Attention:
Health Check Providers

Effective July 1, 2008

Health Check
Billing Guide
2008
# TABLE OF CONTENTS

**EPSDT POLICY INSTRUCTIONS**
- Background .................................................................................................................................... 1
- EPSDT Features ............................................................................................................................. 1
- EDST Criteria ................................................................................................................................. 3
- Important Points about EPSDT Coverage ...................................................................................... 3
- Procedures for Requesting EPSDT Services .................................................................................. 7
- Provider Documentation .................................................................................................................. 9
- For Further Information about EPSDT .......................................................................................... 9
- Attachments .................................................................................................................................... 9
  - Listing of EPSDT Services ............................................................................................................ 10
  - Non-covered State Medicaid Plan Services Request Form for Recipients
    - Under 21 Years of Age .............................................................................................................. 11

**HEALTH CHECK OVERVIEW**
- Health Check Periodicity Schedule ............................................................................................... 14
- Periodic and Interperiodic Health Check Screening Examinations ................................................. 15

**HEALTH CHECK SCREENING EXAMINATION COMPONENTS**
- State Laboratory of Public Health for Blood Lead Testing ............................................................. 19

**IMMUNIZATIONS**
- Immunization Administration CPT Codes with the EP Modifier .................................................. 20
  - Private Sector Providers ............................................................................................................. 20
  - Federally Qualified Health Center or Rural Health Clinic Providers .......................................... 21
  - Local Health Department Providers ......................................................................................... 21
- Immunization Billing Guidelines .................................................................................................... 22
- Universal Childhood Vaccine Distribution Program/Vaccines for Children Program .................. 31

**HEALTH CHECK BILLING REQUIREMENTS**
- Requirement 1: Identify and Record Diagnosis Code(s) ................................................................. 33
  - Periodic Health Check Screening Examination ............................................................................. 33
  - Interperiodic Health Check Screening Examination ..................................................................... 33
- Requirement 2: Identify and Record Preventive Medicine Code and Component Code ................. 33
- Requirement 4: Record Referrals .................................................................................................... 34
- Requirement 5: Next Screening Date .............................................................................................. 34
  - Systematically Entered Next Screening Date ............................................................................. 34
  - Provider-Entered Next Screening Date ....................................................................................... 34
- Requirement 6: Identify and Record Immunization Administration CPT Code(s)
  - and the EP Modifier .................................................................................................................... 35
- Health Check Related ICD-9-CM and CPT Codes ......................................................................... 36
- Preventive Medicine Code Table .................................................................................................. 36

**TIPS FOR BILLING**
- All Health Check Providers .......................................................................................................... 37
- Private Sector Health Check Providers Only .................................................................................... 37
- Federally Qualified Health Center and Rural Health Clinic Providers Only .................................... 38
- Local Health Departments Only .................................................................................................... 38

**HEALTH CHECK COORDINATORS** ............................................................................................ 39
Effective with date of service July 1, 2008, please replace the June 2007 Special Bulletin III, *Health Check Billing Guide 2007* with this Special Bulletin. For your convenience key words and phrases have been **bolded** or highlighted.

In the state of North Carolina, the EPSDT services program is administered under the name Health Check which is the Medicaid Program for Children.

**EPSDT POLICY INSTRUCTIONS**

**Background**

Federal Medicaid law at 42 U.S.C.§ 1396d(r) [1905(r) of the Social Security Act], requires state Medicaid programs to provide early and periodic screening, diagnosis, and treatment (EPSDT) for recipients under 21 years of age. Within the scope of EPSDT benefits under the federal Medicaid law, states are required to cover any service that is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition identified by screening", whether or not the service is covered under the North Carolina State Medicaid Plan. The services covered under EPSDT are limited to those within the scope of the category of services listed in the federal law at 42 U.S.C. § 1396d(a) [1905(a) of the Social Security Act]. The listing of EPSDT/Medicaid services is appended to this instruction.

EPSDT services include any medical or remedial care that is medically necessary to correct or ameliorate a defect, physical or mental illness, or condition [health problem]. This means that EPSDT covers most of the treatments a recipient under 21 years of age needs to stay as healthy as possible, and North Carolina Medicaid must provide for arranging for (directly or through referral to appropriate agencies, organizations, or individuals) corrective treatment, the need for which is disclosed by such child health screening services. “**Ameliorate**” means to improve or maintain the recipient’s health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Even if the service will not cure the recipient’s condition, it must be covered if the service is medically necessary to improve or maintain the recipient’s overall health.

EPSDT makes short-term and long-term services available to recipients under 21 years of age without many of the restrictions Medicaid imposes for services under a waiver OR for adults (recipients over 21 years of age). For example, a service must be covered under EPSDT if it is necessary for immediate relief (e.g., pain medication). It is also important to note that treatment need not ameliorate the recipient’s condition taken as a whole, but need only be medically necessary to ameliorate one of the recipient’s conditions. The services must be prescribed by the recipient’s physician, therapist, or other licensed practitioner and often must be approved in advance by Medicaid. See the *Basic Medicaid Billing Guide*, sections 2 and 6, on DMA’s website for further information about EPSDT and prior approval requirements.

**EPSDT Features**

Under EPSDT, there is:

1. **No Waiting List for EPSDT Services**
   
   EPSDT does not mean or assure that physicians and other licensed practitioners or hospitals/clinics chosen by the recipient and/or his/her legal representative will not have waiting lists to schedule appointments or medical procedures. However, Medicaid cannot impose any waiting list and must provide coverage for corrective treatment for recipients under 21 years of age.
2. No Monetary Cap on the Total Cost of EPSDT Services*
A child under 21 years of age, financially eligible for Medicaid, is entitled to receive EPSDT services without any monetary cap provided the service meets all EPSDT criteria specified in this policy instruction. If enrolled in a Community Alternatives Program (CAP), the recipient under 21 years of age may receive BOTH waiver and EPSDT services. However, it is important to remember that the conditions set forth in the waiver concerning the recipient’s budget and continued participation in the waiver apply. That is, the cost of the recipient’s care must not exceed the waiver cost limits specified in the CAP waivers for Children (CAP/C) or Disabled Adults (CAP/DA). Should a recipient enrolled in the CAP waiver for Persons with Mental Retardation and Developmental Disabilities (CAP-MRDD) need to exceed the waiver cost limit, prior approval must be obtained from ValueOptions.

*EPSDT services are defined as Medicaid services within the scope of the category of services listed in the federal law at 42 U.S.C. § 1396d(a) [1905(a) of the Social Security Act]. See attached listing.

3. No Upper Limit on the Number of Hours or Units under EPSDT
For clinical coverage policy limits to be exceeded, the provider’s documentation must address why it is medically necessary to exceed the limits in order to correct or ameliorate a defect, physical or mental illness, or condition [health problem].

4. No Limit on the Number of EPSDT Visits to a Physician, Therapist, Dentist or Other Licensed Clinician
To exceed such limits, the provider’s documentation must address why it is medically necessary to exceed the limits in order to correct or ameliorate a defect, physical or mental illness, or condition [health problem].

5. No Set List that Specifies When or What EPSDT Services or Equipment May Be Covered
Only those services within the scope of those listed in the federal law at 42 U.S.C. § 1396d(a) [1905(a) of the Social Security Act] can be covered under EPSDT. See attached listing. However, specific limitations in service definitions, clinical policies, or DMA billing codes MAY NOT APPLY to requests for services for children under 21 years of age.

6. No Co-payment or Other Cost to the Recipient

7. Coverage for Services that Are Never Covered for Recipients Over 21 Years of Age
Only those services within the scope of those listed in the federal law at 42 U.S.C. § 1396d(a) [1905(a) of the Social Security Act] can be covered under EPSDT. See attached listing. Provider documentation must address why the service is medically necessary to correct or ameliorate a defect, physical and mental illness, or condition [health problem].

8. Coverage for Services Not Listed in the N.C. State Medicaid Plan
Only those services within the scope of those listed in the federal law at 42 U.S.C. § 1396d(a) [1905(a) of the Social Security Act] can be covered under EPSDT. See attached listing.
**EPSDT Criteria**

It is important to note that the service can only be covered under EPSDT if all criteria specified below are met.

1. EPSDT services must be coverable services within the scope of those listed in the federal law at 42 U.S.C. § 1396d(a) [1905(a) of the Social Security Act]. For example, “rehabilitative services” are a covered EPSDT service, even if the particular rehabilitative service requested is not listed in DMA clinical policies or service definitions.

2. The service must be medically necessary to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] diagnosed by the recipient’s physician, therapist, or other licensed practitioner. By requiring coverage of services needed to correct or ameliorate a defect, physical or mental illness, or a condition [health problem], EPSDT requires payment of services that are medically necessary to sustain or support rather than cure or eliminate health problems to the extent that the service is needed to correct or ameliorate a defect, physical or mental illness, or condition [health problem].

3. The requested service must be determined to be medical in nature.

4. The service must be safe.

5. The service must be effective.

6. The service must be generally recognized as an accepted method of medical practice or treatment.

7. The service must not be experimental/investigational.

Additionally, services can only be covered if they are provided by a North Carolina Medicaid enrolled provider for the specific service. For example, only a North Carolina Medicaid enrolled durable medical equipment (DME) provider may provide DME to a Medicaid recipient. This may include an out-of-state provider who is willing to enroll if an in-state provider is not available.

**Important Points about EPSDT Coverage**

**General Information**

1. If the service, product, or procedure requires prior approval, the fact that the recipient is under 21 years of age does NOT eliminate the requirement for prior approval.

2. EPSDT services must be coverable within the scope of those listed in the federal law at 42 U.S.C. § 1396d(a) [1905(a) of the Social Security Act]. EPSDT requires Medicaid to cover these services if they are medically necessary to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]. “Ameliorate” means to improve or maintain the recipient’s health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

3. Recipients under 21 must be afforded access to the full panoply of EPSDT services, including case management. Case management must be provided to a Medicaid eligible child if medically necessary to correct or ameliorate the child’s condition regardless of eligibility for CAP waiver services.

4. EPSDT services need not be services that are covered under the North Carolina State Medicaid Plan or under any of the Division of Medical Assistance’s (DMA) clinical coverage policies or service definitions or billing codes.
5. Under EPSDT, North Carolina Medicaid must make available a variety of individual and group providers qualified and willing to provide EPSDT services.

6. EPSDT operational principles include those specified below.

   a. When state staff or vendors review a covered state Medicaid plan services request for prior approval or continuing authorization (UR) for an individual under 21 years of age, the reviewer will apply the EPSDT criteria to the review. This means that:

      (i) Requests for EPSDT services do **NOT** have to be labeled as such. Any proper request for services for a recipient under 21 years of age is a request for EPSDT services. For recipients under 21 years of age enrolled in a CAP waiver, a request for services must be considered under EPSDT as well as under the waiver.

      (ii) The decision to approve or deny the request will be based on the recipient’s medical need for the service to correct or ameliorate a defect, physical [or] mental illness, or condition [health condition].

   b. The specific coverage criteria (e.g., particular diagnoses, signs, or symptoms) in the DMA clinical coverage policies or service definitions do **NOT** have to be met for recipients under 21 years if the service is medically necessary to correct or ameliorate a defect, physical or mental illness, or condition [health problems].

   c. The specific numerical limits (number of hours, number of visits, or other limitations on scope, amount or frequency) in DMA clinical coverage policies, service definitions, or billing codes do **NOT** apply to recipients under 21 years of age if more hours or visits of the requested service are medically necessary to correct or ameliorate a defect, physical or mental illness, or condition [health problem]. This includes the hourly limits and location limits on Medicaid Personal Care Services (PCS) and Community Support Services (CSS).

   d. Other restrictions in the clinical coverage policies, such as the location of the service (e.g., PCS only in the home), prohibitions on multiple services on the same day or at the same time (e.g., day treatment and residential treatment) must also be waived under EPSDT as long as the services are medically necessary to correct or ameliorate a defect, physical or mental illness, or condition [health problem].

Out-of-state services are **NOT** covered if similarly efficacious services that are medically necessary to correct or ameliorate a defect, physical or mental illness, or condition [health problems] are available anywhere in the state of North Carolina. Services delivered without prior approval will be denied. There is no retroactive prior approval for services that require prior approval, unless there is retroactive Medicaid eligibility. See DMA’s *Basic Medicaid Billing Guide*, section 6 found on the website specified below for further information regarding the provision of out-of-state services.

   [http://www.ncdhhs.gov/dma/medbillcaguide.htm](http://www.ncdhhs.gov/dma/medbillcaguide.htm)

   e. Providers or family members may write directly to the Assistant Director for Clinical Policy and Programs, Division of Medical Assistance requesting a review for a specific service. However, DMA vendors and contractors must consider any request for state Medicaid plan services for a recipient under 21 years of age under EPSDT criteria when the request is made by the recipient’s physician, therapist, or other licensed practitioner in
accordance with the Division’s published policies. If necessary, such requests will be forwarded to DMA or the appropriate vendor.

f. Requests for prior approval for services must be fully documented to show medical necessity. This requires current information from the recipient’s physician, other licensed clinicians, the requesting qualified provider, and/or family members or legal representative. If this information is not provided, Medicaid or its vendor will have to obtain the needed information, and this will delay the prior approval decision. See procedure below for requesting EPSDT services for further detail about information to be submitted.

g. North Carolina Medicaid retains the authority to determine how an identified type of equipment, therapy, or service will be met, subject to compliance with federal law, including consideration of the opinion of the treating physician and sufficient access to alternative services. Services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the recipient’s physician, therapist, or other licensed practitioner, the determination process does not delay the delivery of the needed service, and the determination does not limit the recipient’s right to free choice of North Carolina Medicaid enrolled providers who provide the approved service. It is not sufficient to cover a standard, lower cost service instead of a requested specialized service if the lower cost service is not equally effective in that individual case.

h. Restrictions in CAP waivers such as no skilled nursing for the purpose of monitoring do not apply to EPSDT services if skilled monitoring is medically necessary. Nursing services will be provided in accordance with 21 NCAC 36.0221 (adopted by reference).

i. Durable medical equipment (DME), assistive technology, orthotics, and prosthetics do NOT have to be included on DMA’s approved lists or be covered under a CAP waiver program in order to be covered under EPSDT subject to meeting the criteria specified in this policy.

j. Medicaid will cover treatment that the recipient under 21 years of age needs under this EPSDT policy. DMA will enroll providers, set reimbursement rates, set provider qualifications, and assure the means for claims processing when the service is not already established in the North Carolina State Medicaid Plan.

k. Requests for prior approval of services are to be decided with reasonable promptness, usually within 15 business days. No request for services for a recipient under 21 years of age will be denied, formally or informally, until it is evaluated under EPSDT.

l. If services are denied, reduced, or terminated, proper written notice with appeal rights must be provided to the recipient and copied to the provider. The notice must include reasons for the intended action, citation that supports the intended action, and notice of the right to appeal. Such a denial can be appealed in the same manner as any Medicaid service denial, reduction, or termination.

m. The recipient has the right to continued Medicaid payment for services currently provided pending an informal and/or formal appeal. This includes the right to reinstatement of services pending appeal if there was less than a 30 day interruption before submitting a re-authorization request.
**EPSDT Coverage and CAP Waivers**

1. Waiver services are available only to participants in the CAP waiver program and are not a part of the EPSDT benefit unless the waiver service is ALSO an EPSDT service (e.g. durable medical equipment).

2. Any request for services for a CAP recipient under age 21 must be evaluated under **BOTH** the waiver and EPSDT.

3. Additionally, a child financially eligible for Medicaid outside of the waiver is entitled to elect EPSDT services without any monetary cap instead of waiver services.

4. **ANY** child enrolled in a CAP program can receive **BOTH** waiver services and EPSDT services. However, if enrolled in CAP/C or CAP/DA, the cost of the recipient’s care must not exceed the waiver cost limit. Should the recipient be enrolled in the Community Alternatives Program for Persons with Mental Retardation and Developmental Disabilities (CAP-MRDD), prior approval must be obtained to exceed the waiver cost limit.

5. A recipient under 21 years of age on a waiting list for CAP services, who is an authorized Medicaid recipient without regard to approval under a waiver, is eligible for necessary EPSDT services without any waiting list being imposed by Medicaid. For further information, see “No Waiting List for EPSDT” on page 2 of this instruction.

6. EPSDT services must be provided to recipients under 21 years of age in a CAP program under the same standards as other children receiving Medicaid services. For example, some CAP recipients under 21 years of age may need daily in-school assistance supervised by a licensed clinician through community intervention services (CIS) or personal care services (PCS). **It is important to note that Medicaid services coverable under EPSDT may be provided in the school setting, including to CAP-MRDD recipients.** Services provided in the school and covered by Medicaid must be included in the recipient’s budget.

7. Case managers in the Community Alternatives Program for Disabled Adults (CAP/DA) can deny a request for CAP/DA waiver services. If a CAP/DA case manager denies, reduces, or terminates a CAP/DA waiver service, it is handled in accordance with DMA’s recipient notices procedure.

