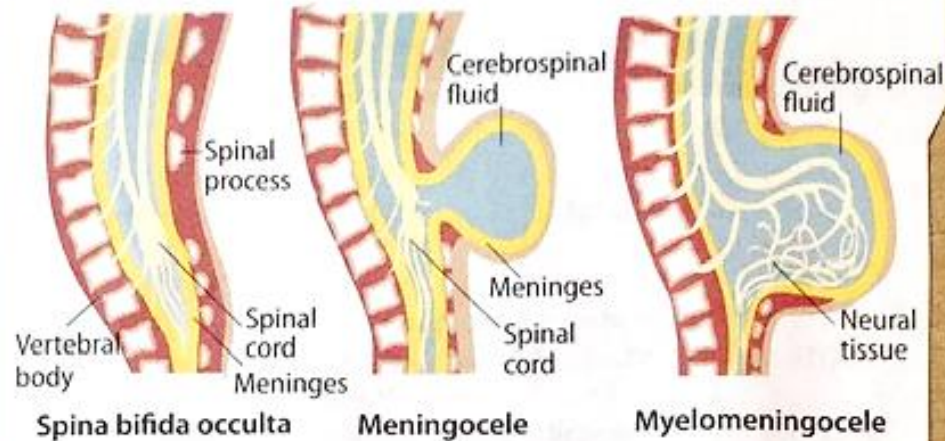


**CODING OPTIONS**  
**for**  
**PATIENTS WITH SPINA BIFIDA**

**CODING OPTIONS for  
PATIENTS WITH SPINA BIFIDA**

**PETER RAPPO. M.D. has nothing to disclose**

## Spina Bifida



**Q05.0 Cervical spina bifida with hydrocephalus**

**Q05.1 Thoracic spina bifida with hydrocephalus**

Dorsal spina bifida with hydrocephalus

Thoracolumbar spina bifida with hydrocephalus

**Q05.2 Lumbar spina bifida with hydrocephalus**

Lumbosacral spina bifida with hydrocephalus

**Q05.3 Sacral spina bifida with hydrocephalus**

**Q05.4 Unspecified spina bifida with hydrocephalus**

**Q05.5 Cervical spina bifida without hydrocephalus**

**Q05.6 Thoracic spina bifida without hydrocephalus**

Dorsal spina bifida NOS

Thoracolumbar spina bifida NOS

**Q05.7 Lumbar spina bifida without hydrocephalus**

Lumbosacral spina bifida NOS

**Q05.8 Sacral spina bifida without hydrocephalus**

**Q05.9 Spina bifida, unspecified**

**Q06 Other congenital malformations of spinal cord**

# The Uneven Burden of Childhood Illness

Cost of medical care for Children with Special Health Care Needs (CSHCN) is \$7 billion per year

- One percent of the population is responsible for 10% of all medical costs for children
- 10% of that population is responsible for 70% of the costs

# Important Differences in Insuring CSHCN

- Complexity of needs
- Overlapping diagnoses and conditions
- Challenge of the medical necessity model
- Rarity of conditions
- Importance of non-physician providers
- Importance of services not provided by HMOs
- Nightmare of selection problems
- Risk adjustment problems
- What is quality care?

# Comparison of Annual Cost of Children with Chronic Illness to All Children

## CHRONIC ILLNESS

## RATIO of Cost of Child with this Disease to All Children

Asthma	2.3
Malignant Neoplasms	12.7
Cystic Fibrosis	13.2
Cerebral Palsy	9.2
Chronic Respiratory Disease	48.7
Epilepsy	7.8
Muscular Dystrophy	18.0
Mental Retardation	11.2
<b>Spina Bifida</b>	<b>11.4</b>
Sickle Cell	8.8
<b>All Children</b>	<b>1.0</b>

*[Source: Data from Washington State Medicaid Program, 1991-92]*

# **Pediatric Basic Current Procedural Terminology (CPT) Codes**

**First Section of CPT you can find the acute office codes:**

- 99201-99205 for New Patient Sick Visits
- 99211-99215 for Established Patient Sick Visits
- 99241-99245 (Outpatient) and
- 99251-99255 (Inpatient) are Consultations
- 99381-99397: Preventative Care services for New and Established patients

# What's an Evaluation and Management (E/M) ?

- In general, are the most frequently used codes in CPT
- Many have varied levels of care which all require specific criteria
- Some are time specific (critical care, Risk Factor reduction, care plan oversight)
- Some are age specific (preventative care codes, newborn care, neonatal and pediatric critical care)



