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H. BILLING FOR SERVICES TO CHILDREN NOT IN A MCO (FEE-FOR-SERVICE)

Providers will find that most children are enrolled in a Managed Care Organization (MCO). However, if the patient is not in a MCO, bill the Medical Assistance/Medicaid Fee-For-Service (FFS) Program. To participate in the Medicaid Program, apply online at <http://www.emdhealthchoice.org>.

All rendering providers, solo practices and group practices must have a **National Provider Identifier (NPI)**, a 10-digit, numeric identifier that does not expire or change. NPI is a HIPAA mandate requiring a standard unique identifier for health care providers. It is administered by the Centers for Medicare and Medicaid Services (CMS). Additional information on NPI can be obtained from the CMS website at: <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/>. **Providers must use the NPI on all electronic transactions. When a provider bills on paper, the NPI number and the provider's 9-digit Medicaid provider number will be required in order to be reimbursed appropriately.**

Providers should apply online for NPIs through the National Plan and Provider Enumeration System (NPPES) at nppes.cms.hhs.gov/NPPES/Welcome. A paper application is available at: <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms10114.pdf>.

Submit completed, signed paper copies of the NPI Application/Update Form (CMS-10114) to the NPI Enumerator at the address below:

NPI Enumerator
P.O. Box 6059
Fargo, ND 58108-6059
1-800-465-3203

customerservice@npienumerator.com

All rendering providers, solo practices and group practices must also have a valid Medical Assistance (MA) provider number. For assistance or to determine the status of the MA number or application, call **Provider Enrollment Support** at **410-767-5340**.

Follow the general billing practices noted in the *Physicians' Services Provider Fee Manual* and the most current *Physicians' Services Provider Fee Schedule*. Contact the **Provider Relations Unit** at **410-767-5503** or **1-800-445-1159** to request these materials or access information on the following DHMH webpage: www.dhmh.maryland.gov/providerinfo.

Always refer to your copy of the *Current Procedural Terminology (CPT)* edition published yearly by the *American Medical Association* to verify current codes. For more information on AMA products, please call **1-800-621-8335** or visit:

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<http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt.page>.

Preventive Medicine Services Codes

The EPSDT program uses the following Preventive Medicine (full screening) CPT codes for billing well-child care.

- New Patient/Full Screening: 99381 – 99385 – A full screening includes a health and developmental history, unclothed physical exam, appropriate laboratory tests, immunizations and health education/anticipatory guidance. Note: A newborn infant history and examination completed in a hospital should be billed using CPT newborn care code 99460.
- Established Patient/Full Screening: 99391 – 99395 – A full periodic screening is completed on an established patient at subsequent intervals according to the age intervals on the [Maryland Healthy Kids Preventive Care Schedule](#) (Refer to Section 2).

Preventive Medicine CPT codes are also used to report a full EPSDT screening provided in a hospital outpatient department setting (when the physician’s services are not included in the cost-based hospital rate) and for patients who are in the care and custody of a State agency pursuant to a court order or a voluntary placement agreement.

See the Table below for specific codes. For fee schedule, refer to the most current *Medicaid Provider Fee Schedule Manual* at www.dhmf.maryland.gov/providerinfo.

Table 4: Preventive Medicine CPT Codes	
Procedure	CPT Code
<i>Comprehensive Preventive Medicine (New Patient)</i>	
New patient 0 – 11 months	99381
New patient 1 – 4 years	99382
New patient 5 – 11 years	99383
New patient 12 – 17 years	99384
New patient 18 – 39 years	99385
<i>Comprehensive Preventive Medicine (Established Patient)</i>	
Established patient 0 – 12 months	99391
Established patient 1 – 4 years	99392
Established patient 5 – 11 years	99393
Established patient 12 – 17 years	99394

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If a child presents for a problem-oriented visit and the child is due for a preventive visit, it is recommended that the provider complete the Healthy Kids preventive care in addition to rendering care for the presenting problem, and use the appropriate CPT preventive code. However, providers cannot bill for a “problem-oriented” and preventive visit for the same child, on the same day. If only “problem-oriented” care is rendered, use the appropriate Evaluation and Management (E&M) CPT codes for time and level of complexity.

Under certain situations, a preventive exam and another E&M service may be payable on the same day. In this case, providers should select the most appropriate single E&M service based on all services provided. If an abnormality is encountered or a preexisting problem is addressed in the process of performing a preventative E&M services, and if the problem or abnormality is significant enough to require additional work to perform the key components of a problem-oriented E&M service, then the appropriate office/outpatient code should also be reported. Insignificant or trivial abnormality should not be reported.

