
CHAPTER 20: EPSDT HEALTH AND IDEA – RELATED SERVICES

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PROCEDURE CODES

Louisiana Medicaid follows the current American Medical Association's (AMA's) Current Procedural Terminology (CPT) coding and guidelines. If nationally approved changes occur to CPT codes at a future date, providers are to follow the most accurate coding available for covered services for that particular date of service, unless otherwise directed.

EarlySteps

Information on procedure codes and the current rates is available at:
http://www.lamedicaid.com/provweb1/fee_schedules/EPSDT_FS.htm

EPSDT Health and IDEA-Related Services

Information on procedure codes and the current rates is available at:
http://www.lamedicaid.com/provweb1/fee_schedules/EPSDT_HS_FS.pdf

In addition to the procedure codes, EarlySteps providers must also add the appropriate procedure modifier. Both type of service (TOS) and place of service (POS) modifiers apply. Listed below is an explanation of the TOS found on this schedule. A combination of a POS code and a valid procedure modifier determine the type of service.

TOS 22 –For services rendered in the natural environment (home and community). “Communities” are environments where children of the same age with no disabilities or special needs participate. These can include childcare centers, agencies, libraries and other community settings.

POS/modifier combination must be one of the two following choices:

1. POS 12 Home and Procedure Modifier U8; or
2. POS 99 Other place of service and Procedure Modifier U8.

TOS 27 - For services rendered in a special purpose facility/inclusive childcare. These can include: childcare centers, nursery schools, or preschools in which at least 50 percent of students have no disabilities or developmental delays.

POS/modifier combination must be:

1. POS 99 and Procedure Modifier TJ.

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TOS 28 - For services rendered in a center-based special purpose facility. These are centers that serve only children with disabilities or developmental delays.

POS/modifier combination must be:

1. POS 99 and Procedure Modifier SE.

759 Denial Codes

The National Correct Coding Initiative (NCCI, also known as CCI) was implemented by Centers for Medicare and Medicaid Services (CMS) to promote national correct coding methodologies and to control improper coding leading to inappropriate payment. NCCI code pair edits are automated prepayment edits that prevent improper payment when certain codes are submitted together for covered services by a single provider.

Because local education agencies (LEAs) are recognized as single providers and often provide multiple services to students with disabilities on a single day, claims are being denied with error code 759 (CCI: Incidental –History), one of the error codes related to the mandated NCCI edits. To resolve these NCCI edits, districts must begin using modifier 59 on all claims when two or more services are billed for a student on the same day that were performed by separate clinical staff.

Modifier 59 indicates that a procedure or service was distinct or independent from other services performed on the same day by the same provider (LEA). Modifier 59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or student encounter, a different type of therapy, or a procedure performed on the same day by the same provider (LEA).