

# SPEND A DAY CPT CODING WITH A PEDIATRICIAN

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# DISCLAIMER

- Consultant to Pediatric Management Institute
- Consultant to AM MED SOLUTIONS
- Consultant to EyeContact
- RESOURCES IN PEDIATRIC MANAGEMENT SERVICES (my consulting company)

# A DAY IN THE LIFE

- 7:15 am
- Mrs. Jones calls you to say that Grant has a temperature of 101.6 ta, is coughing for three days , is tired and has a poor appetite.
- You give her an appointment and hang up at 7:20
- A. 99212    B. 98012    C. neither

# A DAY IN THE LIFE

- C neither is the correct answer
- A is wrong because 5 minutes is not enough time to charge for a telehealth visit which this was not
- B is wrong because you needed to spend 10 minutes on a phone call

# A DAY IN THE LIFE



- False because if the call results in an office visit within 24h you can't bill the telephone call (nor if it discusses a matter for which the patient was seen in the previous 7 days)

# A DAY IN THE LIFE

- 7:40-7:55 you see Baby Lander in the nursery again and talk with Mom
  - a. 99381
  - b. 99391
  - c. 99221
  - d. none of the above



# A DAY IN THE LIFE

- d. none of the above is correct
- a. 99381 is for a new pt well visit under 1 year
- b. 99391 is for an established well pt under 1
- c. 99221 is for initial hospital care

# A DAY IN THE LIFE

- Since I said “talk with the mother again” this is a subsequent hospital visit which would be
- 99231-3 either depending on the time spent or on the medical decision making (mdm) based on risk, number and complexity of problems addressed and data for a not normal newborn **OR**
- 99462 for subsequent normal nb care

# A DAY IN THE LIFE

- Should the time of 15 minutes be used **NO!**
- 99231 needs 25 minutes
- 99232 needs 35 minutes
- 99233 needs 50 minutes

# A DAY IN THE LIFE

- As of January 1, 2021 your history and physical are no longer considered factors when determining the level of CPT code to use
- **Only medical decision making or time are to be considered**

# A DAY IN THE LIFE

- Risk
- 99211-minimal or none
- 992x2-minimal (supportive care, otc ointment)
- 992x3-low (blood draw, radiographic tests, otc)
- 992x4-moderate (script drug, no money for meds)
- 992x5-high (decision for hospitalization)

# A DAY IN THE LIFE

- Number and complexity of problems
- 99211-(ppd read, bp)
- 992x2-minimal (self-limited or minor -uncomplicated rash)
- 992x3-low (stable, chronic, 2 minor, acute uncomplicated-om)
- 992x4-moderate (1 undiagnosed new, 1 worsening chronic or rx side effects, 1 acute with systemic symptoms, 2 stable or chronic, acute complicated injury, om with fever)
- 992x5-high (1 chronic with severe (as above) or posing a threat to life or bodily function)

# A DAY IN THE LIFE

- Underlying diseases and or comorbidities addressed at the visit can be counted

# A DAY IN THE LIFE

- Amount and complexity of data
- 99211- None
- 992x2- Minimal or none
- 992x3- Limited (independent historian or review or ordering a test or review of prior external notes)
- 992x4- Moderate (the above (3) or independent interpretation of tests or discussion with external doc)
- 992x5- Extensive (2/3 of moderate)

# A DAY IN THE LIFE

- A test ordered and independently interpreted on the same day does not count as two data points
- Non healthcare professionals involved in the management of a patient (teacher, lawyer) or review of their findings count under data

# A DAY IN THE LIFE

- Time for a new patient visit
- 99202 15 minutes minimum
- 99203 30 minutes minimum
- 99204 45 minutes minimum
- 99205 60 minutes minimum



# A DAY IN THE LIFE

- Time for an established patient
- 99211- no minimum time
- 99212- 10 minutes minimum
- 99213- 20 minutes minimum
- 99214- 30 minutes minimum
- 99215- 40 minutes minimum



# A DAY IN THE LIFE

- Most of your mental health visits will be using time to determine the level of coding. (prescribing meds could make a difference in the CPT chosen)
- Don't forget to bill your screening tools, i.e. SCARED, phq 9, etc.

