Billing and Coding for NICU Survivors Transitioning to Pediatric Practice

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Learning Objectives

- Implement accurate billing and coding for NICU survivors transitioning to pediatric practice.
- Utilize the relevant CPT codes and billing guidelines for NICU well child checks, follow-up visits, and developmental assessments.
- Review documentation requirements and best practices to ensure proper reimbursement.
- Review strategies for optimizing reimbursement

Coding Preventive Visits

- Well Child Encounters with new problems requiring medical decision-making (MDM).
- Submit preventive CPT codes and problem-oriented ICD 10 codes.
    - Charge for developmental screenings.
    - Code and bill for additional E/M using **modifier 25**.

NICU Survivor Well Child Encounters

- Encounter for routine child health examination *with abnormal findings, Z00.121*
- First visit is often well beyond newborn 8-28 days old
- Growth, nutrition, and development according to **corrected age**

Well Child Encounter

CODES FOR PREVENTIVE CARE VISITS

Description of service	ICD-10	CPT
Health Examination for newborn under 8 days old	**Z00.110**	99381
Health Examination for newborn 8 to 28 days old	**Z00.111**	
Encounter for routine child health examination without abnormal findings	**Z00.129**	99391
Encounter for routine child health examination with abnormal findings	**Z00.121**	

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For children ages 1-4 (early childhood)			99392
Encounter for routine child health examination with abnormal findings	**Z00.121**		

Developmental Screening

ASQ

- Screening for developmental delays
- Given at 9, 18, 24, 36, and 48 months

MCHAT-R

- Screening for autism
- Given at 18 and 24 months

Remember for NICU GRADS - monitor for delays using **ASQ according to corrected age** during well child encounters **in the first 6 months** of life.

Modifier for Developmental Screening

- **Modifier U6** Standardized behavioral health screening tool
- **Modifier 59** Distinct procedural service
- **Modifier SC** Medically necessary service or supply

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- **Modifier U6** Standardized behavioral health screening tool
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- **Modifier SC** Medically necessary service or supply.
  - Monitoring developmental delay with ASQ *outside* of the recommended schedule

Well Child Encounter

CODES FOR DEVELOPMENTAL SCREENING

Description of service	ICD-10	CPT	MOD
Encounter for screening for global developmental delays + ASQ	**Z13.42**	96110	
Encounter for autism screening + MCHAT	**Z13.41**	96110	**+ U6**
+ ASQ + MCHAT		96110	**+ U6** **+ 59**
Encounter for routine child health examination with abnormal findings	**Z00.121**	96110	**+ SC**

Screening outside of the recommended schedule

NICU Graduate Clinic

Maternal Depression Screenings

Medicaid:

Screening for Depression

- **G8431** if the screen is positive
- **G8510** if the screen is negative

+HD modifier

Non-Medicaid Payers:

Brief emotional/behavioral assessment

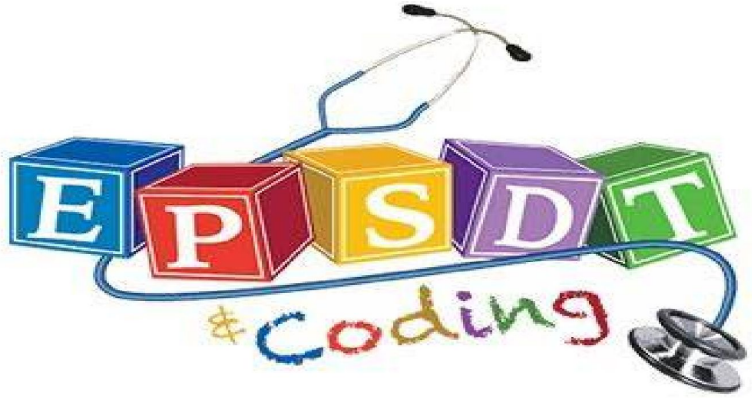
- **96127**

- Assign to **Well child diagnosis code** (Z00.110, Z00.111, Z00.129 or Z00.121).

- Document an interpretation (Positive or Negative) and the follow-up plan for positive Edinburgh Depression Screens.

Texas Health Steps – Diagnostic Services

- The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Medicaid benefit ensures that children receive preventive, dental, mental health and specialty services.