**No other case manager can deny a service request supported by a licensed clinician, either formally or informally.**

8. When a recipient under 21 years of age is receiving CAP services, case managers must request covered state Medicaid plan services as indicated below. Covered state Medicaid plan services are defined as requests for services, products, or procedures covered by the North Carolina State Medicaid Plan.

   a. **CAP/C:** Requests for medical, dental, and behavioral health services covered under the North Carolina State Medicaid Plan that require prior approval must be forwarded to the appropriate vendor and a plan of care revision submitted to the CAP/C consultant at DMA in accordance with the CAP/C policy. A plan of care revision for waiver services must be submitted to the CAP/C consultant as well.
b. **CAP/DA:** Requests for medical, dental, and behavioral health services covered under the North Carolina State Medicaid Plan that require prior approval must be forwarded to the appropriate vendor and a plan of care revision submitted to the CAP/DA case manager in accordance with the CAP/DA policy. A plan of care revision for waiver services must be submitted to the CAP/DA case manager as well. **All EPSDT requests must be forwarded to the CAP/DA consultant at DMA.**

c. **CAP/MR-DD:** All EPSDT and covered state Medicaid plan requests for behavioral health services must be forwarded to ValueOptions. This includes requests for children not in a waiver who have a case manager. Requests for medical and dental services covered under the North Carolina State Medicaid Plan must be forwarded to the appropriate vendor (medical or dental) for review and approval. Do **NOT** submit such requests to ValueOptions. Plan of care revisions must be submitted in accordance with the CAP-MRDD policy.

9. An appeal under CAP must also be considered under EPSDT criteria as well as under CAP provisions if the appeal is for a Medicaid recipient under 21 years of age.

**EPSDT Coverage and Mental Health/Developmental Disability/Substance Abuse (MH/DD/SA) Services**

1. Staff employed by local management entities (LMEs) **CANNOT** deny requests for services, formally or informally. Requests must be forwarded to ValueOptions or the other appropriate DMA vendor if supported by a licensed clinician.

2. LMEs may **NOT** use the Screening, Triage, and Referral (STR) process or DD eligibility process as a means of denying access to Medicaid services. Even if the LME STR screener does not believe the child needs enhanced services, the family must be referred to an appropriate Medicaid provider to perform a clinical evaluation of the child for any medically necessary service.

3. Requests for prior approval of MH/DD/SA services for recipients under 21 must be sent to ValueOptions. If the request needs to be reviewed by DMA clinical staff, ValueOptions will forward the request to the Assistant Director for Clinical Policy and Programs.

4. If a recipient under 21 years of age has a developmental disability diagnosis, this does not necessarily mean that the requested service is habilitative and may not be covered under EPSDT. The EPSDT criteria of whether the service is medically necessary to correct or ameliorate a defect, physical or mental illness, or condition [health problem] apply. Examples include dual diagnoses and behavioral disorders. All individual facts must be considered.

5. All EPSDT requirements (except for the procedure for obtaining services) fully apply to the Piedmont waiver.

**Procedure for Requesting EPSDT Services**

**Covered State Medicaid Plan Services**

Should the service, product, or procedure require prior approval, the fact that the recipient is under 21 years of age does **NOT** eliminate the requirement for prior approval. **If prior approval is required** and if the recipient does not meet the clinical coverage criteria or needs to exceed clinical coverage policy limits, submit documentation with the prior approval request that shows how the service at the requested frequency and amount is medically necessary to correct or ameliorate a defect, physical or mental illness, or condition [health problem] to the appropriate vendor or DMA staff. When requesting prior approval for a covered service, refer to the *Basic Medicaid Billing Guide*, section 6. If the request for service needs to be reviewed by DMA clinical staff, the vendor will forward the request to the Assistant Director.
for Clinical Policy and Programs. Should further information be required, the provider will be contacted. See the section entitled “Provider Documentation” for information regarding documentation requirements.

In the event prior approval is not required for a service and the recipient needs to exceed the clinical coverage policy limitations, it is not necessary to obtain prior approval from a vendor or DMA staff. See the section entitled “Provider Documentation” for information regarding documentation requirements.

**Non-Covered State Medicaid Plan Services**

Requests for non-covered state Medicaid plan services are requests for services, products, or procedures that are not included at all in the North Carolina State Medicaid Plan **but coverable** under federal Medicaid law, 1905(r) of the Social Security Act for recipients under 21 years of age. See attached listing. **Medical and dental** service requests for non-covered state Medicaid plan services and requests for a review when there is no established review process for a requested service should be submitted to the Division of Medical Assistance, Assistant Director for Clinical Policy and Programs at the address or facsimile (fax) number specified on the form entitled “Non-Covered State Medicaid Plan Services Request Form for Recipients Under 21 Years of Age”. Requests for non-covered state Medicaid plan **mental health services** should be submitted to ValueOptions. The “Non-Covered State Medicaid Plan Services Request Form for Recipients Under 21 Years of Age” is available on the DMA website at [http://www.ncdhhs.gov/dma/forms.html](http://www.ncdhhs.gov/dma/forms.html). To decrease delays in reviewing non-covered state Medicaid plan requests, providers are asked to complete this form. A review of a request for a non-covered state Medicaid plan service includes a determination that **ALL** EPSDT criteria specified in this memorandum are met.

Children’s Special Health Services (CSHS) will no longer grant prior approval for DME, orthotics and prosthetics, and home health supplies not listed on the DMA fee schedules for recipients under 21 years of age. Effective August 01, 2007, providers should submit requests for these services on the form entitled “Non-Covered State Medicaid Plan Services Request Form for Recipients Under 21 Years of Age” to the Assistant Director for Clinical Policy and Programs, Division of Medical Assistance at the address specified on the form.

CSHS is also transitioning to Medicaid the prior approval process for the services specified below for recipients under 21 years of age. However, providers should continue to submit prior approval requests to CSHS for these services until advised to do otherwise. Details will be published in upcoming general Medicaid Bulletins.

- Pediatric Mobility Systems, including non-listed components
- Augmentative and Alternative Communication Devices
- Oral Nutrition
- Cochlear Implant (CI) External Replacement Parts and Repairs
- Over-the-Counter Medications

Submit the requests for the services specified immediately above to:

Children’s Special Health Services (CSHS)
NC Division of Public Health
1904 Mail Service Center
Raleigh, NC  27699-1904

For questions about CSHS, call the Children with Special Health Care Needs Help Line at 1-800-737-3028. For EPSDT questions, call Medicaid at 919-855-4260.

Please specify that the request is for a Medicaid recipient under 21 years of age so that CSHS will know that EPSDT applies. Medicaid due process procedures must be applied to the request.
Provider Documentation
Documentation for either covered or non-covered state Medicaid plan services should show how the service will correct or ameliorate a defect, physical or mental illness, or a condition [health problem]. This includes a discussion about how the service, product, or procedure will correct or ameliorate (improve or maintain the recipient’s health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems) as well as the effectiveness and safety of the service, product, or procedure. Should additional information be required, the provider will be contacted.

For Further Information about EPSDT
- Important additional information about EPSDT and prior approval is found in the Basic Medicaid Billing Guide, sections 2 and 6, and on the DMA EPSDT provider page. The web addresses are specified below.


  EPSDT Provider Page: [http://www.ncdhhs.gov/dma/EPSDТprovider.htm](http://www.ncdhhs.gov/dma/EPSDТprovider.htm)


- DMA and its vendors began conducting trainings in September 2007 for employees, agents, and providers on this instruction.

Attachments:
- Listing of Medicaid (EPSDT) Services Found in the Social Security Act at 1905(a) [42 U.S.C. § 1396d(a)]
- Non-Covered State Medicaid Plan Services Request Form
LISTING OF EPSDT SERVICES FOUND AT 42 U.S.C. § 1396d(a) [1905(a) OF THE SOCIAL SECURITY ACT]

- Inpatient hospital services (other than services in an institution for mental disease)
- Outpatient hospital services
- Rural health clinic services (including home visits for homebound individuals)
- Federally-qualified health center services
- Other laboratory and X-ray services (in an office or similar facility)
- EPSDT (Note: EPSDT offers periodic screening services for recipients under age 21 and Medicaid covered services necessary to correct or ameliorate a diagnosed physical or mental condition)
- Family planning services and supplies
- Physician services (in office, recipient's home, hospital, nursing facility, or elsewhere)
- Medical and surgical services furnished by a dentist
- Home health care services (nursing services; home health aides; medical supplies, equipment, and appliances suitable for use in the home; physical therapy, occupation therapy, speech pathology, audiology services provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services)
- Private duty nursing services
- Clinic services (including services outside of clinic for eligible homeless individuals)
- Dental services
- Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders
- Prescribed drugs
- Dentures
- Prosthetic devices
- Eyeglasses
- Services in an intermediate care facility for the mentally retarded
- Medical care, or any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law, specified by the Secretary (also includes transportation by a provider to whom a direct vendor payment can appropriately be made)
- Other diagnostic, screening, preventive, and rehabilitative services, including any medical or remedial services (provided in a facility, a home, or other setting) recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level
- Inpatient psychiatric hospital services for individuals under age 21
- Services furnished by a midwife, which the nurse-midwife is legally authorized to perform under state law, without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider throughout the maternity cycle
- Hospice care
- Case-management services
- TB-related services
- Respiratory care services
- Services furnished by a certified pediatric nurse practitioner or certified family nurse practitioner, which the practitioner is legally authorized to perform under state law
- Personal care services (in a home or other location) furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease
- Primary care case management services

Definitions of the above federal Medicaid services can be found in the Code of Federal Regulations 42 CFR 440.1-440.170 at http://www.access.gpo.gov/nara/cfr/waisidx_06/42cfr440_06.html.
The following form is available on the DMA website at [http://www.dhhs.state.nc.us/dma/forms.html](http://www.dhhs.state.nc.us/dma/forms.html).

---

**North Carolina**  
Department of Health and Human Services  
**Division of Medical Assistance**  
2501 Mail Service Center - Raleigh, N.C. 27699-2501

Michael F. Easley, Governor  
Dempsey Benton, Secretary  
William W. Lawrence, Jr., M.D., Acting Director

FORM AVAILABLE ON DMA WEBSITE AT [http://www.ncdhhs.gov/dma/forms.html](http://www.ncdhhs.gov/dma/forms.html)

**NON-COVERED STATE MEDICAID PLAN SERVICES REQUEST FORM**  
**FOR RECIPIENTS UNDER 21 YEARS OF AGE**

<table>
<thead>
<tr>
<th><strong>RECIPIENT INFORMATION:</strong> Must be completed by physician, licensed clinician, or provider.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NAME:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>DATE OF BIRTH:</strong> <em><strong>/</strong></em>/___ (mm/dd/yyyy)</td>
<td><strong>MEDICAID NUMBER:</strong></td>
</tr>
<tr>
<td><strong>ADDRESS:</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>MEDICAL NECESSITY:</strong> <strong>ALL REQUESTED INFORMATION,</strong> including CPT and HCPCS codes, if applicable, as well as provider information must be completed. Please submit medical records that support medical necessity.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REQUESTOR NAME:</strong></td>
<td><strong>PROVIDER NAME:</strong></td>
</tr>
<tr>
<td><strong>MEDICAID PROVIDER #:</strong></td>
<td><strong>MEDICAID PROVIDER #:</strong></td>
</tr>
<tr>
<td><strong>ADDRESS:</strong></td>
<td><strong>ADDRESS:</strong></td>
</tr>
<tr>
<td><strong>TELEPHONE #: (_____)</strong></td>
<td><strong>TELEPHONE #: (_____)</strong></td>
</tr>
<tr>
<td><strong>FAX #:</strong></td>
<td><strong>FAX #:</strong></td>
</tr>
</tbody>
</table>

**IN WHAT CAPACITY HAVE YOU TREATED THE RECIPIENT (incl. length of time you have cared for recipient and nature of the care):**

---

**PAST HEALTH HISTORY (incl. chronic illness):**

---

**RECENT DIAGNOSIS(ES) RELATED TO THIS REQUEST (incl. onset, course of the disease, and recipient’s current status):**

---

**TREATMENT RELATED TO DIAGNOSIS(ES) ABOVE (incl. previous and current treatment regimens, duration, treatment goals, and recipient response to treatment(s)):**

---

1 of 3  
OVER

11/05  
REV 02/07  
REV 09/07
NAME: MID #: DOB:

NAME OF REQUESTED PROCEDURE, PRODUCT, OR SERVICE. (if applicable, please include CPT AND HCPCS codes). PROVIDE DESCRIPTION RE HOW REQUEST WILL CORRECT OR AMELIORATE THE RECIPIENT’S DEFECT, PHYSICAL OR MENTAL ILLNESS OR CONDITION (THE PROBLEM). THIS DESCRIPTION MUST INCLUDE A DETAILED DISCUSSION ABOUT HOW THE SERVICE, PRODUCT, OR PROCEDURE WILL IMPROVE OR MAINTAIN THE RECIPIENT’S HEALTH IN THE BEST CONDITION POSSIBLE, COMPENSATE FOR A HEALTH PROBLEM, PREVENT IT FROM WORSENING, OR PREVENT THE DEVELOPMENT OF ADDITIONAL HEALTH PROBLEMS.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

IS THIS REQUEST FOR EXPERIMENTAL/INVESTIGATIONAL TREATMENT:  
__YES  ____NO  IF YES, PROVIDE NAME AND PROTOCOL #:  

____________________________________________________________________________

IS THE REQUESTED PRODUCT, SERVICE, OR PROCEDURE CONSIDERED TO BE SAFE: 
__YES  ____NO  IF NO, PLEASE EXPLAIN:  

____________________________________________________________________________

IS THE REQUESTED PRODUCT, SERVICE OR PROCEDURE EFFECTIVE: __YES  ____NO  
IF NO, PLEASE EXPLAIN:  

____________________________________________________________________________

ARE THERE ALTERNATIVE PRODUCTS, SERVICES, OR PROCEDURES THAT WOULD BE MORE COST EFFECTIVE BUT SIMILARLY EFFICACIOUS TO THE SERVICE REQUESTED: __YES  ____NO  IF YES, SPECIFY WHAT ALTERNATIVES ARE APPROPRIATE FOR THE RECIPIENT AND PROVIDE EVIDENCE BASED WITH THIS REQUEST, IF AVAILABLE:  

____________________________________________________________________________

____________________________________________________________________________

WHAT IS THE EXPECTED DURATION OF TREATMENT:  

____________________________________________________________________________

OVER.

2 of 3

11/05
REV. 02/07
REV. 09/07
NAME:  MID #:  DOB:

OTHER ADDITIONAL INFORMATION:


REQUESTOR’S SIGNATURE AND CREDENTIALS         DATE

INCLUDE EVIDENCE-BASED LITERATURE TO SUPPORT THIS REQUEST IF AVAILABLE.

MAIL OR FAX COMPLETED FORM TO:

Assistant Director
Clinical Policy and Programs
Division of Medical Assistance
2501 Mail Service Center
Raleigh, NC 27699-2501
FAX: 919-715-7679

11/05
REV. 02/07
REV. 09/07
HEALTH CHECK OVERVIEW

Health Check or EPSDT is important because:

1. It provides for early and regular medical and dental screenings for all Medicaid recipients under the age of 21.
2. It is part of the federal Medicaid EPSDT requirement that provides recipients with medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination.
3. Under EPSDT, the North Carolina Medicaid Program has an explicit obligation to make available a variety of individual and group providers qualified and willing to provide EPSDT services.

Health Check examinations and other Medicaid covered services are free of charge to the recipient. Health Check recommends regular medical screening examinations (well child check-ups) for a recipient as indicated in the table below. The Periodicity Schedule is only a guideline, and if a recipient needs to have examinations on a different schedule, the visits are still covered.

Health Check Periodicity Schedule

<table>
<thead>
<tr>
<th>Within 1st month</th>
<th>9 or 15 months</th>
<th>3 years</th>
<th>9 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months</td>
<td>12 months</td>
<td>4 years</td>
<td>12 years</td>
</tr>
<tr>
<td>4 months</td>
<td>18 months</td>
<td>5 years</td>
<td>15 years</td>
</tr>
<tr>
<td>6 months</td>
<td>2 years</td>
<td>6 years</td>
<td>18 years</td>
</tr>
</tbody>
</table>

Each Health Check screening component is vital for measuring a child’s physical, mental, and developmental growth. Families are encouraged to have their children receive Health Check screening examinations and immunizations on a regular schedule. All Health Check components are required and must be documented in the child’s medical record. The components are based on the American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care and may be found at http://pediatrics.aappublications.org/cgi/data/120/6/1376/DC1/1. The periodicity schedule and screening components will be reviewed in the next year to determine the changes that may be needed to align Health Check Program Guidelines with new national standards.

In addition, it is also the responsibility of each health care provider to assist families in scheduling appointments for timely examinations, to create a quality system to follow-up with families whose children are delinquent for preventive health care examinations, and to make appropriate referrals and requests for medically necessary health care services to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination.
Periodic and Interperiodic Health Check Screening Examinations

**Periodic** Health Check screening examinations require all age appropriate components including developmental screening, vision screening, hearing screening, dental screening, immunizations as needed and other necessary health care. Refer to the Periodicity Schedule located on page 14 for the recommended age intervals for Periodic examinations.

