

The logo features three overlapping rectangular boxes. The leftmost box is dark blue with a white letter 'C'. The middle box is light grey with a dark blue letter 'C'. The rightmost box is light purple with a dark blue letter 'I'. Below these boxes is a dark blue horizontal bar containing the text 'CODING & COMPLIANCE INITIATIVES, INC.' in white. The background of the top half of the slide is a dynamic blue and purple abstract pattern with glowing lines and circular motifs.

C

C

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CODING & COMPLIANCE INITIATIVES, INC.

Preventive Services

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My Background

- My connection to coding and documentation
- My connection to clinical processes
- My connection to ICD-10
- My connection to YOU

Disclaimer

The information provided within this presentation is for educational purposes only and is not intended to be considered legal advice. Opinions and commentary are solely the opinion of the speaker. Many variables affect coding decisions and any response to the limited information provided in a question is intended to provide general information only. All coding must be considered on a case-by-case basis and must be supported by appropriate documentation, medical necessity, hospital bylaws, state regulations, etc. The CPT codes that are utilized in coding are produced and copyrighted by the American Medical Association (AMA).

Objectives

- Discuss coding and documentation for Preventive services
 - AWW
 - IPPE/Welcome to Medicare
 - Breast, Pap, Pelvic
 - Smoking Cessation
 - Vaccines
 - Adult and Pediatric preventive services
- Questions

G codes

- G0466 -FQHC visit, new patient
- G0467 -FQHC visit, established patient
- G0468 -FQHC visit, IPPE or AWW
- G0469 -FQHC visit, mental health, new patient
- G0470 -FQHC visit, mental health, established patient

Medicare Preventive Services





Medicare Benefits Policy Manual – Chapter 13 – Section 40.1

Service	HCPCS	Desc.	Pd PPS	34% increase	Coinsurance
IPPE	G0402	Initial Preventive exam	Yes	Yes	Waived
DSMT	G0108	Diab managetrn per indiv	Yes	No	Not Waived
MNT	97802 97803	MNT initial MNT subseq.	Yes Yes	No No	Waived Waived
AWV	G0438 G0439	Ppps, initial Ppps, sub	Yes Yes	Yes Yes	Waived Waived
Screen Pelvic	G0101	Ca, screen; pelvic/breast exam	Yes	No	Waived
Prostate Ca Screen	G0102	Prostate ca screen	Yes	No	Not Waived
Glaucoma	G0117 G0118	Glaucoma High Risk	Yes Yes	No No	Not Waived Not Waived
Screening Pap	Q0091	Obtain screen pap	Yes	No	Waived
Alcohol Screening & Behavioral Counseling	G0442 G0443	Annual alcohol screen 15 min Briefalcohols misuse counsel	Yes Yes	No No	Waived Waived
Screen Depression	G0444	Depression screen annual	Yes	No	Waived
STI/HIBC	G0445	High inten beh couns std 30 min	Yes	No	Waived
Intensive Behavioral therapy for cardiovascular disease	G0446	Intens behave ther cardio dx	Yes	No	Waived
Intens Behavior Therapy for Obesity	G0447	Behavior counsel obesity 15 min	Yes	No	Waived
Smoking & Tobacco Cessation Counseling	99406 99407	Behav chngs smoking 3-10 min Behav chngs smoking > 10 min	Yes Yes	No No	Waived Waived
LDCT	G0296	Lung cancer w/lowdose CT	Yes	No	Waived

Preventive Services

Alcohol Misuse Screening and Counseling 	Annual Wellness Visit (AWV) 	Bone Mass Measurements	Cardiovascular Disease Screening Tests
Diabetes Screening	Diabetes Self-Management Training (DSMT) 	Glaucoma Screening	Hepatitis B Virus (HBV) Screening
Influenza Virus Vaccine and Administration	Initial Preventive Physical Examination (IPPE)	Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD) 	Intensive Behavioral Therapy (IBT) for Obesity 
Prostate Cancer Screening	Screening for Cervical Cancer with Human Papillomavirus (HPV) Tests	Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs 	Screening Mammography