- Condition indicator code notes placement of referrals.
  - New Services Requested
  - Already Referred
  - No referral

Modifier 25

- Indicates that a significant, separate identifiable E/M service was provided on the same day of service as the WCE.

- Do not use modifier 25 if problem is minor.

Medical Decision Making vs. Total Time Spent

- Option of choosing whether documentation is based on *medical decision-making* (MDM) or *time* associated with the visit on the date of service.
- Number and complexity of problems addressed
- Amount and/or complexity of data to be reviewed and analyzed
- Risk of complications and/or Morbidity or Mortality

American Academy of Pediatrics. Office E/M 2021: examples of pediatric medical decision-making for office evaluation and management services. AAP Pediatric Coding Newsletter. 2021;16(4):9-11. https://publications.aap.org/codingnews/article-abstract/16/4/9/27418/Office-E-M-2021-Examples-of-Pediatric-Medical

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Code	Average Time in Minutes	Level of MDM 2 of 3 Elements	Number and Complexity of Problems to be Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed *Each unique test, order or document contributes to the combination of 2 or combination of 3 in Category 1 below	Risk of Complications and/or Morbidity or Mortality of Patient Management
99202 **99212**	15-29 10-19	Straight forward	**Minimal** 1 self limited or minor problem	**Minimal or None**	**Minimal risk** of morbidity from additional diagnostic testing or treatment
99203 **99213**	30-44 20-29	Low	**Low** 2 or more self-limited problems; or 1 stable chronic illness; or 1 acute, uncomplicated illness or injury	**Limited** (Must meet the requirements of at least 1 of the 2 categories) **Category 1:** Tests and documents **Any combination of 2 from the following:** • Review of prior external note(s) from each unique source* • Review of the results of each unique test* • Ordering of each unique test*; OR **Category 2:** Assessment requiring an independent historian(s)	**Low risk** of morbidity from additional diagnostic testing or treatment
99204 **99214**	45-59 30-39	Moderate	**Moderate** 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment or 2 or more stable chronic illnesses; or 1 undiagnosed new problem with uncertain prognosis; or 1 acute illness with systemic symptoms; or 1 acute complicated injury	**Moderate** (Must meet the requirements of at least 1 of the 3 categories) **Category 1:** Tests and documents **Any combination of 3 from the following:** • Review of prior external note(s) from each unique source* • Review of the results of each unique test* • Ordering of each unique test* • Assessment requiring an independent historian(s); OR **Category 2:** Independent Interpretation of Tests Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); OR **Category 3:** Discussion of Management or Test Interpretation Discussion of management or test interpretation with external physician/ other qualified health care professional/appropriate source (not separately reported)	**Moderate risk** of morbidity from additional diagnostic testing or treatment Examples only: • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 **99215**	60-74 40-54	High	**High** 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or 1 acute or chronic illness or injury that poses a threat to life or bodily function	**Extensive** (Must meet the requirements of at least 2 of the 3 categories) **Category 1:** Tests and documents **Any combination of 3 from the following:** • Review of prior external note(s) from each unique source* • Review of the results of each unique test* • Ordering of each unique test* • Assessment requiring an independent historian(s); OR **Category 2:** Independent Interpretation of Tests Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); OR **Category 3:** Discussion of Management or Test Interpretation Discussion of management or test interpretation with external physician/ other qualified health care professional/appropriate source (not separately reported)	**High risk** of morbidity from additional diagnostic testing or treatment Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major procedure with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

