

CQN Texas Asthma QI Project Learning Session 2 Webinar

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American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Asthma Coding & Reimbursement

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Asthma Coding: Breathe Easy!

BY LINDA D PARSI

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COMMERCIAL INTEREST DISCLOSURE

LINDA PARSI, MD, MBA, CPEDC, FAAP

I have no relevant financial relationships with the manufacturers(s) of any commercial products(s) and/or provider of commercial services discussed in this CME activity.

I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.



SPEAKER BACKGROUND

- Medical School at Baylor College of Medicine in 1994
- Pediatric Residency at Baylor College of Medicine from 1994-1997
- Private practice since 1997
- Opened own practice in 2004 to present
- Masters of Business at University of Texas at San Antonio in 2008
- Certified Medical Office Manager with Practice Management Institute (PMI) in 2010
- Certified Medical Coder Practice Management Institute (PMI) in 2012
- President of the San Antonio Pediatric Society 2011 to 2013
- Adjunct Faculty of the UTHSCSA
- Certified Pediatric Coder (CPEDC) with American Academy of Professional Coders in 2014
- AAP Coding Publications Editorial Advisory Board since 2015
- AAP Committee on Coding Nomenclature since July 2016
- AAP Editorial Advisory Board Editor July 2017 to present



LEARN THE POWER OF CODING!!



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OBJECTIVES

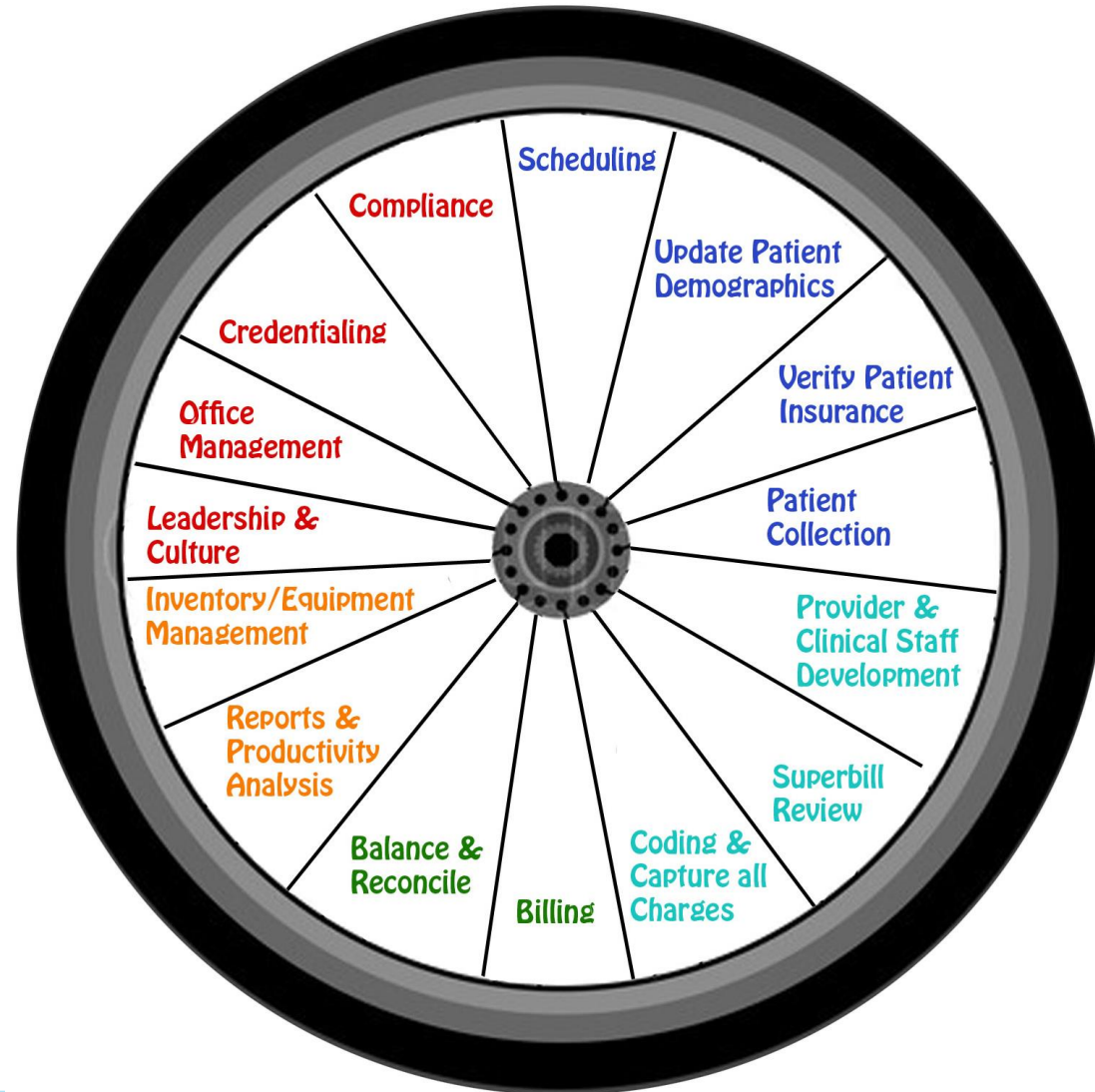
1. Importance of Workflow and Team
2. Brief review on Superbill, Coding and Capturing all charges for each visit
3. Learn the top respiratory CPT codes and their RVUs
4. Learn how to code supplies and common medications
5. Asthma Cases



