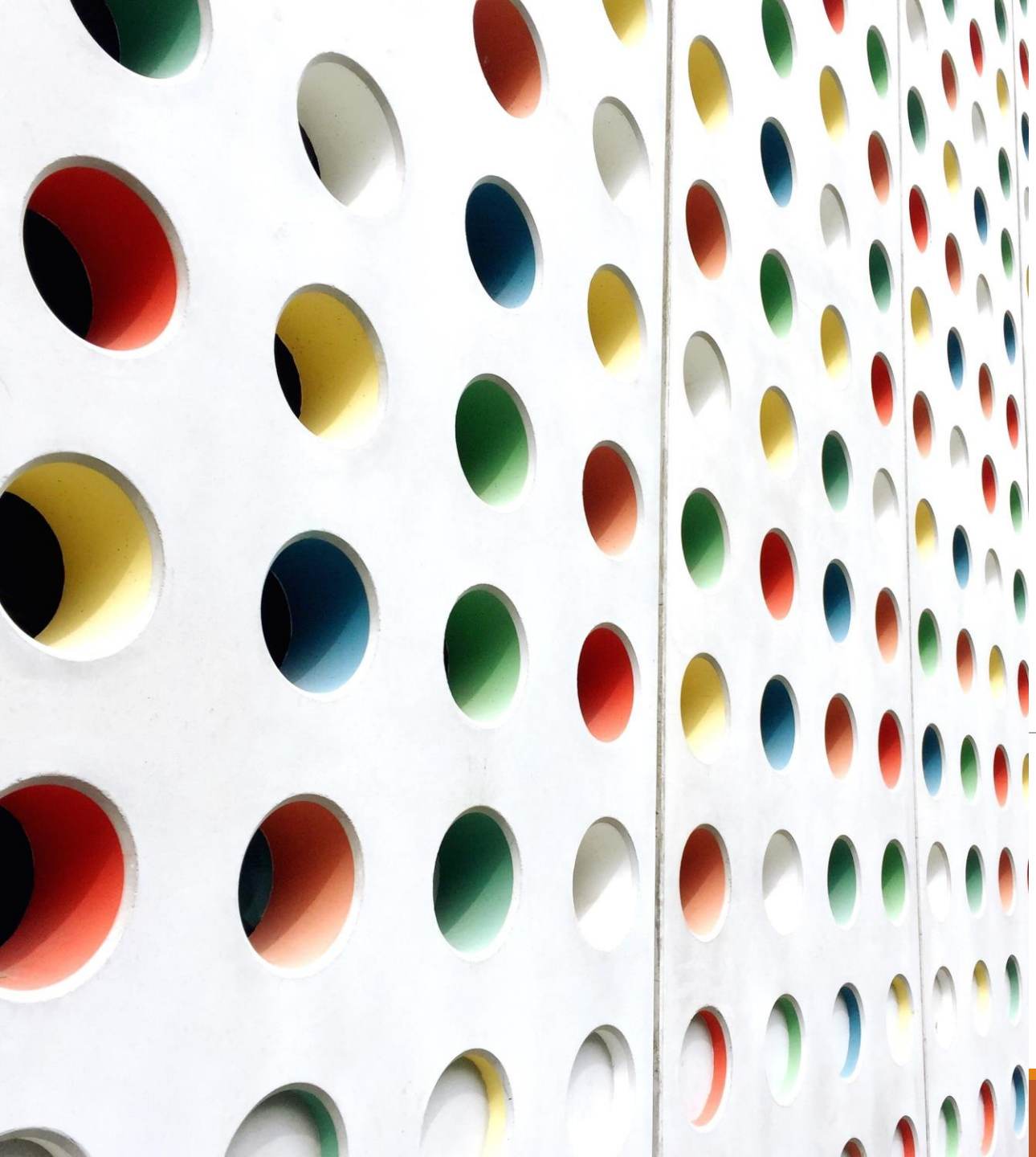

Operation Access

TROUBLESHOOTING OFFICE ADMINISTRATION OF ASD-PEDS CODING AND BILLING

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Testing codes

resource AAP Coding for Standardized Assessment, Screening and Testing

96112 Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional**, with interpretation and report**; first hour (must be at least 31 minutes)