**Interperiodic** Health Check screening examinations require all age appropriate components except developmental, hearing, and vision screenings and may be performed outside of the Periodicity Schedule located on page 14 for reasons including but not limited to:

- When a child requires a kindergarten or sports physical outside the recommended schedule.
- When a child’s previously diagnosed physical, mental, or developmental illnesses or conditions require closer monitoring.
- When further assessment, diagnosis, or treatment is needed due to physical or mental illness.
- Upon referral by a health, developmental, or educational professional based on physical or clinical assessment.

**Note:** Providers must document in the medical record the reason necessitating an Interperiodic screening examination.

**HEALTH CHECK SCREENING EXAMINATION COMPONENTS**

A complete Health Check screening examination consists of the following age-appropriate components:

- **Comprehensive unclothed physical examination**
  To be performed at every Health Check screening examination

- **Comprehensive health history**
  To be performed at every Health Check screening examination

- **Nutritional assessment**
  To be performed at every Health Check screening examination

- **Anticipatory guidance and health education**
  To be performed at every Health Check screening examination

- **Measurements, blood pressure, and vital signs**
  To be performed as age appropriate and medically necessary at every Health Check screening examination. Height, weight, head circumference, growth chart, BMI (Body Mass Index), and vital signs as age appropriate. BMI is recommended for ages 2 years and above. Weight for length should be assessed for all recipients under 2 years of age. Blood pressure is recommended to become part of the preventive screening examination beginning at age 3 years old. However, blood pressure measurement in infants and children with specific risk conditions should be considered and performed before 3 years of age.
HEALTH CHECK SCREENING EXAMINATION COMPONENTS, continued

- Developmental screening including mental, emotional, and behavioral
  To be performed at Periodic screening examinations at ages 6, 12, and 18 or 24 months, and 3 years, 4 years, and 5 years of age using a standardized and validated screening tool. A complete list of appropriate screening tools can be found at [http://www.dbpeds.org/](http://www.dbpeds.org/) and [http://www.brightfutures.aap.org](http://www.brightfutures.aap.org). The American Academy of Pediatric’s policy on Developmental Surveillance and Screening can be found at [http://aappolicy.aappublications.org/cgi/reprint/pediatrics;118/1/405.pdf](http://aappolicy.aappublications.org/cgi/reprint/pediatrics;118/1/405.pdf).

- Immunizations
  Immunizations must be provided at the time of a Periodic or Interperiodic screening examination if needed. It is not appropriate for a Health Check screening examination to be performed in one location and a child referred to another location or office for immunizations.

  The *Recommended Immunization Schedules for Persons Aged 0 ——18—United States, 2008*, approved by the Advisory Committee on Immunization Practices (ACIP), AAP, and the American Academy of Family Physicians (AAFP) may be found at: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5701a8.htm?s_cid=mm5701a8_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5701a8.htm?s_cid=mm5701a8_e)

  Printable versions of the schedule can be found at: [http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#printable](http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#printable)

  **Note:** Please refer to pages 20 through 30 in this guide for additional immunization information.

- Vision screenings
  Objective screenings must be performed during every Periodic screening examination beginning at age 3. For children who are uncooperative with a vision screening, providers may ask the parent or legal guardian to bring the child back into the office within a few days for a second attempt at the vision screening. **Children who cannot be tested after repeated attempts should be referred to an optometrist or ophthalmologist for a comprehensive vision examination.**

  For children who are uncooperative, blind, or have an autistic disorder, providers should:
  1) Document in the patient’s medical record the date of service and the reason(s) why the provider was unable to perform the Vision Screening,
  2) Submit the claim to EDS without the Vision CPT code which will cause the claim to deny,
  3) Resubmit the claim to EDS through the Adjustment Process with supporting medical record documentation.

- Hearing screenings
  Objective screenings must be performed during every Periodic screening examination beginning at age 4. For children who are uncooperative with a hearing screening, providers may ask the parent or legal guardian to bring the child back into the office within a few days for a second attempt at the hearing screening. **Children who cannot be tested after repeated attempts should be referred to an audiologist for a hearing evaluation.**

  For children who are uncooperative, deaf, or have an autistic disorder, providers should:
  1) Document in the patient’s medical record the date of service and the reason(s) why the provider was unable to perform the Hearing Screening,
  2) Submit the claim to EDS without the Hearing CPT code which will cause the claim to deny,
  3) Resubmit the claim to EDS through the Adjustment Process with supporting medical record documentation.
HEALTH CHECK SCREENING EXAMINATION COMPONENTS, continued

• Dental screenings
  An oral screening is to be performed at every Health Check screening examination. **In addition, referral to a dentist is required for every child by the age of 3 years old.** An oral screening performed during a physical examination is not a substitute for examination through direct referral to a dentist. The initial dental referral **must** be provided regardless of the periodicity schedule unless it is known that the child is already receiving dental care. Thereafter, dental referrals should, at a minimum, conform to the dental service periodicity schedule, which is currently one routine dental examination every six months. When any screening indicates a need for dental services at an earlier age (such as baby bottle caries), referrals must be made for needed dental services and documented in the child’s medical record. The periodicity schedule for dental examinations is not governed by the schedule for regular health examinations.

  **Note:** Although not a requirement of a Health Check screening examination, providers who perform a Health Check screening examination and dental varnishing may bill for both services. Refer to Clinical Coverage Policy # 1A-23, *Physician Fluoride Varnish Services* on DMA’s website at: [http://www.ncdhhs.gov/dma/mp/mpindex.htm](http://www.ncdhhs.gov/dma/mp/mpindex.htm) for billing codes and guidelines.

• Laboratory procedures
  Laboratory procedures include Hemoglobin or Hematocrit, Newborn Metabolic/Sickle Cell, Tuberculin Skin Test, and Lead Testing.

  **Note:** Medicaid will not reimburse separately for these routine laboratory tests when performed during a Health Check screening examination.

  **Hemoglobin or Hematocrit**
  Hemoglobin or hematocrit **must** be measured once during infancy (preferably between the ages of 9 and 12 months) for all children and once during adolescence for menstruating adolescent females. An annual hemoglobin or hematocrit for adolescent females (ages 11 to 21 years) **must** be performed if any of the following risk factors are present: moderate to heavy menses, chronic weight loss, nutritional deficit or athletic activity.

  If there is a documented normal result of a hemoglobin or hematocrit preformed by another provider within three months prior to the date of the Health Check examination, repeating the hemoglobin or hematocrit is not required as part of the Health Check examination unless the provider feels that this test is needed. The result and source of the test must be documented in the child’s medical record.

  The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has specific guidelines for hematocrit/hemoglobin testing. Sharing the test results between the WIC Program and the primary care provider (PCP) is encouraged with appropriate release of information. For more information on requirements and time frames, call the local WIC office.
HEALTH CHECK SCREENING EXAMINATION COMPONENTS, continued

Newborn Metabolic/Sickle Cell Screening
North Carolina hospitals are required to screen all newborns for sickle cell disease and a number of other genetic and metabolic conditions prior to discharge from the hospital. Those results from the state lab must be documented in the child's medical record. This ideally should be a printout of the results from the state laboratory’s website for that child.

If the sickle cell test result is not readily available, contact the hospital of birth. An infant without documentation of being tested at birth should receive a sickle cell test prior to 3 months of age. If the child is 3 months of age or older, and there is no sickle cell test result in the record, it is highly recommended that the test be repeated. There are some risks associated with having sickle cell trait. Knowing the information can be useful to an older child or youth.

Tuberculin Testing (TB)
Reviewing perinatal histories, family and personal medical histories, significant events in life, and other components of the social history will identify children/adolescents for whom TB testing is indicated. If none of the screening criteria listed below are present, there is no recommendation for routine TB screening.

TB testing should be performed as clinically indicated for children/adolescents at increased risk of exposure to tuberculosis, via Purified Protein Derivative (PPD) intradermal injection/Mantoux method – not Tine Test.

Criteria for screening children/adolescents for TB (per the North Carolina TB Control Branch) are:
1. Children/adolescents reasonably suspected of having tuberculosis disease based on clinical symptoms.
2. Perform a baseline screen when these children/adolescents present for care.
   a. Foreign-born individuals arriving within the last five years from Asia, Africa, Caribbean, Latin America, Mexico, South America, Pacific Islands, the Middle East or Eastern Europe. Low prevalence countries for tuberculosis disease are the USA, Canada, Japan, Australia, New Zealand and countries in Western Europe.
   b. Children/adolescents who are migrants, seasonal farm workers or are homeless.
   c. Children/adolescents who are HIV-infected.
   d. Children/adolescents who inject illicit drugs or use crack cocaine.

Note: Subsequent TB skin testing is not necessary unless there is a continuing risk of exposure to persons with tuberculosis disease.

The North Carolina TB Control Branch is responsible for oversight of testing of household and other close contacts of active cases of pulmonary and laryngeal tuberculosis. The North Carolina TB Control Branch contact number is 919-733-7286. Questions related to policy interpretation or other questions related to TB skin testing should be directed to the local health departments.

• Lead testing
Federal regulations state that all Medicaid-enrolled children are required to have a blood lead test at 12 and 24 months of age. Children between 36 and 72 months of age must be tested if they have not been previously tested. Providers should also perform lead testing when otherwise clinically indicated.
HEALTH CHECK SCREENING EXAMINATION COMPONENTS, continued

Medical follow-up begins with a blood lead level greater than or equal to 10 ug/dL. Capillary blood level samples are adequate for the initial testing. Venous blood level samples should be collected for confirmation of all elevated blood lead results.

<table>
<thead>
<tr>
<th>Blood Lead Concentration</th>
<th>Recommended Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;10 ug/dL</td>
<td>Rescreen at 24 months of age</td>
</tr>
<tr>
<td>10 through 19 ug/dL</td>
<td><strong>Confirmation (venous) testing should be conducted within three months.</strong> If confirmed, repeat testing should be conducted every 2 to 4 months until the level is shown to be &lt;10 ug/dL on two consecutive tests (venous or finger stick). The family should receive lead education and nutrition counseling. A detailed environmental history should be taken to identify any obvious sources of exposure. If the blood lead level is confirmed at ≥10 ug/dL, environmental investigation will be offered.</td>
</tr>
<tr>
<td>20 through 44 ug/dL</td>
<td><strong>Confirmation (venous) testing should be conducted within 1 week.</strong> If confirmed, the child should be referred for medical evaluation and should continue to be retested every 2 months until the blood lead level is shown to be &lt;10 ug/dL on two consecutive tests (venous or finger stick). Environmental investigations are required and remediation for identified lead hazards shall occur for all children less than 6 years of age with confirmed blood lead levels &gt;20 ug/dL.</td>
</tr>
<tr>
<td>≥45 ug/dL</td>
<td><strong>The child should receive a venous lead test for confirmation as soon as possible.</strong> If confirmed, the child must receive urgent medical and environmental follow-up. Chelation therapy should be administered to children with blood lead levels in this range. Symptomatic lead poisoning or a venous lead level &gt;70 ug/dL is a medical emergency requiring inpatient chelation therapy.</td>
</tr>
</tbody>
</table>

**State Laboratory of Public Health for Blood Lead Testing**
The State Laboratory Services of Public Health will analyze blood lead specimens for all children less than 6 years of age at no charge. Providers requiring results from specimens of children outside this age group should to contact the State Laboratory of Public Health at 919-733-3937.

For additional information about lead testing and follow up refer to the North Carolina Lead Screening and Follow Up Manual found at: http://www.deh.enr.state.nc.us/ehs/Children_Health/index.html
IMMUNIZATIONS

Immunization Administration CPT Codes with the EP Modifier
The Universal Childhood Vaccine Distribution Program (UCVDP)/Vaccines for Children (VFC) Program provides, at no charge, all required (and some recommended) vaccines to all North Carolina children birth through 18 years of age. Vaccines are provided in accordance with the recommendations of the Advisory Committee of Immunization Practice (ACIP) of the Centers for Disease Control and Prevention (CDC). Because of the availability of these vaccines, Medicaid does not reimburse for UCVDP/VFC vaccines available from the UCVDP/VFC program. Medicaid does, however, reimburse for the administration of these vaccines.

Providers must use purchased vaccines for Medicaid-eligible recipients ages 19 and 20, who (because of their age) are not routinely eligible for UCVDP/VFC vaccines. The exceptions to this rule are noted in the table on page 31 (see HPV and Hep B). For these exceptions, Medicaid will reimburse for the administration of these vaccines when UCVDP vaccines are administered. When purchased vaccines are administered to recipients in this age group, Medicaid will reimburse providers for vaccines and their administration.

Note: The EP modifier must always be appended to the immunization administration CPT procedure code when billing for Medicaid recipients from birth through 20 years of age.

EPSDT PROVISION: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions and without meeting the specific criteria in this section when such services are medically necessary health care services to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]. This includes EPSDT coverage of additional codes/procedures as it relates to immunization administration. Documentation must show how the service product or procedure will correct or improve or maintain the recipient’s health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Refer to the Non-covered State Medicaid Plan Services Request Form on page 11 to submit a request.

Private Sector Providers
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 Check examination or an office visit.

- Administration of one injectable vaccine is billed with CPT code 90471 (one unit) or 90465 (one unit) with the EP modifier and is reimbursed at $17.25.
- Additional injectable immunization administrations are billed with CPT code 90472 or 90466 with the EP modifier and are reimbursed at $9.71 for each unit. 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 intranasal/oral immunization is billed with the administration CPT code 90467 with EP modifier and is reimbursed at $8.33 or 90473 with the EP modifier and is reimbursed at $7.66. Note: CPT codes 90467 or 90473 can only be billed if the intranasal/oral vaccine is the only immunization provided on that date of service. Neither code can be billed with another immunization administration code on that date of service. See guidance in next bullet for further clarification. A second intranasal/oral immunization cannot be billed at this time.
- Administration of an intranasal or oral vaccine provided in addition to one or more injectable vaccines is billed with CPT code 90468 or 90474 with the EP modifier. CPT code 90468 is reimbursed at $6.60. CPT code 90474 is reimbursed at $6.60.
- CPT vaccine codes for the vaccines administered must be reported or billed, as appropriate, even if administration codes are not being billed.
Federally Qualified Health Center or Rural Health Clinic Providers
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 Check visit. **Health Check visits and the immunization administration fees are billed** using the provider’s Medicaid number with the “C” suffix. When billing for immunizations with a Core visit, use the provider’s Medicaid number with the “A” suffix. (Refer to DMA’s NPI Policy requirements after May 23, 2008.)

- Administration of one injectable vaccine is billed with CPT code 90471 (one unit) or 90465 (one unit) with the EP modifier and is reimbursed at $17.25.
- Additional injectable immunization administrations are billed with CPT code 90472 or 90466 with the EP modifier and are reimbursed at $9.71 for each unit. 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 intranasal/oral immunization is billed with the administration CPT code 90467 with EP modifier and is reimbursed at $8.33 or 90473 with the EP modifier and is reimbursed at $7.66. **Note:** CPT codes 90467 or 90473 can only be billed if the intranasal/oral vaccine is the only immunization provided on that date of service. Neither code can be billed with another immunization administration code on that date of service. See guidance in next bullet for further clarification. A second intranasal/oral immunization cannot be billed at this time.
- Administration of an intranasal or oral vaccine provided in addition to one or more injectable immunization administrations is billed with CPT code 90468 or 90474 with the EP modifier. CPT code 90468 is reimbursed at $6.60. CPT code 90474 is reimbursed at $6.60.
- CPT vaccine codes for the vaccines administered must be reported or billed, as appropriate, even if administration codes are not being billed.
- An immunization administration fee cannot be billed in conjunction with a core visit. Report the CPT vaccine code(s) without billing the administration fee.

Local Health Department Providers
An immunization administration fee may **not** be billed if the immunization(s) is provided in addition to a Health Check screening visit. The immunization administration CPT codes 90465, 90467, 90468, 90471, 90473 or 90474 with the EP modifier may be billed if immunizations are the only services provided that day or if any immunizations are provided in conjunction with an office visit.

- Administration of one injectable vaccine is billed with CPT code 90471 (one unit) or 90465 (one unit) with the EP modifier and is reimbursed at $17.25.
- Additional injectable immunization administrations are billed with CPT code 90472 or 90466 with the EP modifier and are reimbursed at $9.71 for each unit. 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 intranasal/oral immunization is billed with the administration CPT code 90467 with EP modifier and is reimbursed at $8.33 or 90473 with the EP modifier and is reimbursed at $7.66. **Note:** CPT codes 90467 or 90473 can only be billed if the intranasal/oral vaccine is the only immunization provided on that date of service. Neither code can be billed with another immunization administration code on that date of service. See guidance in next bullet for further clarification. A second intranasal/oral immunization cannot be billed at this time.
- Administration of an intranasal or oral immunization vaccine provided in addition to one or more injectable immunization administrations is billed with CPT code 90468 or 90474 with the EP modifier. CPT code 90468 is reimbursed at $6.60. CPT code 90474 is reimbursed at $6.60.
- CPT vaccine codes for the vaccines administered must be reported or billed, as appropriate, even if the administration codes are not being billed.
- Immunization administration codes cannot be billed in conjunction with Health Check Screening. Report the CPT vaccine code(s) without billing the administration codes.
Note: Please refer to the general Medicaid Bulletin at [http://www.ncdhhs.gov/dma/bulletin.htm](http://www.ncdhhs.gov/dma/bulletin.htm) for updates on immunizations and administration codes. Refer to the appropriate fee schedule at [http://www.ncdhhs.gov/dma/fee/fee.htm](http://www.ncdhhs.gov/dma/fee/fee.htm) under Physician Services CPT/HCPCS for rate changes for immunizations and administration codes.