Preventive Services

Colorectal Cancer Screening	Counseling to Prevent Tobacco Use 	Depression Screening 
Hepatitis B Virus (HBV) Vaccine and Administration	Hepatitis C Virus (HCV) Screening	Human Immunodeficiency Virus (HIV) Screening
Lung Cancer Screening Counseling and Annual Screening for Lung Cancer With Low Dose Computed Tomography (LDCT) 	Medical Nutrition Therapy (MNT) 	Pneumococcal Vaccine and Administration
Screening Pap Tests	Screening Pelvic Examinations (includes a clinical breast examination)	Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)

Annual Wellness Visit (AWV)

PRINT
THIS SERVICE

HCPCS/CPT Codes

G0438 – Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit

G0439 – Annual wellness visit; includes a personalized prevention plan of service (pps), subsequent visit

G0468 – Federally qualified health center (fqhc) visit, ippe or awv; a fqhc visit that includes an initial preventive physical examination (ippe) or annual wellness visit (awv) and includes a typical bundle of medicare-covered services that would be furnished per diem to a patient receiving an ippe or awv

99497 – Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate

99498 – Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)

What's Changed?

- Added HCPCS code G0468

ICD-10 Codes

NOTE: Additional ICD-10 codes may apply. See the [CMS ICD-10 webpage](#) for individual Change Requests (CRs) and the specific ICD-10-CM codes Medicare covers for this service, and [contact your Medicare Administrative Contractor \(MAC\)](#) for guidance.

Who Is Covered

All Medicare beneficiaries who:

- Are not within 12 months after the effective date of their first Medicare Part B coverage period and
- Have not received an Initial Preventive Physical Examination (IPPE) or AWV within the past 12 months

Frequency

- Once in a lifetime for G0438 (first AWV)
- Annually for G0439 (subsequent AWV) and G0468 (AWV in FQHC)
- Annually for optional 99497, 99498

Medicare Beneficiary Pays

G0438 and G0439:

- Copayment/coinsurance waived
- Deductible waived

G0468:

- AWW or IPPE must be provided with a standard bundle of services available to all beneficiaries; for more information about billing for this service, refer to [Medicare Claims Processing Manual, Chapter 9](#), Section 60.2
- Copayment/coinsurance waived
- Deductible waived

99497 and 99498:

- Copayment/coinsurance and deductible waived for Advance Care Planning when furnished as an optional element of an AWW

Other Notes

- For services furnished on or after January 1, 2016, [Advance Care Planning](#) is treated as an optional preventive service when furnished with an AWW.
 - Practitioners may provide Advance Care Planning outside of the AWW multiple times in a year, but the practitioner must document a change in the beneficiary's health for each additional service in a year. When providing Advance Care Planning outside the AWW, the beneficiary is responsible for the deductible and coinsurance.
- The deductible and coinsurance for Advance Care Planning is only waived [when furnished as an optional element of an AWW](#), which requires:
 - Billing with modifier –33 (Preventive Service) on the same claim as an AWW
 - Furnishing on the same day and by the same provider as the AWW
- Refer to the [Annual Wellness Visit](#) booklet for more information.

Annual Wellness Visit (AWV)

- G0438: Annual wellness visit, includes PPS, first visit (annual wellness first)
- G0439: Annual wellness visit, includes PPS, subsequent visit (subsequent)
- Revenue code from 052X series

Annual Wellness Visit (AWV)

- Personalized prevention plan or “wellness visit”
- Includes but is not limited to
 - Health risk assessment, and may contain:
 - Establishment or updated individual medical and family history
 - List of current providers and suppliers that are regularly involved in providing medical care (list prescribed drugs)
 - Measurement of height, weight, body mass index (or waist circumference, if appropriate), blood pressure, and other routine measurements
 - Detection of cognitive impairment

