

Optimizing the Medical Coding at Your Pediatric Practice





Background

In the past, a pediatrician could easily set up a practice and be successful. Developing a pediatric practice today requires the skill of being a pediatrician as well as making good judgements on where to focus your time and effort, so that the practice can obtain optimal profitability. A core skill in operating a successful pediatric practice is the ability to treat patients and their associated family members consistently as well as meeting the needs of today's busy parents. Many pediatric practices are changing their approach to better align to the needs of parents since there are other treatment choices that parents might use as a substitute to a pediatrician. While not Pediatricians, these substitutes include retail clinics (Minute Clinic), urgent care (Patient First), and Physicians On Demand (online treatment).

Although there is change in the environment, a pediatrician has the most training, perspective and can provide the most cost-effective patient care at a pediatric practice. Payers are trying to bend the cost curve and consistently shift rules and edits on what is covered. Pediatric medical billing needs to be aligned and optimized to the current payer environment. The medical billing for a pediatric practice should require minimal work from the pediatricians in the practice so they can focus on providing patient care, adding patients, expanding hours and coaching staff. The medical billing is an important part of operating an effective private practice. Many practices have a pediatric medical billing operation that provides revenue. However, often the revenue is suboptimal or the practice owner is unsure of the performance of their billing operation versus national benchmarks. Practice owners and administration need to be focused on the daily operation including staffing, patient and employee satisfaction, and quality pediatric care to develop and maintain a profitable pediatric practice. The pediatric medical billing has two components: pediatric coding and pediatric medical billing management. This White Paper will focus on pediatric coding. There is another White Paper we provide titled "Elite Pediatric Medical Billing" that provides some good background and information on pediatric medical billing management.

Questions to Ask About the Pediatric Coding for Your Pediatric Practice

Although each independent pediatric practice might take a different approach to operating their practice, there are five common areas related to pediatric coding: Well visits, sick visits, specialized visits, vaccine coding and procedures/other items. Listed below are some questions that partners of a pediatric practice should ask to insure they have an optimal medical coding.

1. Well Visits – the goal of well visits is to keep the patient healthy and identify potential problems and/or chronic conditions. From a coding perspective, there are a number of areas to review to insure each visit has the approach coding based on the patient treatment at the pediatric practice. Some questions to ask when evaluating the coding include:

- a. Is the appropriate well code attached? 9938X (New well visit) or 9939X (Established well visit)? Note the “X” varies depending on the age of the patient.
- b. Was a vision screen given and if so, is the appropriate code attached? Is the appropriate well code attached?
- c. Was a hearing screen given and if so, is the appropriate code attached?
- d. Are we appropriately billing for developmental testing?
- e. What vaccines were given?
- f. Based on the vaccine, what are the appropriate vaccine admin codes?
- g. Is the appropriate sick code attached when a well visit has a sick patient?

2. Sick Visits – children will get sick and being treated by the local pediatrician is the best option from the perspective of the parent and payer. The pediatricians and other providers at the practice need to select the sick level performed at the visit. The sick visit coding is based on the number of elements in the HPI as well as level of risk. If the practice is coding the majority of visits as level 3 then the more than likely, the coding is not optimized and the practice is losing revenue. Our account managers provide a summary sheet, as needed, to practices related to coding for sick visits. Some questions that the partners at the pediatric practice should ask of their group include:

- a. Do we understand the difference between a level 2, 3, 4 and 5 sick visit coding?
- b. Are we under coding or over coding for our overall visits?
- c. What procedures do we perform during the sick visits?
- d. Are we billing and attaching appropriate procedures such as strep test, nebulizer and/or Urinalysis?

3. Specialized Visits – There are a few specialized sick visits that the pediatric practice should evaluate closely. For instance, ADHD visits are an opportunity to help a patient for a family. Most ADHD visits, due to the complexity and risk, are level 4 or 5 visits.

Practices should use a depression screening tool to identify teenage children with depression. Many pediatric practices treat these patients in the office with follow-up visits and sometimes medication. These specialized visits should be coded a level 4 or 5 in most cases (e.g. 99214 or 99215). For specialized visits, the pediatric partners of the practice should ask a few basic questions:

- a. Does the practice have a template or forms for routine specialized visits?
- b. Are we all using these forms in a similar manner?
- c. How should we code the visit appropriately?
- d. Are we scheduling follow-up visits to properly monitor this disease/condition? How should we code the follow-up visits?