**Immunization Billing Guidelines For Recipients Birth Through 20**

The following guidelines routinely apply to Medicaid recipients (who are always eligible for state-supplied vaccine) under the age of 19 years. For all Medicaid-covered purchased vaccine administered to Medicaid recipients who are not eligible for UCVDP/VFC products, providers should bill, rather than report, the CPT vaccine code.

<table>
<thead>
<tr>
<th>Vaccine: Injectable Only</th>
<th>Provider Type: Private Sector Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Type</td>
<td>With Physician Counseling Less than 8 years of age</td>
</tr>
<tr>
<td>Health Check Screening with Immunization(s)</td>
<td>For one vaccine, bill 90465EP x 1. For two or more vaccines, bill 90465EP x 1 and 90466EP x the appropriate number of units. Report CPT vaccine code for each vaccine given. Immunization diagnosis code(s) <strong>not</strong> required.</td>
</tr>
<tr>
<td>Immunization(s) Only</td>
<td>For one vaccine, bill 90465EP x 1. For two or more vaccines, bill 90465EP x 1 and 90466EP x the appropriate number of units. Report CPT vaccine code for each vaccine given. One immunization diagnosis code <strong>is</strong> required.</td>
</tr>
<tr>
<td>Office Visit with Immunization(s)</td>
<td>For one vaccine, bill 90465EP x 1. For two or more vaccines, bill 90465EP x 1 and 90466EP x the appropriate number of units. Report CPT vaccine code for each vaccine given. Immunization diagnosis code(s) <strong>not</strong> required.</td>
</tr>
<tr>
<td>Vaccine: Intranasal/Oral Only</td>
<td>Provider Type: Private Sector Providers</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Check Screening</td>
<td>For one vaccine, bill 90467EP x 1.</td>
</tr>
<tr>
<td>with Immunization(s)</td>
<td>Report CPT vaccine code. Two or more vaccines – N/A at this time. Immunization diagnosis code is <strong>not</strong> required.</td>
</tr>
<tr>
<td>Immunization(s) Only</td>
<td>For one vaccine, bill 90467EP x 1.</td>
</tr>
<tr>
<td>Office Visit with Immunization(s)</td>
<td>For one vaccine, bill 90467EP x 1. Report CPT vaccine code. Two or more vaccines – N/A at this time. Immunization diagnosis code is <strong>not</strong> required.</td>
</tr>
<tr>
<td>Vaccine: Injectable with Intranasal/Oral Vaccine</td>
<td>Provider Type: Private Sector Providers</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Service Type</td>
<td>Less than 8 years of age</td>
</tr>
<tr>
<td>Health Check Screening with Immunization(s)</td>
<td>For one INJECTABLE vaccine and one ORAL/INTRANASAL vaccine, bill 90465EP x 1 and 90468EP x 1. For two or more INJECTABLE vaccines and one ORAL/INTRANASAL vaccine, bill 90465EP x 1, 90466EP x the appropriate number of units, and 90468EP x 1. Report CPT vaccine code for each vaccine given. Immunization diagnosis code(s) not required.</td>
</tr>
<tr>
<td>Immunization(s) Only</td>
<td>For one INJECTABLE vaccine and one ORAL/INTRANASAL vaccine, bill 90465EP x 1 and 90468EP x 1. For two or more INJECTABLE vaccines and one ORAL/INTRANASAL vaccine, bill 90465EP x 1, 90466EP x the appropriate number of units, and 90468EP x 1. Report CPT vaccine code for each vaccine given. One immunization diagnosis code is required.</td>
</tr>
<tr>
<td>Office Visit with Immunization(s)</td>
<td>For one INJECTABLE vaccine and one ORAL/INTRANASAL vaccine, bill 90465EP x 1 and 90468EP x 1. For two or more INJECTABLE vaccines and one ORAL/INTRANASAL vaccine, bill 90465EP x 1, 90466EP x the appropriate number of units, and 90468EP x 1. Report CPT vaccine code for each vaccine given. Immunization diagnosis code(s) not required.</td>
</tr>
<tr>
<td>Vaccine: Injectable Only</td>
<td>Provider Type: FQHC/RHC</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td><strong>Health Check Screening with Immunization(s)</strong></td>
<td>With Physician Counseling Less than 8 years</td>
</tr>
<tr>
<td>Health Check Screening with Immunization(s)</td>
<td>For one vaccine, bill 90465EP x 1. For two or more vaccines, bill 90465EP x 1 and 90466EP x the appropriate number of units. Report CPT vaccine code for each vaccine given. Immunization diagnosis code(s) <strong>not</strong> required.</td>
</tr>
<tr>
<td>Immunization(s) Only</td>
<td>For one vaccine, bill 90465EP x 1. For two or more vaccines, bill 90465EP x 1 and 90466EP x the appropriate number of units. Report CPT vaccine code for each vaccine given. One immunization diagnosis code <strong>is</strong> required.</td>
</tr>
<tr>
<td>Office Visit with Immunization(s)</td>
<td>N/A</td>
</tr>
<tr>
<td>Core Visit with Immunization(s)</td>
<td>Cannot bill 90465EP or 90466EP. Report CPT vaccine code for each vaccine given. Immunization diagnosis code(s) are <strong>not</strong> required.</td>
</tr>
<tr>
<td>Vaccine: Intranasal/Oral Only</td>
<td>Provider Type: FQHC/RHC</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Service Type</td>
<td>With Physician Counseling Less than 8 years</td>
</tr>
<tr>
<td>Health Check Screening with Immunization(s)</td>
<td>For one vaccine, bill 90467EP x 1. Report CPT vaccine code for the vaccine given. Two or more vaccines– N/A at this time. Immunization diagnosis code is <strong>not</strong> required.</td>
</tr>
<tr>
<td>Immunization(s) Only</td>
<td>For one vaccine, bill 90467EP x 1. Report CPT vaccine code for the vaccine given. Two or more vaccines– N/A at this time. Immunization diagnosis code is <strong>required</strong>.</td>
</tr>
<tr>
<td>Office Visit with Immunization(s)</td>
<td>N/A</td>
</tr>
<tr>
<td>Core Visit with Immunization(s)</td>
<td>Cannot bill 90467EP. Report CPT vaccine code for the vaccine given. Immunization diagnosis code is <strong>not</strong> required.</td>
</tr>
</tbody>
</table>
# Vaccine: Injectable with Intranasal/Oral

**Provider Type:** FQHC/RHC

<table>
<thead>
<tr>
<th>Service Type</th>
<th>With Physician Counseling Less than 8 years</th>
<th>Without Physician Counseling Less than 21 years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Check Screening with Immunization(s)</strong></td>
<td>For one INJECTABLE vaccine and one INTRANASAL/ORAL vaccine, bill 90465EP x 1 and 90468EP x 1. For two or more INJECTABLE vaccines and one INTRANASAL/ORAL vaccine, bill 90465EP x 1, 90466EP x the appropriate number of units, and 90468EP x 1. Report CPT vaccine code for each vaccine given. Immunization diagnosis code(s) <strong>not</strong> required.</td>
<td>For one INJECTABLE vaccine and one INTRANASAL/ORAL vaccine, bill 90471EP x 1 and 90474EP x 1. For two or more INJECTABLE vaccines and one INTRANASAL/ORAL vaccine, bill 90471EP x 1, 90472EP x the appropriate number of units, and 90474EP x 1. Report CPT vaccine code for each vaccine given. Immunization diagnosis code(s) <strong>not</strong> required.</td>
</tr>
<tr>
<td><strong>Immunization(s) Only</strong></td>
<td>For one INJECTABLE vaccine and one INTRANASAL/ORAL vaccine, bill 90465EP x 1and 90468EP x 1. For two or more INJECTABLE vaccines and one INTRANASAL/ORAL vaccine, bill 90465EP x 1, 90466EP x the appropriate number of units, and 90468EP x 1. Report CPT vaccine code for each vaccine given. One immunization diagnosis code <strong>is</strong> required.</td>
<td>For one INJECTABLE vaccine and one INTRANASAL/ORAL vaccine, bill 90471EP x 1and 90474EP x 1. For two or more INJECTABLE vaccines and one INTRANASAL/ORAL vaccine, bill 90471EP x 1, 90472EP x the appropriate number of units, and 90474EP x 1. Report CPT vaccine code for each vaccine given. One immunization diagnosis code <strong>is</strong> required.</td>
</tr>
<tr>
<td><strong>Office Visit with Immunization(s)</strong></td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Core Visit with Immunization(s)</strong></td>
<td>Cannot bill 90465EP, 90466EP, or 90468EP. Report CPT vaccine code for each vaccine given. Immunization diagnosis code(s) are <strong>not</strong> required.</td>
<td>Cannot bill 90471EP, 90472EP, or 90474EP. Report CPT vaccine code for each vaccine given. Immunization diagnosis code(s) are <strong>not</strong> required.</td>
</tr>
<tr>
<td>Vaccine: Injectable Only</td>
<td>Provider Type: Local Health Departments</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Service Type</strong></td>
<td><strong>With Physician Counseling</strong></td>
<td><strong>Without Physician Counseling</strong></td>
</tr>
<tr>
<td><strong>Health Check Screening with Immunization(s)</strong></td>
<td>Less than 8 years of age</td>
<td>Less than 21 years of age</td>
</tr>
<tr>
<td>Cannot bill 90465EP or 90466EP. Report CPT vaccine code(s). Immunization diagnosis code(s) <strong>not</strong> required.</td>
<td>Cannot bill 90471EP or 90472EP. Report CPT vaccine code(s). Immunization diagnosis code(s) <strong>not</strong> required.</td>
<td></td>
</tr>
<tr>
<td><strong>Immunization(s) Only</strong></td>
<td>For one vaccine, bill 90465EP x 1. For two or more vaccines, bill 90465EP x 1 and 90466EP x the appropriate number of units. Report CPT vaccine code for each vaccine given. One immunization diagnosis code <strong>is</strong> required.</td>
<td>For one vaccine, bill 90471EP x 1. For two or more vaccines, bill 90471EP x 1 and 90472EP x the appropriate number of units. Report CPT vaccine code for each vaccine given. One immunization diagnosis code <strong>is</strong> required.</td>
</tr>
<tr>
<td><strong>Office Visit with Immunization(s)</strong></td>
<td>For one vaccine, bill 90465EP x 1. For two or more vaccines, bill 90465EP x 1 and 90466EP x the appropriate number of units. Report CPT vaccine code for each vaccine given. Immunization diagnosis code(s) <strong>not</strong> required.</td>
<td>For one vaccine, bill 90471EP x 1. For two or more vaccines, bill 90471EP x 1 and 90472EP x the appropriate number of units. Report CPT vaccine code for each vaccine given. Immunization diagnosis code(s) <strong>not</strong> required.</td>
</tr>
<tr>
<td>Service Type</td>
<td>With Physician Counseling Less than 8 years of age</td>
<td>Without Physician Counseling Less than 21 years of age</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-----------------------------------------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>Health Check Screening with Immunization(s)</td>
<td>Cannot bill 90467EP. Report CPT vaccine code for the vaccine given. Two or more vaccines– N/A. Immunization diagnosis code is <strong>not</strong> required.</td>
<td>Cannot bill 90473EP. Report CPT vaccine code for the vaccine given. Two or more vaccines– N/A. Immunization diagnosis code(s) <strong>not</strong> required.</td>
</tr>
<tr>
<td>Immunization(s) Only</td>
<td>For one vaccine, bill 90467EP x 1. Report CPT vaccine code for the vaccine given. Two or more vaccines– N/A at this time. Immunization diagnosis code <strong>is</strong> required.</td>
<td>For one vaccine, bill 90473EP x 1. Report CPT vaccine code for the vaccine given. Two or more vaccines– N/A at this time. Immunization diagnosis code <strong>is</strong> required.</td>
</tr>
<tr>
<td>Office Visit with Immunization(s)</td>
<td>For one vaccine, bill 90467EP x 1. Report CPT vaccine code for the vaccine given. Two or more vaccines– N/A at this time. Immunization diagnosis code <strong>not</strong> required.</td>
<td>For one vaccine, bill 90473EP x 1. Report CPT vaccine code for the vaccine given. Two or more vaccines– N/A at this time. Immunization diagnosis code <strong>not</strong> required.</td>
</tr>
<tr>
<td>Vaccine: Injectable with Intranasal/Oral Vaccine</td>
<td>Provider Type: Local Health Departments</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Service Type</strong></td>
<td><strong>With Physician Counseling Less than 8 years of age</strong></td>
<td><strong>Without Physician Counseling Less than 21 years of age</strong></td>
</tr>
<tr>
<td>Health Check Screening with Immunization(s)</td>
<td>Cannot bill 90465EP, 90466EP or 90468EP. Report CPT vaccine code for each vaccine given. Immunization diagnosis code(s) <strong>not</strong> required.</td>
<td>Cannot bill 90471EP, 90472EP or 90474EP. Report CPT vaccine code for each vaccine given. Immunization diagnosis code(s) <strong>not</strong> required.</td>
</tr>
<tr>
<td>Immunization(s) Only</td>
<td>For one INJECTABLE vaccine and one INTRANASAL/ORAL vaccine, bill 90465EP x 1 and 90468EP x 1. For two or more INJECTABLE vaccines and one INTRANASAL/ORAL vaccine, bill 90465EP x 1, 90466EP x the appropriate number of units and 90468EP x 1. Report CPT vaccine code for each vaccine given. One immunization diagnosis code <strong>is</strong> required.</td>
<td>For one INJECTABLE vaccine and one INTRANASAL/ORAL vaccine, bill 90471EP x 1 and 90474EP x 1. For two or more INJECTABLE vaccines and one INTRANASAL/ORAL vaccine, bill 90471EP x 1, 90472EP x the appropriate number of units and 90474EP x 1. Report CPT vaccine code for each vaccine given. One immunization diagnosis code <strong>is</strong> required.</td>
</tr>
<tr>
<td>Office Visit with Immunization(s)</td>
<td>For one INJECTABLE vaccine and one INTRANASAL/ORAL vaccine, bill 90465EP x 1 and 90468EP x 1. For two or more INJECTABLE vaccines and one INTRANASAL/ORAL vaccine, bill 90465EP x 1, 90466EP x the appropriate number of units and 90468EP x 1. Report CPT vaccine code for each vaccine given. Immunization diagnosis code(s) <strong>not</strong> required.</td>
<td>For one INJECTABLE vaccine and one INTRANASAL/ORAL vaccine, bill 90471EP x 1 and 90474EP x 1. For two or more INJECTABLE vaccines and one INTRANASAL/ORAL vaccine, bill 90471EP x 1, 90472EP times the appropriate number of units and 90474EP x 1. Report CPT vaccine code for each vaccine given. Immunization diagnosis code(s) <strong>not</strong> required.</td>
</tr>
</tbody>
</table>
Universal Childhood Vaccine Distribution Program/Vaccines for Children Program

The Universal Childhood Vaccine Distribution Program (UCVDP)/Vaccines for Children (VFC) Program provides, at no charge, all required (and some recommended) vaccines to all North Carolina children ages birth through 18 years. Vaccines are provided in accordance with the recommendations of the Advisory Committee of Immunization Practice (ACIP) of the Centers for Disease Control and Prevention (CDC). Because of the availability of these vaccines, Medicaid does not routinely reimburse for vaccines available from the UCVDP/VFC program. Medicaid does, however, reimburse for the administration of these vaccines.

In rare instances, due to recalls or true shortages of vaccines, Medicaid may reimburse for purchased vaccine that is normally provided through the UCVDP/VFC program. In those instances, specific billing instructions will be provided in the general Medicaid bulletin.

Providers must use purchased vaccines for Medicaid-eligible recipients ages 19 and 20, who (because of their age) are not routinely eligible for UCVDP/VFC vaccines. The exceptions to this rule are noted in the table below (see HPV and Hep B). (For these exceptions, Medicaid will reimburse for the administration of these UCVDP vaccines). When purchased vaccines are administered for this age group, Medicaid will reimburse providers for vaccines and their administration. Vaccine procedure codes must always be included on the claim.

The following is a list of UCVDP/VFC vaccines provided to children through 18 years of age. Medicaid recipients are automatically VFC eligible, even those who are covered by another insurance plan. All of these vaccines are available to Medicaid children through 18 years of age. Because vaccines have other criteria which must be met, it is recommended that providers go to the Immunization Branch web site at [http://www.immunizenc.com](http://www.immunizenc.com) (select “Providers” and UCVDP Coverage Criteria), or call the Immunization Branch at 1-877-873-6247.