Work Flow and Team



MEDICAL OFFICE CYCLE



SUPERBILL REVIEW

SUPERBILL:

1. ORGANIZE SUPERBILL FOLLOW YOUR WORKFLOW
2. UPDATE CODES
3. UNDERSTAND RVUs
4. FEE SCHEDULE



◆◆◆ Pediatric Office Superbill 2018 ◆◆◆

NEW	OFFICE VISITS	EST
-	Clinical staff—5 min	9921
99201	Office/OP—10 min	99212
-	Office/OP—15 min	99213
99202	Office/OP—20 min	-
-	Office/OP—25 min	99214
99203	Office/OP—30 min	-
-	Office/OP—40 min	99215
99204	Office/OP—45 min	-
99205	Office/OP—60 min	-
NEW	PREVENTIVE	EST
99381	<1 y	99391
99382	1-4 y	99392
99383	5-11 y	99393
99384	12-17 y	99394
99385	18-39 y	99395
PREVENTIVE MEDICINE COUNSELING		
99401	15 min	-
99402	30 min	-
99403	45 min	-
99404	60 min	-
99406	Smoking cessation—3-10 min	-
99407	Smoking cessation—>10 min	-
99408	Audit/DAST w/ SBI—15-30 min	-
99409	Audit/DAST w/ SBI—>30 min	-
OFFICE/OUTPATIENT CONSULTATIONS		
99241	Office consultation—15 min	-
99242	Office consultation—30 min	-
99243	Office consultation—40 min	-
99244	Office consultation—60 min	-
99245	Office consultation—80 min	-
HOURLY CRITICAL CARE		
99291	Critical care—1st h	-
+99292	Critical care—addl 30 min	-
PROLONGED SERVICES		
+99354	Office/OP dir contact—1st h	-
+99355	Office/OP dir contact—30 min #	-
99356	Before/after dir care—1st h	-
+99359	Before/after dir care—30 min #	-
99415	Clinical staff—1st h	-
+99416	Clinical staff—30 min #	-
ADD-ON SERVICES		
99050	Medical services after hours	-
99051	Medical services eve/wkend/holiday	-
99058	Office emergency care	-
99060	Out of office emergency medical service	-
IMMUNIZATION ADMINISTRATION		
90460	IA <19 y any rite 1st only comp #	-
+90461	IA <19 y any rite addl comp #	-
90471	IA 1st vaccine IM/SC #	-
+90472	IA each addl vaccine IM/SC #	-
90473	IA intrants/oral 1st vaccine #	-
+90474	IA intrants/oral each addl vaccine #	-
IMMUNIZATIONS		
90700	DTap, <7 y, IM	-
90723	DTap-Hep B-IPV	-
90698	DTap-Hib-IPV	-
90696	DTap-IPV	-
90674	Flu, quadrivalent, cell cultured, no preser, or antibiotic, .5 ml dose	-

