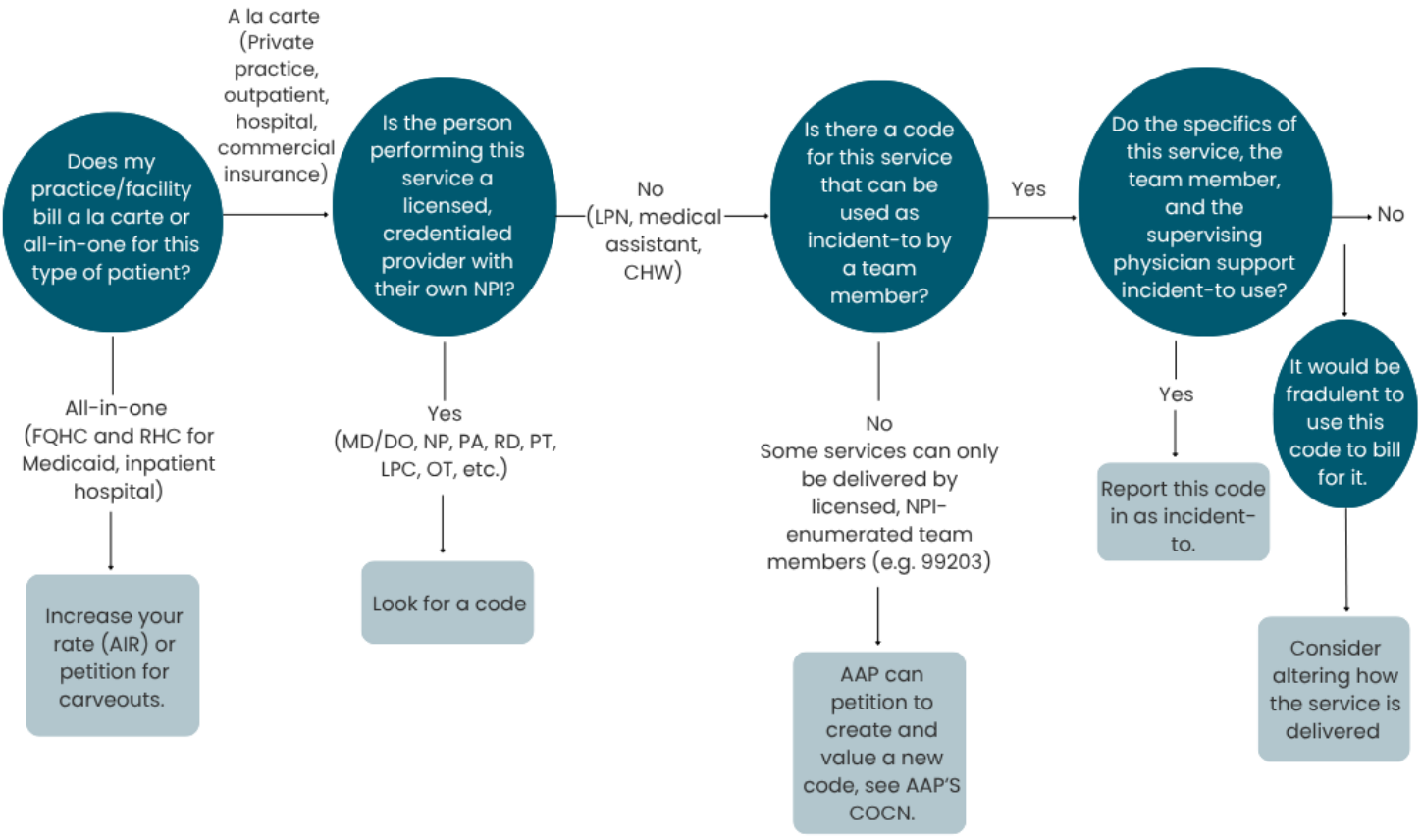
Early Childhood Developmental Health Systems | EVIDENCE TO IMPACT CENTER

Early Childhood Team-Based Care Billing Support for Transforming Pediatrics

This document provides guidance on billing for team-based care when a pediatric practice includes community health workers (CHWs) and/or integrated licensed behavioral health providers. The resource includes a decision tree to determine what to bill based on provider type, guiding questions, and case examples demonstrating billing and coding scenarios.

