



CCNC Pediatrics: Medicaid Billing & Coding Myths

-First Edition

Topic	Myths	Facts
Oral Health	Varnishing can only be done at well visits	Varnishing can be done at any visit. Patient can be scheduled for varnish only.
	Only MDs can varnish.	MDs, Mid-levels, Nurses, CMAs can varnish with training.
Well-Child Visits	Medicaid will only pay for adolescent well child visits every 3 years.	Medicaid will pay for an annual adolescent well visit.
	We won't get paid for a well-child visit if we don't wait a full year between well visits.	You do not have to wait 365 days to do annual well visits with Medicaid patients (you do have to wait with Health Choice).
	We can't see children more often than what the periodicity schedule prescribes.	There is no limit on number of well checks if you document the medical necessity of the visit.
	We can't bill for both the 9 month and 15 month well child visit and get paid.	You can bill for both the 9 and 15 month well child visits and be reimbursed.
	We can't get paid for the 30 month well child visit because it is not on the periodicity schedule.	Bright Futures recommends this 30 month visit and it will be reimbursed.
	We can only list 3 diagnosis codes per well visit.	According to the Health Check Billing Guide, there are six reportable diagnosis codes.
Screening	Modifying evidenced based tools and billing for them is okay.	It is always best practice to use evidenced based screening tools, once altered they are no longer valid screens.
	Autism screening is not a Health Check requirement, it is strongly recommended.	Autism screening has been a required screen since 2010 for the 18 & 24 month visits.
	We can only bill one 96127 screening code during a well-child visit.	You can bill two 96127 screens per well-child visit.
	EP modifier does not need to be added to screening tool codes.	EP modifier is used at EPSDT visits to indicate that this is one of the components.
	It is more important for primary care providers to focus on school-aged and adolescent's physical health needs rather than social/emotional issues.	Bright Futures states that all school-aged and adolescent patients should be routinely screened by their primary care provider for strengths and risky behaviors for early identification, interventions, and treatment. <i>For the first time in more than 30 years, mental health conditions have displaced physical illnesses as the top 5 disabilities in US children.</i> JAMA, July 18, 2012-Vol 308, No. 3