Pediatric ENT Billing and Coding

3/23/24

Pediatric ENT Billing and Coding

11:05 - 11:30 a.m.	**Pediatric Otolaryngology Billing Tips and Tricks** ..... George F. Harris, M.D., FACS, FAAP Examine, analyze, and revise their billing and coding practices, optimized for pediatric otolaryngology.

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Pediatric ENT Billing and Coding

11:05 - 11:30 a.m.	Pediatric Otolaryngology Billing Tips and Tricks .....George F. Harris, M.D., FACS, FAAP Examine, analyze, and revise their billing and coding practices, optimized for pediatric otolaryngology.
11:30 - 11:45 a.m.	Break, get lunch

Pediatric ENT Billing and Coding

Pediatric ENT Billing and Coding

Goal of Correct Billing and Coding:

Get paid for the work you are doing, working within the parameters of the rules and guidelines of payers

With this in mind, **how much work are we doing**?
Quick numbers:

- 365 days in a year, 260 total workdays per Feds
- 20 vacation + 10 CME days per year = 230 workdays

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How much work are we doing?

But is it really 230 work days?

2/3-1/3 model with ½ **day admin**

- 3 days clinic/wk, 1.5 days per week in OR
- 4.5 days / 5 days = 90% of the 230 days =
  - –it's really **207 "days"**
- Clinic 2/3 is **137** days, OR 1/3 is **70** days

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Lets Talk MONEY

Goal: **Salary of $500,000 (lets do this!)**

- Conversion factor of 55 $/wRVU
  - range is HUGE (36-75)
- RVU target – 9100 wRVU/**207** days = 44 wRVU/day

To get the RVUs we need, we need PATIENTS...

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Continued

how much work are we doing?

Patient Load

- 137 clinic days
- Hours 8am – 4pm, 1h lunch = 7h
- 7h clinic x 137 days = 960 h clinic (recall this is 2/3 of work)
- Target is 2/3 9100 wRVU = 6000 wRVU / 960h = **6.25 wRVU/h**

- What is the average wRVU per patient?
  - Check productivity...

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Physician Monthly Report:	Feb-24	Report Type:	WRVU

Physician Background Information

Physician Name:	HARRIS IV, GEORGE F	Date of Hire:	2/6/2023
Specialty:	Pediatrics: Otorhinolaryngology Boarded	Bill Provider Group:	LPG Peds ENT & Surgery
FTE Status:	1.00	Guarantee End Date:	2/5/2025
Employee ID:	124840	Plan Start Date:	7/1/2023

Physician Productivity Summary

Plan Year	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Plan Year 2022-2023													
BP-SP wRVUs1	4.94	1.70	16.58	3.77	4.00	3.29	2.00	210.57	641.41	566.89	639.62	728.22	**2,822.99**
RN/MA wRVUs2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Total wRVUs	**4.94**	**1.70**	**16.58**	**3.77**	**4.00**	**3.29**	**2.00**	**210.57**	**641.41**	**566.89**	**639.62**	**728.22**	**2,822.99**
Visits	2	2	7	1	2	1	1	100	264	215	206	228	**1,029**
wRVUs per Visit	2.47	0.85	2.37	3.77	2.00	3.29	2.00	2.11	2.43	2.64	3.10	3.19	
Plan Year 2023-2024													
BP-SP wRVUs1	610.97	718.03	475.72	738.82	646.52	584.98	391.55	511.74	0.00	0.00	0.00	0.00	**4,678.33**
RN/MA wRVUs2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Total wRVUs	**610.97**	**718.03**	**475.72**	**738.82**	**646.52**	**584.98**	**391.55**	**511.74**	**0.00**	**0.00**	**0.00**	**0.00**	**4,678.33**
Visits	194	169	98	245	215	186	141	224	0	0	0	0	**1,472**
wRVUs per Visit	3.15	4.25	4.85	3.02	3.01	3.15	2.78	2.28					**3.18**

1 Physician is both the billing provider ("BP") and service provider ("SP")
2 Physician is the billing provider and an RN, MA, etc. is service provider

Annualized Productivity					wRVU Market Data 2023 based on 2022 (FTE Adjusted)			
Time Period	wRVUs	Approx. %ile	Visits	wRVUs per Visit	P25	P50	P75	P90
Plan Year	7,018	58	2,208	3.18	4,926	6,605	7,914	9,380
Rolling 12 mo	7,254	62	2,385	3.04				

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Continued

how much work are we doing?

Patient Load

- 7h clinic x 137 days = 960 h clinic (recall this is 2/3 of work)
- Target is 2/3 9100 wRVU = 6000 wRVU / 960h = **6.25 wRVU/h**
- What is the average wRVU per patient?
  - 3 wRVU / visit

- **So, how many patients do we need to see?**
- Schedule ≠ See
  - Factor in 20-25% no show (institutions will say its 10-15%)
- Need about 3-4 patients per hour on schedule

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We want to achieve 3 wRVU per visit

Is this achievable?

