

Pediatric Coding

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Agenda

- Pre-natal consulting
- Newborn care
- High Risk newborn
- Preventive services
- Immunizations
- Pediatric Surgery
- Pediatric ICU



Meet Lucky



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Pre-Natal Planning for Lucky

- Provider documents a medical history
 - Background information about mom's health.
- A complete family history
 - Health of the parents, their children, their brothers, sisters, parents and grandparents.
- Documented statement:
 - "I spent 45 minutes with parents describing fetal and maternal risks for a mother with insulin-dependent diabetes, reviewed risks for infection, poor glucose control, and operative delivery; reviewed fetal anomaly risk including macrosomia, hypoglycemia and respiratory problems."
- Code 99403 Preventative counseling 45 minutes



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Preventative Counseling

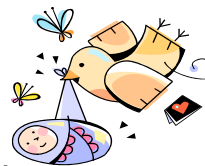
- 99401-99404 discussion of risk reduction intervention
- No established symptoms or illness
- Pre-natal discussion of risks to fetus due to a family history of heritable disease
 - Prematurity
 - In Vitro fertilization
 - Congenital disorders



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Lucky is on His Way!

- OB/GYN calls your provider to the delivery room for a possibly difficult delivery because Lucky's mom is ill. Your provider documents:
 - The request for attendance
 - The provider's immediate interventions
 - Discussion with parents
- Code 99464 – Attendance at delivery



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Attendance at Delivery

- Physician attends delivery at request of delivering physician
 - Initial drying
 - Stimulation
 - Suctioning
 - Blow-by oxygen
 - CPAP
 - Assigning Apgars
 - Discussion of care with parents
- 99464
- May be reported with;
 - 99460 Normal newborn
 - 99221-99223 Sick newborn
 - 99477 Initial intensive care
 - 99468 Critical care
 - 31500 Intubation
 - 31515 Laryngoscopy
 - 36510 Catheterization



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Lucky's Birth

- Lucky's mom undergoes a repeat cesarean section of a healthy full term 8 lb. infant. Your physician examines the baby the next morning.
 - He reviews the records.
 - Examines the infant, and speaks to the parents .
 - Provider sees them three days in the hospital .
 - Provider performs circumcision on day 2.
- 99460 initial service for day 1, ICD V30.00
- 99462-25 Subsequent hospital care, ICD V30.00 & 54150 circumcision, ICD V50.2 for day 2
- 99238 for day of discharge, ICD V30.00



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Newborn Care



- | | |
|--|----------------|
| 1. Normal Newborn visit, initial service | 1. 99460-99461 |
| 2. Normal Newborn visit, day 2 | 2. 99462 |
| 3. Discharge normal newborn day 3 | 3. 99238-99239 |
-
- Normal Newborn evaluated & discharged same day
- 99463



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Normal Newborn Care

- 99460 Initial hospital or birthing center care – normal newborn
- 99461 Initial care other than hospital – normal newborn
- 99462 Subsequent hospital care – per day – normal newborn
- 99463 Initial care hospital or birthing center – normal newborn admit & discharge same day



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Standby Services/Resuscitation

- | | |
|--|---|
| 1. Physician standby requested (cannot attend to any other patients and must be immediately available) | 1. 99360 (choose appropriate 30 min units) If less than 30 minutes cannot be billed |
| 2. Newborn resuscitation | 2. 99465 |



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Lucky's Turn for the Worse

- On day 1 of the hospital stay Lucky starts to show signs of persistent hypothermia. Your provider documents;
 - Intensive observation
 - Frequent interventions
 - Continual monitoring
- Code 99460 normal newborn service, ICD V30.00 and 99477 with modifier 25, ICD 780.65



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Initial Neonate Intensive Care

- 99477 Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or less, who requires observation, frequent interventions and other intensive care services
 - Day of admission or day of re-admission
 - Less than or equal to 28 days
 - Weight not a factor
 - Neonate who requires intensive care but does not qualify for critical care. Requires frequent observation



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CPT 99477

- For the initiation of inpatient care of the normal newborn report 99460
- For initiation of the care of the critically ill neonate use 99468
- For initiation of inpatient hospital care for the neonate not requiring intensive observation, frequent interventions or other intensive care services use 99221-99223



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Subsequent Intensive Care

- 99478 **Subsequent intensive care**, per day, recovering very low birth weight infant
 - Present body weight less than 1500 grams
- 99479 **Subsequent intensive care**, per day, recovering low birth weight infant
 - Present body weight of 1500-2500 grams
- 99480 **Subsequent intensive care**, per day, recovering infant
 - Present body weight of 2501-5000 grams