Billing and Coding Decision Tree

Use this decision tree to determine the appropriate codes for billing and claims processing.



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Billing and Coding Decision Tree Guiding Questions

Review these questions to support decision tree actions.

1. **Does my practice/facility bill a la carte or all-in-one for this type of patient?**

   - **Option 1: A la Carte –** Most private practices bill a la carte, meaning if your practice performs three services, you should bill for three separate things
   - **Option 2: All-in-One –** Federally qualified health centers (FQHCs) and rural health centers (RHCs) bill a pre-set, per-visit rate. In FQHCs, this is called the Prospective Payment System (PPS), and in RHCs, this is the all-inclusive rate (AIR). For both types of clinics, the total cost of typical services should be calculated and included in the cost of integrated care.

2. **For the a la carte option, is the person performing the service a licensed, credentialed provider with the payer who has their own National Provider Identifier (NPI)?**

   - **Option 1:** Yes. If the person is credentialed with a payer, find a code to cover that service.
   - **Option 2:** No, it is a licensed practical nurse, medical assistant, CHW, or other role (i.e., someone who is not individually credentialed with the insurance). Note: In some states, Medicaid State Plan Amendments allow payment for additional roles, in which case they are credentialed and should bill using their allowable codes.
     - **Next step**: Ask if there is a code for this service that can be used incident-to by a team member.
     - **Answer:** Yes
       - **Follow-up question**: Do the specifics of this service, the team member, and supervising physician support incident-to criteria?
       - **Answer**: Yes, you may report the code as incident-to.
       - **Answer**: No, it would be fraudulent to use this code to bill.
         - **Next step**: Consider altering how the service is delivered.
     - **Answer:** No
       - Some services can only be delivered by licensed, NPI-enumerated team members (e.g., 99203). The American Academy of Pediatrics (AAP) can petition to create and value a new code. (See AAP's Committee on Coding and Nomenclature.)

Case Examples

Pediatrician Administers Social Drivers Tool, CHW Provides Care Coordination

Jeremiah comes in for his 9-month well-child visit. While waiting for the pediatrician, the CHW administers the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) tool. The screening uncovers that the family is experiencing food insecurity. The CHW discusses the results and then connects the family with a local food pantry.

Explanation of Coding for Jeremiah's Case
The billing is a la carte and performed by a CHW. There are codes that can be used for screening and care coordination that support incident-to use. Since the CHW spent time writing a care plan for food insecurity and talking with the family, this time can be billed under 99490; however, it must meet a 20-minute threshold.

Notes:
The CHW's time does not count with classic evaluation and management (E&M) codes; however, there are other codes that can be billed for CHW time, such as:

Code	Description
99426 & 99427	Principal care management of 1 chronic condition
99490 & 99439	Chronic care management of 2+ chronic conditions
99484	Behavioral health care management

Full List of Codes to Use
- 99391: Well-visit, established patient, infant
- 96160: Social drivers screening tool administration
- Z59.4: Lack of adequate food
- 99490: 20 minutes of care coordination (incident-to)

Pediatrician Diagnoses With a Z62.820 Code, Integrated Mental Health Provider Treats

Maya is a 6-month-old who sits quietly in her car seat on the exam table. Maya does not have a social smile or vocalize responsively. She does not reach for the toy shown to her or turn to her mother for comfort. Maya's mother completes an age-appropriate Ages & Stages Questionnaires: Social-Emotional, Second Edition (ASQ:SE-2). The ASQ:SE-2 score is in the at-risk range due to a lack of reciprocal smile, vocalization, and difficulty interacting with others. The mother also completes

the Edinburgh Postnatal Depression Scale (EPDS) questionnaire for herself, but she does not screen positive for postpartum depression. The provider discusses the results with the family and connects them to their integrated mental health provider, a licensed clinical social worker (LCSW), who provides a brief 17-minute intervention.