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MUST know
how to document your E&M levels

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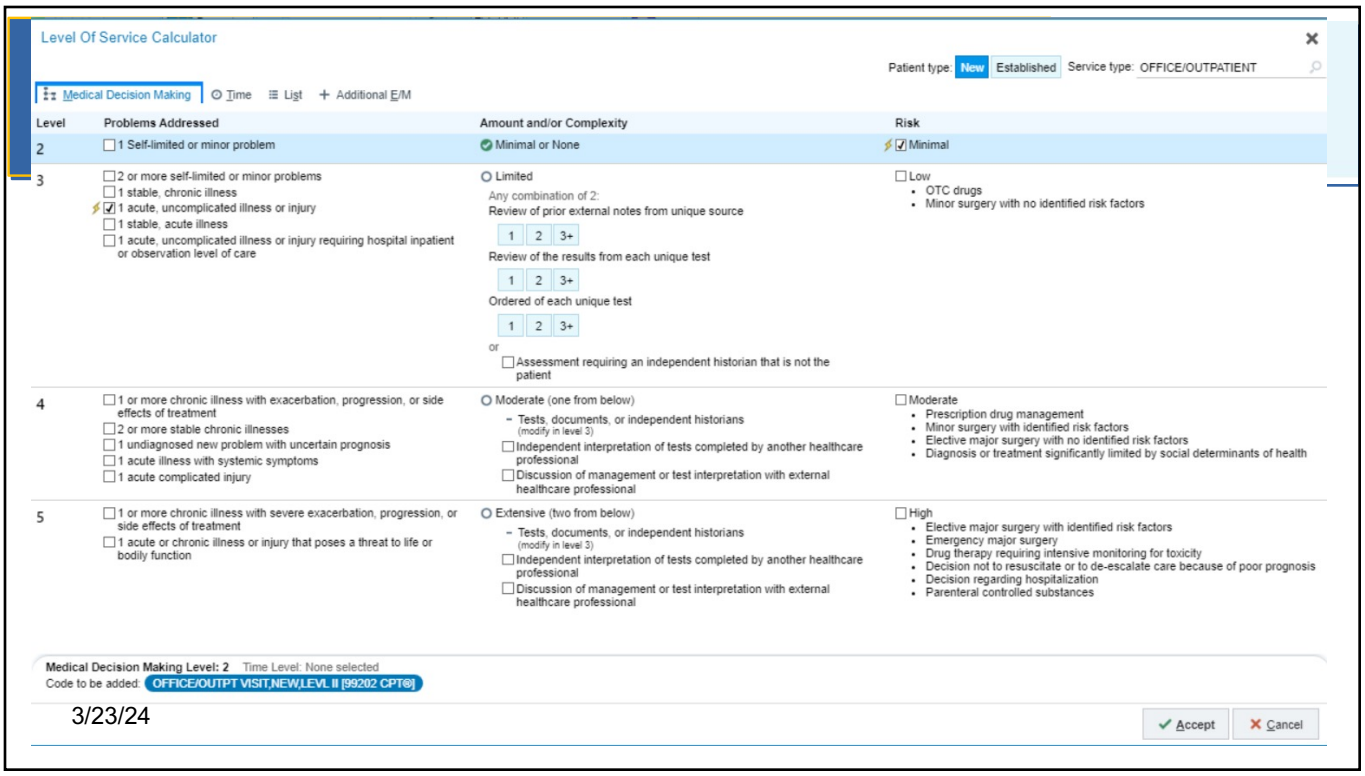

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Pe

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EALTH

OC/OP

J03.90	Tonsillitis, Acute
J35.01	Tonsillitis, Chronic
J35.02	Chronic Adenoiditis
J35.03	Chronic Adenotonsilitis
J35.3	Adenotonsilar Hypertrophy
J35.1	Tonsil Hypertrophy
J35.2	Adenoid Hypertrophy
J36	Peritonsillar Abscess
K11.21	Sialoadenitis
K11.7	Sialorrhea

EAR

H60.509	Otitis Externa
H60.60	Chronic Otitis Externa
H61.20	Impacted Cerumen
H65.199	Acute OM w/ eff
H65.20	Chr. Ser. OM
H65.499	Chr OM w/ eff
H69.80	ETD Dysfunction
H66.009	Acute Purulent OM
H70.009	Acute Mastoiditis
H70.10	Chronic Mastoiditis
H72.90	TM Perforation
H74.09	Tympanosclerosis, TM only
H74.09	Tympanosclerosis, TM & Ossicles
H71.20	Cholesteatoma
H81.13	BPPV
H92.10	Otorrhea
H92.09	Otalgia
R42	Dizziness/Vertigo
T16.9XXA	Foreign Body - EAR

LARYNX

J02.9	Acute Pharyngitis
R06.1	Stridor
D14.1	Laryngeal Papilloma
V12.69	TVC Paralysis
J38.1	TVC Polyp
J38.3	TVC Nodules
K21.9	LPR/GERD
R49.0	Hoarseness/Dysphonia
J38.6	Subglotic Stenosis
Q31.0	Cong Web Larynx
K13.79	VPI

LOWER AIRWAY

R05	Chronic Cough
R06.2	Shortness of Breath
J96.10	Resp. Failure, Chronic
J39.8	Tracheal Stenosis
J98.8	Airway Obstruction
D14.2	Benign Neoplasm Trachea
T17.908A	FB airway

SLEEP/PEDS OTHER

G47.33	OSA
G47.30	Unspecified Sleep Apnea
R06.83	Snoring
Q34.9	Larynx & Tracheal Anomalies
Q38.1	Ankologlossia
Q89.2	Thyroglossal Duct Cyst
Q18.0	Brancial Cleft Cyst
R22.1	Swelling, Lump, Mass of H&N
R59.0	Lymphadenopathy
G51.0	Bell's Palsy
G47.30	SDB

RHINOLOGY

J02.9	Acute Pharyngitis
J01.10	Acute Frontal Sinusitis
J01.20	Acute Ethmoid Sinusitis
J01.30	Acute Sphenoid Sinusitis
J01.40	Acute PCA Sinusitis
J34.2	Deviated Nasal Septum, Acquired
J33.1	Polypoid Degeneration
J33.8	Polyp of Sinus
J31.0	Chr Rhinitis
J32.0	Chr Max Sinusitis
J32.9	Chr Pan-sinusitis
J30.0	Allergic/Vasomotor rhinitis
J34.3	Hypertrophy of Turbinates
J34.89	Other Dis of Nasal Cavity
M95.0	Acquired Nasal Deformity
R43.9	Disturbance of Smell Sensation
R04.0	Epistaxis
T17.1XXA	Foreign Body - NOSE

HEARING

H90.11	Cond HL, Unilateral
H90.0	Cond HL, Bilateral
H90.3	SNHL
H90.41	SNHL, Unilateral
H90.42	SNHL, Unspecified
H90.8	Mixed HL, Unspecified
H90.71	Mixed HL, Unilateral
H90.6	Mixed HL, Bilateral
R62.50	Developomental Delay
R13.10	Dysphagia, Unspecified
R13.11	Dysphagia, Oral Phase
R13.12	Dysphagia, Oropharyngeal
R13.13	Dysphagia, Pharyngeal
R13.19	Dysphagia, Other

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Pec

PATIENT NAME :

Airway Level 1	
Laryngoscopy (Diag) FFL	31572
Laryngoscopy direct (except newborn)	31525
Laryngoscopy, Micro.	31526
Bronchoscopy, Diag Flex/Rigid	31622
Tracheobronchoscopy (via Stoma)	31615
Airway Level 2	
Laryngoscopy dilation (Initial)	31528
Laryngoscopy, dilation (Subsequent	31529
Laryngoscopy, w/biopsy Microscope	31536
Laryngoscopy/Tumor Exc'n. Microscope (RRP)	31541
Laryngoscopy, w/INJ (Microscope)	31571
Type 1 Laryngeal Cleft repair	31599
Supraglottoplasty	31561
Bronchoscopy, Stoma GT removal	31640
Transcervical Stoma GT removal	31785
Bronchoscopy, w/biopsy	31625
Bronchoscopy, w/dilation	31630
Bronchoscopy, w/rem FBDY	31635
Bronchoscopy, W/stenosis relief w/ laser (SSG)	31641
Bronchoscopy, w/ Lavage	31624
Esophagoscopy with biopsy	43191
Airway Level 3	
Laryngoplasty w/ keel for web	31580
Laryngoplasty (w/stent, graft) (for stenosis	31551
Laryngoplasty cricoid split (ACS)	31587
Laryngoplasty (Other)	31561
Cartilage graft	20926
Tracheoplasty cervical	31750
Tracheal resection cervical	31780
Stoma/TCF Level 1	
TCF closure, w/plas. Repair	31825
Tracheostomy stoma revision (SSM)	31613
Trach stoma REV (Complex) (Flap)	31614
Trach scar revision	31830

Nasal Obstruction	
Nasal endoscope, diagnostic	31231
Submucosal Reduction of Inferior Turbinate	30802
Submucous Resection of Inferor Turbinate	30140
Rem FBDY, Nose (OR) under GA	30310
Septoplasty	30520
Nasal Biopsy	30100
Direct Removal of Nasal Polyp	30110
Direct Nasal Polypectomy extensive	30115
FB removal nose	30310
Sinus	
Nasal Endo. (Diagnostic Sinus)	31231
Nasal Endo *polypectomy/debride	31237
Maxillary sinus tap & culture	31000
Nasal/sinus endoscopy maxillary antrostomy + TIS REM	31267
Nasal Endo. W/ ethmoid Partial	31254
Nasal Endo. W/ethmoid Total	31255
Balloon Sinuplasty - Maxillary	31295
Balloon Sinuplasty - Frontal	31296
Balloon Sinuplasty - Sphenoid	31297
Nasal/sinus endoscopy w/frontal exploration	31276
Nasal/sinus endoscopy w/ sphenoidotomy	31287
Nasal/sinus endoscopy w/ sphenoid w/ tissue rem	31288
Resection of concha bullosa	31240
Image Guidance Used	61795
Epistaxis	
Nasal endoscope, diagnostic	31231
Nasal endoscope, epistaxis control	31238
Control nasal hemorrhage, simple (cautery)	30901
Complex, ant (cautery) Unilat.	30903
Control nasal hem. Posterior init.	30905
Choanal Atresia	
Repair choanal atresia; Intranasal	30540
Dilation of choanal atresia or synchiae removal	30560

Tonsils/Ads	
Adenoid, Under 12	42830
Tonsil, Under 12	42825
T&A, Under 12	42820
Adenoid, 12 & over	42831
Tonsil, 12 & over	42826
T&A, 12 & over	42821
Adenoid Revision <12	42835
Adenoid Revision 12 and up	42836
Advanced Sleep Level 1	
Lingual Tonsillectomy	42870
Uvulopalatopharyngoplasty	42950
Neck Masses	
Neck Lymph node biopsy deep, cervical	38510
Excision, cystic hygroma axillary/cervical	38550
Excision, cystic hygroma, deep neuro vasc dissection	38555
Excision, branchial cleft cyst (superficial)	42810
Excision, branchial cleft cyst (deep)	42815
Excision, thyroglossal duct cyst (Sistrunk)	60280
Excision, thyroglossal duct cyst, Recurr	60281
Exc./Destruction Lesion of Pharynx	42808
Biopsy, soft tissue of neck or thorax	21550
Excision tumor/neck or thorax subcu	21555
Excision tumor neck or thorax deep	21556
Radical resection of tumor neck or thorax	21557
Neck lymph node biopsy superfic	38500
Frenulum	
Lingual Frenotomy (incision)	41010
Frenectomy (Excision)	41115
Frenuloplasty (sutures)	41520
Labial Frenulectomy	40806
Botox SMG/Paro	
chemodenervation SMG/Parotids	64611
U/S guidance	76942

Other (Check ONE)	
Excision of Submandibular gland	21550
Ranula Marsupialization	42409
Ranula Excision	42408
Excision mucocele, vestibule mouth w/ repair	40812
Neck lymph node abscess I&D	38300
Neck Lymph Node abscess I&D Ext	38305
Control post-tonsillectomy bleed	42960
Closed Nasal Reduction	21320
Repair of nasal vestibular stenosis	30465
I&D peritonsillar abscess	42700
I&D retropharyngeal abscess, intraoral approach	42720
I&D retropharyngeal abscess, external approach	42725
I&D Auricular Abscess/Hematoma, simple	69000
I&D Auricular Abscess/Hematoma, complex	69005
Lesion Excision	11442
Ligation of Parotid duct	42665
Ligation of Parotid duct	42500
Ears	
BMT	69437
Microscope	69990
Binocular microscopy (w/ general anesthesia)	92504
PET removal requiring GA	69424
TM repair w/ patch	69610
Removal cerumen	69210
Removal FBDY, E.A.C. withouth general anesthesia (10)	69200
Removal FBDY, E.A.C. with general anesthesia (10)	69205
Myringotomy, bilateral under anes (10)	69421
Excision soft tissue lesion EAC	69145
EAC I&D	69020
Tympanoplasty	69631
Tympanoplasty w/ OCR	69632
Preauricular pit excition	11440
SABR	
ENT exam under GA	92502
MICROSCOPE	69990
SABR, comprehensive	92585
OAEs, intraop	92587

Anesthesia Type:
GETA
LMA
MASK
MAC
SPONTANIOUS
OTHER _____

Duration Time:

Type Of Patient:
ICU
I/P: OVER 1 DAY STAY
O/P IN A BED (home after 23hrs)
O/P (HOME)

Equipment Needed:
COBLATOR W/EZ VIEW
EAR MICRO
OTHER _____

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Example:

New Patient, eval for T&A
- Parent is historian
  - Level 3 at least
- OSA symptoms for > 1year, worsening over 3-6 mo
  - (chronic condition, exacerbation & will need surgery)
- Has reactive airway disease
  - (Comorbidity affecting surgical risk)
- Adenoidal hypertrophy difficult to determine visually
  - Needs Nasal endoscopy to confirm dx - 31231

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Example:

New Patient, eval for T&A

- Parent is historian
- OSA symptoms for > 1year, worsening over 3-6 mo
- Has reactive airway disease
- Adenoidal hypertrophy difficult to determine visually

- Finally – severe exacerbation vs exacerbation?
  - Major Surgery needed BY DEFINITION is severe

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Pediatric ENT evaluation record

Evaluation takes place with guardians providing answers to questions and filling in all background information unless otherwise noted, therefore it is considered that PARENTS/GUARDIANS ACTED AS INDEPENDENT HISTORIAN/S FOR THIS EVALUATION. (Level 3)
Child able to give age-appropriate answers and incorporated into note as well.
Of note, we discussed medications and medical management as needed, including possible prescriptions. (Level 4)
Note, visit complexity inherent to the evaluation and management IS DOCUMENTED WHEN associated with the medical care services provided in THIS clinic that service the continuing focal point of medical care services that are including the ongoing care related to this patient's single (or at times multiple) potentially serious condition or complex condition (requiring surgery at times). (G2211)

5 y.o. female with adenotonsillar hypertrophy, sleep disordered breathing. Mild to moderate obstructive sleep apnea.
This **severe exacerbation / progression of a chronic** illness has significant risk of morbidity (risk classified as MAJOR SURGERY by CMS) and may require hospital (surgical) level of care.
Risks: osa, ath
Recommend Tonsil and adenoid removal

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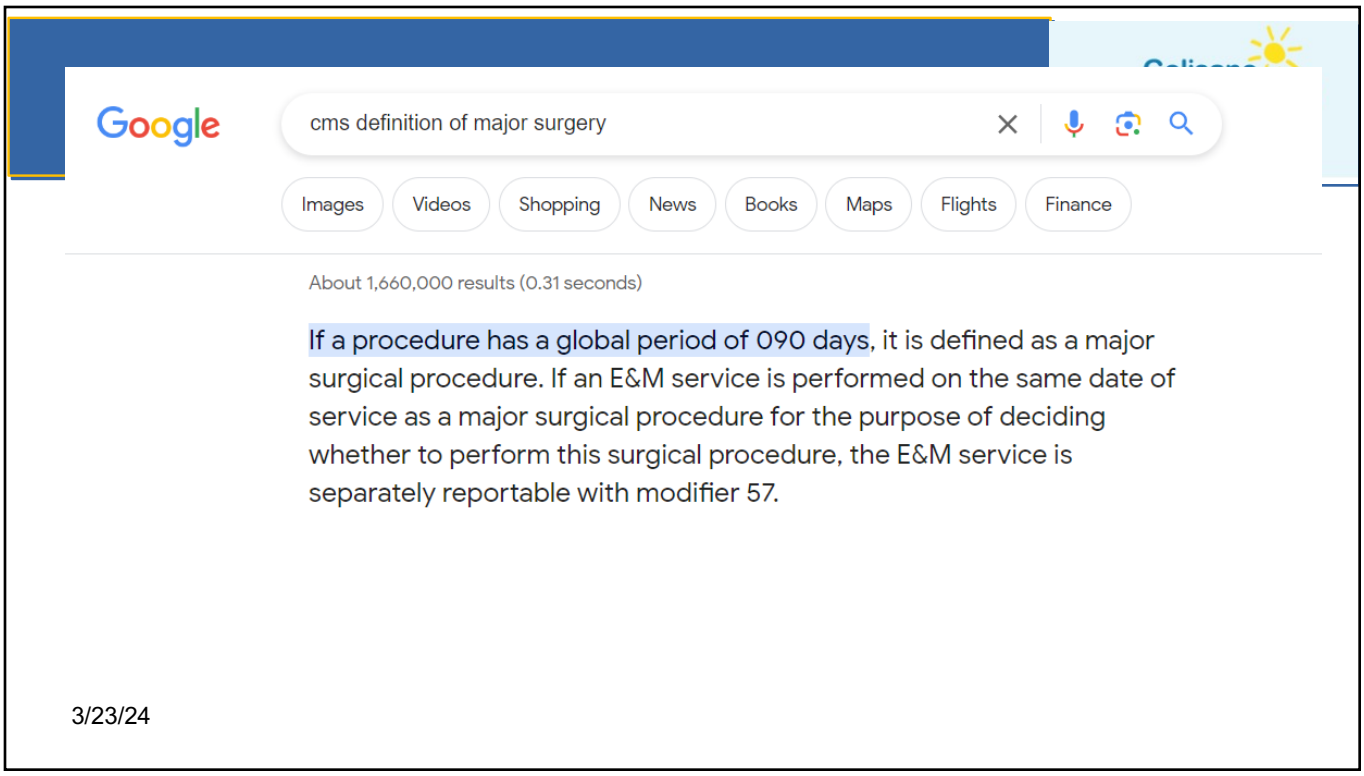
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About 1,660,000 results (0.31 seconds)
If a procedure has a global period of 090 days, it is defined as a major surgical procedure. If an E&M service is performed on the same date of service as a major surgical procedure for the purpose of deciding whether to perform this surgical procedure, the E&M service is separately reportable with modifier 57.
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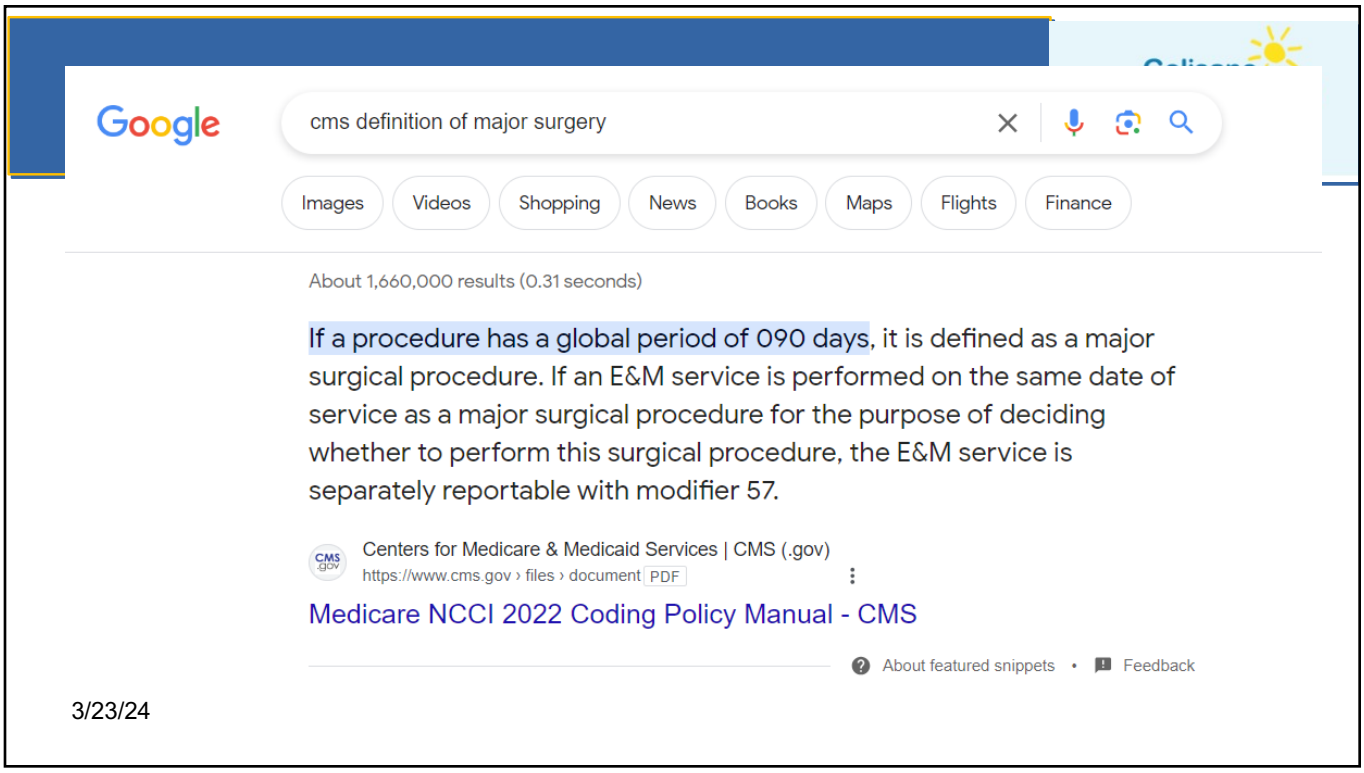
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Medicare NCCI 2022 Coding Policy Manual - CMS
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Global Surgery Calculator

Method 1: To determine when the global period ends for a major surgical procedure with a global period, please enter the date of surgery. A date picker box will then help guide you through the rest of the process.

Method 2: You can look up your 2024 procedure code global days requirement by using this tool. Enter your procedure code. Alternatively, you can go straight to our Medicare Physicians Fee Schedule Tool and lookup your code there.

Enter the Date

mm/dd/yyyy | 90 Days | 10 Days

Calculate

Enter your Procedure Code

Last Updated On 01/02/2024

Lookup

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Level Of Service Calculator

Patient type: New Established Service type: OFFICE/OUTPATIENT

Medical Decision Making | Time | List | + Additional E/M

Level	Problems Addressed	Amount and/or Complexity	Risk
2	☐ 1 Self-limited or minor problem	◉ Minimal or None	☑ Minimal
3	☐ 2 or more self-limited or minor problems ☐ 1 stable, chronic illness ☑ 1 acute, uncomplicated illness or injury ☐ 1 stable, acute illness ☐ 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	○ Limited Any combination of 2: Review of prior external notes from unique source 1 2 3+ Review of the results from each unique test 1 2 3+ Ordered of each unique test 1 2 3+ or ☐ Assessment requiring an independent historian that is not the patient	☐ Low • OTC drugs • Minor surgery with no identified risk factors
4	☐ 1 or more chronic illness with 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	○ Moderate (one from below) – Tests, documents, or independent historians (modify in level 3) ☐ Independent interpretation of tests completed by another healthcare professional ☐ Discussion of management or test interpretation with external healthcare professional	☐ Moderate • Prescription drug management • Minor surgery with identified risk factors • Elective major surgery with no identified risk factors • Diagnosis or treatment significantly limited by social determinants of health
5	☐ 1 or more chronic illness 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	○ Extensive (two from below) – Tests, documents, or independent historians (modify in level 3) ☐ Independent interpretation of tests completed by another healthcare professional ☐ Discussion of management or test interpretation with external healthcare professional	☐ High • Elective major surgery with identified risk factors • Emergency major surgery • Drug therapy requiring intensive monitoring for toxicity • Decision not to resuscitate or to de-escalate care because of poor prognosis • Decision regarding hospitalization • Parenteral controlled substances

Medical Decision Making Level: 2 Time Level: None selected

Code to be added: OFFICE/OUTPT VISIT,NEW,LEVL II [99202 CPT®]

✓ Accept ✕ Cancel

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If you don't remember anything else from my talk, remember this:

If the discussion for surgery involves a procedure with a 90 day global period,

it is by definition MAJOR SURGERY

and will automatically be level 4 or level 5 E&M code

With ANY comorbidities, even ones you personally do not manage but which will factor at some point (for example to Anesthesia service), it will be a 5

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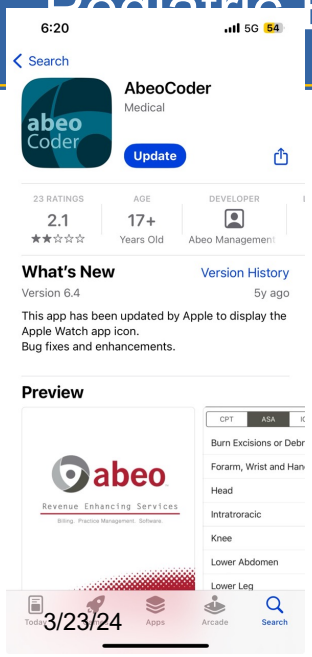

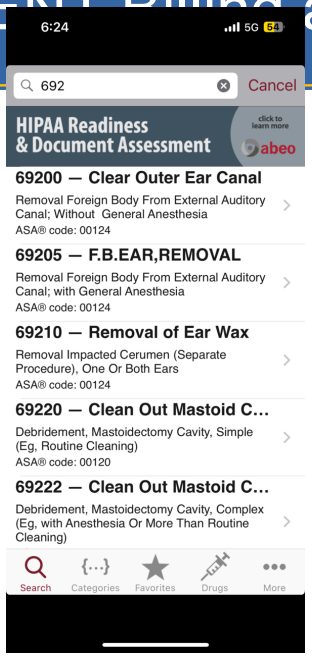

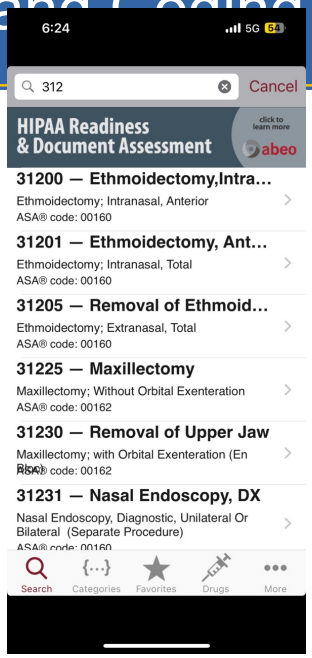

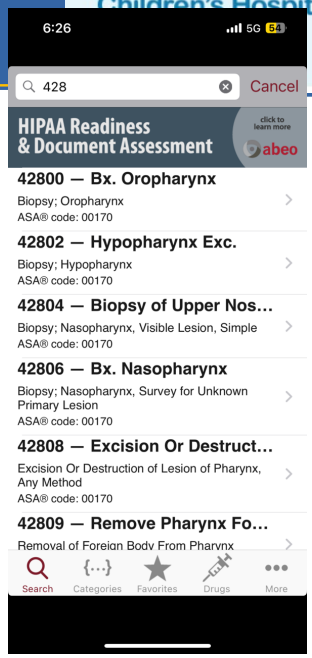

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CPT Code	Service Description	Office	Facility	RVUs (Non-Facility/Facility)*
	Office or Other Outpatient Visit, New Patient[a]			
99202†	Straightforward medical decision making or 15-29 minutes	$72.86	$48.12	2.15/1.42
99203†	Low level of medical decision making or 30-44 minutes	$112.85	$83.03	3.33/2.45
99204†	Moderate level of medical decision making or 45-59 minutes	$167.42	$132.17	4.94/3.94
99205†	High level of medical decision making or 60-74 minutes	$220.96	$181.31	6.52/5.35
	Office or Other Outpatient Visit, Established Patient[a]			
99211	Evaluation and management (E/M) that may not require the presence of a physician or other qualified health care professional (QHP)	$23.38	$8.81	0.69/0.26
99212†	Straightforward medical decision making or 10-19 minutes	$56.93	$35.58	1.68/1.05
99213†	Low level of medical decision making or 20-29 minutes	$90.83	$66.10	2.68/1.95
99214†	Moderate level of medical decision making or 30-39 minutes	$128.44	$97.60	3.79/2.88
99215†	High level of medical decision making or 40-54 minutes	$179.96	$143.35	5.31/4.23
	Office or Other Outpatient Consultations, New or Established Patient[b]			
99242†	Straightforward medical decision making or at least 20 minutes	$76.25	$56.26	2.25/1.66
99243†	Low level of medical decision making or at least 30 minutes	$114.21	$88.79	3.37/2.62
99244†	Moderate level of medical decision making or at least 40 minutes	$163.35	$135.56	4.82/4.00
99245†	High level of medical decision making or at least 55 minutes	$213.17	$181.31	6.29/5.35

Pediatric ENT Billing and Coding

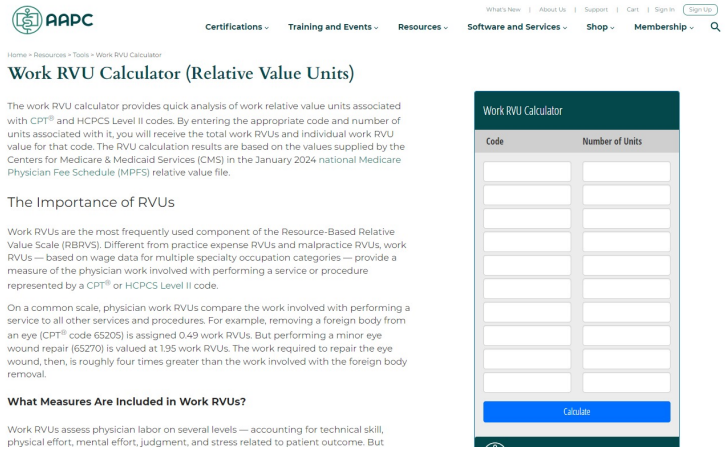
Golisano Children's Hospital LEE HEALTH

Value-added Modifier:
G2211

Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/**or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition**

Pediatric ENT Billing and Coding

https://www.aapc.com/tools/rvu-calculator.aspx



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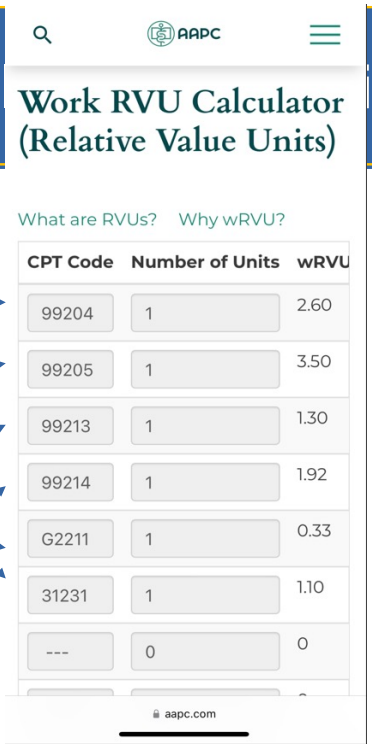
Pediatric ENT Billing



1. new pt, needs script
2. new patient, needs scope, T&A with asthma
3. return for tube check, with g2211
4. returns for refractory tube otorrhea – gets script

=10.75 wRVU

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Questions, discussion, opinions? What did I say WRONG?

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Thank you

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