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CPT® 99478-99480

- VLBW/LBW or not critically ill, but continue to require any of the following:
 - Cerebral Palsy monitoring, and/or
 - Vital sign monitoring, and/or
 - Heat maintenance, and/or
 - Enteral /parenteral nutritional adjustments, and/or
 - Observation by the health care team under the direct supervision of a physician
 - Once a day by one physician (per diem code)



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Lucky Returns

- Lucky has been home for a few weeks and mother notices he's having trouble breathing. Lucky returns to the ED at three weeks old with respiratory distress.
- The ED physician provides an hour of critical care and Lucky is admitted to the PICU on the same day by the pediatrician.
 - ED physician = 99291 Critical Care first 30-74 min.
 - Pediatrician = 99468 Initial Inpatient neonatal critical care, per day for neonate 28 days or less



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Outpatient to Inpatient Crossover

- Critical care in the ED of patient five years or younger (99291-99292) that results in an inpatient admission by the same provider are reported with neonatal or pediatric critical care codes (99468-99472) because these codes are per day and cannot be billed more than once per day



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Definition of Critical Care

- Direct delivery by a physician
- Acute impairment one or more vital organ systems such that there is a high probability of imminent or life threatening deterioration in the patient's condition
- High complexity decision making to treat single or multiple vital organ system failure and/or to prevent further life threatening deterioration of the patient's condition
- Typically requires interpretation of multiple physiologic parameters and/or application of advanced technology(s), critical care may be provided in life threatening situations when these elements are not present
- Examples of vital organ system failure include, but are not limited to: central nervous system failure, circulatory failure, shock, renal, hepatic, metabolic and/or respiratory failure



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Services Included in Critical Care

- **Bundled or Global Services:**
- Venous and arterial catheters
- Vascular access procedures
- Vascular punctures
- Oral or nasogastric tube placement
- Endotracheal intubation
- Lumbar puncture
- Suprapubic bladder aspiration
- Bladder catheterization
- Vent management
- CPAP
- Surfactant administration
- Transfusion of blood components
- Invasive or noninvasive electronic monitoring of vital signs
- Bedside PFTs
- Blood gases
- Oxygen saturation
- All services normally bundled into Critical Care codes 99291-99292



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Critical Care 99291-99292

- Ambulatory Setting (e.g. ED or office) for patient of any age
- Inpatient Setting for patient 72 months of age or greater
- Inpatient Setting, Critical care to neonate by 2nd physician of different specialty, any age
- Transport Setting, Physician in transport of child greater than to 24 months



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Inpatient Neonatal Critical Care

- 99468 **Initial**,
- 99469 **Subsequent**,
- Per diem
- May be reported with:
 - Delivery room attendance (when requested by attending)
 - Delivery room resuscitation
 - Less than or equal to 28 days of age
- The initial day neonatal critical care code (99468) can be used in addition to 99464 (physician is present for the delivery) or 99465 (resuscitation) as appropriate
- Other procedures performed as a necessary part of the resuscitation
 - (eg, endotracheal intubation [31500])



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Lucky Improves

- Lucky is out of the PICU on day 3 and appears to be slowly recuperating. The physician performs an expanded problem focused history and physical exam on Lucky who is experiencing mild transient tachypnea. He requires low-flow nasal cannula and small gavage feedings. Lucky is discharged the next day.
 - Code 99232 subsequent inpatient visit for day 3
 - 99238/99239 for discharge day 4, dependent on time



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Lucky's Well Child Check

- Lucky comes to the pediatrician for a scheduled 2 month preventive service. The physician documents a multisystem examination, comprehensive history and counsels the family on age appropriate vaccines.
- CPT® 99391, ICD V20.2 and codes for vaccines and other screenings.



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Other Screening Services

- Per CPT® instructions; screening tests identified with CPT® codes are coded separately
- Hearing screening and assessment
 - 92551 Screening test pure tone, air only
 - 92552 Full pure tone audiometric assessment
 - 92568 Acoustic reflex testing
- Urinalysis
 - 81000-81003



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Other Screening Services

- Vision Screening and assessment
 - 99173 screening test of visual acuity, quantitative, bilateral (Snellen chart)
- Screening lab work
 - 36416 – Collection of capillary blood
 - PKU test
 - 36415 - Venipuncture
 - Access vein for blood draw
- Preparation of specimen
 - 99000



