

Coding and Billing Guidance Document
Updates- June 2018
Webinar Q&A

1. With regard to offering “free” services to health department or county employees:
 - Would this include flu vaccines also? No. The health department often provides free flu vaccines to agency staff and county employees. It depends on the county as to who pays for this (i.e. health department budget or county budget)
 - How about PPD’s for health department staff- No, these may also be free
2. With regard to providing 2 preventative physical exams within 365 days.
 - OB modifiers do not go out on a claim- correct, they only would go on the E&M reportable or lab reportable codes that are being tracked with final billing using either 59425 or 59426. The OB modifier is used so that these reportable only services may be pulled out for Medicaid cost report. This slide has been corrected.
3. In reference to the flu vaccine and Tb skin test for county/health department employees what do you mean by "this is different" and "the county may absorb the cost"?
 - Please see #1 above.
- 3b. Is this for all vaccine services?
 - No. If county employees require immunizations they would either be VFC if they meet the criteria or privately purchased and billed according to your agency policy.
4. Do vaccines given during a visit slide according to the SFS or are they a flat rate. example: Client is here for FP Problem and gets TDAP.
 - It depends. If vaccines are given that are required by the Agreement Addenda for a program (i.e. FP) then they must slide. We recommend sending a client that requires non AA vaccines to the immunization clinic. They would then be billed according to your agency policy.
5. You are referring to page numbers, is there somewhere I go to print these slides?
 - The page numbers refer back to the Coding & Billing Guidance Document, Version 9, June 2018 which is posted on the DPH/LHD website. The purpose of this (and all future webinars about the document) are to review any new information included in the most recently published version.
6. Should we be including an NDC on J3490 also?
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7. For standing order in FP clinic when patient comes in for a pregnancy test, do you bill just the pregnancy test or pregnancy test and visit?
 - It depends on what your clinical protocols require. This may differ by agency.
8. How can we send a confidential patient to DSO if they have not been notified of outstanding balance? They are not getting any mail from our agency.
 - Good question. You should be discussing any outstanding balance with confidential clients at each visit. However, if you are unable to give them the letter of notification at a visit then you may not send them to DSO.
9. If there is a NDC for vaccine on the package and on the syringe, which is used?
 - Use what is on the syringe but they should match. If, in this case, you choose to use the NDC on the package be used to note “1 unit” on the ESB.

10. A claim requires 11 digits in the specific format of 5-4-2; please clarify 10 digits vs 11 digits.
 - Please refer to the slides at the end of the presentation once it is posted. I think this will give you your answers.

11. Clarification on billing for Prenatal Lead Screening page 61.
 - If a client agrees to test, then collect and sent to State lab- free service – may not bill the client for any portion of this. HOWEVER – include Medicaid info as state lab will bill Medicaid. Report 83655 w/ 90 modifier. Our policy is being updated and will be reflected in the next updated C&B guidance document. Refer to this slide for more info.

This is the same for anything that you send to the state lab – this is how they get reimbursement-please provide Medicaid info for them.

12. Was it stated that Depression Screenings have to have a standing order? Is that for all programs, or Maternal Health only?
 - Yes. Standing Order is required for administering Depression Screenings in any program.

13. So is it now a requirement to put the NDC numbers with Medicaid now?
 - NDC numbers are required for all LARC's, vaccines, 17-P and RhoGam.

14. Will you please provide the website and phone number for the NDC denials?
 - Myers & Stauffer HELPDESK AT (1-800-591-1183) or email at ncpharmacy@mslc.com

15. Can you please give the number of days that is considered the PP period?
 - For MPW billing purposes the postpartum period ends 60 days after delivery. Some services are billable thru the 60 days after delivery, however others are billable prior to the end of the month in which the 60th postpartum day occurs. Please refer to the Coding & Billing Guidance Document or the OB Clinical Coverage Policy 1E-3 for additional details.

16. We recently saw reference to other CPT codes regarding Telemedicine & Telepsychiatry Services. Did you say we could not bill those codes--only the ones listed in the CBDG?
 - At this time the only codes that are billable by Local Health Departments are the ones on the slide/in the document. We are working on getting the others approved for LHD Taxonomy. If you can provide us with details on where you saw this information and/or provide a screenshot this will help us to investigate further. Thanks.