

Division of Public Health
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Tracking Sheet for Revisions to Coding & Billing Guidance Document

Please note- the order of changes has been reversed so that you can see the most current information first.

Date	Name & location of section w/ revisions	Who made changes	Notes/Comments:
January 2020	Page 15-Removed some guidance and added Fees/charges should be based on the usual and customary charge for drugs/ devices in the LHD Region.	BJ/RW/AFM	Amanda Fuller Moore (AFM)
	Page 16- "Identifying Social Determinants of Health, Coding and HIPAA"	BJ/RW	
	Pages 26-27, 73 & 99- "Incident to" billing deleted; refer to Medicaid bulletin	BJ/RWAFM	
	Page 30- 340B drug eligibility requires that the client receives a 340B eligible service on the date that the 340B drug is provided; and that drug and service must be documented in the chart.	BJ/RW	
	Page 30- "on that date"	BJ/RW	
	Pages 40 & 41- Hepatitis A/B tables were deleted, and a new vaccine website hyperlink added	BJ/RW	
	Pages 45 & 48- Additional billing scenarios: deleted and reworded new guidance about non-reportable and reportable STIs/county funding	BJ/RW/AFM	
	Page 54 TB Screening/Assessment	BJ/RW	
	Page 59- Added new link for the NC Medicaid Obstetrics Clinical Coverage Policy	BJ/RW	
	Page 68- deleted Added new content.	BJ/RW/AFM	
	Pages 70 & 71- HBI new CPT codes (chart added)	BJ/RW	
	Pages 74-75- New guidance on oral health screening	BJ/RW	
	Page 76- Depression screening new ICD 10 codes	BJ/RW	
	Page 80- New Family Planning Clinical Coverage Policy link	BJ/RW	
	Page 87- It is permissible to bill 96372 (injection fee) for contraceptive injections (Depo) with an E&M visit code (99212-99215) or with a preventive visit code when: The provider AND RN are onsite	AMF	
	Page 89- Deleted 340B Emergency Contraception Stock guidance and added new guidance.	BJ/RW/AFM	
	Page 89,90-Deleting J3490 (Unclassified drug section) not in AA any longer.	BJ	

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	Pages 90, 95, 142, 143 & 148- Added "340B Patient Definition" Page 148- link to 340B Patient Definition added	BJ/RW/AFM	
	Pages 90-91- deleted section regarding average cost of 340B Added Fees should be based on the usual and customary charge for the drug/device.	BJ/RW/AFM	
	Page 92-Deleted reference to Kyleena NDC	BJ	
	Page 93- Added for self-pay sliding fee scale clients	BJ	
	Page 93- deleted memo from Dr. Holliday & Dr. Joy Reed	BJ/RW/AFM	
	Page 93- Deleted Lu codes for replacement pills and pill pick up	BJ	
	Page 95- Added 340B definition and deleted	BJ	
	Page 96- general reminder of 340B	BJ/RW/AFM	
	Page 96- added the correct link to Physicians drug program clinical coverage policy.	AFM,BJ	
	Page 98- Incident to billing deleted	BJ	
	Page 99- Deleted Q/A and added a new guidance to Appendix D page 143 for billing pregnancy test counseling services.	BJ	
	Page 103- deleted Diaphragm fitting	BJ	
	Page 109- Added Annual Exam & Diaphragm and Annual exam & IUD new wording.	BJ	
	Page 110-Deleted what did not apply.	BJ	
	Page 111- Deleted outdated information	BJ	
	Page 114- Added new guidance for 340B purchased stock Patient Definition. Deleted guidance that will not apply.	BJ	
	Page 115-Deleted the guidance for 340B stock for Emergency Contraception and added new guidance.	BJ	
	Pages 115 - New guidance related to Family Planning and deleted previous guidance	BJ/RW/AFM	
	Page 118- Added the word physicians.	BJ	