IMMUNIZATIONS (CONTINUED)		
90749	Flu, quadrivalent, cell cultured, no antibiotic, .5 ml dose	-
90685	Flu, no preser, quadrivalent, .5 ml dose	-
90686	Flu, no preser, quadrivalent, .25 ml dose	-
90687	Flu, quadrivalent, .25 ml dose	-
90688	Flu, quadrivalent, .5 ml dose	-
90656	Flu, no preser, trivalent, .5 ml dose	-
90658	Flu, trivalent, .5 ml dose	-
90633	Hep A, 2 dose	-
90743	Hep B, adol, 2 dose, IM	-
90744	Hep B, ped/adol, 3 dose, IM	-
90748	Hep B-Hib, IM	-
90647	Hib, PRP-OMP	-
90648	Hib, PRP-T	-
90651	HPV, nonvalent	-
90713	IPV	-
90733	Meningococcal polysac, SC	-
90734	Meningococcal conj, tetraivalent, IM	-
90707	MMR	-
90710	MMRV	-
90630	MMRV, octavalent, 13 valent	-
90732	Pneumococcal polysac, 23 valent	-
90680	Rotavirus, 3 dose, oral	-
90681	Rotavirus, 2 dose, oral	-
90715	Tdap, >7 y	-
90716	Varicella (chickenpox)	-
Other		
SURGICAL PROCEDURES		
10060	Incision & drainage, abscess	-
10120	Incision & removal FB skin, simple	-
120	Simple repair loc ___ size ___	-
16000	Initial treatment of burn(s), local	-
16020	Dress/debride w/ thick burn(s), small (<5% TBSA)	-
17110	Destruct benign lesion 1-M	-
17111	Destruct benign lesion >1S	-
17250	Chemical cautery tissue	-
24640	Treat elbow disl (nursemaid elbow)	-
28190	Removal FB foot, SC	-
30300	Removal FB intrant	-
30901	Control nosebleed	-
51701	Insert bladder catheter	-
65205	Removal FB from eye	-
69200	Removal FB external auditory canal	-
69209	Removal impacted earwax—irrigation/lavage, ___ bilat	-
69210	Removal impacted earwax, ___ bilat #	-
OTHER PROCEDURES		
92551	Screening test pure tone, air only	-
92552	Pure tone, threshold, air only	-
92567	Tympanometry	-
92583	Select picture audiometry	-
94010	Spirometry	-
94060	Spirometry, pre/post-bronchodilator	-
94640	Nebulizer	-
94664	Demonstrate/teach inhal meds	-
94760	Noninvasive ear/pulse ox single	-
96100	Developmental screen #	-
96127	Emotional/behavioral asmt #	-
96360	IV infusion hydration—initial 31 min-1 h	-

OTHER PROCEDURES (CONTINUED)		
+96361	IV infusion hydration—each addl h	-
99173	Vision screen, acuity	-
99174	Instrument-based ocular screen, remote analysis	-
99177	Instrument-based ocular screen, w/ on-site analysis	-
99188	Application topical fluoride varnish	-
96160	Health risk asmt, patient #	-
96161	Health risk asmt, caregiver #	-
Other		
INJECTIONS		
95115	Allergy inj, 1	-
95117	Allergy inj, >1	-
96372	Therapeutic prophylx inj SC/IM	-
LABORATORY		
81000	Urinalysis nonauto w/ scope	-
81002	Urinalysis nonauto w/o scope	-
82272	Blood occult peroxidase actv qual feces, 1-3 specimen	-
82948	Glucose blood reagent strip	-
82962	Glucose blood	-
85018	Blood count hemoglobin	-
86308	Heterophile antibodies screen	-
86580	Skin test, TB, intradermal	-
87070	Culture, other specimen, aerobic	-
87086	Urine culture/colony count	-
87430	Strep A, enzyme immunoassay	-
87804	Influenza, rapid A ___ B ___	-
87880	Strep A, rapid	-
36405	Venipuncture, <3 y, phys/qhp skill, scalp vein	-
36406	Venipuncture, <3 y, phys/qhp skill, other vein	-
36410	Venipuncture, >3 y, phys/qhp skill	-
36415	Collection venous blood venipuncture	-
36416	Collection capillary blood specimen	-
99000	Specimen handling, office-lab	-
INJECTED MEDICATIONS		
J1200	Benadryl up to 50 mg	-
J0558	Bicillin C-R 100,000 units #	-
J0561	Bicillin LA 100,000 units #	-
J1100	Decadron 1 mg #	-
J0171	Epinephrine 0.1 mg	-
J2550	Phenergan up to 50 mg	-
J0696	Rocphin per 250 mg #	-
90378	RSV IM use, per 50 mg (Synagis) #	-
J7611	Albuterol, inhal, concentrated, 1 mg	-
J7612	Levalbuterol, inhal, concentrated, 0.5 mg	-
J7613	Albuterol, inhal, unit, 1 mg	-
J7614	Levalbuterol, inhal, unit, 0.5 mg	-
J7506	Prednisone, oral, per 5 mg	-
J7510	Prednisolone, oral, per 5 mg	-
J8540	Dexamethasone, oral, 0.25 mg #	-
Other		
DIAGNOSIS		
R10.84	Abdominal pain, generalized	-
R10.3-	Abdominal pain, lower: 0 unspecified; 1 RLQ; 2 LLQ; 3 periumbilical	-
R10.1-	Abdominal pain, upper: 0 unspecified; 1 RUQ; 2 LUQ; 3 epigastric	-
H93.29	Abnormal auditory perceptions: 1 rt; 2 lt; 3 bilat	-

