



Foster Care Visit Options and Codes

www.ncped.org/fosteringhealthnc

The following is a **framework** regarding coding for the care of children and adolescents in foster care and does not take the place of NC Medicaid guidelines. In general, for these visits for children in foster care, **practices will need to use the principles of coding for patients with complex conditions**. Except for the Initial Visit, it is reasonable to expect these visits to take a longer amount of time. Considering that, **it will be uncommon to use a preventive visit CPT code for the Follow-up Well-Visits, since most of these children and adolescents will have psychosocial, behavioral, and/or medical concerns to warrant using an E&M code**. The child or adolescent in foster care has a higher likelihood of developmental, behavioral, chronic health, and oral health issues. The ICD-10 code(s) for those chronic health conditions should be used that are specific to that child.

Using the **Z00.129 (without abnormal findings) OR Z00.121+ (with abnormal findings)** (was V20.2 periodic well-visit prior to Oct 1, 2015) **or Z02.89** (was V70.3 interperiodic well-visit) **as a secondary diagnosis code** at these visits identifies that the components of a periodic or interperiodic Well-Visit have been done so that their EPSDT rates will be appropriate. It allows Medicaid to know that a Well-Visit is being done at that visit on that date for that child.

It is also important to use the **Z-code for foster care status (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**.

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 PCP is producing a report that synthesizes information from historical records, screenings (including social-emotional screening), the physical exam, and includes recommendations for DSS, for use with the court and for decisions regarding placement, etc. **Documenting that DSS requested the consult and completing the form for the report meets consult 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 prolonged visit code if indicated due to time), justifies the time for the visit.**

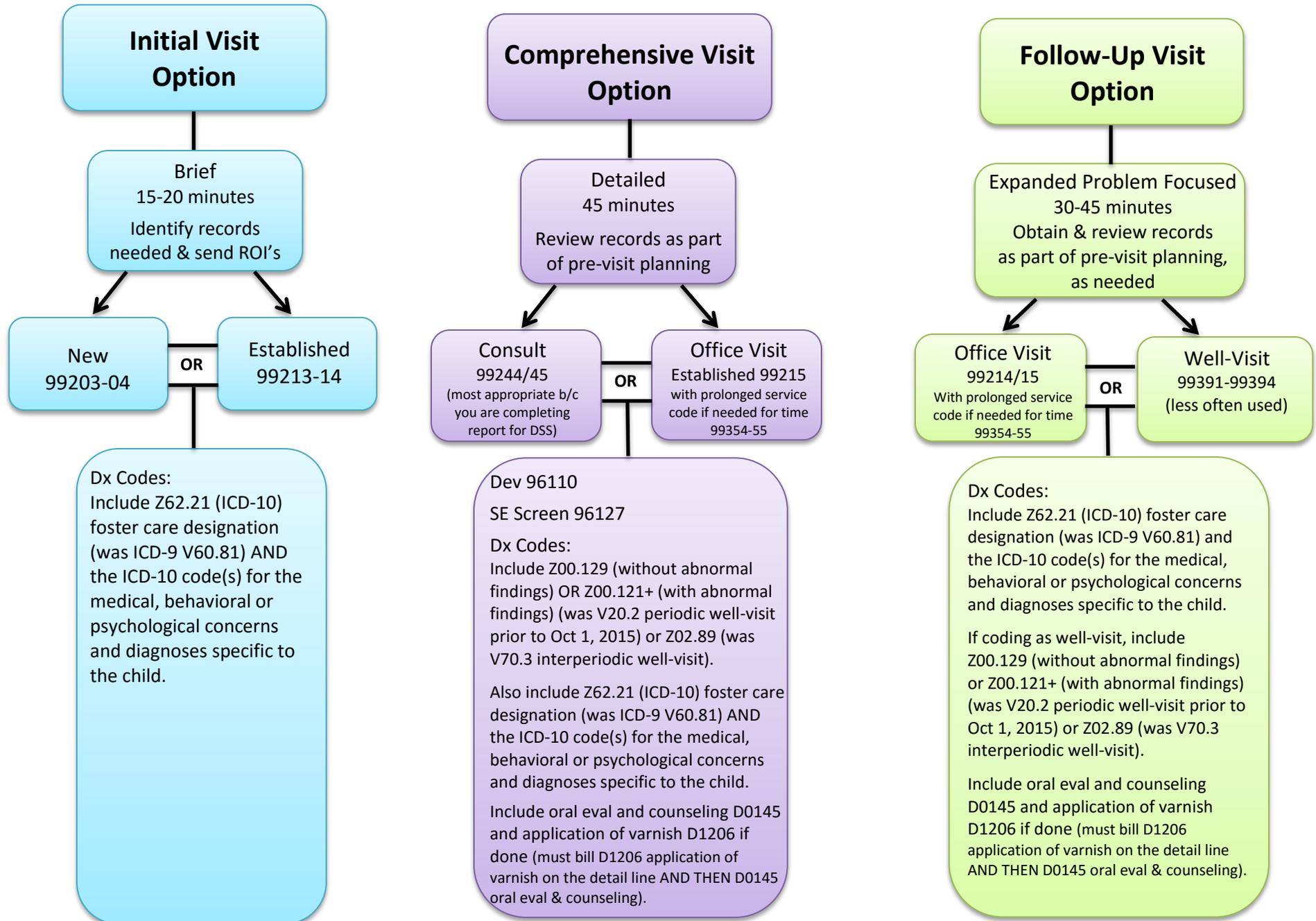
If the child or adolescent in foster care has developmental, behavioral, chronic health, and/or oral health issues that extend the time of the Follow-up Well-Visit, the prolonged visit code can also be used with the E&M code.