# A DAY IN THE LIFE

- You spent 15 minutes with Nervous Ian who is worried he won't do well on his MCAT and never fulfill his dream of becoming a pediatrician. You are unsure if this is situational anxiety or something else and you prescribe Valium 5mg for the day of his test.
- How would you code this?

# A DAY IN THE LIFE

- By time you have a 99212
- however you have a 3 level for data, a 4 level for risk and a 4 level for complexity which gives you a 99214 visit

# A DAY IN THE LIFE

- 7:57-8:40 on the pediatric floor
- you are discharging 2 month old Tyler who was hospitalized with bronchiolitis due to RSV. He is not going home on any meds. His parents are very concerned about a recurrence and you take your time speaking with them.

# A DAY IN THE LIFE

- a. 99238
- b. 99272
- c. 99239



# A DAY IN THE LIFE

- b. 99472 is subsequent inpatient critical care
- a. 99238 is possible because of the limited amount of data, low number and complexity of problems-risk is at a higher level but how high?
- c. 99239 is correct if we base the visit on time
- **NEW**-only time spent on the date itself

# A DAY IN THE LIFE

- **IMPORTANT TAKE AWAY**

- Inpatient and observation codes all the same now
- Based on MDM or time (which has increased as of January 1, 2023)

# A DAY IN THE LIFE

- 7:41-7:46
- On your way out of the hospital you grab a quick breakfast with the OB who delivered Baby Lander. You discussed the baby's discharge and your followup plans.
- Don't forget to keep your breakfast receipt as a business expense(sorry I can't help myself as a SOAPM mite-if you don't know about SOAPM please speak with me)

# A DAY IN THE LIFE

- 9:00- 9:20 3 day old Jeffrey is in the office for the first time for a well visit
- a. 99381
- b. 99382
- c. 99204
- d. none of the above

# A DAY IN THE LIFE

- d. none of the above
- Jeffrey was seen by you in the hospital so he is not a new patient to the practice
- 99381 is new patient well visit up to 1y/o
- 99382 is new patient well visit 1-4 y/o
- 99204 is a new patient “sick” visit

# A DAY IN THE LIFE

- 99391 - well visit 1st year of life
- 9921X - “sick” visit (jaundice, feeding problem)
- 99496 - transitional care management (communication within 2 days of discharge needing mdm of high complexity (hyperbilirubinemia) and an appointment within 7d of discharge)
- 99495 - same as above but needing mdm of moderate complexity and an appointment within 14d

# A DAY IN THE LIFE

- 9:25-9:50 4 y/o Erica is in with complaints of a severe headache. Since you haven't seen her in over 3 years you decide to take a comprehensive history from her parents, review her past CBC, UA and CMP. A complete physical reveals clear rhinitis and your diagnosis is allergic rhinitis. You order Zyrtec 5ml daily prn. You forgo allergy testing at this time.
- You know you have a 4 level for data, a 3 level for the problem and a 3 level for risk.

# A DAY IN THE LIFE

- We have a level 3 by time or mdm so is this a
- a. 99203
- b. 99213

# A DAY IN THE LIFE

- 99213 is correct either by mdm or by time.
- you might have thought 99203 since I hadn't seen Erica for over 3 years(which is the cutoff needed) but what I didn't tell you is that her parents can't stand me and have seen the other docs in the group. Today they were stuck with me. Having seen other providers in the group makes Erica an established patient



# A DAY IN THE LIFE

- Similarly if you cover for another doctor outside of your practice even if you have never seen that patient before they cannot be considered a new patient to you

- SORRY



# A DAY IN THE LIFE

- Can you use 99214 or 99215 codes?
- Aren't you afraid the insurers will come after you?



# A DAY IN THE LIFE

- As long as your documentation supports your level of service you don't need to worry about not passing an insurance audit



# A DAY IN THE LIFE

- 9:55-10:14
- 6 y/o Julian is brought in for a runny nose for the last 2 days. His lungs are clear and he has some nasal congestion. You suggest fluids and observation.
- a. 99213
- b. 99212

# A DAY IN THE LIFE

- b. 99212 either by time (19 minutes) or mdm(risk (minimal with supportive care) and diagnosis are at the 2 level and data(independent historian) is at the 3 level)
- What if told you his lungs were clear and there were no skin rashes?
- 99212 or 99213 ?

