

# Q&A Coding & Billing Guidance Document, V11

## Webinar January 16, & 17, 2019

**Q---Would a female/male with FP Medicaid, who is NOT interested in receiving any type of contraceptive, still be seen in FP clinic or should they be seen in Primary Care?**

A- It depends. Be Smart services are for clients who wish to avoid/delay pregnancy and who are potentially able to become pregnant. If the client is not interested in contraception because she desires pregnancy now, she may be seen in Family Planning and billed on the sliding fee scale but Be Smart should not be billed. Please note the client must be made aware of the payment required PRIOR to services being rendered. If the client is not interested in contraception, but is potentially able to become pregnant, and does **not** want to be pregnant now, she can be seen in FP clinic and Be Smart may be billed. Contraceptive counseling should be offered in this case, and the most appropriate contraceptive related primary diagnosis code should be selected.

**For example**, a client with Be Smart would like a preventive visit. She states she has not had intercourse in about six months and does not plan to have intercourse in the foreseeable future. She does not want to be pregnant now. She is open to contraceptive counseling, even if she does not want/need a method right now. She agrees to take condoms home today, and to return to the clinic if she desires a different method in the future. The provider may select an appropriate contraceptive related primary diagnosis code, which may include Z30.018, Z30.09 or Z30.49

**Q-If a Maternal Health client qualifies for global billing or presumptive Medicaid, can the initial visit with the nurse (99211) be submitted with a charge along with the initial labs and then bill the rest of the pregnancy term as global once delivered?**

A- Any visit provided in relation to the pregnancy even with a nurse only visit/& initial laboratory studies is considered a part of the global billing and should not be submitted separately

- The 99211 may be reported, not billed
- Additionally, any in-house labs performed at the initial visit (that are not on the list of laboratory studies in 1E-5 that are included in the prenatal package codes) may be billed by the agency to Medicaid at the time of service.
- It may be appropriate to note that the 99211 may be billed individually if the client leaves care after 3 or fewer visits. Then the 99211 would be billed to Medicaid along with the one or two additional visits, rather than billing a package code.

NC DMA Clinical Coverage Policy 1E-5:

- LHDs that do not bill for delivery services, must bill for antepartum services provided to clients who are seen according to the traditional care schedule using the following guidance and CPT codes:
  - Antepartum care only, 4 - 6 visits – 59425
  - Antepartum care only, 7 + visits – 59426
- **Antepartum Package Services codes are based on number of visits**  
LHD that provide delivery services are eligible to bill using global codes that include delivery

**Q- If we are referring a client for a misplaced IUD and the provider is sending for confirmation how does the client know it will be covered if it is shown in the Ultrasound IUD is not mispositioned?**

A- In the Coding and billing Guidance Document Version 11 on page 78. “Ultrasounds are covered when the intrauterine contraceptive device (IUD) is mispositioned or the strings are missing. Ultrasounds are not intended for the purpose of routine checking of placement after IUD insertion.”

Added new ICD-10 diagnosis code as covered T83.32XA.

If the provider uses an appropriate code to identify suspected malposition or strings not seen the service would be covered. The ultrasound is diagnostic in this context and would be a covered service.

From November 2018 NC Medicaid Bulletin

<https://files.nc.gov/ncdma/documents/files/Medicaid-Bulletin-2018-11.pdf>

**Q- Is metrogel covered by BeSmart.**

A-Yes. Effective November 1, 2018 the following are now covered for treatment of BV: Medications • Metronidazole 250mg, 500mg • **Metronidazole gel 0.75%** • Clindamycin cream 2% • Clindamycin oral 150mg • 300mg, Clindamycin ovules 100mg • Tinidazole 2gm, 1 gm, 500mg, 250mg. Clinical Coverage Policy

[https://files.nc.gov/ncdma/documents/files/1E-7\\_2.pdf](https://files.nc.gov/ncdma/documents/files/1E-7_2.pdf)

**Q-Do the STI visits count as 1 of the Be Smart client 6 visits?** Yes. Coding and Billing Guidance Document Version 11 page 97. Six medically necessary inter-periodic visits are allowed per 365 calendar days under the “Be Smart” option. a. The purpose of the medically necessary inter-periodic visits is to evaluate the beneficiary’s contraceptive program, renew or change the contraceptive prescription and to provide additional opportunities for counseling as follow-up to the annual exam. The AED is required on all claims for inter-periodic visits except for pregnancy tests. For a list of components that should be included during the inter-periodic visit with pelvic exam refer to **Clinical Coverage Policy- Attachment B, section B**