DIAGNOSIS (CONTINUED)		
R73.09	Abnormal glucose level	-
R25.0	Abnormal head movements	-
R09	Abnormal neonatal screen	-
R76.11	Abnormal TB test results	-
L02.-	Abscess, cutaneous/carbuncle/furuncle site ___	-
L70.-	Acne: 0 vulgaris; 1 conglobata; 2 varioliformis; 4 infantile; 8 other; 9 unspecified	-
F90.0	ADD	-
F90.1	ADHD	-
M89.5	Adhesions, vaginal	-
F43.20	Adjustment disorder, unspecified	-
F10.00	Alcohol abuse, uncomplicated	-
F10.20	Alcohol dependence, uncomplicated	-
J30.-	Allergic rhinitis d/t: 1 pollen (hay fever); 2 other (seasonal); 5 food; 9 unspecified	-
J30.8-	Allergic rhinitis d/t: 1 animal (cat/dog); 9 other	-
H53.04-	Amblyopia, suspect: 1 rt; 2 lt; 3 bilat	-
W91.-	Amenorrhea: 0 primary; 1 secondary; 2 unspecified	-
950.9	Anemia, iron deficiency, unspecified	-
R63.0	Anorexia (loss of appetite)	-
F41.1	Anxiety disorder, generalized	-
F41.9	Anxiety disorder, unspecified	-
Q23.0	Aortic valve stenosis, congenital	-
R06.81	Apnea, child	-
Z88.-	Apnea, NB, 3 sleep; 4 other (prematurity)	-
G47.30	Apnea, sleep, unspecified	-
J45.991	Asthma, cough variant	-
J45.2-	Asthma, mild intermittent	-
J45.3-	Asthma, mild persistent	-
J45.4-	Asthma, moderate persistent	-
J45.5-	Asthma, severe, persistent: 0 uncomplicated; 1 w/ (acute) exacerbations; 2 w/ status asthmaticus	-
Q21.1	Atrial septal defect, congenital	-
Q21.2	Atrioventricular septal defect	-
F84.0	Autism	-
R78.1	Bacteremia	-
R07.0-	Birth weight, extreme low ___ g	-
P07.1-	Birth weight, low ___ g	-
L20.84	Ecema, intrinsic, allergic	-
R60.0	Edeema, localized	-
R63.0	Elevated BP reading, w/o hypertension	-
E78.00	Elevated cholesterol, pure	-
R15.9	Encopresis	-
Z02.82	Encounter for addition exam	-
Z02.4	Driver's license	-
Z29.3	Fluoride varnish application	-
Z09	Follow-up (resolved cond)	-
Z23	Immunizations	-
Z29.8	Other prophylactic measures	-
Z76.81	Pre-birth/adoption	-
Z29.11	RSV immunotherapy	-
Z02.0	School physical	-
Z02.5	Sports physical	-
Z48.02	Sports removal (noninjury)	-
680.-	Cerebral palsy, spastic: 0 quadriplegic, congenital; 1 diplegic; 2 hemiplegic	-
680.-	Cerebral palsy: 3 athetoid/dystonic; 4 ataxic; 8 other; 9 unspecified	-
M54.2	Cervicalgia	-
R07.9	Chest pain, unspecified	-
Y74.-	Child abuse, confirmed: 12 physical; 22 sexual; 32 psychological	-