Modifier-25 should be added to the office/outpatient code to indicate that a significant, separately identifiable E&M service was provided by the same physician on the same day as the preventive medicine service. The appropriate preventive medicine service is additionally reported.

Oral health assessment by the Primary Care Provider (PCP) is included in the preventive code as part of the Healthy Kids preventive care examination. Dentists, however, should consult [Scion Dental, Inc.](#)¹ at **1- 844-275-8753** regarding coding for dental services.

¹ See provider.MDhealthysmiles.com.

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Objective Hearing and Vision Tests, Substance Use, and Developmental Screening

Objective hearing and vision tests can be billed in addition to the preventive screen. Providers can also bill separately for developmental screening with an approved or recommended standardized, validated general developmental screening tool (Refer to Section 3, Addendum) during either a preventive or episodic visit using CPT code 96110 (see below). CPT 96111 should be used for a longer, more comprehensive developmental evaluation performed by a physician or other specially trained professional.

See the Table below for specific codes. For fee schedule, refer to the most current *Medicaid Provider Fee Schedule Manual* at www.dhmh.maryland.gov/providerinfo.

Table 5: Objective Hearing & Vision Tests, Substance Use and Development Screening CPT Codes	
Procedure	CPT Code
Hearing/screening test, pure air only	92551
Visual screening test	99173
Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes and up to 10 minutes	99406
Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	99407
Alcohol and/or substance (other than tobacco) use disorder screening, self-administered	W7000 ^{1,9}
Alcohol and/or substance (other than tobacco) use disorder screening; provider-administered structured screening(e.g., AUDIT, DAST)	W7010 ¹
Alcohol and/or substance (other than tobacco) use disorder intervention; greater than 3 minutes up to 10 minutes (CRAFFT, CAGE-AID)	W7020 ¹
Alcohol and/or substance (other than tobacco) use disorder intervention; greater than 10 minutes up to 20 minutes (CRAFFT, CAGE-AID)	W7021 ¹
Alcohol and /or substance (other than tobacco) use disorder intervention; greater than 20 minutes (CRAFFT, CAGE-AID)	99409 ²
Developmental screening:(e.g., Ages and Stages Questionnaire, Pediatric Evaluation of Developmental Status) with Interpretation and Report*	96110 ^{2,3,4}
Autism screening: Modified Autism Checklist in Toddlers, Revised with Follow-up (MCHAT-R/F)	96110 ^{2,3,4}
Mental health/behavioral assessment: (e.g., Pediatric Symptom Checklist (PSY-Y), Strengths and Difficulties Questionnaire (SDQ, Ages and	96127 ^{5,6,7}

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Table 5: Objective Hearing & Vision Tests, Substance Use and Development Screening CPT Codes	
Procedure	CPT Code
Stages Questionnaire-Social Emotional (ASQ-SE) Early Childhood Screening Assessment	
Depression screening	96127 ^{5,6,7}
Post-partum depression screening (Patient Health Questionnaire-9 (PHQ-9), Eginburgh Postnatal Depression Scale (EPDS))	96161 ⁸

¹ The Department will pay a provider for a maximum of one screening and four (4) interventions annually per recipient ages 12-20. Providers cannot bill more than one screening code on the same claim for the same patient on the same day. However, if a screening and intervention are completed on the same day, they may be billed on the same claim. If a self-screen and a provider screen are performed in the same day, Maryland Medical Assistance will pay whichever is billed first. Providers do not need to bill for a significant, separately identifiable E&M service on the same day as performing an intervention service.

² A standardized, validated tool must be used.

³ For FFS patients: Providers may bill a maximum of two units of CPT 96110 on the same date of service when a screening tool for autism or a social-emotional screening (e.g., ASQ-SE) is administered in addition to a general developmental screening tool. 96110 may be combined with other screening codes when appropriate (ex. 96127) for a maximum of two units of screening reimbursed per visit.

⁴ For MCO patients: If providers bill for more than one unit of services, they must use modifier “59” following the CPT code. Modifier 59 is used to identify procedures/services, other than E&M services, that are not normally reported together, but are appropriate under the circumstance.

⁵ The assessment may be billed only when a standardized screening tool is used and results documented.

⁶ A maximum of two units of 96127 will be reimbursed per visit.