The following is a list of UCVDP/VFC vaccines:

<table>
<thead>
<tr>
<th>Codes</th>
<th>Vaccines</th>
<th>Diagnosis Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>90633</td>
<td>Hepatitis A (12 months through 18 years of age)</td>
<td>V05.3</td>
</tr>
<tr>
<td>90636</td>
<td>Hepatitis A and B (Twinrix) (18 years of age only in local health departments or UCVDP/VFC prior-approved non-traditional sites)</td>
<td>V06.8</td>
</tr>
<tr>
<td>90647</td>
<td>Hib 3-dose PRP-OMP (PedvaxHIB) (routine 2 through 59 months, high risk 5 through 18 years)</td>
<td>V03.81</td>
</tr>
<tr>
<td>90648</td>
<td>Hib 4-dose PRP-T (ActHIB) (routine 2 through 58 months; high risk 5 through 18 years)</td>
<td>V03.81</td>
</tr>
<tr>
<td>90649</td>
<td>Human papilloma virus, HPV, (Females 9 through 18 years of age)</td>
<td>V04.89</td>
</tr>
<tr>
<td></td>
<td><strong>Exception:</strong> If the first dose of HPV is administered prior to age 19, UCVDP/VFC vaccine may be used to complete the series prior to age 20.</td>
<td></td>
</tr>
<tr>
<td>90655</td>
<td>Influenza, preservative free (6 through 35 months of age)</td>
<td>V04.81</td>
</tr>
<tr>
<td>90656</td>
<td>Influenza, preservative free (3 years and older)</td>
<td>V04.81</td>
</tr>
<tr>
<td></td>
<td>Refer to ACIP guidelines for children over 5 years of age.</td>
<td></td>
</tr>
<tr>
<td>Codes</td>
<td>Vaccines</td>
<td>Diagnosis Codes</td>
</tr>
<tr>
<td>--------</td>
<td>---------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>90657</td>
<td>Influenza (6 to 35 months of age)</td>
<td>V04.81</td>
</tr>
<tr>
<td>90658</td>
<td>Influenza (3 years of age and above)</td>
<td>V04.81</td>
</tr>
<tr>
<td></td>
<td>Refer to ACIP Guidelines for children over 5 years of age.</td>
<td></td>
</tr>
<tr>
<td>90660</td>
<td>Influenza, live intranasal (FluMist) (2 through 18 years of age)</td>
<td>V04.81</td>
</tr>
<tr>
<td></td>
<td>Refer to ACIP guidelines for children over 5 years of age.</td>
<td></td>
</tr>
<tr>
<td>90669</td>
<td>Pneumococcal - PCV7 (2 through 59 months of age)</td>
<td>V03.82</td>
</tr>
<tr>
<td>90680</td>
<td>Rotavirus (6 through 31 weeks of age)</td>
<td>V04.89</td>
</tr>
<tr>
<td>90700</td>
<td>DTaP (2 months through 6 years of age)</td>
<td>V06.1</td>
</tr>
<tr>
<td>90702</td>
<td>DT (2 months through 6 years of age)</td>
<td>V06.5</td>
</tr>
<tr>
<td>90707</td>
<td>MMR (12 months through 18 years of age)</td>
<td>V06.4</td>
</tr>
<tr>
<td>90710</td>
<td>MMRV (12 months through 6 years of age)</td>
<td>V06.8</td>
</tr>
<tr>
<td>90713</td>
<td>IPV (2 months through 17 years of age)</td>
<td>V04.0</td>
</tr>
<tr>
<td>90714</td>
<td>Td (7 through 18 years of age)</td>
<td>V06.5</td>
</tr>
<tr>
<td>90715</td>
<td>Tdap (10 through 18 years of age)</td>
<td>V06.1</td>
</tr>
<tr>
<td>90716</td>
<td>Varicella (12 months through 18 years of age)</td>
<td>V05.4</td>
</tr>
<tr>
<td>90723</td>
<td>Combination DTaP, IPV, and Hepatitis B (2 months through 6 years of age)</td>
<td>V06.8</td>
</tr>
<tr>
<td>90732</td>
<td>Pneumococcal - PPV23 Only for high risk for children 2 through 18 years of age.</td>
<td>V03.82</td>
</tr>
<tr>
<td>90734</td>
<td>Meningococcal – MCV4 (routine 11 through 18 years of age, high risk 2 through 10 years of age) Must be in ACIP recommended coverage groups.</td>
<td>V01.84</td>
</tr>
<tr>
<td>90744</td>
<td>Hepatitis B Vaccine – Pediatric/Adolescent Exception: If the first dose of Hepatitis B vaccine is administered prior to age 19, UCVDP vaccine can be used to complete the series prior to age 20.</td>
<td>V05.3</td>
</tr>
</tbody>
</table>

North Carolina Medicaid providers who are not enrolled in UCVDP or who have questions concerning the program should call the NC Division of Public Health’s Immunization Branch at 1-877-873-6247.

Out-of-state providers (within the 40-mile radius of North Carolina) may obtain VFC vaccines by calling their state VFC program. VFC program telephone numbers for border states are listed below:

- **Georgia** 1-404-657-5013
- **South Carolina** 1-800-277-4687
- **Tennessee** 1-615-741-7343
- **Virginia** 1-804-864-8055
HEALTH CHECK BILLING REQUIREMENTS

Instructions for billing a Health Check screening examination on the CMS-1500 claim form are the same as when billing for other medical services except for these six critical requirements. The six billing requirements specific to the Health Check Program are as follows:

Requirement 1: Identify and Record Diagnosis Code(s)
Place diagnosis code(s) in the correct order in block 21. Medical diagnoses should always be listed before immunization diagnoses. Immunization diagnoses are required when billing immunization(s) only.

Periiodic Health Check Screening Examination – Use V20.2 as the Primary Diagnosis
The primary diagnosis V20.2 is always listed first. Medical diagnoses, if applicable, are listed after the primary diagnosis (V20.2) and always before immunization diagnoses. Immunization diagnoses are required when billing immunization(s) only.

Interperiodic Health Check Screening Examination – Use V70.3 as the Primary Diagnosis
The primary diagnosis V70.3 is always listed first. Medical diagnoses, if applicable, are listed after the primary diagnosis V70.3 and always before immunization diagnoses. Immunization diagnoses are required when billing immunization(s) only.

Requirement 2: Identify and Record Preventive Medicine Code and Component Codes
The preventive medicine CPT code with the EP modifier for Health Check screening examinations should be billed as outlined below. In addition to billing the preventive medicine code, developmental screening, vision and hearing CPT codes must be listed based on the ages outlined in the tables on page 36.

- A developmental screening CPT code with the EP modifier must be listed in addition to the preventive medicine CPT codes for a periodic Health Check examination when age appropriate. No additional reimbursement is allowed for this code. All providers may refer to the sample claims in this guide.

- Vision CPT codes with the EP modifier must be listed on the claim form in addition to the preventive medicine CPT codes for a periodic Health Check screening examination. No additional reimbursement is allowed for these codes. All providers may refer to the sample claims in this guide.

- Hearing CPT codes with the EP modifier must be listed on the claim form in addition to the preventive medicine CPT codes for a periodic Health Check screening examination. No additional reimbursement is allowed for these codes. All providers may refer to the sample claims in this guide.

Requirement 3: Health Check Modifier – EP
The Health Check CPT codes for periodic and interperiodic screening examinations must have the EP modifier listed in block 24D of the CMS-1500 claim form. Additionally, the vision, hearing, and developmental screening CPT codes must have the EP modifier listed in block 24D of the CMS-1500 claim form. EP is a required modifier for all Health Check claims.
HEALTH CHECK BILLING REQUIREMENTS, continued

Requirement 4: Record Referrals

The North Carolina Medicaid 837 Companion Guide can be accessed on the DMA website at http://www.ncdhhs.gov/dma/hipaa/compguide.htm

All electronically submitted claims should list referral code indicator “E” when a referral is made for follow-up on a defect, physical or mental illness, or a condition identified through a Health Check examination. List referral code indicator “F” when a referral is made for Family Planning services.

For providers billing on paper, a referral code indicator is used when a follow-up visit is necessary for a diagnosis detected during a Health Check examination. The indicator “R” should be listed in block 24H of the CMS-1500 claim form when this situation occurs. All providers may refer to the sample claims in this guide.

Requirement 5: Next Screening Date
Providers billing on paper may enter the next screening date (NSD) or have the NSD systematically entered according to the predetermined Medicaid periodicity schedule. Below is an explanation of options for the NSD in block 15 of the CMS-1500 claim form.

Systematically Entered Next Screening Date; Paper Providers
Providers have the following choices for block 15 of the CMS-1500 claim form with a Health Check examination. All of these choices will result in an automatically entered NSD.

- Leave block 15 blank.
- Place all zeros in block 15 (00/00/0000).
- Place all ones in block 15 (11/11/1111).

Claims with systematically entered NSDs will be tracked per the Medicaid periodicity schedule.

Provider-Entered Next Screening Date; Paper Providers
Providers have the option of entering the NSD in block 15. If this date is within the periodicity schedule, the system will keep this date. In the event the NSD is OUT of range with the periodicity schedule, the system will override the provider’s NSD and the appropriate NSD (based upon the periodicity schedule) will be automatically entered during claims processing.

Note: Providers billing electronically are not required to enter a screening date (NSD) for health check screening claims.
HEALTH CHECK BILLING REQUIREMENTS, continued

Requirement 6: Identify and Record Immunization Administration CPT Code(s) and the EP Modifier

Providers should refer to the tables on pages 22 through 30 in this guide, *Immunization Billing Guidelines for Recipients Birth Through Age 20*, regarding billing immunization administration CPT codes and the EP modifier. Providers may also refer to the sample claims at the end of this guide.

- When reporting/billing one injectable vaccine administration, providers must use CPT code 90471 (one unit) or 90465 (one unit) with the EP modifier listed in block 24D.

- When additional injectable vaccine administrations are provided, providers must use CPT code 90472 or 90466 with the EP modifier listed in block 24 D. Providers must bill the appropriate number of units on the detail along with the total charge of all units billed. The CPT code for each vaccine administered must be reported or billed.

- When reporting/billing one intranasal/oral vaccine providers must use CPT code 90467 (one unit) or 90473 (one unit) with the EP modifier in block 24 D for the immunization administration. The CPT vaccine code for the vaccine administered must be reported or billed.

- When reporting/billing for one injectable vaccine and one intranasal/oral vaccine providers must use CPT codes 90465 and 90468 or 90471 and 90474 with the EP modifier for the immunization administrations. The CPT vaccine code for each vaccine administered must be reported or billed.

- When reporting/billing two or more injectable vaccines and one intranasal/oral vaccine providers must use CPT codes 90465, 90466 and 90468 with the EP modifier or 90471, 90472 and 90474 with the EP modifier for the immunization administrations. Providers must bill the appropriate number of units on the detail along with the total charge of all units billed. The CPT vaccine code for each vaccine administered must be reported or billed.

**Note:** If the EP modifier is not listed in block 24D, the reimbursement rate for the CPT codes 90465, 90466, 90467, 90468, 90471, 90472, 90473, or 90474 is $0.00.
**Health Check Related ICD-9-CM and CPT Codes**

The following table lists ICD-9 and CPT codes related to Health Check examinations:

<table>
<thead>
<tr>
<th>Periodic Examination</th>
<th>Preventive CPT Codes and Modifier</th>
<th>Diagnoses Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CPT codes 99381-99385; 99391-99395</td>
<td>V20.2 Primary Diagnosis</td>
</tr>
<tr>
<td></td>
<td>EP Modifier is required in block 24D</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Developmental Screening CPT Code 96110; at 6, 12, 18 or 24 months of age, at age 3, 4, and 5 years of age</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EP Modifier is required in block 24D</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vision CPT code 99172 or 99173; beginning at age 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EP Modifier is required in block 24D</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hearing CPT code 92551, 92552, or 92587; beginning at age 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EP Modifier is required in block 24D</td>
<td></td>
</tr>
<tr>
<td>Interperiodic Examination</td>
<td>CPT codes 99381-99385; 99391-99395</td>
<td>V70.3 Primary Diagnosis</td>
</tr>
<tr>
<td></td>
<td>EP Modifier is required in block 24D</td>
<td></td>
</tr>
</tbody>
</table>

**Preventive Medicine CPT Codes**

The following table lists Preventive Medicine CPT codes that must be listed on the CMS 1500 when filing a claim for a Periodic (V20.2) or an Interperiodic (V70.3) examination. The EP modifier must be listed in block 24D of the CMS 1500 with the appropriate Preventive Medicine code.

<table>
<thead>
<tr>
<th>Age</th>
<th>New Patient</th>
<th>Established Patient</th>
<th>Append EP modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 1 year</td>
<td>99381</td>
<td>99391</td>
<td>Yes</td>
</tr>
<tr>
<td>1 through 4 years</td>
<td>99382</td>
<td>99392</td>
<td>Yes</td>
</tr>
<tr>
<td>5 through 11 years</td>
<td>99383</td>
<td>99393</td>
<td>Yes</td>
</tr>
<tr>
<td>12 through 17 years</td>
<td>99384</td>
<td>99394</td>
<td>Yes</td>
</tr>
<tr>
<td>18 through 20 years</td>
<td>99385</td>
<td>99395</td>
<td>Yes</td>
</tr>
</tbody>
</table>
TIPS FOR BILLING

All Health Check Providers
• Two Health Check screening examinations on different dates of service cannot be billed on the same claim form.
• Immunizations and Therapeutic injections cannot be billed on the same date of service.
• A formal, standardized developmental screening tool must be used during periodic screening examinations for children ages 6, 12, 18 or 24 months, and 3, 4, and 5 years of age.
• If the required vision and/or hearing screenings cannot be performed during a periodic screening examination due to a condition such as blindness, deafness, autism, or uncooperative child, providers should:
  o Document in the patient’s medical record the date of service and the reason(s) why the provider was unable to perform the Vision and/or Hearing Screening.
  o Submit the claim to EDS without the Vision and/or Hearing CPT code which will cause the claim to deny,
  o Resubmit the claim to EDS through the Adjustment Process with supporting medical record documentation.
• Report payments received from third party insurance in block 29 of the CMS-1500 claim form when preventive services (well child examinations) are covered. If third party insurance does not cover preventive services, clearly document in the medical record and submit the claim to Medicaid.

Private Sector Health Check Providers Only
• A Health Check screening examination and an office visit with different dates of service cannot be billed on the same claim form.
• A Health Check screening examination and an office visit cannot be paid initially on the same date of service. One claim will pay and the other will deny. For the denied claim to be reconsidered, it must be submitted as an adjustment with medical justification and a copy of the Remittance and Status Report (RA) denial attached.
• Immunization administration CPT codes 90465, 90466, 90467, 90468, 90471, 90472, 90473 or 90474 with the EP modifier can be billed with a Health Check screening examination, office visit or if the vaccine administration is the only service provided that day. When billing in conjunction with an examination CPT code or an office visit code, an immunization diagnosis is not required in block 21 of the claim form. When billing the administration code for immunizations 90465, 90466, 90467, 90468, 90471, 90472, 90473 or 90474 with the EP modifier as the only service for that day, providers are required to use an immunization diagnosis code in block 21 of the claim form. Always list the CPT vaccine codes when billing these administration codes with the EP modifier. Refer to the sample claims at the end of this guide.
• When checking claim status using the Automated Voice Response (AVR) system (1-800-723-4337), AVR requires providers to enter the total amount billed. Due to each Health Check claim being divided into two separate claims for tracking purposes, the total amount billed must also be split between the amount billed for the Health Check examination and the amount billed for immunizations and any other service billed on the same date of service. Thus, it is necessary to check claim status for two separate claims.
Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Providers Only

- FQHCs and RHCs must bill Health Check services using their Medicaid provider number with the “C” suffix. (Refer to DMA’s NPI Policy requirements after May 23, 2008.)

- When billing for immunizations with a Core visit, use the provider’s Medicaid number with the “A” suffix. (Refer to DMA’s NPI Policy requirements after May 23, 2008.)

- A Health Check screening examination and a core visit cannot be paid initially on the same date of service. One claim will pay and the other will deny. For the denied claim to be reconsidered, it must be submitted as an adjustment with medical justification and a copy of the Remittance and Status Report (RA) denial attached.

- Immunization administration CPT code 90465, 90466, 90467, 90468, 90471, 90472, 90473 or 90474 with the EP modifier can be billed if it is provided in addition to a Health Check screening examination CPT code or if it is the only service provided that day. When billing in conjunction with an examination code, an immunization diagnosis is not required in block 21 of the claim form. When billing the above administration code for immunizations as the only service for that day, an immunization diagnosis code is required to be entered in block 21 of the claim form. The administration code for immunizations cannot be billed in conjunction with a core visit. For reporting purposes, list CPT vaccine codes in the appropriate block on the claim form. Always list CPT vaccine codes when billing any immunization administration code with the EP modifier. Refer to the sample claims in the Attachment to this guide.

Local Health Departments

- Two Health Check screening examinations on different dates of service cannot be billed on the same claim form.

- An immunization administration fee may not be billed if the immunization(s) is provided in addition to a Health Check screening visit. The immunization administration CPT codes 90465, 90466, 90467, 90468, 90471, 90472, 90473 and 90474 with the EP modifier may be billed if immunizations are the only services provided that day or if any immunizations are provided in conjunction with an office visit. When billing immunization administration CPT codes 90465, 90466, 90467, 90468, 90471, 90472, 90473 or 90474, the EP modifier must be entered. Refer to the sample claims at the end of this guide.

- A formal, standardized developmental screening tool must be used during periodic examinations for children ages 6 months, 12 months, 18 or 24 months, and 3, 4, and 5 years of age.

