DHHS Division of Health Benefits

Health Choice Guidance

Version 1.0

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2 NC HEALTH CHOICE OVERVIEW

In the state of North Carolina, The Children's Health Insurance Program (CHIP) is administered under the name *NC Health Choice* (NCHC). This health benefit plan is the equivalent to the Children's Health Insurance Program (CHIP) as mandated under Title XXI of the Social Security Act. ***Health Choice* is a grant program separate from North Carolina's Medicaid State Benefit Health Plan**. Health Choice provides a health insurance option for uninsured children living in low-income families whose income is too high to qualify for Medicaid, but at or below 211% of the Federal Poverty Level.

N.C.G.S. 108A-70.21(b) mandates that "Except as otherwise provided for eligibility, fees, deductibles, co-payments, and other cost sharing charges, health benefits coverage provided to children eligible under the [*NC Health Choice*] Program shall be equivalent to coverage provided for dependents under the North Carolina Medicaid Program except for the following:

1) No services for long-term care;

2) No non-emergency medical transportation;

3) No EPSDT;

4) Dental services shall be provided on a restricted basis in accordance with criteria adopted by the Department to implement this subsection."

Providers should refer to the Health Check Program Guide for information concerning the requirements for wellness exams for Health Choice Children, following the age appropriate periodicity schedule for wellness components outlined for Medicaid beneficiaries. The Health Check Program Guide is linked on the following pages:

https://medicaid.ncdhhs.gov/providers/programs-and-services/medical/wellness-visits-and-diagnostic-and-treatment-services

https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html

All North Carolina Health Choice Program (NCHC) clinical coverage policies and joint Medicaid / Health Choice policies clinical coverage policies are posted electronically at:

https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies

Because of the legislative directive to have Medicaid-equivalent benefits for Health Choice beneficiaries, DHB has developed a joint clinical coverage policy template for Medicaid and NCHC. Please read each policy section carefully for program specific coverage, exceptions and limitations. Prior approval (PA) may be required for some services, products or procedures to verify documentation of medical necessity.

3 *NC HEALTH CHOICE* WELLNESS / PREVENTIVE HEALTH SERVICES OVERVIEW

The Health Choice Program does not include the comprehensive menu of coverage of services for children that the Medicaid Program provides through its *Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit* and its federally mandated guarantees. Health Choice beneficiaries **do receive** the same well-child visits and age-appropriate immunizations as Medicaid would cover, following the periodicity schedule in the Health Check Billing Guide, and these wellness services have no co-pays or other additional expense to their families.

This means that Health Choice beneficiaries subject to cost sharing are exempt from a co-pay for the following preventive care (well child) services:

- Routine physical examinations as recommended and updated by the American Academy of Pediatrics (AAP) ''Guidelines for Health Supervision IV'' and described in ''Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents'', found at:

  https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_Introduction.pdf

- Laboratory tests associated with well-child routine physical examinations;
- Immunizations and related office visits as recommended and updated by the Advisory Committee on Immunization Practices (ACIP); and
- Routine preventive and diagnostic dental services as described in the most recent guidelines issued by the American Academy of Pediatric Dentistry (AAPD).

Each provider rendering *NC Health Choice (NCHC)* Periodic Preventive Service shall:

- Deliver a comprehensive wellness exam, inclusive of all preventive health screening and assessments recommended by the AAP Bright Futures Periodicity Schedule/NC State Periodicity Schedule;
- Assist families with scheduling appointments for timely Periodic Preventive Services visits, assessments, referrals and follow-up;
- Implement a system for follow-up with families whose children miss preventive health care check-ups;
- Complete, document, and follow up on appropriate referrals for medically necessary services to treat conditions and health risks identified through a screening assessment.

4 THE NC EARLY PERIODIC SCREENING (WELLNESS VISIT) SCHEDULE

In 2018, North Carolina adopted in its entirety the recommended schedule for Preventive Health Services of the American Academy of Pediatrics *. This State Periodicity Schedule is the same for both Medicaid and Health Choice beneficiaries.

