

# WELCOME TO THE WEBINAR: UPDATES TO THE CODING AND BILLING GUIDANCE DOCUMENT, VERSION 14

Wednesday October 16- webinar time 10am to 11am

- You can begin signing into the webinar at 9:45am so we can work out any sound issues
- Please take time to check the sound of your computer speakers

Thursday October 17- webinar time 2pm to 3pm

- You can begin signing into the webinar at 1:45pm (see above)
- Please take this time to check the sound of your computer speakers

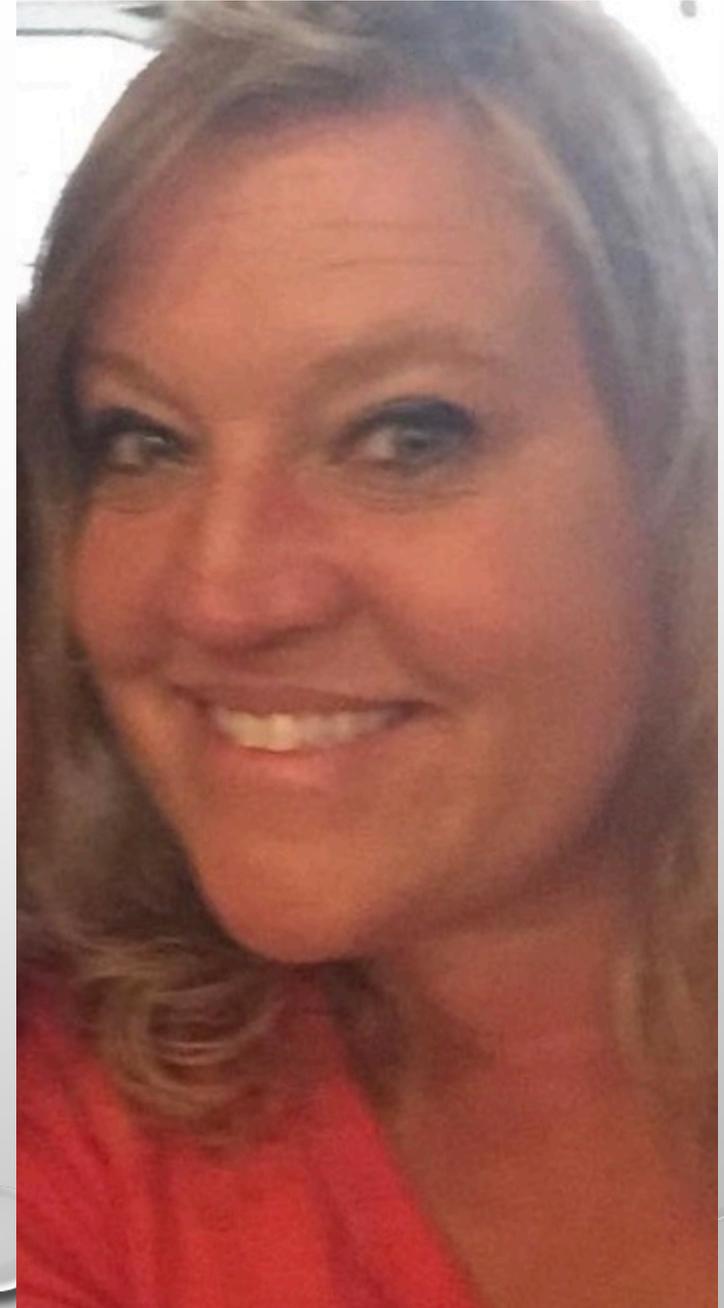
\*Same material will be presented both days.

