Lead Investigation Agency

Provider Manual

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CHAPTER III. PROVIDER-SPECIFIC POLICIES

A. AGENCIES ELIGIBLE TO PARTICIPATE

The Iowa Department of Public Health and any lead investigation agency that has been certified by the Iowa Department of Public Health as an elevated blood lead agency pursuant to 641 Iowa Administrative Code (IAC) 70.5(5) are eligible to participate in the Medicaid program.

B. COVERAGE OF SERVICES

Payment will be made for medically necessary lead investigation services in order to identify the sources of lead poisoning. The service shall be provided for a Medicaid-eligible child who has had two venous blood lead levels of 15 to 19 micrograms per deciliter or one venous level greater than or equal to 20 micrograms per deciliter.

1. Authorization

To be covered by Medicaid, this service must be recommended by a physician within the physician's scope of practice under state law. The Iowa Department of Public Health will provide the authorization. Contact Department of Public Health staff at (800) 972-2026 to obtain authorization for the service.

2. Interpreter Services

Interpretative services may be covered, whether done orally or through sign language. Interpreters must provide only interpretation services for the 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
- 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.
- 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. Lead Investigation Services

Lead investigation services include investigation of all sites where the child may have been exposed to lead. This includes the current residence and all places (baby-sitter, day care, shared custody) where the child currently lives or visits and may include immediate past residences.

This service may include, but is not limited to:

- X-ray fluorescence analyzer readings.
- Visual examination of paint location and condition to determine lead hazards of primary or secondary addresses. The determination is made if the child may be exposed to lead-based paint hazards at any or all of these places.
- Soil samples and dust samples if necessary to determine additional sources of lead.

Lead investigation services include an interview of the family to determine the child's daily schedule, potential sources and habits. Occupational and hobby histories of adults in the household or other places the child spends time help determine whether the child is being exposed to lead from an adult's workplace or hobby.

This service shall include:

- Ensuring that both the family and the owner of the home clearly understand what work must be done to make the home lead-safe and how to do the work safely.
- Health education to the child's family about lead poisoning, the need for follow-up blood lead testing, the importance of good nutrition, and good housekeeping practices. Education should be reinforced during follow-up visits as needed.
- A written report to the family, the owner of the building, the child's medical provider, and the local childhood lead poisoning prevention program.
- Follow-up to ensure that identified hazards are repaired.

C. BASIS OF PAYMENT

Payment for services rendered by a lead investigation agency is based on a fee schedule.

Click here to view the fee schedule for Lead Investigation Agencies.

D. PROCEDURE CODES AND NOMENCLATURE

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

For ICD-9 coding use the diagnosis code 984.0 for inorganic lead compounds or 984.1 for organic lead compounds on claims.

The date of service for the Medicaid program should be the date of the elevated blood level investigation. This date should be **either** the date that a lead investigation was completed **or** the date that verification is made that a home was built on or after January 1, 1978. This should also be the date entered in the IDPH data system as the "date initial investigation completed."

The procedure code applicable to lead investigation agency services is as follows:

Code	Description
T1029	Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling

E. BILLING POLICIES AND CLAIM FORM INSTRUCTIONS

Claims for Lead Investigation services 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://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Provman/all-iv.pdf.