The following is a framework regarding coding for the care of children and youth in foster care. This does not take the place of NC Medicaid guidelines.

In general, for visits for children and youth in foster care, practices will need to use the principles of coding for patients with complex conditions. Children and youth in foster care have a higher likelihood of developmental, behavioral, chronic physical health, and oral health issues.

Except for the Initial Visit, it is reasonable to expect these visits to take a longer amount of time. It will be uncommon to use a preventive visit CPT code for the Follow-up Well-Visits, since most of these children and youth will have psychosocial, behavioral, and/or medical concerns to warrant using an E&M code. The ICD-10 code(s) for those chronic health conditions should be used that are specific to that child.

Using the Z00.129 (without abnormal findings) OR Z00.121+ (with abnormal findings) or Z02.89 as a secondary diagnosis code at these visits identifies that the components of a periodic or interperiodic Well-Visit have been done so that their EPSDT rates will be appropriate. This allows Medicaid to know that a Well-Visit is being done at that visit, on that date, for that child.

It is also important to use the Z-code for foster care status Z62.21 (again, listed as another diagnosis code that is not the primary code) as it helps to support the complexity of your E&M code and the higher payment associated with that code. It also provides a way to use billing data to generate lists for population management.

The Comprehensive Visit meets the criteria for a consult, even if the child was already a patient at the practice. DSS is requesting the assessment and the PCP is producing a report that synthesizes information from historical records, screenings (including social-emotional screening), and the physical exam. The report includes recommendations for DSS for use in court proceedings and for decisions regarding placement. Documenting that DSS requested the consult and completing the forms for the report meets consult criteria. (For example, you can include a statement in the record such as “I am seeing this patient at the request of ______County DSS.”) The consult code payment, (plus the prolonged visit code if indicated due to time), justifies the time for the visit.

If the child or youth in foster care has developmental, behavioral, chronic health, and/or oral health issues that extend the time of the Follow-up Well-Visit, the prolonged visit code can be used with the E&M code.

