

# Consultative Services

EFFECTIVE JANUARY 1, 2018 ALL CONSULTATIVE SERVICES PROVIDED BY VIBRANT KIDS PEDIATRICS LLC WILL BE CASH-ONLY, I.E. WE WILL NOT ACCEPT THIRD-PARTY PAYER REIMBURSEMENT FOR ANY CONSULTATIVE SERVICE.

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## What are our consultative services?

Our consultative services are a program of mentoring and teaching to render our medical counsel and expertise for the management of complex health issue(s) and/or illness(es). Our services cover patients with following:

- Autism Spectrum Disorder (ASD) or other complex neurodevelopmental disorders
- PANS/PANDAS
- Lyme and other co-infections
- Other chronic illnesses including severe allergies, GI disorders, thyroid disorders, Chronic Fatigue Syndrome and fibromyalgia
- General wellness or nutritional counseling

## What are our rates?

*As of January 1, 2018*

Payment for services rendered is due at the time-of-service.

### With Dr Jill Dickerson, MD:

**Initial pediatric consultation (2-1/2 hour) for patients with ASD or other complex neurodevelopmental disorders:**

\$1,500

- Comprehensive medical record and lab review prior to consultation,
- Comprehensive history and physical with developmental observations, and
- Comprehensive nutritional intervention strategies with a plan of action.

**Initial pediatric consultation (1-1/2 hour) for patients with PANS/PANDAS or Lyme and co-infections:**

\$1,200

- Comprehensive medical record and lab review prior to visit,
- Comprehensive history and physical with a plan of action including supplements, labs and prescriptions, and

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- Comprehensive nutritional intervention strategies with a plan of action.

**One (1) hour consultation for patients with other chronic illnesses, including severe allergies, GI disorders, etc.:**

\$500

**Second opinion consultation (1 hour):**

\$1,000

**Follow-up consultation with Dr Jill Dickerson: †**

\$500 / hour or part thereof

**Multiple or extensive electronic messaging correspondence:**

\$400 / hour or part thereof at the provider's discretion (billed periodically)

**With Mrs Leah Oster, BS, ND:**

**Initial consultation (1-1/2 hour) for patients seeking wellness or nutritional counseling:**

\$200

**Initial consultation (1-1/2 hour) for patients with chronic illnesses, including thyroid disorders, Chronic Fatigue Syndrome, fibromyalgia:**

\$200

**Follow-up consultation with Mrs Leah Oster, ND: †**

\$160 / hour or part thereof

**Multiple or extensive electronic messaging correspondence:**

\$120 / hour or part thereof at the provider's discretion (billed periodically)

**Other Services:**

**IVIG initiation and management :**

\$200 / hour or part thereof, including letters, prior authorizations, peer reviews, third-party payer appeals, and home health coordination

† *Consultations may be in person or by phone or video call with a minimum billing increment of 15 minutes. Please note that if you choose to submit our invoices to your third-party payer for reimbursement, phone or video consults may not be covered by your policy.*

## Definitions

The following terms are interpreted as defined below for the purpose of this policy document.

**established patient:** defined as any patient seen in our office at least *once* during the prior 36 months, and who's account is in good financial standing, i.e. has *no* outstanding past due balance(s).

**active patient:** defined as any established patient who has been seen in our office at least *once* during the prior 12 months.

**consultative patient:** defined as any patient receiving consultative care as defined above.

**primary care patient:** defined as any patient receiving routine, primary pediatric care.

## How do I become a consultative patient?

- (a) **For a new consultative patient or an established, but not active, primary care patient:** First, we will send you our “Preliminary Questionnaire for Prospective Consultative Pediatric Patient” upon your contacting our office to request consultative services. Second, our provider(s) will review the questionnaire and—at the provider’s discretion—make a determination if our practice looks to be a good fit for your need. Lastly, if we make a positive determination, we will contact you to schedule the initial consultative appointment and provide you with the detailed historical questionnaire for you to complete prior to that appointment. Otherwise, we will provide you with referrals, if possible, to other providers that may better fit your need.
- (b) **For an established, but not active, consultative patient or an active primary care patient:** At the provider’s discretion we may require an initial consultative appointment based on your existing relationship with Vibrant Kids Pediatrics, and we will then follow the procedures defined in (a) above. If an initial consultative appointment is determined to not be required, we may require—at the provider’s discretion, again, based on your relationship with Vibrant Kids Pediatrics—that you complete the detailed historical questionnaire prior to your first/next scheduled consultative appointment.
- (c) **For an active consultative patient:** You may continue as a consultative patient.
- (d) After the publication date of this policy, any “new” patient first seen in our office for “routine” pediatric care that “develops” a need for our consultative services within 12 months of that initial visit will be required to follow the procedures as defined in (a) above for becoming a consultative patient.

