

MDH Billing Manual Frequently Asked Questions

Send questions regarding the MDH Billing Manual or questions related to the Billing Manual Topics to:
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This information is provided by RS & F and does not represent official guidance from MDH.

Billing Manual Section	Topic	Question	Answer	Resource
Compliance	No Surprise Act	How does the No Surprise Act affect LHD when most of this seems to be hospital related?	The LHD should have a policy and procedure in place to supply uninsured, patients paying with cash a good faith estimate for services being provided.	<ul style="list-style-type: none"> https://insurance.maryland.gov/Consumer/Pages/Federal-No-Surprises-Act.aspx https://www.cms.gov/nosurprise
RCM	Coding/ Reimbursement	Does Incident to billing regulations apply to midlevel providers who are billing Medicare and does not include Medicaid?	<p>Incident To billing for Medicare only applies if you are billing a mid-level provider under a supervising physician’s NPI. The guidelines are very strict as to the criteria that must be met to qualify for Incident To billing. BUT, If a mid-level provider is credentialed and is billing Medicare direct (under their own NPI), then Incident To guidelines DO NOT APPLY.</p> <p>As for Medicaid, the 2021 Provider Services Manual specifically states that mid-level providers are required to bill direct. . On page 17, under Services Not Covered, it states services under a supervising physician are not covered. All providers, including NPs and PAs, must billing under their own provider number.</p> <p>Commercial payer guidelines differ. If you have a specific payer question, I will be happy to assist. But for general info, please refer to the resources listed in the webinar or the payer manuals.</p>	<p>https://health.maryland.gov/mmcp/Documents/2021%20Professional%20Service s%20Provider%20Manual%20website.pdf</p>

