Owning Your Value: Maximizing Pediatric Coding

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Disclosure

Dr. Kressly and her husband have ownership shares in Connexin Softw
(not being discussed today)

I do not intend to discuss an unapproved/investigative use of a commerc
product/device in my presentation

Disclaimer

Dr. Kressly is **not** a certified coder. The contents does not represent the official opinion of the American Academy of Pediatrics.

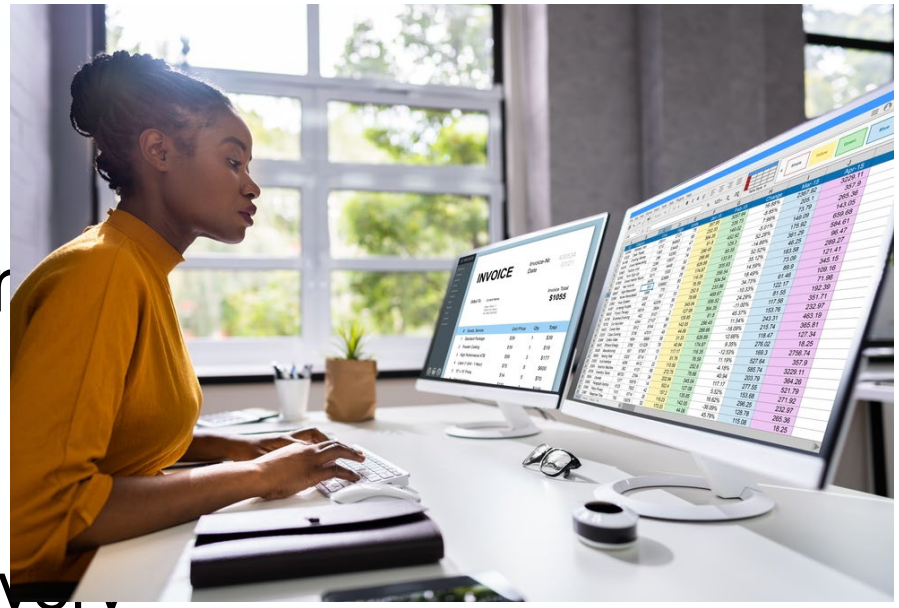
The contents of this talk are based on Dr. Kressly's significant experience working with pediatric practices and payers.

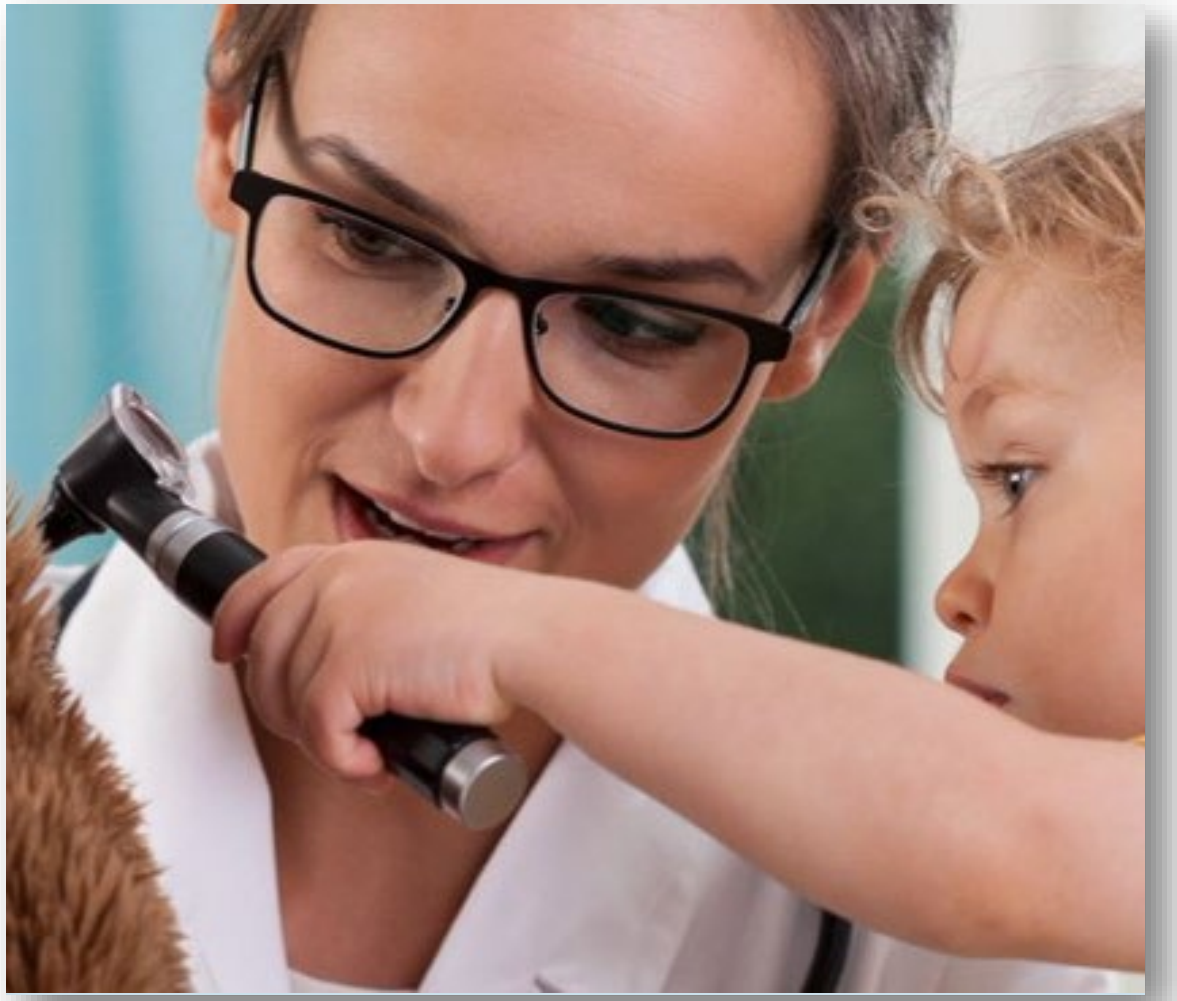
Agenda

- Review the implications of coding on each clinician and the prac
- Empower pediatric clinicians to know and own their worth
- Discuss common pediatric clinical scenarios and improved codi opportunities
- Identify common barriers to changing coding habits
- Set goals for improvement

The Impact of Correct Coding

- Sets benchmarks to reflect the value of pediatric care
- Ensures we have the resources to appropriately care for our patients includin
  - Attracting and maintaining great staff/teams
  - Attracting newly trained pediatric clinicians
  - Adding appropriate services to better serve every child
  - Building practices that provide equitable access and care





Your Pediatric Expertis is Valuable!