Health Risk Assessment

- Demographic Data:
 - Age
 - Gender
 - Race
 - Ethnicity
- Self Assessment of:
 - Health Status
 - Frailty
 - Physical Functioning
- Psychosocial Risks:
 - Depression/life satisfaction
 - Stress
 - Anger
 - Loneliness/social isolation
 - Pain
 - Fatigue
- Behavioral Risk:
 - Tobacco use
 - Physical activity
 - Nutrition and oral health
 - Alcohol consumption
 - Sexual health
 - Motor vehicle safety (seatbelt) and Home safety
- Activities of daily living
 - Dressing
 - Feeding
 - Toileting
 - Bathing and Grooming
 - Physical ambulation (balance, fall risk, etc.)
- Instrumental activities of daily living
 - Shopping
 - Food preparation
 - Using the telephone
 - Housekeeping and Laundry
 - Mode of transportation
 - Responsibility of medications
 - Ability to handle finance

AWV - Summary

- Establishment of a written screening schedule for the individual, such as a checklist for the next 5 to 10 years, as well as the individual's health status, screening history, and age-appropriate preventive services covered by Medicare.
- Establishment of a list of risk factors and conditions for which primary, secondary, or tertiary interventions are recommended or are underway for the individual, including any mental health conditions or any such risk factors or conditions that have been identified through an IPPE, and a list of treatment options and their associated risks and benefits.

AWV - Summary

- Furnishing of personalized health advice to the individual and a referral, as appropriate, to health education or preventive counseling services or programs aimed at reducing identified risk factors and improving self-management, or community-based lifestyle interventions to reduce health risks and promote self-management and wellness, including weight loss, physical activity, smoking cessation, fall prevention, and nutrition.
- Include current providers and suppliers that regularly provide medical care to the beneficiary

AWV Initial versus Subsequent

G0438 - Annual wellness visit; includes a personalized prevention plan of service (PPS), **initial visit**

G0439 - Annual wellness visit; includes a personalized prevention plan of service (PPS), **subsequent visit**

INITIAL AWV	SUBSEQUENT AWV
Administer Health Risk Assessment (HRA)	Update Health Risk Assessment
Establish medical/family history	Update to medical/family history
Establish list of current providers & suppliers involved in medical care	Update list of providers & suppliers
Measurement of height, weight, BMI, BP and other routine measurements deemed appropriate based on history	Measurement of height, weight, BMI, BP and other routine measurements deemed appropriate based on history
Detection of any cognitive impairments	Detection of any cognitive impairments
Review potential (risk factors) and conditions for which interventions are recommended or already underway	Update to list of risk factors and conditions
Establish a written screening schedule	Update to written screening schedule
Review of functional ability and level of safety based on direction observation or use of appropriate screening questions or questionnaire recognized by national professional medical organizations	
Furnish personalized health advise and refer as appropriate to health education, preventive counseling services or programs aimed at reducing identified risk factors	Furnish personalized health advise and refer as appropriate to health education, preventive counseling services or programs aimed at reducing identified risk factors
Any other element determined by HHS	Any other element determine by HHS

AWV

- Templates

<http://www.medfusion.net/templates/groups/2907/4030/MedicareAnnualWellnessVisitQuestionnaire.pdf>

<http://www.aafp.org/fpm/2011/0100/fpm20110100p22-rt2.pdf>

IPPE/Welcome to Medicare

- Beneficiary has no more than 12 months from effective Part B coverage for exam
- Co-insurance is waived
- Revenue code 0521
- HCPCS code G0402

IPPE/Welcome to Medicare

- Services include:
 - Patient history including PMH, SH, etc. and height, weight, and blood pressure at a minimum
 - Visual acuity screen – **this is one we see missed**
 - Measurement of body mass index
 - Other factors deemed appropriate based on the individual's medical and social history and current clinical standards
- Depression risk assessment –
 - To obtain current or past experiences with depression or other mood disorders, use any appropriate screening instrument for beneficiaries **without a current diagnosis of depression** from various available standardized screening tests recognized by national professional medical organizations..