# A DAY IN THE LIFE

- It is still 99212-mdm has not changed
- How about if I ordered Zyrtec daily prn?
- Now we have a 99213 because under risk an OTC medication gives us a level 3 and the level 3 we have with the independent historian

# A DAY IN THE LIFE

- What if I didn't give the Zyrtec but called this allergic rhinitis-would this go back to being a 99212?
- NO I still have a 99213 because now I have a 3 level for complexity of problem.

# A DAY IN THE LIFE

- How about if I order an RSV and a Covid test which are all negative ?
- This changes our data to a level 4 (independent historian and two lab tests) but our risk and problem are still at the 3 level so this remains a 99213

# A DAY IN THE LIFE

- What if Julian's Flu A was positive and while in the office his temperature rose to 101.4?
- We now have a level 4 for problem addressed as now we have an acute illness with systemic symptoms. Add the level 4 we already have for data and this visit is a 99214.



# A DAY IN THE LIFE

- 10:30-11:30
- Lily comes into the office wheezing. After taking your history and examining her you instruct your staff to do a PFT on her, and you leave her to see another patient. When you return you review the results and tell your staff to give her a nebulizer treatment with albuterol.



# A DAY IN THE LIFE

- 10:30-11:30
- You return to Lily, are happy with her improvement and send her home with a script for Albuterol. You give a demo and education on asthma and how to use her inhaler and spacer.
- How do you want to bill this visit?
  - a. 99214
  - b. 99213
  - c. 99215

# A DAY IN THE LIFE

- You can't bill c. 99215 on time because although you listed 60 minutes not all of that time was spent dealing with her as you went to see another patient. As important you not did specify your time involved with her!
- Also it does not meet the qualifications for MDM

# A DAY IN THE LIFE

- You do meet MDM for a. 99214 (risk-a prescription, complexity-acute illness with systemic symptom both at the 4 level and data (historian and 1 test reviewed at the 3 level)
- GREAT, READY TO GO?

# A DAY IN THE LIFE

- You can but then you will not be paid for everything you have done
- You want to include the asthma education 94664
- **READY**

# A DAY IN THE LIE

- Nope-how about the nebulizer treatment and PFT?
- 94460 and 94010 respectively
- OK NOW ??

# A DAY IN THE LIFE

- If you purchased the albuterol bill the HCPCS code j7613
- There is a code for the tubing for the neb but I don't want to go down that road
- Enjoy the money you just made



# A DAY IN THE LIFE

- Let us change the scenario-when you checked her after her neb treatment you weren't pleased with her improvement so you ordered a second nebulizer. How to code the visit now?
- 99214, 94640, 94640-76 with the other codes
- 76 indicates same pt, same date of service, same procedure, same provider

# A DAY IN THE LIFE

- Change the scenario again-you get involved with an issue in the office and another provider listens to Lily, looks at your notes and gives her another neb which does the trick.
- The coding now is 99214, 94640, 94640-76, 94640-77 and the other codes.
- 77 is same pt, same date of service, same procedure, different provider

# A DAY IN THE LIFE

- 11:35-12:00
- Mrs. Worried comes in to talk to you about Xavier's school problems-trouble concentrating, can't focus, can't stay on task, is distractible, distracts others and tends to be impulsive.
- You take a detailed history, including his sleep history, take a family history which reveals Dad is pretty much the same as is his son.

