



# Iowa Department of Human Services

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For Human Services use only:

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Employees' Manual, Title 8  
Medicaid Appendix

July 8, 2016

## SCREENING CENTERS MANUAL TRANSMITTAL NO. 16-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **SCREENING CENTERS MANUAL**, Chapter III, *Provider-Specific Policies*, Contents (page 2), revised; and pages 11, 13, 29, 30, and 42 through 46, revised.

### Summary

The **SCREENING CENTERS MANUAL** is revised to align with current IA Health Link policies, procedures, and terminology.

### Effective Date

January 1, 2016

### Material Superseded

This material replaces the following pages from the **SCREENING CENTERS MANUAL**, which includes the following:

<u>Page</u>	<u>Date</u>
<b>Chapter III</b>	
Contents (page 2)	May 1, 2014
11, 13, 29, 30, 42-46	May 1, 2014

### Additional Information

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

<http://dhs.iowa.gov/sites/default/files/Scenter.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).



Iowa  
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Provider and Chapter

**Screening Centers**

Chapter III. Provider-Specific Policies

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Date

June 1, 2016

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### c. Health Education/Anticipatory Guidance

Health education that includes anticipatory guidance is an essential component of screening services. Provide it to parents and youth (if age-appropriate) at each screening visit. Design it to:

- ◆ Assist the parents and youth in understanding what to expect in terms of the child's development.
- ◆ Provide information about the benefits of healthy lifestyles and practices as well as injury and disease prevention.

Health education must be age-appropriate, culturally competent, and geared to the particular child's medical, developmental, dental, and social circumstances. Four lists of age-related topics recommended for discussion at screenings are included below.

Anticipatory guidance and health education recommended topics are included in the *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, Third Edition, Arlington, VA. This publication is available from the National Center for Education in Maternal and Child Health (703) 356-1964, (888) 434-4MCH, or click [here](#) to view the website.

These lists are guidelines only. They do not require the inclusion of topics that are inappropriate for the child nor limit topics that are appropriate for the child.

#### **Suggested Health Education Topics: Birth - 18 Months**

##### ***Oral Health***

- ◆ Appropriate use of bottle and breast feeding
- ◆ Fluoride exposure: toothpaste, water, topical fluoride, and supplements
- ◆ Infant oral care: cleaning teeth and gums
- ◆ Early childhood caries/tooth decay
- ◆ Transmission of oral bacteria
- ◆ Non-nutritive sucking (thumb, finger, and pacifier)
- ◆ Teething and tooth eruption
- ◆ First dental visit by age one
- ◆ Feeding and snacking habits: exposure to carbohydrates and sugars
- ◆ Use of cup and sippy cup
- ◆ Importance of baby teeth



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***Other Preventive Measures***

- ◆ Back sleeping
- ◆ Bowel patterns
- ◆ Care of respiratory infections
- ◆ Crying or colic
- ◆ Effects of passive smoking
- ◆ Fever
- ◆ Hiccoughs
- ◆ Importance of well-child visits

**Suggested Health Education Topics: 2 – 5 Years**

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***Oral Health***

- ◆ Oral care: parental tooth brushing and flossing when the teeth touch, monthly “lift the lip”
- ◆ Teething and tooth eruption
- ◆ Importance of baby teeth
- ◆ Regular dental visits
- ◆ Non-nutritive sucking (thumb, finger, and pacifier)
- ◆ Feeding and snacking habits: exposure to carbohydrates and sugars
- ◆ Transmission of oral bacteria
- ◆ Appropriate use of bottle and breast feeding
- ◆ Use of sippy cup
- ◆ Use of sugary medications
- ◆ Early childhood carries, gingivitis
- ◆ Dental injury prevention
- ◆ Fluoride exposure: toothpaste, water, topical fluoride, and supplements
- ◆ Sealants on deciduous molars and permanent six-year molars

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***Injury Prevention***

- ◆ CPR training
- ◆ Booster car seat
- ◆ Burns and fire
- ◆ Farm hazards: manure pits, livestock, corn cribs, grain auger, and grain bins
- ◆ Dangers of accessible chemicals
- ◆ Importance of protective helmets
- ◆ Machinery safety
- ◆ No extra riders on tractor
- ◆ Play equipment
- ◆ Purchase of bicycles
- ◆ Put up warning signs
- ◆ Restricted play areas
- ◆ Street danger
- ◆ Teach child how to get help
- ◆ Toys
- ◆ Tricycles
- ◆ Walking to school
- ◆ Water safety
- ◆ Gun storage



### c. Head Circumference

Measure the head circumference at each visit until the child is two years old. Measure with a non-stretchable tape measure firmly placed from the maximal occipital prominence around to the area just above the eyebrow. Plot the results on the Center for Disease and Prevention (CDC) growth chart.