DIAGNOSIS (CONTINUED)		
M39.44	Enuresis, nocturnal	-
R32	Enuresis, other	-
R04.0	Epistaxis	-
F78.83	Esophageal reflux, NB	-
R62.51	Failure to thrive, child	-
P92.6	Failure to thrive, NB	-
E78.01	Familial hypercholesterolemia	-
R53.83	Fatigue/lack of energy	-
R10.83	Colic (infantile)	-
F91.-	Conduct disorder: 1 childhood-onset; 2 adol-onset; 9 unspecified	-
H10.1-	Conjunctivitis, acute, atopic: 1 rt; 2 lt; 3 bilat	-
H10.3-	Conjunctivitis, acute, unspecified: 1 rt; 2 lt; 3 bilat	-
K59.00	Constipation, unspecified	-
L23.-	Contact dermat, allergic d/t ___	-
L25.-	Contact dermat d/t ___	-
By site*	Contusion, site ___	-
R05	Cough	-
Z71.41	Counseling for Alcohol abuse	-
Z30.09	Contraception	-
Z71.3	Dietary (add BMI)	-
Z71.82	Exercise	-
Z71.89	Other (vaccine)	-
Z71.6	Tobacco	-
L21.0	Cradle cap/seborrhea capitis	-
J05.0	Croup	-
E84.-	Cystic fibrosis, w/o pulmonary manifest; 8 other manifest; 9 unspecified; 19 other intestinal manifest	-
E86.0	Dehydration	-
R62.0	Delayed milestones (childhood)	-
R62.50	Delayed physiologic development	-
K02.9	Dental caries, unspecified	-
Z91.84	Dental caries risk: 1 low; 2 moderate; 3 high; 9 unspecified	-
F32.-	Depressive disorder, major, single ep: 0 mild; 1 moderate; 9 unspecified	-
F80.9	Developmental disorder of speech/language	-
L12.2	Diaper rash/dermatitis	-
R79.7	Diarrhea	-
E08.9	DM d/t underlying cond w/o complications	-
E10.9	DM, type 1, w/o complications	-
E11.9	DM, type 2, w/o complications	-
909.9	Down syndrome, unspecified	-
N94.4	Dysmenorrhea, primary	-
R30.0	Dysuria	-
L20.83	Ecema, infantile, allergic/contact	-
R63.0	Ecema, intrinsic, allergic	-
R60.0	Edeema, localized	-
R63.0	Elevated BP reading, w/o hypertension	-
E78.00	Elevated cholesterol, pure	-
R15.9	Encopresis	-
Z02.82	Encounter for addition exam	-
Z02.4	Driver's license	-
Z29.3	Fluoride varnish application	-
Z09	Follow-up (resolved cond)	-
Z23	Immunizations	-
Z29.8	Other prophylactic measures	-
Z76.81	Pre-birth/adoption	-
Z29.11	RSV immunotherapy	-
Z02.0	School physical	-
Z02.5	Sports physical	-
Z48.02	Sports removal (noninjury)	-

* Indicates an acute code; indicates that additional characters are required.

- Indicates that a seventh character is required to define episode of care—7th Character for Encounter.

- Initial encounter; 2—subsequent encounter (used for closed ft, w/ routine healing); 3—subsequent encounter for closed ft, w/ delayed healing; 5—wound.

Note: Some common brand names are listed for informational purposes only. Inclusion does not imply endorsement. The American Academy of Pediatrics does not recommend any specific brand.

While every effort has been made to ensure the accuracy of this superbill, the American Academy of Pediatrics does not guarantee that this superbill is accurate, complete, or without error. The recommendations herein do not indicate an exclusive course of treatment or use as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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R32	Enuresis, other	-
R04.0	Epistaxis	-
F78.83	Esophageal reflux, NB	-
R62.51	Failure to thrive, child	-
P92.6	Failure to thrive, NB	-
E78.01	Familial hypercholesterolemia	-
R53.83	Fatigue/lack of energy	-
R10.83	Colic (infantile)	-
F91.-	Conduct disorder: 1 childhood-onset; 2 adol-onset; 9 unspecified	-
H10.1-	Conjunctivitis, acute, atopic: 1 rt; 2 lt; 3 bilat	-
H10.3-	Conjunctivitis, acute, unspecified: 1 rt; 2 lt; 3 bilat	-
K59.00	Constipation, unspecified	-
L23.-	Contact dermat, allergic d/t ___	-
L25.-	Contact dermat d/t ___	-
By site*	Contusion, site ___	-
R05	Cough	-
Z71.41	Counseling for Alcohol abuse	-
Z30.09	Contraception	-
Z71.3	Dietary (add BMI)	-
Z71.82	Exercise	-
Z71.89	Other (vaccine)	-
Z71.6	Tobacco	-
L21.0	Cradle cap/seborrhea capitis	-
J05.0	Croup	-
E84.-	Cystic fibrosis, w/o pulmonary manifest; 8 other manifest; 9 unspecified; 19 other intestinal manifest	-
E86.0	Dehydration	-
R62.0	Delayed milestones (childhood)	-
R62.50	Delayed physiologic development	-

CODING

1. Understand the basics of coding
2. ICD 10 CM and Documentation supports every CPT code
3. Understand your RVUs
4. Over- and under-coding is costly
5. Work as a team with everyone and coding staff
5. Scrub process-with Provider, Staff (MA) and Biller



WHY IS ICD-10 IMPORTANT?