- If the required vision and/or hearing screenings cannot be performed during a periodic visit due to a condition such as blindness or deafness and the claim is denied, the claim may be resubmitted through the adjustment process with supporting medical record documentation attached.
HEALTH CHECK COORDINATORS

Health Check Coordinators (HCCs) are available to assist both parents and providers in assuring that Medicaid-eligible children have access to Health Check services.

HCCs provide education and outreach services in 97 North Carolina counties and the Qualla Boundary. HCCs are stationed in local health departments, community and rural health centers, and other community agencies. A list of counties with HCCs is available on the DMA website at http://www.ncdhhs.gov/dma/provcontacts.html.

The role and responsibilities of the HCC include but are not limited to the following:

- Using the Health Check Automated Information and Notification System (AINS) for identifying and following Medicaid-eligible children, birth through 20 years of age, with regard to services received through the health care system
- Educating families about the importance of establishing a medical home that provides ongoing, comprehensive, family-centered, and accessible care for their children and youth
- Assisting families to use the health care services in a consistent and responsible manner
- Assisting with scheduling appointments or securing transportation
- Acting as a local information, referral, and resource person for families
- Providing advocacy services in addressing social, educational or health needs of the recipient
- Initiating follow-up as requested by providers when families need special assistance or fail to bring children in for Health Check or follow-up examinations
- Promoting Health Check and health prevention with other public and private organizations

Physicians, primary care providers (PCPs), and their office staff are encouraged to establish a close working relationship with HCCs. Ongoing communication significantly enhances recipient participation in Health Check and helps make preventive health care services more timely and effective.
# HEALTH CHECK CLAIM DENIALS – EXPLANATION OF BENEFITS (EOB)

<table>
<thead>
<tr>
<th>EOB</th>
<th>Message</th>
<th>Tip</th>
</tr>
</thead>
<tbody>
<tr>
<td>010</td>
<td>Diagnosis or service invalid for recipient age. Verify MID, diagnosis, procedure code or procedure code/modifier combination for errors. Correct and submit as a new claim.</td>
<td>Verify the recipient's Medicaid identification (MID) number, date of birth (DOB), diagnosis, and procedure codes. Make corrections, if necessary, and resubmit to EDS as a new claim. If all information is correct, send the claim and RA to the DMA Claims Analysis Unit, 2501 Mail Service Center, Raleigh, NC 27699-2501.</td>
</tr>
<tr>
<td>079</td>
<td>This type of service is not payable to your provider type or specialty.</td>
<td>Check your claim for keying errors, make corrections if necessary. Verify the provider type and specialty for your Medicaid provider number by contacting a Health Check Consultant at 919.647.8170.</td>
</tr>
<tr>
<td>082</td>
<td>Service is not consistent with/or not covered for this diagnosis/or description does not match diagnosis.</td>
<td>Verify diagnosis code is V20.2 or V70.3 for the Health Check examination according to the billing guidelines on page 21. Correct claim and resubmit.</td>
</tr>
<tr>
<td>349</td>
<td>Health Check Screen and related service not allowed same day, same provider, or member of same group.</td>
<td>Resubmit as an adjustment with documentation supporting unrelated services.</td>
</tr>
<tr>
<td>685</td>
<td>Health Check services are for Medicaid recipients birth through age 20 only.</td>
<td>Verify recipient’s age. Only recipients age birth through 20 years of age are eligible for Health Check services.</td>
</tr>
<tr>
<td>1036</td>
<td>Thank you for reporting vaccines. This vaccine was provided at no charge through VFC Program. No payment allowed.</td>
<td>Immunizations(s) are available at no charge through the UCVDP/VFC Program.</td>
</tr>
<tr>
<td>1058</td>
<td>The only well child exam billable through the Medicaid program is a Health Check examination. For information about billing Health Check, please call 1-800-688-6696.</td>
<td>Bill periodic examination with primary diagnosis V20.2 and Interperiodic examinations with primary diagnosis V70.3. Check the preventive medicine code entered in block 24D of the claim form and append the EP modifier.</td>
</tr>
<tr>
<td>1422</td>
<td>Immunization administration not allowed without the appropriate immunization. Refer to the most recent Health Check Special Bulletin.</td>
<td>Check the claim to ensure that the immunization procedure code(s) are billed on the same claim as the immunization administration code(s). Make corrections and resubmit as a new day claim.</td>
</tr>
<tr>
<td>1769</td>
<td>No additional payment made for vision, hearing and/or developmental screening services.</td>
<td>Payment is included in Health Check reimbursement.</td>
</tr>
<tr>
<td>1770</td>
<td>Invalid procedure/modifier/diagnosis code combination for Health Check or Family Planning services. Correct and resubmit as a new claim.</td>
<td>Health Check services must be billed with the primary diagnosis code V20.2 or V70.3 and the EP modifier. Verify the correct diagnosis code, procedure code and modifier for the service rendered. Family planning services must be billed with the FP modifier and the diagnosis code V25.9.</td>
</tr>
<tr>
<td>1771</td>
<td>All components were not rendered for this Health Check examination.</td>
<td>For periodic examinations, verify all required components, such as vision and/or hearing assessments were performed and reported on the claim form using the EP modifier. Make corrections and resubmit as a new day claim.</td>
</tr>
</tbody>
</table>
# HEALTH CHECK BILLING REFERENCE SHEET

**Date of Service __________________**

<table>
<thead>
<tr>
<th>Patient’s Name</th>
<th>Next Examination Date (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid ID number</td>
<td>Date of Birth</td>
</tr>
</tbody>
</table>

## Health Check Diagnosis Code

<table>
<thead>
<tr>
<th>Periodic Health Check Examination</th>
<th>Periodic Health Check Screening V20.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interperiodic Health Check Examination</td>
<td>Interperiodic Health Check Examination V70.3</td>
</tr>
</tbody>
</table>

## Health Check Examination Code

<table>
<thead>
<tr>
<th>Description</th>
<th>Preventive Medicine Codes</th>
<th>Diagnosis Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Periodic Examination - Birth through 20 years</td>
<td>99381-9985; 99391-99395 With EP Modifier</td>
<td>V20.2</td>
</tr>
<tr>
<td>Developmental Screening based on age</td>
<td>Development Screening CPT Code 96110 With EP Modifier</td>
<td></td>
</tr>
<tr>
<td>Vision Screening based on age</td>
<td>Vision Screening CPT Code 99172 or 99173 With EP Modifier</td>
<td></td>
</tr>
<tr>
<td>Hearing Screening based on age</td>
<td>Hearing Screening CPT Code 92551, 92552 or 92587 With EP Modifier</td>
<td></td>
</tr>
<tr>
<td>Interperiodic Examination - Birth through 20 years</td>
<td>99381-9985; 99391-99395 With EP Modifier</td>
<td>V70.3</td>
</tr>
</tbody>
</table>

## Second Diagnosis ________________ (if applicable)

<table>
<thead>
<tr>
<th>Description</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-up with HC provider or another provider</td>
<td>R - providers billing on paper</td>
</tr>
<tr>
<td>E or F - providers billing electronically</td>
<td></td>
</tr>
</tbody>
</table>

## Third Diagnosis ________________ (if applicable)

<table>
<thead>
<tr>
<th>Description</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-up with HC provider or another provider</td>
<td>R - providers billing on paper</td>
</tr>
<tr>
<td>E or F - providers billing electronically</td>
<td></td>
</tr>
</tbody>
</table>

## Fourth Diagnosis ________________ (if applicable)

<table>
<thead>
<tr>
<th>Description</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-up with HC provider or another provider</td>
<td>R - providers billing on paper</td>
</tr>
<tr>
<td>E or F - providers billing electronically</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT Codes</th>
<th>Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization Administration Fee</td>
<td>90471 or 90465 EP Modifier 90467 or 90473 EP Modifier</td>
<td>One immunization</td>
</tr>
<tr>
<td>Additional Immunization Administration Fee</td>
<td>90472 or 90466 EP Modifier 90468 or 90474 EP Modifier</td>
<td>Additional immunizations</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Diagnosis</td>
</tr>
<tr>
<td>--------</td>
<td>------------------------------------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>90291</td>
<td>Cytomegalovirus immune globulin (CMV-IgIV), human, Cytogam</td>
<td>V07.2</td>
</tr>
<tr>
<td>J1460-</td>
<td>Gamma globulin codes, IM. Use the code for the amount administered</td>
<td>V07.2</td>
</tr>
<tr>
<td>J1560</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J1571</td>
<td>Hepatitis B immune globulin (Hepagam B), IM</td>
<td>V07.2</td>
</tr>
<tr>
<td>J1573</td>
<td>Hepatitis B immune globulin (Hepagam B), IV</td>
<td>V07.2</td>
</tr>
<tr>
<td>90371</td>
<td>Hepatitis B immune globulin (HBIg), human, IM</td>
<td>V07.2</td>
</tr>
<tr>
<td>J1562</td>
<td>Immune Globulin, (Vivaglobin), subq</td>
<td>V07.2</td>
</tr>
<tr>
<td>J1566</td>
<td>Immune globulin lyophilized (powder), IV</td>
<td>V07.2</td>
</tr>
<tr>
<td>J1568</td>
<td>Immune globulin non-lyophilized (liquid) (Octagam)</td>
<td>V07.2</td>
</tr>
<tr>
<td>J1569</td>
<td>Immune globulin non-lyophilized (liquid) (Gammagard)</td>
<td>V07.2</td>
</tr>
<tr>
<td>J1572</td>
<td>Immune globulin non-lyophilized (liquid) (Flebogamma)</td>
<td>V07.2</td>
</tr>
<tr>
<td>J1561</td>
<td>Immune globulin non-lyophilized (liquid) (Gamanex)</td>
<td>V07.2</td>
</tr>
<tr>
<td>J1570</td>
<td>Lymphocyte immune globulin, (Atgam)</td>
<td>V07.2</td>
</tr>
<tr>
<td>90375</td>
<td>Rabies Immune Globulin, (BayRab), IM or subq</td>
<td>V07.2</td>
</tr>
<tr>
<td>90376</td>
<td>Rabies Immune Globulin – Heat treated (RIG-HT) (Imogam Rabies), IM or subq</td>
<td>V07.2</td>
</tr>
<tr>
<td>90379</td>
<td>Respiratory syncytial virus immune globulin (RSV-IgIV), human, IV</td>
<td>V07.2</td>
</tr>
<tr>
<td>J2790</td>
<td>Rho (D) Immune Globulin Full Dose (BayRho-D)</td>
<td>V07.2</td>
</tr>
<tr>
<td>J2788</td>
<td>Rho (D) Immune Globulin Mini Dose</td>
<td>V07.2</td>
</tr>
<tr>
<td>J2791</td>
<td>Rho (D) Immune Globulin, human (Rhophylac) IM or IV</td>
<td>V07.2</td>
</tr>
<tr>
<td>J2792</td>
<td>Rho(D) Immune Globulin, human (RhIgIV) (WINRho SDF)</td>
<td>V07.2</td>
</tr>
<tr>
<td>90389</td>
<td>Tetanus Immune Globulin, IM</td>
<td>V07.2</td>
</tr>
<tr>
<td>90396</td>
<td>Varicella-Zoster Immune Globulin, IM</td>
<td>V07.2</td>
</tr>
<tr>
<td>90585</td>
<td>BCG</td>
<td>V03.2</td>
</tr>
<tr>
<td>90632</td>
<td>Hepatitis A Vaccine – Age 18 years and up</td>
<td>V05.8</td>
</tr>
<tr>
<td>90633</td>
<td>Hepatitis A Vaccine – 2-dose pediatric/adolescent</td>
<td>V05.3</td>
</tr>
<tr>
<td>90636*</td>
<td>Hepatitis A and B combination vaccine (Twinrix) (18 years only in local health departments or UCVDP/VFC prior-approved non-traditional sites)</td>
<td>V06.8</td>
</tr>
<tr>
<td>90647</td>
<td>Hib vaccine 3-dose PRP-OMP (PedvaxHib)</td>
<td>V03.81</td>
</tr>
<tr>
<td>90648</td>
<td>Hib vaccine 4-dose PRP-T (ActHib)</td>
<td>V03.81</td>
</tr>
<tr>
<td>90649</td>
<td>Human papilloma virus, HPV, vaccine (Females 9 through 18 years of age)</td>
<td>V04.89</td>
</tr>
<tr>
<td></td>
<td><strong>Exception:</strong> If the first dose of HPV is administered prior to age 19, UCVDP/VFC vaccine can be used to complete the series prior to age 20.</td>
<td></td>
</tr>
<tr>
<td>90655</td>
<td>Influenza, split virus, preservative free vaccine (6 through 35 months of age)</td>
<td>V04.81</td>
</tr>
<tr>
<td>90656</td>
<td>Influenza, preservative free vaccine – Age 3 years and up Refer to ACIP Guidelines for children over 5 years of age.</td>
<td>V04.81</td>
</tr>
<tr>
<td>90657</td>
<td>Influenza, split virus vaccine (6 months through 35 months of age)</td>
<td>V04.81</td>
</tr>
<tr>
<td>90658</td>
<td>Influenza, split virus vaccine (Age 3 years and up) Refer to ACIP Guidelines for children over 5 years of age.</td>
<td>V04.81</td>
</tr>
<tr>
<td>90660</td>
<td>Influenza, live intranasal vaccine (FluMist) (2 through 18 years) Refer to ACIP Guidelines.</td>
<td>V04.81</td>
</tr>
<tr>
<td>90669</td>
<td>Pneumococcal vaccine (PCV7) (2 through 59 months of age) V03.82 VFC only vaccine 2 mos through 4 yrs</td>
<td></td>
</tr>
<tr>
<td>90675</td>
<td>Rabies Vaccine – IM</td>
<td>V04.5</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Diagnosis</td>
</tr>
<tr>
<td>----------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>90680</td>
<td>Rotavirus vaccine (6 through 31 weeks of age)</td>
<td>V04.89</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90700</td>
<td>DTaP vaccine</td>
<td>V06.1</td>
</tr>
<tr>
<td>90702</td>
<td>DT vaccine</td>
<td>V06.5</td>
</tr>
<tr>
<td>90703</td>
<td>Tetanus Toxoid vaccine</td>
<td>V03.7</td>
</tr>
<tr>
<td>90704</td>
<td>Mumps vaccine</td>
<td>V04.6</td>
</tr>
<tr>
<td>90705</td>
<td>Measles vaccine</td>
<td>V04.2</td>
</tr>
<tr>
<td>90706</td>
<td>Rubella vaccine</td>
<td>V04.3</td>
</tr>
<tr>
<td>90707*</td>
<td>MMRV (measles, mumps, and rubella) vaccine</td>
<td>V06.4</td>
</tr>
<tr>
<td>90710</td>
<td>MMRV (measles, mumps, rubella, and varicella) vaccine</td>
<td>V06.8</td>
</tr>
<tr>
<td>90713</td>
<td>IPV (Injectable Polio Vaccine)</td>
<td>V04.0</td>
</tr>
<tr>
<td>90714*</td>
<td>Td vaccine</td>
<td>V06.5</td>
</tr>
<tr>
<td>90715*</td>
<td>Tdap vaccine</td>
<td>V06.1</td>
</tr>
<tr>
<td>90716</td>
<td>Varicella vaccine</td>
<td>V05.4</td>
</tr>
<tr>
<td>90721</td>
<td>DTaP/Hib combination vaccine</td>
<td>V06.8</td>
</tr>
<tr>
<td>90723</td>
<td>Combination DTaP, Hepatitis B, and IPV, (&gt;2 months through 6 years of age)</td>
<td>V06.8</td>
</tr>
<tr>
<td>90732</td>
<td>Pneumococcal vaccine (PPV23) – High risk only</td>
<td>V03.82 or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>V05.8</td>
</tr>
<tr>
<td>90733</td>
<td>Meningococcal polysaccharide vaccine</td>
<td>V01.84</td>
</tr>
<tr>
<td>90734</td>
<td>Meningococcal conjugate vaccine</td>
<td>V01.84</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90740</td>
<td>Hepatitis B vaccine – dialysis/immunocompromised patient dosage (3-dose schedule)</td>
<td>585 or diagnosis related to the immunocompromised state</td>
</tr>
<tr>
<td>90744*</td>
<td>Hepatitis B Vaccine – Pediatric/adolescent Exception: If the first dose of Hepatitis B vaccine is administered prior to age 19, UCVDP vaccine can be used to complete the series prior to age 20.</td>
<td>V05.3</td>
</tr>
<tr>
<td>90746*</td>
<td>Hepatitis B Vaccine – Age 19 and above</td>
<td>V05.8</td>
</tr>
<tr>
<td>90747</td>
<td>Hepatitis B Vaccine - Dialysis/immunosuppressed patient 4-dose series</td>
<td>585 or diagnosis related to the immunocompromised state</td>
</tr>
</tbody>
</table>

The asterisk beside the CPT procedure code for the vaccines in the table above indicates that providers should refer to the Immunization Branch website at [http://www.immunizenc.com](http://www.immunizenc.com) for detailed information regarding vaccines that are provided for those recipients over 18 years of age through the UCVDP/VFC program or call the Immunization Branch at 1-877-873-6247.

