

Patient Name: _____ Patient Date of Birth: _____ Acct #: _____ DOS _____

Evaluation and Management Services Authorization

The physicians and staff at Capital Area Pediatrics are dedicated to providing your child with the best possible health care outcomes. We do this by following evidence-based medicine guidelines as our standards of care. We are also dedicated to ensuring that our customers are informed consumers and are provided with applicable information concerning the cost of the care that we provide.

We recognize that the changes in the health care global environment have changed how families pay for their care. Many families now have insurance plans with higher cost shares (deductibles or co-pays) or are currently not insured. Therefore, we would like to inform you of our billing practices. At the time of the visit the provider selects the appropriate level of care provided using an evaluation and management code. This code cannot be predetermined and can only be selected after your child has been seen and evaluated. The provider also selects the most appropriate diagnosis code at this time. The diagnosis code determines medical necessity of the visit. In addition, there may be times in which the providers may determine that it is appropriate to request that lab tests, auditory and/or vision screens, be performed to better diagnose your child’s illness, and recommend the best treatment. We can perform a limited amount of lab work in our offices, these tests are considered “CLIA waived” and provide results prior to leaving our offices. Lab tests that are sent to an outside lab are billed to you directly by the lab. If you have insurance, they may direct you to a lab in which they have a contract for the best pricing. Also if your child requires treatment for Asthma there may be additional charges. If your child requires a surgical service (e.g. removal of warts or foreign body) you will receive a separate consent to treat which will list the risks and benefits, procedure code and fee.

What determines which level of visit your child’s provider selects? The provider must determine the level of service by considering the following factors: 1) Medical history of both the patient and the family, the physical exam, the level of medical decision-making involved, the counseling given, coordination of care required, and the risk of the nature of the presenting problem. Time is only considered a factor if greater than 50% of the visit was spent in counseling. The method of selecting the correct code is governed by the rules of CPT (Current Procedural Terminology) which are maintained by the American Medical Association.

Evaluation and Management Codes: Cannot be determined until after patient is seen and evaluated.

Level 1	99211	Established patient (Nurse visit)	\$ 37.00	99201	New Patient (Provider visit)	\$ 80.00
Level 2	99212	Established patient	\$ 80.00	99202	New Patient	\$136.00
Level 3	99213	Established patient	\$133.00	99203	New Patient	\$197.00
Level 4	99214	Established patient	\$196.00	99204	New Patient	\$299.00
Level 5	99215	Established patient	\$264.00	99205	New Patient	\$377.00

Screens:

92567	Tympanometry	\$26.00
92551	Audio 3	\$22.00
92552	Audio, pure tone	\$58.00
92583	Audio Pilot	\$92.00
99173	Vision Screen	\$6.00
99174	SPOT Pediavision	\$35.00
96127	PSC-17	\$10.00
96110	MCHAT	\$18.00

Asthmas Care:

94760	Pulse oximetry, single	\$6.00	81200	Oxygen (per 5 minutes) Time= _____	\$7.00
94761	Pulse oximetry, multiple	\$8.00		Forms _____	\$10.00 each
94664	Teach use of neb/dose inhaler	\$32.00			
94640	Neb. Treatment (ea)	\$34.00			
	Neb. Medications	(Subject to cost)			
A7015	Aerosol mask used w/ DME neb	\$8.00			

CLIA Waived Lab tests:

81002	Urinalysis	\$9.00	85018	Hemoglobin/Collection	\$18.00	87880	Rapid Strep	\$28.00
81025	Pregnancy (Urine)	\$33.00	S3620	Newborn Metabolic Screen	\$97.00		<i>Negative Rapid Strep requires back-up culture be sent to outside lab</i>	\$35.00
82272	Fecal Occult Blood	\$9.00	82465/83718	Total Cholesterol	\$18.00		<i>Culture subject to lab pricing.</i>	
87807	Rapid RSV/collection	\$28.00	80061	Fasting Lipid Panel	\$30.00			
87804	Rapid Flu/collection	\$28.00	82962	Glucose	\$9.00	86580	Tuberculin Skin Test	\$24.00
86308/36416	Rapid Mono/collection	\$19.00	99000	Handling (Outside lab)	\$35.00	36415	Venipuncture	\$9.00
83655/36416	Lead/collection	\$34.00				36416	Heel/Toe/Finger Collection	\$9.00

Insurance eligibility status	Insurance Plan:
As of today’s date, your insurance indicates that your coverage is ACTIVE.	
A problem has been identified with your insurance coverage:	
CAP Providers are not participating with your plan.	If uninsured, a 20% discount is available for fees that are paid in full at time of service.
Your insurance coverage is inactive or not on file	
An eligibility issue has been identified (Name or DOB mismatch)	
Services require a referral or authorization and one has not been obtained from your PCP	
PCP not selected – (Required By Your Insurance)	
<i>The financially responsible party will be liable for all charges rendered at today’s visit if claims are denied and/or new insurance information is not supplied within 30 days of today’s visit.</i>	

I acknowledge that I have been given information and fees related to today’s visit. DATE: _____

PRINT: _____ SIGNATURE: _____

Name of Legally authorized patient/accompanying adult