



NCC Pediatrics Continuity Clinic Curriculum: Coding Boot Camp Faculty Guide

Goals

To familiarize oneself with how coding is done in MHS Genesis 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. Understand the basics of ICD-10 CM, E&M, and CPT codes
2. Know the difference between a new and established patient encounter
3. Cite the approximate RVU amount (± 0.25) of common E&M and CPT codes.
4. Cite when a 25-modifier is appropriate, and show how to code it.

Pre-Meeting Preparation

Please read the following enclosures:

1. [ICD-10 History and Context](#) (AJNR, 2016)
2. [Mastering medical coding and billing terminologies: An overview](#) (aapc.com)
3. [Coding for Pediatric Preventive Care 2022](#) (AAP, click on link, skim it)
4. Common Pediatric Codes & RVUs (pg. 5)

Homework: Prepare to discuss the coding you did for 1 recent well-visit and 1 recent acute-visit.

Meeting Agenda

1. Complete “Coding in Genesis Quiz” (*Demonstrate with an actual open encounter*)
2. **Group Activity:** Have residents share the coded encounters they prepared to discuss

Tools&Extra Credit

- [Coding Fact Sheets](#) (a variety of quick-reference tip sheets from the AAP)
- [Physician Fee Schedule Look-Up Tool](#) (AMA)
- [ICD-10 Clinical Concepts for Pediatrics](#) (cms.gov)
- [2023 Pediatric ICD-10-CM Codes](#) (Tennessee Chapter AAP)
- [ICD-11 2023 release is here](#) (World Health Organization)



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Common Pediatric Codes & RVUs

Appointment Type	E&M Code	RVU's
Well baby Exam 0-12 months	99391	1.37
- 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	+0.70. . .
Problems focused acute visit (10-19 min)	99212	0.70
- New patient to practice	99202	0.93
Expanded problem focused (20-29 min)	99213	1.30
- New patient to practice	99203	1.60
Moderate Complexity (30-39 min)	99214	1.92
- New patient to practice	99204	2.60
High Complexity (> or = 40 min)	99215	2.80
- New Patient to practice	99205	3.50
Telcon, brief	99441	0.70
Telcon, 5-11 minutes	99442	1.30
Telcon, complex	99443	1.92
Telcon – on line by e-mail	99444	0
Prolonged service before/after appt, 1 hr	99415	0
Care Management Services, 20 min	99490	1.00



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Procedure	CPT 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	1.22
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	0.48
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
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
Application of fluoride varnish	99188	0.20
Nexplanon insertion / removal	11981 / 11982	1.14 / 1.34
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 / Snellen Chart	99174/99173	0

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

1 RVU = \$33.89 (2023 Medicare conversion factor, a 2.1% decrease from 2022)



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1. How many RVUs does the military expect providers to generate each day? **16**

2. How many diagnoses ‘count’ in your assessment and plan? **4**

3. How are codes entered in MHS Genesis?

In Genesis, codes are entered as orders. In contrast to AHLTA, it is possible to complete and sign your encounter note without entering any codes for the visit. Be careful not to do this! It is also possible to code your encounter without completing your documentation/ note. The two processes are independent. You can 'quick order' your codes, but you will always need to modify your coding orders to add GC or GE (and sometimes the 25 modifier.) Make sure you limit your tasks to encounter note and charges only!

4. Demonstrate how you know if a patient is new or established.

A new patient is defined as one who has not received any professional **face-to-face services** rendered by physicians and other qualified health care professionals who may report E/M services and reported by a specific CPT ® code(s) from a physician/other qualified health care professional, or another physician/other qualified health care professional **of the exact same specialty and subspecialty** who belongs to the same group practice, **within the past 3 years.**

5. Is there a RVU difference if the patient is new? **Yes – more RVUs for new patients.**

6. Discuss the major change to E&M coding (problem-based visits, not prev med) that happened in 2021.

Old: amount of detail indicated by number of ‘points’ within the history, ROS, and physical exam determined how high the E&M and how many RVUs generated.

New: E&M codes depend on either the total time required for the visit OR the complexity and risk of the medical decision making required for the encounter.

8. Calculate how many RVUs 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 a SWYC, 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 + 0.20 for fluoride varnish = 0.81

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.

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.

12. How much money does each RVU worth in reimbursement? **\$37.89 as of 2018, \$33.89 as of 2023.**

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