**Note:** This list is subject to change. Updates regarding vaccines are published in the general Medicaid bulletins on DMA’s website at [http://www.ncdhhs.gov/dma/bulletin.htm](http://www.ncdhhs.gov/dma/bulletin.htm).
 RESOURCE LIST

Children with Special Health Care Needs Helpline
1-800-737-3028

Dental Varnishing
Clinical Coverage Policy #1A-23, Physician Fluoride Varnish Services
http://www.ncdhhs.gov/dma/mp/mpindex.htm

Developmental Screening standardized and validated screening tools
http://www.dbpeds.org
http://www.brightfutures.aap.org

Developmental Surveillance and Screening
http://aappolicy.aappublications.org/cgi/reprint/pediatrics;118/1/405.pdf

DMA Customer Services Center
1-888-245-0179

EDS Provider Services
1-800-688-6696

Health Check Coordinator Contact List
http://www.ncdhhs.gov/dma/provcontacts.html

National HIPAA Implementation Guide
http://www.wpc-edi.com/hipaa

NC Family Health Resource Line
1-800-367-2229

NC Healthy Start Foundation
http://www.nchealthystart.org/

North Carolina 837 Professional Claim Transaction Guide
http://www.ncdhhs.gov/dma/hipaa/compguides.htm

North Carolina Immunization Branch
Universal Childhood Vaccine Distribution Program/Vaccines for Children (UCVDP/VFC)
http://www.immunizenc.com

North Carolina Lead Screening and Follow Up Manual
http://www.deh.enr.state.nc.us/ehs/Children_Health/index.html

December 2005 Special Bulletin, Medicaid for Children, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and Health Check
http://www.ncdhhs.gov/dma/bulletin/bulletinspecial.htm
Basic Medicaid Billing Guide
http://www.ncdhhs.gov/dma/medbilleague.htm

EPSDT Provider Page
http://www.ncdhhs.gov/dma/EPSDTprovider.htm

Physician’s Fee Schedule
http://www.ncdhhs.gov/dma/fee/fee.htm

Policy Instructions: Early and Periodic Screening, Diagnostic and Treatment
http://www.ncdhhs.gov/dma/EPSDTprovider.htm

Prior Approval Process and Request for Non-Covered Services
http://www.ncdhhs.gov/dma/formsprov.html
http://www.ncdhhs.gov/dma/medbilleague.htm

Recommended Childhood and Adolescent Immunization Schedule, by Vaccine and Age - United States, 2007
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5701a8.htm?s_cid=mm5701a8_e

Printable versions of the schedule can be found at:
http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#printable

Recommendations for Preventive Pediatric Health Care
http://pediatrics.aappublications.org/cgi/data/120/6/1376/DC1/1

Universal Childhood Vaccine Distribution Program/Vaccines for Children (UCVDP/VFC)
North Carolina Immunization Branch
http://www.immunizenc.com
**Private Provider**

**Periodic Examination**

**Developmental Screening**

---

**HEALTH INSURANCE CLAIM FORM**

**APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 03/05**

---

**1. MEDICARE MEDICAID TRICARE CHAMPUS**

- [ ] Medicare #
- [ ] Medicaid #
- [ ] CHAMPUS
- [ ] Member ID

**2. PATIENT’S NAME (Last Name, First Name, Middle Initial)**

- Patient, Joe

**3. PATIENT’S BIRTH DATE**

- 01/15/03

**4. INSURED’S S.S. NUMBER**

- 123456789K

---

**5. PATIENT’S ADDRESS (No., Street)**

- 123 Fun Street

**6. PATIENT’S PHONE (Area Code) TELEPHONE**

- (555) 555-5555

**7. PATIENT’S CITY, STATE**

- Fun Town, NC

---

**8. OTHER INSURED’S NAME (Last Name, First Name, Middle Initial)**

- 123 Any Street

**9. OTHER INSURED’S ADDRESS (No., Street)**

- Any City, NC 27523-5678

---

**10. INSURED’S NPI NUMBER**

- 80335555NPI

**11. POLICY GROUP OR FECA NUMBER**

- 1D

---

**12. EMPLOYER’S NAME OR SCHOOL NAME**

- Dr J P Provider

**13. EMPLOYER’S PHONE (Area Code) TELEPHONE**

- (555) 555-5555

---

**14. EMPLOYER’S CITY, STATE**

- Fun Town, NC 27606-1234

**15. EMPLOYER’S FEDERAL TAX ID NUMBER**

- 80335555NPI

---

**16. INSURED’S POLICY GROUP OR FECA NUMBER**

- 1D

**17. EMPLOYER’S NPI NUMBER**

- 8999999

---

**18. PATIENT’S CONDITION RELATED TO**

- 123 Fun Street

**19. INSURED’S POLICY GROUP OR FECA NUMBER**

- 1D

---

**20. INSURED’S S.S. NUMBER**

- 123456789K

---

**21. INSURED’S HOME ADDRESS (No., Street)**

- 123 Fun Street

**22. INSURED’S PHONE (Area Code) TELEPHONE**

- (555) 555-5555

---

**23. MEDICAID RESUBMISSION CODE**

- ORIGINAL REF. NO.

---

**24. PRIOR AUTHORIZATION NUMBER**

- 1D 8999999

**25. FEDERAL TAX ID NUMBER**

- 1D 8999999

---

**26. SIGNATURE OF PHYSICIAN OR SUPPLIER**

- Dr J P Provider

**27. SERVICE FACILITY LOCATION INFORMATION**

- 123 That St

**28. BILLING PROVIDER INFO & PH#**

- That City, NC 27606-1234

**29. BILLING PROVIDER INFO & PH#**

- Dr J P Provider

**30. BILLING PROVIDER INFO & PH#**

- 123 Any St

**31. SERVICE FACILITY LOCATION INFORMATION**

- Any City, NC 27523-5678

---

**32. FEES FOR SERVICES OR SUPPLIES**

- 1D

**33. TOTAL CHARGES**

- $80.33

---

**34. SIGNATURE ON FILE**

- NPI

**35. AMOUNT PATIENT PAID**

- NPI

**36. BALANCE DUE**

- $80.33

---

**37. SIGNATURE ON FILE**

- NPI

**38. DATE**

- 11/15/03

**39. PROVIDER ID #**

- 1D 5555555

---

**40. SIGNATURE ON FILE**

- NPI

**41. DATE**

- 11/15/03

**42. PROVIDER ID #**

- 1D 5555555

---

**43. SIGNATURE ON FILE**

- NPI

**44. DATE**

- 11/15/03

**45. PROVIDER ID #**

- 1D 5555555

---

**46. SIGNATURE ON FILE**

- NPI

**47. DATE**

- 11/15/03

**48. PROVIDER ID #**

- 1D 5555555

---

**49. SIGNATURE ON FILE**

- NPI

**50. DATE**

- 11/15/03

**51. PROVIDER ID #**

- 1D 5555555

---

**52. SIGNATURE ON FILE**

- NPI

**53. DATE**

- 11/15/03

**54. PROVIDER ID #**

- 1D 5555555

---

**55. SIGNATURE ON FILE**

- NPI

**56. DATE**

- 11/15/03

**57. PROVIDER ID #**

- 1D 5555555

---

**58. SIGNATURE ON FILE**

- NPI

**59. DATE**

- 11/15/03

**60. PROVIDER ID #**

- 1D 5555555

---

**NUCC Instruction Manual available at: www.nucc.org**

---

**APPROVED OMB-0038-0900 FORM CMS-1500 (08/05)**
### N.C. Medicaid Special Bulletin II
#### April 2008

### HEALTH INSURANCE CLAIM FORM

**Private Provider**  
**Physician Counseling with Immunizations**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.</td>
<td>Signature on File</td>
</tr>
<tr>
<td>21. A</td>
<td>Diagnosis or Nature of Illness or Injury</td>
</tr>
<tr>
<td>22.</td>
<td>Medicaid Resubmission Code</td>
</tr>
<tr>
<td>23.</td>
<td>Prior Authorization Number</td>
</tr>
<tr>
<td>24. A</td>
<td>Dates of Service</td>
</tr>
<tr>
<td>25.</td>
<td>Federal Tax ID Number</td>
</tr>
<tr>
<td>27.</td>
<td>Accept Assignment?</td>
</tr>
<tr>
<td>28.</td>
<td>Total Charges</td>
</tr>
<tr>
<td>29.</td>
<td>Amount Paid</td>
</tr>
<tr>
<td>30.</td>
<td>Balance Due</td>
</tr>
<tr>
<td>31.</td>
<td>Signature of Physician or Supplier</td>
</tr>
<tr>
<td>32.</td>
<td>Service Facility Location Information</td>
</tr>
<tr>
<td>33.</td>
<td>Billing Provider Info &amp; PHN</td>
</tr>
</tbody>
</table>

---

**N.C. Medicaid Special Bulletin II**  
**April 2008**

---

**HEALTH INSURANCE CLAIM FORM**

**APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 2006**

### 1. MEDICARE
- [ ] Medicare B
- [ ] Medicare C
- [ ] Medicare D

### 2. PATIENT'S NAME (Last Name, First Name, Middle Name)
- Patient, Joe

### 3. PATIENT'S ADDRESS (No., Street, City, State, Zip Code)
- 123 Fun Street, Fun Town, NC 27606-1234

### 4. NPI Number
- 1D 55555K

### 5. PATIENT'S RELATIONSHIP TO INSURED
- Single

### 6. PATIENT'S STATUS
- Single

### 7. INSURED'S ADDRESS (No., Street, City, State, Zip Code)
- Dr J P Provider, 123 Any St, Any City, NC 27523-5678

### 8. EMPLOYER'S NAME OR SCHOOL NAME
- 02 14 02

### 9. EMPLOYER'S DATE OF BIRTH
- 05 05 08 05 05 08

### 10. EMPLOYED BY?
- Yes

### 11. INSURER'S POLICY GROUP OR PERSA NUMBER
- Yes

### 12. INSURER'S OR AUTHORIZED PERSON'S SIGNATURE
- Copy of Original Reference No.

### 13. INSURER'S OR AUTHORIZED PERSON'S SIGNATURE
- Copy of Original Reference No.

---

**NDC Instruction Manual available at: www.nucc.org**

---

**APPROVED CMS-0038-0060 FORM CMS-1500 (08/05)**

---

**47**
**HEALTH INSURANCE CLAIM FORM**

**Approved by National Uniform Claim Committee 8855**

### Patient Information
- **Name:** Joanna V20.2
- **Date of Birth:** 03 22 08
- **Sex:** M
- **NPI Number:** 123456789K
- **Address:** 123 Fun Street, Fun Town, NC 27606-1234
- **City:** Fun Town, NC
- **Telephone:** (555) 555-5555
- **ZIP Code:** 11111

### Provider Information
- **Name:** Dr. J P Provider
- **Address:** 123 Any St, Any City, NC 27523-5678
- **Telephone:** (555) 555-5555

### Claim Details
- **Diagnosis:** V20.2
- **Procedure:** EP
- **Amount:** $80.33

---

**Signature on File**

**NUCC Instruction Manual available at:** www.nucc.org

**APPROVED OMN-0938-0999 FORM CMS-1500 (08/05)**
**Private Provider Interperiodic Screening Immunizations**

**Patient:** Joe

**Address:**
- Fun Town
- 11111 Fun Street
- 123 That St
- Any City, NC 27606-1234
- 123 Any St
- Any City, NC 27523-5678

**NPI Number:**
- 1D 555555K

**IMMUNIZATIONS**

<table>
<thead>
<tr>
<th>Date</th>
<th>NPI</th>
<th>Diagnosis or Nature of Illness or Injury</th>
<th>Hours</th>
<th>Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/05</td>
<td>555555K</td>
<td>V70.3</td>
<td>80.33</td>
<td>1</td>
</tr>
<tr>
<td>05/08</td>
<td>555555K</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/08</td>
<td>555555K</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/08</td>
<td>555555K</td>
<td></td>
<td>17.25</td>
<td>1</td>
</tr>
<tr>
<td>05/08</td>
<td>555555K</td>
<td></td>
<td>19.42</td>
<td>2</td>
</tr>
<tr>
<td>05/08</td>
<td>555555K</td>
<td></td>
<td>0.00</td>
<td>1</td>
</tr>
<tr>
<td>05/08</td>
<td>555555K</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Provider:**
- Dr J P Provider
- 123 Any St
- Any City, NC 27523-5678

**Signature on File:**
- NPI
- NPI
- NPI

**NCCI Instruction Manual available at:** www.ncci.org
**Private Provider – Split Claim**

**Periodic Examination**

**Developmental, Vision, and Hearing Screening**

(Block 24H) Referral Indicator “R”

**Immunizations**

---

<table>
<thead>
<tr>
<th>Block</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>03</td>
<td>Patient's Date of Birth (MM/DD/YY)</td>
</tr>
<tr>
<td>04</td>
<td>Patient's Sex (M/F)</td>
</tr>
</tbody>
</table>

---

**Patient: Joe**

**Address:** 123 Fun Street, Fun Town, NC 27606-1234

**Provider:** Dr. J P Provider

**Address:** 123 Any St, Any City, NC 27523-5678

---

**NPI Number:** 80.33 1D 8999999NPI

---

**Periodic Examination**

- **Developmental:**
  - Vision screening
  - Hearing screening

**Immunizations:**

- **Periodic:**
  - Immunization status

---

**Signature on File:**

**NPI:** 8999999

---

**APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)**
**HEALTH INSURANCE CLAIM FORM**

**N.C. Medicaid Special Bulletin II  April 2008**

**FQHC/RHC**
Periodic Examination
Vision & Hearing Screenings

<table>
<thead>
<tr>
<th>FQHC/RHC Provider Clinic</th>
<th>Address</th>
<th>Phone</th>
<th>NPI Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>JP Provider Clinic</td>
<td>123 That St</td>
<td>555-555</td>
<td>8111111</td>
</tr>
</tbody>
</table>

**Patient Information**

- **Name:** Joe
- **DOB:** 03/11/95
- **Gender:** M
- **NPI Number:** 80.33-1D-8111111
- **Address:** Fun St, Fun Town, NC 27606-1234
- **Phone:** 555-555-5555
- **City:** Fun Town
- **State:** NC

**Diagnosis**

- **Code:** V20.2
- **Diagnosis:** (Specify)

<table>
<thead>
<tr>
<th>Procedure/Services</th>
<th>DCIS</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>80.33</td>
</tr>
</tbody>
</table>

**Signed on File**

- **NPI:** NPI
- **NPI:** NPI
- **NPI:** NPI

**NCCI Instruction Manual available at:** [www.nucc.org](http://www.nucc.org)

**APPROVED OMB-0938-0969 FORM CMS-1500 (08/05)**
Patient, Joanna  

123 Fun Street  

City: Fun Town  State: NC  

ZIP Code: 11111  Telephone (Include Area Code): (555) 555-5555  

11. Insured's Policy Group or PGA Number:  

12. Patient's Condition Related To:  

13. Insured's OR Authorized Person's Signature:  

SIGNATURE ON FILE  

OCCUPATION:  

FQHC/RHC Interperiodic Examination (Block 24H) Referral Indicator “F”  

NCP Medicaid Special Bulletin II  April 2008  

Approve OMB-0938-0999 Form CMS-1500 (08/05)  

54
**HEALTH INSURANCE CLAIM FORM**

**FQHC/RHC**
Immunizations Only

**N.C. Medicaid Special Bulletin II**
April 2008

<table>
<thead>
<tr>
<th><strong>1. MEDICARE</strong></th>
<th><strong>2. MEDICARE</strong></th>
<th><strong>3. TRICARE</strong></th>
<th><strong>4. CHAMPVA</strong></th>
<th><strong>5. GROUP</strong></th>
<th><strong>6. CLINIC</strong></th>
<th><strong>7. MEDICAID</strong></th>
<th><strong>8. OTHER</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare #</td>
<td>Medicare #</td>
<td></td>
<td>Sponsor's SSN</td>
<td>Member ID</td>
<td>SSN (ID)</td>
<td>SSN (ID)</td>
<td></td>
</tr>
</tbody>
</table>

**2. PATIENT'S NAME** (Last Name, First Name, Middle Initial)
Patient, Joe

**9. CITY**
Fun Town

**11. ZIP CODE**
11111

**3. MEDICARE**

<table>
<thead>
<tr>
<th><strong>4. PATIENT'S BIRTH DATE</strong></th>
<th><strong>5. INSURED'S NAME</strong> (Last Name, First Name, Middle Initial)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/25/66</td>
<td>123456789K</td>
</tr>
</tbody>
</table>

**5. INSURED'S ADDRESS (No., Street)**
123 Fun Street

**6. PATIENT'S ADDRESS (No., Street)**
123 That St

**10. NPI NUMBER**
NPI Number

**13. PATIENT'S CONDITION RELATED TO:**

<table>
<thead>
<tr>
<th><strong>14. DATE OF CURRENT ILLNESS</strong></th>
<th><strong>15. EMPLOYMENT</strong></th>
<th><strong>16. PATIENT HAS HAD SAME OR SIMILAR ILLNESS</strong></th>
<th><strong>17. NAME OF REFERRING PROVIDER OR OTHER SOURCE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>05/05/08</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/05/08</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/05/08</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/05/08</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/05/08</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/05/08</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/05/08</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/05/08</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**18. HOSPITALIZATION DATES RELATED TO CURRENT ILLNESS**