Number and Complexity of Problems

Code	Number/Complexity of Problems	Definitions
99211	NA	NA
99202 / 99212	Minimal (Straightforward) • 1 self-limited or minor problem	Self-Limited/Minor: A problem that runs a defi prescribed course, is transient in nature, and i permanently alter health status.
99203 / 99213	Low (choose 1) • 2 or more self-limited or minor problems; • 1 stable chronic illness; • 1 acute, uncomplicated illness or injury	Stable, chronic illness: expected duration or until death. 'Stable' is defined by the *spe goals* for an individual patient. A patient th treatment goal is not stable, even if the co unchanged and there is no short-term thr function. Risk of morbidity w/o treatment Acute, uncomplicated illness or injury: A r short-term problem with low risk of morb and full recovery without functional impa problem that is normally self-limited or m resolving in a definite and prescribed cou
99204 / 99214	Moderate (choose 1) • 1 or more chronic illnesses w/ exacerbation, progression, or side effects of treatment; • 2 or more stable chronic illnesses; • 1 undiagnosed new problem with uncertain prognosis; • 1 acute illness with systemic symptoms; • 1 acute complicated injury	Chronic illness with ....: A chronic illness th worsening, poorly controlled or progressin to control progression and requiring addit care or attention to treatment for side effe hospital care). Undiagnosed new problem with uncertain Problem in the differential diagnosis that condition likely to result in a high risk of m without treatment. Acute illness with systemic symptoms: An systemic symptoms and has a high risk of treatment. For systemic general symptom body aches or fatigue in a minor illness tha to alleviate symptoms, shorten the course prevent complications, (see 'self-limited or uncomplicated.')Systemic symptoms may but may be single system. Acute, complicated injury: An injury which treatment that includes evaluation of body not directly part of the injured organ, the i extensive, or the treatment options are mu associated with risk of morbidity.
99205 / 99215	High (choose 1) • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; • 1 acute or chronic illness or injury that poses a threat to life or bodily function	Chronic illness with severe exacerbation.... significant risk of morbidity and may requ of care. Acute or chronic illness or injury th to life or bodily function: Pose a threat to l function in the near term w/o treatment. T care is needed.

Amount and/or Complexity of Data to be Reviewed and Analyzed

Code	Data Needed
99211	None
99202 / 99212	Minimal or none (Refer to Limited if there is an
99203 / 99213	Limited (Must meet the requiremer Category 1: Tests and docu Any combination of 2 from •Review of prior externa •review of the result(s) o •ordering of each unique Category 2: Assessment requiring an ir
99204 / 99214	Moderate (Must meet the requiremer Category 1: Tests, documer Any combination of 3 from •Review of prior extern •Review of the result(s) •Ordering of each uniq •Assessment requiring Category 2: Independent i •Independent interpretatic physician/other qualified h separately reported); Category 3: Discussion of r •Discussion of managemer external physician/other q professional\appropriate s
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Risk of Complications and/or Morbidity or Mortality

Code	Risk Level	Examples	Definitions
99211	Minimal or none		
99202 / 99212	Minimal risk of morbidity from additional diagnostic testing or treatment	• Supportive care at home: gargle, topical OTC ointment • swab for further lab testing	Risk: The probability and/or consequences of an event. Definitions of risk are based upon the usual behavior and thought processes of a physician or other QHP in the same specialty. For the purposes of MDM, level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated. Risk also includes MDM related to the need to initiate or forego further testing, treatment and/or hospitalization. Morbidity: A state of illness or functional impairment that is expected to be of substantial duration during which function is limited, quality of life is impaired, or there is organ damage that may not be transient despite treatment. Social determinants of health: Economic and social conditions that influence the health of people and communities. Examples may include food or housing insecurity. Drug therapy requiring intensive monitoring for toxicity: A drug that requires intensive monitoring is a therapeutic agent that has the potential to cause serious morbidity or death. Intensive monitoring may be long- or short term. Long-term intensive monitoring is not less than quarterly. The monitoring *needs* to be a lab test, a physiologic test or imaging. *The monitoring affects the level of MDM in an encounter in which it is considered in the management of the patient.*
99203 / 99213	**Low** risk of morbidity from additional diagnostic testing or treatment	• Blood draw for labs • Radiologic tests such as EKGs, x-rays	
99204 / 99214	**Moderate** risk of morbidity from additional diagnostic testing or treatment Examples only: •Prescription drug management •Decision regarding minor surgery with identified patient or procedure risk factors •Decision regarding elective major surgery without identified patient or procedure risk factors •Diagnosis or treatment significantly limited by social determinants of health	• New prescription drug for acute condition • On-going management of chronic condition through Rx management • Decision to perform minor surgery • Homelessness exacerbating patient's condition • Income issues leading to underdoing of medication	
99205 / 99215	**High** risk of morbidity from additional diagnostic testing or treatment Examples only: •Drug therapy requiring intensive monitoring for toxicity •Decision regarding elective major surgery with identified patient or procedure risk factors •Decision regarding emergency major surgery •Decision regarding hospitalization •Decision not to resuscitate or to de-escalate care because of poor prognosis		

