



CHADIS

Optimizing Reimbursement

Income from using CHADIS for screening and data collection:

This document will highlight the changes to reimbursement codes, as of January 1, 2017 and the provide you CHADIS's tools and capabilities to help you optimize reimbursement for reporting administration and scoring of "patient-centered health risk assessment instruments", as well as "developmental screening with scoring and documentation, per standardized instrument", and "Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument".

New CodePatient Focused Health Risk Assessment Tools and Questionnaires – CHADIS Tools for 96160 billing (replaced 99420) (examples below)	
• CRAFFT	• SEEK: Safe Environment for Every Kid (family risk)
• EPSDT (Health Risk) (EPSDT)	• Pediatric Asthma Control and Communication Instrument or Asthma Control Test
• Brenner FIT (obesity and exercise)	• SCAT-3 (concussion)

Behavioral Screening Tools and Questionnaires CHADIS Tools for 96127 billing (examples below)	
• Pediatric Symptom Checklist (PSC)	• Kutcher Adolescent Depression Scale
• 17-item Parent PSC and Youth PSC	• Strengths and Difficulties Questionnaires
• ASQ-SE™	• Australian Scale for Asperger's Syndrome
• Patient Health Questionnaires: Adolescents and for its Depression subscale (PHQ-A and PHQ-9), PHQ-2,4	• Vanderbilt Parent and Vanderbilt Teacher (Initial or Follow Up)
• Edinburgh Postnatal Depression Scale (*use code 96161 when billed under baby and not mother)	• Screen for Child Anxiety Related Disorders (SCARED - Parent and Child)
• Conners 3™	• Many more CHADIS tools are similar & should qualify

Developmental Screening Tools and Questionnaires – CHADIS Tools for 96110 billing	
• ASQ-3™ (Brookes Pub., 2009)	• M-CHAT Follow Up Interview™ - 96110
• Infant Development Inventory	• Survey of Well-Being of Young Children
• Modified Checklist for Autism in Toddlers (M-CHAT™) and Follow Up Interview	• DSM-PC Diagnostic Questionnaire (Diagnostic and Statistic Manual) - 96110

In almost all states 96110 is reimbursed by Medicaid. In some states, the use of one or more 96110 codes per visit can be reimbursed for a well-child or consultation exam without a 25 extender. However, as some insurance plans will not cover this code, we advise billing a modest amount in case a family ultimately has to pay out of pocket.

96110 Reimbursement Requirements

To bill this code 3 conditions must be met:

1. a validated tool must be used to assess a child's development
2. the tool must be scored and,
3. an interpretative note must be recorded in the medical record.



- **CHADIS and usual primary care billing:**
CHADIS provides a broad array of tools for all ages that can be automatically assigned, delivered, scored and interpreted for billing, and use of CHADIS data collection can document complexity to bill for 99214 & 99215. ***Total annual reimbursements with CHADIS can be over \$15,000 per clinician depending upon local insurance reimbursement policies.***
- **Additional Potential Billings:**
96111 Reimbursement Requirements: Requires use of a standardized developmental assessment tool to bill for “Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report”.
There are two second-level Autism tools that should meet these requirements: CARS-2 and Checklist for Autism Spectrum Disorder, which are clinician ratings of parent report and child observations that CHADIS facilitates by integrating information.
- **Value Based Purchasing:** The Patient Specific Templates for Asthma and ADHD include the combination of patient-generated data and clinician responses needed for both quality improvement and some new Value Based Purchasing initiatives.
- **Clinical Quality Measures (CQM):** Some newer reimbursement schedules require population reports for outcomes such as the % of patients with persistent asthma who are taking controller medication. The CHADIS Asthma module includes an option for assessing asthma severity/control levels (PACCI) and patient report of medication status/adherence as well as options for sending alerts to doctors when a patient’s control level is not matched by NHLBI guideline medication. Population data is available, for example: data to support requirements for CMS programs such as: CPC+, Medical Home and FQHC or data to support criteria for mental health disorder, e.g., from CHADIS-DSM.

Savings from using CHADIS for screening and data collection:

Screening is always recommended and is required for payment for Medicaid-insured patients, FQHC and PCMH. Failure to screen and score the screens can result in reduced or lost payments or fines.

While using CHADIS requires some change to workflows, screening with paper tools also has significant inherent costs that CHADIS obviates: Choosing the tools, obtaining copyrights or paying for copies, photocopying when permitted, mailing or handing out the screens at the visit to the patients at the appropriate age corrected for prematurity and at the correct visit, collecting and scoring the tools, making results available to the clinician in time to inform the visit (otherwise requiring review and recall for positive screens), scanning the tools and attaching to the patient chart and review by the clinician of scanned documents. There is also professional time and care needed to update tools when new versions are available.