## WEBINAR HOST

Brook Johnson

Administrative Consultant with Local  
Technical Assistance and Training Branch

Eastern Regional and Interim for  
Western Region



# WEBINAR AUDIO



**Audio for this webinar will be broadcast through your computer speakers ONLY. There is NO phone dial-in number to hear the webinar.**

**Please make sure that:**

You are using a computer with speakers and the speakers are turned on

The volume on your computer is not set to “mute”

**Today’s webinar is being recorded and** will be posted as soon as possible after Thursday’s presentation to the

<https://publichealth.nc.gov/lhd/index.htm>



PLEASE USE THE CHAT BOX TO ASK YOUR QUESTIONS

WE WILL BE COMPILING A Q&A DOCUMENT ONCE WE HAVE ALL THE ANSWERS TO YOUR QUESTIONS **FROM BOTH WEBINARS**

THE WEBINAR SLIDES **AND A RECORDING** WILL BE POSTED AS SOON AS POSSIBLE AFTER THURSDAY'S PRESENTATION.

THANK YOU!

## How to ask questions via the Q & A Pod:

**1. Type a question into the space at the bottom of the Q & A Pod & list the PAGE #**

2. Click the  button to submit question to Webinar Host

**3. Questions will be answered after both webinars and posted**

Q & A Pod

Click





**CODING & BILLING  
GUIDANCE  
DOCUMENT V 14,  
SEPTEMBER 2019  
UPDATES**

DPH PHNPDU LTAT CONSULTANTS

OCTOBER 2019



# CHILD HEALTH UPDATE



SPORTS PHYSICAL  
GUIDANCE:

WE ARE WAITING ON A  
MEMO **FROM CHILD HEALTH**  
FOR NEW GUIDANCE FOR  
SPORTS PHYSICALS. ONCE  
WE RECEIVE GUIDANCE, WE  
WILL LET YOU KNOW.



The background of the slide is a light gray gradient with several realistic water droplets of various sizes scattered across it. The droplets have highlights and shadows, giving them a three-dimensional appearance. The text is centered in the middle of the slide.

# **STI/ COMMUNICABLE DISEASE UPDATES**

# HPV

**Q:** COULD YOU PLEASE CLARIFY THE DIFFERENCE BETWEEN SIMPLE AND EXTENSIVE WART REMOVAL? ALSO ARE THESE CODES OKAY FOR A STI ERRN TO BILL?

**A:** THE DIFFERENCE BETWEEN 56501 & 56515 IS BASED ON PROVIDER INTERPRETATION AND PROCEDURE PERFORMED.

STI ERRN MUST FOLLOW STANDING ORDERS.



# TB RISK ASSESSMENT FORM

- USE LU CODE LU102- THIS IS COMPLETION OF SCREENING FORM. PLEASE CONSULT YOUR TB CONSULTANT FOR FURTHER GUIDANCE.
- IF YOUR VENDOR CANNOT ACCOMMODATE LU CODES, PLEASE CONTACT THEM FOR A VENDOR CODE THAT MAY BE USED IN ITS PLACE.

# REFUGEE HEALTH INITIAL ASSESSMENT BY NURSE

- USE THE 99211 IF YOU PLAN TO BILL FOR THE RN INITIAL VISIT FOR REFUGEE HEALTH AND REFER THE CLIENT OUT FOR THEIR PHYSICAL. T1002 IS ONLY APPROVED FOR ERRNS OR TB CERTIFIED RN'S.
- YOU MAY ALSO BILL MEDICAID FOR ANY LABS THAT ARE PERFORMED IN-HOUSE (DO NOT BILL VENIPUNCTURE).
- ANY LABS SENT TO A REFERENCE LAB SHOULD BE PROVIDED WITH THE CLIENT'S MEDICAID NUMBER FOR THEM TO BILL. THE HEALTH DEPARTMENT MAY BILL FOR THE VENIPUNCTURE IN THIS CASE.
- YOU MAY NOT BILL FOR VACCINE ADMINISTRATION ALONG WITH A 99211. THERE IS A NCCI EDIT THAT PROHIBITS BILLING THESE TWO CODES AT THE SAME TIME.