Explanation of Coding for Maya's Case
Work is done by an LCSW, with their own NPI, so there is no incident-to use. The clinician should bill based on their time, which is 17 minutes. They should use a brief psychology code, in this case 90832, and document what they did for those 17 minutes. LCSWs cannot use E&M codes, but they are permitted to report their work using brief psychology codes. Medical clinicians (e.g., doctors, physician assistants, and nurse practitioners) cannot use brief psychology codes and should utilize E&M codes.

Full List of Codes to Use
- 96127: Social-emotional screening tool
- 96161: Caregiver-focused screening tool
- 90832: 17 minutes with patient for brief intervention

Brief Psychology Codes

Code	Description
90832	16-37 minutes
90834	38-52 minutes

Brief Intervention/Limited Complexity E&M Code

Code	Description
99212	10-19 minutes
99213	20-29 minutes
99214	30-39 minutes
99215	40-45 minutes

Pediatrician Diagnoses With R68.11, Integrated Mental Health Provides Brief Intervention and Connects With Infant Early Childhood Resource in the Community

At Nic's 4-month well visit, his parents tell the pediatrician that he has been crying very often. The pediatrician administers a social-emotional screening, and it comes back positive (i.e., at-risk). The pediatrician is concerned about attachment and brings in the office's integrated mental health provider, a psychiatrist. In this visit, the

psychiatrist engages in a brief intervention and determines to refer the family to Triple P, a parenting program in their community. The encounter takes 10 minutes.

Explanation of Coding for Nic's Case
The psychiatrist spends 10 minutes with the patient; therefore, they can bill 99212. Psychiatrists may bill both brief psychology codes and E&M codes depending on the work they engage in. Because this is a brief intervention, the brief intervention or limited complexity codes should be used.

Full List of Codes to Use
- 99391: Well-visit, established patient, infant
- 96127: Social-emotional screening tool
- Z00.129: Encounter for routine child health exam without abnormal findings
- R68.11: Excessive crying, infant
- 99212-25: 10-minute brief intervention for an established patient with modifier-25 for a well-child visit with an E&M code attached

Notes
- 99212 can be used for office or outpatient visits with visits between 10-19 minutes.
- When billing an E&M code (9921x) based on time, the licensed provider must spend at least 10 minutes.
- If an E&M code is used on the same day as a well-visit, modifier-25 should be used to signal the shift to time on a sick visit

CHW Payment for Care Coordination

Hannah is a new patient who comes into the office for her 1.5-year visit. The provider administers the Ages & Stages Questionnaires, Third Edition (ASQ-3), and the results indicate a "need for monitoring." The provider is particularly concerned with Hannah's gross motor skills as she is having trouble walking. Upon discussing the results with the family, who is new to the community, the provider decides to refer them to early intervention. The provider connects the family with the office's CHW to describe the referral process and next steps, which the CHW facilitates. This process takes 5 minutes, but the family calls back 3 weeks later asking for supporting documents needed for the early intervention evaluation, which takes the CHW about 15 minutes.

Explanation of Coding for Hannah's Case
The CHW cannot bill for any time for the initial encounter with Hannah's family because it fell below the 20-minute threshold for care coordination. However, since

the second encounter over the phone occurred in the same month, they can combine the time and bill 15 minutes of care coordination using incident-to under the provider.

Full List of Codes to Use

- 99382: Well-visit, new patient, early childhood
- 96110: Developmental screening tool
- Z00.121: Encounter for routine child health exam with abnormal findings
- R62.50: Developmental concern
- F82: Specific developmental disorder of motor function; gross motor or fine motor
- 99490: 20 minutes of care coordination (incident-to)

The Early Childhood Developmental Health Systems (ECDHS): Evidence to Impact Center was made possible through the support of the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $4,740,000 with 0% financed from non-governmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.