# Special Considerations

## Same-Day Wellness Visits and Sick Child Encounters, with or without Vaccinations

### Medicaid Primary Care Practices

*Content extracted on 9/3/20 from NC Medicaid Health Check Program Guide, revised 5/2020*

- When providing evaluation and management (EM) of a focused complaint (CPT 9920x / 9921x) during an Early Preventive Screening visit, the provider may claim only the additional time required above and beyond the completion of the comprehensive Early and Preventive Screening exam (CPT 9938x / 9939x) to address the complaint.

- The provider's electronic signature on the claim is the attestation of the medical necessity of both services. All requirements in this section regarding documentation of the additional, focused service must be adhered to by the provider.

- An immunization administration fee is billable if it is the only service of the day or if any immunizations are given in addition to a Health Check assessment or an office or sick child visit.
    - Immunization diagnosis is not required when billing in conjunction with an examination code or an office or sick visit code.
    - When billing an administration code for immunizations as the only service for that day, providers are required to use an immunization diagnosis code. Always list the CPT vaccine product codes when billing these administration codes with the EP modifier.

- Medicaid beneficiaries under 21 years of age receiving a preventive screen also require E/M of a focused complaint, the provider may deliver all medically necessary care and submit a claim for both the preventive service (CPT 9938x / 9939x) and the appropriate level of focused, E/M service (CPT 9920x/9921x).

Please Note:

When an immunization administration code appears on the same claim as CPT 9938x/9939x, the provider must append '25' modifier to CPT 9938x/9939x.

Without modifier '25', these coding combinations will cause the claim to deny per CCI edit.

## Tips for Providing Preventive and Focused Problem Care on Same Day

### Requirements for providing Preventive and Focused Problem (E/M) care same day:

- Provider documentation must support billing of both services. Providers may create separate notes for each service rendered in order to document medical necessity.
- The note documenting the focused (E/M) encounter should contain a separate history of present illness (HPI) paragraph that clearly describes the specific condition requiring evaluation and management.
- All elements supporting the additional E/M service must be apparent to an outside reader/reviewer.
- The documentation must clearly list in the assessment the acute/chronic condition(s) being managed at the time of the encounter.
- If the provider creates one document for both services, he or she must clearly delineate the problem-oriented history, exam, and decision making from those of the preventive service.
- In deciding on appropriate E/M level of service rendered, only activity performed "above and beyond" that already performed during the Health Check Early Periodic Screening visit is to be used to calculate the additional level of E/M service. If any portion of the history or exam was performed to satisfy the preventive service, that same portion of work should not be used to calculate the additional level of E/M service.

Modifier 25 must be appended to the appropriate E/M code. Modifier 25 indicates that 'the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided'.

## Rural Health Clinics and FQHC's

- Beneficiaries in NC Medicaid or NC Health Choice are eligible for services from rural health clinics and FQHCs.
- An immunization administration fee code(s) may be billed if it is the only service provided that day, or if any immunizations are provided in addition to a Health Check assessment (for Medicaid EPSDT; not applicable to Health Choice for Children – aka CHIP).
- An immunization administration fee code(s) cannot be billed in addition to a Core Visit code[1]. Report the CPT vaccine code(s) without billing the administration fee.
- A preventive service visit (9938x-9939x) cannot be billed on the same day as a T1015 (all-inclusive clinic visit).

[1] Definition of a Core Visit, per 42 CFR 405.2463, a core visit shall be a professional service that is rendered during a face-to-face encounter by a physician or other health professional listed in this policy. If the only services rendered during a visit are "incident to" services ordinarily performed by a nurse, technician, or office assistant (such as taking blood pressure and temperature, giving injections, or changing dressings), the visit does not constitute a core visit. This rule applies even when "incident to" services are performed by a physician, nurse practitioner, physician assistant, or other health professional. https://files.nc.gov/ncdma/documents/files/1d4.pdf

## VFC Eligible Populations[2]

Children birth through 18 years of age must meet at least one of the following criteria to be eligible for VFC vaccine:

- Medicaid enrolled: a child who is eligible or enrolled in the Medicaid program;
- Uninsured: a child who has no medical insurance coverage;
- American Indian or Alaskan Native;
- Underinsured (Can only be served by deputized providers such as LHD/FQHC/RHC)Underinsured include:
    - Children who have commercial (private) health insurance but the coverage does not include vaccines;
    - Children whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only);
    - Children whose insurance caps vaccine coverage at a certain amount -once that coverage amount is reached, these children are categorized as underinsured.

Unless specifically stated above, no VFC vaccine may be administered to an insured individual unless the patient is an underinsured child at an FQHC, RHC, Local Health Department or deputized provider. Children who are covered by North Carolina Health Choice (NCHC) are considered insured, with one exception: NCHC children who are American Indian or Alaskan Native are eligible for VFC vaccines.

NOTE: Children whose health insurance covers vaccinations are not eligible for VFC vaccines, even when a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible has not been met or because the insurance did not cover the total cost of the vaccine.

[2] https://files.nc.gov/ncdma/documents/Providers/Programs_Services/EPSDT/Program-Guide-2020.pdf