IPPE/Welcome to Medicare

- Review the beneficiary's functional ability and level of safety
 - Use appropriate screening questions or standardized questionnaires recognized by national professional medical organizations to review, at a minimum, the following areas:
 - Activities of daily living
 - Fall risk
 - Hearing impairment
 - Home safety

IPPE/Welcome to Medicare

- End-of-life planning (verbal or written information provided to the beneficiary about):
 - The beneficiary's ability to prepare an advance directive in case an injury or illness causes the beneficiary to be unable to make health care decisions
 - Whether or not you are willing to follow the beneficiary's wishes as expressed in an advance directive
- Based on the results of the review and evaluation services in the previous components, provide education, counseling, and referral as appropriate.

IPPE/Welcome to Medicare

- Educate, counsel, and refer for other preventive services
- Includes a brief written plan, such as a checklist, for the beneficiary to obtain:
 - A once-in-a-lifetime screening electrocardiogram (EKG/ECG), as appropriate
 - The appropriate screenings and other preventive services that Medicare covers
- Performed by doctor of medicine, or osteopathy, PA, NP, or CNS

IPPE/Welcome to Medicare

- Revenue code 521
 - HCPCS code G0402 (Welcome to Medicare)
- EKG Services
 - HCPCS code G0404 (tracing only)
 - HCPCS code G0405 (interpretation and report only) – **this is included in G0402 and should NOT be separately reported. This does not have a waived co-insurance.**
- Technical Billed to carrier
 - CMS-1500 claim form or 837P
- Use Practitioners National Provider Identifier (NPI)

IPPE Summary of Requirements

- Review of the individual's medical and social history with attention to modifiable risk factors for disease detection
- Review of the individual's potential (risk factors) for depression or other mood disorders
- Review of the individual's functional ability and level of safety
- An examination to include measurement of the individual's height, weight, BMI, blood pressure, a visual acuity screen, and other factors as deemed appropriate, based on the beneficiary's medical and social history
- End-of-life planning, upon agreement of the individual

IPPE Summary of Requirements

- Education, counseling, and referral, as deemed appropriate, based on the results of the review and evaluation services described in the previous elements
- Education, counseling, and referral including a brief written plan (e.g., a checklist or alternative) provided to the individual for obtaining the appropriate screening and other preventive services, which are separately covered under Medicare Part B (that is, pneumococcal, influenza and hepatitis B vaccines and their administration, screening mammography, screening pap smear and screening pelvic examinations, prostate cancer screening tests, colorectal cancer screening tests, diabetes outpatient self-management training services, bone mass measurements, glaucoma screening, medical nutrition therapy for individuals with diabetes or renal disease, cardiovascular screening blood tests, diabetes screening tests, screening ultrasound for abdominal aortic aneurysms, an electrocardiogram, and additional preventive services covered under Medicare Part B through the Medicare national coverage determinations process).

IPPE/Welcome to Medicare

- Medicare Requirements:
- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MPS-QRI-IPPE001aTextOnly.pdf>

AWV and IPPE Strategies

- Combine templates
- Train staff – double book providers schedule
- Run reports to see who is due for their wellness visit

IPPE/Welcome to Medicare and AWV

- When IPPE or AWV is rendered on same day as another billable visit, only the preventive is reimbursed, however, we should report all services rendered that are appropriate and medically necessary.
- Co-insurance waived

Preventive Services

- <https://www.cms.gov/Medicare/Prevention/PreventionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>

Screening Pelvic and Breast Exam

- Screening Pelvic and Clinical Breast Examination (G0101)
- Screening Pap Smear (Q0091)
- Billable if this is the only service rendered for date of service or with other services on the same day
- Co-insurance waived

Documentation Requirements for Screening Pelvic and Breast Exam

1. Inspection and palpation of breasts for masses or lumps, tenderness, symmetry, or nipple discharge
2. Digital rectal examination including sphincter tone, presence of hemorrhoids, and rectal masses
3. External genitalia (for example, general appearance, hair distribution, or lesions)
4. Urethral meatus (for example, size, location, lesions, or prolapse)
5. Urethra (for example, masses, tenderness, or scarring)
6. Bladder (for example, fullness, masses, or tenderness)