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	Page 134- UD modifiers are used for any medications, not just contraceptives	BJ/RW/AFM	
	Page 143- Appendix D Guidance for options for billing pregnancy test counseling services.	BJ	
Sept 2019	Page 31- Placeholder for memo from PMR and Pamela for Sports Physical guidance	BJ/RW	
	Page 52- TB Risk Assessment Form use LU102	BJ/RW	
	Page 53- Refugee Health	BJ/RW	
	Page 61-62- New Guidance for Genetic Quad	BJ/RW	
	Page 64- New guidance for TB screening (maternity)	BJ/RW	
	Page 99-100- Title X Rule Change for Pregnancy Testing	BJ/RW	
	Page 109- Consultation for Sterilization	BJ/RW	
	Page 130-131- Telemedicine	BJ/RW	
	Page 136-137- Modifier 59	BJ/RW	
June 2019	Page 12 <ul style="list-style-type: none"> • <u>NC DHB- North Carolina Division of Health Benefits (formerly known as NC Division of Medical Assistance)</u> • <u>FP Medicaid (also known as MAFDN or BeSmart)</u> 	BJ/KB/RW	
	Page 43-44: Clarification of T1002 units for billing	BJ/KB/RW	
	Page 47: Addition of billing guidance for destruction of lesions	BJ/KB/RW	
	Page 49: Additional Q&As added in STI section	BJ/KB/RW	
	Page 57: Maternity- PE guidance	BJ/KB/RW	
	Page 60: Billing for Antepartum Care- Clarification for billing initial visit	BJ/KB/RW	
	Page 64: NST billing guidance	BJ/KB/RW	
	Page 68: IUD- Kyleena has new CPT code	BJ/KB/RW	
	Page 68: Nexplanon- New ICD-10 code	BJ/KB/RW	

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	Page 68: IUD insertion modifier 59 usage	BJ/KB/RW	
	Page 75-76: Depression Screening During Maternal Health- see multiple changes	BJ/KB/RW	
	Page 80, 90, 93, 101: Ortho Evra has been replaced with Xulane transdermal patch	BJ/KB/RW	
	Page 90: ECP billing guidance	BJ/KB/RW	
	Page 91: Nexplanon CPT code change	BJ/KB/RW	
	Page 97: Notation to review after coding council meeting		
	Page 101: Pharmaceutical Supplies	BJ/KB/RW	
	Page 104-105: Annual Exam Date (AED)- lab procedures (new material)	BJ/KB/RW	
	Page 119: Clarification of 340B stock- Depo	BJ/KB/RW	
03/2019	BeSmart changed to FP Medicaid- throughout the document	KB/BJ	
	NC DMA changed to NC DHB- throughout the document	KB/BJ	
	Regular Medicaid changed to Traditional Medicaid- throughout the document	KB/BJ	
	Pg 26, 95 Tobacco Cessation and Counseling modified to reflect verbiage in MH section. Retained CH specific guidance in the CH section.	KB/BJ	
	Pg 31 Deleted reference to Sports Physical Memo. Currently being revised.	KB/BJ	
	Pg 32, 92 Deleted notation regarding verification of fix by NC Tracks to pay NCHC FP physicals at the correct rate.	KB/BJ	
	Pg 35, 74 Reference added- No copay for flu vaccine	KB/BJ	
	Pg 51 Added billing information for two-step TB skin testing (Care Homes, Nursing Homes, Health Departments)	KB/BJ	
	Pg 53 Clarification of where to bill services rendered for Company Billing	KB/BJ	