- Do you think the orthopedic surgeon discounts their expertise because a knee replacement is their “bread and butter”?
- We should not discount our expertise at figuring out what is wrong with an irritable infant or a toddler with chronic cough or behavior problems
- Pediatrics requires child and family expertise

E/M CODING CHANGES FOR OFFICE VISITS 2021

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Pediatricians Typically Undervalue their Wo

TABLE. **PEDIATRIC PRACTICE BENCHMARKS AS OF NOVEMBER 2021**

	AVERAGE	TOP 10%
No-show Rate	4.6%	1%
Visits coded as 99214 or higher	35%	61%
Revenue per visit	$158	$208

Source: Physician Computer Company. Used with permission.

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The business of being a pediatrician

What is YOUR Expertise Worth?

*Typically**….

- 99214 pays $45 more than 99213
- 99215 pays $95 more than a 99213

**Based on samples of independent pediatric across the country and may not reflect your organization's rates*

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Time vs Medical Decision Making

TIME

- 99213 20-29 minutes
- 99214 30-39 minutes
- 99215 40-54 minutes

MDM

- **Highest of 2/3**
  - Problems addresse
  - Data reviewed and analyzed
  - Risk

When to Think About >99213

- When a problem is unknown or uncertain
- When a problem is complex
- When there are 2 or more stable conditions
- When a patient has underlying issues that make caring for them more co
- When it takes longer than usual (wrestling a child with autism to take 2 st
  out, or the mother is anxious and has 3 pages of questions for a fussy ba

When to Think About a Level 4

- When your **BRAIN** kicks into a higher gear
- When you start to rule out more serious diagnoses
- When you start to wonder if the child's underlying status or environment will impact the outcome or ability to follow the care plan
- Make your case in your documentation ***make the auditor also worried about this patient***

99204/99214

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99204
99214
	Moderate	**Moderate**
		• **1** or more chronic illnesses with exacerbation, progression, or side effects of treatment;
		or
		• **2** or more stable chronic illnesses;
		or
		• **1** undiagnosed new problem with uncertain prognosis;
		or
		• **1** acute illness with systemic symptoms;
		or
		• **1** acute complicated injury
			Moderate
			(Must meet the requirements of at least 1 out of 3 categories)
			Category 1: Tests, documents, or independent historian(s)
			• **Any combination of 3 from the following**:
			  • Review of prior external note(s) from each unique source*;
			  • Review of the result(s) of each unique test*;
			  • Ordering of each unique test*;
			  • Assessment requiring an independent historian(s)
			or
			Category 2: Independent interpretation of tests
			• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);
			or
			Category 3: Discussion of management or test interpretation
			• Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)
				Moderate risk of morbidity from additional diagnostic testing or treatment
				
				Examples only:
				• Prescription drug management
				• Decision regarding minor surgery with identified patient or procedure risk factors
				• Decision regarding elective major surgery without identified patient or procedure risk factors
				• Diagnosis or treatment significantly limited by social determinants of health

https://www.amaassn.org/system/files/2016/cpt-office-prolongedsvscodechanges.pdf

99204/99214: Problems Addressed

1+ chronic illnesses w/exacerbation, progression SE of treatment

- ADHD w/ anorexia in AM
- Obesity, worsening BMI
- Behavior problems escalating

2+ stable chronic illnesses

- ADHD, school underperformance/learning difficulties (or sleep problems, or social difficulties)
- Asthma, allergic rhinitis
- Allergies, eczema
- Autism, anxiety (or self-injurious behavior)

1 undiagnosed new problem w/uncertain prognos

- Abdominal pain
- Fatigue
- Headache

1 acute illness with systemic symptoms

1 acute complicated injury

99204 **99214**	**Moderate**	**Moderate** • **1** or more chronic illnesses with exacerbation, progression, or side effects of treatment; **or** • **2** or more stable chronic illnesses; **or** • **1** undiagnosed new problem with uncertain prognosis; **or** • **1** acute illness with systemic symptoms; **or** • **1** acute complicated injury

99204/99214: Data Reviewed

Tests/Documents/Independent historian (3)

- Independent historian plus order 2 tests (Rapid COVID)
- Review ER report, Review last allergist report, Independent historian
- Review Urgent Care Report, Review final Urine result from Urgent Care, Order UA

Discussion of management or test interpretation

- Email or phone call to specialist
- DOCUMENT *"placed phone call to therapist to dis worsening anxiety, mother hesitant to start med back to parents after discuss w/therapist (conse from patient and mother)"*

Independent interpretation of tests (uncommon for most pediatric practices

99204
99214
	Moderate	**Moderate**
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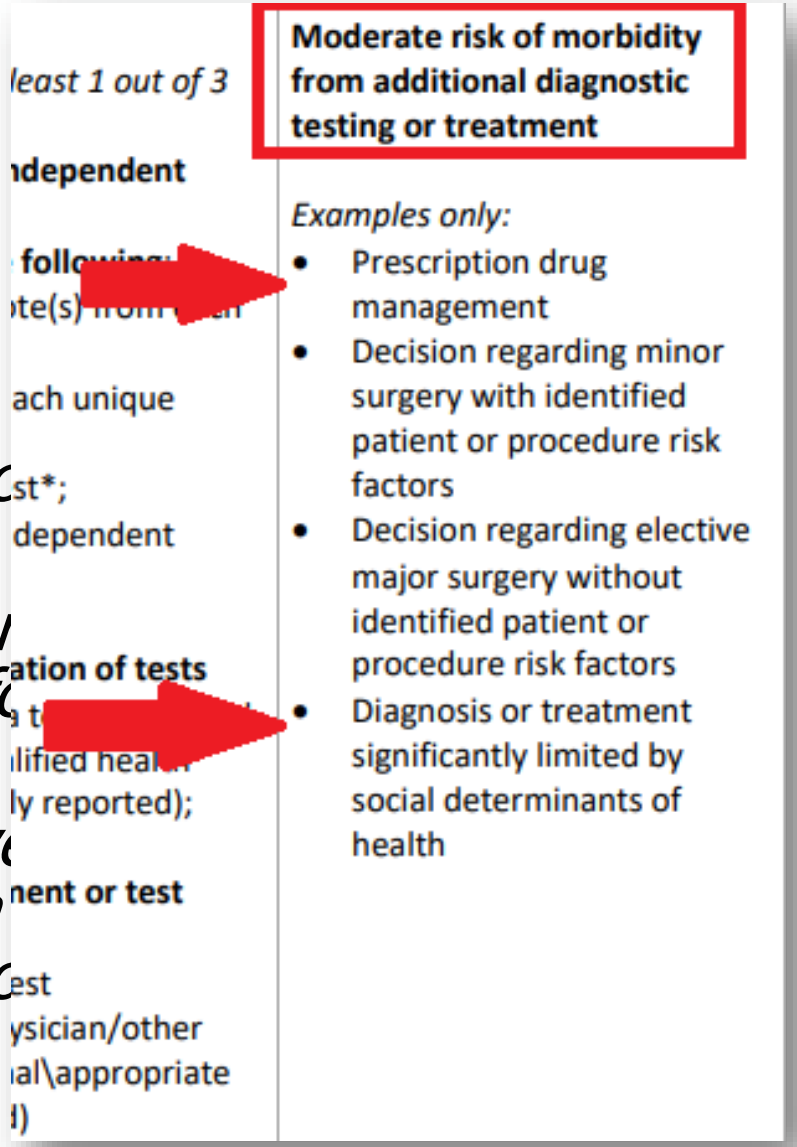
		• Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)

