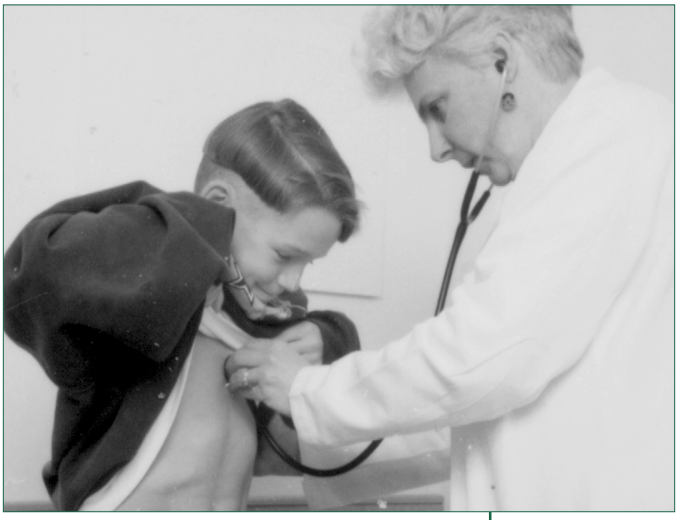

“PACC helps our practice truly manage the care of children who are very medically complicated. We are able to play a much more effective role in their care.”

—Physician at Hyde Park Pediatrics

SECTION 3

Reimbursement Strategies

Finding appropriate ways to obtain reimbursement for care unique to CSHCN can play an important role in the long term financial viability of your practice. This section examines:

- How your practice can maximize reimbursements, using traditional funding mechanisms
- Proper use of Current Procedural Terminology (CPT) codes
- Special considerations under capitation

Proper Use of CPT Codes

To maximize reimbursement, providers should utilize a wide range of CPT codes that properly capture the nature of the services rendered. Many higher-intensity evaluation and management (E/M) codes are appropriate but often go unused.

Try to avoid "down-coding" when billing for services rendered to CSHCN as the practice may suffer financially. Common causes of down-coding:

- Lack of knowledge of how to properly utilize CPT codes; and/or
- Insufficient documentation to justify the higher-intensity codes

Your practice can legitimately increase revenues by utilizing higher-intensity codes, but you must keep documentation to justify these higher codes. For example, proper documentation of the outpatient visit codes 99201-99205/99212-99215 should permit billing at the 4th and 5th level for most acute problems or treatment of technology-specific issues. Generally, the documentation guidelines for history taking are more difficult to meet than the guidelines for examination and decision making for CSHCN.

One quick method to determine if your practice is appropriately utilizing higher intensity codes:

- Examine the distribution of CPT codes used for all children compared to the distribution of CPT codes used for CSHCN
- The distributions should *not* be similar; if they are, the practice is not fully and appropriately utilizing the richness of CPT coding to capture the true nature of the services rendered to CSHCN

Additional Suggestions for Improving Reimbursement

- Double check with local carriers to see if they cover all the codes you are likely to use. Under fee-for-service payment systems, proper billing using the appropriate codes can legitimately increase revenues.
- Offset the cost of your PNP/care coordinator through proper billing. The PNP can help arrange, collect and document information needed to justify billing at higher-intensity levels.
- Bill for typically unreimbursed care whenever possible. Telephone calls and letter writing are a financial drain, especially with many CSHCN in a practice. Remember that time spent on the telephone, especially if that time precedes an office visit and if the visit is impacted by the telephone conversation, can be rolled into case management codes or can be bundled into the next office visit.

- Determine if uninsured children would be eligible to enroll in your state's Child Health Insurance Program (SCHIP). See http://wwww.mchpolicy.orh/issue5.html for an analysis of state CHIPs with respect to CSHCN.

Billing Strategies for Routine Health Care Maintenance (RHCM)

When CSHCN are seen according to the EPSDT guidelines for routine health care maintenance, apply the age-specific preventive medicine codes 99381–99385/99391–99395 (see Table 1). Given that providing quality routine health care to CSHCN takes more time than providing routine care for their healthy peers, pursue two options for billing these services:

Two Codes/One Visit

A nine year old child with cerebral palsy and seizures comes to the office for routine health care but complains of rapidly escalating seizures and complications of her anticonvulsant medications which leads you to make treatment decisions affecting anticonvulsant management.

You can apply:

(prev. med) 99393		(mod.-severe outpatient visit) 99215	
and	**OR**	and	
(mod.-severe outpatient visit) 99215		have patient return for separate RHCM visit	

If you intend to use time as a default for applying 4th and 5th level codes, note in the chart the actual clock time spent with the patient. (See Table 2 for codes not often used.)

1) Apply prolonged service codes 99354 - 99355. When these codes are applied, note the actual clock time of face-to-face interaction in the chart.
2) If a single medical issue that is addressed during the visit rises over and above what would be considered routine management, apply both a preventive medicine and outpatient code for that visit

Capitation and CSHCN

Under capitation payment systems, consider the following steps to increase reimbursement:

1) Request enhanced case management fees and ask for special consideration
2) Obtain rates that are adjusted by age and disabilities. Non-adjusted plans, especially for younger patients, need to be carefully evaluated.