*Important note regarding consent: The director of social services may arrange for, provide, or consent to routine medical and dental care or treatment and emergency medical, surgical, psychiatric, psychological or mental health care or treatment unless the court orders otherwise. Authorization from the child’s parent, guardian or custodian is required for all care or treatment not covered in routine or emergency care. This include immunizations when it is known that the parent has a bona fide religious objection to the standard schedule of immunizations. See GS_7B-505.1 for full details.
<table>
<thead>
<tr>
<th>VISIT COMPONENT</th>
<th>INITIAL VISIT OPTION</th>
<th>COMPREHENSIVE VISIT OPTION</th>
<th>FOLLOW-UP WELL-VISIT OPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of time scheduled</td>
<td>15-20 minutes</td>
<td>45 minutes</td>
<td>30-45 minutes</td>
</tr>
<tr>
<td>History</td>
<td>Brief</td>
<td>Detailed</td>
<td>Update with new information and monitor acute and chronic issues</td>
</tr>
<tr>
<td>Measurements</td>
<td>Weight (maybe height if concerns present) and vitals, as needed</td>
<td>Head circumference (HC) (if &lt; 3 years), Wt., Ht, Wt for Ht or BMI, vitals, as needed, with BP (if over 3 years)</td>
<td>HC (if &lt; 3 years), Wt, Ht, Wt for Ht or BMI, Vitals, as needed, with BP (if over 3 years)</td>
</tr>
<tr>
<td>Physical Exam</td>
<td>Brief</td>
<td>Detailed</td>
<td>Expanded, problem-focused (no need for detailed if other two components are provided with 99214/15 - see CPT coding book)</td>
</tr>
<tr>
<td>Screening</td>
<td>Limited to acute needs (no need for vision, hearing or developmental (96110) or specific social-emotional screening (96127) at this visit unless there are acute concerns)</td>
<td>All well-child screenings for age and based on risks: vision, hearing, developmental (96110), autism (96110); social-emotional or mental health screenings (96127) recommended at all ages. Adolescent risk &amp; strengths screen (96160)</td>
<td>All well screenings recommended for that age, if due; mental health or social-emotional screening to follow as needed by the tool</td>
</tr>
<tr>
<td>Oral Health</td>
<td>Quick assessment for caries</td>
<td>Full oral screening, dental varnishing, if age appropriate (must bill D1206 application of varnish on the detail line AND THEN D0145 oral eval &amp; counseling), and referral to dental home</td>
<td>Screening based on needs and reinforcement of need for dental home; dental varnishing, if age appropriate; (must bill D1206 application of varnish on the detail line AND THEN D0145 oral eval &amp; counseling)</td>
</tr>
<tr>
<td>Labs</td>
<td>As needed for acute needs</td>
<td>As required by age for well visits and acute needs (Hgb, Lead, etc.)</td>
<td>As needed for acute needs and follow-up and as required for well visits</td>
</tr>
<tr>
<td>Immunizations *see page 1 for note regarding immunizations</td>
<td>Flu vaccine, if appropriate</td>
<td>All immunizations required for child’s age</td>
<td>Any missed or needed immunizations for that age</td>
</tr>
<tr>
<td>Records</td>
<td>Identify records needed and send Release of Information to DSS</td>
<td>Obtain and review records as part of pre-visit planning</td>
<td>Obtain and review records as part of pre-visit planning, as needed</td>
</tr>
<tr>
<td>CPT Code for Visit</td>
<td>99203-04 for new patient OR 99213-14 for established patient</td>
<td>Consult: 99244/45 (most appropriate code, Comprehensive Form functions as required reporting) OR Office Visit Established 99215 with prolonged service code if needed for time 99417</td>
<td>Office visit: 99214/15 with prolonged service code if needed for time 99417 OR Well-Visit 99391-99394 (less often used)</td>
</tr>
<tr>
<td>Diagnosis Codes ICD-10</td>
<td>Include Z62.21 foster care designation (as secondary) AND the ICD-10 code(s) for the medical, behavioral or psychological concerns and diagnoses specific to the child. Include Z00.129 (without abnormal findings) OR Z00.121+ (with abnormal findings) or Z02.89. Also include Z62.21 foster care designation (Z-codes are secondary diagnosis codes)</td>
<td>Include the ICD-10 code(s) for the medical, behavioral, or psychological concerns and diagnoses specific to the child. Include Z00.129 (without abnormal findings) OR Z00.121+ (with abnormal findings) or Z02.89.</td>
<td>Include Z62.21 foster care designation and the ICD-10 code(s) for the medical, behavioral or psychological concerns and diagnoses specific to the child. If coding as well-visit, include Z00.129 (without abnormal findings) or Z00.121+ (with abnormal findings) or Z02.89.</td>
</tr>
</tbody>
</table>
FOSTER CARE VISIT OPTIONS AND CODES

**Initial Visit Option**
- Brief 15-20 minutes
- Identify records needed & send ROI’s

**New 99203-04**

**Established 99213-14**

**Consult 99244/45** (appropriate because you are completing for DSS)

**Office Visit Established 99215** with prolonged service code 99417 if needed for time

**Dx Codes:**
- Include the ICD-10 code(s) for the medical, behavioral or psychological concerns and diagnoses specific to the child.
- Include Z62.21 (ICD-10) foster care designation.

**Comprehensive Visit Option**
- Detailed 60-80/80+ min OR 40-54 min
- Review records as part of pre-visit planning

**Office Visit 99214/15** With prolonged service code 99417 if needed for time

**Expanded, Problem-Focused 30-45 minutes**
- Obtain & review records as part of pre-visit planning, as needed

**Well-Visit 99391-99394** (less often used)

**Follow-up Visit Option**

**Dx Codes:**
- Include Z62.21 (ICD-10) foster care designation and the ICD-10 code(s) for the medical, behavioral or psychological concerns and diagnoses specific to the child.
- Include Z00.129 (without abnormal findings) or Z00.121+ (with abnormal findings) or Z02.89.
- Include oral eval and counseling D0145 and application of varnish D1206 if done (must bill D1206 application of varnish on the detail line AND THEN D0145 oral eval & counseling).

**Dx Codes:**
- Include Z62.21 (ICD-10) foster care designation and the ICD-10 code(s) for the medical, behavioral or psychological concerns and diagnoses specific to the child.
- Include Z00.129 (without abnormal findings) or Z00.121+ (with abnormal findings) or Z02.89.
- Include oral eval and counseling D0145 and application of varnish D1206 if done (must bill D1206 application of varnish on the detail line AND THEN D0145 oral eval & counseling).