

- The following is a **framework** for coding for the care of children and youth in foster care.
- This does not take the place of NC Medicaid guidelines.
- In general, practices will need to use principles of coding for patients with **complex conditions** for children and youth in foster care.
- Children and youth in foster care have a higher likelihood of developmental, behavioral, chronic physical health, and oral health issues.
- Except for the **Initial** Visit, it is reasonable to expect these visits to take a longer amount of time.

The **Comprehensive Visit meets the criteria for a consult**, even if the child was already a patient at the practice. DSS is requesting the assessment and the PCC is producing a report that synthesizes information from historical records, screenings, and physical exam. The report includes recommendations for DSS to use in court proceedings and for decisions regarding placement. **Documenting that DSS requested the consult and completing the forms for the report meet consult coding criteria.** (For example, you can include a statement in the record such as “I am seeing this patient at the request of _____ County DSS.”) **The consult code payment, (plus the payment for the prolonged visit code if indicated due to time), supports scheduling a longer time for the visit.**

For the **Follow-up Visits** that occur on an increased frequency, an E&M (99214-99215) code is generally used rather than a preventive visit CPT code, since most children and youth in FC will have psychosocial, behavioral, and/or medical concerns to warrant using an E&M code. The ICD-10 code(s) for those chronic health conditions should be used that are specific to the child. When there are complex concerns, coding based on time is appropriate, and, when indicated, a prolonged visit code may also be included. Using the **Z00.129 (without abnormal findings) OR Z00.121+ (with abnormal findings) or Z02.89 as a secondary diagnosis code** at these visits indicates that the components of a periodic or interperiodic Well-Visit have been done so that their EPSDT rates will be appropriate. This shows Medicaid that all the components of a Well-Visit are being completed at that visit, on that date, for that child. In the instance that there are not complex issues, using a preventive visit CPT code is appropriate.

For all of these visits it is also important to use the Z-code for **foster care status Z62.21** (again, listed as another diagnosis code that is **not the primary code**) as it helps to support the complexity of your E&M code and the higher payment associated with that code. It also provides a way to **use billing data to generate lists for population management.**

Again, **note** that if the child or youth in foster care has developmental, behavioral, chronic health, and/or oral health issues that extend the time of the Follow-up Visit, the prolonged visit code can be used with the E&M code.

*Note about **consent**: DSS may arrange for, provide, or consent to routine medical and dental care, and emergency medical, surgical, psychiatric, psychological or mental health care or treatment unless the court orders otherwise. Authorization from the child’s parent, guardian or custodian is required for treatment not covered in routine or emergency care. This includes **immunizations** when it is known that the parent has a bona fide religious objection to the standard schedule of immunizations. See GS_7B-505.1 for full details.