# Evaluation and Management Codes Components

- **Key**
  - History
  - Examination
  - Medical Decision Making
- **Contributory**
  - Counseling
  - Coordination of Care
  - Nature of Presenting Problem
- **Explicit**
  - Time

# Time !!

## Time can be used as the key factor when:

- Counseling/coordination of care constitutes more than 50% of the visit in face to face contact with the patient/parents.
- Physician has to document the amount of time spent in this discussion period and what was discussed.
- Total time spent must be documented to demonstrate that >50% was spent in the counseling/coordination of care.
- Counseling is probably one of the most common scenarios that occurs during a pediatric visit.
- What is currently billed as a “level 3” could be a “level 5” if time is used as the key factor.

# There is “post-service” time built into an E&M visit.

For example, 99214=13 minutes post-service time.

- **99201:** 10 min      **99212:** 10 min      **99241:** 15 min
- **99202:** 20 min      **99213:** 15 min      **99242:** 30 min
- **99203:** 30 min      **99214:** 25 min      **99243:** 40 min
- **99204:** 45 min      **99215:** 40 min      **99244:** 60 min
- **99205:** 60 min                              **99245:** 80 min

# Non Face-to-Face Physician Services Examples

- Telephone Calls
- Conference with Teachers
- Reviewing Records/Reports
- Completing Forms
- Managing Care Plans
- Ordering-Reviewing Speech/OT/PT Services

*\*Most of these have CPT codes*

*\*Most are not often reported*

# **COUNSELING**

## **(New or Established)**

- Risk Factor                    **99401**                    15 minutes
- Reduction                    **99402**                    30 minutes
- 99403**                    45 minutes
- 99404**                    60 minutes

# Behavior Change Intervention

- \* Tobacco cessation      **99406**      3-10 minutes
- Tobacco cessation      **99407**      > 10 minutes
- ETOH or substances      **99408**      15 minutes
- ETOH or substances      **99409**      > 30 minutes

# 99211-Nurse Visit (provides an E/M Services)

- BP Check
- Throat Culture
- Neonate Weight Check
- ADHD Medication Refill
- PPD Check
- Dressing changes
- Simple suture removal
- Immunizations-in addition to administration code (this can only be reported if it constitutes a significant, separately identifiable service)
- Document !
- **99211** May Trigger a Co-pay

# 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



# Waiving Co-Pays

## American Medical Association (AMA) Council on Ethical and Judicial Affairs:

- “physicians should forgive or waive the co-payment if it would pose a barrier to needed care because of financial hardship”
- “routine forgiveness or waiver of co-payments may constitute fraud under state and federal law”

# Prolonged Care

## Non Face-to-Face

- Prolonged E/M service before and/or after direct face-to-face patient care (e.g., review of extensive records/tests, communication with other professionals and/or family)
- List separately in addition to face-to-face E/M codes as add ons. Non face-to-face prolonged services must be reported on same date as the base face-to-face E/M code
- **99358** for first hour
- **99359** for each additional 30 minutes

# CARE PLAN OVERSIGHT

- Can only be reported by one physician (PCP/Medical Home Provider) to reflect that physician's sole or predominant supervisory role.
- If the work involved is very low intensity or infrequent, supervision service is included in pre- and post-encounter work for home, office/outpatient and nursing facility or domiciliary visit codes.

# CARE PLAN OVERSIGHT

Physician supervision of a patient under care of Home Health Agency, In Home Domiciliary or equivalent environment requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, etc., within a calendar month:

- **99374** 15-29 minutes
- **99375** 30 minutes or more

# CARE PLAN OVERSIGHT

Physician supervision of a hospice patient requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, etc., within a calendar month:

- **99377**      15-29 minutes
- **99378**      30 minutes or more

# CARE PLAN OVERSIGHT

Physician supervision of a nursing facility patient requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, etc., within a calendar month:

- **99379**      15-29 minutes
- **99380**      30 minutes or more

# REMOTE THERAPEUTIC MONITORING

- **98975**
  - Monitoring, status, adherence, response, initial setup, patient education during a 30 day period
- **98976**
  - Supplies, daily recording

# **SPECIAL EVALUATION and MANAGEMENT SERVICES**

- Basic life or disability exam
- Height/Weight/BP
- Medical history
- Chain of Custody/Blood sample
- Completion of certificate