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99204 / 99214	**Moderate (choose 1)** • 1 or more chronic illnesses w/ exacerbation, progression, or side effects of treatment; • 2 or more stable chronic illnesses; • 1 undiagnosed new problem with uncertain prognosis; • 1 acute illness with systemic symptoms; • 1 acute complicated injury
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- Nasal congestion
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- Weight/growth
- Feeding

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- Prematurity - Developmental delays
- Slow/poor weight gain
- Poor feeding

- URI - AOM + fever
- Nasal congestion – Stertor, laryngomalacia
- Allergic rhinitis – Sleep disordered breathing

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- Social Determinants of Health - “Risk of Complications”

- Escalation of care, hospitalization
- Global delays, cerebral palsy, new onset seizure
- Failure to thrive, gastrostomy
- Drug therapy requiring intensive monitoring (drug habituation)
- SDoH: Medical neglect, CPS involvement

Total Time Spent

- ✓ Preparing to see the patient (e.g., review of tests)
- ✓ Obtaining and/or reviewing separately obtained history
- ✓ Performing a medically appropriate examination and/or evaluation
- ✓ Counseling and educating the patient/family/caregiver
- ✓ Ordering medications, tests, or procedures
- ✓ Referring and communicating with other providers (when not separately reported)
- ✓ Documenting clinical information in the electronic or other health record
- ✓ Independently interpreting results (not separately reported) and communicating results to the patient/caregiver/family
- ✓ Care coordination (not separately reported)

TABLE. **CODING CHANGES IMPLEMENTED BY CMS IN 2021**

CPT CODE	DESCRIPTION	2021 TOTAL TIME THRESHOLD
99202 New patient	Level 2	15
99203 New patient	Level 3	30
99204 New patient	Level 4	45
99205 New patient	Level 5	60
99212 Established patient	Level 2	10
99213 Established patient	Level 3	20
99214 Established patient	Level 4	30
99215 Established patient	Level 5	40
99417	Prolonged Visit	15

CMS, Centers for Medicare & Medicaid Services; *CPT, Current Procedural Terminology* (Source: CMS)

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Prolonged Services Code 99417

- Billing for time alone
- Only used in conjunction with codes **99205** or **99215** when the highest level of service has been exceeded.

CPT Prolonged Services for Office/Outpatient E/M Services

New Patient Time Range	Reported Code(s)
60-74 mins	99205
75-89 mins	99205 and 99417
90-104 mins	99205 and 99417 X 2
105-119 mins	99205 and 99417 X 3
120 mins or more	99205 and 99417 X 4 or more for each additional 15 minutes
Est Patient Time Range	**Reported Code(s)**
40-54 mins	99215
55-69 mins	99215 and 99417
70-84 mins	99215 and 99417 X 2
85-99 mins	99215 and 99417 X 3
100 mins or more	99215 and 99417 X 4 or more for each additional 15 minutes

Office-Based Prolonged Services Changes (Source: AAP)

Schuman, Andrew J. "2024 coding update." *Contemporary PEDS Journal*. Vol. 40, Is. 06. 2024, June 5. 2024 coding update .

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Time & Complexity

- Use **time** to support billing the additional E/M visit
- Provide documentation also supporting MDM
- The more complex the visit, the higher level of code due to number of problems addressed, complexity of data to be reviewed and risk of complications

Time & Complexity

Time based statement:

"**Encounter Time:** I have spent **+45 min** *over the time for the preventative visit* performing preparation, patient care, documentation, and the review of clinical lab tests, procedures/services.

-Patient's condition requires a significant, separately identifiable E/M service above and beyond the WCE."

Coding Updates

Complexity

- G2211

Counseling

- 99401

Social Determinants of Health

- G0136

Complexity Code G2211

- Visit complexity inherent to E/M associated with medical care services that serve as the continuing focal point for all needed health care services or ongoing care related to a patient's single, serious condition or a complex condition.

- Per CMS, the patient-practitioner relationship determines the code's use and not the specific clinical condition being treated in the visit.