FOSTER CARE VISIT OPTIONS, COMPONENTS, AND CODES

VISIT COMPONENT	INITIAL VISIT OPTION	COMPREHENSIVE VISIT OPTION	FOLLOW-UP WELL-VISIT OPTION
Amount of time scheduled	20 -30 minutes	60+ minutes	30-55 minutes
History	- Brief	- Detailed	- Update with new information and monitor acute and chronic issues
Measurements	- Weight (maybe height if concerns present) and vitals, as needed	- Head circumference (HC) (if < 3 years) - Weight, Height, Weight for Height or BMI percentile - Vitals, as needed, with BP (if over 3 years)	- HC (if < 3 years) - Weight, Height, Weight for Height or BMI percentile - Vitals, as needed, with BP (if over 3 years)
Physical Exam	- Brief	- Detailed	- Expanded, problem-focused (no need for detailed if other 2 components are provided with 99214/15 - see CPT coding book)
Screening	- Limited to acute needs (no need for vision, hearing, developmental or specific social-emotional screening at this visit unless there are acute concerns)	- All well-child screenings for age and based on risks: vision, hearing, developmental (96110), autism (96110) - Social-emotional or MH screenings (96127) recommended at all ages - Adolescent risk & strengths screen (96160)	- All well screenings recommended for age, if due - MH or social-emotional screening to follow as needed by the tool
Oral Health	- Quick assessment for caries	- Full oral screening - Dental varnishing, if age appropriate (must bill D1206 'application of varnish' on the detail line and THEN D0145 'oral eval & counseling') - Referral to dental home	- Screening based on needs and reinforcement of need for dental home - Dental varnishing, if age appropriate; (must bill D1206 'application of varnish' on the detail line and THEN D0145 'oral eval & counseling')
Labs	- As needed for acute needs	- As required by age for well visits and acute needs (Hgb, Lead, etc.)	- As needed for acute needs and follow-up, and as required for well visits
Immunizations *see page 1 for note regarding immunizations	- Flu vaccine, if appropriate	- All immunizations required for child's age	- Any missed or needed immunizations for child's age
Records	- Identify records needed and send Release of Information to DSS	- Obtain and review records as part of pre-visit planning	- Obtain and review records as part of pre-visit planning, as needed
CPT Code for Visit	- New patient: 99203 – 30-44 min; 99204 – 45-59 min - Established patient: 99213 – 20-29 minutes; 99214 – 30-39 min	- Consult: 99244/45 (most appropriate code, Comprehensive Visit Forms function as required reporting) OR - Office Visit Established 99215 (40-54 min) with prolonged service code if needed for time 99417	- Office visit: 99214/15 with prolonged service code if needed for time 99417 (only with 99215) OR Well-Visit 99391-99394 (if no complex issues)
Diagnosis Codes ICD-10	- Include ICD-10 code(s) for the medical, behavioral or psychological concerns/diagnoses specific to the child. - Include Z62.21 foster care designation as Secondary code	- Include ICD-10 code(s) for the medical, behavioral, or psychological concerns/diagnoses specific to the child - To indicate that well-visit components for EPSDT have been done, Include Z00.129 (without abnormal findings) OR Z00.121+ (with abnormal findings) or Z02.89. - Include Z62.21 foster care designation as Secondary code	- Include ICD-10 code(s) for the medical, behavioral or psychological concerns/diagnoses specific to the child. - To indicate that Well-visit components for EPSDT have been done, include Z00.129 (without abnormal findings) or Z00.121+ (with abnormal findings) or Z02.89. - Include Z62.21 foster care designation as Secondary code

FOSTER CARE VISIT OPTIONS AND CODES

Initial Visit Option

Brief
20-30 minutes
Identify records
needed & send ROI's

New Pt
99203-04

OR

Established Pt
99213-14

Comprehensive Visit Option

Detailed
60-80/80+ minutes OR
40-54 minutes
Review records as part of
pre-visit planning

Consult
99244/45
(appropriate because you
are completing for DSS)

OR

Office Visit
Established 99215
with prolonged service
code 99417 if needed for
time

Follow-up Visit Option

**Expanded,
Problem-Focused**
30-50 minutes
Obtain & review records
as part of pre-visit planning,
as needed

Office Visit
99214/15
With prolonged service
code 99417 if needed for
time

OR

Well-Visit
99391-99394
(less often used)

Dx Codes:

- Include ICD-10 code(s) for medical, behavioral or psychological concerns and diagnoses specific to the child.
- AND include Z62.21 (ICD-10) foster care designation as a secondary code.

- **Developmental Screen 96110**
- **Social-Emotional Screen 96127**
- **Adolescent Risk & Strengths Screen 96160**

Dx Codes:

- Include Z00.129 (without abnormal findings) OR Z00.121+ (with abnormal findings) or Z02.89.
- Include ICD-10 code(s) for medical, behavioral or psychological concerns and diagnoses specific to the child AND Z62.21 (ICD-10) foster care designation (as a secondary code).
- Include oral eval and counseling D0145 and application of varnish D1206 if done (must bill D1206 application of varnish on the detail line and THEN D0145 oral eval & counseling).

Dx Codes:

- Include ICD-10 code(s) for medical, behavioral or psychological concerns and diagnoses specific to the child AND Z62.21 (ICD-10) foster care designation as a secondary code.
- If coding as a well-visit, include Z00.129 (without abnormal findings) or Z00.121+ (with abnormal findings) or Z02.89.
- Include oral eval and counseling D0145 and application of varnish D1206 if done (must bill D1206 application of varnish on the detail line and THEN D0145 oral eval & counseling).

With 2021 CPT changes, activities counted toward time include revisit review (records, test results); counseling and education (patient, family); referring to, and communicating with, other health care professionals; documenting in electronic or other health record; and coordinating care.