

10-17-19 Coding and Billing Guidance Document Archived Webinar Link
(18 minutes, 34 seconds): <http://whb.adobeconnect.com/phfm6donvib/>

1. **Q:** Please tell us again where the cheat sheet is. I have looked for it under News-Highlights and cannot find it.
A: <https://publichealth.nc.gov/lhd/docs/AC-NewsNotes-Vol2-Sept2019-Modifiers.pdf>

2. **Q:** Where will the links that are on the slides be posted?
A: <https://publichealth.nc.gov/lhd/> under Coding and Billing guide Document.

3. **Q:** If a Medicaid patient comes in for her scheduled depo and wants a flu shot, how can we bill for it because we cannot put a 25 modifier on a 99211 visit?
A: Flu shots are not a required service in FP therefore bill the FP services (DEPO) to the FP program and bill the flu shot to the Immunization program. You will need to inform the patient first that flu shots are not covered under FP therefore they will be responsible for the cost of the flu shot.

4. **Q:** When billing for TB Skin test, should we include the dx for school/employment purposes?
A: Yes, because coding should clearly explain why the service was provided. Keep in mind the rules for using state vs private vaccine and when a patient can and cannot be charged. See Documentation, Coding and Billing Guide: Page 54, 3. Bullet #4 at: <https://publichealth.nc.gov/lhd/docs/CodingandBillingGuidanceDocumentVersion14Sept2019-NEW.pdf>

5. **Q:** With the technology methods, is there ever a time that we will be able to read a TB skin tests with methods such as telehealth, picture or some form of technology?
A: Consult your TB Nurse Consultant regarding this question.

6. **Q:** When did the 90 modifier take effect? Does this modifier affect the cost sharing report?
A: We don't have an exact date, however the 90 modifier has been used to report outside lab services for many years. You should be using the 90 modifier on the lab service CPT code that is sent to a reference lab (state lab, LabCorp, Quest, etc). Since lab services are not cost settled at this time, it does not affect the cost report. However, once Medicaid Transformation takes place and health departments are paid via AUBP's on a quarterly basis this may change.

7. **Q:** What are some examples of telemedicine that other LHDs have implemented?
A: Behavioral Health, and School Clinics

8. **Q:** If a patient presents 2 weeks after delivery for a mood check and then returns 4 weeks later for the Postpartum exam will the mood check be covered?
A: You can only bill for this service once so if your agency decides to bring clients in at 2 weeks for the "mood" check, just know you cannot bill it again during the post-partum check unless it is indicated.