- wRVU value = 2.56

96113 each additional 30 minutes spent in testing activity (with ASD-PEDS unlikely to need this second code) (Add-on code, list separately in addition to code 96112)

- wRVU value = 1.16

Testing codes can be stand alone if only service provided or used in combination with E/M code- given that likely billing on time need to separate out time devoted to each

Unlike standard E/M coding, the time for billing does not have to take place on the same calendar day (however, for memory purposes and completing full note best to do on same day)

Using extra time codes

Extra time codes 99417/G2212 are for 15-minute increments above the established the established time for a level 5 office or other outpatient E/M visit only (99205 or 99215) – time can include all work (not just face to face time) on the calendar day of the appointment but should be carefully documented with start time and end time of the extra time billed for

Established time for range for 99215 = 40-54 minutes – would be time beyond that

Sample billing scenarios

Patient 1- your patient**,** bulk of history taken on separate day and incorporated into final report. If during a well visit could be charged as a separate E/M under diagnosis of delayed milestones. plan made to bring back for a testing day as family in agreement with concern. Testing, interpretation and report = 35 minutes, visit to review diagnosis with family and complete remainder of report = 45 minutes

- 96112 + 99215
- wRVU = 2.56 + 2.80 = 5.36

Patient 2 – patient of colleague, history, testing, and feedback performed on the same day. Testing, interpretation and report = 35 minutes History taking, feedback and generation of rest of report 70 minutes

- 96112 + 99215 + 99417/G2212 + 99417/G2212
- wRVU= 2.56 +2.80 + 0.61 = 5.97

Patient 3 – patient of colleague, history (30 minutes) and testing (35 minutes) on first day, feedback and generation of report separate day (45 minutes)

- 96112 + 99214 day one
- 99215 day two

Caveats of testing codes

Need to assure that your EMR is set up to accept them and that billing coders aware of use as workflow may vary

- Ex. In Epic if only testing code have to input No LOS for visit and then gets added in wrap up. Need to actually record the time started and stopped testing. If in conjunction with visit code then record standard E/M code and then add testing code in wrap up

For extra time codes use of 99417 vs. G2212 likely varies with insurer- our system recorded as G2212 in wrap up and then likely adjusted by coders dependent on insurer

For Federally Qualified Healthcare Centers my understanding is that there is a per visit charge and so may have to divide visits differently

One provider's Experience- MHMG Pediatric Clinic- Portland

- 3 clinics held so far
- 2- 90-minute appointments
- Criteria:
  - Referred in by residents from pediatric clinic
  - Age goal < 36 months
  - Family agrees to an in-person interpreter
  - Referral to CDS made at same time as referral to concern for autism diagnosis clinic

- 9 patients referred so far
- 3 seen; 4 declined (age, able to get in with DB peds sooner, family declined), 2 more scheduled next week
- Of the 3 seen:
  - All met criteria for autism via ASD-PEDS and interview
  - All seen either at time of visit or via phone/What's App contact after by ECSS
  - Services pending from CDS

Office Visit

Office Visit

Challenges/Future Goals

Challenges in Peds Clinic:

- Pts don't always arrive on time
- In person interpreter access can be a problem
- Space

Future Goals in Peds Clinic

- 2 clinics/month planned April- June
- Include residents to train the next generation of primary care providers
- Continue ordering toys as they disappear

Community:

- Financial support for providers (doable)
  - 3 appts 5.36 x 3= 16.08 rvu
  - 8 99214s = 1.92 x 8 = 15.36
  - 8 PEs (toddler/teen) = 1.7 x 4 + 2.0 x 4 = 14.8

Future Goals

- How best to support PCPs willing to do evaluations moving forward
- How to incorporate residents into evaluations
- Ongoing feedback/discussion/collaboration with DB/Peds Colleagues
- Advocate for increased services via CDS

A word about Early Intervention/ CDS services

Looking forward to final Session

Likely special guest brother of Ellen Beaudin our primary donor

Questionnaire will be coming your way

Autism co-morbidities –

- Sleeping
- feeding &GI
- Anxiety
- ADHD
- concerning behaviors
- Others that should be added??

Therapies for Autism

Resources for families

What is next for collaborative participants- exploring ways to continue this work