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	Pg 55 Expanded explanation of what services are covered by MPW	KB/BJ	SC/Maternal Health
	Pg 58 Additional information regarding Billing for Antepartum Care	KB/BJ	SC/Maternal Health
	Pg 61 Codes that may not be billed separately during Antepartum Care	KB/BJ	SC/Maternal Health
	Pg 70 Notation 96153 & 96154 not reimbursed by Medicaid	KB/BJ	SC/Maternal Health
	Pg 72 Oral Health Screening section added	KB/BJ	SC/Maternal Health
	Pg 76 Deletion of specific NDC for Makena 17-P	KB/BJ	SC/Maternal Health
	Pg 78 New information FP eligible pharmaceuticals	KB/BJ	DF/Family Planning
	Pg 78 Additional ICD-10 codes that may now be used in FP	KB/BJ	DF/Family Planning
	Pg 79 Additional CPT codes that may now be used in FP	KB/BJ	DF/Family Planning
	Pgs 81, 111 New information related to billing Preventive visit at the time of IUD/implants insertion or removal	KB/BJ	DF/Family Planning
	Pg 87 Added Billing Scenario for ECP billing	KB/BJ	BC/Family Planning
12/2018	updated link to Health Check Program Guide released September 2018	JG/RW	TL/Child Health
	Updates to preventive/problem focused visits, screening for caregivers, behavioral health, HEADSS, CRAFFT, Dental Screenings,	JG/RW	TL/Child Health
	Clinical Coverage Policy No: 1E-7 (Amended date: November 1, 2018)	JG/RW	DF/Family Planning
	Updated FY 17-18 AA to FY 18-19; clarification on billing 96372 and 99211 for Be Smart	JG/RW	DF/Family Planning
	Updated guidance for the "30-day rule" for 2 nd IUD insertion	JG/RW	DF/Family Planning
	Updated Guidance in the Physician's Drug Program Clinical Coverage Policy (Clinical Coverage Policy No: 1B- Amended May 15, 2018)	JG/RW	DF/Family Planning
	Updated guidance regarding billing Be Smart in STD clinic	JG/RW	DF/Family Planning
	Clarification for billing Third-Party Insurance	JG/RW	SC/Maternity
	Updated guidance for Glucose Tolerance and Billing Scenarios	JG/RW	SC/Maternity
	Home Visit for Postnatal Assessment new guidance	JG/RW	SC/Maternity

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	New and updated (expanded) guidance for Childbirth Education	JG/RW	SC/Maternity
	Maternal Depression Screening- new and updated guidance	JG/RW	SC/Maternity
	17P Additional guidance provided	JG/RW	SC/Maternity
	Throughout document, T1002= RN services up to 15 minutes (NOT a complete 15 minutes)	JG/RW	KB/DF/LTAT
09/2018	Pg 7, Billing- Effective August 2, 2018 Memo: Choice of staff to Conduct CPT Coding and Billing	JG/RW	LTAT
	Pg 91, Be Smart and Retroactive Coverage	JG/RW	LTAT
	Pg 100, Be Smart Q & A June 20, 2018-See Appendix D	JG/RW	LTAT
	Pg 106, Billing for both inside and outside labs (36415) Venipuncture	JG/RW	LTAT
	Pg 108, Newborn Screening Fee Increased	JG/RW	LTAT
6/2018	Pgs 11, 33, Use of NDC identifiers when billing/reporting 340b drugs/devices and Immunizations	KB	LTAT
	Pg 11 Offering "free" services	KB	LTAT
	Pg 11 Will Medicaid pay for 2 preventative physicals within a 365 day period?	KB	LTAT
	Pg 23 Q&A regarding 96127	KB	LTAT
	Pg 31 Removal of OS and PC reference from "Billing Sports Physicals" memo dated 4/19/17 since this is no longer required.	KB	LTAT
	Pg 33 Deleted guidance no longer accurate	KB	LTAT
	Pg 37 Clarification of billing for administration of Purchased Vaccines	KB	LTAT
	Beginning Pg 54- Maternal Health. Multiple changes, please review carefully.	KB	SC/Maternal Health
	Pg 77 4/6/2018 Women's Health Branch Memorandum entitled "Title X - Collections and Debt Set-Off	KB	DF/Family Planning
	Pg 112 Addition of currently approved CPT codes for billing Telemedicine & Telepsychiatry services	KB	LTAT
	Pg 114 Added reference to multiple preventative visits within 365 days	KB	LTAT
3/2018	Pg 5 Removed incorrect language New vs Est	KB	LTAT/PHNPDU