99204/99214: Risk

- Write or manage any Rx medication
- Write or manage any OTC medication that is either "off label" or has higher risk for a particular patient
  - DOCUMENT in NOTE
  - *"Managing patient's Adderall, does not need refill to parent will reach out to office when appropriate."*
  - *"Pt with hx of GERD, put on OTC Ibuprofen but wa aggravate GI sxs. If does, parent to contact office f to plan of care."*
  - *"Pt under approved age for ibuprofen, discussed w appropriate dosing, provided additional information caregiver to contact office if not improving as expe experiencing any side effects."*



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Moderate risk of morbidity from additional diagnostic testing or treatment

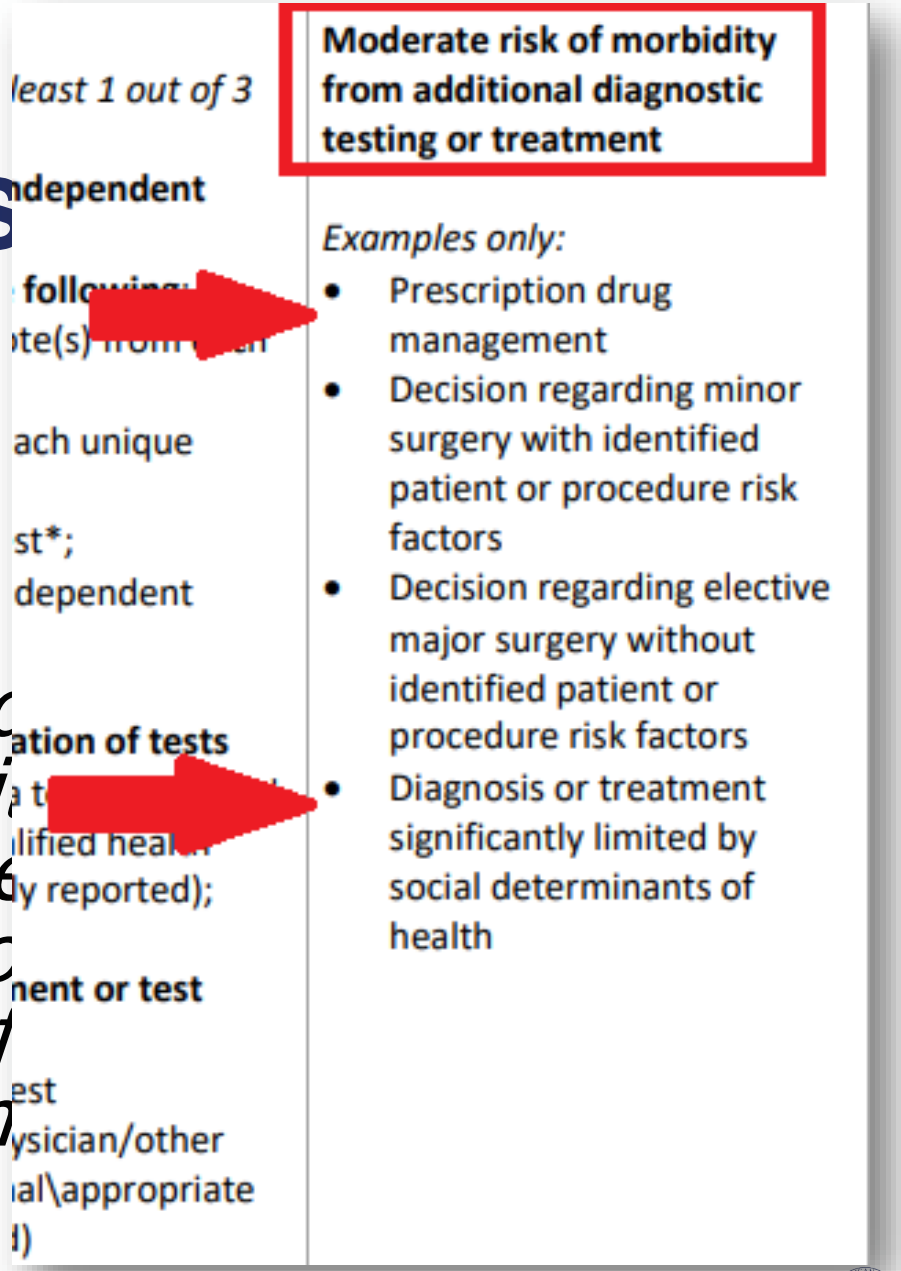
Examples only:

- Prescription drug management
- Decision regarding minor surgery with identified patient or procedure risk factors
- Decision regarding elective major surgery without identified patient or procedure risk factors
- Diagnosis or treatment significantly limited by social determinants of health

99204/99214: Ris

Social Determinants of Health that IMPACT diagnosis or treatment

"*Patient with SDoH of food insecurity anc*
limited access to healthy foods. May limi
family's ability to follow agreed upon care
for obesity. If struggle with access to affo
nutritious foods, parent to reach out to of
additional resources or care plan adjustm



Case Scenarios.

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Obesity Worsening BMI

- Obesity: chronic disease worsening
- Can I get there on risk? (not likely unles starting meds or considering starting Metformin, etc.)
- Can I get there on data reviewed? Mayb you need 3
  - Independent historian (1 point/3 needed)
  - Order HgbA1c (1 point/3)
  - Order Lipid Profile (1 point/3)
  - Order LFTs (1 point/3)
  - Do a PHQ9 and review it (1 point/3)

Documentation Pearls
Leave no doubt, spell it out!