– **99450**



# **WORK-RELATED MEDICAL DISABILITY SERVICES by the Treating Physician**

History, CPE, diagnosis, treatment plan, completion of documentation certificate

- **99455**

# **MEDICAL NUTRITION SERVICES**

## **97802-97804**

Best performed by registered dietitian or licensed nutritional professional

- 97802 Initial Assessment/Intervention  
Individual, each 15 minutes
- \* 97803 Reassessment  
Individual, each 15 minutes
- 97804 Group, each 30 minutes

# FORMS

- **99080** Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form.
- **99071** Educational supplies such as books, tapes, and pamphlets provided by the physician for the patient's education at cost to the physician.

# Interprofessional Telephone, Internet, EHR Consultation between Professionals

- **99446**            5-10 minutes
- **99447**            11-20 minutes
- **99448**            21-30 minutes
- **99449**            >31 minutes
  
- **99451**            Report generated
- **99452**            Arranging for referral

# **Medical Team Conference, Direct Face-to-Face Contact with Patient and/or Family**

- **99366** **Medical team conference** with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by non-physician qualified health care professional.

# **Medical Team Conference Without Direct (Face-to-Face) Contact with Patient and/or Family**

- **99367** **Medical team conference** with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more, participation by a physician.

- **96164** Health Behavioral Intervention  
Two or more patients
- **96165** Each additional 15 minutes
- **96167** Intervention, family or patient present
- **96168** Each additional 15 minutes
- **96170** Intervention, patient not present  
First 30 minutes
- **96171** Each additional 15 minutes

# DEVELOPMENTAL AND BEHAVIORAL SCREENING

- **96127** Brief Emotional Assessment  
e.g., ADHD screen  
Depression inventory requires a standardized instrument



# Patient Response to Disease, Outlook, Coping Skills, Motivation Adherence to Treatment Plans

- **96156** Health-focused Interview
- **96158** Health Behavioral Intervention  
first 30 minutes
- **96159** Each additional 30 minutes

# TRANSITIONAL CARE MANAGEMENT SERVICES

- **99495** Direct contact, moderate MDM face-to-face visit within 14 days of discharge
- **99496** High complexity visit within 7 days of discharge

# Online Digital E/M Services

**Intent:** Capture the work of non-Face-to-Face digital evaluative communication between patient and physician.

- The initial communication is initiated by the patient, typically via an EHR patient portal. The communication is not initiated by telephone.
  - **99421**      5-10 minutes
  - **99422**      11-20 minutes
  - **99423**      >21 minutes
- Telephone services remain available in CPT
  - **99441-99443**

# Behavioral Health Integration Care Management

- 99484** Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following elements:
- Initial assessment or follow-up monitoring, including the use of applicable validated rating scales;
  - Behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes;
  - Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and
  - Continuity of care with a designated member of the care team.

# General Behavioral Health Integration Care Management Examples

- Attention-deficit/hyperactivity disorder
- Oppositional defiant disorder
- Autism spectrum disorder
- Depression
- Learning disorders
- Conduct disorders

# CARE PLAN: GENERAL CONCEPTS

Care management services include generation of a care plan. A typical plan of care is not limited to but may include:

- Problem list
- Expected outcome and prognosis
- Measurable treatment goals
- Cognitive assessment
- Functional assessment
- Symptom management
- Planned interventions
- Medical management
- Environmental evaluation
- Caregiver assessment
- Interaction and coordination with outside resources and health care professionals and others, as necessary
- Summary of advance directives

# CARE PLAN: GENERAL CONCEPTS

- The care plan is customized as appropriate for the needs of the patient.
- The entire care plan should be reviewed or revised as needed, but at least annually.
- An electronic and/or printed plan of care must be documented and shared with the patient and/or caregiver.

# CARE MANAGEMENT THEMES

- Management and support services provided either by clinical staff or personally by the physician or qualified health care professional.
- Focus on care plan development and care coordination to reduce avoidable hospitalization or clinical deterioration.
- Supports patient engagement and decreases care fragmentation.



