

Questions from AH, Lab, Pharmacy, MNT Webinar January, 2018

General

1. *Will the slides from today's webinar be available?*

The presentation slides are available on the DPH website in the "For Local Health Departments" section under "Documentation and Coding". The name of the document is "Documentation, Coding, and Billing Guidance Document: Pharmacy, Laboratory, Medical Nutrition Therapy, BCCCP, and Adult Health Sections".

Laboratory

1. *Should in-house labs bill 36415?*

No. The fee for each in-house lab test should include everything it takes to provide that service including supplies, collection, processing, and interpretation of results. Therefore, we should not charge an additional fee for a venipuncture, since that cost should be included in the total fee.

2. *How are counties billing self-pay for the LHD negotiated rates for outside labs?*

According to Version 7 of the Coding and Billing Guidance Document, the outside lab would be responsible for billing outside insurance or Medicaid. Since the LHD would only be billing self-pay patients, we could set our fee for the lab test at the negotiated rate and bill this fee to the patient. Because the lab test was performed at an outside lab, we can also bill the patient for the venipuncture. Remember that all fees charged to WCH patients must slide according to their family size and income.

3. *How are LHDs billing patients for lab tests and venipuncture for labs sent to the state lab?*

The Local Health Department may bill the patient for the lab test and specimen collection. Remember that all fees charged to WCH patients must slide according to their family size and income. STI screening tests cannot be billed to the patient, per NC General Statute.

4. *In the presentation, it says "Do Not charge Pap test processing to Medicaid or insurance patients". Our agency bills private insurance for pap tests. We do not bill Medicaid. Is this correct?*

According to Version 7 of the Coding and Billing Guidance Document, the outside lab that performs and interprets the test is responsible for billing Medicaid or insurance directly. Therefore, the Local Health Department should not bill Medicaid or insurance for Pap test processing. The Local Health Department can report the test to Medicaid by using the 90 modifier.

Medical Nutrition Therapy

1. *Does the licensing requirement for MNT apply also for DSM?*

It appears that the licensing requirements differ.

According to the Medicaid Clinical Coverage Policy No: 1-I Dietary Evaluation and Counseling,

Provider Qualifications and Occupational Licensing Entity Regulations

Dietary evaluation and counseling provided in public agencies, private agencies, clinics, physician or medical diagnostic clinics, and physician offices shall be performed by:

- a. dietitian/nutritionist, currently licensed by the N.C. Board of Dietetics/Nutrition (provisional license is not acceptable); OR
- b. a registered dietitian, currently registered with the Commission of Dietetic Registration (registration eligibility is not acceptable).

According to the Medicaid Clinical Coverage Policy No: 1A-24 Diabetes Outpatient Self-Management Education,

Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for the procedure, product, or service related to this policy, the provider(s) shall:

- a. meet Medicaid or NCHC qualifications for participation;
- b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

6.1 Provider Qualifications and Occupational Licensing Entity Regulations

None Apply.

6.2 Provider Certifications

None Apply.

According to Juanita Akinleye, Coordinator of the Statewide Diabetes Self-Management Education Program, the Certified Diabetes Educator can be from any health-related discipline. However, because the Certified Diabetes Educator and the RN cannot have NPIs, for billing purposes they must bill using the "incident to" or under the billing providers NPI.