⁷ 96127 may be combined with other screening codes (ex. W7000) for a maximum of 2 units of screening per visit.

⁸ 96161 will be reimbursed up to four units total per child through age 12 months. Zero units will be reimbursed age 13 months or older. This service should be billed using the child’s MA number.

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⁹ A maximum of one unit of W7000 will be reimbursed annually for recipients age 11 and up.

*Documentation for developmental screening should include:

- Any parental concerns about the child's development,
- The name of screening tool used,
- The screening tool results, reviewing all major areas of development,
- An overall result of the development assessment for age (e.g., normal, abnormal, needs further evaluation), and
- A plan for referral or further evaluation when indicated.

For more detailed information about pediatric screening/assessment in Healthy Kids Preventive Health Schedule, please check [Table 6.1](#) on pp. 8-9.

For other pediatric mental health screening/assessments, check [Table 6.2](#) on p. 10.

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Table 6. 1. Pediatric Screening/Assessments in Healthy Kids Preventive Health Schedule

	Recommendation from Healthy Kids Preventive Health Schedule	Examples of Acceptable Standardized Tools	Billing Guidelines	Limitations
Post-partum depression screening	Screening recommended at 1, 2, 4 and 6 month well child checks. Providers may “pre-screen” with PHQ-2 to determine if a longer standardized screening tool is needed.	<ul style="list-style-type: none"> • Patient Health Questionnaire-9 (PHQ-9) • Edinburgh Postnatal Depression Scale (EPDS) 	<p>96161: Caregiver-focused health risk assessment may be billed only when a standardized screening tool is used. PHQ-2 may not be billed.</p> <p>Billing should occur under child’s MA number</p>	96161 will be reimbursed up to 4 units total per child through age 12 months. 0 units will be reimbursed age 13 months and older.
Developmental screening	Surveillance recommended at every well child visit; use of standardized screening tool required for all children at 9, 18 and 24 months (and whenever concern).	<ul style="list-style-type: none"> • Ages and Stages Questionnaires (ASQ) • Parents’ Evaluation of Developmental Status (PEDS) 	96110: Developmental screening may be billed only when a standardized screening tool is used and results documented	<p>96110 will be reimbursed up to 8 units total per child through age 5 years. 0 units will be reimbursed age 6 years and older.</p> <p>A maximum of 2 units of 96110 will be reimbursed per visit when both a general developmental screen and an autism screen are conducted; OR</p> <p>96110 may be combined with other screening codes when appropriate (ex. 96127) for a maximum of 2 units of screening reimbursed per visit</p>
Autism screening	Surveillance recommended at every well child visit; use of standardized screening tool required for all children at 18 and 24 months (and whenever concern).	<ul style="list-style-type: none"> • Modified Autism Checklist in Toddlers, Revised with Follow-up (MCHAT-R/F): 16-30 months 	96110: Developmental screening may be billed only when a standardized screening tool is used and results documented	<p>96110 will be reimbursed up to 8 units total per child through age 5 years. 0 units will be reimbursed age 6 years and older.</p> <p>A maximum of 2 units of 96110 will be reimbursed per visit; OR</p> <p>96110 may be combined with other screening codes (ex. 96127) for a maximum of 2 units of screening per visit</p>
Mental health/behavioral	Annually beginning at 3 years of age. Use of	<ul style="list-style-type: none"> • Pediatric Symptom Checklist (PSC-Y) 	96127: Brief emotional/behavioral assessment may	A maximum of 2 units of 96127 will be reimbursed per visit; OR