1. ICD 10 CM codes supports your CPT level of service or procedure with greater specificity
2. Performance and Quality measures
3. Research and Data analytics



ICD- 10 CM REMINDERS

Diagnosis:

- choosing your ICD 10 Dx remember to order them with the the *most significant* as well as the *most specific*

Example:

1. Mild persistent asthma exacerbation-J45.31
2. Atopic dermatitis-L20.9
3. Fever-R50.9



ICD-10 CM REMINDERS

Add in whole story of visit to support level of coding:

1. Moderate persistent asthma, uncomplicated-J45.40
Long term (current) use of inhaled steroids-
Z79.51



ICD-10 REMINDERS

Add in Abnormal labs:

1. Pneumonia, unspecified organism J18.9
Mild persistent asthma exacerbation J45.31
Leukocytosis D72.829
Vomiting R11.10

2. Congenital issues:

- Mild persistent asthma, exacerbation J45.31
- Hypoxemia-R09.02
- Fever-R50.9
- Down Syndrome-Q90.9



ICD-10 REMINDERS

Personal Hx:

1. Acute bronchiolitis due to RSV J21.0

Hypoxemia R09.02

Personal Hx of (corrected) congenital malformations of heart and circulatory system Z87.74



7 ELEMENTS OF EVALUATION AND MANAGEMENT (E/M)

1. Nature of Presenting Problem (Patient Presentation)

Key components:

2. History

3. Physical Exam

4. Medical Decision Making

5. Time

6. Counseling

7. Coordination of Care



HOW TO CHOOSE AN E/M CODE

New Pt: All 3 key components (Hx, PE, MDM)

with same level code

Hx at 99203 + PE at 99203 + MDM at 99203 = 99203

OR

Hx at 99203 + PE at 99202 + MDM at 99204 = 99203

Established Pt: 2 out of 3 key components (Hx, PE, MDM)

with same level code

Hx at 99214 + PE at 99213 + MDM at 99214 = 99214



TIME-BASED E/M CODING

TIME: Counseling and Coordination of Care

- For visits dominated by time, with more than 50% of total time spent in counseling or coordinating of care face to face, *instead of key components.*
- Time spent for that day does **NOT** need to be continuous.



DOCUMENTING TIME

Time is *only counted by the provider* and should be documented:

“I personally spent a total time of < > minutes in the care of this patient; of that, < > minutes was spent counseling and coordinating care face to face”



WHAT DOES RVU MEAN??

Relative Value Unit

Geographic Practice Cost Index (GPCI)

- Reflect the relative costs associated with:
 - Cost of living GPCI: applied to **Physician work** relative values
 - Practice Cost GPCI: applied to **Practice expense** relative values
 - PL Insurance Cost GPCI: applied to **Professional liability** insurance
- in a Medicare locality compared to the national average relative costs



KNOW YOUR WORK: UNDERSTANDING RVUS

CMS publishes RVUs, GPCIs, and the Medicare conversion factor

Example-1 RVU = \$35.99 (or could be a payer-specific primary care conversion factor like \$38.00)

Payment = (Physician Work RVU x PW GPCI) +

(Practice Expense RVU x PE GPCI) +

(Professional Liability RVU x PL GPCI)

X Conversion Factor (number with the Medicare Conversion Factor of \$35.99)



99213 RVU

Example:

$$\begin{aligned} 99213 \text{ RVU} &= 0.97 \text{ (PW)} + 1.02 \text{ (PE)} + 0.07 \text{ (PL)} \\ &= \mathbf{2.06} \text{ (national non facility RVU)} \end{aligned}$$

$$\begin{aligned} 99213 \text{ medicare fee} &= \mathbf{2.06} \text{ (RVU)} \times \mathbf{\$35.99} \text{ (CF)} \\ &= \mathbf{\$74.14} \end{aligned}$$



E/M-NEW SICK WITH RVU

SICK: NEW

99201- 10MIN (RVU 1.26=\$45.35)

99202- 20MIN (RVU 2.12=\$76.30)

99203- 30 MIN(RVU 3.05=\$109.77)

99204- 45 MIN(RVU 4.65=\$167.35)

99205- 60 MIN(RVU 5.85=\$210.54)



E/M-ESTABLISHED SICK WITH RVU

SICK: ESTABLISHED

99211- 5 MIN (RVU 0.61 =\$21.95)
(TYPICALLY CLINICAL STAFF ONLY!)