- **Define/label your chronic condition and its status:** *Pt w/worsening chronic condition of obesity, weight gain with BMI of y.*
- **If you are going to get there on dx, *specify*:** *Obesity worsening and will order HgbA1c due to risk of Type LFTs (concerned about fatty liver) and Lipids (concer cholesterol). Mention independent historian if relevan "mother reports family hx of high cholesterol in dad a*
- **If you are considering a medication but don't order it today, spell that out in your notes:** *Discussed with family, consider patient at risk of Type II Diabetes (family hx reported by mother). Ordered HgbA1c and will follow when results back. May be a candidate for Metformin Discussed with family risks/benefits of meds if neede must also work on diet/exercise.*

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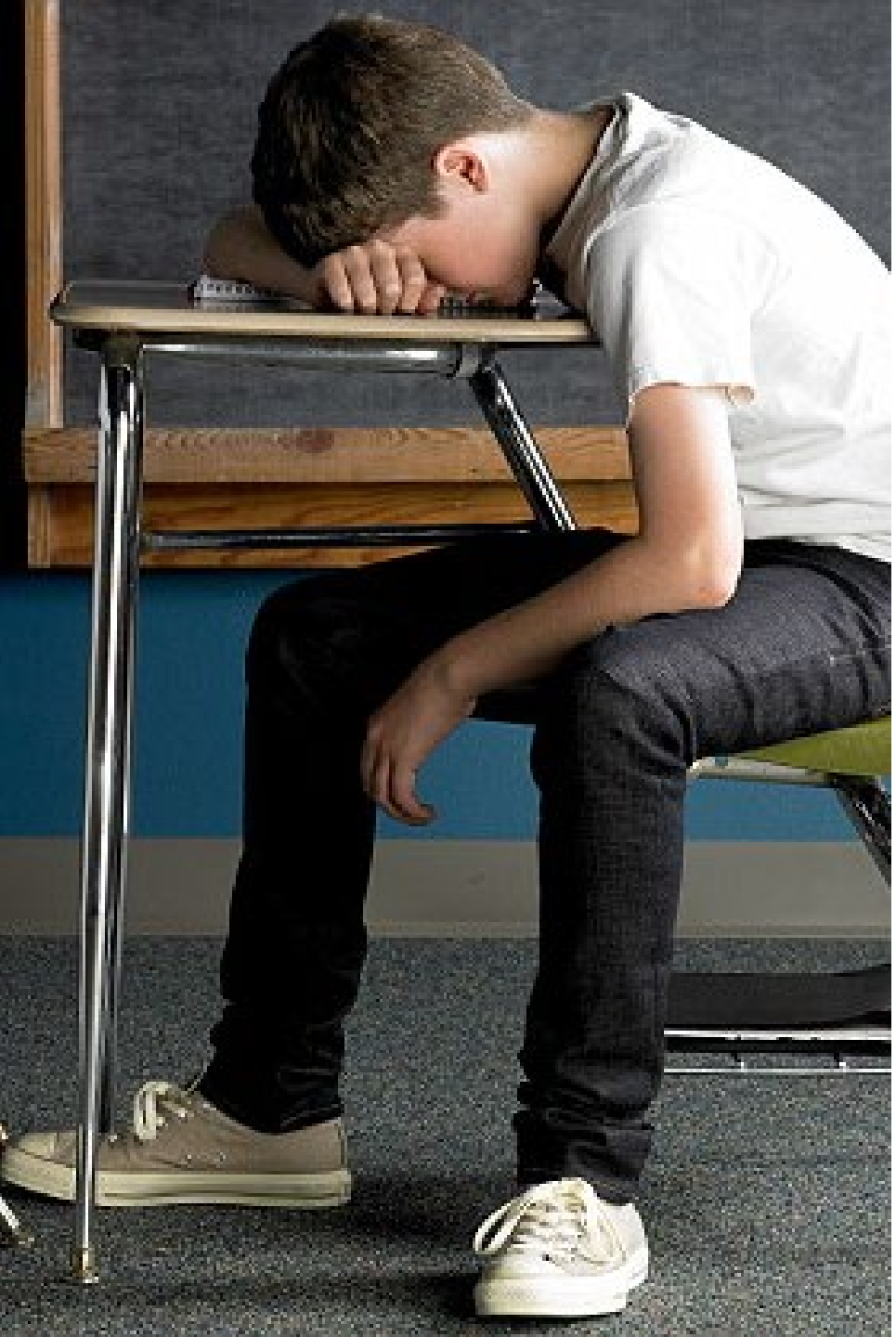

Stable ADHD

- Med management: gets you to a level 4 fo (even if you don't write the med that day)
- Chronic conditions x2: Almost ALL ADHD have a second comorbid condition
  - F81. 89 Other developmental disorders of scholastic skills
  - F79 Unspecified intellectual disabilities
  - Z55.3 Underachievement in school
  - F94.9 Childhood disorder of social functioning not specified
  - F94.8 Other childhood disorder of social functioning
  - F91.8 Other conduct disorder
  - G47.8 Other sleep disorder
  - Anxiety, depressed mood, etc.

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Documentation Pearls

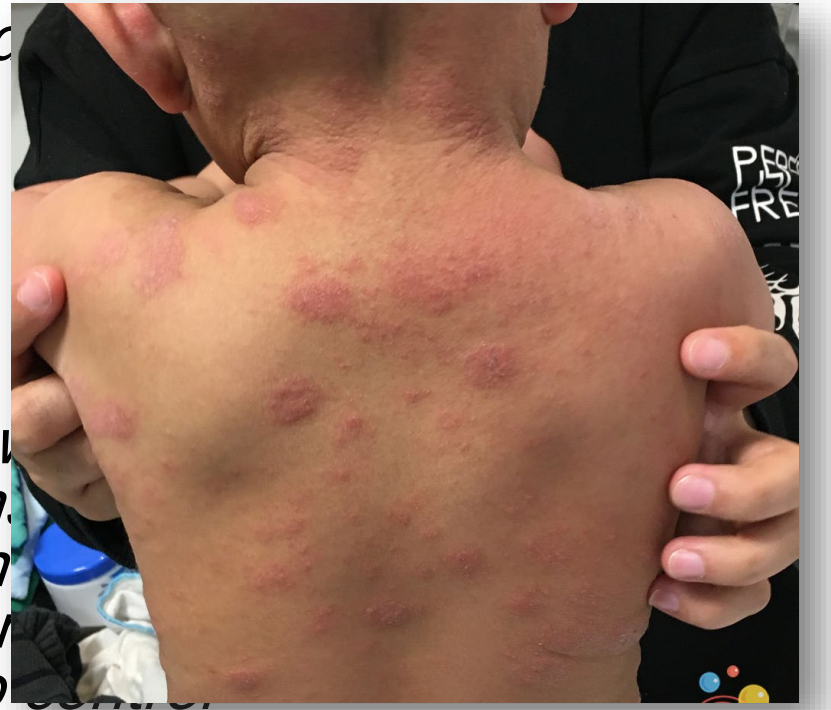
- **Define/label your chronic conditions**
- **ADDRESS them in your note/plan**

Pt w/2 stable chronic conditions: asthma and sleep disorder

ADHD stable, no significant SE on current meds. IEP at school, d well as desired academically and socially at sch home (see reviewed Vanderbilts from each pare homeroom teacher.) Sleep disorder stable (hx o falling asleep and/or inadequate total sleep hou continued to reinforce good sleep hygiene espe school days. Meds renewed at current dose. Wi months.