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	Recommendation from Healthy Kids Preventive Health Schedule	Examples of Acceptable Standardized Tools	Billing Guidelines	Limitations
assessment	standardized screening tool is recommended.	<ul style="list-style-type: none"> • Strengths and Difficulties Questionnaire (SDQ) • Ages and Stages Questionnaire – Social Emotional (ASQ-SE) • Early Childhood Screening Assessment 	be billed only when a standardized screening tool is used and results documented	96127 may be combined with other screening codes (ex. 96110) for a maximum of 2 units of screening per visit
Depression screening	Screening recommended annually beginning at 11 years of age. If providers choose, they can “pre-screen” with PHQ-2 to determine if a longer standardized screening tool is needed.	<ul style="list-style-type: none"> • PHQ-9 Modified for Teens • Pediatric Symptom Checklist (PSC-Y) • Center for Epidemiological Studies Depression Scale for Children (CES-DC) • Beck Depression Inventory (BDI) 	96127: Brief emotional/behavioral assessment may be billed only when a standardized screening tool is used and results documented. PHQ-2 may not be billed.	A maximum of 2 units of 96127 will be reimbursed per visit; OR 96127 may be combined with other screening codes (ex. W7000) for a maximum of 2 units of screening per visit
Substance use assessment	Annually beginning at 11 years of age; use of brief screening tool is recommended. Positive screens should be followed by brief intervention and referral for treatment when indicated (SBIRT: Screening, Brief Intervention, and Referral to Treatment)	<ul style="list-style-type: none"> • CRAFFT • CAGE-AID 	W7000: Alcohol and/or substance use disorder screening may be billed only when a standardized screening tool is used and results documented. W7020: Intervention; > 3 minutes up to 10 minutes W7021: Intervention; >10 minutes up to 20 minutes W7022: Intervention; >20 minutes	A maximum of 1 unit of W7000 will be reimbursed annually for recipients age 11 and up W7000 may be combined with other screening codes (ex. 96127) for a maximum of 2 units of screening per visit A maximum 4 interventions will be reimbursed annually per recipient age 11 and up

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Table 6. 2. Other Pediatric Mental Health Screening/Assessments

	Recommendation	Examples of Acceptable Standardized Tools	Billing Guidelines	Limitations
ADHD Assessment	AAP clinical policy recommends use of ADHD-focused parent and teacher ratings scales as a component of screening/diagnosis when there is concern	<ul style="list-style-type: none"> • Vanderbilt ADHD Diagnostic Rating Scales – Parent and Teacher • Conners-3 Ratings Scales • ADHD Rating Scale-5 for Children and Adolescents 	96127: Brief emotional/behavioral assessment may be billed only when a standardized screening tool is used and results documented.	A maximum of 2 units of 96127 will be reimbursed per visit
Other disorder-focused mental health screening/assessment	Disorder-focused mental health screening and assessment tools may be used when there is a specific concern, ex. anxiety	<ul style="list-style-type: none"> • Screen for Childhood Anxiety Related Disorders (SCARED) • Spence Children’s Anxiety Scale 	96127: Brief emotional/behavioral assessment may be billed only when a standardized screening tool is used and results documented.	A maximum of 2 units of 96127 will be reimbursed per visit
ADHD Assessment	AAP clinical policy recommends use of ADHD-focused parent and teacher ratings scales as a component of screening/diagnosis when there is concern	<ul style="list-style-type: none"> • Vanderbilt ADHD Diagnostic Rating Scales – Parent and Teacher • Conners-3 Ratings Scales • ADHD Rating Scale-5 for Children and Adolescents 	96127: Brief emotional/behavioral assessment may be billed only when a standardized screening tool is used and results documented.	A maximum of 2 units of 96127 will be reimbursed per visit
Other disorder-focused mental health screening/assessment	Disorder-focused mental health screening and assessment tools may be used when there is a specific concern, ex. anxiety	<ul style="list-style-type: none"> • Screen for Childhood Anxiety Related Disorders (SCARED) • Spence Children’s Anxiety Scale 	96127: Brief emotional/behavioral assessment may be billed only when a standardized screening tool is used and results documented.	A maximum of 2 units of 96127 will be reimbursed per visit

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Please check the following links to publically available screening tools:

PSC and PCS-Y: <https://mmcp.dhmh.maryland.gov/epsdt/healthykids/Documents/PSC-Y%20Teen%20Screen.pdf>

or https://www.brightfutures.org/mentalhealth/pdf/professionals/ped_sympton_chklst.pdf

Strengths and Difficulties Questionnaire: <http://www.sdqinfo.org/py/sdqinfo/b0.py>

Early Childhood Screening Assessment – Tool: <http://www2.tulane.edu/som/tecc/upload/ECSA-Screen.pdf>

Early Childhood Screening Assessment – Scoring Guide:

<http://www2.tulane.edu/som/tecc/upload/ECSA-at-a-glance.pdf>

PHQ-2: http://www.cqaimh.org/pdf/tool_phq2.pdf

PHQ: 9 - Modified for Teens:

<https://mmcp.dhmh.maryland.gov/epsdt/healthykids/AppendixSection4/PHQ-9%20Modified.pdf>

or

https://www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/GLAD-PC_PHQ-9.pdf