99212- 10 MIN (RVU 1.24=\$44.63)

99213- 15 MIN (RVU 2.06=\$74.14)

99214- 25 MIN (RVU 3.04=\$109.41)

99215- 40 MIN (RVU 4.10=\$147.56)



CAPTURING ALL CHARGES

1. Train everyone involved to understand:
2. Coding for different visits-
 - Wells
 - Vaccines
 - Sick visits (Asthma and regular followups)
3. Documentation to support all the CPT codes
4. Billing



TOP RESPIRATORY PROCEDURE CODES



TOP RESPIRATORY PROCEDURE CODES

96160 ACT Quiz

94760 Pulse Oximetry-1st

94761 Pulse oximetry additional

94640 Nebulizer treatment x ____ (use modifier 76 on a separate line for each additional)

J7613 Albuterol, inhalation unit x ____

A7015 Aerosol Mask Used

94664 Demonstration and/or evaluation of pt utilization of a Nebulizer, metered dose inhaler or IPPB device (**can only be 1 time only per day of service and cannot be combined with 94640**)



TOP RESPIRATORY PROCEDURE CODES

94010 Spirometry

94060 Spirometry Pre and Post

This Code includes:

Pulse ox 1st

Nebulizer tx x 1

Albuterol unit x1

Nebulizer admin set x 1



TOP RESPIRATORY PROCEDURE CODES RVUs

96160 ACT Quiz $RVU=0.10=\$3.71$

94760 Pulse Oximetry-1st $RVU=0.07=\$2.65$

94761 Pulse oximetry additional $RVU=0.12=\$4.34$

94640 Nebulizer treatment x ____ $RVU=0.50=\$17.85$

J7613 Albuterol, inhalation unit x ____ (0.046)

A7015 Aerosol Mask Used ($\$1.28$ fee schedule amount)

94664 Demonstration and/or evaluation of pt utilization of a Nebulizer, metered dose inhaler or IPPB device (can only be 1 time only per day of service and cannot be combined with 94640)

$RVU=0.46=\$16.50$



TOP RESPIRATORY PROCEDURE CODES

94010 Spirometry $RVU=0.96=\$34.72$

94060 Spirometry Pre and Post $RVU=1.63=\$58.58$

This Code includes:

Pulse ox 1st

Nebulizer tx x 1

Albuterol unit x1

Nebulizer admin set x 1



SUPPORT ALL YOUR CPT CODES

-Recommend to document all your procedures to support each CPT code

-Consider to have standard template in EMR to document each procedures

-Medications with date, time, amount and who gave it



Respiratory Supplies and Medications



SUPPLY AND MEDICATIONS

A7015 Aerosol Mask Used (\$1.28)

J7613 Albuterol, inhalation unit x _____ (0.046)

J7614 Levalbuterol, inhal unit x _____

J8540 Decadron, Oral 0.25 mg x _____ (0.085)

J1100 Decadron, Inj 1mg x _____ (0.121)

J7510 Prednisolone 5mg x _____ (0.065)

96372 Therapeutic Injection SC/IM x _____

RVU 0.55=\$19.91



ASTHMA CASES



CASE #1

Mrs Incredible brings her 8 yr old son Dash for coughing a lot last night for past 2 days but has been coughing for the past 2 weeks. He has a hx of asthma but has been doing well for the past few months now and off all his prevention meds. ROS- no fever and decrease appetite but drinking well PMSH- admitted x 1 in hospital 2 yrs ago asthma exacerbation and pneumonia

PE- vitals- wt- 60lbs Ht 51 inches rest of vitals are normal sitting quietly and comfortable

Lungs few inspiratory and expiratory wheezes and no retractions

And rest of exam is normal



YOU ORDER:

1. Pulse ox-initial sats 95%
2. Spirometry –is decreased in FEV1/FVC to 75-80%
3. Gave Prednisolone x 30mg po x 1 in office
4. Albuterol nebulizer tx x 2 in office was given with a mask
5. Repeat pulse ox was 97%
6. Repeated Spirometry after 15 minutes of last nebulizer was greatly improved



Assessment/Plan:

Use of Stepwise Approach to Adjust treatment Management

Asthma Action Plan Reviewed

Use of controller medication if persistent asthma

Reviewed Optimal Asthma Care

Assessment of Asthma Control

Inhaler Demonstration

Self-management materials:

Resources: Teaching videos

Bring medications and inhalers to office

Flu vaccination

Time:

“I personally spent a total time of < > minutes in the care of this patient; of that, < > minutes was spent counseling and coordinating care face to face”



