# Coding Protocol:  For Services Occurring On or After October 1, 2015

## I.     Service Coordinators' Billing of Targeted Case Management BEFORE Evaluation

**EISC Billing from Date Financial Consent is Signed <u>Up To & Including</u> Initial/Entry Evaluation:**
1. If child referred with Established Condition**/**automatically eligible: use code for that condition.
   - If there is more than one Established Condition, use the *most severe or significant* one.
   - Choose the descriptor as directed on the Cheat Sheet (usually the first one, but not always)
   - For extreme prematurity with extremely low birth weight, choose the gestational age code.
   - If the code is not listed on the "Cheat Sheet", consult medical staff.
2. If child referred with possible developmental delay, use
   - **Z13.4**  *Encounter for screening for certain developmental disorders in childhood*
3. Type the diagnosis code into *every* billing/progress note you submit until evaluation is completed.

## II.      Evaluators' Billing of Evaluations/Assessments

### A.  Billing Developmental Evaluation When Child <u>Not Eligible</u> (No Delays Found):
1. Use **Z03.89**  *Encounter for observation for other suspected diseases and conditions, ruled-out*
   - Designate this (Z03.89) as the *Primary* diagnosis
2. Add ALL other medical or behavioral/social codes from Cheat Sheet that apply to the child.  Choose the descriptors as directed, and designate each additional code as *Secondary*.
3. Licensed clinicians can enter the code for the referral concern on their billing/progress note (even if the child ended up with no delays) if they prefer- based on their professional association's advice.
   - This practice is not encouraged but is acceptable
   - However, these codes should NOT be entered in the *Diagnosis* module in HIS- only your note.

### B.  Billing Developmental Evaluation When Child Eligible Based on <u>Developmental Delays</u>:
1. **Use F88**  *Other disorders of psychological development*
   - Choose **only** from among these **four** descriptors:
     - *other specified delays in development* (most often) – for delays in one or more domains
     - *delayed social & emotional development* (for possible autism-not yet been diagnosed)
     - *global developmental delay (all domains delayed except possibly not gross motor)*
     - *sensory processing difficulty* (this is not a "diagnosis" but still, use it rarely)
   - You may enter **F88** more than once, indicating a different descriptor each time if applicable
2. Licensed clinicians may also use codes (see last page) that are specific to their discipline
   - Choose the descriptor that most accurately describes the child
   - Additional discipline-specific codes (not on the list) may be used – consult with medical staff prn
3. The *most significant delay* is the *Primary* diagnosis.
4. Add ALL other medical or behavioral/social codes from Cheat Sheet that apply to the child.  Choose the descriptors as directed, and designate each additional code as *Secondary*.

### C.  Billing Evaluation When Child Eligible Based on <u>Informed Clinical Opinion</u>:
1. List all codes on Cheat Sheet that apply to the child and/or that led to your decision to enroll them. Select the descriptor as directed on the Cheat Sheet.
2. You may use a developmental delay code (usually **F88**) to indicate scores that "just miss".  Choose one or more of the four descriptors as above - whichever best describes the child.
3. The *most significant issue* is the *Primary* diagnosis. Use clinical judgment.

**D. Billing Evaluation/Assessment When Child Eligible Based on <u>Established Condition</u>:**
1. Use code for the Established Condition as the *Primary* diagnosis.
   - If there is more than one Established Condition, choose the one that is *most severe* or significant as *Primary*.  Ex: Down syndrome is always primary.
   - For extreme prematurity/extremely low birth weight – choose the gestational age as *Primary*.
   - Choose descriptor as directed on the Cheat Sheet.
2. Do not code a developmental delay unless standardized testing has been done with scores to support this (even though a delay may be obvious based on your child assessment/observations).
   - If standardized testing is done, use the developmental delay codes…usually **F88.**  Choose one or more of the four descriptors as above – whichever best describes the child.
   - Licensed clinicians who do standardized testing can also use their discipline-specific codes, using the descriptors that best describe the child.
3. Add ALL other medical or behavioral/social codes that apply plus their descriptors from Cheat Sheet.
4. All codes (except the one *Primary)* should be designated as *Secondary*.

### III. Service Coordinator's Use of Codes Over Course of Child's Enrollment

**A. Billing of Targeted Case Management <u>After</u> Initial/Entry Evaluation/Assessment:**
1. Select 1-4 codes for each billable service.  Do so by clicking the downward arrow in the *Active Diagnoses* box.  The codes entered by the evaluators/intake staff appear in drop-down boxes.
2. Click the *Primary* diagnosis EVERY time.
3. In addition, click whichever code(s) best describes what you are addressing in that note.
4. Do NOT type/free-text a numerical code in your progress notes.  ONLY use the drop-down choices.

**B. Submitting Service Orders for CBRS**
1. **F88** (developmental delay) will be used most often.  If child has a more specific code in HIS that reflects the outcomes being addressed, (such as **F82** – *developmental disorder of motor function,* **F84.0** – *autism* or **F91.9** – *behavior disturbance*) then use that code.  Choose one or two codes.
2. For children with Established Conditions who do not yet have documented delays, choose the *Primary* diagnosis and, if applicable, one more significant condition. Choose one or two codes.

**C. Submitting Service Orders for ELSSP (for Vision & Hearing Impairment)**
1. Always use a code for vision impairment or hearing impairment.
   - If medical records are available, consult with medical staff to obtain & enter codes that most completely describe the loss (which side, how severe and the underlying cause, if known)
   - If records/specific diagnoses are not available, request that an evaluator input into the HIS Diagnosis module either **H54.**– *visual loss (unspecified)* or **H91.9-***hearing loss (unspecified)*
2. A developmental delay code may also be used if applicable (such as **F88**).

**D. Applying for ITP-Funded Services (formerly known as POMCS)**
1. For CBRS – see (B) above.
2. For PT, OT or ST, discipline-specific codes are needed.  If the evaluation was done by CDSA staff, these should already have been inputted in the Diagnosis module.  Choose 1-2 for each service.
3. If a private provider did the evaluation, call that provider to obtain codes; use those codes thereafter
**E. Codes to Use After 12 Months of Age for Children Entering with Neonatal Conditions (P-codes):**
1. Use developmental delay codes (**F80's**) as soon as child has evaluations with these findings.
2. If there are no documented delays, use **Z00.70** – *encounter for examination for period of delayed growth in childhood without abnormal findings.*