Medicare and Medicaid programs; CY 2024 payment policies under the Physician Fee Schedule and other changes to part b payment and coverage policies; Medicare Shared Savings Program requirements; Medicare Advantage; Medicare and Medicaid provider and supplier enrollment policies; and Basic Health Program. Fed Regist. November 16, 2023. https://www.federalregister.gov/documents/2023/11/16/2023-24184/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other

Complexity Code G2211

- Not used for well child encounters
  - Cannot be used when a procedure is performed during an E/M visit when the –25 modifier is used.
- **Add-on code** for all 99202-99205 (new) or 99211-99215 (established) patients.
- Only for office/outpatient E/M services

Complexity Code G2211

- CMS will pay an additional $16.04 for services reported with **G2211**
- Can be used even if seen by another provider on the same day.
- No additional documentation is required to justify billing **G2211**.

Schuman, Andrew J. "2024 coding update." *Contemporary PEDS Journal*. Vol. 40, Is. 06. 2024, June 5. 2024 coding update .

Preventive Counseling Code 99401

- Preventive medicine counseling, approx. 15 minutes

- Vaccine counseling provided separately from the actual delivery of a vaccine

- **Counseling on health promotion and disease prevention**, Z71.89
  - Assign **99401** *Other specified counseling*

- **99401**

CPT American Medical Association; *How to Use CPT Code 99401.* https://www.codingahead.com.

Preventive Counseling Code 99401

- Not used for well child encounters
- Unacceptable as a principal diagnosis
- Only for office/outpatient E/M services

Preventive Counseling Code 99401

- Used for all 99202-99205 (new) or 99211-99215 (established) patients
- Longer counseling sessions can be used with codes **99402-99404** based on duration up to 1 hour
- Document synopsis of the counseling, topics discussed, recommendations or interventions provided

Social Determinants of Health

Risk of Complications and/or Morbidity or Mortality			
Code	**Risk Level**	**Examples**	**Definitions**
99211	Minimal or none		
99202 / 99212	Minimal risk of morbidity from additional diagnostic testing or treatment	•Supportive care at home: gargle, topical OTC ointment •swab for further lab testing	Risk: The probability and/or consequences of an event. Definitions of risk are based upon the usual behavior and thought processes of a physician or other QHP in the same specialty. For the purposes of MDM, level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated. Risk also includes MDM related to the need to initiate or forego further testing, treatment and/or hospitalization. Morbidity: A state of illness or functional impairment that is expected to be of substantial duration during which function is limited, quality of life is impaired, or there is organ damage that may not be transient despite treatment. Social determinants of health: Economic and social conditions that influence the health of people and communities. Examples may include food or housing insecurity. Drug therapy requiring intensive monitoring for toxicity: A drug that requires intensive monitoring is a therapeutic agent that has the potential to cause serious morbidity or death. Intensive monitoring may be long- or short term. Long-term intensive monitoring is not less than quarterly. The monitoring *needs* to be a lab test, a physiologic test or imaging. *The monitoring affects the level of MDM in an encounter in which it is considered in the management of the patient.*
99203 / 99213	**Low** risk of morbidity from additional diagnostic testing or treatment	•Blood draw for labs •Radiologic tests such as EKGs, x-rays	
99204 / 99214	**Moderate** risk of morbidity from additional diagnostic testing or treatment Examples only: •Prescription drug management •Decision regarding minor surgery with identified patient or procedure risk factors •Decision regarding elective major surgery without identified patient or procedure risk factors •Diagnosis or treatment significantly limited by social determinants of health	•New prescription drug for acute condition •On-going management of chronic condition through Rx management •Decision to perform minor surgery •Homelessness exacerbating patient's condition •Income issues leading to underdoing of medication	
99205 / 99215	**High** risk of morbidity from additional diagnostic testing or treatment Examples only: •Drug therapy requiring intensive monitoring for toxicity •Decision regarding elective major surgery with identified patient or procedure risk factors •Decision regarding emergency major surgery •Decision regarding hospitalization •Decision not to resuscitate or to de-escalate care because of poor prognosis		

American Academy of Pediatrics. "2021 MDM Charts." *https://downloads.aap.org/AAP/PDF/Coding_MDM_Grid_BD.pdf*. 21 Oct. 2021, www.aap.org.

