen is removed from both ears
    - 69210
    - 69210-50

- If lavage is used instead of instrumentation ONLY bill the E&M code.

# A few more

- Endo F/u same provider, different POS
- Quotient testing: 96111
- Explaining 3 admin codes for one vaccine
- w/o deductible, legal?
- Sports physicals
- Fluorescein staining
- ADHD f/u
- Extended visits with or without child
- Proper documentation of RPS for use in coding



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