

Maryland Billing Manual - Frequently Asked Questions V26

Date	Billing Manual Section	Topic	Question	Answer	Resource	Notes
2/17/2021	III	Billing / Collections	Can we send eligible patients to CCU? Are CCU account on hold due to COVID?	<p>On April 6, 2020 a notice was sent to all CCU creditors advising of the Governor's Mandate to cease collection efforts.</p> <p><i>Effective 10/9/20, CCU was given approval to resume full collection activity and distributed the message below.</i></p>	<p>https://www.marylandattorneygeneral.gov/Pages/COVID19/050120_Advisory.pdf</p>	
2/17/2021	III / IX	Billing / Resources	Where do I find more information on the meanings of the denial codes?	<p>In Section IX – Resources, there is information regarding adjustment codes. You can also find information at the Novitas Solutions and WPC websites.</p>	<ul style="list-style-type: none"> • http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-reason-codes/Claim • https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004554 	
2/17/2021	VI	Maryland Payers / Medicaid MCO	Does the Unv of MD MCO still exist?	<p>CareFirst has acquired 2 University of Maryland Medical System Health Plans. The networks will remain separate. Your contract with UM Health Partners/UM Health Advantage will remain the same.</p> <p>Effective February 1, 2021 both plan names will change. UM Health Partners will be known as CareFirst BlueCross BlueShield Community Health Plan Maryland and UM Health Advantage will be known as CareFirst BlueCross BlueShield Medicare Advantage.</p>	<p>https://www.umms.org/news/2020/carefirst-umms-unveil-partnership-drive-innovative-healthcare-statewide</p> <ul style="list-style-type: none"> • https://www.umhealthpartners.com 	

06/2020	COVID / III	COVID Billing	<p>Can 99211 be billed for a new patient if a nurse/ma collects a COVID-19 specimen?</p>	<p>CMS has expanded the use of 99211 during the COVID 19 crisis. This was documented in the CMS Interim Final Rule on April 30. Payment for COVID-19 Specimen Collection: In the IFR, CMS clarifies that it will allow use of CPT code 99211 (Level 1 established patient office/outpatient E/M visit) for COVID-19 assessment and specimen collection by a physician, qualified health care professional or clinical staff for new or established patients for the duration of the PHE. CMS notes in the rule that the direct supervision requirements for services performed by clinical staff “incident to” a physician’s service can also be met through use of interactive audio and video telehealth technology. CMS also finalized coverage of FDA-authorized COVID-19 serology (antibody) tests on an interim basis.</p>	<p>https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf</p>	
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2020	IV	HIV / PrEP	<p>Clients in the PrEP program are required to have STI testing every three months. We use ICD-10 codes Z11.3 and 272.52. But BCBS will only pay for testing one time a year. LabCorp suggested that when we send the orders to them, that we code as medical necessity in order to get the insurance to pay for testing the rest of the year. How do we code for medical necessity?</p>	<p>Each commercial payer has different guidelines. Most commercial payers will only pay for testing with screening diagnoses once a year. So to reduce the chance of denial or uncovered service, you may consider using ICD-10 codes that describe the reason the patient is receiving PrEP services.</p> <p>EXAMPLE:</p> <ul style="list-style-type: none"> • High Risk Sexual Behavior: <ul style="list-style-type: none"> o Heterosexual – Z72.51 o Bisexual – Z72.53 o Homosexual – Z72.52 • Contact or Exposure to: <ul style="list-style-type: none"> o Sexually Transmitted Disease – Z20.2 o HIV (AIDS) – Z20.6 <p>There may be other acceptable diagnosis codes, these are a few examples. You will have to call each payer specifically to determine what they deem “medically necessary” to cover PrEP testing.</p>		
2020	IV	immunization	<p>Is it required that all LHDs bill/charge for immunization services?</p>	<p>Yes, According to COMAR regulations 10.02.01.01</p> <p>.01 Purpose - It is the intent of these regulations that:</p> <p>A. Charges for health services reflect the full costs of rendering those services;</p> <p>B. There be a single charge for each service rendered in each unit;</p> <p>C. The methods for determining full costs be uniform among all units."</p> <p>The only exception is items listed on the non-chargeable list. -**The regulations do not require the LHD has to bill the payer(s) **</p>	<p>http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.02.01.*</p>	

2020	IV	Immunizations/ VFC	If I bill a VFC vaccine administration fee to Medicaid or a Medicaid MCO, do I have to charge uninsured or underinsured patients a vaccine administration fee?	Yes, however, if the uninsured patient does not have the ability to pay the vaccine administration fee, the vaccine must be provided and the administration fee must be waived.		
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