



## Carolina Complete Health Pediatric Provider Guide

### Claims and Billing Guidance

Carolina Complete follows the billing guidance listed in the [Health Check Program Guide](#) found on the NC Tracks website. It states; "All healthcare professionals who provide a Health Check Early Periodic Screening must complete all core components of the visit, including, but not limited to, vaccinations, blood lead screens, developmental screens, and 18/24 month screens for Autism Spectrum Disorders (ASD), and provide complete documentation of those assessments in the child's medical record, including history, current status, findings, results of clinical interventions and of brief screens, referrals and recommendations."

Carolina Complete Health analyzed North Carolina Medicaid claims data submitted by Pediatric providers to identify top denial reasons. This provider guide will share billing guidance to assist pediatric providers with their claims.

#### Top Pediatric Claim Denials

1. 'TJ: Service/Service Modifier Combo Not on Fee Schedule'
2. 'N5/6N: NDC Number Missing or Invalid'
3. 'IM: Invalid Modifier'

#### Pediatric Billing Guidance

Denial Reason	Guidance
<b>TJ: Service/Service Modifier Combo Not on Fee Schedule</b>	<p>Carolina Complete Health uses the <a href="#">NC Medicaid Health Check Program Guide</a> as well as the <a href="#">Physician Services Fee Schedule</a> to determine covered well child visit EPSDT services. All EPSDT services covered under a wellness visit require the -EP modifier to be appended to the applicable claim service line. CPT codes, 99173 and 99177, are required to be billed by the State as a part of a wellness check and are non-reimbursable on the Physician Fee Schedule. CPT codes 36416 and 99000 are not covered codes on either the Health Check Guide or the Physician Fee Schedule and cannot be adjusted with the inclusion of any modifiers.</p> <p><b>*Please note: Effective April 1, 2023, NC Health Choice beneficiaries automatically moved to the Medicaid program. For claims purposes, the TJ modifier is no longer appropriate for billing. Please refer to the State announcement here: <a href="https://medicaid.ncdhhs.gov/nc-health-choice-move-medicaid">https://medicaid.ncdhhs.gov/nc-health-choice-move-medicaid</a></b></p>

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<b>N5/6N: NDC Number Missing or Invalid</b>	Carolina Complete Health has mirrored the NDC requirements NC DHHS currently has in place. The National Drug Code (NDC) must be submitted on a claim along with any PADP drugs and the CPT vaccine product codes. Providers are required to submit claims with the exact NDC that appears on the actual product administered, which can be found on the vial of medication. The NDC must include the NDC Unit of Measure and NDC quantity/units. When reporting a drug, enter identifier N4, the eleven-digit NDC code, Unit Qualifier, and number of units from the package of the dispensed drug. NDC/Procedure code combinations are validated by the NDC database crosswalk as well as any NC DHHS State Bulletins for seasonal vaccine products; i.e influenza vaccines. <a href="#">Example State Bulletin addressing influenza vaccine and reimbursement guidelines.</a>
<b>IM: Invalid Modifier</b>	Carolina Complete Health follows the modifier placement listed in the <a href="#">Health Check Program Guide</a> for wellness visits and screenings. (See pages 49-50 for examples). All EPSDT services covered under a wellness visit require the -EP modifier to be appended to the applicable claim service line. When claiming an immunization administration with a preventive service visit, the '25' modifier must accompany the E/M code. When providing evaluation and management of a focused complaint (CPT 9920x / 9921x) during an wellness visit, only the additional time required above and beyond the completion of the comprehensive exam (CPT 9938x / 9939x) can be claimed to address the complaint. Modifier 25 must be appended to the appropriate E/M code.

## Additional Pediatric Billing Information

### Influenza and COVID Vaccines

NC DHHS publishes yearly guidance for Influenza reimbursement via a State Bulletin. COVID vaccine product additions/removals and updates are provided via State Bulletins as well. CCH utilizes the CPT Code effective dates, modifier guidelines, and NDC's listed on each bulletin for the upcoming flu season and COVID information. Current and archived bulletins can be found on the DHHS website:

<https://medicaid.ncdhhs.gov/providers/medicaid-bulletin>.

### Physician Office Lab Testing (POLT)

Carolina Complete Health utilizes the [Physician Office Lab Testing \(POLT\) payment policy](#) for lab codes allowable in location 11 when billed. During the course of a physician or other qualified health professional's face-to-face encounter with a patient, the provider may determine that diagnostic lab testing is necessary to establish a diagnosis and/or to select the best treatment option to manage the patient's care. These are tests that are needed immediately in order to manage medical emergencies or urgent conditions. To this end, specific clinical laboratory tests have been designated as appropriate to be performed in the office setting. The POLT may not include two or more procedure codes that are used to report a service when a single, more comprehensive code is allowable. For example:

- 87400: Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Influenza, A or B, each.
- 87428: Severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B.