

## Purpose

Medical clearance visits by a physician or advanced practice provider should be coded and billed following best practices. Best practices include documenting the care given and assigning the most appropriate codes to reflect the services provided. When accurate documentation and correct coding are completed, continuity of care is enhanced, and billing errors are reduced.

Medical clearance visits may be requested for several reasons for children, adolescents, and adults who seek and receive care at local health departments. Children and adolescents may request medical clearance for preparticipation physical evaluations required for sports, camp, or other activities with significant physical, aerobic, or contact demands. Adults may request physicals because they are participating in training programs, specialized activities involving significant physical, aerobic, or contact demands, certain types of travel, or employment-related evaluations.

Medical clearance decisions should be based on a thorough medical evaluation by a physician or advanced practice provider, preferably performed in the patient's regular primary care provider or medical home, and include a complete patient history, a detailed physical exam, and diagnostic tests when appropriate to rule out any conditions that would need to be addressed before attendance and/or participation. All findings should be documented accurately and objectively.

<https://www.soundmedeval.com/blog/best-practices-for-conducting-a-thorough-medical-evaluation/>

Local health departments are responsible for adhering to state (general statutes, administrative codes, rules, policies), federal (Title X, Title V, etc.), and AA requirements when making decisions about the most equitable manner to serve the community while ensuring clinical services are accessible to all populations. Clinical leaders must keep these components in mind when making decisions about clinical service provision.

Note: Because medical decision-making is inherent in medical clearance visits, these visits are out of the legal scope of Enhanced-Role Registered Nurse practice. **School health assessments, which can be provided by rostered Child Health Enhanced Role Registered Nurses, are not considered medical clearance evaluations and are out of the scope of this document.**

## Coding and Billing

All visits should be coded with the most appropriate CPT code to reflect the type of visit, ICD-10 code(s) at the highest level of specificity for why a patient was treated by identifying their diagnosis or symptoms, and HCPCS code(s) for what drugs, equipment, or non-physician services were utilized. Correct coding and billing with supporting documentation are essential to ensure compliance with the National Correct Coding Initiative, which requires accurate coding to reduce the incidence of under- and overpayments by Medicare and Medicaid.

NC Medicaid only covers medically necessary procedures, products, or services.

### Children (<21)

- For children covered under NC Medicaid's Health Check / EPSDT program, medical clearance evaluations and form completion can be completed as part of their age-appropriate annual

wellness exam or "interperiodic" preventive visit. No fee can be charged for completion of the form. <https://medicaid.ncdhhs.gov/epsdt>

- A physician or advanced practice provider could provide medical clearance during a problem-focused visit. Problem (sick) visits address a disease, condition, illness, injury, symptom, sign, finding, complaint, or other matter addressed at the encounter, with or without a diagnosis being established at the time of the encounter [CPT® Evaluation and Management | American Medical Association](#). No fee can be charged for completion of the form.
- For non-Medicaid beneficiaries, LHDs should confirm coverage with the patient's insurance.

## Adults (21+)

- For NC Medicaid-enrolled beneficiaries, medical clearance evaluations and form completion can be completed during the annual comprehensive preventive medicine assessment (allowed once every 365 days). <https://medicaid.ncdhhs.gov/1a-2-preventive-medicine-annual-health-assessment/download?attachment> No fee can be charged for completion of the form.
- While NC Medicaid limits adult beneficiaries to 22 mandatory and 8 optional medical professional visits per state fiscal year, a medical clearance evaluation could be performed during a sick (problem) visit that addresses a disease, condition, illness, injury, symptom, sign, finding, complaint, or other matter addressed at the encounter, with or without a diagnosis being established at the time of the encounter. <https://policies.ncdhhs.gov/wp-content/uploads/ma3540.pdf> No fee can be charged for completion of the form.
- NC Medicaid excludes coverage for exams, administrative services, or paperwork required strictly for the convenience or administrative demands of a third party (such as an employer, commercial driving license, or airline).
- For non-Medicaid beneficiaries, LHDs should confirm coverage with the patient's insurance.

## **Non-Sliding Scale ("Flat") Fees**

For visits requiring medical evaluation of a patient's health and well-being, neither the required level of medical decision making nor the medical findings, related diagnoses, or any supplemental testing can be predicted before a patient has received a thorough physical evaluation. The care given during medical clearance visits should be individualized to the patient being evaluated.

Assigning a "flat" fee could lead to overcharging or undercharging for the service. Your charge is your charge; the medical evaluation visit should be documented and coded according to the care provided, then billed according to the fee schedule set and approved by your Board of Health.

Note: When health services are provided to maternal or child health clients, 10A NCAC 43B .0109 rules apply regardless of program.

## **Charging for Forms**

The AMA views form completion as an administrative activity, not part of clinical care. Physicians and APPs should ensure patients have access to the care they need while also using resources wisely. They

## Guidance for Local Health Departments: Coding and Billing Medical Clearance Evaluation Visits for Children, Adolescents, and Adults Related to Sports, Camp, Travel, Other Specialized Activities, or Employment



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should clearly explain any non-medical fees in advance and charge only amounts that reflect the actual cost of those services. <https://code-medical-ethics.ama-assn.org/ethics-opinions/fees-nonclinical-administrative-services>

For NC Medicaid beneficiaries, when the form is completed as part of a medically necessary covered visit, no extra charge can be applied.

### Resources

*Best Practices for Conducting a Thorough Medical Evaluation*. Sound Medical Evaluators (2024).

<https://www.soundmedeval.com/blog/best-practices-for-conducting-a-thorough-medical-evaluation/>

Clinical record documentation and coding guidance can be found here:

- <https://www.dph.ncdhhs.gov/local-health-departments/clinical-coding-billing-resources>
- <https://www.dph.ncdhhs.gov/programs/local-and-community-support/office-chief-public-health-nurse/regional-nurse-consultant-unit>

*Considerations for the Pre-Sports Evaluation in Primary Care*. American Academy of Pediatrics (2025). *Pediatrics in Review*, 46(5): 287–290. Available to Purchase: <https://doi.org/10.1542/pir.2024-006458>

Fees for Nonclinical & Administrative Services (n.d.) American Medical Association Code of Medical Ethics.

<https://code-medical-ethics.ama-assn.org/ethics-opinions/fees-nonclinical-administrative-services>

*Preparticipation Physical Evaluation* (5<sup>th</sup> edition) (2019). American Academy of Family Physicians; American Academy of Pediatrics; American College of Sports Medicine; American Medical Society for Sports Medicine; American Orthopaedic Society for Sports Medicine; American Osteopathic Academy of Sports Medicine. Edited by David T. Bernhardt, MD, FAAP; William O. Roberts, MD, MS, FACSM, FAAFP American Academy of Pediatrics.

*Preparticipation Physical Evaluation (PPE)*, (2026). American Academy of Pediatrics: Patient Care.

<https://www.aap.org/en/patient-care/>

Sample Fees, Eligibility & Billing Policies & Procedures <https://www.dph.ncdhhs.gov/local-health-departments/administrative-and-financial-support-unit>

Sliding fees are addressed in the Local Technical Assistance and Training Branch's 5/26/2026 *Sliding Fee Scale Guidance for Local Health Department Clinical Services* for additional information and resources.

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**Please reach out to your regional LTAT and OCPHN consultants with coding and billing questions and for technical assistance. <https://www.dph.ncdhhs.gov/local-health-departments/contacts>**