Practices with significant numbers of CSHCN should be especially careful to do the following:

1) Determine what exactly capitation is responsible for
   - Accordingly, determine which patients can never fit under a capitation scheme
2) Define stop losses carefully–there are different thresholds for CSHCN
   - Understand how reinsurance works; set it up so one patient cannot surpass your budget cap. Certain schemes have a per member per month budget cap that is determined by age, sex and historical utilization patterns. Services are paid on a fee-for-service basis and at the end of the month accounts are reconciled. Providers may have to pay the insurer if the provider went over the budget cap.

For further reading on how to evaluate health care plans: <www.ichp.edu/managed/materials/purchaser>

Table 1
Commonly Used Evaluation and Management (E/M) Codes[a,b]

Description	**E/M Codes**	
Preventive Medicine[c] **Age**	**New**	**Established**
0 – 1 year	99381	99391
1 year – 4 years	99382	99392
5 years – 11 years	99383	99393
12 years – 17 years	99384	99394
18 years – 39 years	99385	99395
Office/Outpatient Visits **Level of Severity**	**New**	**Established**
Straightforward	99201	99211
Low	99202	99212
Moderate	99203	99213
Moderate – Severe	99204 (45 mins)	99214 (25 mins)
Moderate – Severe	99205 (60 mins)	99215 (40 mins)
Preventive Counseling	**Individual**	**Group**
15 mins	99401	--
30 mins	99402	99411
45 mins	99403	--

Table 1 prepared with the assistance of Dr. Peter D. Rappo, M.D, F.A.A.P., and Gregory J. Young, M.D.

Table 2
Evaluation and Management (E/M)[a,b,c] Codes Generally Not Used but Appropriate for Use in Caring for Children with Special Health Care Needs

E/M Codes	Description
Prenatal Care[d]	
99401	15 minutes
99402	30 minutes
99403	45 minutes
99404	60 minutes
Telephone Advice	
99371	Simple/Brief
99372	Intermediate
99373	Complex/lengthy
Office/Other Outpatient Consultation	
99241	Office consultation, minor
99242	Office consultation, low severity
99243	Office consultation, moderate severity
99244	Office consultation, moderate high severity (60 mins)
99245	Office consultation, moderate high severity (80 mins)
Care Plan Oversight	**Use these codes once per 30 days**
99374	15-29 minutes; patient under care of home health agency
99375	30 minutes or more; patient under care of home health agency
99377	15-29 minutes; hospice patient
99378	30 minutes or more; hospice patient
99379	15-29 minutes; nursing facility patient
99380	30 minutes or more; nursing facility patient
Prolonged Services[e]	**Not Face to Face**
99358	Prolonged services, without contact, first hour
99359	Prolonged services, without contact, each additional 30 min
Prolonged Services[f]	**Face to Face**
	< 30 minutes – not reported
99354 x 1	30 – 74 minutes
99354 x 1 & 99355 x 1	75 – 104 minutes
99354 x 1 & 99355 x 2	105 – 134 minutes
99354 x 1 & 99355 x 3	135 – 164 minutes
99354 x 1 & 99355 x 4	165 – 194 minutes

continued next page

E/M Codes	Description
Case Management	
99361	Physician/team conference, 30 min
99362	Physician/team conference, 60 min
99371	Physician phone consultation, brief
99372	Physician phone consultation, intermediate
99373	Physician phone consultation, complex
Home Services[g]	**Low Severity**
99341 (new)	Components are:
99347 (established)	problem focused history
	problem focused examination
	medical decision making, straightforward
Home Services	**Moderate Severity**
99342 (new)	Components are:
99348 (established)	expanded problem focused history
	expanded problem focused examination
	medical decision making, low complexity
Home Services	**Moderate to High Severity**
99343 (new)	Components are:
99349 (established)	detailed history
	detailed examination
	medical decision making, moderate complexity
Home Services	**High Severity**
99344 (new)	Components are:
99350 (established)	comprehensive history
	comprehensive examination
	medical decision making, moderate
Home Services	**Unstable or significant new problem requiring immediate physician attention**
99345 (new)	Components are:
	comprehensive history
	comprehensive examination
	medical decision making, high complexity

[a] Information for table extracted from *Current Procedural Terminology, CPT 2000*.
[b] Evaluation and Management is part of the CPT coding system.
[c] E/M codes, descriptions and numeric modifiers only are copyright 1999, American Medical Association. All rights reserved.
[d]Prenatal Care codes are the same as the Preventive Counseling codes.
[e]For extensive work related to the visit done before or after the visit, e.g., extensive telephone consultation to coordinate care with other physicians or with state agencies such as Department of Health.
[f]Bill for procedure code + add modifier "- 25" (extended service modifier.) Use these prolonged service codes as appropriate, depending on time spent.
[g]Under all Home Services codes, new patients require 3 components, established patients require 2 components.

Table 2 prepared with the assistance of Dr. Peter D. Rappo, M.D, F.A.A.P., and Gregory J. Young, M.D.