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	Pg 9 Updated language Preventative & E/M visit same day	KB	CH
	Pg 10, 45, 46 Clarification of billing for non-STI ERRNs	KB	LTAT/PHNPDU
	Pg 12, 29, 68 Added language use of Title V funds	KB	CH
	Pg 13 New information Approval Process for OS & PC services	KB	LTAT/PHNPDU
	Pg 13-14 Removed old language OS & PC services	KB	LTAT/PHNPDU
	Pgs- Multiple throughout CH section; updated link to Health Check Program Guide	KB	CH
	Pg 17 Expanded reference information for CH services	KB	CH
	Pg 18 Addition of exception for use of EP modifier on lab services	KB	CH
	Pgs 20-26 Section G. Screenings: Multiple changes. Please review carefully	KB	CH
	Pg 24 Removed excerpt of email from Tara Lucas 7/5/17	KB	CH
	Pg 26 New language Dental Screenings	KB	CH
	Pg 27 Section I Additional Billing Guidelines: multiple changes. Please review carefully	KB	CH
	Pg 49 Q&A Billing copays & deductibles for reference lab services to STI clients	KB	STI
	Pg 53 Added CPT codes that may be used for TST non-read	KB	TB
	Pgs 54-80 Maternal Health Section- Multiple Changes. Please review carefully	KB	SC/Maternal Health
	Pgs 81-109 Family Planning Section- Multiple Changes. Please review carefully	KB	DF/Family Planning
	Pg 115 New Section: Telemedicine & Telepsychiatry	KB	LTAT/PHNPDU
	Pg 117 LU Codes section. Major changes, additions & deletions. Please review carefully	KB	LTAT/PHNPDU
	Pg 118 Addition of criteria for AH annual health assessment	KB	LTAT/PHNPDU
<i>12/2017</i>	<i>Pg 5 Additional clarification New vs Est</i>	<i>KB</i>	<i>PHNPDU/LTAT</i>
	<i>Pg 8, 7b,c Additional wording regarding billing NPI</i>	<i>KB</i>	<i>PHNPDU/LTAT</i>
	<i>Beginning Pg 50, Maternal Health; extensive changes have been made to this entire section. Please review carefully.</i>	<i>KB</i>	<i>WHB/Sarah Conte</i>

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	<i>Beginning Pg 70, Family Planning: extensive changes have been made to this entire section. Please review carefully.</i>	KB	WHB/Debbie Farb
	<i>Pg 84 Changed to reflect correct billing practices for Pap Fee</i>	KB	PHNPDU/LTAT
	<i>Pg 94 Link to January 2018 Medicaid Bulletin for additional information on BeSmart</i>	KB	PHNPDU/LTAT
	<i>Pg 95 General Q&A for Family Planning- Q&A moved to the end of the FP section</i>	KB	PHNPDU/LTAT
	<i>Pg 99 Lab billing scenario B revised for clarification</i>	KB	PHNPDU/LTAT
	<i>Pg 100 Lab billing scenario C removed. Refer to scenario B (outside lab).</i>	KB	PHNPDU/LTAT
	<i>Pg 101 Changed to clarify billing for 36415</i>	KB	PHNPDU/LTAT
	<i>Pg 103 Changed to reflect correct billing practices for Pap Fee</i>	KB	PHNPDU/LTAT
9/2017	Title Change- dropped Part II since there is no longer a Part I	KB	PHNPDU
	Pgs 10, 42 Change in guidance for Non-STD ERRN billing	KB	STD/CD
	Pg 15 Clarification in billing guidance 340b	KB	STD/CD
	Pg 17 Additional wording to clarify Medicaid non-reimbursable CPT code 99080	KB	Child Health
	Pg 22 Additional guidance on billing Immunizations with Health Check exam	KB	Child Health
	Pg 29, 73 No longer need TJ on Family Planning Health Choice claims. Use FP only	KB	Medicaid
	Pg 40 Removed Hepatitis C and BV	KB	STD/CD
	Pg 45 Notice that Q&A from STD webinar is posted	KB	KB
	Pg 47 Removed items 5 & 6 re: STD billing	KB	STD/CD
	Pg 52 Added guidance on billing for Non-Stress Test	KB	WHB
	Pg 56 Clarification re: end of postpartum period	KB	WHB
	Pg 63-64 Removed/Revised guidance re: billing Depo w/ Office Visit	KB	WHB
	Pg 65 Billing guidance re: BeSmart patient STD visit & Depo	KB	WHB
	Pg 68 Billing Scenario added- billing for IUD when client has Insurance and Medicaid	KB	WHB