# **MATERNITY UPDATES**



# NEW GUIDANCE FOR GENETIC QUAD

- UNC HEALTH CARE RECOMMENDS ORDERING/REPORTING ALL FOUR TESTS BELOW:
- 90 MODIFIER MUST BE USED TO INDICATE THAT THE SPECIMENS WERE PROCESSED ELSEWHERE ON EACH INDIVIDUAL TEST.
  - ALPHA-FETOPROTEIN(AFP)- 82105
  - ESTRIOL- 82677
  - HUMAN CHORIONIC GONADOTROPIN (HCG)- 84702
  - INHIBIN A- 86336
- HEALTH DEPARTMENTS WILL REPORT THE CPT CODE WITH THE 90 MODIFIER TO THIRD-PARTY INSURANCE PAYORS OR TO MEDICAID.
- UNC HEALTHCARE(OR ANOTHER OUTSIDE LABORATORY) WILL BILL THE TEST(S) WITHOUT THE 90 MODIFIER TO THIRD-PARTY INSURANCE PAYORS OR MEDICAID.
- PROVIDERS CAN CHOOSE TO SOLELY PERFORM THE AFP USING ITS CODE-82105
- FOR FURTHER GUIDANCE PLEASE USE THIS LINK-  
[HTTP://WWW.UNCMEDICALCENTER.ORG/MCLENDON-CLINICAL-LABORATORIES/AVAILABLE-TESTS/ALPHA-FETOPROTEIN-MATERNAL-SERUM-QUAD-SCREEN-2ND-TRIMESTER](http://www.uncmedicalcenter.org/mclendon-clinical-laboratories/available-tests/alpha-fetoprotein-maternal-serum-quad-screen-2nd-trimester)

# TB SCREENING DURING PREGNANCY

- EXAMINATION AND TREATMENT ARE AT NO COST TO THE CLIENT
- TESTING IS CONSIDERED BOTH VALID AND SAFE THROUGHOUT PREGNANCY
- TYPES:
  - INTERFERON-GAMMA RELEASE ASSAY (IGRA) IS THE PREFERRED METHOD
  - SKIN TESTING
    - READING OF A SKIN TEST IS NOT BILLABLE
- PROVIDERS ABLE TO BILL
  - PHYSICIANS AND APPS- USE E/M CODING
  - RN (UNDER THE GUIDANCE OF A PH RN THAT HAS COMPLETED THE INTRODUCTION TO TB COURSE)
  - T1002, USE UNIT BASED FOR TIME OR THE APPROPRIATE LU CODE
  - TESTING FOR REASONS OF EMPLOYMENT OR EDUCATIONAL INSTITUTIONS MAY BE CHARGED IF THE HEALTH DEPARTMENT USES PURCHASED SUPPLY.
    - CPT CODE 86580

# TB SCREENING DURING PREGNANCY

- TESTING IS RESERVED FOR CLIENTS WITH HIGH-RISK FACTORS THAT INCLUDE THE FOLLOWING BUT ARE NOT LIMITED TO:
  - DOCUMENTED HIV INFECTION; CLOSE CONTACT WITH INDIVIDUALS KNOWN/SUSPECT TO HAVE TB; MEDICAL RISK FACTORS KNOWN TO INCREASE RISK OF DISEASE IF INFECTED (E.G., DM, CHRONIC RENAL FAILURE, MALABSORPTION SYNDROME, SILICOSIS, WEIGHT LOSS GREATER THAN 10% OF IDEAL BODY WEIGHT, GASTRECTOMY, INTESTINAL BY-PASS, CURRENT OR PLANNED USE OF IMMUNOSUPPRESSIVE MEDICATION, LUPUS, CANCER, ALCOHOLISM, AND SUBSTANCE USE); BIRTH IN OR EMIGRATION FROM HIGH-PREVALENT COUNTRIES; BEING MEDICALLY UNDERSERVED; HOMELESSNESS; LIVING OR WORKING IN LONG-TERM CARE FACILITIES, SUCH AS CORRECTIONAL/MENTAL HEALTH INSTITUTIONS, AND NURSING HOMES.
- CLIENTS RETURNING FOR A SKIN TEST IS PROHIBITIVE IN A CASE INVESTIGATION
  - LU114- STATE SUPPLIED
- FOR FURTHER GUIDANCE CONSULT TUBERCULOSIS CONTROL & TREATMENT PORTION OF THE CODING & BILLING GUIDANCE DOCUMENT, **PLEASE CONTACT YOUR REGIONAL TB NURSE CONSULTANT**

