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 Up To & Including 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 Not Eligible (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 Developmental Delays:
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 Informed Clinical Opinion:
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 Established Condition:

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 After 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*. 

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