<table>
<thead>
<tr>
<th><strong>19. RESERVED FOR LOCAL USE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**20. OUTSIDE LAB**

| **21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY** (Select items 1, 2, 3 or 4 to item 24E by Lines)
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>V03.81</td>
</tr>
</tbody>
</table>

**22. MEDICARE RESUBMISSION CODE**

<table>
<thead>
<tr>
<th><strong>23. PRIOR AUTHORIZATION NUMBER</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**24. A. DATES OF SERVICE**

<table>
<thead>
<tr>
<th><strong>5. INSURED'S ADDRESS (No., Street)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**25. FEDERAL TIN. NUMBER**

<table>
<thead>
<tr>
<th><strong>26. PATIENT'S ACCOUNT NO.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**27. ACCEPT ASSIGNMENT?**

<table>
<thead>
<tr>
<th><strong>28. TOTAL CHARGE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

**29. AMOUNT PAID**

<table>
<thead>
<tr>
<th><strong>30. BALANCE DUE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

**31. SIGNATURE OF PHYSICIAN OR SUPPLIER**

<table>
<thead>
<tr>
<th><strong>32. SERVICE FACILITY LOCATION INFORMATION</strong></th>
</tr>
</thead>
</table>

**33. BILLING PROVIDER REF. & PH#**

<table>
<thead>
<tr>
<th><strong>34. NPI NUMBER</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>5555555</td>
</tr>
</tbody>
</table>

**35. Signature on File**

<table>
<thead>
<tr>
<th><strong>36. NPI NUMBER</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>5555555</td>
</tr>
</tbody>
</table>

**37. NPI NUMBER**

<table>
<thead>
<tr>
<th><strong>38. NPI NUMBER</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>5555555</td>
</tr>
</tbody>
</table>

**39. APPROVED OMB-0938-0969 FORM CMS-1500 (08/05)**

**55**
## HEALTH INSURANCE CLAIM FORM

### 1. MEDICARE

- [ ] Medicare
- [ ] Medicare # [Leave blank if Medicare # is not available]
- [ ] Medicare [Indicate if Medicare # is not available]
- [ ] Medicare # (Do not use Medicare # 000-00-0000)
- [ ] Medicare # (Do not use Medicare # 000-00-0000)

### 2. PATIENT’S NAME (Last Name, First Name, Middle Initial)

- **Patient**: Joe

### 3. PATIENT’S BIRTH DATE

- **Date**: 09/09/06
- **Sex**: Male

### 4. INSURED’S ID NUMBER (For Program in Item 1)

- **Number**: 123456789K

### 5. PATIENT’S ADDRESS (No. Street)

- **Address**: 123 Fun Street
- **City**: Fun Town, NC 27606-1234
- **State**: NC
- **ZIP Code**: 11111
- **Telephone**: (555) 555-5555

### 6. INSURED’S ID NUMBER

- **Number**: 123456789K

### 7. PATIENT RELATIONSHIP TO INSURED

- [ ] Self
- [ ] Spouse
- [ ] Child
- [ ] Other

### 8. INSURED’S ADDRESS (No. Street)

- **Address**: 123 Any Street
- **City**: Any City, NC 27523-5678
- **State**: NC
- **ZIP Code**: [Redacted]

### 9. OTHER INSURED’S NAME (Last Name, First Name, Middle Initial)

- **Name**: [Redacted]

### 10. OTHER INSURED’S ID NUMBER

- **Number**: [Redacted]

### 11.綜上所述，这份文件是N.C. Medicaid的特殊公告，编号II，日期为2008年4月。文件内容包括了医疗保险索赔表单的填写示例，包括受保人的基本信息、地址、联系方式等。文件还包含了一些健康保险相关的项目，如免疫接种等。

### 12. 病人的签名及日期

- **Signature on File**: [Redacted]
- **Date**: [Redacted]

### 13. 其他相关信息

- **FQHC/RHC Core Visit Immunizations**
- **Signature on File**: [Redacted]
- **Date**: [Redacted]

### 14. 索引

- **NPI Number**: 8999999

### 15. 其他信息

- **Billing Provider Information**: The JP Provider Clinic
  - **Address**: 123 Any St
  - **City**: Any City, NC 27523-5678

### 16. 审核

- **Approved OMB-0938-0999 FORM CMS-1500 (08/05)**

### 17. 页码

- **Page**: 56
**Private Provider – Split Claim**

**Periodic Examination**

---

**Patient:** Joanna

**NPI Number:** 123456789K

**Provider:** Dr. J. P. Provider

---

**Periodic Examination Information**

**Date:** 04 30 08

**Amount:** 80.33

---

**Signature on File:**

**Provider:**

**Address:** 123 That St
**City:** That City, NC 27606-1234

**Phone:** (555) 555-5555

---

**Claim Form Details**

**Patient Information:**

- **Name:** Joanna
- **Address:** 123 Fun Street, Fun Town, NC 27606-1234
- **Telephone:** (555) 555-5555

**Provider Information:**

- **Name:** Dr. J. P. Provider
- **Address:** 123 Any St, Any City, NC 27523-5678

---

**Other Details:**

- **Payment Information:**
  - **Amount:** 80.33
  - **Paid:** $80.33
  - **Balance Due:** $80.33

---

**Form Information:**

- **Form:** CMS-1500
- **Date:** April 2008
- **Authorized Signature:**

---

**NHC Medicaid Special Bulletin II**

---

**NUCC Instruction Manual available at:** www.nucc.org

---

**APPROVED ON:** 09/03-09/09
<table>
<thead>
<tr>
<th>N.C. Medicaid Special Bulletin II</th>
<th>April 2008</th>
</tr>
</thead>
</table>

**HEALTH INSURANCE CLAIM FORM**

- **Provider:** Private Provider
- **Immunizations**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>06 29 08</td>
<td>100000</td>
<td>EP</td>
<td>Fun Town, NC</td>
<td>123456789K</td>
<td>17.25</td>
<td>0.00</td>
</tr>
<tr>
<td>06 29 08</td>
<td>100000</td>
<td>EP</td>
<td>Fun Town, NC</td>
<td>123456789K</td>
<td>17.25</td>
<td>0.00</td>
</tr>
<tr>
<td>06 29 08</td>
<td>100000</td>
<td>EP</td>
<td>Fun Town, NC</td>
<td>123456789K</td>
<td>17.25</td>
<td>0.00</td>
</tr>
<tr>
<td>05 05 08</td>
<td>100000</td>
<td>EP</td>
<td>Fun Town, NC</td>
<td>123456789K</td>
<td>17.25</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Certification of Clarity**

**Signature on File**

**Provider Information**

- **NPI Number:** 123456789K
- **Address:** 123 That St
  That City, NC 27606-1234
- **Provider Name:** Joanna V05.3
- **Telephone:** (555) 555-5555

**Insurance Information**

- **Plan:** Medicaid
- **Provider ID:** 100000X

**Billing Information**

- **Billing Provider:** Dr J P Provider
  123 Any St
  Any City, NC 27523-5678

**Other Information**

- **Attorney:** N/A
- **Employer:** Full-Time
- **Employer's Name:** Fun Town
  11111 Fun St
  Fun Town, NC 27606-1234
- **Phone:** (555) 555-5555

**Claim Details**

- **Diagnosis:** V05.3
- **Medical Services:** Immunizations
- **Provider:** Private Provider

---

**APPROVED OMB-0580-0099 FORM CMS-1500 (08/05)**
**Private Provider Immunizations Only**

**HEALTH INSURANCE CLAIM FORM**

**APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 06/95**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis</td>
<td>V06.1</td>
</tr>
</tbody>
</table>

**Patient Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name</td>
<td>Joe</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>05/06/03</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>Relationship to Insured</td>
<td>Self</td>
</tr>
<tr>
<td>Insured's Name</td>
<td>Joe</td>
</tr>
<tr>
<td>Insured's Address</td>
<td>123 Fun Street, Fun Town, NC 27606-1234</td>
</tr>
<tr>
<td>NPI Number</td>
<td>123456789K</td>
</tr>
</tbody>
</table>

**Provider Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Name</td>
<td>123 That St, That City, NC 27606-1234</td>
</tr>
<tr>
<td>NPI Number</td>
<td>36.67</td>
</tr>
<tr>
<td>Signature on File</td>
<td>11/03/08</td>
</tr>
</tbody>
</table>

**Claim Details**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Service</td>
<td>03/21/08</td>
</tr>
<tr>
<td>Procedure</td>
<td>ER</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>EP</td>
</tr>
<tr>
<td>Amount</td>
<td>$36.67</td>
</tr>
</tbody>
</table>

**Signature**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature on File</td>
<td>NPI</td>
</tr>
</tbody>
</table>

**NCC Instruction Manual available at: www.nucc.org**
SCREEN ENTRY EXAMPLES OF THE SERVICES SCREEN (OPTION 65) FOR LOCAL HEALTH DEPARTMENT’S THAT USE THE NC HEALTH SERVICES INFORMATION SYSTEM (HSIS)

Example #1 - Health Check Periodic Screening Examination for six-month-old child
Developmental Screening
Immunizations Injections

NEXT RECORD: COUNTY 999 SCREEN 65 ID DATE 010708 ACTION A
MESSAGE:

NAME: Brown, Charlie
SERVICE GROUP: FPW
PHY ORDER DATE FOR AT: ______ OT: ______ PT: ______ SPL: ______
B/
R/ MODIFIERS DIAG SVC ATN TYP REF POST
D PGM CPT M1 M2 M3 1 2 3 4 PROV UNITS POS PHY SVC PHY OP SITE
B CH 99381 EP ___ ___ A ___ ___ ROS 01 71 _____ __ _____ __ 99999
R CH 99610 ___ ___ A ___ ___ ROS 01 71 _____ _ _ ______ _ 99999
R CH 90700 ___ ___ A ___ ___ ROS 01 71 _____ _ _ ______ _ 99999
R CH 90713 ___ ___ A ___ ___ ROS 01 71 _____ _ _ ______ _ 99999

Example #2 – Health Check Periodic Screening Examination for 18-year-old
Vision Screening
Hearing Screening
Diagnosis warrants a referral for a followup visit, designated with “ST/S2”

NEXT RECORD: COUNTY 999 SCREEN 65 ID DATE 010208 ACTION A
MESSAGE:

NAME: Peppermint, Patty
SERVICE GROUP: FPW
DIAG CODES A: V20.2 B: 690.4 C: ___ D: ___ E: ___ F: ___ G: ___ H: ___
PHY ORDER DATE FOR AT: ______ OT: ______ PT: ______ SPL: ______
B/
R/ MODIFIERS DIAG SVC ATN TYP REF POST
D PGM CPT M1 M2 M3 1 2 3 4 PROV UNITS POS PHY SVC PHY OP SITE
B CH 99385 EP ST S2 A ___ ___ ROS 01 71 _____ __ _____ __ 99999
R CH 99173 ___ ___ A ___ ___ ROS 01 71 _____ _ _ ______ _ 99999
R CH 92552 ___ ___ A ___ ___ ROS 01 71 _____ _ _ ______ _ 99999
R CH 87081 ___ ___ B ___ ___ ROS 01 71 _____ _ _ ______ _ 99999
Example #3 – Health Check Periodic Screening Examination for 4-year-old child  
With Developmental Screening, Vision Screening, Hearing Screening

NEXT RECORD: COUNTY 999 SCREEN 65 ID DATE 010508 ACTION A

MESSAGE:

NAME: Smith, Barbie                                      DATE OF DIAB EVAL:______
SERVICE GROUP:                                           FPW ANN EXAM DATE:______

DIAG CODES A: V20.2_  B: ___._  C: ___._  D: ___._  E: ___._  F: ___._  G:___._
H: ___._

PHY ORDER DATE FOR AT: ____  OT: ____   PT: ____  SPL: ____

B/  
R/  

MODIFIERS DIAG  SVC  ATN  TYP  REF  POST
D  PGM  CPT  M1 M2 M3  1 2 3 4  PROV  UNITS  POS  PHY  SVC  PHY  OP  SITE
B  CH  99392  EP  ____  A  ___ __  ROS__  01  71  ____  ____  _  99999
R  CH  96110  ____  A  ___ __  ROS__  01  71  ____  ____  _  99999
R  CH  99172  ____  A  ___ __  ROS__  01  71  ____  ____  _  99999
R  CH  92587  ____  A  ___ __  ROS__  01  71  ____  ____  _  99999

Example #4 – Health Check Periodic Screening Examination for 1-year-old child  
Developmental Screening

NEXT RECORD: COUNTY 999 SCREEN 65 ID DATE 021308 ACTION A

MESSAGE:

NAME: Robin, Christopher                                  DATE OF DIAB EVAL:______
SERVICE GROUP:                                            FPW ANN EXAM DATE:______

DIAG CODES A: V20.2_  B: ___._  C: ___._  D: ___._  E: ___._  F: ___._  G:___._
H: ___._

PHY ORDER DATE FOR AT: ____  OT: ____   PT: ____  SPL: ____

B/  
R/  

MODIFIERS DIAG  SVC  ATN  TYP  REF  POST
D  PGM  CPT  M1 M2 M3  1 2 3 4  PROV  UNITS  POS  PHY  SVC  PHY  OP  SITE
B  CH  99382  EP  ____  A  ___ __  ROS__  01  71  ____  ____  _  99999
R  CH  96110  ____  A  ___ __  ROS__  01  71  ____  ____  _  99999
R  CH  99172  ____  A  ___ __  ROS__  01  71  ____  ____  _  99999
R  CH  92587  ____  A  ___ __  ROS__  01  71  ____  ____  _  99999

Example #5 – Immunization Administration Fee with Vaccine Injections ONLY for 
15 month old child without physician counseling

NEXT RECORD: COUNTY 999 SCREEN 65 ID DATE 020508 ACTION A

MESSAGE:

NAME: Barkley, Charles                                    DATE OF DIAB EVAL:______
SERVICE GROUP:                                            FPW ANN EXAM DATE:______

DIAG CODES A: V06.8_  B: ___._  C: ___._  D: ___._  E: ___._  F: ___._  G:___._
H: ___._

PHY ORDER DATE FOR AT: ____  OT: ____   PT: ____  SPL: ____

B/  
R/  

MODIFIERS DIAG  SVC  ATN  TYP  REF  POST
D  PGM  CPT  M1 M2 M3  1 2 3 4  PROV  UNITS  POS  PHY  SVC  PHY  OP  SITE
B  IM  90471  EP  A  ___ __  ROS__  01  71  ____  ____  _  99999
R  IM  90723  ___  A  ___ __  ROS__  01  71  ____  ____  _  99999
B  IM  90472  EP  A  ___ __  ROS__  05  71  ____  ____  _  99999
R  IM  90648  ___  A  ___ __  ROS__  01  71  ____  ____  _  99999
R  IM  90669  ____  A  ___ __  ROS__  01  71  ____  ____  _  99999
R  IM  90707  ____  A  ___ __  ROS__  01  71  ____  ____  _  99999
R  IM  90716  ____  A  ___ __  ROS__  01  71  ____  ____  _  99999
R  IM  90633  ____  A  ___ __  ROS__  01  71  ____  ____  _  99999
N.C. Health Services Information System Screen Examples, continued

Example #6 – Office Visit with One Vaccine Injection for two-year old child

NAME: Smith, Hercules
SERVICE GROUP:
DIAG CODES A: 382.9 B: ___ C: ___ D: ___ E: ___ F: ___ G: ___ H: ___
PHY ORDER DATE FOR AT: ______  OT: ______   PT: ______   SPL: ______
B/

Example #7 – Immunizations Only for eight-week old child

NAME: Beanstalk, Jack
SERVICE GROUP:
DIAG CODES A: V04.89 B: V03.81 C: ___ D: ___ E: ___ F: ___ G: ___ H: ___
PHY ORDER DATE FOR AT: ______  OT: ______   PT: ______   SPL: ______
B/
N.C. Health Services Information System Screen Examples, continued

Example #8 – Immunizations Only for two-month old child
Administration Fee for Oral Vaccine without physician counseling
Administration Fee for Vaccine Injection without physician counseling

NEXT RECORD: COUNTY 999 SCREEN 65 ID DATE 020908 ACTION A
MESSAGE:

NAME: Jones, Peanut
SERVICE GROUP: FPW ANN EXAM DATE:
DIAG CODES A: V04.89 B: V06.8 C: _____ D: _____ E: _____ F: _____ G: _____ H: _____
PHY ORDER DATE FOR AT: _____ OT: _____ PT: _____ SPL: _____

Example #9 – Office Visit at which Oral Vaccine for two-month old child was provided without physician counseling

NEXT RECORD: COUNTY 999 SCREEN 65 ID DATE 020108 ACTION A
MESSAGE:

NAME: Smith, Peter Pan
SERVICE GROUP: FPW ANN EXAM DATE:
PHY ORDER DATE FOR AT: _____ OT: _____ PT: _____ SPL: _____

William W. Lawrence, Jr., M.D.
Acting Director
Division of Medical Assistance
Department of Health and Human Services

Cheryll Collier
Executive Director
EDS