Coding and Billing for Services

Steps in the Process for health care providers who initially see child and family separately from EI staff:

1. Distribution of information on the AIT to PCPs in community (marketing brochure), # to call (under development)

2. Referral to the health professional on the AIT (if comes from EI staff, office staff need to request referral from child's PCP. If comes from PCP, office staff need to notify EI staff)

3. Office administrative staff request authorization from health plan or CCO (after receiving referral from PCP), contact family to schedule office appointment/send information on the process to the family (information packet on AIT process under development)

4. EI staff begin eligibility evaluation for ASD services (and potentially EI services if not already receiving EI services)

5. E&M appointments (may require 2 visits, 99215 & 99213) - the responsibilities of the healthcare professional on the autism identification team are to conduct:
   a. the medical and developmental history,
   b. the autism interview,
   c. a standard physical and neurologic exam including examination for dysmorphic features,
   d. the STAT (Screening Test for Autism in Toddlers), and
   e. brief review of next steps with family.

6. Conference with health care professional and other team members (at least one member of EI/autism eligibility team), agree on identification or no and develop initial treatment plan (next steps), and then jointly review resluts with families (same conference or different time)

7. Health care professional completes report (includes source of referral, need for referral and initial treatment plan) and coding/billing document; office staff send report to referral source and bill health plan/CCO

8. Team completes paperwork for OCCYSHN.

Steps in the Process for health care provider who sees child and family jointly with EI staff:

1. Distribution of information on the AIT to PCPs in community (marketing brochure), # to call (under development)

2. Referral goes to EI staff or the health professional on the AIT (if goes to health care professional, office staff notify EI staff and request referral from child's PCP. If comes from PCP, office staff need to notify EI staff)

3. Office administrative staff request authorization from health plan or CCO for consultation (after receiving referral from PCP)

4. EI staff provide family with information packet on AIT process, begin eligibility evaluation for ASD services (and potentially EI services if not already receiving EI services)

5. EI staff contact family to schedule appt for ADOS and MD interview/exam; AIT review (EI staff and MD) re identification, then joint review with the family.

6. E&M appointment (99215) - the responsibilities of the healthcare professional on the autism identification team are to conduct:
   a. the medical and developmental history,
   b. the autism interview, and
   c. a standard physical and neurologic exam including examination for dysmorphic features.

7. Conference with health care professional and other team members (at least one member of EI/autism eligibility team), agree on identification or no and develop initial treatment plan (next steps), and then jointly review results with families (same conference or different time)

8. Health care professional completes report (includes source of referral, need for referral and initial treatment plan); completes coding/billing document; office staff send report to referral source and bill health plan/CCO

9. Team completes paperwork for OCCYSHN.

<u>Recommendations for use of billing codes by AIT health professional:</u>

99205 (or 99215 if child from your practice)
-- Initial H&P, DSM interview, exam (or exam at second visit with STAT)
96111 -- STAT testing (may require follow-up visit 99212or 99213)
99213 or 99214 -- Follow-up visit for STAT and brief review of next steps with family
99358 -- Synthesizing information and formulating a preliminary treatment plan
99367 -- Team conference
99213 or 99214 -- Follow up visit with family

<u>Professional billing codes</u>:

E/M codes:

99205 New patient visit
96111 Developmental testing extended
99215 Follow up visit, “Counseling and coordination of care >40 minutes”
99354 Prolonged service in office, 30-74 minutes (in addition to E&M service)
99355 Prolonged service in office, each add. 30 min.

Complex case management codes:
Not on DMAP fee schedule; MC rates
99358 Prolonged E&M service without direct patient contact, 1st hour
99359: each additional 30 min.

Team Conference codes:
99366: medical team conference in which a non-physician spends 30 minutes or more of face-to-face time with the patient and/or family;
99367: medical team conference in which a physician spends 30 minutes or more, not face-to-face with the patient and/or family; and
99368: medical team conference where a non-physician spends 30 minutes or more, not face-to-face with the patient and/or family.

The following criteria must be met to report the team conference codes:
A minimum of three qualified health care professionals from different specialties or disciplines who provide direct care to the patient must participate in the reported team conference.
No more than one individual from the same specialty may report 99366-99368 at the same encounter.
Reporting participants must be present for the entire team conference.
Reporting participants shall have performed face-to face evaluations or treatments of the patient, independent of any team conference, within the previous 60 days

Developmental Testing:
96111: Extended developmental testing/evaluation
Used for extended developmental testing typically provided by the medical provider
Includes the interpretation and report
Based on 1 hr of physician work
Reported in addition to E/M services provided on same date, use -25 modifier (used to identify a significant separately identifiable E/M service by the same physician on the same day)

Care Coordination Codes:
CPT codes 99487-99489 are for complex chronic care coordination provided by physicians, other qualified health care professionals and clinical staff to a patient with complicated, ongoing health issues living at home or in a domiciliary, rest home or assisted living facility.
99487 Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month.

99488 Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month

99489 Complex chronic care coordination services; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

Resources on coding and billing from the AAP:
http://www.medicalhomeinfo.org/ , search "billing and coding," open PPt on developmental screening by Michelle Macias, includes detailed information on use of CPT, procedural and ICD-9 codes.
http://www.medicalhomeinfo.org/how/payment_and_finance/ , basic information including fact sheets on billing and coding for medical home services

Issue: MD's billing for services provided off-site, e.g., in the EI center