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Lucky's Vaccines

- CPT® and ICD-9 for Vaccines are:
 1. 90743 Hepatitis B, V05.3
 2. 90680 Rotavirus, V04.89
 3. 90700 Diphtheria, Tetanus, Pertussis, V06.1
 4. 90648 Haemophilus influenza type b, V03.81
 5. 90669 Pneumococcal, V03.82
 6. 90713 Inactivated Poliovirus, V04.0
- To code appropriately must have code from both series
- Administration Codes
 1. 90465- first IM/SubQ administration
 2. 90474-additional oral administration
 3. 90466-additional IM/SubQ administration
 4. 90466- additional IM/SubQ administration
 5. 90466- additional IM/SubQ administration
 6. 90466- additional IM/SubQ
- Attach same ICD to admin as vaccine



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Vaccine Administration Billing

- Vaccine administration codes 90471-90474
 - Patient any age and no MD face-to-face counseling
- Reimbursement troubles?
 - <http://www.cispimmunize.org/pro/doc/VaccineCounselingPositionPaper.doc>
- VFC coding state specific
 - Vaccines for Children federal program
 - Bill just vaccine/follow state guidelines



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Vaccine Counseling

- Pediatric specific codes 90465-90468
 - Patient younger than 8 years
 - Physician personally must perform face-to-face vaccine counseling
 - Common discussion/education topics;
 - Refusal of all vaccines.
 - Desire to not give as many vaccines at one time.
 - Is there mercury (thimerosal) in any vaccines?
 - When I was a kid everyone got chicken pox and was ok.
 - What about autism?



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Link to Complete 2010 AAP Vaccine Coding Table

- [Vaccine Coding Table](#)
- Includes CPT® and ICD-9-CM codes for 43 Vaccines and 2 Globulin
- List by Manufacturer & Brand
- http://practice.aap.org/emaileContent.aspx?emailID=glc_ha617F6d55ry1DE9623EBqrig3



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Vaccines CPT® “Early Release”

- Vaccine Product Codes
“Early Release” on the Website
- Published in **CPT®** each October- Active January 1st
- Appear Twice a Year on the AMA website “Early Release”
- January 1st and July 1st
 - Codes Become “Active” for use 6 months after appearing
 - www.ama-assn.org/ama/pub/category/10902.html



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Lucky’s Surgery

- Lucky returns to the hospital for placement of a central venous access and repair of right and left inguinal hernia. The first venous access fails so the surgeon has to place a second one later.
- 49505-50 – Bilateral hernia repair
- 36555 first catheter
- 36555-76 redo of catheter on same day



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Surgery/Procedure Modifiers

- 22 Increased Procedural Service
 - Greater than typical work during a procedure Requires clear documentation - payer specific
- 50 Bilateral Procedure
 - Right and left arm fracture repair 25500-50
- 51 Multiple Procedures – payer specific
 - Repair of simple wound of arm and wart removal toe 12001, 17110-51



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Surgery/Procedure Modifiers

- 52 Reduced/53 Discontinued Services
 - Not able to complete circumcision
 - 54150-52 (danger to patient 54150-53)
- 58 Staged or related procedure during global
 - Planned at the time of the initial surgery – Closure of perineal urethrostomy 5 weeks post hypospadias repair, 53520-58
- 59 Distinct Procedural Service
 - Nebulizer and inhaler teaching same day
 - 94640, 94664-59



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Surgery/Procedure Modifiers

- 63 Procedure performed on infants weighing less than 4 kg.
 - Append modifier to any procedure on an infant less than 4 kg that does not specify infant in CPT® description
- 76 Repeat procedure or service by the same physician
 - Nebulizer treatment repeated 94640, 94640-76
- 78 Unplanned return to the OR by same MD for related procedure
 - Treat abdominal hemorrhage post surgery, 35840-78



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Lucky Returns During Global

- Shortly after recuperating from his recent surgery, Lucky was seen again in the office for an upper respiratory infection. Pediatrician documents an expanded problem focused visit.
 - Visit during global normally would not be charged; however, this is an unrelated issue from surgery
- Codes 99213 with modifier 24, ICD 465.9



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E/M Modifiers

- 24 Unrelated E/M by the same MD during post-op period
 - Seeing patient for ear infection 7 days after wound repair in office
- 25 Significant, separately identifiable E/M by the same MD on the same day of the procedure or other service
 - Finding unknown significant illness or injury during routine preventive visit



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E/M Modifiers

- 52 Reduced Services
 - You are unable to complete a visit as planned due to disruptive child behavior or family member behavior
- 57 Decision for Surgery
 - Surgeon consults on a patient for abdominal pain. During visit determines urgent strangulated hernia repair necessary. Surgeon report 99241-99245-57 (consults may be payer specific) and 49507 for surgery



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Lucky's Office Visit

- Lucky's mom brings him in because she's concerned he isn't breathing well again. Lucky is now a 4 yr. old asthmatic.
- Physician documents two nebulizer treatments, physical exam after each shows decreased wheezing.
- The nurse documents her evaluation of use and education of home use of MDI and provision of medication.
- Codes?