Further evaluation is needed if the CDC growth grid reveals a measurement:

- ◆ Above the 95th percentile.
- ◆ Below the 5th percentile.
- ◆ Reflecting a major change in percentile levels from one measurement to the next or over time.

### d. Oral Health Screening

The purpose of the oral health screening is to identify dental anomalies or diseases, such as dental caries (tooth decay), soft tissue lesions, gum disease, or developmental problems and to ensure that preventive oral health education is provided to the parents or guardians.

Children need an oral screening by the age of 12 months. An oral screening includes a medical and dental history and an oral evaluation. Each component of the oral screening listed below must be documented in the child's record:

- ◆ Complete or update the medical history:
  - Name of child's physician
  - Current medications used
  - Allergies
- ◆ Complete or update the dental history:
  - Name of child's dentist
  - Allergies
  - Frequency of dental visits
  - Parental concerns
  - Use of fluoride by child (source of water, use of fluoridated toothpaste or fluoride products)
  - Current or recent dental problems or injuries, including parental concerns



- Home care (frequency of brushing, flossing, or other oral hygiene practices)
- Exposure to sugar, carbohydrates (snacking and feeding habits, use of sugary medications)
- ◆ Oral evaluation
  - Hard tissue:
    - Suspected decay
    - Demineralized areas (white spots)
    - Visible plaque
    - Enamel defects
    - Sealants
    - Decay history (fillings, crowns)
    - Stained fissures
    - Trauma or injury
  - Soft tissue:
    - Gum redness or bleeding
    - Swelling or lumps
    - Trauma or injury
- ◆ Provide age-appropriate oral health education to the parent or guardian. Education should be based on the findings of the oral health screening.
- ◆ Iowa's EPSDT recommendations for dental care are based on the American Academy of Pediatric Dentistry and Iowa's definition of a dental home found within [Iowa Administrative Code](#). Iowa's dental periodicity recommendations may be seen [here](#).
- ◆ Refer children to a dentist for:
  - Complete dental examination within six months of the eruption of the first tooth or by the first birthday and periodic exams based on risk assessment
  - Obvious or suspected dental caries
  - Pain or injury to the oral tissue
  - Difficulty chewing
- ◆ Through the I-Smile™ Dental Home program, dental hygienists serving as I-Smile™ Coordinators will provide assistance to health care providers and families to help children access early and regular dental care. Contact information for a local I-Smile™ coordinator is available online at: [www.ismiledentalhome.iowa.gov](http://www.ismiledentalhome.iowa.gov)



#### 4. Nutritional Counseling

Payment for nutritional counseling services will be made using the following codes:

<b><u>Code</u></b>	<b><u>Description</u></b>
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	Reassessment and intervention, individual, face-to-face with the patient, each 15 minutes

In the diagnosis area of the claim form, use the diagnosis appropriate for the condition being treated.

#### 5. Oral Health Services

Payment for oral health services will be made using the following procedure codes along with the appropriate ICD-10 diagnosis codes. Use the TD modifier, in addition to those codes listed below, when an allowable service is provided by a nurse.

<b><u>Code</u></b>	<b><u>Mod</u></b>	<b><u>Procedure</u></b>	<b><u>Comment</u></b>
D0120		Periodic screening evaluation by dentist	Once every six months
D0145*	DA	Oral evaluation for patient under age three and counseling with primary caregiver	Once every six months
D0150		Initial screening evaluation by dentist	One time per patient (Also allowed when provider has not seen patient within three years)
D0190*	CC	Initial screening by a non-dentist	One time per patient (Also allowed when provider has not seen patient within three years)
D0190*		Periodic screening by a non-dentist	Once every six months



Page

<u>Code</u>	<u>Description</u>
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.)

**8. Other**

<u>Code</u>	<u>Procedure</u>	<u>Comment</u>
T1001	Nursing assessment/evaluation	Encounter code
G0443	Brief face-to-face behavioral counseling for alcohol misuse	15 minutes
G0447	Face-to-face behavioral counseling for obesity	15 minutes
H0046	Mental health services, not otherwise specified	Encounter code
99401	Preventive medicine counseling	15 minutes
99402	Preventive medicine counseling	30 minutes

**G. BILLING POLICIES AND CLAIM FORM INSTRUCTIONS**

Claims for Screening 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.