The *NC Health Choice* Program covers required components of periodic Wellness / Preventive Services visits. **Completion of all elements of the Wellness / Preventive Services visit as indicated for each age group in the periodicity schedule is required for Health Choice provider reimbursement.**

What defines a "Complete Wellness / Preventive Services visit":

The AAP, the *NC Medicaid and NC Health Choice* Program recommends regular ("periodic") Wellness / Preventive Services visits for recipients as indicated in the Department's State Periodicity Schedule. For beneficiaries ages 6 through 18 years the AAP recommends annual wellness check-ups. While *frequency of visits*

is not a required element of reimbursement by NC Health Choice, this schedule is strongly recommended to parents and health care providers. If a recipient needs to have assessments on a different schedule, the visits are still covered.

Major Elements of Wellness / Preventive Services visits
In order to be reimbursed by *NC Health Choice,* **Periodic** Wellness / Preventive Services visits must include the following age-appropriate screening components, laboratory tests as indicated in the *NC Health Choice* Periodicity Schedule:

- Complete history update and surveillance;
- Unclothed physical exam;
- dental health screening;
- vision and hearing screening/assessment;
- emotional/behavioral and risk screens as AAP recommended for age;
- laboratory tests as clinically indicated;
- ACIP recommended immunizations;
- Parent/Caregiver education/guidance.

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*The AAP distributes and updates evidence-based principles of pediatric preventive care, including a detailed periodicity schedule in their publication; *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*. The visit intervals and visit elements in this schedule are based on the recommendations of the American Academy of Pediatrics (AAP), American Dental Association (ADA), the American Academy of Pediatric Dentistry (AAPD) and other child health advocacy organizations for preventive pediatric screening and health supervision. These primary health care service are vital for measuring and monitoring a child's physical, mental and developmental growth over time.

The *Bright Futures Recommendations for Preventive Pediatric Health Care* Periodicity Schedule may be found by visiting the American Academy of Pediatrics web link below:

https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

General materials and recommendations of the AAP can be found at:

https://brightfutures.aap.org/materials-and-tools/Pages/default.aspx

5 DIAGNOSTIC EVALUATION VS 'SCREENING'

When a *NC Health Choice* Wellness / Preventive Services (periodic) visit identifies a child as needing further evaluation, a complete diagnostic evaluation should be performed by the provider or through a referral to an appropriate specialist.

The diagnostic evaluation differs from structured screening. According to the AAP, evaluation is a *complex diagnostic procedure* aimed at identifying the specific health problem or disorder that affects the child and allowing prompt and appropriate therapeutic interventions to be pursued.

6 USE OF TJ MODIFIER FOR HEALTH CHOICE BENEFICIARIES

1. When billing a periodic/preventive health care service for a Health Choice beneficiary, the provider must use the **TJ** modifier on the appropriate claim line(s). The modifier is the provider's attestation that a complete pediatric preventive health care service was delivered, compliant with all applicable recommendations of the Department's Preventive Services Periodicity Schedule (AAP *Bright Futures* Periodicity Schedule).

2. **When billing preventive health services for a Health Choice beneficiary**, **providers must *not* use an EP modifier. The EP modifier is reserved for Medicaid beneficiaries only**. Instead, when billing preventative health care services for a Health Choice beneficiary the **TJ** modifier should be used when the EP modifier would normally be used for Medicaid wellness exams.

3. **TJ** modifiers are reimbursed at the same rate as the EP modifiers in the Physicians Services fee schedule.

7 DURABLE MEDICAL EQUIPMENT (DME)

Per page 21 of Medicaid Bulletin (N.C. DMA: October 2009 Medicaid Bulletin (nc.gov)), providers/physician offices of osteopathy can and should be reimbursed for the following medical supply HCPCS codes without being enrolled as a DME supplier:

Code	Equipment
E0570	Nebulizer, with compressor
A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable
A7004	Small volume nonfiltered pneumatic nebulizer, disposable
A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable
A7006	Administration set, with small volume filtered pneumatic nebulizer
A7015	Aerosol mask, used with DME nebulizer
A4627	Spacer, bag, or reservoir, with or without mask, for use with metered dose inhaler
A4614	Peak expiratory flow rate meter, handheld

For additional information and guidance please refer to the DME clinical coverage policy 5A-2.

