



Iowa Department of Human Services

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Employees' Manual, Title 8
Medicaid Appendix

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FEDERALLY QUALIFIED HEALTH CENTER MANUAL TRANSMITTAL NO. 15-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **FEDERALLY QUALIFIED HEALTH CENTER**, Chapter III, *Provider-Specific Policies*, Contents (page 2), revised; and pages 4, 19, 28, 60, 62, and 63, revised.

Summary

The **FEDERALLY QUALIFIED HEALTH CENTER MANUAL** is revised to:

- ◆ Align with current policies, procedures, and terminology.
- ◆ Correct the name of form 470-5211.
- ◆ Update links due to the Department's new website.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from the **FEDERALLY QUALIFIED HEALTH CENTER MANUAL**:

<u>Page</u>	<u>Date</u>
Chapter III	
Contents (page 2)	June 1, 2014
4, 19, 28, 60, 62, 63	June 1, 2014

Additional Information

The updated provider manual containing the revised pages can be found at:

<http://dhs.iowa.gov/sites/default/files/Fedqhc.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.



When the provider or the parent has concerns or questions regarding the functioning of the child in relation to expected ranges of activities after screening, make referral for developmental assessment by professionals trained in the use of more elaborate instruments and structured tests.

Developmental surveillance is different than developmental testing. Developmental surveillance is a flexible, continuous process in which knowledgeable professionals perform skilled observations of children during the provision of health care.

Developmental surveillance is an important technique, which includes questions about the development as a part of the general developmental survey or history. It is not a “test” as such, and is not billable as a developmental screen.

Health care providers often use age-appropriate developmental checklists to record milestones during preventative care visits as part of developmental surveillance. Click [here](#) to view the surveillance tool for children, with the *Iowa Child Health and Developmental Record (CHDR)*.

The adolescent population presents a different developmental challenge. Many of the more readily apparent developmental problems should have been identified and be under treatment. Focus screening on such areas of special concern as potential presence of learning disabilities, peer relations, psychological or psychiatric problems, and vocational skills.

For further information on developmental screening, see:

- ◆ [Care for Kids Provider website](#)
- ◆ [Developmental Behavioral Online website of the American Academy of Pediatrics](#)
- ◆ [Assuring Better Child Development and Health \(ABCD\) Electronic Resource Center of the National Academy for State Health Policy](#)
- ◆ [National Center of Home Initiatives for Children with Special Needs website of the American Academy of Pediatrics](#)



a. Blood Pressure

Blood pressure measurement is a routine part of the physical examination at three years of age and older. During infancy, conduct a blood pressure only if other physical findings suggest it may be needed.

The National Health, Lung and Blood Institute published blood pressure standards for children and adolescents. The standards are based on height as well as age and gender for children and adolescents from one through 17 years old.

This is a change from the past when height and weight were both thought to be correlates of blood pressure. Height was determined by the investigators to be a better correlate for children and teenagers because of the prevalence of obesity in young people in this country. The standards appear in the Blood Pressure Tables for Children and Adolescents. See below.

To use the tables, measure each child and plot the height on a standard growth chart. Measure the child's systolic and diastolic blood pressure and compare them to the numbers provided in the tables for blood pressure for height, age, and sex.

The National Heart, Lung and Blood Institute recommends using the disappearance of Korotkoff's (K5) to determine diastolic blood pressure in children and adolescents.

The interpretation of children and adolescents blood pressure measurements for height, age, and gender are as follows:

- ◆ Readings below the 90th percentile are considered normotensive.
- ◆ Reading between the 90th and 95th percentile are high normal and warrant further observation and identification of risk factors.
- ◆ Readings of either systolic or diastolic at or above the 95th percentiles indicate the child may be hypertensive. Repeated measurements are indicated.