Worsening Eczema

- Patient with worsening eczema: chronic condition worsening or exacerbation > 1 year of age (remember: AMA defines chronic as: *A problem with **expected** duration of at least a year or until c*)
- Write a prescription….
- **THIS IS A LEGITIMATE 99214!** You are not "cheating." You are following the guidelines.
- Documentation: *Patient with chronic condition of eczema, w likely by recent exposure to cats while visiting friends. Ha interfering with sleep. No evidence of secondary infection will consider culture if feel colonization interfering with co Discussed importance of emollients in daily care, need to control itching/scratching with appropriate dosing of oral antihistamines and reviewed eczema flare plan. Patient has appropriate medium potency steroid ointment at home. Discussed appropriate use and parent to contact office if not improving in 7-10 days so can adjust care plan and consider skin culture if needed.*



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Abdominal Pain

- Undiagnosed new problem with uncertain prognosis
- Even if you think it's functional abdominal pain, IBS, constipation, discuss your differential diagnosis in yo note.
  - "Patient with new problem of abdominal pain. Uncertain diagnosis and prognosis uncertain at this point as well. not feel patient has acute surgical abdomen (no concer history/ROS and no guarding/tenderness/rebound on e differential dx includes celiac disease although doubt w family hx and no growth concerns), Inflammatory Bowe Disease (doubt with normal growth and no blood/muco stool), but could be constipation, lactose intolerance, Ir Bowel Syndrome or functional abdominal pain."

Abdominal Pain *(cont.)*

Can I get to a level 4 on data? Probably

- Document: *"father reports no family hx of Celiac or Inflammatory Bowel Disease."*
- If you do an anxiety screen (and document you reviewed it) for functional abdominal pain counts as 1/3.
- Even if you don't order (but consider ordering) labs: *Discussed with mom consideration for obtaining celiac screen (1 point), CBC (1 point), CRP (1 point) but with shared decision, we agreed to not put child through bloodwork unless doesn't respond to conservative measures. Then mother will reach out and will create electronic lab order). For now, care plan incudes: keeping symptom diary, avoidance of lactose containing foods or use OTC Lactaid tabs (discussed dosing.)*

Potential Undiagnosed New Problem with Uncertain Prognosis

- Abdominal pain
- Fatigue
- Unintentional weight loss or growth failure
- Anxiety/Depression (assess and comment on suicidality risk or self-harm risk)
- Palpitations
- Chest pain
- Headaches
- Irritability in an infant

What is NOT an Uncertain Diagnosis or Prognosis for Level 4?

- URI in otherwise well appearing child (eve though you do not know if it's COVID or rhinovirus, if the child looks well, most patie fully recover without ever knowing which vi
- A rash in a well appearing child, and you d know what it is

Strep Pharyngitis with Vomiting

- This can be an acute illness w/systemic symptoms.
- While vomiting can happen with patients with strep, it is not a common (>5(patients) compounding factor; not treating the systemic symptom of vomitin impact the care of the primary acute problem (strep pharyngitis.)
- Documentation support:
  - *"Patient with acute illness of strep pharyngitis and vomiting as a systemic sympto*
  - *"Concerned that vomiting may impact the patient's ability to tolerate oral antibiotic put her at risk for sequala of strep if inadequately treated. Discussed with parent Zofran. Parent elected to monitor closely and treat with small sips of clear sugary Pedialyte. She will contact the office if patient can't tolerate amoxicillin so that we plan appropriately: including calling in Zofran to pharmacy or administering IM Bi*

Can Strep w/Fever be a Level 4?
MAYBE

- Would add additional diagnoses of fever and/or others such as R63.0 (anorexia/loss of appetite) and/or R13.10 (dysphagia/difficulty swallowing appropriate.
- Would "connect the dots" in your note such as: *"Patient with acute illness strep pharyngitis and systemic symptoms of fever and loss of appetite with diff swallowing. Concerned that systemic symptoms increase treatment risk a able to complete antibiotic course and at risk of dehydration with reduced increased fluid demands due to fever. Discussed importance of completi prescribed, risk of sever complications such as RF, GN, PTA. Discussed what watch for and to reach out to office if difficulty with treatment plan or additional/worsening symptoms or concerns."*

Child <1 year of Age with Fever, URI

- **MAY** constitute acute illness w/systemic symptoms **IF** you "make the case" in your note.
- Point out why fever, the systemic symptom, makes you more concerned in this patient than an older one; put your differe diagnosis in your note.
- Documentation support:
  - *Likely acute URI illness in this infant with systemic symptoms*
  - *While patient does not appear excessively lethargic or irritabl currently and has no evidence of meningitis, serious bacterial infection, or lower respiratory infection currently, concerned that in this age group fever is often only systemic symptom early in course. Immunizations UTD so unlikely HIB or Pneumococcal infection. Currently patient with mild increased HR and RR but likely due to fever itself. Discussed with parents appropriate dosing of acetaminophen for fever. However, discussed at length what to watch for which may indicate worsening or more serious acute illness including: poor feeding, irritability, lethargy, difficulty or fast breathing, signs of dehydration (reviewed). Office will reach out to mom for f/u in 2 days. Parents to call back if not improving or worsening or concerns.*

Concussion with Loss of Consciousnes

- Patient w/concussion who has possible LOC is an acute complicated injury
- Can you get to a level 4 on data review?
  - Maybe if it's an ER f/u (review ER report, rev CT scan, independent historian)
  - If you are the first to see them: (independent historian, consider CT scan if worsens and document, if prior concussions review any reports, or review IMPACT testing)
  - If the patient had another injury with the concussion (ankle sprain, etc., that you order or consider ordering a test for)

Concussion with Loss of Consciousness *continued*

Can you get to a level 4 on risk?

- If you refer to the ER: document "Referring to ED where may consider hospitalization for closer monitoring" (that's level 5.)
- If you write a prescription such as Zofran for nausea, or discuss off-label use of an OTC med in a younger child.
- If patient also had another injury from the concussion you end up treating with medication.

