

Medicaid Billing & Coding Myths

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
	We can't see children more often than what the periodicity schedule prescribes	There is no limit on the number of well checks
	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 paid
	We can't get paid for the 30-month well child visit because it is not on the periodicity schedule	NC Medicaid Periodicity Schedule follows Bright Futures. The 30-month visit will be paid.
	We can only list 3 diagnosis codes per well visit	According to the Health Check Billing Guide, there are six reportable diagnosis codes
	We are not allowed to bill for a sick and well visit on the same day	NC Medicaid allows for same day billing using the 25 modifier*
Screening	Modifying evidence-based tools and billing for them is okay	It is always best practice to use evidence-based screening tools, once altered they are no longer valid screens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
	We can only bill one 96110 screening code during a well-child visit	You can bill two 96110 screens per well-child visit
	The EP modifier does not need to be added to screening tool codes	The 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, intervention, and treatment
	It is not necessary to screen for both risks & strengths and for depression at adolescent well visits	AAP recommends both the Risks & Strengths (psychosocial) and depression screening at each adolescent well visit

*See: <https://www.communitycarenc.org/sites/default/files/coding-for-same-modifier-sick-and-well-visits-102016.pdf>