- ◆ Syndromes associated with hearing loss or progressive or late-onset hearing loss, * such as neurofibromatosis, osteopetrosis, and Usher syndrome (Roizen, 2003). Other frequently identified syndromes including Waardenburg, Alport, Pendred and Jervell and Lange-Nielson (Nance, 2003).
- ◆ Neurodegenerative disorders, * such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich ataxia and Charcot-Marie-Tooth syndrome (Roizen, 2003).
- ◆ Culture-positive postnatal infections associated with sensorineural hearing loss, * including confirmed bacterial and viral (especially herpes viruses and varicella) meningitis (Arditi et al., 1998; Bess, 1982; Biernath et al., 2006; Roizen, 2003).
- ◆ Head trauma, especially basal skull/temporal bone fracture* requiring hospitalization (Lew et al., 2004; Vartialnen et al., 1985; Zimmerman et al., 1993).
- ◆ Chemotherapy* (Bertolini et al., 2004).

c. **Nutritional Status**

To assess nutritional status, include:

- ◆ Accurate measurements of height and weight.
- ◆ A laboratory test to screen for iron deficiency anemia (see Hgb/Hct procedures under [Hemoglobin and Hematocrit](#) for suggested screening ages).
- ◆ Questions about dietary practices to identify:
 - Diets that are deficient or excessive in one or more nutrients.
 - Food allergy, intolerance, or aversion.
 - Inappropriate dietary alterations.
 - Unusual eating habits (such as extended use of bottle feedings, pica, or abnormal behaviors intended to change body weight).
- ◆ Complete physical examination, including dental, with special attention to such general features as pallor, apathy, and irritability.



2. *Dental Wellness Plan Wraparound Payment Request, Form 470-5210*

The Dental Wellness Plan, announced in [Informational Letter 1353](#), begins May 1, 2014. The Dental Wellness Plan uses a new, commercial plan framework and will offer dental benefits to the Iowa Health and Wellness Plan membership.

When an FQHC provides dental services under contract to the commercial plan, the commercial plan must pay the FQHC no less than the amount it would pay for the same services if furnished by another provider. The Department will supplement the payment of the commercial plan to provide reasonable cost reimbursement, as specified by Medicare cost reimbursement principles.

The *Dental Wellness Plan Wraparound Payment Request*, form 470-5210, is to be used to document Medicaid encounters and differences in payments by the commercial plan and the regular Medicaid encounter payment. Click [here](#) to view the form online. The form should be submitted within 30 days of the end of the quarter and should include an excel spreadsheet with the following information:

- ◆ Patient name
- ◆ Patient Medicaid state identification number
- ◆ Date of service
- ◆ Dental code billed
- ◆ Billed amount
- ◆ Amount paid by dental plan administrator

3. *Iowa Market Place Choice Wraparound Payment Request, Form 470-5211*

When an FQHC provides services under contract to a Qualified Health Plan (QHP), the QHP must pay the FQHC no less than the amount it would pay for the same services if furnished by another provider. The Department will supplement the payment from the QHP to provide reasonable cost reimbursement, as specified by Medicare cost reimbursement principles.

The *Iowa Market Place Choice Wraparound Payment Request*, form 470-5211, shall be used to document Medicaid encounters and differences in payments by the QHP and the regular Medicaid encounter payment. Click [here](#) to view form 470-5211 online.



The applicable modifiers are:

<u>Modifier</u>	<u>Description</u>
U1	Care for Kids screen with referral for treatment
U6	EPSDT "Care for Kids" screen
EP	Services provided as a result of the findings from a Care for Kids (EPSDT) screening examination
FP	Service related to family planning
U3	Medical expense services, e.g., those related to mental health diagnoses not covered by the Iowa Plan for Behavioral Health (Iowa Plan)
32	Annual routine physical required for RCF resident

1. Dental Services

Dental services provided at a FQHC and an IHS must be billed on the *Dental Claim Form*, ADA 2012. Procedure code D9999 must always be billed on the first line of the claim form, or the claim will deny. Changes to the Medicaid claims payment system have been made that will generate reimbursement for the encounter. Do not use procedure code T1015 on the dental claim form.

All other dental procedures provided during the encounter should be billed on the subsequent claim lines. Area of oral activity, tooth number and surface should also be entered, if applicable. Enter "0.00" in the fee area for each procedure provided.

Dental services performed by FQHCs that require prior authorization (PA) should have the PA number appended to the claim.

2. EPSDT "Care for Kids Services"

To bill EPSDT screening services for the preventive health visit, use the encounter code with the appropriate diagnosis code.



To bill EPSDT informing services, use the encounter code with the CI modifier and diagnosis code of V68.9 for agencies designated by the Department of Public Health.

Agencies designated by the Iowa Department of Public Health can bill for local medical transportation for children age 20 and under. To bill medical transportation service, use code A0100 and diagnosis code of V68.9.

F. BILLING POLICIES AND CLAIM FORM INSTRUCTIONS

Claims for Federally Qualified Health Centers 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>