

Coding and Billing for Services for ACCESS Team Health Professional

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

1. The responsibilities of the healthcare professional on the autism identification (ACCESS) team are to conduct (will require 2 E&M visits):
 - a. the medical and developmental history,
 - b. the DSM 5 parent interview on ASD,
 - 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.
2. Office administrative staff request authorization from health plan or CCO (after receiving referral from PCP), contact family to schedule office appointments at least 7 days apart and send information on the ACCESS process to the family
3. Health care professional will subsequently conference with other ACCESS team members to discuss the child and agree on identification of ASD (Yes or No) and develop an initial treatment plan (next steps), and then jointly review results with families
4. Health care professional completes the report (includes source of referral, need for further referrals and initial treatment plan) and coding/billing document; office staff send report to referral source and bill health plan/CCO
5. ACCESS Team jointly completes paperwork for OCCYSHN.

Recommendations for use of billing codes by ACCESS health professional:

- 99205 (or 99215 if child from your practice) -- Initial H&P, DSM interview, exam (or exam at second visit with STAT) **Can they also bill 96111 for conducting the interview (takes 45 minutes to administer and another 15 minutes to score and review results?)**
- 99213 or 99214 -- Follow up visit for STAT and brief review of next steps with family
- 96111 -- STAT testing (billing for STAT in addition to E&M code)
- 99358 -- Synthesizing information and formulating a preliminary treatment plan **(can the health professional use this code in addition to above?)**
- 99367 -- Team conference **(is this a code that is reimbursed?)**

Professional billing codes:

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) – **can the health professional use this code? In place of or in addition to 96111 code?**
- 99355 Prolonged service in office, each add. 30 min. **Can the health professional use this code? In place of or in addition to 96111 code?**

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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

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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