Time

- Spend a total of 30 mins on same day as the visit.

Patients with Underlying Issues

- Must be RELATED to problem addressed or contribute to outcome.
- Can increase risk, but you have to document…connect the dots.
- Add the diagnosis to the claim, and mention the problem in your note:
  - *Patient with autism, self injurious behaviors. Concerned that his acute problem of ce*
    difficult to treat because of his autism. He constantly puts his hands in his mouth/bit
    going to make treatment of his lower arm cellulitis higher risk. In addition, often his r
    getting him to take medications unless she hides it. Wrote for antibiotic capsules tha
    However, if he is putting wound in his mouth, or refusing antibiotics or if the skin infe
    or if he develops fever/streaking of the redness, mother understands to reach out to
    at night) so that care plan can be adjusted appropriately.

Patients with Underlying Issues (continued)

- Still need to get the "correct amount of problems addressed."
  - Cellulitis is an acute illness.
  - Autism is chronic condition…if it's "stable" and only one, you still only have a level 3
  - If you also report: Self injurious behavior (R45.88 Suicidal self-harm) as a chronic condition stable with the autism…but talk about it: *discussed strategies with mom to work therapists at home and school to reduce biting….. Will also attempt to dress area o to protect, but mother concerned that will call attention to the area and he will pick a more.*

Depressed Patient with Suicidal Thoughts

- Can make case for a level 5 for problem addressed: Patient with depression, now significantly worsening with new suicidal thoughts which poses a threat to
- Data reviewed, mostly going to be a level 3 or 4 depending what you do
  - If you do a PHQ 9 and suicide risk assessment and doc an independent historian that gets you to a level 4
  - If you do the above PLUS personally call/email patient's psychologist/psychiatrist, you can get to a level 5 on dat reviewed
- Risk depends on what happens:
  - If you are managing medications, level 4
  - If you refer to the ED for evaluation and possible hospitalization, that's a level 5
- Time for a 99215: 40 minutes minimum

Musculoskeletal Injuries

Ankle Sprain: almost always a Level 3

- Problem: acute uncomplicated injury
- Data reviewed: independent historian gets you to a level 3, whether or not you add an xray, it's hard to get to a 4
- Risk: make sure you document RICE and NSAIDs or some OT treatment so you get a level 3

Even if the x-ray is + and it's a fracture… (still acute uncomplic injury) likely level 3 UNLESS

- Fracture is at the growth plate or something else which you can as "acute complicated injury" and your note justifies why
- Still need to get there on either data reviewed/risk
- Data reviewed: independent historian plus ordering any x-ray only gets you 2/3 needed. Only if YOU call the orthopedist or discuss with the radiologist (not your staff) and you document it, then you can use the "discussion of management or test interpretation" to get data category to a level 4
- **Simply referring to a specialist doesn't get you additional E/M credit, because then it's the specialist medical decision making, not yours**

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Skin Injuries

- Superficial lacerations are usually acute uncomplicated injuries (level 3 problem addressed) Unless it's a really dirty wound with lots of debris (then can justify a level 4 if yo documentation supports it.)
- Data reviewed not helpful for these visits.
- Risk is either a level 3 or 4 but doesn't matt you can't get to a level 4 on one of the othe categories.
  - Prescriptions such as mupirocin, oral antibi or even ordering a Td are medication management and get you to a level 4
  - OTC Neosporin is a level 3

Otitis Media

6-yr-old with cough, fever 102.5 w/OM on exam, Rx Amox

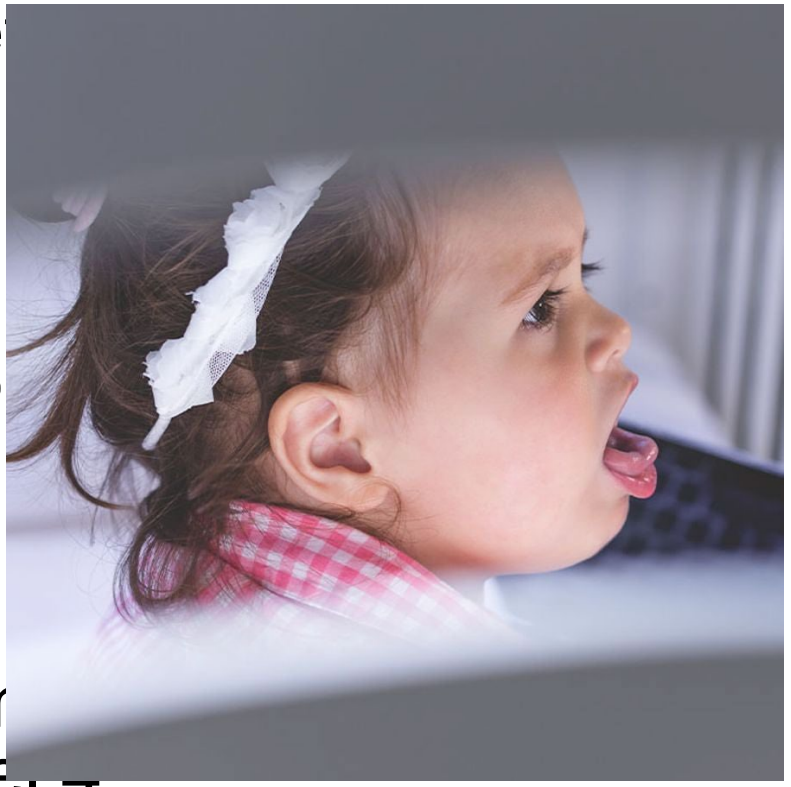
- Likely a level 3 (problem: acute uncomplicated illness, independent historian, Rx is level 4 but that's the only category that gets to 4.)
- Can it be a level 4? If the patient has underlying issues that ma problem riskier such as history of asthma (and even if not whe cough can be symptom of early asthma flare and you add the diagnosis and discuss flare plan and document it.)

Fever 102.5, cough in 4 month old w/OM on exam, Rx Amox

- This IS justifiably a level 4 because your "brain goes to a differ with this young child.
- DOCUMENT your thoughts: *Ms this young infant with OM, cough and fever as systemic symptom, I am concerned about progression to lower respiratory tract infection or serious bacterial infection due to young age. Reviewed immunization status: UTD. No current signs of meningitis, invasive bacterial infection or lower respiratory involvement but discussed at length importance of following through on care plan and monitoring closely. Parents instructed to contact office immediately if increased lethargy, poor feeding, irritability, signs of respiratory distress (retractions, flaring reviewed) or signs of dehydration*

Croup

- Mostly a Level 3 Visit
  - No matter what, data reviewed is only going to ge level 3 if you document an independent historian
  - When you write for oral steroids, that can get you level 4 on risk
  - Comes down to the problem addressed
- If you are only documenting a diagnosis of croup the child does not have underlying issues or respiratory distress/stridor, that's only an acute, uncomplicated problem (level 3)
- IF you use respiratory distress or stridor as a prim secondary diagnosis, then you can call this a level 4 problem addressed because it is no longer uncomplicated.



