

	ORG A	ORG B	ORG C
What disciplines do patients see at each visit?	PT,OT and SLP	At each visit will see nursing and provider (neonatologist, CNP, fellow and attending); depending on the child's needs, they may also see OT, PT, speech therapy, RD (nutrition), and/or social work. They may also see Neurology or Pulmonology if scheduled during a combined clinic day. They see OT or PT at 3-4 months of age for a General Movements Assessment and again around age 2 for a Bayley assessment (but the Bayley may be scheduled as a same day appointment or on another day). We may see upwards of 20+ patients (today we had 21 during combined neurology clinic with 10 providers- fellows included); in NAS clinic we had 14 scheduled for 2 providers; (we have 18 scheduled next week and 25 the following week in combined clinic) General structure: roomed by MA, intake by nursing, seen by provider, who then recommends additional services (OT, PT, and/or SP; nutrition; social work), attending if seen initially by a fellow; then seen again by primary provider for discharge paperwork.	Patients only see one Discipline at each visit- either OT, PT or Speech
How many patients are seen each day/what is the general clinic structure?	We see patients Tuesday mornings from 8-12 and Thursday's from 7-12. We have one patient per hour. We are all present in the session together.		We see 18 developmental assessments each day- Each therapist ( OT,PT and Speech each see 6 a day) The general structure is that the patients see a therapist for a developmental then Nursing will see the patient and the provider goes in last. There are options to have a Dietitian and or Social Worker see the patient as well.
How frequently does the clinic meet?	Weekly	At main campus, every Tues and Thursday afternoon, Friday morning 1x/month; At Liberty campus, every Weds. NAS clinic meets Thurs mornings every week except 3rd of the month and at Liberty campus, Monday 2x/month	We have Clinic 5 days a week for 8 hours each day
What billing codes are used?	Currently, we all bill evaluation codes at their initial evaluation. We are currently looking into billing re-evaluation codes at their follow up appointments.	We bill OT low complexity, mod complexity, or high complexity eval, re-eval, or developmental testing for the Bayley, occasionally therapeutic activities; speech therapy bills for limited eval or timed evaluation charge	We will bill an evaluation code (low, moderate or complex) or test and measures as appropriate for the patient
What is the frequency/intervals of follow-up?	We follow up every 3 months unless we have concerns. If we have concerns and they require therapy services, then we will pick them up for therapy services.	No specific intervals, but catered to the child's needs. In general, seen within several weeks to 1 month after discharge, then again at 3-4 months (GMA completed), then every 3-4 months in general at the beginning, and spaced out as the child gets older/dependent on the child's needs. Occasionally have RD only visits as needed; occasionally therapy only visit.	We see patient at a 3 months, 9-12 months, 22-26 months and 34-36 months. If there are any specific concerns in between these times the patient will return to see a specific discipline. For example the patient scored borderline on the Bayley at the 22-26 month visit in the area of speech we could bring them back to see the speech therapist at around 30 months so they don't have to wait a year to see the therapist.

What testing materials are used?

Bayley

General Movements Assessment, HINE, Bayley, Rosetti (speech) Infant and toddler toys, feeding supplies, goniometer, arthrodiagonal goniometer, reflex hammer, measuring tape

3 month visit- GMA, & TIMP- 9-12 month, 22-26 month and 34-36 month- Bayley-III, OT Interim visits- Peabody, AIMS, QUEST or Sensory Profile, PT interim- GMFM, AIMS, Peabody Speech Interim visit- PLS

ORG D	ORG E	ORG F	ORG G	ORG H
RN, psychologist, PT, MD and/ or NP	OT/PT/RN/ARNP	PT/OT team - younger, PT/SLP-older children, ARNP – Pediatric Developmental	Currently in development phases of a program	PT, OT, SLP, Developmental Pediatrician on all visits - we are currently reassessing this model
Afternoon clinic, 4 patients are seen, they see RN, psychologist, PT then MD/ NP	8 children are seen daily	12 patients per day between teams		5 patient are scheduled
2x/week	We have clinic on Mondays, Tuesdays, and 2 Wednesdays a month	all providers are there 2 times a week, the other 2 days are ARNP only		There are 7 full day clinics per week/2 separate physicians
It is funded through a grant in our state, therefore it is not billed.	99214, 96110, 9515807, and 9515811	therapy eval codes, not sure about AP codes.		96112 and 96113 - charge billed by PT only, no charge for OT and SLP
6 months (corrected or chronological), 16 months (corrected or chronological), 24 months (chronological)	4-6 months; 8-12 months; 18-24 months, and 30-36 months	determined at time of visit, based on testing completed that day		Every 6 months starting at approximately 6 months

Bayley 3, AIMS, Gesell, HELP Fine Motor and Self Help Checklist, M-CHAT, SWYC, maternal depression screener, language screener

Bayley III, MCHAT, and soon to add the Vineland 3

therapy completes the Bayley

Bayley