Coding and Billing Basics for the Pediatrician
Level of Service Coding
Objectives

- Understand CPT and ICD terminology
- Review how to correctly select the level of service (LOS)
- Review Time based billing
- Review key documentation elements to support LOS billing
CPT

- Current Procedural Terminology
- Standardized codes used for billing
- Codes available for every type of service provided

Example: established outpatient office visit level 4 = 99214

CPT code
ICD-10

- International Classification of Diseases 10th edition
- A database of codes for all potential diagnoses
  - Eg. Right acute suppurative otitis media without perforation, non-recurrent H66.001
- Needs to be paired with an appropriate CPT code when used for billing purposes
ICD-10 Specificity

• ICD-10 specificity requires documentation of the following whenever possible/relevant
  • Acuity (acute or chronic)
  • Site Specificity (anatomic location)
  • Laterality (right, left, bilateral)
  • Timing of Care (initial, subsequent, sequela)
  • Manifestations ( "due to"- secondary manifestations of or external cause of a primary disease or injury)
  • Staging (eg. Intermittent, persistent, mild, moderate, severe asthma)
  • Status (History/Resolved/Remission)
  • Type (eg. DM II, bacterial/viral, simple/complex)
Guidance for Code Selection

- Don’t select “unspecified” options unless they are truly clinically unknown
- Pick age and sex appropriate codes
- Code all documented conditions that coexist at the time of the encounter/visit, and require or affect patient care treatment or management.
- Make sure those specific codes appear in your documentation
- Always document the important clinical features as ICD-10 is not perfect and in some cases already outdated in the way it classifies diseases
Evaluation and Management Coding Elements

- History
- Physical Exam
- Medical Decision Making
- Face to Face Time
Documentation
Documentation Fails

**Skin:** No rash, normal skin turgor, normal texture and pigmentation

**Musculoskeletal:** Normal symmetric bulk, normal symmetric tone

**Neurological:** Awake, alert, age appropriate affect, behavior and speech, moves all 4 extremities well, normal muscle bulk and tone for age

**Assessment/Plan:**

1. Viral gastroenteritis
2. Rash

**HEENT:** Conjunctivae clear, sclerae anicteric, mucous membranes moist, oropharynx clear and bilateral injected conjunctiva. No discharge, pale boggy turbinate with congestion, cobblestoning in throat. Bilateral puffy eyelids

**Respiratory**

**Issues/Changes/Trends:** Baseline trach collar, on trach mask on RA
- Continuing home pulmonary toilet

NC: Flow: 15 L/min, FiO2: 21%

**Identifying Statement:**

2 m.o. male ex 29 week premie who presents from OSH with GBS meningitis and previous RSV. He originally presented to OSH on 1/9 and clinically deteriorated with a cardiac arrest, then development of seizures and DI. He was transferred to Duke on 1/16. He has been on ampicillin and gentamycin since then. Blood cultures sent and have been negative. He had a head US that demonstrates debris in the lateral ventricles and some hyperechoic material in the frontal lobe concerning for blood or abscess. This morning the patient was found to be less responsive and had a bulging fontanel. He was taken for a stat head CT that was concerning for ventriculitis and mild ventriculomegaly. NSGY is consulted for request of an EVD.

**24h Events:**

2/8: Continuing on ampicillin and cefotaxime, end date to be determined (likely next week per ICU). OR tomorrow for G tube placement/Nissen with Gen Surgery. Fast MRI brain with increased ventriculomegaly s/p EVD removal.
History Elements

- Location
- Duration
- Timing
- Quality
- Severity
- Modifying Factors
- Context
- Associated Symptoms

4+ TO SUPPORT Highest Level Billing
Physical Exam Systems

- Constitutional symptoms (e.g., fever, weight loss)
- Eyes
- Ears, Nose, Mouth, Throat
- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Integumentary (skin and/or breast)
- Neurological
- Psychiatric
- Endocrine
- Hematologic/Lymphatic
- Allergic/Immunologic

System elements usually include inspection, palpation, and auscultation, as appropriate
Review of Systems

- Constitutional
- Eyes
- ENT
- CV
- Respiratory
- GI
- GU
- MSK
- Integumentary/Skin
- Neuro
- Psych
- Endocrine
- Heme/Lymph
- Allergic/Immune

"A ROS was negative except as noted in the HPI or below"
At least 2 systems must be specifically documented
(Extended)

"ROS: Pertinent positives and negatives as documented. All other systems negative"
(Complete ROS)

Expectation is that 10+ systems are reviewed to claim a complete ROS
Data Documentation

- Document your chart review or information gathered from a third party
  - “The HPI represents the integration of chart review and history obtained from xxx”

- Document your personal interpretation of an image or tracing in addition to reviewing the report

- Document your review of lab or radiology reports or discussion of results with the “interpreting provider”
Medical Decision Making
Add up the points to get a total. For example, a child being seen for an exacerbation of their asthma who also has allergic rhinitis which is well controlled on current therapy would garner 2 points for the asthma with exacerbation and 1 point for the allergic rhinitis giving a problem point total of 3.