[https://files.nc.gov/ncdma/documents/files/1E-7\\_1.pdf](https://files.nc.gov/ncdma/documents/files/1E-7_1.pdf)

The primary purpose of the 6 inter-periodic visits is to provide contraceptive services which are why it is not recommended the health department to use the 6 inter-periodic visits for STI services on a routine basis. It is recommended that the health department prioritizes method-related concerns for the six inter-periodic visits. However, if a provider (not ERRN) sees the client in STI for an STI service, they may bill BeSmart/MAFDN Medicaid for this visit. Please note it WILL count toward one of the 6 allowable inter-periodic visits.

**Q-Do you still have to have a Z30? to bill Be smart?**

A-Family planning diagnosis (DX) codes Z30.0 –Z30.9 (except Z30.8) must be the 1st Dx for all Medicaid clients when family planning services (including BeSmart) are provided (except postpartum exams); You may use Z01.41 Gynecological exam for third party insurance. This is in the Coding and Billing Guidance Document Version 11 page 80.

**Q-If an Advanced Practice Practitioner sees a client in STI clinic with Be Smart, are they able to bill the labs to Be Smart done at that visit?**

A- Advanced Practice Practitioners and MD providers may bill BeSmart for labs from STI clinic if the labs are listed as covered in the current Clinical Coverage Policy.

[https://files.nc.gov/ncdma/documents/files/1E-7\\_2.pdf](https://files.nc.gov/ncdma/documents/files/1E-7_2.pdf)

**Q-Do we know when the Tdap will begin paying again in prenatal?**

A-At this time we have been asked to hold the billing on the Tdap due to the CPT code not being in NCTracks. They are working on getting this corrected and we will notify you when it has been added and you can start billing the Tdap. We also received confirmation from MH that there should not be a copay for vaccines administered during the prenatal period, including Tdap.

**Q-We are having issues with the code SO280 paying?**

A- According to the Clinical Coverage Policy, Medicaid and Health Choice Pregnancy Medical Home Clinical Coverage Policy (No.: 1E-6 Amended Date: January 1, 2016) Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy. If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code. The following table contains codes for the billing of the PMH Pregnancy Risk Screening Tool and the PMH Postpartum plan maintenance:

HCPCS Code(s) Guidelines:” S0280 Providers shall bill this code after the pregnancy risk screening tool has been completed; S0281 Providers shall bill this code after the postpartum visit is completed
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Refer to Section C of Attachment A: Claims-Related Information, of clinical coverage policy 1E5, Obstetrics, on DMA's Website at <http://dma.ncdhhs.gov/>, for additional information on covered CPT codes. If you are billing according to the guidelines you should be paid. Make sure you are billing within the prescribed periods outlined in the Coding and Billing Guidance Document. If you continue to receive denials for this service, you may send an ENCRYPTED email with the TCN to [shnaka.clark@dhhs.nc.gov](mailto:shnaka.clark@dhhs.nc.gov)

**Q- Was there an answer to whether BCM DX is needed when Provider bills STI to Be Smart?**

A-Yes, the contraceptive method related diagnosis code should be listed first, whether the agency bills Be Smart through Family Planning or through STI clinic. As per page 19 of the current Clinical Coverage Policy [https://files.nc.gov/ncdma/documents/files/1E-7\\_2.pdf](https://files.nc.gov/ncdma/documents/files/1E-7_2.pdf), "The purpose of the inter-periodic visits is to evaluate the beneficiary's contraceptive needs, renew or change the contraceptive prescription, STI screening and treatment, HIV screening and to provide additional opportunities for counseling as follow up to the annual exam." Providers who see clients in the STI clinic and bill the visit to Be Smart should therefore render services as above.