ICD-10-CM	CPT
J45.31 mild persistent asthma exacerbation	<u>99215-25</u>
J45.31	96160 <u>59</u> (Asthma Control Test)
J45.31	94060 (Pre and Post spirometry) Includes 1st pulse ox, neb tx x 1, albuterol x 1, and neb admin set (with tubing and pipe)
J45.31	94640- Neb treatment x 1
J45.31	J7613- Albuterol x 1 (include NDC number)
J45.31	J7510-Prednisolone x 6 units(include NDC number)
J45.31	94761 pulse oximetry additional
J45.31	A7015 aerosol mask

CASE #2

- A 17 year old Aladdin is an established pt and comes in for his annual Well exam. He has a history of asthma and allergies but has not returned in over a year. History reveals a few flare ups in the past month so it is decided to also perform an asthma check at the same time. An asthma control test was done and had a score of 19 with normal spirometry and new medications prescribed with asthma action plan. The E/M code is expanded problem focused for asthma. Rest of exam and screenings were normal. The following is ordered per the periodicity schedule:

- Depression Screen
- CRAFFT Screen
- Immunizations: needs flu vaccine with MD counsel , Up to date on rest



SICK AND WELL-BILLING AND CODING

ICD-10-CM	CPT
Z00.121	99394 <u>25</u>
J45.30 Mild persistent asthma, uncomplicated	99213 <u>25</u>
J45.30	96160 <u>59</u> (Asthma Control Test)
Z00.121	96160 <u>59</u> (CRAFFT)
Z00.121	96127 <u>59</u> (PHQ-9)
J45.40	94010 (spirometry)
Z23	90688 (flu) (include NDC number)
Z23	90460 (IA)x 1



CASE #3

Cinderella comes in with 2 wks of coughing and now chest feels tight after being outside sweeping.

She used her albuterol inhaler twice a day and felt better but still coughing

ROS No fever

PMSH She has a hx of asthma and has had x 3 episodes in past year and last was 3 months ago but no oral steroids needed or hospitalizations

Vitals: normal and Her pulse ox is 94% and her ACT is 17

On Exam you hear moderate bilateral wheezes but no retractions and rest of exam is normal and talking normal and looks comfortable



YOU ORDER:

1. Nebulizer treatments x 3 in office with Albuterol and is greatly improved on exam afterwards
2. Check pulse ox after treatments and greatly improved at 98%
3. You do a demonstration of how to properly use the rescue and inhaled corticoid steroid inhalers that you prescribed. You give her an asthma action plan for home and school and gave her asthma information as well with links to asthma videos

She needs a flu vaccine and will do at next visit

Told her to return in 2 week for follow up

Her encounter is a comprehensive exam with 40 min spent and at least 25 minutes spent in counseling and coordination of care face to face



ICD-10-CM	CPT
J45.31 mild persistent asthma exacerbation	<u>99215-25</u>
J45.31	96160 <u>59</u> (Asthma Control Test)
J45.31	94640 x1 neb tx 94640 x2 -76
J45.31	J7613x1 J7613x2 -76 Albuterol NDC number include
J45.31	94761 pulse oximetry additional

CASE #4

Cinderella returns for follow up after 2 week and is greatly improved. She is still coughing but feels about 75% better. She is using her rescue inhaler as well as her inhaled corticoid steroids and feels better. She still has questions about how to use the new respiclick inhaler.

Vitals: normal and O2 sat is 98% and rest of exam is normal
PE – rare wheeze and good Air exchange and rest of exam is normal



YOU ORDER:

1. You do a demonstration of how to properly use the rescue and inhaled corticoid steroid inhalers that you prescribed. She felt more comfortable to use You reviewed her asthma action plan for home and school and made sure she reviewed her teaching asthma information with links to asthma videos
2. A flu vaccine ordered today with MD counsel
3. Told her to return in 1 month for follow up or sooner if any concerns

Her encounter is based on key components and is an expanded problem focused encounter



ICD-10-CM	CPT
J45.31 mild persistent asthma exacerbation	<u>99213-25</u>
J45.31	94760 pulse ox
J45.31	94664- <u>59</u> demonstration
Z23	90688 flu vaccine NDC #
Z23	90460 x 1



CONGRATULATIONS YOU MADE IT!!



Now You Are BECOMING THE CODING MASTER!



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



QUESTIONS???

Thank you very much for the privilege to speak to you today and I hope this information will be helpful.

Any questions you can email at

linda@drparsi.com

The End



REFERENCES

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- Coding for Pediatrics 2018
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- AAP Newborn Card
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