How is the physician seeing the patient supposed to code all your suggestions when we are taught simply to code the final diagnosis. This seems very burdensome! How does a EHR help, or does it? | We completely understand and agree how overwhelming this process can be. Yet every dollar is counting to cover all the costs and overhead. That is why it is essential to train the entire team to have some understanding of coding and help to capture all the medications, vaccines, injections and our services. With practice, it is possible to achieve this efficiency even in small practices to capture all our work.

| When medication is administered at the time of an office visit, can we report the medication or is it considered to be inherent to the evaluation and management (E/M) service? | Medications are not included in the practice expense of the Medicare Resource-Based Relative Value Scale for E/M codes (eg, 99202–99215). You can report Healthcare Common Procedure Coding System (HCPCS) Level II code A9150 (nonprescription drugs) if the practice has incurred any costs for the medication (ie, you cannot charge for samples). If the payer does not accept HCPCS Level II codes, report the more generic Current Procedural Terminology (CPT®) code 99070 (supplies). However, most payers do not pay for nonprescription medications provided in the office. If the payer considers the services non-covered, you can bill the parent if allowed under your payer contract.

| Will we have access to the slides after the webinar? | Yes

| Theoretically, could a pediatrician make more money stepping out of this payer system not needing additional staff reverting to a cash only status with the patient? | Theoretically, it does seem so much better to be cash pay but practically, I think most patients want to be in network since they pay so much for their insurance. Yet that is a personal decision and no right or wrong answer but what works best for you.