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4. Vaccine Coding – Vaccines are, in most pediatric practices, the second highest investment expense after payroll. Vaccines and vaccine admin codes are a profit center for pediatric practices if managed appropriately. Unfortunately, there are many pediatric practices that are either losing money on their vaccine investment or do not know if they are making or losing money on this investment. From a patient and payers perspective, receiving the vaccine in the patient's pediatric office is the best solution/option. Some questions to ask about coding related to vaccines include:

- a. What is the appropriate vaccine code for each vaccine?
- b. What is the difference between 99471 and 99460 for vaccine administration?
- c. Do we have a consistent system in place to effectively identify the profit per vaccine per insurance company? Which insurance companies are we losing money on vaccines? What is our vaccine business worth per year in profit?
- d. How is the vaccine coding changed based on the number antigens for the vaccine? What is the right number of units per vaccine admin?

A strong pediatric medical billing team will be able to consistently answer these questions as well as identify and manage issues that occur with insurance companies.

Insurance companies change their claim edits and rules routinely and understanding how to manage these changes can impact the revenue to your pediatric group.

5. Procedures and other coding items – There are a few procedures and other coding items a pediatric practice leader should ask questions about.

Common procedures include testing for strep, flu, providing a nebulizer treatment, performing a pulse Ox, suture removal and cryosurgery. Additionally, the appropriate code should be added to all night and weekend/Holiday visits. Some questions to ask when evaluating the pediatric billing include:

- a. How is the strep test being coded?
- b. Are we appropriately coding for Nebulizer treatments?
- c. How are we coding for pulse Ox?
- d. How do we code for suture removal and cryosurgery?
- e. Are we coding appropriately for evening and weekend/holiday services?



Common Codes for Pediatric Medical Billing

While most pediatric practice owners are familiar with most of the codes, they are usually busy with many activities so it is a good idea to review some of the codes in each of the five areas.

1. Well visits: New Well visits are 99381 – 99385. 99381 is New Well for Patient < 1 year of age, 99382 is New well 1-4 years, 99383 is new well 5-11 years, 99384 is new well 12-17 years, and 99385 is new well >18 years. Established well visits are 99391-99395. 99391 is for established well for Patient < 1 year of age. Other established visits follow same age guidelines as new well visits.

2. Sick Visits: New Sick visits are 99201 – 99205 and Established sick visits are 99211-99215. 99201 or 99211 are for sick visits that are not with a provider in the office.

3. Specialized Visits: Usually, most specialized visits have an E/M code (99201-99205 or 99211-99215) and an associated procedure code.

4. Vaccine Coding: Some common vaccines in Pediatrics include Hep A vaccine (e.g. 90633), Hep B Vaccine (e.g. 90744), Prevnar (e.g. 90670), Pentacel (e.g. 90698), DTAP (90700). The vaccine admin for patients <18 years is 90460 (first component) and 90461 (each additional component of vaccine). Below is a chart:

Vaccine	# Vaccine Components	Immunization Admin
HPV, Influenza, Meningococcal, Pneumococcal, Rotavirus, IPV, HIB	1	90460
TD, HepB- HIB (COMVAX)	2	90460, 90461
DTAP or Tdap, MMR	3	90460,90461,90461
DTAP-IPV (Kinrix), MMRV (PROQUAD), DTAP-HIB (TriHIBIT)	4	90460,90461,90461,90461
DTAP-IPV/HIB (Pentacel), DTAP-HepB-IPV (Pediatrix)	5	90460,90461,90461,90461,90461

5. Procedures and other coding: Some common procedures in pediatrics include Rapid Strep Test (87880), Urinalysis (81000), Nebulizer treatment only (94640), Pulse Oximetry (94760), Developmental Testing (96110), visit that is evening or weekend during normal schedule (99051) or during a holiday/when office normally closed (99050). Vision screen (e.g. 99173), Hearing screen (e.g. 92552).

Summary

There are a number of questions that a practice owner should ask about each area of their pediatric medical coding to ensure the practice approach is optimal and appropriate for the pediatric practice.

An elite pediatric medical team should have processes and knowledge to establish and maintain the pediatric coding for your pediatric practice that optimizes the approach based on your needs. This white paper provides some questions to ask your existing pediatric practice medical billing team so you can start to verify optimal pediatric practice coding.

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About the Author

Ken Dominy has over 25 years of experience in the healthcare market and he is the founder and president of PhysicianXpress, Inc. Ken helps pediatric practice owners optimize the profitability and management of their pediatric practice via providing an end-to-end pediatric E.H.R. and elite pediatric medical billing service.

Ken led a team that created the PediatricXpress system, a pediatric E.H.R. and revenue cycle management system. The PediatricXpress system is leveraged by independent pediatric practices that range from hundreds of visits per month to thousands of visits per month.

Ken managed the start and growth of his wife's pediatric practice from a solo pediatrician to four-provider, two office pediatric group. His overall experience includes: pharmaceuticals, vaccines, specialty medical devices, medical group management, as well as development & implementation of Electronic Health Records and medical billing processes/systems.

Ken holds a Bachelor of Mechanical Engineering degree from the University of Delaware and a Masters of Systems Engineering from the University of Pennsylvania.



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