OTHER CODING OPPORTUNITIES

Well Plus Sick

- E/M must represent separately identifiable work that is significantly beyond preventive service and is **separately identifiable in the documentation**
  - May represent a new acute problem that would have required a separate visit
  - May represent a chronic problem that needs further history, ROS, medical decision m care plan adjustment and/or medication management (not simply renewal)
- You are saving the family an extra inconvenient visit
- Generates patient payment responsibility as if it were a scheduled sick/non preventive visit
  - Tell family **UP FRONT** to avoid billing difficult conversations
- Sick visit should be coded exactly as if it was done on a different day as a s visit
-

Framing the Well plus Sick Conversation

Scheduling chronic problem f/u with well visits:

- **Provider:** *"I'd like to see you back in 3 months for an ADHD follow-up. You're also due for well visit that month. We are happy to do the visits at the same time for your f and to save you an extra trip. However, please be aware that your insurance the same copay/payments whether we do them the same day or different day know if you would like to schedule them together or as two separate appointm*
- **Scheduler:** *"Let me help you schedule your well visit and your ADHD follow-up. How this as two separate appointments or we would be happy to do them at the sa please be aware that your insurance mandates we collect the same copay/pa do them the same day or different days. Would you like me to save you an ex them at the same time?"*

Common Well Plus Sick Scenarios

JUSTIFIED SICK VISIT

- **Acute problem** (OM, bronchiolitis, sinusitis, ankle sprain, cellulitis, ingrown nail)
- **New concern** (failure to thrive, short stature, mental health issues)
- **Chronic condition practice is managing and following** (asthma, ADD/ADHD, anxiety/depression/mental health)

SICK VISIT NOT JUSTIFIED

- Cold symptoms, no treatment
- Identified bedwetting, no treatment
- **Chronic condition** managed by a specialist
- Benign nevus
- Reassuring normal newborn behavior/condition (spitting up infant, acne, Mongolian spot

Non Face-to-Face Care

- Transitional Care Management
- Care Management Services
- Care Plan Oversight
- Telephone Care and Portal Messagi
- Interprofessional Consultation
- Medical Team Conference

https://www.aap.org/en/work-in-progress/practice-management-secondary-nav/2021-office-based-em-changes/care-management-and-ther-non-direct-services/

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G2211: a Medical Home Gamechanger?

- G2211 includes services enabling practitioners to build longitudinal relationships with all patients (not only those who have a chronic condition or single, high-risk disease) and to address most patients' health care needs with consistency and continuity over longer periods of time.
- Cannot be billed with a preventive care visit.
- Cannot be billed with a service that already has a -25 modifier.
- Medicare allowable is $16.05.
- Intention: support of primary care.

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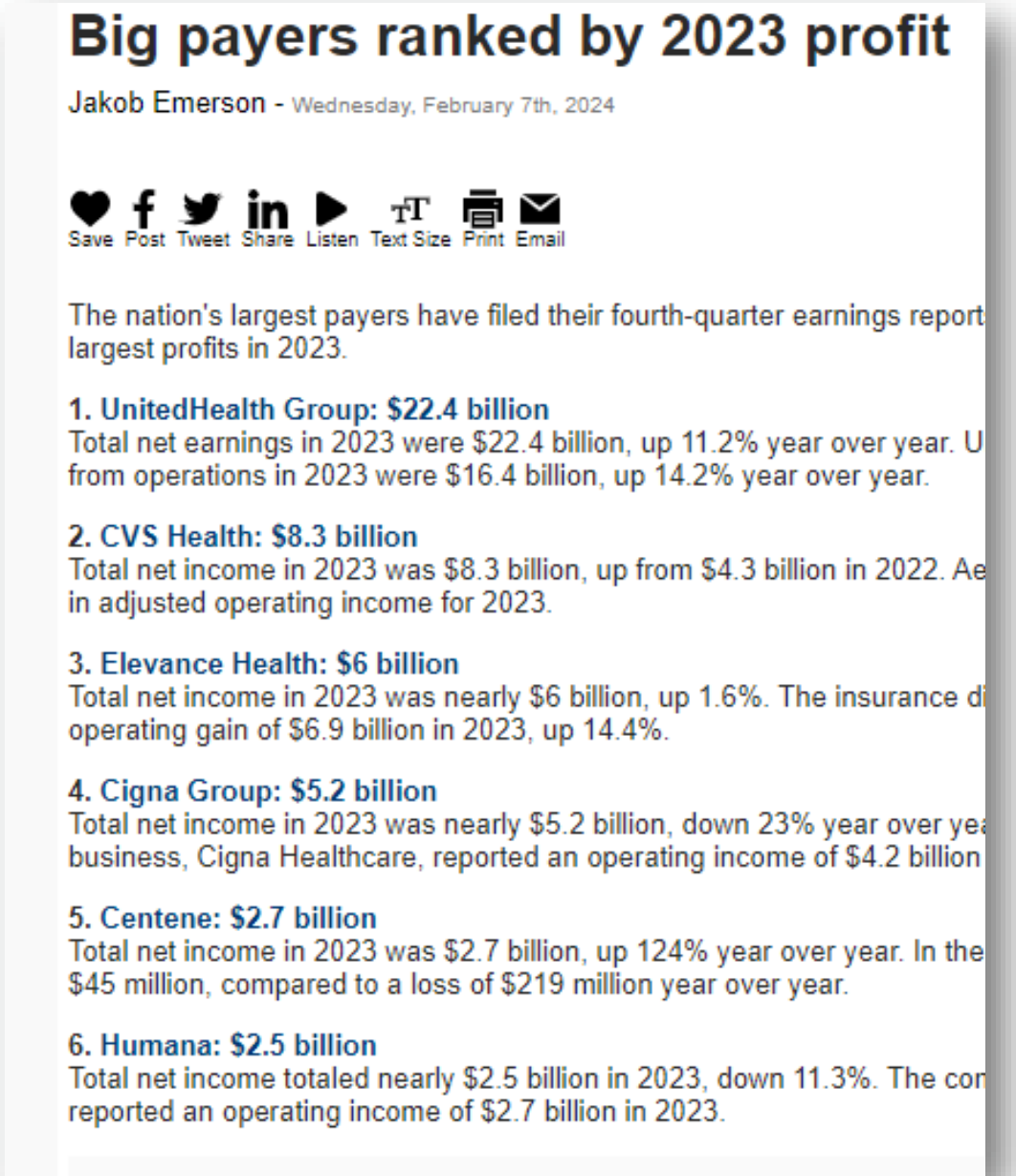
https://downloads.aap.org/AAP/PDF/AAP%20Factsheet%20Complexity%20Add%20On%20G2211.pdf