<p>RCM</p>	<p>Coding/ Reimbursement</p>	<p>Can you bill nursing services related to incident to billing?</p>	<p>“Nurse Visits” – CPT Code 99211. These visits are typically office visits for the evaluation and management of an established patient who may not require a physician. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services. Since these services are billed under a supervising provider (the supervising provider may be a nurse practitioner, if that NP is credentialed to bill direct under their NPI), they must meet the criteria for Incident To, if billing these services to Medicare. But remember, Incident To only applies to Medicare or payers that specifically state they follow Medicare guidelines (i.e. Aetna, UHC). Please refer to the Mid-Level Provider Payer Billing Matrix on the webinar slide deck, as well as the payer provider manuals for billing guidelines</p> <p>So, following those guidelines, you could not bill Medicare, Aetna or UHC for a nurse visit – 99211 if a supervising provider was NOT on site. Other payers do not have on-site criteria for a supervising physician (again, always refer to provider manual for clarification). This would allow you to bill a 99211 without a supervising provider on-site. Please note that a nurse visit – 99211 is the only E/M service Maryland Medicaid allows to be billed under a supervising provider. Medicaid requires all mid-level providers to be credentialed and bill direct under their own NPI.</p>	<p>*Mid-Level billing matrix will be upload in V38 of the billing manual. Slide deck has been uploaded your reference. https://health.maryland.gov/pophealth/Documents/Local%20Health%20Department%20Billing%20Manual/5.18.22-LHD-Billing-Manual-Webinar-PPT.pdf</p>
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<p>Telehealth</p>	<p>Coding/ Reimbursement</p>	<p>Multiple payers are denying claims with CPT code 99443 (Telephone E/M service 21-30 minutes). Is this code no longer a covered service?</p>	<p>As of Jan. 1, 2022, many payors revised their Telehealth guidelines. Many continue to make updates during the PHE. Currently, Medicare covers Telephone E/M services (99441 – 99443), but Maryland Medicaid does not. Medicaid does allow for Audio – Only E/M visits, levels 99211 – 99213. Many of the Maryland MCOs follow MD Medicaid guidelines, but it is recommended that you specifically check each MCO payer site for their current guidelines.</p> <p>Commercial payors:</p> <ul style="list-style-type: none"> •Aetna – does not cover 99441 – 99443, but does cover G2012* •CareFirst MD – no longer covers 99441 – 99443; Use appropriate level E/M codes •Cigna covers 99441 – 99443 •DHC – does not cover 99441 – 99443, but does cover G2012 <p>*G2012: brief communication technology-based service (virtual check-in).</p>	<ul style="list-style-type: none"> •April2020 Telehealth Program Manual.pdf (maryland.gov) •https://health.maryland.gov/mmcp/SiteAssets/SitePages/Telehealth/April2020%20Telehealth%20Program%20Manual.pdf •Telehealth Services (cms.gov) •COVID-19 Telemedicine Coverage FAQs for Aetna Providers •Coronavirus and Healthcare Providers CareFirst BlueCross BlueShield •HCP - Resources - Cigna's response to COVID-19 •Telehealth/Virtual Health Policy, Professional - Reimbursement Policy - UnitedHealthcare Commercial Plans (uhcprovider.com)
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<p>COVID</p>	<p>Vaccine /Coding</p>	<p>For the second booster doses, will there be a new separate billing code or should the current booster codes (Pfizer: 0004A, etc.) be used for all current and future recommended booster doses?</p>	<p>CMS just approved new codes for Moderna booster vaccine and administration. Previously, there was only a third dose code listed for Moderna. There is now a booster code. The description does not specifically state that it is a ‘second’ booster’ indicating it could be used for any administration of a Booster dose.</p> <p>Also, the AMA website has been updated to include this code on their find a code web page.</p>	<p>https://www.ama-assn.org/find-covid-19-vaccine-codes</p> <p>2022-04-14-MLNC CMS</p>
<p>COVID</p>	<p>Coding</p>	<p>What diagnosis codes should we use for Rapid PCR COVID tests, Flu A & B, and RSV testing?</p>	<p>The following diagnosis codes can be used for asymptomatic cases and negative test results:</p> <ul style="list-style-type: none"> •Z20.822 Contact with and (suspected) exposure to COVID-19 •Z20.828 Contact with and (suspected) exposure to other viral communicable diseases (can be used for flu and RSV) •Z11.52 Encounter for screening for Covid-19 •Z11.59 Encounter for screening for other viral diseases (can be used for flu and RSV). <p>Any positive test can be reported with a diagnosis such as</p>	<p>https://www.ama-assn.org/find-covid-19-vaccine-codes</p>
<p>Compliance</p>	<p>HIPAA</p>	<p>How often is our practice required to perform a Security Risk Assessment (SRA)</p>	<p>The Health Insurance Portability and Accountability Act (HIPAA) Security Rule requires that covered entities and its business associates conduct a risk assessment of their healthcare organization. Performing a Security Risk Assessment/Analysis is not a one-time event. It should be reviewed periodically when major changes occurred or at least annually.</p> <p>A risk assessment also helps reveal areas where your organization's protected health information (PHI) could be at risk.</p>	<p>https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool</p> <p>https://www.hhs.gov/hipaa/for-professionals/security/guidance/guidance-risk-analysis/index.html</p>

RCM	Coding	Has CPT code 99211 been deleted for 2022?	No, 99211 is still a valid CPTcode for 2022.	
Behavioral Heath	Coding	Are there any Behavioral Health CPT code updates for 2022?	There are no changes to the core Behavioral Health CPT codes for 2022. However, remote therapeuticmonitoring codes 98975-98977 and 98980-98981 have been added for 2022.	https://www.ama-assn.org/practice-management/cpt
RCM/ Telehealth	Place of Service	Are there Place of Service (POS) changes for Telehealth in 2022?	Effective January 1, 2022 to meet the changes to Telehealth, Medicare is updating the descriptions for POS 02 and creating POS 10. You can find the publication at the following website. Please refer to Commercial payer websites for their updates.	https://www.cms.gov/files/document/mm12427-newmodifications-place-service-pos-codes-telehealth.pdf
COVID / RCM	Modifier	Do you recommend adding a CS modifier to COVID codes?	Many carriers have specific instructions on when and how to utilize the CS modifier for cost sharing. I recommend reviewing payor websites for specific cost-sharing information and modifier use.	