# A DAY IN THE LIFE

- You ask mom to have two teachers, herself and dad fill out Vanderbilts. You order a cbc and glucose.
- Since her child wasn't even with her you are not sure if this is even billable. If yes which one?
  - a. 99213
  - b. 99214
  - c. 99244

# A DAY IN THE LIFE

- Yes it is billable. The pt does not have to be there
- c. 99244 would be nice since consultation codes tend to pay at a higher rate. However since the visit wasn't instigated by another professional it cannot be used. Also 99241 has been deleted.
- a. 99213 would fit the bill with the documented time BUT

# A DAY IN THE LIFE

- b. 99214 works with data (ordering 2 labs and an independent historian, ordering the Vanderbilts does not count) and complexity of risk(undiagnosed new problem with uncertain prognosis). Risk is at a 3 level since there was a low risk of morbidity from additional diagnostics

# A DAY IN THE LIFE

- If Mrs. Worried was sent to you by the school psychologist you could use 99242 by time(for 99243 you needed to stretch another 5 minutes)
- Do you use the 99214 or the 99244?(if you discussed meds-4 on risk and complexity)
- Use whichever has the higher RVU



# A DAY IN THE LIFE

- Just finished the last morning patient and ready for lunch. Your phone rings with a message that a 26 day old has been admitted in respiratory distress (you forgot you are on call and say goodbye to lunch and head out to the hospital)

# A DAY IN THE LIFE

- 12:20-1:10
- You see 26 day old Olivia, take a history from the dad (mom is on her way to the hospital from work), examine her (pulse ox is 91, respiratory rate is 50/min, minimal costal retractions). You order several lab tests including rsv, flu and covid 19 and a chest X-ray.

# A DAY IN THE LIFE

- 12:20-1:10



- She is not so critical that she needs to be admitted to the PICU but too ill to go to the pediatric floor. You decide to admit her to the step down unit, write your orders and return to the office.
- a. 99215 b. 99468 c. 99223 d. 99477

# A DAY IN THE LIFE

- 12:20-1:10
- Certainly not a. 99215 as that is an outpatient code
- Not b. 99468 which is 1st day care in the PICU
- c. 99223 is a possibility based on time or MDM
- **BUT**

# A DAY IN THE LIFE

- 12:20-1:10
- d. 99477 is correct because it is for a neonate of 28 days or younger who needs intensive care but does not meet the criteria of critical care coding. It has a high rvu which means





# A DAY IN THE LIFE

- 1:30-1:45 pm



- First time parents come in with Baby Harley who has a “mass” coming from his navel. He weighs 3.2kg. You explain this is an umbilical granuloma and you will treat it with an application of silver nitrate, which they agree to.

# A DAY IN THE LIFE

- Do you bill this as
- a. 99212
- b. 99213
- c. 99214
- d. none of the above

# A DAY IN THE LIFE

- a. not 99212 unless you want to bill by time
- b. 99213 maybe as under risk you are at level 4 (decision regarding minor surgery), data, at 3 (independent historian) and complexity of problem at 2 (self limited or minor problem)
- c. 99214 does not meet the criteria
- d. none of the above is correct

# A DAY IN THE LIFE

- You could bill 99213 but then you lose the opportunity to also bill for the procedure 17250-cauterization of umbilical granuloma
- OK LETS MOVE ON

# A DAY IN THE LIFE

- Not so fast-don't you want to add the modifier 63 to 17250 indicating you did the procedure on an infant less than 4kg and get paid extra?
- Sorry but **NO** you can't. Only specific procedure codes are allowed to have the 63 added.



# A DAY IN THE LIFE

- What you can do is add modifier 22 to 17250 indicating the procedure took longer to do than anticipated if you had a fussy baby on your hands.
- Now you can charge a higher fee for the 17250 but remember to document your chart about the extra time



# A DAY IN THE LIFE

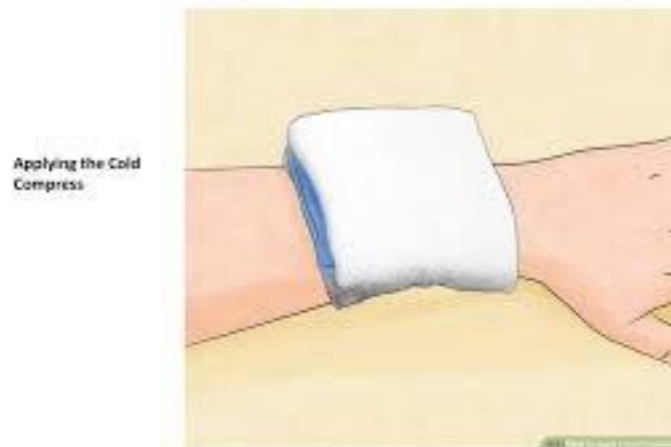
- 1:45-2:15pm
- Barbie is brought in by her nanny. She is concerned that there is a 4x5 cm area of redness on her left palm that was not there before lunch. Her rendition of the history is not helpful despite your probing and re-asking of questions. You review the chart for suspicious injuries as you are concerned about potential child abuse