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	Pg 70 Kyleena not covered by BeSmart	KB	WHB
	Pg 71 Clarification from WHB regarding billing 340b for clients with commercial insurance	KB	WHB
	Pg 75, 83 Removed guidance on billing STD ERRN, Non-ERRN and TB	KB	STD/CD
6/2017	Pg 10, 16, 28, 30, 91 No longer required to use TJ modifier when billing/reporting Medicaid for FP services provided to HealthChoice eligible clients	KB	Medicaid
	Pg 15, 67 Clarification of options for billing 340b drugs/devices	KB	DPH/PHNPDU/LTAT
	Pg 25, 57 Notation regarding all services to children must slide	KB	WCH- Child Health
	Pg 26 Addition of email from Phyllis Rocco regarding performing and billing for sports physicals	KB	Phyllis Rocco, Branch Head, PHNPDU, LTAT
	Pg 33 Additional information regarding purchased vaccines	KB	Immunization Branch
	Pg 43 Clarification on STD ERRN ability to treat for HPV	KB	STD/HIV Branch
	Pg 51 Clarification of use of OB modifier	KB	Steven Garner
	Pg 52, 56, 92 Clarification of timing related to billing services using -24 modifier	KB	WHB-MH
	Pg 54 Additional billing information for post partum services (in response to a question about post partum home visit after miscarriage).	KB	DMA/WHB-MH
	Pg 60 Clarification of billing for pregnancy testing	KB	WHB-FP
	Pg 61, 63 Billing for IUD at same time as Annual or Interperiodic exam	KB	WHB-FP
	Pg 69, 75, 92 Use of modifiers with 58300 discontinued procedure	KB	WHB-FP
	Pg 64 FAQs related to billing for IUD at same time as Annual or Interperiodic exam	KB	WHB-FP
	Pg 66, 82 Instructions on using 340B stock for Emergency Contraception	KB	WHB-FP
	Pg 67 Deleted old language regarding billing 340b drugs/devices	KB	DPH/PHNPDU/LTAT
	Pg 81 Deleted use of TJ modifier when billing/reporting Medicaid for FP services provided to HealthChoice eligible clients	KB	Medicaid
3/2017	Throughout the document- "Nexplanon" replaced with "Implantable Device(s)"	KB	WHB
	Pg 5 New vs Established- potential reason for denial	KB	DPH/PHNPDU/LTAT

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	Pg 6 Shared vs Split visit billing	KB	Medicaid Bulletin- January 2017
	Pg 10, 20, 28 99420 changed to 96160 (patient focused health risk assessment) eff Jan 1, 2017	KB	Health Check Program Guide (10/31/16)
	Pg 12 Deleted "Adult Dental services"	KB	DPH/PHNPDU/LTAT
	Pg 20 99420 changed to 96160 (care-giver focused health risk assessment) eff Jan 1, 2017	KB	Health Check Program Guide (10/31/16)
	Pgs 26, 27, 60 Medicaid does not require NDC for vaccines, however some insurance carriers may	KB	LHDs shared this information based on their billing experiences
	Pg 31 Billing for multi-series vaccines	KB	Immunization Branch
	Pg 41, 78, 87 Billing X modifier series via NC Tracks portal	KB	DPH/PHNPDU/LTAT
	Pg 43 Billing TB home visit	KB	J Luffman, TB branch
	Pg 45 Deleted section re: not billing home visits/DOT (see above)	KB	J Luffman, TB branch
	Pg 49, 53, 82 Addition of Modifier -24 in certain circumstances	KB	WHB
	Pg 49 Wording change	KB	WHB
	Pg 51 Guidance re: billing incision checks	KB	WHB
	Pg 52 Clarification of instructions for billing prenatal care	KB	WHB
	Pg 54 Additional information on Smoking Cessation Counseling	KB	WHB
	Pg 55 Vaccines administered during prenatal care or during the postpartum period	KB	WHB
	Pg 57, 68, 69, 71 Addition of new billing information from WHB regarding billing E&M visit at the same time as IUD insertion, removal, Insertion/removal. Pg 68, 69, 71 Deletion of old information.	KB	WHB
	Pg 60 Billing for Depo under prescribing provider NPI- how to manage if originating provider leaves	KB	DPH/PHNPDU/LTAT
	Pg 62 New birth control method covered by Medicaid; Kyleena-J3490	KB	Medicaid Bulletin- January 2017
	Pg 88 Updated Consultant contact information	KB	DPH/PHNPDU/LTAT
11/14/16	Throughout the document- the terms physician, clinician, mid-level, provider have been replaced with Advanced Practice Practitioner	KB	DPH/PHNPDU/LTAT

