



# NCC Pediatrics Continuity Clinic Curriculum: Coding Boot Camp *Faculty Guide*



## 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 ( $\pm 0.25$ ) 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:** Have residents pair-up and trade either their well-visit or acute-

*visit notes (both, if time permits). Partners should “code-by-hand” each other’s notes and then compare answers, using either the “Common Sense” or “HRCS” tools.*

## 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

<b>Appointment Type</b>	<b>Code</b>	<b>RVU's</b>
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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<b>Procedure</b>	<b>Code</b>	<b>RVU's (bold are non-zero)</b>
<b>Cerumen removal with instrument / with irrigation</b>	<b>69210 / 69209</b>	<b>0.61 / 0</b>
<b>Wart removal, 1-14</b>	<b>17110</b>	<b>0.70</b>
Med counseling, 1 patient	98960	0
<b>IV fluids up to 1 hour. each additional hour</b>	<b>96360 / 96361</b>	<b>0.17 / 0.09</b>
<b>Administration of IV Medication (each)</b>	<b>96365</b>	<b>0.21</b>
<b>Lumbar puncture</b>	<b>62270</b>	<b>1.37</b>
<b>Venipuncture (child&gt;3years, &lt; 3 yrs) by MD/DO</b>	<b>36410 / 36406</b>	<b>0.18</b>
Venipuncture	36415	0
<b>IV Placement</b>	<b>36000</b>	<b>0.18</b>
Psychotropic med management (ADHD)	90863	0
<b>Urine catheterization</b>	<b>51701</b>	<b>0.5</b>
Demonstration of use of MDI	94664	0
<b>Arterial puncture of blood draw</b>	<b>36600</b>	<b>0.32</b>
<b>ECG Performance / Interpretation</b>	<b>93000 / 93010</b>	<b>0.17 / 0.17</b>
<b>PFT's</b>	<b>94010</b>	<b>0.17</b>
<b>Tympanometry</b>	<b>92567</b>	<b>0.20</b>
<b>Chemical cautery of granulation tissue</b>	<b>17250</b>	<b>0.50</b>
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
<b>Lingual Frenotomy</b>	<b>41010</b>	<b>1.11 (down from 1.92)</b>
Application of fluoride varnish	99188	0
<b>Nexplanon insertion / removal</b>	<b>11981 / 11982</b>	<b>1.48 / 1.78</b>
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
<b>Total Encounters</b>	Ahmed (264) Haberkorn (239) Salgado (238)	Carter (621) Erickson (606) Oparaji (515)	Childers (1035) Malchodi (989) Baunchalk (895)
<b>Total RVUs</b>	Haberkorn 722 Behm 693 Vereen 674	Erickson 1474 Brockman 1465 Oparaji 1332	Malchodi 2499 Savioli 2412 Childers 2278
<b>Average RVU per non-telcon encounter</b>	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
<b>% non-telcon encounters with &gt; 1 E&amp;M Code</b>	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%
<b>% Adolescent Pts</b>	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%
<b>% Patients Seen more than Once 'Continuity' *</b>	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%
<b>Lowest Median \$ Billed</b>	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
<b>Lowest Median \$ Spent on Lab</b>	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. Go to “Go” → “Patient Search” → Type in “QQQ113” in Last Name and “MALE” in First Name → Click FIND → Select pediatric patient (01-870-00-1226) → Click “OK” → Click “New Appt” icon up top → Select “establish/follow-up appt” or “acute appt” → Click “OK”

1. State the number of RVUs the military expects providers to generate each day. **16**
2. Tell your preceptor how many diagnoses ‘count’ on the A/P screen. **4**
3. Show your preceptor how to get to the disposition page in AHLTA. **Click tab on top of screen or click icon on side-bar.**
4. Demonstrate how to note if a patient is new or established. **New is anyone who has had no visit in the same MEPRS code in the past 3 years. Look in middle left of disposition screen**
  - 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? **Yes – more RVU for new.**
5. Know the numbers of key elements for HPI, ROS, PMSF and PE to code a visit.

<b>E&amp;M Code</b>	<b>HPI score</b>	<b>ROS score</b>	<b>PMSFHx Score</b>	<b>PE score</b>
<b>99213</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>6</b>
<b>99214</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>12</b>
<b>99215</b>	<b>4</b>	<b>10</b>	<b>2</b>	<b>12</b>

6. Compare the RVUs for a 99213 acute visit vs a 99442 (10 minute phone call). **0.97 vs 0.5**
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 -> **4 pts**
  - b. Headache, nausea, photophobia, sore throat: E&M Code -> **2 pts**

**Allow the residents to experiment with the S/O module for QQQ113, generating different combinations of bullet points and then observing what the calculated score is under the Disposition Module (click on the hyperlinks for HPI, ROS to view the “counted” bullet points). Please note that due to changes in the AHLTA calculator, the values above may not be accurate. The point of this item is to appreciate that more points, and therefore more RVUs, can be generated by a detailed HPI.**

8. Calculate how many RVU are generated if you document a capillary blood sample collection (for newborn screen) and a pulse oximetry check. **ZERO (these procedures haven’t been reimbursed directly since 2013).**



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

**0.61 for cerumen removal with an instrument only**

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.

**99214 E&M Code [established] (1.5) + LP (1.37) + venipuncture (0.18) + urine cath (0.5) + specimen handling (0) + IV placement (0.18) + administration of ampicillin (0.21) + administration of cefotaxime (0.21) + pulse oximetry (0) + extra E&M code for prolonged direct service [monitoring for 60 minutes while waiting for transport to arrive] (0.25) = 4.4 RVUs**

**Please note: The last item is not in the provided reference, but in a larger database as “prolonged service, office—99354”. The goal of this section is not necessarily to get the exact answer, but to appreciate that every element of the patient interaction contributes to the overall RVU. If residents take the time to include the procedures performed during the visit, they will greatly increase the calculated value of their visit. Allow the residents to experiment with QQQ113 and enter these procedures into the A/P module.**

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

**Use -25 Modifier Code on the additional E&M coding, which generates +0.45 RVUs. (See RVU Chart above).**

- **Show the residents that the Modifier Codes can be added under the “Additional E&M Coding” Tab on the Disposition Module page.**
- **See the “Top Resident Providers” for % encounters with 25-modifier.**

12. How much money does each RVU worth in reimbursement? **\$37.89 as of 2018.**

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