

**TDH Billing and Operational Support
FAQ's
Revised of 5/24/2016**

1) Q: If the Breastfeeding survey is done on a prenatal patient, would we use diagnosis Z33.1 pregnancy? (Breastfeeding Section, page 4)

ANSWER: No. Z33.1 is pregnant state, incidental - This code is a secondary code only for use when the pregnancy is in no way complicating the reason for visit. Otherwise, a code from the obstetric chapter is required. **This code requires physician documentation that the treated condition is not complicating the pregnancy management.**

This would not be an appropriate code to report for a breastfeeding survey. CHS Nursing and Billing and Operational Support discussed this question with the WIC Program Staff on 10/22/2015. The breastfeeding interview (survey) includes counseling; the appropriate diagnosis code is Z71.3 (Dietary Counseling).

2) Q: What tobacco codes should we use for Baby and Me (BAM).

ANSWER: Z02.9 Administrative Purpose

Note: The following codes related to tobacco use may be used for a more specific diagnosis:

Z71.6	Tobacco Abuse Counseling (Report additional nicotine dependence code (F17.-))
F17.210	Nicotine dependence, cigarettes, uncomplicated
F17.211	Nicotine dependence, cigarettes, in remission
F17.213	Nicotine dependence, cigarettes, with withdrawal
	There are other specific codes for chewing tobacco, or tobacco products in the section (F17.-)
Z72.0	Tobacco use, unspecified
Z77.22	Contact with, exposure to second hand tobacco use; passive smoking
Z87.891	History of tobacco dependence

3) Q: Does WIC voucher issuance still go to the same code as the counseling?

ANSWER: No. Use the administrative purpose code Z02.9 for voucher issuance.

4) Q: Does it matter which codes are listed in slots A, B, C, etc. on each encounter?

Example: Family planning annual visit with pap, STD screening, and birth control. All of these have their own codes. Does it matter which is listed first under A?

ANSWER: Yes. The reason for the office visit (or preventive annual exam for primary clinics) should be listed in 'box A' as the first diagnosis code.

5) Q: The hearing and vision ICD10 codes listed on page 2 of the EPSDT section say "primary diagnosis only" in the ICD-10 manual. Please explain.

ANSWER: Primary Diagnosis rules apply to hospital billing only.

6) **Q:** Should hemoglobin be reported under Z13.0 since it is a screening for anemia

ANSWER: If normal: Code to Exam (Z00.110 – Z00.129); If precipitous drop: Code R71.0

7) **Q:** Should a 25 modifier be reported with a 36415 venipuncture?

ANSWER: If there was an evaluation and management service provided, it is only required to be attached to 99211. All other E&M (99201-99205 and 99212-99215) office visits, preventive med or counseling/behavior modification codes do NOT need the 25 modifier.

8) **Q:** Should a 25 modifier be reported with vaccine administration codes (90460, 90471, 90473)?

ANSWER: Sometimes, if there was an evaluation and management service provided. The 99211 should NOT be reported on the same day as a vaccine administration (90460, 90471, 90473). However, the 25 modifier should be attached to all other E&M office visits (99201-99205&-99212-99215), all preventive med, and counseling/behavior modification codes.

9) **Q:** Should a 25 modifier be reported on a counseling visit when an injection is administered?

ANSWER: No, a 25 modifier is NOT needed when counseling is provided on the same day as an injection. However, the 25 modifier is needed on E&M office visit codes (99201-99205 & 99212-99215). Note: 99211 should NOT be reported with a 96372 injection.

10) **Q:** Should a 25 modifier be reported when the provider performs a 17110 lesion removal?

ANSWER: Yes, if a significant, separately identifiable service is also performed. Modifier -25 is used to bill a separately identifiable evaluation and management (E/M) service on the same day of the procedure. The 25 modifier should be attached to the E&M office visit (99201-99215), preventive med or counseling/behavior modification codes.

Example: If the patient came in for a comprehensive preventive medicine visit, or if they came in for evaluation and management (E & M) for a **different** complaint. You can report either the preventive or E & M service/with a 25 modifier **AND** the 17110. This will explain to the payer, that the patient came in for another reason, and was evaluated for the original complaint. The decision for the surgery on the lesion was made at that visit, but was not the focus of the exam.

However, if the patient came in specifically for the minor procedure and it was performed, then **ONLY** the 17110 should be billed.

11) **Q:** For contraceptive implants, there is no specific code for insertion or removal. What would be the most appropriate code for these visits? This is different from surveillance or the intrauterine devices.

ANSWER: There are no codes for contraceptive implants insertion/removal. Z30.018; encounter for initial prescription of other contraceptives - would be the appropriate code for the initial prescription by a health department provider. For removals and reinsertions report the Z30.49; encounter for surveillance of other contraceptives.

12) Q: Do we want to charge for the collection and lab handling for sickle cell screening? Or use the NB modifier?

ANSWER: There will be no charge for sickle cell screening, including collection and lab handling. The following codes will be used for sickle cell:

85660 (no charge for this test)
36416NB Heel/finger stick
99000NB Lab handling

13) Q: Is there an abnormal finding option for newborns?

ANSWER: No.

14) Q: What are the additional codes to be reported with abnormal hearing/vision?

ANSWER: Z00.00-Z00.129

15) Q: What is the diagnosis code for 'screening' for lice?

ANSWER: Z11.8 – 'Screening' for other infectious and parasitic diseases. Z20.7 is for – 'Contact with' and suspected exposure to pediculosis.

16) Q: What would be the new diagnosis code we use in LOE for a flu specimen?

ANSWER: You would code to the signs/symptoms if the patient was ill. If they reported close contact with someone diagnosed with the flu; Z20.828 - Contact with/exposure to other communicable diseases.

17) Q: When should an initiation OR surveillance of a specific contraception method be reported?

ANSWER: The initiation should be reported ONLY at the first visit in which that specific method was prescribed. When the patient comes back for a new prescription of the SAME method, it would be Surveillance.

18) Q: There is NO code for insertion or removal of implants (although ICD-9 DID have a specific code for these). With no further information to guide us, we had met with FP and decided on the following guidance:

ANSWER: On the day of the insertion, you would report Z30.018 if this were the first time the patient had an implant; or Z30.49 for removal and/or reinsertion of the implant.