

Public Health Agency

Provider Manual



Iowa Department
of Human Services



Iowa
Department
of Human
Services

Provider
Public Health Agency

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Date
December 26, 2013

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III. Provider-Specific Policies





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Chapter III. Provider-Specific Policies

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CHAPTER III. PROVIDER-SPECIFIC POLICIES

A. AGENCIES ELIGIBLE TO PARTICIPATE

A provider of public health services is eligible to participate when they serve as a public health entity within the local Board of Health jurisdiction pursuant to 641 Iowa Administrative Code (IAC) Chapter 77.3(3).

B. COVERAGE OF SERVICES

Payment will be made for immunizations and testing of communicable disease services.

1. Immunizations

You must provide Medicaid immunizations under the Vaccines for Children Program (VFC). Click [here](#) to view the list of vaccines available through the VFC program, or call (800) 831-6293. The charges in box 24F should be "0" for the vaccine.

Bill the appropriate CPT code for vaccine administration. Charge the actual cost for the vaccine administration.

When a member receives a vaccine outside of the VFC schedule, Medicaid will provide reimbursement for both the vaccine and the vaccine administration.

2. Interpreter Services

Interpretative services may be covered, whether done orally or through sign language. Interpreters must provide only interpretation services for your agency. The services must facilitate access to Medicaid-covered services.

In order for interpretation services to be covered by Iowa Medicaid, the services must meet the following criteria:

- ◆ Provided by interpreters who provide only interpretive services
- ◆ Interpreters may be employed or contracted by the billing provider
- ◆ The interpretive services must facilitate access to Medicaid-covered services



Providers may only bill for these services if offered in conjunction with an otherwise Medicaid-covered service. Medical staff that are bilingual are not reimbursed for the interpretation but only for their medical services.

a. Documentation of the Service

The billing provider must document in the member's record the:

- ◆ Interpreter's name or company,
- ◆ Date and time of the interpretation,
- ◆ Service duration (time in and time out), and
- ◆ The cost of providing the service.

b. Qualifications

It is the responsibility of the billing provider to determine the interpreter's competency. Sign language interpreters should be licensed pursuant to 645 IAC Chapter 361. Oral interpreters should be guided by the standards developed by the [National Council on Interpreting in Health Care](#).

Following is the instruction for billing interpretive services when that service is provided by an outside commercial translation service:

- ◆ Bill code T1013
 - For telephonic interpretive services use modifier "UC" to indicate that the payment should be made at a per-minute unit.
 - The lack of the UC modifier will indicate that the charge is being made for the 15 minute face-to-face unit.
- ◆ Enter the number of minutes actually used for the provision of the service. The 15 minute unit should be rounded up if the service is provided for 8 minutes or more.

NOTE: Because the same code is being used but a conditional modifier may be necessary, any claim where the UC modifier is **NOT** used and the units exceed 24 will be paid at 24 units.



3. Testing of Communicable Disease

Communicable disease is any disease transmitted from one person to another directly by contact with excreta or other discharges from the body or indirectly, via substances or inanimate objects.

Some communicable diseases must be reported to the Iowa Department of Public Health (IDPH). Click [here](#) to view the IDPH issued list of reportable diseases.

4. Treatment Services

Treatment services or interventions are not covered under this provider category. If you are also enrolled as a provider who can bill for treatment, you may provide treatment under the benefits of the other provider category. If not, please refer the Medicaid member to a Medicaid provider for treatment services.

C. BASIS OF PAYMENT

Public health agencies are reimbursed based on a fee schedule. The amount billed should reflect the actual cost of providing the service. The fee schedule amount is the maximum payment allowed.

Click [here](#) to view the fee schedule for Public Health Agencies.

D. PROCEDURE CODES AND NOMENCLATURE

Medicaid recognizes Medicare's National Level II Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes. However, all HCPCS and CPT codes are not covered.

Providers who do not have Internet access can obtain a copy of the provider-specific fee schedule upon request from the IME.

It is your responsibility to select the procedure code that best describes the item dispensed. A claim submitted without a procedure code and a corresponding diagnosis code will be denied.



Important Information Regarding ICD-10

On October 1, 2014, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets.

Iowa uses the HCFA Common Procedure Coding System (HCPCS). Claims submitted without a procedure code and the appropriate ICD-9-CM or ICD-10-CM diagnosis code will be denied.

The transition to ICD-10 is required for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA). Please note, the change to ICD-10 does not affect CPT coding for outpatient procedures and physician services.

E. BILLING POLICIES AND CLAIM FORM INSTRUCTIONS

Claims for Public Health Agencies are billed on federal form CMS-1500, *Health Insurance Claim Form*.

To view a sample of the CMS-1500, click [here](#).

To view billing instructions for the CMS-1500, click [here](#).

Refer to Chapter IV. *Billing Iowa Medicaid* for:

- ◆ Claim form instructions,
- ◆ All billing procedures, and
- ◆ A guide to reading your Iowa Medicaid Remittance Advice statement.

The Billing Iowa Medicaid manual can be located online at:

http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Provman/all-iv.pdf.