Center for Epidemiological Studies Depression Scale for Children (CES-DC):

https://www.brightfutures.org/mentalhealth/pdf/professionals/bridges/ces_dc.pdf

CRAFFT Screening Tool: self-administered:

<https://mmcp.dhmh.maryland.gov/epsdt/healthykids/Appendix2Risks%20Assessment%20Forms/CRAFFT%20Adolescent%20Substance%20Abuse%20Assessment%20%20Form-English.pdf> or

<http://www.ceasar-boston.org/CRAFFT/selfCRAFFT.php>

CRAFFT Screening Tool: clinician administered: [http://www.ceasar-](http://www.ceasar-boston.org/CRAFFT/screenCRAFFT.php)

[boston.org/CRAFFT/screenCRAFFT.php](http://www.ceasar-boston.org/CRAFFT/screenCRAFFT.php)

CAGE-AID: <http://www.integration.samhsa.gov/images/res/CAGEAID.pdf>

AUDIT (Alcohol Use Disorders Identification Test):

http://www.talkingalcohol.com/files/pdfs/WHO_audit.pdf

DAST-A (Drug Abuse Screening Test - Adolescent):

<http://www.nams.sg/resources/Documents/DAST-A.pdf>

Vanderbilt Assessment Scales: [http://www.nichq.org/childrens-](http://www.nichq.org/childrens-health/adhd/resources/vanderbilt-assessment-scales)

[health/adhd/resources/vanderbilt-assessment-scales](http://www.nichq.org/childrens-health/adhd/resources/vanderbilt-assessment-scales)

SCARED: <http://www.pediatricbipolar.pitt.edu/content.asp?id=2333>

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Spence Children's Anxiety Scale: http://www.scaswebsite.com/1_1_.html

Laboratory Services

All providers billing for any laboratory service(s) must be CLIA certified and approved by the Maryland Laboratory Administration, if located in Maryland. Contact the **Division of Hospital and Physician Services at 410-767-1462** for information regarding CLIA certification. Interpretation of laboratory results, or the taking of specimens other than blood, is considered part of the office visit and may not be billed as a separate procedure. Specimen collection for Pap smears and PKU (Phenylketonuria) for infants is not billable by a physician

See the Table below for specific laboratory services CPT codes frequently billed in addition to the Healthy Kids preventive code. For fee schedule, refer to the most current *Medicaid Provider Fee Schedule Manual* at www.dhmh.maryland.gov/providerinfo.

Table 7: Laboratory Services CPT Codes	
Procedure	CPT Code
Venipuncture under 3 yrs, physician skill (e.g., blood lead)	36406
Venipuncture, physician skill, child 3 yrs and over (e.g., blood lead)	36410
Venipuncture, non-physician skill, all ages	36415
Capillary blood specimen collection, finger, heel, earstick (e.g. PKU, blood lead filter paper, hematocrit)	36416
Urinalysis/microscopy	81000
Urine Microscopy	81015
Urine Dipstick	81005
Urine Culture (Female Only)	87086
Hematocrit (spun)	85013
Hemoglobin	85018
PPD – Mantoux	86580

Evaluation and Management Office Visits (E&M) Codes

Generally, CPT descriptions for E&M services indicate “per day” and only one E&M service may be reported per date of service. Modifier - 21 for prolonged E&M service is informational only and does not affect payment. Providers cannot bill for a “problem-oriented” and preventive visit for the same child, on the same day. The comprehensive nature of the preventive medicine services codes (99381-99394), however, reflects an age and gender appropriate history/exam and is not synonymous with the “comprehensive” examination required in E&M codes (99201-99215). Under certain situations, a preventive exam and another E&M service may be payable on the same day. Modifier-25 should be added to the office/outpatient code to indicate that the same physician provided significant, separately identifiable E&M services on the same day as the preventive medicine services. The applicable preventative medicine service is additionally reported.

See specific E&M codes in Table 7 below. For fee schedule, see the most current *Medicaid Provider Fee Schedule Manual* at www.dhmh.maryland.gov/providerinfo.

Table 8: Evaluation & Management Office Visit Codes	
Procedure	CPT Code
New patient (10 minutes)	99201
New patient (20 minutes)	99202
New patient (30 minutes)	99203
New patient (45 minutes)	99204
New patient (60 minutes)	99205
Established patient (5 minutes) ¹	99211
Established patient (10 minutes)	99212
Established patient (15 minutes)	99213
Established patient (25 minutes)	99214
Established patient (40 minutes)	99215

¹ E&M “that may not require the presence of a physician”