RCM	Coding	Are we able to bill patients/insurance for chart audits? Is so, can we use 99211?	<p>NO, you cannot bill for chart audits. Chart audits are done to help physicians identify areas of improvement and review documentation and coding compliance. These tasks are not billable to insurances or the patient.</p> <p>The CPT definition of a 99211 service is - Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.</p> <p>Chart audits or documentation reviews are not supported by CPT code 99211.</p>	www.ama-assn.org
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.	
COVID / III	COVID Billing	Is there a code for the J&J COVID booster?	<p>AMA assigned code 0034A to the COVID-19 vaccine booster dose from Janssen.</p> <p>The code is as follows: 0034A: Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10¹⁰ viral particles/0.5 mL dosage; booster dose</p>	https://www.ama-assn.org/find-covid-19-vaccine-codes
COVID / III	COVID Billing	Do you have coding information for the COVID boosters? Do the codes differ per manufacturer?	Yes - the AMA has updated CPT does for the new COVID vaccine boosters. Both the vaccine and administration codes are specific to the manufacturer.	<ul style="list-style-type: none"> • https://www.ama-assn.org/find-covid-19-vaccine-codes • https://www.ama-assn.org/system/files/covid-vaccine-medium-descriptors.pdf

<p>III/ IV</p>	<p>Billing</p>	<p>Are Telephone Services covered by all payors?</p>	<p>Unfortunately, not all payers cover telephone services 99421 – 99423. Maryland Medicaid does not cover these services and most of the Maryland Medicaid MCOs follow the MD MA guidelines. CareFirst will cover 99441-99443 for a flat fee of \$20.00. They do not cover this service for Specialist. I recommend checking each payor website for more details.</p>	
<p>III/ IV</p>	<p>Non-chargeables</p>	<p>What defines the non-chargeable service items?</p>	<p>Each year the Maryland Dept. Health determines the Non-Chargeable List. The non-chargeable list is agreed upon by all of the health officers. I have attached the FY21 Non-chargeable list for your records.</p>	<p>https://health.maryland.gov/pophealth/Documents/Local%20Health%20Department%20Billing%20Manual/PDF%20Manual/Section%20III/FY20%20Non-Chargeable%20Service%20List.pdf</p>
<p>III</p>	<p>Billing / Collections</p>	<p>Can we send eligible patients to CCU? Are CCU account on hold due to COVID?</p>	<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>

<p>III / IX</p>	<p>Billing / Resources</p>	<p>Where do I find more information on the meanings of the denial codes?</p>	<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
<p>VI</p>	<p>Maryland Payers / Medicaid MCO</p>	<p>Does the Unv of MD MCO still exist?</p>	<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>	<ul style="list-style-type: none"> https://www.umms.org/news/2020/carefirst-umms-unveil-partnership-drive-innovative-healthcare-statewide • https://www.umhealthpartners.com

<p>COVID / III</p>	<p>COVID Billing</p>	<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>
<p>IV</p>	<p>Immunizations</p>	<p>Is it required that all LHDs bill/charge for immunization services?</p>	<p>Yes, According to COMAR regulations 10.02.01.01 .01 Purpose - It is the intent of these regulations that:</p> <ul style="list-style-type: none"> A. Charges for health services reflect the full costs of rendering those services; B. There be a single charge for each service rendered in each unit; C. The methods for determining full costs be uniform among all units." <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) ** EXAMPLE: Emergency Preparedness – Screening for and administration of immunizations for traditional and other emergency responders during a local or state public health emergency event.</p>	<p>http://www.dsd.state.md.us/comar/SubtitlesSearch.aspx?search=10.02.01.*</p>

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 Z72.52. 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>	