# **FAMILY PLANNING UPDATES**



# TITLE X RULE CHANGE FOR PREGNANCY TESTING

PAGE 99-100

*Q: How should the PHN bill for the Pregnancy test visit? If the client sees a provider that day, then how would the visit be billed when turned over to an APP or MD?*

**A:** If the visit is a “Pregnancy Test” only visit, then the agency should still bill for the visit with a 99211. Even if an APP or MD is called in to the room to provide counseling, since this service is within a Registered Nurse’s scope of practice, it should still be billed with a 99211. It cannot be billed with a higher CPT (99212-99215) simply because Title X requires an APP or MD to provide the counseling.

# TITLE X RULE CHANGE FOR PREGNANCY TESTING

PAGE 99-100

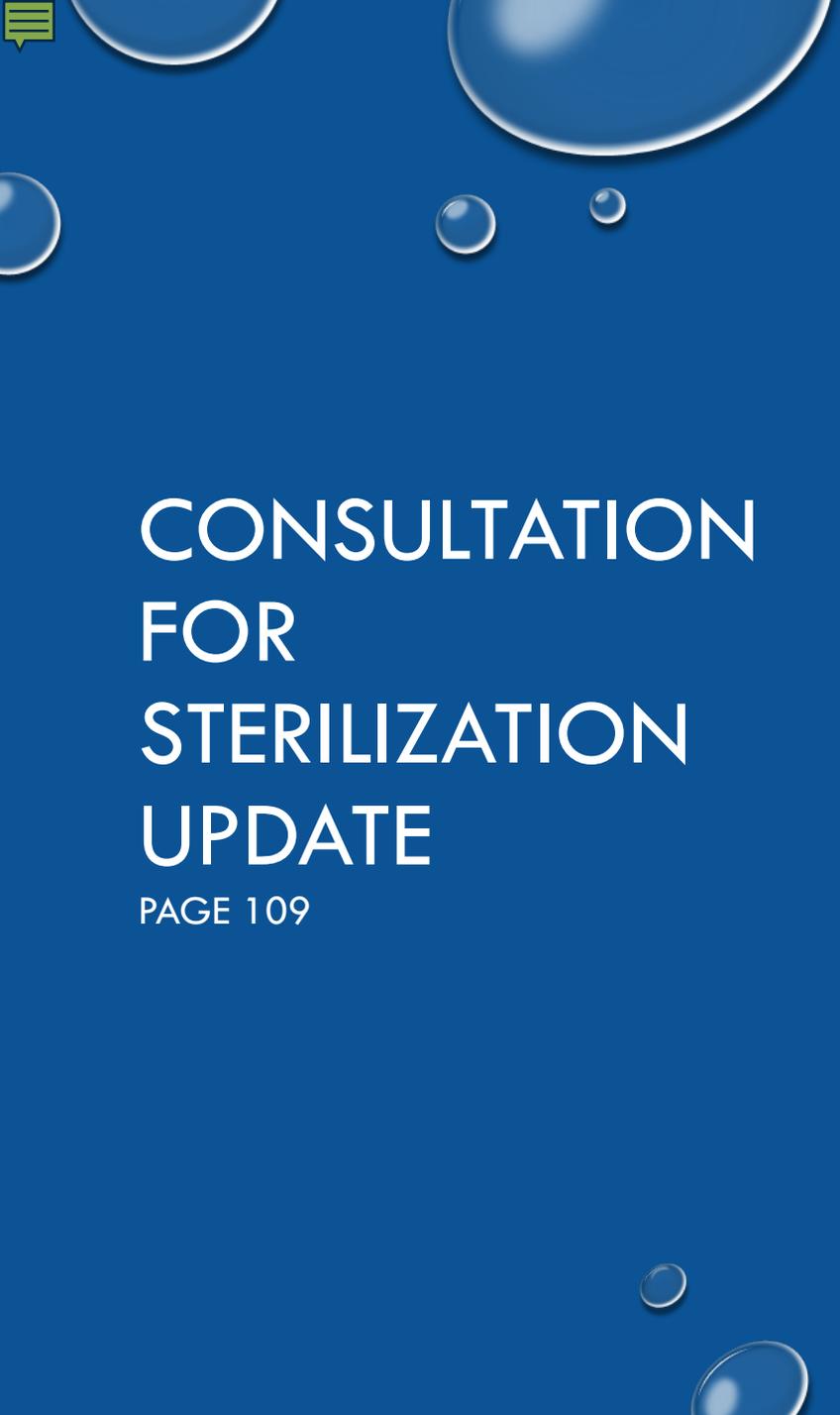
**Q:** *Is billing a straight 99211 when an advanced practitioner is called in to see the patient considered under-coding?*