# **PRINCIPAL CARE MANAGEMENT: REQUIRED ELEMENTS OF THE SINGLE HIGH-RISK DISEASE**

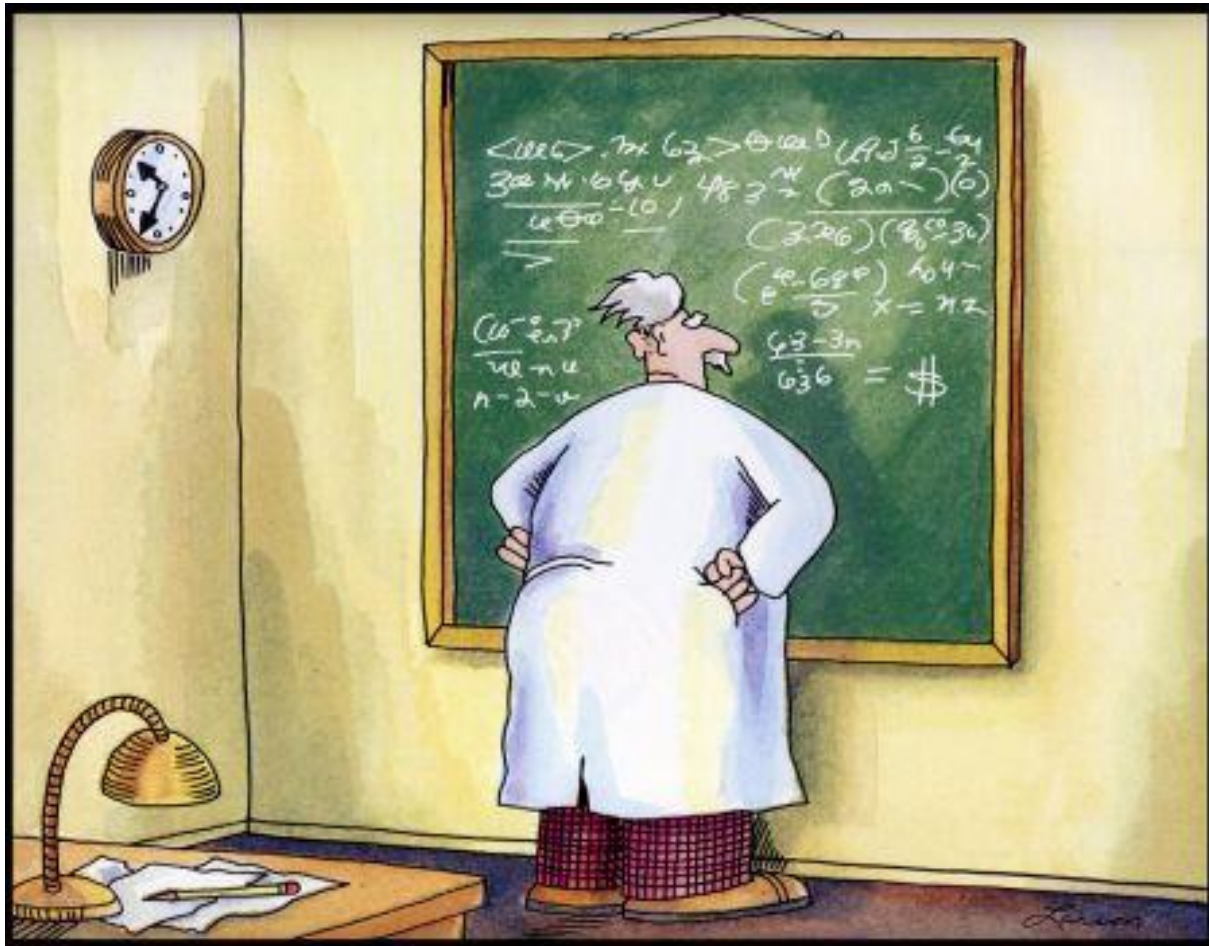
- One complex chronic condition expected to last at least 3 months and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline or death.
- The condition requires development, monitoring or revision of disease-specific care plan.
- The condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to co-morbidities.
- Ongoing communication and care coordination between relevant practitioners furnishing care.

# PRINCIPAL CARE MANAGEMENT (PCM)

- **99424** Principal care management services for a single high-risk disease, first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month
  - **99425** each additional 30 min (Report with **99424**)
- **99426** Principal care management services for a single high-risk disease, first 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month
  - **99427** each additional 30 min (Report with **99426**)

# COMPLEX CHRONIC CARE MANAGEMENT

- **99487** Complex chronic care management services, first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month
- **99489** Each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month



**Einstein discovers that time is actually money**