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Inhalation Treatments

- | | |
|--|-------------|
| 1. Detailed office visit | 1. 99214-25 |
| 2. Initial Pressurized or non-pressurized inhalation treatment | 2. 94640 |
| 3. Second inhalation treatment | 3. 94640-76 |
| 4. Demonstration and/or eval. of patient use of MDI | 4. 94664-59 |
- Diagnosis code- 493.02 for extrinsic asthma with acute exacerbation



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Prolonged Services

1. Patient with difficulty breathing in office receives E/M and nebulizer treatment. Physician evaluates before and after two additional treatments.
 2. Direct face-to-face contact with patient and physician beyond the usual service duration.
 3. The start and end times of the visit shall be documented in the medical record along with the date of service.
 1. Start 2:00 End 3:10pm
1. E/M in office documentation supports 99214-25 (25 minutes)
 1. Nebulizer 94640
 2. 2nd treatment 94640-76
 3. 99354 x1 (45 additional minutes total face-to-face time beyond the initial 25 minute visit)
 2. 99354-99357



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Lucky's Return to the Hospital

- Lucky's mom takes him home with the MDI, however, Lucky is found to be hypoxic and is admitted. The pediatrician sees Lucky in the hospital and documents a comprehensive history and comprehensive physical and moderate level medical decision making.
 - Code 99222 Initial hospital care, per day, ICD 799.02 (hypoxemia)



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Lucky's Transfer

- Lucky is 4 yrs. old and not responding to treatment, he is moderately ill with respiratory distress. X-ray shows right lower lung infiltrate with flattened diaphragm. Lucky is transferred to PICU and the physician begins critical care services.
 - Codes 99475 critical care, ICD-9 486 (pneumonia)



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Inpatient Pediatric Critical Care

- 99471 Initial
- 99472 Subsequent
- Per diem
- 29 days to 24 months old
- They represent care starting with the date of admission (99471, 99475) and subsequent day(s) (99472, 99476) the infant or child remains critical. These codes may be reported only by a single physician and only once per day, per patient in a given setting.



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Inpatient Pediatric Critical Care

- 99475 Initial
- 99476 Subsequent
- Per diem
- 2 years to 71 months old
- If patient in PICU and crosses from 23 to 24 months, would begin PICU with 99471 but report subsequent with 99476
- Keep track of ages, or will receive denials



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Appeal Process

- Identify incorrectly processed claim by review EOB/EOP
- Contact payer identify proper procedure
- Generate new/corrected claim
- Write professional, clear letter
- Send to appropriate appeal address or fax number at payer



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Sample Appeal Language

- Dear Insurance Claim Person
 - I am writing this letter on behalf of your insured
 - Name, ID#, Date of Service, Amount Billed
 - Your original processing incorrectly denied this service for _____.
 - Based on CPT, AAP, CMS guidelines it should have been processed _____ (include copies of references when possible)
 - We will expect to see this claim reprocessed for appropriate payment within the next two weeks, please contact us at _____



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When Appeals Do Not Work

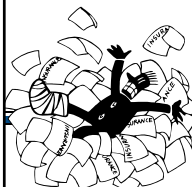
- If you've appealed the decision and have been rejected again, go through the carrier's different levels of appeal
 - 1st level claims review
 - 2nd level nurse review
 - 3rd level medical director review
- If unsuccessful, attempt to get your issue to their medical director committee review
 - New technology, new drugs, review policy



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What Next?

- If your issue is not satisfactorily resolved with medical director level
 - Connect with contracting
 - Work with contract negotiation to have specific issue addressed at contract level
 - Overturn edits
 - Resolve underpayment of drugs/biologicals
 - Increase reimbursement of procedure or services with bundled services
 - Carve outs



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Resources



- AAFP – www.aafp.org
- AAPC – www.aapc.com
- American Academy of Pediatrics – www.aap.org
- AAP *Coding for Pediatrics* book 2009 (14th edition)
- CMS – www.cms.gov
- Medical Group Management Association - www.mgma.com



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Questions and Answers

