



NCC Pediatrics Continuity Clinic Curriculum: Coding Boot Camp



Goals

To familiarize oneself with how coding is done in AHLTA and its contribution to RVUs (relative value units), and to appreciate accurate/comprehensive outpatient coding.

Objectives

Upon completion of this module, the reader should be able to:

1. Know the difference between a new and established patient encounter
2. Cite the RVU amount (± 0.25) of 3 common clinic procedure.
3. Tell a preceptor when a 25-modifier is appropriate, and show how to code it.

Pre-Meeting Preparation

Please read the following enclosures:

1. [AAP Preventive Medicine Coding Update 2018](#) (*click on link, skim it*)
2. [“CODING and RVU’s: What AHLTA Can Do For You”](#) (*click on link*)
3. [“Common Pediatric Coding & Documentation Pitfalls”](#) (*click on link*)
4. Common Pediatric Codes & RVUs (*pg. 5*)
5. Top RVU & Continuity Resident Providers (*pg. 6*)

Homework: Print out notes for 1 well-visit and 1 acute-visit. Practice coding by hand.

Meeting Agenda

1. Complete “Coding in AHLTA Quiz” (*Best done with test patient on computer*)
2. **Group Activity:** Pair-up and trade either their well-visit or acute- visit notes.

Extra Credit (Encouraged for PGY2s & PGY3s)

- [“AHLTA Tips & Tricks: What You Need to Know Today”](#)
- Creating and editing order sets from A/P module; Consult Log; Patient Handouts
- [M2 Database CPT Code & RVU List](#) (*updated Jan 2012, contains 23,066 codes!*)
- [MHS Coding Guidance](#) (*updated 2013; 158pp*)
- [The 25 Modifier: Use it, Don’t Abuse It!](#) (from the AAP 2012)



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Common Pediatric Codes & RVUs

Appointment Type	Code	RVU's
Well baby Exam 0-12 months	99391	1.50
- New patient to practice	99381	1.50
Well child Exam 1-4 years	99392	1.50
- New patient to practice	99382	1.60
Well child Exam 5-11 years	99393	1.50
- New patient to practice	99383	1.70
Well-Adolescent 12-17 years	99394	1.70
- New patient to practice	99384	2.00
Extra problem addressed at well check	-25	+0.45
Problems focused acute visit (1-0-0,1)	99212	0.48
- New patient to practice	99202	0.93
Expanded problem focused (1-1-0,6)	99213	0.97
- New patient to practice	99203	1.42
Moderate Complexity (4-2-1,12)	99214	1.5
- New patient to practice	99204	2.43
High Complexity (4-2-1,12)	99215	2.11
- New Patient to practice	99205	3.17
Telcon, brief	99441	0.25
Telcon, 5-11 minutes	99442	0.50
Telcon, complex	99443	0.75
Telcon – on line by e-mail	99444	0
Prolonged service before/after appt, 1 hr	99415	0.25
Care Management Services, 20 min	99490	1.14



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Procedure	Code	RVU's (bold are non-zero)
Cerumen removal with instrument / with irrigation	69210 / 69209	0.61 / 0
Wart removal, 1-14	17110	0.70
Med counseling, 1 patient	98960	0
IV fluids up to 1 hour. each additional hour	96360 / 96361	0.17 / 0.09
Administration of IV Medication (each)	96365	0.21
Lumbar puncture	62270	1.37
Venipuncture (child>3years, < 3 yrs) by MD/DO	36410 / 36406	0.18
Venipuncture	36415	0
IV Placement	36000	0.18
Psychotropic med management (ADHD)	90863	0
Urine catheterization	51701	0.5
Demonstration of use of MDI	94664	0
Arterial puncture of blood draw	36600	0.32
ECG Performance / Interpretation	93000 / 93010	0.17 / 0.17
PFT's	94010	0.17
Tympanometry	92567	0.20
Chemical cautery of granulation tissue	17250	0.50
Nebulizer	94640	0 (down from 0.5)
PAP Smear	88164	0
Handling of Lab Specimen to lab	99000	0
Dr. Reporting of patient status (forms)	99080	0
Lingual Frenotomy	41010	1.11 (down from 1.92)
Application of fluoride varnish	99188	0
Nexplanon insertion / removal	11981 / 11982	1.48 / 1.78
Developmental screening, limited	96110	0
Urinalysis dipstick	81002	0
Capillary blood specimen (e.g. for NBS)	36416	0
Transcutaneous Bilirubin	88720	0
Guaiac stool	82270	0
Screening test of visual acuity, instrument	99173	0
Pulse oximetry	94760	0
KOH Prep	87210	0
Urine HCG Test	81025	0
Hematocrit Testing, Point of Care	85103	0
Lead testing, Point of Care	83655	0
Hemoglobin A1C, Point of Care	70069	0
Audiogram, Screening (pass/fail)	92551	0
Ocular Photo screening	99174	0 (down from 0.9)