Documentation Requirements for Screening Pelvic and Breast Exam

7. Vagina (for example, general appearance, estrogen effect, discharge, lesions, pelvic support, cystocele, or rectocele)

8. Cervix (for example, general appearance, lesions or discharge)

9. Uterus (for example, size, contour, position, mobility, tenderness, consistency, descent, or support)

10. Adnexa/parametria (for example, masses, tenderness, organomegaly, or nodularity)

11. Anus and perineum

Example – Screening Pelvic

FL 42 – Revenue Code	FL 43 – Description	FL 44 – HCPCS/CPT Code	FL 45 – Date of Service	FL 46 - Units	FL 47 – Total Charges
0521	FQHC visit, new or established patient	G0466 or G0467	080118	1	200.00
0521	Screening Pelvic Exam	G0101	080118	1	60.00
	Total				260.00

Comprehensive Preventive Medicine

- New versus Established
- Age specific
- 99381 – 99387 – new patient
- 99391 – 99397 – established patient

Comprehensive Preventive Medicine

- Comprehensive preventive medicine services are typically **well-patient** examinations for patients presenting for evaluation and/or management of overall health condition with code selection dependent upon the patient's age.
- These services include applicable patient history and examination, guidance/recommendation regarding personal risk factors, and any laboratory and/or diagnostic procedures ordered.
- Clinicians are not required to report minor or self-limiting problems or complaints noted during the course of the preventive examination when those problems do not require any additional work or necessitate performing the key components of a problem oriented E/M service

Smoking Cessation

- CPT code 99406 - Smoking and tobacco use cessation counseling visit; intermediate, **greater** than 3 minutes up to 10 minutes
- CPT code 99407 - Smoking and tobacco use cessation counseling visit; intermediate, **greater** than 10 minutes
 - *Remember you need an F code (F17.2--)*

Smoking Cessation

- CMS will allow two individual tobacco cessation counseling attempts per year.
- Each attempt may include a maximum of four intermediate OR intensive sessions, with a total benefit covering up to 8 sessions per year per Medicare beneficiary who uses tobacco.
- The practitioner and patient have the flexibility to choose between intermediate (more than 3 minutes up to 10 minutes) or intensive (more than 10 minutes) cessation counseling sessions for each attempt.

Flu and Pneumonia Vaccines

- Influenza and pneumococcal vaccines and their administration are paid at 100 percent of reasonable cost through the cost report.
- The cost is included in the cost report and no visit is billed. ***FQHCs must include these charges on the claim if furnished as part of an encounter***
- Revenue and HCPCS codes required for vaccines and administrations
- Co-insurance waived

Hepatitis B Vaccine

- Reimbursement included in FQHC visit
 - Revenue and HCPCS codes may be billed but no separate reimbursement
- Cannot bill vaccine without administration (G0010)
- Cannot be billed if only service rendered for the date of service
- *The beneficiary coinsurance is waived.*
Effective 03-09-17

Additional Services

- G0442 (Annual Alcohol Misuse Screening, 15 minutes)
- G0443 (Brief face-to-face behavioral counseling for Alcohol Misuse 15 minutes)
- G0444 (Annual depression screening, 15 minutes)
- G0445 (Semi -Annual High Intensity Behavioral Counseling - HIBC-to prevent sexually transmitted infections –STIs- 30 minutes)
- G0446 (Annual face-to-face intensive behavioral therapy to reduce cardiovascular disease risk individual, 15 minutes)
- G0447 (Face-to-face behavioral counseling for obesity, 15 minutes)

EPSDT

- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is a comprehensive child health program of prevention, treatment, correction, and improvement (amelioration) of physical and behavioral/mental health conditions for members under 21 years of age.
- A well child visit is synonymous with an EPSDT visit.

