CODING & BILLING GUIDANCE DOCUMENT REVIEW STD, TB, AND COMMUNICABLE DISEASE

Based on Pages 39-48 of the current C&B Guidance Document
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Sexually Transmitted Disease

Physician or Advanced Practice Practitioners can provide STD services in the LHD

- Physician (bill using E/M codes)
- Nurse Practitioner (E/M Codes)
- Physician Assistant (E/M Codes)
- Enhanced Role Public Health Nurse

  (Bill T1002 to Medicaid, or 99211 or T1002 to Private Insurance)

Advanced Practice Practitioner Requirements

Every Physician or Advanced Practice Practitioner should receive the DPH STD Program orientation and agree to provide services following the state program guidelines

STD Enhanced Role Registered Nurses (STD ERRN)

- STD ERRNs can provide services if they are currently rostered
- Services are Medicaid billable if…
  - Conducts Interview
  - Performs Physical Exam
  - Orders appropriate testing
  - Provides appropriate treatment & counseling
- Medicaid code billed is T1002
- Private Insurance (if client gives consent) 99211 or T1002 is billed

Billing T1002

- T1002 is billed in units of service
- One unit = 15 minutes with ERRN
- Maximum of 4 units per client per day with supporting documentation
- Refer to STD Clinical Coverage Policy if additional units are needed
- T1002 is billable if all components of service are provided
- Treatment component can be completed on a different day if waiting for lab results

Components of Essential STD Service (T1002)

- Medical History
- Sexual Risk Assessment
- Physical Exam inclusive of upper & lower body
- Laboratory testing
- Treatment (as needed)
- Counseling and referral for the evaluation of individuals with an exposure to, or symptoms of an STD infection

STD Services Provided During Other Program Visits

- Clients cannot be charged fees for STD testing or treatment services provided during the following program visits:
  - Child Health
  - Family Planning/Be Smart
  - Maternity
  - Other Programs
- 340B STD drugs may be given for treatment
- If follow up is required must be done within the STD Program

Fees for STD Services

- Fees for STD services cannot be charged to the client
- Medicaid can be billed (T1002)
- Private Insurance can be billed with client's permission (99211 or T1002 for ERRN)
- Higher E/M code may be billed for services provided by `Physician or Advanced Practice Practitioner

Exceptions That Allow Charging Fees

- STD labs the client requests not offered through the NCSLPH (e.g. Chlamydia testing for males)
- STDs not specified in 15A NCAC 19A.0204(a) such as venereal warts. Contact PHNPDU Consultant if you have questions.
- Asymptomatic clients who request screening for non-reportable STDs (e.g. herpes serology, Hepatitis C, BV)
- Follow up treatment of warts after the diagnosis has been established

Non Enhanced Role Nurses

- Must use non billable code LU242 to report services provided
- Agreement Addenda states ERRN is preferred to provide services
- RN having demonstrated competency can administer treatment per standing order

Billing with Different NPIs on Same Day

- When two different Physicians or Advanced Practice providers see client on the same day
- Client receives STD services billed with E/M or T1002 and is seen by another provider on same day
- Services must be for a separately identifiable medical condition with separate diagnosis code and E/M code for second procedure
- No modifier is required since two different Physicians or Advance Practice Providers are involved with two different NPIs

Billing Preventive and E/M Visits on Same Day

- Medicaid will not reimburse for same day preventive visits (office visits)
- Only additional services Medicaid will reimburse are CPT codes for injectable medications or ancillary studies for lab or radiology
- Should contact each insurance company for their specific billing rules
- Refer to Child Health Section, item F. for changes from 2016 Health Check Program Guide.

Multiple Services on Same Day

- Client is seen by a Physician or Advanced Practice Provider for STD and an additional problem
- Two services can be billed
- Modifier 25 must be appended to the second E/M code
- Modifier indicates two separately identifiable services were provided by same Physician or Advanced Practice Provider and is not a duplicate claim

Billing When Components of Service are not Provided on Same Day

- The four components of STD service provided by an STD ERRN are not required to be done on same day to be Medicaid billable
- Service can be done on two different days
- Can be performed by two different STD ERRNs
- Billing is done per unit of service provided using T1002
- Information is based on Medicaid STD Clinical Coverage Policy effective 3/20/2016

Additional Billing Guidance

- STD ERRN must bill T1002 for Medicaid and 99211 or T1002 for insurance
- Non STD ERRN can bill insurance 99211 or T1002 for STD treatment only visits.
- Non STD ERRN cannot bill a 99211 to Medicaid for treatment only visits
- TB Nurse can bill TB services to Medicaid using T1002 and bill insurance using 99211 or T1002

“Be Smart” Client Billing Scenario

A Be Smart client is scheduled to see STD ERRN and upon interview she thinks she has “BV again” can she be switched to a Physician or Advanced Practice Practitioner schedule and charged for the clinic visit?