**Example:** Client with Be Smart is seen in STI clinic by mid-level provider for an inter-periodic visit. In addition to rendering the appropriate STI clinic services, the mid-level provider also asks the client if she is happy with her Depo Provera contraception, if she has any questions about the method, and/or if she desires to change methods. If the client is happy with her method and wants to continue it, the provider bills all covered and appropriate services to Be Smart, with Z30.42 (encounter for surveillance of injectable contraceptive) as the primary diagnosis code. If the client prefers to change methods, she may need a visit/encounter in the Family Planning clinic, depending upon agency policy/protocol/capacity.

**Q- Is the Initial treatment date required in the STI clinic if a provider does the service?**

A-Yes, the AED is required on all BeSmart/MAFDN claims except pregnancy test.

**Q- Is T1002 only to be used by ERRNs when they are working specifically in that role? In other words, would an ERRN be able to bill T1002 when doing a visit considered to be a "nurse" (PHN) visit?**

A-No, In the Coding and Billing Guidance Document Version 11 page 44. Currently Rostered STI Enhanced Role Registered Nurses (STI ERRN) who have completed the STI Enhanced Role training course, may provide services to clients seeking STI evaluation and can bill Medicaid for these services if the STI ERRN conducts the interview, performs the physical examination, orders the appropriate testing and provides appropriate treatment and counseling. **The STI ERRN uses the T1002 for Medicaid covered clients or may bill third party insurance if allowed by the client's plan using 99211 or T1002 with the client's permission.**

**Q-We cannot bill the Shingrix vaccine to Medicaid? When we electronically file, it is denied for diagnosis code. We are billing with Z23. When we manually key to**

**NC TRACKS, the CPT code 90750 comes up with a description “History and exam related healthy individual adult”. So of course it is denied for Z23, because the description is not a vaccine at all, but an exam.**

A-We are aware there is a problem with billing for Shingrix. We have been told that the public health taxonomy is not currently connected to this code and obviously they have the code description incorrect. Please hold off billing any claims until we get this resolved.

**Q-Any word on when we can check CPT codes on NCTracks, since changing from DMA to DHB the rates are not available:**

A-They are working on getting this corrected. We are not sure when these CPT codes will be in the system but, we will email once they are available if we are notified.

**Q-When will the 2019 fee schedule for local health departments come out? The reimbursement rates for health departments.**

A-We received the 2019 Sliding Fee January 29, 2019 and emailed everyone. If you didn't receive an email with the 2019 SFS, please let your Administrative Consultant know. We have not received an updated Medicaid Reimbursement Schedule at this time. We will forward it to all contacts when it is received.

**Q- For STI male clients who have Be smart Medicaid, must we include a FP ICD-10 code in order to get paid?**

A-Yes. A common male contraceptive method related diagnosis code covered by Be Smart is Z30.9 (encounter for contraceptive management, unspecified).

**Q- We thought we heard it mentioned in the webinar that physicians or advance practitioners could bill for STI visits performed in STI clinic, however, they would count toward the clients six periodic visits allowed per year. What date was this change made effective for billing purposes?**

A-This is not a change, just a new understanding, so there is no effective date. However, in order to bill the visit to Be Smart from the STI clinic, there should be documentation in the medical record that the provider reviewed the client's method of contraception during the visit and gave the client the opportunity to ask questions about and/or change methods. This service is in addition to any services normally rendered in the STI program. As per page 19 of the current policy ([https://files.nc.gov/ncdma/documents/files/1E-7\\_2.pdf](https://files.nc.gov/ncdma/documents/files/1E-7_2.pdf)),

The purpose of the inter-periodic visits is to evaluate the beneficiary's contraceptive needs, renew or change the contraceptive prescription, STI screening and treatment, HIV screening and to provide additional opportunities for counseling as follow up to annual exam the.” Providers who see clients in the STI clinic and bill the visit to Be Smart should therefore render services as above.

**Q-We have a lot of clients who come through STI—and they have Be Smart—but they have not been seen in FP Clinic—so we have not done a PE. Is there a way to determine if a PE has been billed to Medicaid by a different provider?**

A-Unfortunately, there is not an easy way to see this via NCTracks. We suggest asking if the client knows where and when his/her last preventive visit/checkup took place, and we understand that clients do not always know the answer.

**Q-Why are they using the term Medicaid FP= isn't that BeSmart?????**

A-Yes, "FP Medicaid" = "Be Smart." We do not know why NC Medicaid is using this term.