Source: <https://www.aapc.com/practice-management/rvu-calculator.aspx>

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Outpatient Practice Habits for Residents 2016-2017

	PGY1	PGY2	PGY3
Total Encounters	Ahmed (264) Haberkorn (239) Salgado (238)	Carter (621) Erickson (606) Oparaji (515)	Childers (1035) Malchodi (989) Baunchalk (895)
Total RVUs	Haberkorn 722 Behm 693 Vereen 674	Erickson 1474 Brockman 1465 Oparaji 1332	Malchodi 2499 Savioli 2412 Childers 2278
Average RVU per non-telcon encounter	Haberkorn 3.02 Miller-Jaster 2.90 Behm 2.90	Oparaji 2.59 Stark 2.54 Erickson 2.43	Savioli 2.80 Pinches 2.79 Smith 2.52
% non-telcon encounters with > 1 E&M Code	Ahmed 17.4% Patterson 13.9% Carlson 8.6%	Erickson 9.9% Oparaji 9.3% Stark 9.14%	Falcon 11.8% Perkins 9.5% Savioli 9.3%
% Adolescent Pts	Agudelo-Uribe 17% Haberkorn 15.9% Ahmed 15.1%	Carter 12.1% Gulledge 11.2% Jones 10.9%	Espinola 14% Daniels 11% Pinches 10.9%
% Patients Seen more than Once 'Continuity' *	Miller-Jaster 24.2% Ahmed 19.5% Vereen 17.4%	Brockman 16.7% Oparaji 16.4% Jones 13.1%	Falcon 20.7%** Pinches 19.3% Perkins 17.7%
Lowest Median \$ Billed	Thompson 572.51 Ahmed 575.40 Hidirsah 612.26	Jones 462.61 Carter 545.33 Brockman 595.18	Espinola 175.31 Perkins 558.51 Savioli 600.27
Lowest Median \$ Spent on Lab	Agudelo-Uribe 10.71 Thompson 5.71 Hidirsah 13.63	Jones 6.24 Puth 7.08 Carter 7.24	Espinola 2.85 Perkins 7.68 Savioli 8.62

general usage in ped primary care practices is between 7-17%

- ✓ *Learn from your peers and ask them how they practice and code*
- ✓ *Interpret cost data based on reflection of your practice. Costs may be higher/lower if (1) you have many/few complex patients requiring procedures, meds, and labs OR (2) you tend to overuse/underuse labs, meds, and procedures.*

* *Cumulative (i.e. since the start of internship)*

** *Winner of Labow Award 2017*



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Preparation: Make a patient encounter using the **QQQ113, MALE** phony pediatric patient.

→ → → → → (Please ignore the random arrows. Word to Adobe formatting issue. Apologies.)
→ → → → →
→ →

1. State the number of RVUs the military expects providers to generate each day.
2. Tell your preceptor how many diagnoses ‘count’ on the A/P screen.
3. Show your preceptor how to get to the disposition page in AHLTA.
4. Demonstrate how to note if a patient is new or established.
 - a. What is the default for AHLTA? Established. You must manually change to new
 - b. Is there a RVU difference if the patient is new?
5. Know the numbers of key elements for HPI, ROS, PMSF and PE to code a visit.

E&M Code	HPI score	ROS score	PMSFHx Score	PE score
99213				
99214				
99215				

6. Compare the RVUs for a 99213 acute visit vs a 99442 (10 minute phone call).
7. Demonstrate that it’s the detail and not the number of boxes which gives you ‘points’.
 - a. Headache, frontal, lasting < 30 minutes, exacerbated by stress: E&M Code ->
 - b. Headache, nausea, photophobia, sore throat: E&M Code ->
8. Calculate how many RVU are generated if you document a capillary blood sample collection (for newborn screen) and a pulse oximetry check



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Faculty Guide



9. Calculate how many RVU are generated if you complete an ASQ, remove earwax with a currette, apply fluoride varnish, and fill out daycare forms during a 9 month old well-check.

10. Calculate the RVU for a r/o sepsis workup for a 1 month old who came to clinic, and then spent 60 minutes in our procedure room being monitored while awaiting transport/admission.

11. Show your preceptor how to code for the AOM you discovered during the 9 month well-child visit.

12. How much money does each RVU worth in reimbursement?

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How often should you be using the 25 modifier?

According to a pediatric practice management consultant who looked at all of their practices:

- 17% of well visits
- 7% of sick visits

Confessions of Pediatric Practice Management Consultant Blog, 2007