It is not recommended that the client be switched to the Physician or the Advanced Practice Practitioner. It is recommended that you:

- See the client in STD Clinic, but do not bill “Be Smart”
- If a “Be Smart” client is switched to a Physician or Advanced Practice Provider schedule, the visit will count as one of the client’s 6 allowable visits for the year

340B Drug Supply

Be mindful of the fact that using 340B drugs to treat non-reportable STDs may significantly reduce the supply of 340B drugs available to treat clients that the Health Department are required by mandate to treat

Human Papilloma Virus (HPV)

- Client with a diagnosis of HPV can be seen in the Health Department in any appropriate clinic and can be charged for the treatment of HPV
- If HPV treatment is the only reason for the visit, you can bill HPV treatment CPT **or** an E/M code but not both
- If additional services are provided, unrelated to HPV treatment requiring the use of an E/M code, you can bill with the treatment CPT code and the E/M code and append modifier 25 to the E/M code
- Documentation must meet criteria for both CPT codes

HPV (continued)

- HPV is not a reportable STD so billing the client is not prohibited
- HPV treatment can be billed to the client if
  - Client does not have Medicaid
  - Client has insurance but does not want it billed for the HPV treatment
- An STD ERRN can apply HPV treatment (see page 43, item e. of Coding and Billing Guidance Document for details

STD Services Not Billable to Patients

Please refer to memo from then Attorney General John Barkley dated August 31,2001.

(Appendix C of Coding and Billing Guidance Document)

STD Labs

- Tests not provided by the NC SLPH can be billed to the client's insurance with their consent
- Clients without insurance or who do not want their insurance billed can choose to pay out of pocket if the LHD has a written policy to support this
- Syphilis serology done for the purpose of employment ONLY can be charged to the client
- LHD can only charge for drawing of the blood if it's sent to an outside lab for testing.
- Not appropriate to use State Lab for tests done for purpose of employment.
- STD Contract Addenda provides additional guidance for billing clients

Lab Modifiers

- Modifier 59 – Distinct Procedural Service, different site or organ system e.g. multiple sources collected for screening culture GC (modifier 59)
- Modifier 90 – Specimen sent to reference lab for processing
- Modifier 91 – Repeat Clinical Diagnostic Lab test.

  This modifier may not be used when tests are

  a. Rerun to confirm initial results
  b. Due to testing problems with specimens or equipment
  c. For any other reason when a normal, one time, reportable result is all that is required

e.g. Provider requests a test be repeated on the same day, Modifier- 91 indicates that it is not a duplicate test

Modifiers Added Effective 1/1/2015

- Four modifiers were added to identify distinct services that are typically considered inclusive of another service.
- Use of these modifiers help with more accurate coding to better describe the procedural encounter.
- These modifiers are appropriate for NCCI procedure to procedure edits.

- **XE- Separate Encounter**: service that is distinct because it occurred in a separate encounter
- **XS-Separate Structure**: service that is distinct because it was performed on a separate organ/structure
- **XP-Separate Practitioner**: services that is distinct because it is perform be a different practitioner
- **XU- Unusual Non-overlapping Service:** use of a service that is distinct because it does not overlap usual components of the main service

“X” Modifiers

If you receive denials when using the “X” modifiers, continue to rebill claims until issues between DMA and NCTracks and electronic health record vendors can be resolved

We have been advised that billing using “X” modifiers has been successful when billed in the NCTracks portal

Use of “X” Modifiers vs Modifier 59

- Do not use “X” modifiers with modifier 59 on the same claim line
- CPT guidelines state modifier 59 should be used only when on other descriptive modifier explains why distinct procedural circumstances exist.
- New modifiers should be used to describe why a service is distinct
- Medicaid will continue to accept modifier 59 when the “X” (ESPU) do not accurately describe the encounter. Documentation must support use of modifiers

Miscellaneous Billing Guidance

Medicaid will only reimburse for STD services provided in the home setting when it is an extension of the clinical services. Use “71” as the place of service.

For additional program guidance contact you Regional STD/Communicable Disease Consultant or visit the program website at:
http://epi.publichealth.nc.gov/cd/lhds.html

Tuberculosis Control & Treatment

Clinical Coverage Policy-Tuberculosis Treatment in Local Health Department

https://ncdma.s3.amazonaws.com/s3fs-public/documents/files/1d3.pdf

Guidance for following slides was provided by TB Program Consultant 9/14/15

Tuberculosis Control & Treatment

The following Physician or Advanced Practice Practitioners can provide services in the Local Health Department setting.