- A New problem is only new on the first date you evaluate it. On subsequent visits it is an established problem.

- TIP: A single Dx may have many problems which you are evaluating. If you document the evaluation and management of these problems they COUNT towards your total.

- TIP: Documentation of the status of 3 problems counts as highest level of service documentation for the HPI portion of the history.
# Data Points

<table>
<thead>
<tr>
<th></th>
<th>Data Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Order Labs or review Labs</td>
</tr>
<tr>
<td>1</td>
<td>Order Radiology or review Radiology</td>
</tr>
<tr>
<td>1</td>
<td>Order Non-invasive or review Non-invasive medicine test</td>
</tr>
<tr>
<td>1</td>
<td>Discuss test with Interpreting (Billing) MD</td>
</tr>
<tr>
<td>2</td>
<td>Direct visualization and independent interpretation of a study that was</td>
</tr>
<tr>
<td></td>
<td>previously interpreted by another provider</td>
</tr>
<tr>
<td>1</td>
<td>Decide to review old records or obtain history from another party</td>
</tr>
<tr>
<td>2</td>
<td>Review and summarize old/other records or information from another party</td>
</tr>
</tbody>
</table>

- You only get 1 point for ordering/reviewing multiple lab tests
- You must document your personal read of an ECG or XR to get the points for an independent review

**TIP:** A Pulse Ox is a medicine test
Risk

- Four levels
  - Minimal
  - Low
  - Moderate
  - High
- Three Dimensions
  - Presenting Problems
  - Management Options
  - Diagnostic Procedures
Risk

- **High Risk** (Level 5 Outpatient/Consult/ER /Level 3 Inpatient)
  - Chronic illness with severe exacerbation, progression, or side effects from treatment
  - Any illness which poses a threat to life or bodily function
  - Parenteral controlled substances
  - Drug therapy requiring monitoring for toxicity
    - Administration of cytotoxic chemotherapy is always considered **high risk** under management options when monitoring of blood cell counts is used as a surrogate for toxicity.
    - Drugs that have a narrow therapeutic window and a low therapeutic index may exhibit toxicity at concentrations close to the upper limit of the therapeutic range and may require intensive clinical monitoring. Need to provide documentation in the medical record of drug levels obtained at appropriate intervals.
Risk

- **Moderate Risk** (Level 4 Outpatient/Consult/Level 2 Inpatient; Level 3/4 ER)
  - Prescription Drug Management
  - 1 Chronic illness with mild exacerbation, progression or side effects of treatment
  - 2 or More chronic illnesses managed
  - Acute complicated illness or injury
    - Systemic involvement (eg. Fever, rash, multiple organs)
  - Undiagnosed new problem with uncertain prognosis
Low Risk (Level 3 Outpatient/Consult/ER /Level 1 Inpatient)

- Acute uncomplicated illness
- One stable chronic illness
- Over the counter medications
<table>
<thead>
<tr>
<th>RISK</th>
<th>Presenting problem(s)</th>
<th>Management options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal</td>
<td>• One self-limited or minor problem (e.g., cold, insect bite, tinea corporis).</td>
<td>• Rest;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Gargles;</td>
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<td></td>
<td></td>
<td>• Elastic bandages;</td>
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<tr>
<td></td>
<td></td>
<td>• Superficial dressings.</td>
</tr>
<tr>
<td>Low</td>
<td>• Two or more self-limited or minor problems;</td>
<td>• Over-the-counter drugs;</td>
</tr>
<tr>
<td></td>
<td>• One stable chronic illness (e.g., well controlled HTN, DM2, cataract);</td>
<td>• Minor surgery with no identified risk factors;</td>
</tr>
<tr>
<td></td>
<td>• Acute uncomplicated injury or illness (e.g., cystitis, allergic rhinitis, sprain).</td>
<td>• Physical therapy;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Occupational therapy;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• IV fluids without additives.</td>
</tr>
<tr>
<td>Moderate</td>
<td>• One or more chronic illness with mild exacerbation, progression or side effects of</td>
<td>• Minor surgery with identified risk factors;</td>
</tr>
<tr>
<td></td>
<td>treatment;</td>
<td>• Elective major surgery (open, percutaneous or</td>
</tr>
<tr>
<td></td>
<td>• Two or more stable chronic illnesses;</td>
<td>endoscopic) with no identified risk factors;</td>
</tr>
<tr>
<td></td>
<td>• Undiagnosed new problem with uncertain prognosis (e.g., lump in breast);</td>
<td>• Prescription drug management;</td>
</tr>
<tr>
<td></td>
<td>• Acute illness with systemic symptoms (e.g., pyelonephritis, pleuritis, colitis);</td>
<td>• Therapeutic nuclear medicine;</td>
</tr>
<tr>
<td></td>
<td>• Acute complicated injury (e.g., head injury with brief loss of consciousness).</td>
<td>• IV fluids with additives;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Closed treatment of fracture or dislocation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>without manipulation.</td>
</tr>
<tr>
<td>High</td>
<td>• One or more chronic illness with severe exacerbation, progression or side effects</td>
<td>• Elective major surgery (open, percutaneous</td>
</tr>
<tr>
<td></td>
<td>of treatment;</td>
<td>or endoscopic) with identified risk factors;</td>
</tr>
<tr>
<td></td>
<td>• Acute or chronic illness or injury, which poses a threat to life or bodily</td>
<td>• Emergency major surgery (open, percutaneous</td>
</tr>
<tr>
<td></td>
<td>function (e.g., multiple trauma, acute MI, pulmonary embolism, severe respiratory</td>
<td>or endoscopic);</td>
</tr>
<tr>
<td></td>
<td>distress, progressive severe rheumatoid arthritis, psychiatric illness with</td>
<td>• Parenteral controlled substances;</td>
</tr>
<tr>
<td></td>
<td>potential threat to self or others, peritonitis, ARF);</td>
<td>• Drug therapy requiring intensive monitoring</td>
</tr>
<tr>
<td></td>
<td>• An abrupt change in neurological status (e.g., seizure, TIA, weakness, sensory</td>
<td>for toxicity;</td>
</tr>
<tr>
<td></td>
<td>loss).</td>
<td>• Decision not to resuscitate or to de-escalate</td>
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<tr>
<td></td>
<td></td>
<td>care because of poor prognosis.</td>
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</tbody>
</table>
Two out of three factors must meet or exceed the requirements for any given level of medical decision making.