This document was developed by Marian F Earls, MD, MTS, FAAP, Director of Pediatric Programs for Community Care of North Carolina (CCNC)

FOSTER CARE VISIT OPTIONS, COMPONENTS, AND CODES

VISIT COMPONENT	INITIAL VISIT OPTION	COMPREHENSIVE VISIT OPTION	FOLLOW-UP WELL-VISIT OPTION
Amount of time scheduled	15-20 minutes	45 minutes	30-45 minutes
History	Brief	Detailed	Update With New Information and Monitor Acute and Chronic Issues
Measurements	Weight (Maybe Height if concerns) and Vitals as needed	HC (if under 3 years), Wt, Ht, Wt for Ht or BMI, Vitals as needed with BP if over 3 years	HC (if under 3 years), Wt, Ht, Wt for Ht or BMI, Vitals as needed with BP if over 3 years
Physical Exam	Brief	Detailed	Expanded Problem Focused (no need for detailed if other two components are provided with 99214/15 - see CPT coding book)
Screening	Limited to acute needs (no need for vision, hearing or developmental 96110 or specific social-emotional screening 99420 at this visit unless acute concerns)	All well child screenings for age and based on risks: vision, hearing, developmental (96110), autism (96110); social-emotional or mental health screenings (96127) recommended at all ages. Adolescent risk & strengths screen (99420)	All well screenings recommended for that age if due; mental health 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), and 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	Flu vaccine if appropriate	All that are required for that age	Any missed or needed for that age
Records	Identify records needed and send ROI's (release of information)	Review records as part of pre-visit planning	Obtain and review records as part of pre-visit planning, as needed
CPT Code for Visit	99203-04 for new patient OR 99213-14 for established patient	Consult: 99244/45 (most appropriate code, Comprehensive Form functions as required reporting) OR Office Visit Established 99215 with prolonged service code if needed for time 99354-55	Office visit: 99214/15 with prolonged service code if needed for time 99354-55 OR Well-Visit 99391-99394 (less often used)
Dx Codes	Include Z62.21 (ICD-10) foster care designation (was ICD-9 V60.81) AND the ICD-10 code(s) for the medical, behavioral or psychological concerns and diagnoses specific to the child.	Include Z00.129 (without abnormal findings) OR Z00.121+ (with abnormal findings) (was V20.2 periodic well-visit prior to Oct 1, 2015) or Z02.89 (was V70.3 interperiodic well-visit). Also include Z62.21 (ICD-10) foster care designation (was ICD-9 V60.81) AND the ICD-10 code(s) for the medical, behavioral or psychological concerns and diagnoses specific to the child.	Include Z62.21 (ICD-10) foster care designation (was ICD-9 V60.81) and the ICD-10 code(s) for the medical, behavioral or psychological concerns and diagnoses specific to the child. If coding as well-visit, include Z00.129 (without abnormal findings) or Z00.121+ (with abnormal findings) (was V20.2 periodic well-visit prior to Oct 1, 2015) or Z02.89 (was V70.3 interperiodic well-visit).

FOSTER CARE VISIT OPTIONS AND CODES



When provided, also include additional codes for immunizations and labs (when not required as part of the visit).