



## Pediatric Coding Alert

### ICD-10: Some Insurers Tweak Diagnosis Rules for Developmental Screens

**Look to Z13.4 as secondary code with ages and stages screenings.**

Most pediatric practices bill for ages and stages screening visits almost every day—but thanks to the transition to ICD-10, some of those claims are causing headaches across the country. As insurers continue to tweak their diagnosis coding rules for these services, you can continue to collect for your screens, if you follow a few simple tips.

#### **Z13.4 Causing Issues As Primary Code**

Under the ICD-9 coding system, most practices saw screening claims sail through processing by using diagnosis code V79.3 (Screening for developmental handicaps in early childhood). If you crosswalk that code to ICD-10, you'll come up with Z13.4 (Encounter for screening for certain developmental disorders in childhood). Unfortunately, however, many insurers are rejecting the screening services with this code.

"When I bill with Z13.4, I have been having the claims process as patient responsibility," a subscriber wrote to Pediatric Coding Alert. "The Ages and Stages Developmental Screening is a preventive care service that is covered under the Patient Protection and Affordable Care Act and included on the Bright Futures list for the American Academy of Pediatrics, so I began using modifier 33 (Preventive service). But my claims again were processed as 'patient responsibility.'"

The subscriber then appealed this decision and was told that Z13.4 "excludes routine developmental testing of infant or child," even though the ICD-10 manual does not include any such exclusion for this code, leaving the practice flummoxed.

The practice administrator also noted that she has been reporting 99420 (Administration and interpretation of health risk assessment instrument [eg, health hazard appraisal]) for CRAFFT screenings and 96127 (Brief emotional/behavioral assessment [eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale], with scoring and documentation, per standardized instrument) for PHQ depression screening, but is having payment issues with these services as well.

#### **Look to Well Care Dx Code**

Although the ICD-9 to ICD-10 crosswalk recommends Z13.4 as your most accurate code, not all insurers agree, unfortunately.

"It appears that for the last two months that the carriers now want the Z code for well care for the developmental screening and the behavior/depression code (96110 and 96127)," says **Donelle Holle, RN**, pediatric coding consultant and president of Peds Coding, Inc. This means that you'll use either Z00.129 (Encounter for routine child health examination without abnormal findings) or Z00.121 (Encounter for routine child health examination with abnormal findings) when you report 96127 or 96110 (Developmental screening, [eg, developmental milestone survey, speech and language delay screen], with scoring and documentation, per standardized instrument).

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"I'm not sure why this has started but it seems to be spreading through the carriers," Holle says. "So I recommend using the well care Z code as primary, and Z13.4 as the secondary code."

In addition, Holle says, when reporting CRAFFT, you'll opt for 99420 and if you report the PHQ, you'll bill 96127 □ with these codes you'll again link them to the well care code and then Z13.89 as a secondary diagnosis. "There's no need to put a modifier on them," Holle says. "Append modifier 25 (Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service) to any applicable office visit code instead of using modifier 33 unless your carrier specifies that they want the 33 instead," she advises.

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