8 HEALTH CHOICE VACCINES

Background:

- The provision of vaccines for children is one area in which Health Choice does not mirror Medicaid.
- Providers can only use the free Vaccines for Children (VFC) from the state for those Health Choice members who are Native American or Alaska Native.
- Providers must use purchased vaccines for all other Health Choice recipients.

Coding for Vaccine Administration

General Coding Guidance

- **Per CCI: When claiming an immunization administration with a preventive service (Early and Periodic Screening) visit, the '25' modifier must accompany the E/M code.**
- An immunization administration fee may be billed if it is the only service provided that day or if any immunizations are provided in addition to a Health Choice assessment or an office or sick child visit. When billing in conjunction with an examination code or an office or sick visit code, an immunization diagnosis is **not required**. When billing an administration code for immunizations as the **only** service for that day, providers **are required** to use an immunization diagnosis code. Always list the CPT vaccine product codes when billing these administration codes with the **TJ** modifier.
- When reporting or billing vaccine administration codes, providers must use the appropriate CPT code(s) with the **TJ** modifier listed.
- Do NOT append the **TJ** modifier to the CPT vaccine product codes.
- The National Drug Code (NDC) must be submitted along with the CPT vaccine product code.
- Providers must use ICD 10-CM code Z23 for all immunizations.
- Face-to-face counseling of the patient and family by the physician or qualified healthcare professional during the administration of a vaccine is billed with CPT 90460 with the **TJ** modifier. One unit is billed for each vaccine for which counseling is provided.
- CPT code 90460 is an immunization administration code, which includes counseling. It is not an add-on "counseling" code. Therefore, 90460 cannot be mixed with other codes for the same vaccine product. If the physician or qualified health care professional provides only a vaccine information statement (VIS), this does not constitute face-to-face counseling for the purposes of billing CPT code 90460**TJ**.
- Administration of one injectable vaccine is billed with CPT code 90471 (without counseling) or 90460 (one unit) with the **TJ** modifier.
- Additional injectable immunization administrations (without counseling) are billed with CPT code 90472 with the **TJ** modifier. The appropriate number of units must be billed for each additional immunization administration CPT procedure code, with the total charge for all units reflected on the detail.
- Administration of **one** vaccine that is an **oral** immunization is billed with the administration CPT code 90473 with the **TJ** modifier.
- CPT code 90473 can only be billed if the oral vaccine is the only immunization provided on that date of service.
- Administration of an oral vaccine provided **in addition to** one or more injectable vaccines is billed with CPT code 90474 with the **TJ** modifier.
- Immunizations and therapeutic injections may be billed on the same date of service and on the same claim.

9 DIAGNOSIS CODES

ICD-10 Diagnosis Code	Code Description

Z00.110	Health examination for newborn under 8 days old
Z00.111	Health examination for newborn 8 to 28 days old
Z00.121	Encounter for routine child health examination ***with*** abnormal findings
Z00.129	Encounter for routine child health examination ***without*** abnormal findings
Z00.00	Encounter for general adult medical exam (pt > 18 years) ***without*** abnormal findings
Z00.01	Encounter for general adult medical exam (pt > 18 years) ***with*** abnormal find

1. When billing for a Health Choice well child exam, one of the above diagnosis codes must be used. Additional codes may be used, if appropriate, but the claim must contain the exam code.
2. Diagnosis code Z23 must be used when vaccines are administered as the only service for the day. When vaccines are given during a well or sick visit, the vaccine diagnosis code is not billed.

10 VERSIONS

Version Number	Description of changes	Date
Version 1.0	Initial Version	06/03/2021