Social Determinants of Health

ICD-10-CM CODE CATEGORY	PROBLEMS/RISK FACTORS INCLUDED IN CATEGORY
Z59 – Problems related to housing and economic circumstances	Sheltered homelessness, unsheltered homelessness, residing in street, inadequate housing, housing instability, discord with neighbors, lodgers and landlord, problems related to living in residential institutions, inadequate food, lack of adequate food, food insecurity, extreme poverty, low income, and insufficient social insurance and welfare support.
Z60 – Problems related to social environment	Adjustment to life-cycle transitions, living alone, acculturation difficulty, social exclusion and rejection, target of adverse discrimination and persecution.
Z62 – Problems related to upbringing	Inadequate parental supervision and control, parental overprotection, upbringing away from parents, child in welfare custody, institutional upbringing, hostility towards and scapegoating of child, inappropriate excessive parental pressure, personal history of abuse in childhood, personal history of neglect in childhood, personal history of unspecified abuse in childhood, parent-child conflict, and sibling rivalry.
Z63 – Other problems related to primary support group, including family circumstances	Absence of family member, disappearance and death of family member, disruption of family by separation and divorce, dependent relative needing care at home, stressful life events affecting family and household, stress on family due to return of family member from military deployment, and alcoholism and drug addiction in family.

Social Determinants of Health

ACEs Descriptions	Z Codes
Personal history of abuse in childhood	Z62.81
Other personal history of psychological trauma, not elsewhere classified	Z91.49
Personal history of other mental and behavioral disorders	Z86.59
Family history of other mental and behavioral disorders	Z81.8
Child in welfare custody	Z62.21
Absence of family member due to military deployment	Z63.31
Stress on family due to return of family member form military deployment	Z63.71
Disruption of family by separation and divorce	Z63.5
Other specified problems related to primary support group (Family discord NOS, family estrangement NOS, high expressed emotional level within the family, inadequate family support, inadequate or distorted communication with family)	Z63.8
Parent-child conflict	Z62.82
Alcoholism and drug addiction in family	Z63.72
Other stressful life events affecting family and household	Z63.79
Personal history of self-harm	Z91.5
High risk heterosexual behavior	Z72.51

SDoH Code G0136

- Family and community environments impact health outcomes
- Capture time and administration of a standardized, evidence-based SDOH **risk assessment** intended to be used when unmet SDoH needs are identified and interfering with treatment
- For **BOTH** office/outpatient E/M services and inpatient discharge service

Health Equity Services in the 2024 Physician Fee Schedule Final Rule. Centers for Medicare & Medicaid Services Medicare Learning Network. January 2024.
https://www.cms.gov/files/document/mln9201074-health-equity-services-2024-physician-fee-schedule-final-rule.pdf-0

SDoH Code G0136

- Family and community environments impact health outcomes
- Medicare only CPT code *at this time*
- Capture time and administration of a standardized, evidence-based SDOH **risk assessment** intended to be used when unmet SDoH needs are identified and interfering with treatment

- For **BOTH** office/outpatient E/M services and inpatient discharge service

SDoH Code G0136

- SDOH Risk Assessment Requirements:
  - Administer risk assessment with the appropriate tool
  - Determines the unmet SDoH affecting treatment
  - Indicate how the assessment results affect MDM or the treatment plan
  - Addresses SDoH and provides relevant resources or a referral plan

SDoH Code G0136

- Not required to be on the same day as the patient encounter
- Can be performed by a physician or QHCP
- For **BOTH** office/outpatient E/M services and inpatient discharge service

Case Presentation

BG Ava is a 3mo old former 29 wk infant with mild HIE, failed ABR, CLD, and poor feeding now GT-dep p/w ongoing multispecialty and prematurity follow-up.

