

Vivian Mears from STD Branch was on these calls

Onslow: STD ERRNs could code either 99211 or T1002 for non-Medicaid patients. Some, but not all, insurers acknowledge the T1002 Code for reimbursement for STD ERRN services. Your billing office should contact the insurers that the agency bills. Any RN can use 99211 for a treatment-only visit. If an STD ERRN was responsible for the 1st clinic visit to a Medicaid patient, she would use T1002 for the return for treatment-only visit (any STD ERRN can provide the treatment and bill Medicaid if the encounter is at least 15 minutes.) If the encounter is less than 15 minutes, the STD ERRN needs to use 99211 as long as they complete the required minimum components in order to bill this CPT code.

Q: So it should be RN to administer treatment or can it be LPN.

A: [From 21 NCAC 36 .0225 COMPONENTS OF NURSING PRACTICE FOR THE LICENSED PRACTICAL NURSE: file:///L:/Scope%20of%20Practice/LPN\\_ADMIN%20RULES\\_NC%20BON.pdf](file:///L:/Scope%20of%20Practice/LPN_ADMIN%20RULES_NC%20BON.pdf) (h) "Participating in the teaching and counseling" of clients as assigned by the registered nurse, physician or other qualified professional licensed to practice in North Carolina is the responsibility of the licensed practical nurse. Participation includes: (1) providing accurate and consistent information, demonstrations, and guidance to clients, their families or significant others regarding the client's health status and health care for the purpose of: (A) increasing knowledge; (B) assisting the client to reach an optimum level of health functioning and participation in self care; and (C) promoting the client's ability to make informed decisions.

Q: If a patient comes in for STD treatment and then is seen in for depo shot and patient is FPW how should that be billed since you have use the 99211.

A: BeSmart cannot be billed for an encounter in STD clinic so they would need to open another encounter in the FP program, bill the 99211 (or 96372) to BeSmart along with the depo injection. No -25 modifier would be required.

The STD service if obtained and documented in STD would be no charge to the client (report only) (*this response obtained from WH*)

Q: On the split billing of T1002 when completed on 2 separate dates are we billing 4 units on each?

A: T1002 total units (even over 2 days) = 4 unless documentation can support greater than 4 units.

Q: So the non-STD ERRN cannot bill Medicaid?

A: The non-STD ERRN may bill insurance using 99211 for STD treatment only visits

Q: Can a patient be charged for pregnancy test when seen for STD appt?

A: The short answer is yes; but it really depends on the agency policy. If a woman's STD care management depends on her pregnancy status, an agency may choose not to charge her for a pregnancy test. Likewise, if a woman's STD care management would be unaffected by her pregnancy status, an agency might make a different choice. In terms of billing for a pregnancy test as part of an STD visit, you will need to ask your PH Administrative Consultant.

Q

Q: How would you bill for treatment visit if a nurse is not ERRN and providing tx by Standing orders?

A: The non-STD ERRN may bill insurance using 99211 for STD treatment only visits.

Q: Clarification: 25min with patient =2 units or 1 unit? Do you round up/down?

A: To clarify for STD ERRNs billing Medicaid using the T1002 code:

- 1-14 minutes is not billable
- 15-29 minutes = 1 unit
- 30-44 minutes = 2 units
- 45-59 = 3 units
- 60 = 4 units

If documentation supports greater than 4 units, you may bill Medicaid that amount. This would be an uncommon occurrence.

Q: When a patient comes in for review of tests and the T1002 is used with dx of z71.2 we get the \$3.00 copay, should these be written off.

A: You should not be getting any copays withheld for STD. Please contact your Public Health Administrative Consultant

Q: If a Medicaid patient is billed 4 units during an exam, then needs to return for treatment, should we bill T1002 with one unit again or 99211.

A: The STD ERRN would bill Medicaid using the T1002 code as long as it takes at least 15 minutes to provide treatment and education/counseling to the patient.