

Facility	Structure of Follow Up Clinic	Billing?
ORG A	No, outpatient therapists cover the clinic. There is a developmental pediatrician, an RN, and one therapy discipline. That therapist completes the entire Bayley, and the team works to develop plans for additional referrals or increases in services that the family needs. It really focuses on linking the medical and developmental picture for the child and helping to support them being in the right place for the care that is most impactful for them at that time.	They bill 96111, any treatment or discipline specific evaluation is completed outside of clinic.
ORG B	We currently have two NICU therapists and one OP therapist in our follow up clinic.	We bill clinic codes. They are normally established visits. Those codes are below and are time-dependent: 252570, 252574, 252579, 252583, 252586 We do not bill for evaluations or treatments in NICU Follow up clinic. We do not seek Medicaid auth for services. I am not sure how reimbursement works or if families receive a bill unfortunately. We do not bill 96111.
ORG C	<ul style="list-style-type: none"> <li>• Yes, we have a PT or OT AND an SLP</li> <li>• MA rooms patient, RN takes hx and updates, therapists complete the Bailey, and NP sees patient. Patients are here 1-2 hours</li> </ul>	<ul style="list-style-type: none"> <li>• They will bill what is appropriate to bill, could be any of the above</li> <li>• Fortunately, we are a center of excellence in our state and do not need to get prior auth from Medicaid or managed care plans. We do get auth for private insurance</li> <li>• We use 96110 when the NP completes the Vineland. This addition has helped move this clinic to a positive margin.</li> <li>• I believe 96111 was discontinued</li> </ul>
ORG D	Yes, I have a PT and an SLP who work with a Nurse Practitioner in a NICU Follow Up clinic. It's a full day one day/week.	My providers do NOT bill for their time in the follow up clinic. I allocate their hours there so they are off my books. The manager of that clinic knows the value they bring and so the only billing provider is the ARNP. If the child is not actively getting therapy services and my team feels they are needed, they refer them back to therapy where the eval or re-eval would be billed. Not applicable for the process we have
ORG E	We have both PT and OT in a multidisciplinary clinic. Babies have 1 discharge visits and 3 developmental assessments between 0-2 years old in periods defined by CCS ( 2 weeks post discharge, 4-6 months, 11-14 months, 22-26 months respectively).	Most infants qualify under California Children's Services, but some are HMO/PPO. Developmental assessments are billed.
ORG F	We used to in the past. We had OT providing a Bayleys eval for patients at the 6-month, 12-month and 18-month appts. We found a few issues:	

	<ol style="list-style-type: none"><li>1. Attendance rate for NN Follow Up clinic was generally poor.</li><li>2. The evaluations did not add much value; the strong majority of the patients that did show were within normal limits; the few we found that were not at expectation were already being followed by therapy, therefore there was nothing that this eval was providing.</li></ol> <p>Therapy inclusion in this clinic ceased over a year ago due to what I stated above. There was significant push back from our Neonatologist, particularly because she wanted the Bayley's for research purposes. After numerous discussions with her and Chief of Neo, we all came to the conclusion that it was not cost effective for Therapy to be providing these. We trained her nurse in the provision of the Bayley so that she could continue to have the data she wants for any research.</p>	