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	Health Check Program Links have been updated to the October 2016 edition	KB	DPH/PHNPDU/LTAT
	Pg 4 Added Medicaid repayment instructions	KB	DPH/PHNPDU/LTAT
	pp 8, 32, 38, 45, 54, 61 Reference of Exception for billing E&M and Preventive visit same day for Child Health	KB	As per Health Check Program Guide 10-16
	Pg 9 Added statement regarding billing T1002 to third party payers	KB	DPH/PHNPDU/LTAT
	Pg 13 Statement added, may not deny services due to inability/unwillingness to pay	KB	As per WHB
	Pg 16 Use of CH for all child health services, billable and reportable. No longer using HC	KB	DPH/PHNPDU/LTAT
	Pg 17-18 May now bill E&M and Preventive service same day for Child Health only	KB	As per Health Check Program Guide 10-16
	Pg 22 Dental Screenings at Health Check visit	KB	As per Health Check Program Guide 10-16
	Pg 23 Billing for hearing screening after WCC	KB	Child Health Section
	Pg 23 Additional Health Check Billing Guidance	KB	As per Health Check Program Guide 10-16
	pp 23, 52 How to bill when CH and FP services intersect	KB	As per Health Check Program Guide 10-16
	Pg 24 Removal of statement on billing Health Check and E&M same day (replaced by statement on pg 17)	KB	As per Health Check Program Guide 10-16
	Pg 25 Latest Health Check Program Guide published in October 2016 (note name change)	KB	As per Health Check Program Guide 10-16
	pp 26, 74 Use of SL modifier to report state supplied vaccines	KB	6/28/16 Memo from Steven Garner to LHDs
	Pg 27 Location of Immunization billing guidance in HCPG	KB	As per Health Check Program Guide 10-16
	pp 35, 74 Use of OB modifier to report \$0 charge maternal health office visits	KB	6/28/16 Memo from Steven Garner to LHDs
	pp 35, 66, 75 Notation regarding "X" modifiers has been revised	KB	DPH/PHNPDU/LTAT
	Pg 44 Revised CPT code for Liletta	KB	WHB Fall 2016 Newsletter
	Pg 51 Reminder to use FP modifier when billing Medicaid for Family Planning services. Contact insurance companies for their procedure	KB	DPH/PHNPDU/LTAT
	pp 53, 63 Notation about not using FP modifier on Health Choice claims	KB	DPH/PHNPDU/LTAT
	Pg 54 Reference on where to find billing guidance for when CH and FP intersect	KB	As per Health Check Program Guide 10-16

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	Pg 59 Correction to HIV screening ICD-10 code	KB	As per WHB
	Pg 60 Removed notation about using FP modifier for Health Choice	KB	As per Health Check Program Guide 10-16
	Pg 68 NCSPLH requiring NPIs on all requisitions	KB	NCSPLH memo 8/18/16
	Pg 80 Addition of Flat Fee, Interperiodic and Periodic to Glossary of terms	KB	DPH/PHNPDU/LTAT
7/21/16	pp 19-20 Immunization: section on Immunization Administration replaced with new text	KB	As per State CH consultant 7/15/16
	Pg 31 Changed wording to clarify preference of the TB branch when screening under non-mandated conditions	KB	As per TB Branch
	Pg 34 Maternity/OB Billing: wording change to reflect correct billing practices for miscarriage/termination of pregnancy	KB	As per WHB discussion, 7/7/16
	Pg 43 Family Planning: changed to include full text of memo from Belinda Pettiford regarding charging for 340b drugs	KB	As per WHB discussion, 7/7/16
	Pg 44 Added notation to reference information on page 54	KB	In consultation with WHB
	Pg 50 Family Planning: - changed to correct diagnosis code (from 042 to Z11.4)	KB	As per WHB discussion, 7/7/16
	Pg 54 Family Planning: revised to reflect notation regarding use of FP and TJ modifiers	KB	In consultation with WHB
6/21/16	Completed document posted to DPH website		