# A DAY IN THE LIFE

- 1:45-2:13
- Barbie confesses to having placed her hand on the hot pot which is how she got burned. You review safety precautions with the nanny. You prescribe an ointment and schedule a followup appointment. You have a 99213 either by time or mdm
- Anything else? Yes or no?

# A DAY IN THE LIFE

- YES
- If you place a wet compress on that first degree burn you can add CPT 16000



# A DAY IN THE LIFE

- 2:15-2:45
- You have 6 patients scheduled for flu shots between the ages of 3-7 y/o which you personally give and provide vaccine counseling
- a. 99211, 99460, 906xx
- b. 99211, 99471, 906xx
- c. either
- d. neither



# A DAY IN THE LIFE

- 2:15-2:45
- d. neither since all you did was give the vaccine
- what to bill now
  - a. 90460 + vaccine
  - b. 90471 + vaccine

# A DAY IN THE LIFE

- 2:15-2:45
- a. 90460 is used for patients 18 y/o and younger
- since 99211 has no minimum time limit why can't it be used for vaccine counseling?

# A DAY IN THE LIFE

- 2:15-2:45PM
- Time is built into the vaccine counseling codes and unless you can document that significant extra time was needed, you cannot also bill 99211.
- If a vaccine is refused then document that discussion and then use 99401

# A DAY IN THE LIFE



- 2:50-3:05
- Your supposed “break” until 3:00 is upset when crying Chip is rushed into your office by his mother. She is sure he hit his head (hence the crying) and needs to be seen immediately and wants a CT of the head. They are immediately ushered into an exam room.

# A DAY IN THE LIFE



- 2:50-3:05
- After taking your physical (Chip is fine) and history (he was crying because his older brother took his teddy bear), you assure mom that a ct is not needed and they go home.
- a. 99213    b. 99212    c. neither

# A DAY IN THE LIFE

- 2:50-3:05
- Not a. 99213 neither by time (15 minutes) nor mdm risk and complexity at a 2 level and data(historian) at a 3 level
- Could be b. 99212 by time or mdm but aren't you missing something?

# A DAY IN THE LIFE

- 2:50-3:05
- Remember Chip was rushed into the office without an appointment which seemed like an acute emergency.
- CPT 99058 is for an office service provided on an emergency basis which disrupts your schedule

# A DAY IN THE LIFE

- Potential ICD-10 codes to use
- R68.11 crying baby(not for this age)
- R45.83 crying child or adolescent
- F54.89 stress reaction

# A DAY IN THE LIFE

- If Chip's MCO refuses to pay on the 99058 let them know that the next time this happens, you will immediately dial 911 and have the child transported to the ED. Of course you will also bill.
- The MCO can then pay for the ED visit which will include the bill for the ED doctor and the ED utilization fee, which will be X times more than recognizing this code



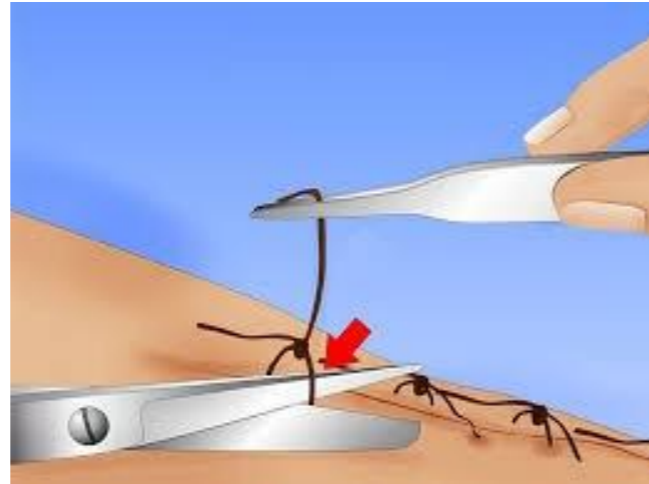
# A DAY IN THE LIFE

- 3:05-3:10
- Dan is in the office to have his sutures removed from his hand. The wound has healed nicely and you remove the sutures.
- a. 99212 by time
- b. 99212 by mdm