Common Barriers to Appropriate Coding

- I don’t have time to think about it
- I’m uncertain and more confident that “at lea I have a 99213
- It takes to much time to document
- I don’t want to put in the note what I’m also considering in my differential diagnosis
- It feels like I’m “overcharging” for something simple
- I’m afraid I’ll be audited

Consequences of Missed Opportunities $$



Big payers ranked by 2023 profit

Jakob Emerson - Wednesday, February 7th, 2024

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The nation's largest payers have filed their fourth-quarter earnings report largest profits in 2023.

1. UnitedHealth Group: $22.4 billion
Total net earnings in 2023 were $22.4 billion, up 11.2% year over year. U from operations in 2023 were $16.4 billion, up 14.2% year over year.

2. CVS Health: $8.3 billion
Total net income in 2023 was $8.3 billion, up from $4.3 billion in 2022. Ae in adjusted operating income for 2023.

3. Elevance Health: $6 billion
Total net income in 2023 was nearly $6 billion, up 1.6%. The insurance di operating gain of $6.9 billion in 2023, up 14.4%.

4. Cigna Group: $5.2 billion
Total net income in 2023 was nearly $5.2 billion, down 23% year over yea business, Cigna Healthcare, reported an operating income of $4.2 billion

5. Centene: $2.7 billion
Total net income in 2023 was $2.7 billion, up 124% year over year. In the $45 million, compared to a loss of $219 million year over year.

6. Humana: $2.5 billion
Total net income totaled nearly $2.5 billion in 2023, down 11.3%. The cor reported an operating income of $2.7 billion in 2023.

- The payer is happy to take your money…you are funding their bottom line and profitability
- Lack of ability to compete with other entities for services:
  - Urgent Cares
  - Retail Based Clinics
  - Direct to Consumer Telehealth
- Community “devalues” your care becau “cheap”

Consequences of Missed Opportunities $$

Reduce practice ability to:

- Provide great care
- Improve innovation and health IT
- Improve care coordination
- Add additional services
- Update infrastructure
- Recruit and retain top talent
- May reduce what payers are willing to pay/value at in the future

What Can I Do Tomorrow?

- Heed the advice you give to impulsive kids and teens: **Pause, think and make a smart choice**
- **Flag charts for your leadership** for notes that you "thought should be higher but couldn't figure out how document higher"
- **Identify things which your leadership could make "easier" for you**: short phrases, templates, ICD favorite lists, etc.

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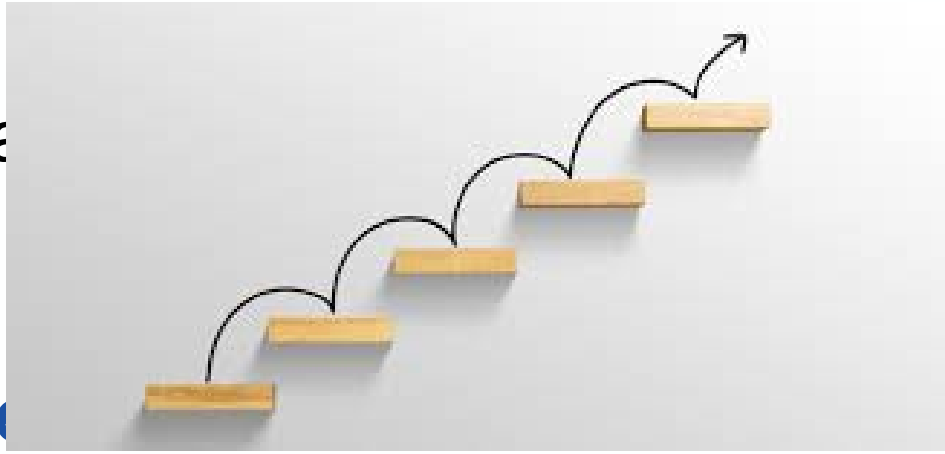
What's Reasonable Improvement?

- Pick one common scenario and concentrate on improving coding for that, then pick another one
- Like weight loss: no splurge diets. Simple small sustainable changes that you weave into your da habits
- Set a goal to improve (5% ?)
- Add 2 additional 99214s per day (at 4 days pe week, and 48 weeks per year) for an additional approximate….



$17, 280 per year/provider!

What could your practice do with extra money?

AAP Agenda for Payment Transformation

- Informed by AAP Policy and Committees, Sections, and Councils
- Medicaid, CHIP, Commercial Insurance
- Payment Amounts, Eligibility, Enrollment, Benefits, Access
- ValueBased Care/Alternative Payments
- Pediatric primary care, pediatric medical subspecialists, and pediatric surgical spe
- Input from across the Academy

AAP Payment Transformation Activitie

- Engage payers
  - Proactive and responsive to payer policy reviews
  - Member (primary and subspecialists) communication and assistance
  - Educate payers about unique child focused policy needs
- Convene national experts around Medicaid transformation innovation
- Established payment transformation fellowship

Unique Value Proposition of Pediatric Primary and Pediatric Subspecialty Care

- Short-term ROI is *not* the focus
- Upstream prevention produces value in savings to society
  - Education, Justice, Labor/Economy, Medicare
- Shared savings is *not* the opportunity
  - 5% of children account for 50% of Medicaid spending (Berry et al, 2014)
- Partnerships among health care providers, health care systems, state and community agencies
- Integrate behavioral health and social services in primary and subspecialty care settings

Value-based Payment Reform Must:

- Address **early childhood adversity and social determinants** and include appropriate metrics and data collection, with attention to racial and other disparities in health outcomes
- Consider risk stratification that accounts for **medical complexity as well as parental and social complexity**
- Create **validated predictive risk algorithms for children**, construct "high-risk" lists for pediatric care coordination, and ensure adequate payment for such services
- Include **payment for telehealth** and other new technologies that facilitate care management in the medical home without an in-person encounter

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Task Force on Safety and Wellbeing Within the Pediatric Profession

Politicization of healthcare	Mis- and dis information	Global COVID-19 pandemic
Frequent, persistent gun violence	Racial and gender disparities	Workforce shortages
Inequitable payment for pediatric services	Administrative burdens	Moral injury

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Thank You!

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