<table>
<thead>
<tr>
<th>MEDICAL DECISION MAKING</th>
<th>Problem points</th>
<th>Data points</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal complexity</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Low complexity</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Moderate complexity</td>
<td>4</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>High complexity</td>
<td>5</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Note: Two of three required.

- Outpatient/Consult
- Inpatient level
Time Based Billing
Time Based Billing for Counseling and Coordination of Care
To be used when >50% of the total time is spent in teaching/counseling/coordinating care of the patient.

This is different from extended face to face time. (Prolonged Services)
Outpatient Time Based Billing

- Only the time spent **face to face** counts

Documentation Statement
eg. For 99213

“I spent 15 minutes face to face with the patient and family in which 10 minutes were spent counseling the parents in supportive care for URI and proper sleeping position.”

<table>
<thead>
<tr>
<th>Outpatient – New</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codes</td>
</tr>
<tr>
<td>Times</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Outpatient – Established</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codes</td>
</tr>
<tr>
<td>Times</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Outpatient – Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codes</td>
</tr>
<tr>
<td>Times</td>
</tr>
</tbody>
</table>
Inpatient Time Based Billing

- Time spent must be face to face or ON THE PATIENT WARD/MEDICAL UNIT
- Time includes only the EXCLUSIVE time spent in the management and care of the specific patient
- Documentation
  Eg For 99233 “I spent 35 minutes face to face or on the medical unit with the patient and family in which > 50% were spent in counseling and coordination of the asthma management of the patient”

<table>
<thead>
<tr>
<th>TYPICAL TIMES FOR INPATIENT E/M SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Inpatient Care</strong></td>
</tr>
<tr>
<td>Codes</td>
</tr>
<tr>
<td>Times</td>
</tr>
<tr>
<td><strong>Subsequent Inpatient Care</strong></td>
</tr>
<tr>
<td>Codes</td>
</tr>
<tr>
<td>Times</td>
</tr>
<tr>
<td><strong>Inpatient Consultation</strong></td>
</tr>
<tr>
<td>Codes</td>
</tr>
<tr>
<td>Times</td>
</tr>
</tbody>
</table>
If a time based statement is used, it will determine the level of service **instead of** medical decision making.
Billing for multiple services
Modifier 25

- Used when you provide an evaluation and management service (such as an urgent visit) and a separately identifiable procedure on the same day
- Procedures are the most common example
- The modifier is associated with the evaluation and management code
  - (eg. The established outpatient visit code)
Modifier 25
Examples

- Well visit + significant acute care issue
- Immunization with counseling
- Cerumen disimpaction
- Wart removal
- Nebulizer treatment
- Nurse-Maid reduction
- Abscess Incision and Drainage
Special Thanks

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- Danielle Davis, Department of Pediatrics Revenue Manager
- Neil Kinard, Director, PDC Compliance Office
- Brian Bonanno, Associate VP PDC Compliance, Privacy, Security, and Compliance & Integrity
References

4. [AAP Coding Calculator](https://www.aapc.com/coding/coding-calculator) *subscription to coding newsletter required