**A: No,** this is not considered under-coding. The level of counseling provided by the APP or MD is within the scope of practice of an RN.

# CONSULTATION FOR STERILIZATION UPDATE

PAGE 109

- MALE AND FEMALE BENEFICIARIES WITH FAMILY PLANNING MEDICAID ARE ELIGIBLE FOR STERILIZATION PROCEDURES.
- REFER TO CLINICAL POLICY 1E-3, STERILIZATION PROCEDURES ON THE NC MEDICAID WEBSITE AT [HTTPS://MEDICAID.NCDHHS.GOV/](https://medicaid.ncdhhs.gov/) FOR REQUIREMENTS RELATED TO STERILIZATION PROCEDURES.



# CONSULTATION FOR STERILIZATION UPDATE

PAGE 109

- ONCE A BENEFICIARY WITH FAMILY PLANNING MEDICAID HAS HAD A PERMANENT STERILIZATION PROCEDURE AND THE NECESSARY POST-SURGICAL FOLLOW-UP HAS OCCURRED, THE BENEFICIARY IS **NO LONGER ELIGIBLE FOR FAMILY PLANNING MEDICAID PROGRAM SERVICES.**
- NCHC WILL NOT COVER STERILIZATION PROCEDURES.

# **TELEMEDICINE UPDATE**



# TELEMEDICINE SERVICES PROVIDED BY THE LOCAL HEALTH DEPARTMENT

PAGE 130-131

THE FOLLOWING PROVIDERS ENROLLED IN THE MEDICAID OR NCHC PROGRAM WHO PROVIDE THIS SERVICE MAY BILL MEDICAID OR NCHC:

- TELEMEDICINE PROFESSIONAL SERVICES
- NURSE PRACTITIONERS
- NURSE MIDWIVES; AND
- PHYSICIAN'S ASSISTANTS

THE FOLLOWING CPT PROCEDURE CODES CAN BE BILLED, AS APPROPRIATE, BY THE ELIGIBLE PROVIDERS PLEASE SEE ABOVE:

- E&M (NEW & ESTABLISHED): 99201 99202 99203 99204 99205 99211 99212 99213 99214 99215
- CONSULTATION (NEW OR ESTABLISHED) 99241 99242 99243 99244 99245

# TELEMEDICINE SERVICES PROVIDED BY THE LOCAL HEALTH DEPARTMENT

PAGE 130-131

- DISTANT LOCATION = WHERE PROVIDER IS LOCATED
- ORIGINATING LOCATION= WHERE THE CLIENT IS LOCATED
- SERVICE SITE= 71 (PUBLIC HEALTH CLINIC)
- FACILITY FEE- MAY NOT BE BILLED BY DISTANT LOCATION (MEDICAID/NCHC) ▪ MAY ONLY BE BILLED BY ORIGINATING SITE IF ELIGIBLE PROVIDER WILL BE BILLING FOR AN APPROVED SERVICE FROM THE ORIGINATING LOCATION
- EXAMPLE: MESH UNIT IS ORIGINATING SITE. NURSE IS FACILITATING THE SERVICE WITH THE PROVIDER BUT IS NOT AN ELIGIBLE PROVIDER FOR TELEMEDICINE SO MAY NOT BILL FOR ANY SERVICES PROVIDED ON THE SAME DAY AS THE TELEMEDICINE SERVICE. NO BILLING FOR FACILITY IS ALLOWED.

