



Frequently Asked Questions from Pediatric Coding 2011: Big Changes Ahead

The following questions were submitted by participants of the live webinar held on January 19. The following answers are paraphrased with additional information added as available.

1. What carriers are having issues?

Several carriers are having issues, but at this time, claims have been reviewed from Blue Cross Blue Shield of Alabama (BCBS-AL) (some claims going to patient responsibility or deductible), United Healthcare (reduced fee), TriCARE, and Cigna (reduced fee).

BCBS-AL has addressed the claims issues found in the benefits tables and is reprocessing claims that went to patient responsibility in error (if the vaccine paid and the administration rejected as 49 - Patient responsibility). Not all contracts are BCBS-AL, therefore they can only address issues with contracts they write.

2. When a medical technologist, medical assistant or nursing assistant gives a shot, should he/she use 90471?

Yes, if there is no physician counseling involved.

3. Are you saying we should bill 90471 on a child under age 18 if counseling is not done?

Yes

4. Are you sure that a MA or NA can give vaccines with physician counseling?

It is my understanding that physician malpractice insurance has an umbrella to cover staff performing any service under his or her orders/supervision. Therefore, an "office nurse" not licensed such as a medical assistant or nursing assistant can perform any service he/she is trained to perform under the physician's supervision. The physician takes responsibility for the services performed. To confirm, you can verify the coverage with your malpractice carrier.

5. If patient comes in for vaccine only and an RN counsels and gives shots, what code is billed?

If an RN counsels and documents this, then 90460/90461 can be billed with the vaccine.

6. I have a medical assistant who administers vaccines. Can she document Vaccine Information Sheet (VIS) reviewed, questions answered, then administer with code 90460?

Only if the physician documents counseling of risks and benefits for the vaccines ordered.

7. So if the MD counsels, the MA/NA can give and we can bill 90460?

Yes

8. My RN says she doesn't feel comfortable going over all the risks and benefits associated with each vaccine. Is this something the doctor needs to do and then the RN can follow up with other information?

Yes, the physician can document counseling of risks and benefits for the vaccines ordered and the RN can administer after reviewing the VIS with the family; this is what I referred to as the team effort.

9. A patient has the same shots at four months as he/she had at two months and was counseled again at four months. Can we bill the 90460 and 90461 or is it only one time?

90460 and 90461 can be billed per date of service, not just one time. If the patient is counseled at two months and then again at four months, the codes can be billed at both visits.

10. What if we bill a 99213 for a V20.2 visit and give vaccines?

99213 should not be billed with V20.2 since these are not compatible codes. 99213 is for billing a sick visit or visit with a diagnosis and the code V20.2 is for Health Supervision. V20.2 is only compatible with E/M 99381-99395 series codes.

99213 can be billed with the sick diagnosis or the reason the patient was seen that day and also have vaccines given on the same date. The vaccines and vaccine administration codes would need to be billed with the vaccine-specific V codes in this case (series V03.0 - V06.8).

11. Would it be good enough to use the short version of documentation you showed?

If you use the short version such as using Counseled R/B, I suggest that you add this or any abbreviation to a standard office abbreviation list in case you are audited. Auditors have been known to ask for a list of standard office abbreviations and signatures with printed names of all personnel initials when auditing a record. For instance, I once audited a chart and the assistant wrote "CC" in the chief complaint field. Until the staff explained that "CC" meant cough and congestion to them, the letters had a completely different meaning to me as the auditor. I always recommend that managers keep standard information on file in case an audit happens or a legal request is made for records. A pediatrician could be asked whose initials are in the medical record for an employee that worked there years before. Without that initial list, it might be impossible to know who documented in the record.

12. Do LPNs qualify for counseling?

According to the discussion with the AL-AAP Pediatric Council and BCBS-AL, RNs and LPNs (licensed personnel governed by an Alabama board) qualify.

13. I understood that the doctor needs to counsel on R/B (risks and benefits). Is this not correct?

Depending on your staff qualifications, if an RN or LPN documents counseling, then the provider is allowed to bill codes 90460/90461 under the physician/NPP provider number.

14. Has the HPV code changed from 90649 to 90650?

90649 is the CPT code for Ardabil (quadrivalent) and 90650 is the CPT code for Cervarix (bivalent)

15. For ALL Kids, can we bill an office visit code—i.e. 99213 with a diagnosis of obesity—or only the nutrition counseling code?

Verified with BCBS-AL: Any provider can bill the following codes:

ALL-KIDS only: Added benefit for the following:

97802 - Medical nutrition therapy, Initial assessment, each 15 minutes V85.54

97803 - Medical nutrition therapy, Re-assessment, each 15 minutes V85.54

(See CPT for full description of each code)

99201-99205, 99211-99215 can be billed by the physician for nutrition 4 times V85.54

The diagnosis code of V85.54, equal to or greater than 95th percentile, is the only diagnosis code that is allowed for obesity intervention under ALL Kids. The BMI must be documented.

Obesity 278.00 and Overweight 278.02 diagnosis codes are not covered by ALL Kids or any other BCBS-AL contract.

16. BCBS PEEHIP no longer has co-payments for well visits, correct?

Correct; BCBS-AL contracts with the prefix EDU have adopted Preventive Care under Health Care Reform effective 10/1/10 and do not require co-pays for preventive care visits

17. Can you explain the difference between Column 1 and Column 2 vs. mutually exclusive regarding NCCI (National Correct Coding Initiative) on the CMS website (cms.gov)?

Column 1 lists the comprehensive CPT code and Column 2 lists the component code, which NCCI considers included in the comprehensive code. In some cases the component code can be modified to allow both codes to be on one claim. Otherwise only the comprehensive code (code in Column 1) can be billed.

Mutually Exclusive: The mutually exclusive table identifies procedures that cannot be reasonably performed on the same day. Many of these edits are based upon the definition of the component that differentiates one code from the other. For example, you wouldn't bill 90633 Hep A 2 dose and 90634 Hep A 3 dose on the same day. These are "mutually exclusive."

18. Do you know where we can find clinical examples of the documentation required to bill 99401 obesity screening vs. 97802 medical nutrition therapy?

Bright Futures is one source for recommendations regarding nutrition and obesity screening, but I believe that documenting what the physician/provider does, questions that are asked and the answers generally would satisfy the documentation requirements. The goal in the documentation is to record the nutrition habits of the patient and any advice given by the physician.

19. When did the changes of codes on MCV 4 and HPV become effective?

MenHiBrix by GSK is not yet FDA-approved but the code in CPT for when it becomes approved is:

90644 Meningococcal conjugate vaccine, serogroups C & Y and *Haemophilus influenzae* B vaccine, tetanus toxoid conjugate (Hib-MenCY-TT), 4 dose schedule, when administered to children 2-15 months of age, for intramuscular use

Cervarix by GSK is now approved and your GSK representative would know the specific information:

90650 Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular (IM) use

20. Could you provide us with a list of resources on achieving how to receive low-cost coding certification?

The following are resources for certification and there may be other educational opportunities in your area at community colleges or medical societies.

www.aapc.com - American Academy of Professional Coders

Courses can be taken online, testing is provided at local AAPC chapters and information is available on this web site.

www.aap.org – American Academy of Pediatrics

Webinar programs are available online.

Jefferson County Medical Society offers coding courses.

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