# A DAY IN THE LIFE

- 3:05-3:10
- certainly not a. because 5 minutes is not sufficient
- b. is ok with mdm BUT

# A DAY IN THE LIFE



- CPT 15853 is an add on for suture **or** staple removal not requiring anesthesia
- CPT 15854 is for suture **and** staple removal

# A DAY IN THE LIFE

- 3:15- 4:35pm
- This last visit of the day is going to be a hard one for you. You have treated SG since he was born with spinal dystrophy, blindness and developmental delays. He is 21 y/o and he and his family are here to transfer his care to an adult provider.

# A DAY IN THE LIFE

- 3:15-4:35pm
- You give him his last physical, review specialist reports, call the doctor he will be changing to and hug him goodbye.
- How would you bill this?



# A DAY IN THE LIFE

- 3:15-4:35
- This one is not tricky
- 99215 for the first 54 minutes
- 99417 for the next 15 minutes
- **Important take away for this visit is the ICD-10 code, Z71.87-pediatric to adult transition**

# A DAY IN THE LIFE

- 4:45



- You are about to turn the phones over to service when Mrs. Vanchiere calls you. Little Paulie has had fever of 101 all day, it is now 102 and he is crying that his right ear hurts. You explain that the office has just closed but you will wait for her. She says she will be there in 25 minutes.

# A DAY IN THE LIFE

- 5:15-5:27
- Paulie does have a right ear infection and his temperature is now 102.6. You send a prescription for amoxicillin 250mg tid x 7d with daily probiotic. You tell Mrs. Vanchiere to call the office tomorrow to schedule a followup visit.
- a. 99213 b. 99214 c. neither

# A DAY IN THE LIFE

- c. neither is correct
- a. 99213 is incorrect as you would be undercoding
- b. 99214 could work as the risk is at level 4(script), complexity of problem is at level 4(acute otitis media with fever) and data is at level 3(historian). However you are leaving money on the table

# A DAY IN THE LIFE

- 5:15-5:27pm
- 99214, 99050 (services provided when the office is normally closed)
- I urge you if the MCO will not recognize this then inform them you are happy to send your patients, their clients, to the ED and incur additional expense
- You can also post that info in your office /website

# A DAY IN THE LIFE

- **Remember to use proper CPT coding and document what you have done.**
- **If a MCO informs you to use a different CPT code obtain that in writing-for sure they will deny the claims with improper coding somewhere down the line. Having it in writing protects you.**

# A DAY IN THE LIFE

- Modifier 25
- this modifier informs the insurance company you have seen a patient for a reason other than why they first came in-a well visit and a separate problem that was addressed during the appointment and you want to be paid for both

# A DAY IN THE LIFE

- 6 y/o twins Piper and Harley come in for their annual checkups.
- No issues with Harley but mom is concerned about Piper's hyperactivity, she has not stopped moving around since she came into the room. She is currently on Adderall 10 mg. After discussion with mom you increase to 15mg, spending 10 minutes on this issue.

# A DAY IN THE LIFE

- Harley's visit is coded as 99393
- Piper's visit is coded as 99393 and 99212-25 to capture the time spent on her ADHD
- will Piper's visit be paid?
- don't forget you have to charge a co-pay now
- depends on the insurance company!

# A DAY IN THE LIFE

- G2211- new in 2024
- this is to be used with E&M visits to recognize that the doctor/office is the focal point for the comprehensive care associated with the patient
- should not be used if a visit has used the modifier 25

# A DAY IN THE LIFE

- HAVE A PLEASANT DAY