101

101 County Health Departments

Medicaid contracts with the State of Alabama Department of Public Health to reimburse services provided by County Health Departments.

101.1 Enrollment

HP enrolls county health departments and issues provider contracts to applicants who meet the licensure and/or certification requirements of the state of Alabama, the Code of Federal Regulations, the *Alabama Medicaid Administrative Code*, and the *Alabama Medicaid Provider Manual.*

Refer to Chapter 2, Becoming a Medicaid Provider, for general enrollment instructions and information. Failure to provide accurate and truthful information or intentional misrepresentation might result in action ranging from denial of application to permanent exclusion.

National Provider Identifier, Type, and Specialty

A provider who contracts with Alabama Medicaid as a county health department is added to the Medicaid system with the National Provider Identifiers provided at the time application is made. Appropriate provider specialty codes are assigned to enable the provider to submit requests and receive reimbursements for health department-related claims.

NOTE:
The 10-digit NPI is required when filing a claim.

County health departments are assigned a provider type of 13 (County Health). Valid specialties for county health departments that employ physicians include the following:

- Family Planning (083)
- Environmental Lead Assessment (980)
- EPSDT (560)
- Immunizations (900)
- Primary Care Clinic (720)
- Prenatal Clinic (181)
- Preventive Education (183)

County health departments that are enrolled to provide hospice services are assigned a provider type of 06 (Hospice). The valid specialty is Hospice (060).

County health departments that are enrolled to provide home health services are assigned a provider type of 05 (Home Health). The valid specialty is Home Health (050).

NOTE:

Physicians affiliated with county health departments are assigned their own NPI, which links them to the health department. The provider type for the physician is 13 (County Health Department). The valid specialties are any of those specialties valid for physicians. Refer to Section 28.1, Enrollment, for a listing of valid physician specialties.

All other personnel affiliated with the county health department, such as physician assistants or nurse practitioners, bill using the health department's NPI, and are not assigned individual NPI.

101.2 Benefits and Limitations

This section describes program-specific benefits and limitations. Refer to Chapter 3, Verifying Recipient Eligibility, for general benefit information and limitations.

Consent of a Minor

Any minor who is 14 years of age or older; has graduated from high school; or is married, divorced, or pregnant may give effective consent to any legally authorized medical, dental, health, or mental health services for himself or herself. The consent of another person is not necessary.

101.2.1 EPSDT

County health departments providing EPSDT services should refer to Appendix A, EPSDT, for specifics regarding benefits and limitations.

EPSDT off-site screening providers must follow the protocols and procedures for EPSDT off-site services listed in the EPSDT appendix. Failure to comply may result in recoupment of the funds paid to the provider.

101.2.2 EPSDT Care Coordination

Effective March 1, 2004, the Alabama Medicaid Agency initiated an EPSDT care coordination service available for private and public providers. The goal for EPSDT Care Coordination Services is to provide children with opportunities to maximize their health and development by ensuring the availability and accessibility of comprehensive and continuous preventive health services throughout childhood.

The EPSDT Care Coordination services are available to any provider, at no cost, who wishes to utilize these services. The Agency, along with the Department of Public Health, has identified children at greatest risk and with the potential for effective intervention. These Medicaid eligible recipients will be targeted for outreach.

Scope of Services

The scope of services include and are designed to support physician's office personnel with identifying, contacting, coordinating, and providing follow up for visits with your office for children who are behind on their EPSDT screenings, immunizations, vision/hearing screenings, dental screenings, identify recipients who have high utilization of emergency room visits; follow up services for newborn hearing screenings, elevated blood lead levels, abnormal sickle cell and metabolic results; follow up on referrals, missed appointments, identify children at greatest risk for targeted outreach, and coordination for teen pregnancy prevention services. In addition, Care Coordinators are available to assist with transportation services using Alabama Medicaid's Non-Emergency Transportation (NET) program. Care Coordinators may receive referrals from physicians and dentists regarding medically-at-risk clients who need assistance with keeping appointments and obtaining follow-up care. Lastly, EPSDT Care Coordinators will encourage and assist in recruiting private physicians to improve services to this population.

Reports

The following reports provided by the Alabama Medicaid Agency will be utilized by the Alabama Department of Public Health (ADPH) to assist with the following items.

- Monthly Eligibles Report – enables Care Coordinators the ability to track eligible recipients
- Monthly Selected Services Report – enables Care Coordinators to ascertain utilization of EPSDT services, immunizations, elevated blood lead levels, dental services, and high utilization of emergency room visits.

In addition, the Agency and ADPH has developed strategies to identify the children at greatest risk and with the potential for effective intervention utilizing diagnosis codes. Care Coordinators can track referrals, missed appointments, and follow up appointments utilizing the reports listed above.

The following information obtained from ADPH will be utilized as follows:

- Metabolic and Sickle Cell Screening – enables Care Coordinators the ability to track eligible recipients with abnormal results
- Newborn Hearing Screening - enables Care Coordinators the ability to track eligible recipients with abnormal results
- Immunizations - enables Care Coordinators the ability to track eligible recipients with inadequate or delayed immunizations

Measurement Criteria

- ADPH will provide a monthly Summary Report by county.
- EPSDT screenings, immunizations, dental screenings, follow up on elevated blood lead levels, referred visits, kept appointments will increase after the first two years of implementation.

Participation

Participation of qualified EPSDT Care Coordination services is available to the state of Alabama's designated Title V agency, Alabama Department of Public Health. Public Health's primary role is that of care coordinator. Public Health will provide clinical EPSDT services only where those services are not available through the private sector. Public Health will identify health problems. Procedure code G9008, type of service 1 with modifier "EP" (e.g., G9008-EP) will be utilized for billing purposes. Active physician involvement for treatment is vital. EPSDT Care Coordination services are available by contacting your local county health department. Please visit our website at www.medicaid.alabama.gov and select "General", then select "About". A list of EPSDT Care Coordinators by county and telephone numbers is available to support physician office personnel.

