



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

Goal:

To become familiar with how coding is done in AHLTA and how it contributes to RVUs (relative value units), and to appreciate the importance of accurate and comprehensive coding in the outpatient setting.

Objectives:

Upon completion of this module, the pediatric residents will:

- 1) Complete Coding in AHLTA Quiz (*see page 3*), using the Pre-Meeting Preparation links as references.
- 2) Analyze one of their *own* AHLTA notes with a partner to determine how coding and, in turn, RVU generation could be improved.
 - **Ask residents to pair off and trade the AHLTA notes they have printed out. Partners should “edit” the notes for coding deficiencies. Areas where coding may be improved include:** 1) more bullet points for S/O section OR using override function if free text preferred; 2) including procedures, however minor (e.g. cerumen removal, developmental screening); 3) ensuring proper patient status (e.g. new vs. established) and visit type (e.g. preventive medicine visit for well-baby/school physical); 4) clicking >50% time spent counseling (if this is true!).

Pre-Meeting Preparation:

Please read the following enclosures:

- [Basics of Coding in AHLTA](http://www.navyehr.com) (*web-link: www.navyehr.com*)
- [“CODING and RVU’s: What AHLTA Can Do For You”](#) (*PowerPoint*)
- Basic Pediatric Codes & RVUs (*page 2*)
- Top RVU & Continuity Resident Providers (*page 4*)

*** Please print a copy of an AHLTA note from last week for an exercise to be done during Continuity Conference. ANY appointment type is allowed.**

Extra-Credit:

-Review [“AHLTA Tips & Tricks: What You Need to Know Today”](#):

- Creating and editing order sets from A/P module
- Dx Prompt/Find Term
- Default Templates
- Consult Log
- Patient Handout AIM Form

-Review [“Module Specific Tips & Tricks”](#) (*web-link: www.navyehr.com*)

Appointment Type	Code	RVU's
Well-Baby Exam 0-12 months	99381	1.02
-new patient to practice	99391	1.19
Well-Child Exam 1-4 years	99382	1.19
-new patient to practice	99392	1.36
Well-Child Exam 5-11 years	99383	1.19
-new patient to practice	99393	1.36
Well-Adolescent, 12-17 years	99384	1.53
-new patient to practice	99394	1.36
An extra problem being addressed during well-child check	-25	0.45+
Problem Focused Acute Visit (1-0-0, 1)	99212	0.45
Expanded problem Focused (1-1-0, 6)	99213	0.67
Moderate Complexity (4-2-1, 12)	99214	1.10
High Complexity (4-10-2,12)	99215	1.77
-new patient to practice	99205	2.67
Telcon, brief	99371	0.22
Telcon, 5-11 minutes	99372	0.55
Telcon, complex	99373	1.11
Telcon – on-line by email	99374	1.10
Procedure	Code	RVU's
Cerumen removal	69210	0.61
Peak flow	94150	0.07
Wart, flat, 1-14	17110	0.65
Wart, plantar, single	17000	0.60
Wart, plantar, each add'l	17003	0.15
Screening test of vis acuity	99173	0.09
Pulse oximetry	94760	0.07
Med counseling, 1 patient	98960	0.2
KOH Prep	87210	0
Destruct of flat warts, milia, molluscum, up to 14 lesions.	17110	0.65
IV fluids up to 1 hour	96360	0.17
- each additional hour	96361	0.09
Administration of IV Medication (each one)	96365	0.21
Developmental Screening, Limited (e.g. M-CHAT, PEDS)	96110	0.54
Urinalysis dipstick	81002	0.08
Lumbar Puncture	62270	1.13
Venipuncture (child > 3 years) by physician	36410	0.18
Venipuncture (child < 3 years) by physician	36406	0.18
IV Placement	36000	0.18
Capillary blood specimen (e.g. for NBS)	36416	0.05
Psychotropic medication management (ADHD meds)	90862	0.95
Urine catheterization	51701	0.5
Demonstration of use of MDI	94664	0.12
Arterial puncture for blood draw	36600	0.32
Guaiac stool	82270	0
ECG	93000	0.17
Transcutaneous Bilirubin	88720	0
ECG Interpretation	93010	0.17
PFTs	94010	0.17
Urine HCG Test	81025	1.00
Tympanometry	92567	0.21
Chemical cautery of granulation tissue (e.g. umbilicus)	17250	0.50
Nebulizer treatment	94640	0.12
PAP Smear	88164	0.80
Handling of Lab Specimen from office to lab	99000	0.05
Dr. Reporting of Patient Status (filling out forms)	99080	0

Coding in AHLTA Quiz

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 of screen.**
4. Demonstrate how to note if a patient is new or established.
 - New patient= No visit within the MEPRS code (i.e. in the Pediatric Clinic vs. FP Clinic vs. Behavioral Health Clinic, etc.) in the past *3 years*.
 - **Can find patient status in Disposition module, under “Calculated” coding tab.**
 - a. What is the default for AHLTA? **Existing. You must manually change to new.**
 - b. Is there a RVU difference if the patient is new? **Yes. You get more RVUs for a new patient vs. an established patient.**
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	1	1	0	6
99214	4	2	1	12
99215	4	10	2	12

6. Compare the RVUs generated for the department for a 99213 acute visit and a 99372 (10 minute phone call). **0.67 vs. 0.6**
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 –**4 points**
 - b. Headache, nausea, photophobia, sore throat – **2 points**
 - 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. **0.05 vs. 0.07**

9. Calculate the RVU for the procedures for a r/o sepsis workup for a 1 month old.

LP (1.13) + venipuncture (0.13) + urine cath (0.5) + specimen handling (0.05) + IV placement (0.18) + administration of ampicillin (0.21) + administration of cefotaxime (0.21) + pulse oximetry (0.07) + monitoring for 60 minutes while waiting for transport to arrive (1.77) + arranging transport (2.4) = 6.65 RVUs

- Please note: Last 2 items are not in the provided references; these RVUs were found in a larger database. The goal of this section is not necessarily to get the exact right 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.

10. 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 on page 2).**

- Show the residents that the Modifier Codes can be added under the “Additional E&M Coding” Tab on the Disposition Module page.

Top RVU & Continuity Resident Providers: 2010-2011

Residency Wide

- Average RVU/encounter - Hajiaghamohseni (1.42), Wagner (1.32), Stering/Nelson (tied 1.31)
- Total RVU - Gardner (1533), Enright (1526), Cunningham, M (1489)
- % Adolescent Pts - McElveen (22%), Ghanjanasak (20%), Lorkowski (19.7%)
- % Pts seen more than once - - Hajiaghamohseni (25%), Cunningham, M (24%), Garcia (22%)

PGY3

- Average RVU/encounter - Nelson (1.31)
- Total RVU - Gardner (1533)
- % Adolescent Pts - Hurlston (18.3%)
- % Pts seen more than once - Kammerer (17%)

PGY2

- Average RVU/encounter - Stering (1.31)
- Total RVU - Cunningham, M (1489)
- % Adolescent Pts - Lorkowski (19.7%)
- % Pts seen more than once - Cunningham, M (24%)

PGY1

- Average RVU/encounter - Hajiaghamohseni (1.42)
- Total RVU - - Hajiaghamohseni (963)
- % Adolescent Pts - McElveen (22%)
- % Pts seen more than once - Hajiaghamohseni (25%)

✓ *Ask Dr. Hepps or Dr. Gorman for your individual RVU data, % adolescents, and % continuity.*