

Coding and Billing 101

An appropriate billing protocol will help your practice navigate through the important coding and billing process once the Infant's Parents have agreed to move forward with you providing the InfantEar™ Molding Procedure.

FIRST THINGS FIRST.

As you may know, many newborn infants in the first several weeks of life are not yet listed under their parent's health insurance policy. If the parents have not notified their insurance company to add their newborn infant to their policy, this is the **right time** for them to do so. This step will help prevent billing issues later on.

STEP 1.

As with all new patients, you need to reach out to the family's health insurance company to VERIFY that the policy is ACTIVE. You can also find out what the family deductible is for the family. Parents who have high and unmet deductible will most likely be fully responsible for the cost of the entire molding procedures. The typical charge for the molding procedure is \$2500 per ear.

STEP 2.

Once you have verified that the Health Insurance status is ACTIVE, you must submit a request to see if the procedure code is covered by the insurance company. To-date most insurance companies will cover the procedure, but what is important is to find out what percent of the procedure is covered by insurance, and what percent will be the family's financial responsibility. In some cases, the insurance companies will cover 100% of the billed amount while others only cover a portion of the cost. This information should be shared and discussed with the infant's family so that they are fully aware of their potential financial liabilities and thus can make an informed decision about moving forward with the procedure. Some practices offer payment plans while others require a full payment at the time of the procedure.

STEP 3.

From time to time, health insurance companies may require a "Letter of Medical Necessity" prior to approving the coverage of the ear molding procedure. We have provided a draft template of a Letter of Medical Necessity that is commonly used by providers.

DIAGNOSTIC AND PROCEDURE CODES.

ICD 10 Code: **Q17.9:** Congenital malformation of ear, unspecified

CPT 10 Code: **21086:** Impression and custom preparation; auricular prosthesis

