



# Iowa Department of Human Services

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## INFORMATIONAL LETTER NO.1711-MC-FFS

**DATE:** August 15, 2016

**TO:** Iowa Medicaid Home Health (HH) Agencies and Managed Care Organizations (MCOs)

**APPLIES TO:** Managed Care and Fee-for-Service

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** HH Agency Condition Codes-Clarification

**EFFECTIVE:** August 1, 2016

This Informational Letter is to provide additional clarification to [IL 1694- MC<sup>1</sup>](#), dated July 20, 2016. Effective August 1, 2016, the IME UB-04 claim form instructions changed for Field No.18, related to the HH Agency coding for dual-eligible members that are not home-bound.

Field No.18 is no longer to be used to indicate the member's HH care status, such as: XA (Condition stable), XB (Not homebound), XC (Maintenance care) and XD (No skilled care).

Specifically, **Field 18** had previously been utilized in Medicaid for members who are:

- Dual-eligible (with both Medicare and Medicaid coverage), **and**
- Receiving HH care, but are **not home bound**.

This service is specifically **not** covered by Medicare, but **is** covered by Iowa Medicaid.

In order to bill Iowa Medicaid **directly** for payment, and not be required to submit the claim to Medicare first for denial, the following practice is recommended for **non-home bound, dual eligible, HH care recipients** only:

- For members that are **not** home bound to receive HH care, as was previously noted in Field 18, that status is to be indicated by using the identified **ICD-10-CM diagnosis code Z76.89** ("Persons encountering health services in other specified circumstances") as a **secondary diagnosis code**, along with supporting documentation in the medical record. Utilization of this **secondary code**, along with supporting documentation in the medical record, is within the Centers for Medicare and Medicaid Services (CMS) guidelines and serves as validation that the non-Medicare covered service may be submitted directly to the IME.
- Documentation in the medical record must support the condition (i.e., If "XB" previously was noted on the claim form, medical documentation should indicate that

<sup>1</sup> <https://dhs.iowa.gov/sites/default/files/1694-MC-HomeHealthAgencyConditionCodes.pdf>

the member is **not homebound**, which is the “specified circumstance” referenced by **secondary code Z76.89**.)

- The **primary diagnosis code and other applicable diagnosis codes are still utilized** for the member’s status using the appropriate ICD-10-CM diagnosis codes.
- Only valid values from the official NUBC code source may be reported in the condition code fields 18-28.

**PLEASE NOTE: For direction on submitting these types of claims with the MCOs, please refer to guidance provided by the individual MCOs.**

If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, or email at [IMEproviderservices@dhs.state.ia.us](mailto:IMEproviderservices@dhs.state.ia.us).