- Physician (billed by E/M codes)
- Nurse Practitioner* (billed by E/M codes)
- Physician Assistant* (billed by E/M codes)
- Public Health Nurses* (billed by T1002 or reported by the use of the appropriate LU Code)
- Public Health Nurses (RNs) supervised by the Public Health Nurse (RN) responsible for the TB Control Program and shall complete the Introduction to Tuberculosis Management course

*Advanced Practice Practitioner

TB Disease or Contacts

- GS 130A-144 states “the local health department shall provide, at no cost to the patient, the examination, and treatment for tuberculosis disease and infection”
- Services provided to a patient dealing with the examination and treatment of TB must be provided at no charge to the patient
- If billed to Medicaid or third party payer LHD must assure that the patient is not being billed for the service
- If patient has insurance and a co-pay is required, you should negotiate this issue with insurance company
- Medicaid does not require that a co-pay be collected

TB Billing

- T1002 is billed for TB visits in units based on time recorded in patient record
- T1002 cannot be billed on the same day that a preventive medicine service is provided
- Can be provided by PH Nurse under the guidance of a PH Nurse that has had the Intro to TB course
- T1002 should be when monthly evaluation of clients on TB medication and not for DOT visits
- DOT visits should be captured using LU121 or LU122

Documentation of Time

- Nurses who meet the requirements to see TB clients must document time which is billable by units of service
- 1 unit = 15 minutes
- 2 units =30 minutes
- Maximum of 4 units per day can be billed per client
- Documentation of service components provided must support the number of units of service billed

Billing Specifics

- T1002 cannot be billed on the same day that a preventive medicine service is provided
- Clients that are contacts to TB or are symptomatic cannot be charged for a TB skin test
- Clients can be charged to TB skin tests which are done for the purpose of school or employment, if the LHD uses a purchased supply
- Reading the TB Skin Test is included as a part of the total charge

Reporting of TB Skin Tests

- TB Skin Tests performed for employment, school, etc. and no other service is provided should be entered as the Program Type TB
- TB Skin Tests provided to clients while being seen for a service in MH, CH, or FP should be entered under the program in which they are being seen. This would occur when during the visit it is determined that the client is high risk for TB.

State Supplied/Purchased TB Skin Tests

- TB Skin Tests provided to clients from state supplied inventory should be entered using LU114 as “Report Only”
- TB Skin Tests provided to clients from purchased inventory should be entered using 86580, which can have a charge attached
- If your vendor system does not support LU codes, you will need to work out a method of reporting state supplied TB Skin tests

Billing Private Insurance

- Monthly assessments provided by an RN can be billed to insurance, with the client's permission
- Codes used for billing are 99211 or T1002 when required documentation is present
- Physician or Advanced Practice Practitioners can bill using the appropriate E/M code for the level of service. Required documentation must be present

Services Provided on Same Day

- When a client receives a billable TB service, billed by E/M codes and also is seen by the same Health Department Physician or Advance Practice Practitioner on same date or service for a separately identifiable medical condition, Modifier 25 should be appended to the E/M code that correlates to the primary reason for the client's visit.
- If a client is seen by a different Health Department Physician or Advance Practice Practitioner on the same date of service, Modifier 25 is NOT required.

TB Services Rendered in the Home

- TB services rendered in the home for clients who are unable to come to clinic due to their disease are billable.
- Services should be billed using the T1002 code with number of units provided
- Must use code 71 as the place of service
- Medicaid does not identify Place of Service code 12 - Home

Preventive E/M Visits (same day)

- Medicaid will not reimburse for same day preventive visits and E/M
- Rule applies to all programs with one exception noted for Child Health
- Exception: refer to Child Health Section, item F. for changes from Health Check Program Guide
- Only additional CPT codes for injectable medications or ancillary studies for lab or radiology
- Must consult with individual insurance carriers for specific billing rules

TB Skin Test and Interferon Gamma Release for Employment or School

- Clients who receive TST or IGRA from health department purchased supply, for school or employment, can be charged
- Reading the test is a part of the charge for the test
- TST and IGRAs can be provided at a flat fee unless client should receive free testing according to TB program guidelines
- Use of Sliding Fee Scale is not required by TB program

TST and IGRAs - continued

- TSTs and IGRAs provided for school, employment, etc. should be entered as TB Program type
- If client receives TST or IGRA during CH, MH, or STD service and it is determined testing is necessary due to high risk, service should be entered in the appropriate program
- TSTs and IGRAs can be provided as a flat fee service unless the program rules prohibit charging the client

Communicable Disease

- EPI Program type is used for General Communicable Disease activities as follows
  - Hepatitis A
  - Hepatitis B
  - Food Born Outbreaks
  - Reportable Investigations and follow ups other than STD and TB
- Clinical visits can be reported using appropriate CPT codes
- LU Codes can be used to report activities that don’t fit in a CPT code category

Communicable Disease - continued

- EPI services cannot be charged to client
- Medicaid can be bill if client have coverage
- Other third party payers can be charged if the client gives permission

Contact Regional Program Consultant for additional guidance or visit the program website http://epi.publichealth.nc.gov/cd/lhds.html