How to Fill Your Pediatric Practice's Schedule

Live Webinar Q&A Session

I can imagine parents patient specific questions on a Facebook live. How do you maintain confidentiality?

- Simply explain at the beginning (and if they come up) that you can't answer specific patient questions during the Facebook session, but would be happy to answer any specific questions individually, and ask the parent to contact you at the office. If you can generalize "the ask" that is applicable - broadly, then share information that is appropriate.

Are commercial insurances paying for 30 month visits?

- Yes. If not, please submit a Hassle Factor form.

Would you happen to have parent outreach sample scripts (i.e., emails, phone calls) for mass recalls that you could share?

- Click here for the resource.

Is there a training video to teach how to run recalls in OP?

- Yes. If you are an OP practice, please reach out to me directly or to your Account Manager.

Innovative clinics - any suggestions of what has worked?

- I'd ask your colleagues on listservs. But some folks are having group virtual prenatals, some are having "resilience building" for different age groups, some are doing support groups for parents of kids with ADD.

Does OP have a way of seeing who is coming due for a well visit?

- Yes, both in context of the patient chart, scheduling appointments, taking messages, etc. You can run recalls using OP's Demographic Analysis and Recall (DAR).

Aetna is not paying us for 30 months visit

- Submit a Hassle Factor form here and contact me at my practice address (use for AAP work): skressly@kresslypediatrics.com.

What criteria do you use to determine patient to provider ratio?

- This really depends on what "full time" means to your practice. This includes how many patients you see per day, how much you capture in your medical home, how many infants you have (infants have 3+x more visits than older patients).
- Anywhere from 1,200 to 2,000 is what many have talked about, but that may be changing.

What is your messaging for families that don't want to schedule well visits?

- Impress upon them the value of the well visit and that you consider it essential for providing good patient care. If they don't comply after making your case, and removing all of their barriers to making an appointment, consider discharging them to a practice which is "more in keeping with their medical needs." (See above resource)

According to periodicity table, how many physicals up to and including the 36 month old physical?

- 12: 3-5 days, "by" 1 month, 2m, 4m, 6m, 9m, 12m, 15m, 18m, 24m, 30m, 36 months. Many practices make that 3-5 days a "weight check sick e/m" and do a 1 or 2 weeks and a 1 month well. Click here.

How do you handle no shows and cancellations at the last minute?

- Different strategies for no shows and last minute cancellations. If they bother to call you, engage them right then and there and have them reschedule at a time when they are confident they will be able to keep the appointment. No shows we discussed on the webinar.
- Chronic offenders: You may make a different choice about whether they are actually your engaged patients or book them at a time where there is less impact.
- Make sure you "Carpe Diem" around these no shows and turn sick into wells or add a sibling for those who do show - as much as possible.

Can we run reports in OP to search by Diagnosis, to help identify those with conditions that need follow up? Example: asthma, depression, etc.

- Yes, there are lots of ways to access this information including the OP Help Center, your Account Manager or the robust OP listservs.

Horizon NJ Health is not honoring CPT code 96110. Any advice?

- Submit a Hassle Factor form here, and contact your NJ Pediatric Council - which Dr. Richard Lander is currently chairing.

Is there more of a billable code for nurse visits that are reimbursed for education?

- We like to use the word "paid" more than reimbursement. You deserve to be paid for your professional services. If these are kids that are chronic care, you can use some care management codes. Click here.

How can we educate patients about the value of telemedicine?

- The AAP has made a great toolkit available for members. Click here for resource.

When looking at HEDIS & incentive measures, how do we ensure payers are following through? I am having issues with Medicaid recognizing the BMI dx codes. Who is my go to for this?

- Many of these questions are dependent on how your payer is pulling that data from your claims data. Some claims only include the top 4 codes you put on the claim. Are you certain this doesn't apply to you?
- Some payers are "special" and don't want the "typical codes." Have you asked what they want you to put on the visits?
- Your Pediatric Council may be able to help (or your state AAP Chapter) if you can't get this information from the payer themselves.

What's the average volume of patients for a pediatrician? You suggest for a full day schedule. Does that includes sick, well, follow ups and mental health?

- This really depends on "how much money you want to make." It's hard to break even under 15 visits a day per provider unless you are seeing complex kids and aggressive coding of well plus sick, etc. It also depends on how many "patient facing hours" you consider a full day. Average is 18-25 visits per day.

We do spot vision screen (99177) on children age 6 mo. - 4 years. The majority of insurances will not pay if under the age of 12 mo. Very few insurances will pay for it if the child is over age 12 mo. Do you have any suggestions?

- Work with your Pediatric Council to advocate for appropriate payment and take advantage of the appropriate Issue Guidance information here.

Does Dr. Sue Kressly provide one on one classes for someone new to practice management?

- I would recommend joining the Practice Manager's Group at the AAP, including the listerv. There are courses and resources available at the Pediatric Management Institute.

What is BEST recall report for missed wells, from the DAR or SQL?

- As you clearly are an OP User, it depends on what you are trying to do with it. Please contact me directly or ask this question on the OP listerv.

Can you ultimately discharge a Medicaid patient for multiple (say 3) no shows?

- These rules vary by state and Medicaid MCO. But yes, in most cases you can work with your payer to manage your panels collaboratively. Sometimes they make you submit a report of your attempts to contact, sometimes THEY will reach out to families on your behalf, and sometimes they will require replacements and "add" new patients added to your panel.

Do you have a sibling limit for single day scheduling?

- Many practices say "two," except in the case of triplets. Some are rethinking this strategy as families are stressed. For these multiple visits, your practice may want to increase the reminders, as a no show for 3 - is a big hit to your practice. Example: Day before PLUS morning of.
- Also, many providers have trouble "keeping the kids" straight doing more than 2 children at a time. Ask the family to bring a "second adult/teen caregiver" so that they may wait outside and give each child some concentrated time with the provider.

We find we get paid 1/3 the amount on the 99213, if we do a sick visit with the well visit.

- This entirely depends on your payer. You always have the right to use your patients and say "your insurance will not pay us adequately to do these visits together, so let's do the "sick" today and have you come back for your well." Or vice versa. And schedule the appointment at the point of care.

On the ADHD & well visit, would we do 2 encounters: one sick and one well? Or put under well encounter w/99213 and mod 25 for same day service & the px cpt code?

- Coding a sick and a well: Best practice is do this when there is a "separately identifiable problem" addressed and whether you write it as "one note" or "two separate" depends on your EHR documentation.
- Be sure to make it CLEAR that the sick is "separately identifiable" (which a separate note makes very clear).
- Bill the well visit as usual, and use a -25 modifier on the sick. Now that you do NOT have to "Count" exam and ROS elements, use the MDM or time and code as you would if the visit stood alone.