



Medicaid Enterprise
Department of Human Services

For Human Services use only:
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Employees' Manual, Title 8
Medicaid Appendix

February 25, 2011

SCREENING CENTER MANUAL TRANSMITTAL NO. 11-1

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: **SCREENING CENTER MANUAL**, Chapter III, *Provider-Specific Policies*, Table of Contents (page 2), revised; pages 47, 48, 50, and 51, revised; and page 50a, new.

Summary

Screening Center Chapter III is updated to:

- ◆ Update vaccine administration codes.
- ◆ Add preventive medicine counseling.
- ◆ Add a modifier to the oral health codes.

Date Effective

Upon receipt.

Material Superseded

This material replaces the following pages in the **SCREENING CENTER MANUAL**:

<u>Page</u>	<u>Date</u>
Chapter III	
Contents (page 2)	September 1, 2009
47, 48	February 1, 2009
50, 51	September 1, 2009

Additional Information

The updated provider manual containing the revised pages can be found at:
www.ime.state.ia.us/providers

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@dhs.state.ia.us.



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E. RECORDS

The documentation for each "patient encounter" shall include the following (when appropriate):

- ◆ Complaint and symptoms; history; examination findings; diagnostic test results; assessment, clinical impression or diagnosis; plan for care; date; and identity of the observer.
- ◆ Specific procedures or treatments performed.
- ◆ Medications or other supplies.
- ◆ Patient's progress, response to and changes in treatment, and revision of diagnosis.
- ◆ Information necessary to support each item of service reported on the Medicaid claim form.
 - Date of service.
 - Place of service.
 - Name of member.
 - Name of provider agency and person providing the service.
 - Nature, content, or units of service. Maintain a record of the time to support the units on the claim form. (Time must include AM/PM.)

Documentation of medical transportation services shall include the following:

- ◆ Date of service
- ◆ Member's name
- ◆ Address of where recipient was picked up
- ◆ Destination (medical provider's name and address)
- ◆ Invoice of cost
- ◆ Mileage if the transportation is paid per mile

Providers of service shall maintain fiscal records in support of each item of service for which a charge is made to the program. The fiscal record does not constitute a clinical record.

Failure to maintain supporting fiscal and clinical records may result in claim denials or recoupment of Medicaid payment.

As a condition of accepting Medicaid payment for services, providers are required to provide the Iowa Medicaid program access to client medical records when requested. Providers shall make the medical and fiscal records available to the Department or its duly authorized representative on request.



F. PROCEDURE CODES AND NOMENCLATURE

Iowa uses the CMS Health Care Procedures Coding System (HCPCS). Bill the screening examination using the appropriate preventive office CPT code. Claims submitted without a CPT code, modifier code, and an ICD-9 diagnosis code will be denied.

New Patient

- 99381 **Initial preventive medicine** evaluation and management of an individual including a comprehensive history, a comprehensive examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate laboratory/diagnostic procedures, new patient; infant (age under 1 year)
- 99382 Early childhood (age 1 through 4 years)
- 99383 Late childhood (age 5 through 11 years)
- 99384 Adolescent (age 12 through 17 years)
- 99385 18-20 years

Established Patient

- 99391 **Periodic preventive medicine** reevaluation and management of an individual including a comprehensive history, a comprehensive examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate laboratory/diagnostic procedures, established patient; infant (age under 1 year)
- 99392 Early childhood (age 1 through 4 years)
- 99393 Late childhood (age 5 through 11 years)
- 99394 Adolescent (age 12 through 17 years)
- 99395 18-20 years

Use the following modifier if applicable:

<u>Modifier</u>	<u>Description</u>
U1	Indicate a referral for treatment

If a follow-up visit is scheduled after the preventive visit, use the following codes and an appropriate ICD-9 code.

- 99211 Office or other outpatient visit for the evaluation and management of an established patient.
- 99401 Preventive medicine counseling or risk factor reduction interventions provided to an individual (separate procedure); approximately 15 minutes.
- 99402 Preventive medicine counseling or risk factor reduction interventions provided to an individual (separate procedure); approximately 30 minutes.



Code	Description
92555	Speech audiometry (threshold only)
86580	Tuberculosis, intradermal
81002	Urinalysis
99173	Visual acuity (will not be paid if used with the preventive visit code)

5. Immunizations

Providers must provide immunizations under the Vaccines for Children Program (VFC). When a child receives a vaccine outside of the VFC schedule, Medicaid will provide reimbursement.

You must provide Medicaid immunizations under the Vaccines for Children Program (VFC). Vaccines available through the VFC program are found at http://www.idph.state.ia.us/adper/vaccines_for_children.asp or at 1-800-831-6293. The charges in box 24F should be "0" for the vaccine. Charge your usual and customary charge for the administration.

<u>Code</u>	<u>Description</u>
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component
90461	Each additional vaccine/toxoid component (List separately in addition to code for primary procedure.) (Use 90460 for each vaccine administered. For vaccines with multiple components (combination vaccines), report 90460 in conjunction with 90461 for each additional component in a given vaccine.)
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid) (Do not report 90471 in conjunction with 90473.)
90472	Each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure.) (Use 90472 in conjunction with 90471 or 90473.)
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid) (Do not report 90473 in conjunction with 90471.)
90474	Each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure.) (Use 90474 in conjunction with 90471 or 90473.)



6. Local Transportation

Only agencies designated by the Iowa Department of Public Health can bill for transportation services. In the diagnosis area of the claim form, use diagnosis code V68.9.

<u>Code</u>	<u>Description</u>	<u>Unit</u>
A0110	Non-emergency transportation and bus, intrastate or interstate carrier	Per round trip
A0100	Non-emergency transportation taxi--intracity	Per round trip
A0130	Non-emergency transportation; wheelchair van	Per round trip
A0090	Non-emergency transportation per mile-volunteer interested individual, neighbor	Per mile
A0120	Non-emergency transportation mini-bus, mountain area transports, other non-profit transportation systems	Per round trip
A0170	Transportation, parking fees, tolls, other	



7. Oral Health Services

In the diagnosis area of the claim form, use diagnosis code 528.9. Use a DA modifier with oral health codes identified below.

<u>Code</u>	<u>Mod</u>	<u>Procedure</u>	<u>Comment</u>
D0120	DA	Screening evaluation	Once every six months
D0145	DA	Oral evaluation for patient under age three and counseling with primary caregiver	Once every six months
D0150	DA	Initial screening evaluation	One time per patient (Also allowed when provider has not seen patient within three years)
D0270		Bitewing, single film *	Once every 12 months
D0272		Bitewing, two films *	Once every 12 months
D0274		Bitewing, four films *	Once every 12 months
D1110		Adult prophylaxis (Age 13 and older)	Once every six months
D1120		Child prophylaxis (Age 12 and younger)	Once every six months
D1206		Topical fluoride varnish	Three times per year
D1310		Nutritional counseling for the control and prevention of oral disease	15-minute unit once every six months
D1330		Oral hygiene instruction	15-minute unit once every six months
D1351		Sealant, per tooth	One time per tooth (Replacement sealants may be covered when record documents medical necessity)

* Before radiographs are taken, standing orders must be in place with a specific dentist who will read the radiographs, provide an examination, and establish a treatment plan.

8. Other

<u>Code</u>	<u>Procedure</u>	<u>Comment</u>
T1001	Nursing assessment/evaluation	15-minute unit