*Please know that any established consultative patient, who used a third-party payer policy to pay for their consultative services in the past, that as of January 1, 2018, all consultative services you choose to continue to receive are cash-only, as we no longer accept third-party payer reimbursement for such services.*

## Can Vibrant Kids Pediatrics remain my PCP?

The following rules shall determine if you are eligible, as a consultative patient, to retain Vibrant Kids Pediatrics as your primary care physician (PCP).

- (a) As of January 1, 2018, any new consultative patient or any established consultative patient who is *not* an active patient must retain another physician as his/her PCP, i.e. you are not eligible to receive routine pediatric care in our office.
- (b) As of January 1, 2018, any active consultative patient will be “grandfathered in” and will remain eligible to receive routine pediatric care in our office. However, *all* such routine services will be scheduled *only* with our mid-tier provider; no routine pediatric services will be scheduled with Dr Dickerson.
- (c) After January 1, 2018, any active primary care patient that develops a need for our consultative services will be “grandfathered in” as defined in (b) above.
- (d) After the publication date of this policy, any “new” patient first seen in our office for “routine” pediatric care that “develops” a need for our consultative services within 12 months of that initial visit will *not* be eligible for grandfathering, and must retain another physician as his/her PCP.

## Transition FAQs

### Why are you moving these services to cash-only? Why are you no longer accepting my insurance?

The short answer is third-party payers have *never* adequately “reimbursed” for these services. We want to provide—and you are expecting—first-class service, but your third-party payer pays only enough to let you ride in the mailbag in the cargo hold—not even enough for a no legroom coach seat. Counseling/teaching is about spending *time* with the patient. Third-party payers have no interest in *time*, only in executing *procedures*—procedures that are to be completed in their *entirety* in the exam room in the 10-20 minutes allowed for in payer’s reimbursement schedule. The harsh reality is third-party payers do *not* care about any patient’s good health or wellness; they are only concerned with the *management* of disease.

Consider that for the initial visit for a new consultative patient Dr Dickerson spends upwards of three hours on that one visit: an hour reviewing the prior medical history in preparation for the visit, an hour with the patient in the exam room, and an hour after the visit completing the charting and visit summary/plan of action for the patient. The only “reimbursement” we get from any third-party payer for this single visit is what is called a “Level 5 Office Visit,” which “pays”—at a steep discount—for only 40 minutes of a provider’s time. That is 40 minutes versus 180 minutes. When Dr Dickerson sees two new consultative patients in a single clinic day, two hours are spent face-to-face with the consultative patients and the other five hours of the clinic day must be spent seeing numerous routine pediatric patients—required to offset the loss in “reimbursement” for those other 280 minutes. And, those other four hours for the two consultative visits must be spent at some point, and that point is after hours at home late into the night at the expense of her own family.

The reality is we cannot provide the quality of service we want to provide our consultative patients because too much of our time and attention must be spent on routine patients to generate the “reimbursement” income needed to operate the clinic.

### Can I submit a claim to my insurer for reimbursement for the consultative services I received?

You may certainly try. We will provide you with a super bill for the services rendered that you may use in filing a claim with your third-party payer. Understand that our office will *not* provide you with *any* assistance in filing a claim with your payer, beyond the providing of the super bill. If your payer requests additional documentation regarding any claim you have submitted, we will charge you a fee up to \$50 for the preparation and submission of that documentation.

### Why can we not see Dr Dickerson for routine pediatric care even though you allowed us to keep Vibrant Kids Pediatrics as our PCP?

Two primary reasons. The first being to create space in Dr Dickerson’s schedule for our consultative patients and to create separation between our cash-only services and our third-party payer “reimbursed” services.

And, secondly, we don’t want you to find yourself in the position of having a third-party payer “reimbursed” routine visit with Dr Dickerson, and then while in the exam room with her ask, “while we’re here can we discuss...” Doing this is *immediate* grounds for dismissal from the practice, and we really don’t want that. Simply put, we are not going to allow the situation for “cheating” to be possible.

## **Why are you charging me for services that I didn't have to pay for before?**

We assume you are questioning the billing for electronic messaging and IMG coordination of care. Our consultative services are the giving of our medical counsel and expertise. Why should the giving of it in electronic form be considered any different than doing so in the exam room or on a phone or video call? It is the same counsel and expertise. So, why should the time a provider spends preparing an electronic response be viewed as "free"?

IMG initiation and management consumes hours of our staff and provider's time navigating the numerous obstacles third-party payers throw up to intimidate and frustrate. You are seeking our medical expertise for the coordination of a very complex course of medial treatment. So, why should that time be viewed as "free"?