



# Iowa Department of Human Services

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For Human Services use only:

**General Letter No. 8-AP-411**  
Employees' Manual, Title 8  
Medicaid Appendix

April 10, 2015

## **BEHAVIORAL HEALTH SERVICES MANUAL TRANSMITTAL NO. 15-1**

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **BEHAVIORAL HEALTH SERVICES MANUAL**, Chapter III, **Provider-Specific Policies**, pages 3, 4, and 6, revised.

### **Summary**

The **BEHAVIORAL HEALTH SERVICES MANUAL** is revised to:

- ◆ Clarify the language for billing interpretive services.
- ◆ Update links due to the Department's new website.

### **Date Effective**

Immediately.

### **Material Superseded**

This material replaces the following pages from the **BEHAVIORAL HEALTH SERVICES MANUAL**, which includes the following:

<u>Page</u>	<u>Date</u>
<b>Chapter III</b> 3, 4, 6	May 1, 2014

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
<http://dhs.iowa.gov/sites/default/files/BehaviorHealth.pdf>.

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](mailto:imeproviderservices@dhs.state.ia.us).



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
- ◆ 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 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.
- ◆ For per minute electronic services 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.

#### 4. Treatment Plan

A treatment plan is a required document in the file. Treatment plans should be individualized to reflect the member's unique needs and goals. The plan must be developed based on a diagnostic evaluation that:

- ◆ Includes examination of the medical, psychological, social, behavioral, and developmental aspects of the member's situation, and
- ◆ Reflects the need for services.

Treatment plans should include:

- ◆ Client specifics, incorporating client goals, needs resources, abilities, and outcomes
- ◆ Motivation for change
- ◆ Functional impairments to be addressed
- ◆ Measurable objectives and goals to determine functional improvement
- ◆ Parties responsible for each measurable goal or outcome
- ◆ Timeline for goal achievement based on specific needs, resources, abilities of client
- ◆ Barriers to goal achievement
- ◆ Coordination of treatment with other agencies or treatment providers
- ◆ Estimated discharge date

#### 5. Treatment

Treatment must be consistent with generally accepted professional medical standards. Services must be:

- ◆ Individualized,
- ◆ Specific,
- ◆ Consistent with the symptoms or confirmed diagnosis of the illness under treatment, and
- ◆ Not in excess of the member's needs.



### **C. BASIS OF PAYMENT**

Behavioral health providers are reimbursed based on a fee schedule. The amount billed should reflect the actual cost of providing the services. The fee schedule amount is the maximum payment allowed.

Click [here](#) to view the fee schedule for Behavioral Health providers.

### **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.

Refer to the current fee schedule for a listing covered of codes.

Providers who do not have Internet access can obtain a copy upon request from the IME.

It is the provider's responsibility to select the code that best describes the item dispensed. Claims submitted without a procedure code will be denied. Refer coverage questions to the IME. Claim forms must be completed with all required elements. Claims submitted without a procedure code and an ICD-9-CM or DSM IV diagnosis code will be denied.

### **E. BILLING POLICIES AND CLAIM FORM INSTRUCTIONS**

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

Click [here](#) to view a sample of the CMS-1500.

Click [here](#) to view billing instructions for the CMS-1500.

Refer to [Chapter IV. Billing Iowa Medicaid](#) for claim form instructions, all billing procedures, and a guide to reading the Iowa Medicaid Remittance Advice statement.

The Billing Manual can be located online at:  
<http://dhs.iowa.gov/sites/default/files/All-IV.pdf>