EPSDT Definition

- **Early** means, in the case of a child already enrolled with a Contractor, as early as possible in the child's life, or in other cases, as soon after the member's eligibility for services has been established.
- **Periodic** means at intervals established for screening to assure that a condition, illness, or injury is not incipient or present.
- **Screening** means regularly scheduled examinations and evaluations of the general physical and behavioral health, growth, development, and nutritional status
- **Diagnostic** means the determination of the nature or cause of a condition, illness, or injury through the combined use of health history, physical, developmental and psychological examination, laboratory tests, and X-rays, when appropriate.
- **Treatment** means any of the 29 mandatory or optional services described in Federal Law 42 USC 1396d(a), even if the service is not covered under the State Plan, when necessary to correct or ameliorate defects and physical and mental illnesses and conditions detected by screening or diagnostic procedures.

EPSDT screening requirements:

- Comprehensive health, nutritional and developmental history
- Comprehensive unclothed physical examination
- Screening for immunizations appropriate to age and health history
- Laboratory tests
- Health education

EPSDT screening requirements:

- Vision, speech and hearing assessment
- Age appropriate dental screening
- Behavioral health services
- Oral health screening
- Tuberculin skin testing

- Some payor require **an EP modifier** to designate all services related to the EPSDT well child check-up, including routine vision and hearing screenings

EPSDT Billing

Age	Initial Patient Exam	Established Patient Exam
Less than 1 year	99381	99391
1–4 years	99382	99392
5–11 years	99383	99393
12–17 years	99384	99394
18–20 years	99385	99395

EPSDT Billing

- **Z00.121** – *Encounter for routine child health examination with abnormal findings*
- **Z00.129** – *Encounter for routine child health examination without abnormal findings as the primary diagnosis.*
 - Must be primary
 - Additional applicable diagnosis codes must be entered in the other positions in the diagnosis code field and cross-referenced accordingly in the diagnosis pointer field for each service detail.

EPSDT

- Guidelines for evaluating the general physical and mental health status for infants, children, and youth to the age of 21 years are described at www.brightfutures.aap.org

Administration of Immunizations

South Dakota

- SD Medicaid requires both the NDC and HCPCS procedure codes on Medicaid claims
- If a provider bills Medicaid for a state supplied vaccine the provider should use an **SL modifier** to indicate that it is a state supplied vaccine. The **billed charges should be \$0**
- 90460 and 90461 are covered services

https://dss.sd.gov/docs/medicaid/providers/ProviderBulletins/2016/1.22.16_additionalclaimfilingtips.pdf

Administration of Immunizations

North Dakota

- Bill the Vaccine/Toxoid CPT Code along with its correlating administration code (90471-90474)
- If vaccine is state supplied send the administration code along with an **SL modifier**
- 90460 and 90461 **are not listed as covered** on NDMA's current fee schedule and should not be billed.
- Vaccine/Toxoid CPT Codes should be billed under Revenue Code 0636
- Administration should be billed under Revenue Code 0771 with appropriate CPT code.

<https://www.nd.gov/dhs/services/medicalserv/medicaid/docs/cpt/vaccines-toxoids.pdf>

Family Planning –South Dakota

- LONG ACTING REVERSIBLE CONTRACEPTION (LARC)
- South Dakota Medicaid will reimburse a fee according to the Physician fee schedule for codes J7297, J7298, J7300, and J7307 in addition to the received per diem rate.
- Facilities will need to bill the appropriate HCPCS code with the associated NDC.