MEDICAID/NCHC DOES NOT REIMBURSE FOR A FACILITY FEE AT ANY DISTANT LOCATION. CCP 1-H, 4.2.1, A.

# TELEMEDICINE CPT CODES

PAGE 130

- PLEASE MAKE A NOTE WE HAVE DELETED CODES IN THE CODING AND BILLING GUIDANCE DOCUMENT BECAUSE LOCAL HEALTH DEPARTMENTS DO NOT BILL FOR THESE CPT CODES.
- THE DELETED CODES ARE:
- 99251, 99252, 99253, 99254, 99255



# MODIFIERS

PAGE 134

- LINK TO MODIFIERS: NEWS AND NOTES.

- [HTTPS://PUBLICHEALTH.NC.GOV/LHD/DOCS/AC-NEWSNOTES-VOL2SEPT2019-MODIFIERS.PDF](https://publichealth.nc.gov/lhd/docs/ac-newsnotes-vol2sept2019-modifiers.pdf)

# MODIFIER

59 PAGE 137

- UNDER CERTAIN CIRCUMSTANCES, IT MAY BE NECESSARY TO INDICATE THAT A PROCEDURE OR SERVICE WAS DISTINCT OR INDEPENDENT FROM OTHER NON-EVALUATION AND MANAGEMENT (E/M) SERVICES PERFORMED ON THE SAME DAY.
- MODIFIER 59 IS USED TO IDENTIFY PROCEDURES/SERVICES, OTHER THAN E/M SERVICES, THAT ARE NOT NORMALLY REPORTED TOGETHER, BUT ARE APPROPRIATE UNDER THE CIRCUMSTANCES.
- DOCUMENTATION MUST SUPPORT A DIFFERENT SESSION, DIFFERENT PROCEDURE OR SERVICE, DIFFERENT SITE OR ORGAN SYSTEM, SEPARATE INCISION/EXCISION, SEPARATE LESION, OR SEPARATE INJURY (OR AREA OF INJURY IN EXTENSIVE INJURIES) NOT ORDINARILY ENCOUNTERED OR PERFORMED ON THE SAME DAY BY THE SAME INDIVIDUAL.

# MODIFIER

## 59 PAGE 137

- HOWEVER, WHEN ANOTHER ALREADY ESTABLISHED MODIFIER IS AVAILABLE IT SHOULD BE USED INSTEAD OF MODIFIER 59. ONLY IF NO MORE DESCRIPTIVE MODIFIER IS AVAILABLE AND THE USE OF MODIFIER 59 BEST EXPLAINS THE CIRCUMSTANCES, SHOULD MODIFIER 59 BE USED.
- NOTE: MODIFIER 59 SHOULD NOT BE APPENDED TO AN E/M SERVICE. TO REPORT A SEPARATE AND DISTINCT SERVICE WITH A NON-E/M SERVICE PERFORMED ON THE SAME DAY, SEE MODIFIER 25.
- X SERIES MODIFIERS- MAY BE USED IN PLACE OF MODIFIER 59 IF APPROPRIATE.

# ADMINISTRATIVE CONSULTANTS' CONTACT

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  - 919-306-0429
  
- **IF YOU HAVE ANY QUESTIONS REGARDING SPECIFICS RELATED TO YOUR AGENCY AND THE UPDATES YOU SHOULD CONTACT YOUR NURSE CONSULTANT AND/OR YOUR ADMINISTRATIVE CONSULTANT.**

# NURSE CONSULTANTS' CONTACT

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- **IF YOU HAVE ANY QUESTIONS REGARDING SPECIFICS RELATED TO YOUR AGENCY AND THE UPDATES YOU SHOULD CONTACT YOUR NURSE CONSULTANT AND/OR YOUR ADMINISTRATIVE CONSULTANT.**
- **IF YOU HAVE ANY QUESTIONS REGARDING THE PRESENTATION PLEASE CONTACT RHONDA WRIGHT OR BROOK JOHNSON.**