101.2.3 Family Planning

County health departments providing family planning services should refer to Appendix C, Family Planning, for specific benefits, limitations, covered services and family planning diagnosis codes.

101.2.4 Prenatal

Prenatal services listed below are the services provided to a pregnant woman not participating in a maternity care program during the period of gestation, including obstetrical, psycho-social, nutrition, health education, and related coordination directed toward protecting and ensuring the health of the woman and the fetus. For recipients enrolled in the maternity care program, refer to Chapter 24, Maternity Care Program.

Medicaid provides prenatal services to persons who are eligible for Medicaid benefits and are deemed pregnant through laboratory tests or physical examination, without regard to marital status.

Prenatal services provided by county health departments must conform to the Program Guidelines for prenatal services under the Maternal and Child Health Services Block Grant Programs (Title V of the Social Security Act), Migrant Health Centers, or Community Health Centers.

Procedure	***Description***
99212-HD	Prenatal Clinic Visit – Includes diagnosis of pregnancy, comprehensive history, complete physical examination, preparation of medical record, risk assessment, diabetic and genetic screening, referral services, counseling services, collection of specimens for lab tests, hemoglobin or hematocrit and chemical urinalysis. Also includes reevaluation of the pregnancy during the prenatal period.
59430	Postpartum Clinic Visit – An in-depth evaluation of a patient in a stage of recovery from childbirth, requiring the development of or complete reevaluation of medical data, including history of labor and delivery, complications and/or pregnancy outcome, a complete physical examination, and the ordering of appropriate diagnostic tests and procedures. Patient education to include formal conference with the patient to review findings and contraceptive services.

101.2.5 Preventive Health

Refer to Chapter 30, Preventive Health Education, for specifics regarding benefits and limitations. Services are **limited** to the billing of the following two procedure codes:

Procedure Code	Description
S9445	Prenatal Education – Limited to pregnant female recipients. Limited to diagnosis codes V220 - V222.
99412	Adolescent Pregnancy Prevention Education – Limited to recipients ages 10-20. Limited to diagnosis code V2509.

101.2.6 Environmental Lead Investigators

A qualified investigator must have graduated from a four-year college or university with a minimum of 30 semester hours or 45 quarter hours of continued coursework in biology, chemistry, environmental science, mathematics, physical science, or a minimum of at least five years of permanent employment in an environmental health field. Any person employed must have successfully completed the training program for environmentalists conducted by the Alabama Department of Public Health before being certified by the Alabama Department of Public Health.

Environmental Lead Investigations are billable as a unit of service. A unit of service is the investigation of the home or primary residence of an EPSDT-eligible child who has an elevated blood lead level. Testing of substances that must be sent off-site for analysis, or any non-medical activities such as removal or abatement of lead sources, or relocation efforts, are not billable as part of an Environmental Lead Investigation.

Please refer to Appendix A, EPSDT, for further information regarding lead levels and children.

101.2.7 Adult Immunizations

County health departments that provide immunizations to Medicaid-eligible recipients who are 19 years old and older must submit a claim for the appropriate HCPCS code. Vaccines are reimbursable on a fee-for-service basis. The administration fee is included in the price of the vaccine. Do not bill a separate procedure code for administration of the vaccine.

Refer to Appendix H, Alabama Medicaid Injectable Drug List, for procedure codes.

101.2.8 Home Health

County health departments providing home health care services should refer to Section 17.2, Benefits and Limitations, for specifics regarding home health benefits and limitations.

101.2.9 Hospice

County health departments providing hospice care services should refer to Section 18.2, Benefits and Limitations, for specifics regarding hospice benefits and limitations.

Refer to Section 18.5.3, Procedure Codes, Revenue Codes and Modifiers, for hospice procedure codes.

101.2.10 Physicians/Practitioners

Physicians and practitioners practicing within a county health department should refer to Section 28.2, Benefits and Limitations, for specifics regarding physician benefits and limitations.

Physicians have a NPI for each health department clinic/clinic type for which they provide services. Billable charges depend on the clinic, for example, Prenatal, EPSDT screening clinic, Family Planning, etc.

101.2.11 *Vaccines for Children (VFC)*

The Vaccines for Children (VFC) program offers free vaccines to qualified health care providers for children 18 years of age and under who are Medicaid eligible, American Indian or Alaskan Native, uninsured, or under-insured. The Alabama Department of Public Health (1(800) 469-4599) administers this program.

Refer to Appendix A, EPSDT, for information about the VFC program.

101.3 Prior Authorization and Referral Requirements

County health department procedure codes generally do not require prior authorization. Any service provided outside of these codes must have prior authorization. Refer to Chapter 4, Obtaining Prior Authorization, for general guidelines.

Claims for recipients enrolled in the Patient 1st Program **require a referral** from the recipient's assigned Primary Medical Provider (PMP). Refer to Chapter 39, Patient 1st for more information on obtaining a referral through the Patient 1st Program.

101.4 Cost Sharing (Copayment)

The copayment amount is $1.00 per visit including crossovers. The copayment does not apply to services provided for pregnant women, nursing home residents, recipients less than 18 years of age, Indians, emergencies, and family planning.

101.5 Completing the Claim Form

To enhance the effectiveness and efficiency of Medicaid processing, providers should bill Medicaid claims electronically.

Providers who bill Medicaid claims electronically receive the following benefits:

- Quicker claims processing turnaround
- Ability to immediately correct claim errors
- