



Billing and Coding Tips

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E/M CPT Codes

- > Bill by time
- > All time billed for these E/M codes must be on the same date as billable encounter
- > Start with meeting the highest level of service (99205 or 99215)
- > Then add prolonged service codes: **G2212** (Medicaid) and **99417** (private insurance)
- > 1 unit of G2212 or 99417 = **15 minute** increment

What can you count?



- > **Total time spent on patient care (face-to-face and non-face-to-face time personally provided by billable provider) can be counted including:**
 - preparing to see the patient (e.g. review of testing records)
 - 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 health care professionals (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/family/caregiver
 - care coordination (not separately reported)

Upper limit



Prolonged services

Prolonged services with direct patient contact

HCA covers prolonged services:

- Up to three hours per client, per diagnosis, per day.
- Following CMS guidelines for HCPCS codes G0316, G0317, G0318, and G2212. Providers must follow coding rules.

Developmental Testing Codes

- > If you do developmental testing (e.g. STAT, ADOS, etc.) you can use 96112 for the first hour, and 96113 for each additional 30 minutes to account for test administration, interpretation, and report writing time.
- > The time applied to these codes does not need to occur on the same day as the encounter.
- > You can bill for up to 4 hours total per encounter
 - This would be 96112 plus up to six 96113
- > When 96112/96113 is reported in conjunction with an E/M service, the time and effort to perform the developmental testing itself should not count toward the time for selecting the accompanying E/M code.

HCA Website



Provider billing guides and fee schedules

This page contains billing guides, fee schedules, and additional billing materials to help you submit:

- [Prior authorization \(PA\) for services](#)
- [Claims](#)

Coronavirus (COVID-19) information. For general Apple Health and behavioral health guidance, visit our [Information about novel coronavirus \(COVID-19\) webpage](#). For telehealth policies and FAQs, see Telehealth on this page.

Notice: Past billing guides may have broken links. If this occurs, please refer to the most recent guide.

Billing Table Screenshot

Category	CPT Code	Estimated Medicaid Reimbursement as of Sept 2024* (can vary by setting)	Descriptions	Provider Types
Evaluations	99205	\$81.65 to \$101.10 \$120.23 to \$150.28 for ages 0-20 years only	Office Visit, New Patient	MD, ARNP, ND
	99215	\$65.02 to \$83.13 \$95.86 to \$123.64 for ages 0-20 years only	Office Visit, Established Patient	MD, ARNP, ND
	G2212 (the Medicaid version of 99417)	\$17.72 to \$18.46	Prolonged services (must be used with 99205 or 99215. up to 3 hours)	MD, ARNP, ND
	90791	\$103.28 to \$121.40	Psychiatric Diagnostic Evaluation	Psychiatrist, Psychiatric ARNP, Psychologists and other mental health providers (e.g., LICSW, LMHC, LMFT)
	90792	\$96.23 to \$110.97	Psychiatric Diagnostic Evaluation with Medical Services	Psychiatrist, Psychiatric ARNP
	96130 96131 [PA for 20 years or older]	\$61.55 to \$68.63 \$42.52 to \$49.05	Psychological Testing	Psychologist
	96136	\$13.06 to \$24.43	Psychological Testing	Psychologist
	96112 96113	\$70.31 to \$70.87 \$32.26 to \$34.32	Developmental Testing	MD, ARNP, ND, Psychologist, SLP
	92521 92522 92523 92524	\$77.21 \$64.53 \$132.23 \$63.41	Speech and Hearing Evals	SLP

Making the financial case



Talking points when approaching your organization about COE ASD evaluations:

- > The time needed for ASD evaluations likely will mean a decrease in number of patients you see on those days.
- > The decrease in patient volume could potentially be partially offset by billing on time.
- > Ask for time set aside before the visit for reviewing records in preparation.
- > Ask for time set aside after the visit for documentation.
- > Break down the evaluation over 2-3 separate visits on different days.
- > Consider negotiating with MCOs on reimbursement rate.

Billing Resources



AMA Guidelines

<https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management>

HCA Provider billing guides and fee schedules

<https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules>

AAP Coding for Standardized Assessment, Screening and Testing

https://downloads.aap.org/AAP/PDF/coding_factsheet_developmentalscreeningtestingandEmotionalBehvioraassessment.pdf

Questions?

Thank You

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