- Referrals: Neurodevelopment, Audiology, Ophthalmology, Pulmonology, Gastroenterology
- Vaccines: UTD except for Rota and Beyfortus® (nirsevimab-alip)
- EPDS: Negative
- Considerations per chart review: Breech presentation (risk for DDH)
- Total time spent: 80 minutes

Case Progression

- Encounter for routine child health examination with abnormal findings, Z00.121
- Prematurity, 1,250-1,499 grams, 29-30 completed weeks of gestation, P07.15, P07.32
- Failed newborn hearing screen, Z01.118, P09.6
- Chronic lung disease of prematurity, P27.9, P07.30
- Gastrostomy tube dependent, Z93.1

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- Gastrostomy tube dependent, Z93.1
- Need for immunization against respiratory syncytial virus, Z29.11
- Breech presentation at birth, 032.1XX0
- HIE (hypoxic-ischemic encephalopathy), mild P91.61

Case Resolution

CPT	ICD - 10	Modifier	Indicator
99381	Encounter for routine child health examination with abnormal findings, Z00.121	**25 MOD** **G8510 +HD MOD**	
99205	Prematurity, 1,250-1,499 grams, 29-30 completed weeks of gestation, P07.15, P07.32		EPSDT – New Service
99205	Chronic Lung Disease of Prematurity, P27.9, P07.30		EPSDT – New Service
99205	Gastrostomy tube dependent, Z93.1		EPSDT – New Service
99205	Failed newborn hearing screen, Z01.118, P09.6		EPSDT – New Service
99205	Need for immunization against respiratory syncytial virus, Z29.11		
99205	Breech presentation at birth, 032.1XX0		
99205	HIE (hypoxic-ischemic encephalopathy), mild P91.61		

Case Resolution

CPT	ICD - 10	Modifier	Indicator
99381	Encounter for routine child health examination with abnormal findings, Z00.121	**25 MOD** **G8510 +HD MOD**	
99205 +99417	Prematurity, 1,250-1,499 grams, 29-30 completed weeks of gestation, P07.15, P07.32		EPSDT – New Service
99205 +99417	Chronic Lung Disease of Prematurity, P27.9, P07.30		EPSDT – New Service
99205 +99417	Gastrostomy tube dependent, Z93.1		EPSDT – New Service
99205 +99417	Failed newborn hearing screen, Z01.118, P09.6		EPSDT – New Service
99205 +99417	Need for immunization against respiratory syncytial virus, Z29.11		
99205 +99417	Breech presentation at birth, 032.1XX0		
99205 +99417	HIE (hypoxic-ischemic encephalopathy), mild P91.61		

References

American Academy of Pediatrics. Office E/M 2021: examples of pediatric medical decision-making for office evaluation and management services. AAP Pediatric Coding Newsletter. 2021;16(4):9-11. https://publications.aap.org/codingnews/article-abstract/16/4/9/27418/Office-E-M-2021-Examples-of-Pediatric-Medical

CMS, Centers for Medicare & Medicaid Services; *CPT, Current Procedural Terminology* (Source: CMS)

Medicare and Medicaid programs; CY 2024 payment policies under the Physician Fee Schedule and other changes to part b payment and coverage policies; Medicare Shared Savings Program requirements; Medicare Advantage; Medicare and Medicaid provider and supplier enrollment policies; and Basic Health Program. Fed Regist. November 16, 2023. https://www.federalregister.gov/documents/2023/11/16/2023-24184/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other

https://www.aap.org/en/practice-management/practice-financing/coding-and-valuation/evaluation-and-management/2021-office-based-em-changes2/medical-decision-making/?srsltid=AfmBOooJqZAcL9yRyHBh9RGXQ7QlYwgXLv8yURhXICPK27rRMC8-ov2u

American Academy of Pediatrics. "2021 MDM Charts." *https://downloads.aap.org/AAP/PDF/Coding_MDM_Grid_BD.pdf*. 21 Oct. 2021, www.aap.org.

J Domdera, How to Use (and Not Use) New Code G0136 for SDOH. Fam Pract Manag. 2024-31(5):8-11

Schuman, Andrew J. "2024 coding update." *Contemporary PEDS Journal*. Vol. 40, Is. 06. 2024, June 5. 2024 coding update .

CPT American Medical Association*; How to Use CPT Code 99401.* https://www.codingahead.com.

Health Equity Services in the 2024 Physician Fee Schedule Final Rule. Centers for Medicare & Medicaid Services Medicare Learning Network. January 2024. https://www.cms.gov/files/document/mln9201074-health-equity-services-2024-physician-fee-schedule-final-rule.pdf-0

Questions?

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