Resources

CMS Manuals

- Medicare Benefit Policy Manual:
 - IOM Publication 100-02, Chapter 13
- Medicare Claims Processing Policy Manual:
 - IOM Publication 100-04, Chapter 9
 - IOM Publication 100-04, Chapter 18, Preventive and Screening Services
- State Operations Manual:
 - IOM Publication 100-07, Chapter 6, Special Procedures for Laboratories (CLIA Waiver)
- <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html>

FQHC Manual

- FQHC GAFs
- FQHC PPS Specific Payment Codes (Qualifying Visit code list)
- FQHC PPS FAQs
- FQHC Preventive Services Guide
- <https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center.html>

HRSA

- <https://bphc.hrsa.gov/>
- <https://bphc.hrsa.gov/programrequirements/index.html>

Preventive Services

- <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-Preventive-Services.pdf>
- <https://www.cms.gov/Medicare/Prevention/PreventionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>

DSMT and MNT

- https://www.ecfr.gov/cgi-bin/text-idx?SID=4be3d4edbc1328c68b2fdffc2295e62a&mc=true&node=pt42.2.410&rgn=div5#se42.2.410_1141
- <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>
 - Section 300 for above link

Other Resources

- <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-RHC-FAQs.pdf>
- Chronic Care Management Services
 - CR 9234
 - MM9234

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9234.pdf>

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-RHC-FAQs.pdf>

South Dakota Resources

- https://dss.sd.gov/docs/medicaid/advisorycommittee/well_child.pdf
- https://dss.sd.gov/docs/medicaid/providers/ProviderBulletins/2016/1.22.16_additionalclaimfilingtips.pdf
- https://dss.sd.gov/docs/medicaid/providers/feeschedules/commbh_adafy18_rates.pdf
- <https://dss.sd.gov/formsandpubs/docs/MEDSRVCS/professional.pdf>

North Dakota Resources

- <https://www.nd.gov/dhs/services/medicalserv/medicaid/docs/cpt/medical-exam-admin.pdf>
- <https://www.nd.gov/dhs/info/mmis/docs/health-tracks.pdf>
- <https://www.nd.gov/dhs/services/medicalserv/medicaid/docs/cpt/vaccines-toxoids.pdf>
- <https://www.nd.gov/dhs/services/medicalserv/medicaid/docs/telemedicine-policy.pdf>
- <https://www.nd.gov/dhs/info/mmis/docs/rhc-fqhc.pdf>

Nebraska Resources

- http://dhhs.ne.gov/medicaid/Pages/med_provhome.aspx
- [http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health and Human Services System/Title-471/Chapter-34.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health%20and%20Human%20Services%20System/Title-471/Chapter-34.pdf)
- [http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health and Human Services System/Title-471/Chapter-29.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health%20and%20Human%20Services%20System/Title-471/Chapter-29.pdf)
- http://dhhs.ne.gov/Pages/reg_appx_atc471.aspx
- [http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health and Human Services System/Title-471/Chapter-33.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health%20and%20Human%20Services%20System/Title-471/Chapter-33.pdf)
- www.securetelehealth.com/medicaid-reimbursement/68.html

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About CCI and TSP Healthcare

- CCI assists our clients improve their documentation quality, coding and billing accuracy, and compliance with health care regulations www.ccipro.net
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Ms. Sulzberger is a Licensed Practical Nurse, Certified Professional Coder and ICD-10 Trainer. She received her Bachelors of Science degree in Business Administration from Mid America Nazarene University. Ms. Sulzberger received her nursing license in 1994 and was a practicing clinician at Saint Luke's Health System for several years before transferring to the internal compliance/audit area. She became credentialed as a Certified Professional Coder in 1996 and assisted the Saint Luke's Health System with performing medical record chart audits to verify the accuracy of the internal coding and claims processing.

Ms. Sulzberger spent approximately six years as a coding/billing consultant with National accounting and consulting firms (BKD, Grant Thornton) before becoming the President of Coding & Compliance Initiatives, Inc. (CCI) in April 2003. Ms. Sulzberger assists her clients with improving their operational performance in a variety of critical outcome areas, including coding/billing, corporate compliance, charge capture processes, etc. Ms. Sulzberger works with a variety of health care providers including hospitals, physician practices, and rural health clinics in their daily compliance and operational activities.

Ms. Sulzberger presents locally and nationally on coding topics as well as developing specialized training programs to meet the needs of her clients. Shellie recently was credentialed through American Institute of Healthcare Compliance as a Certified ICD-10 Trainer.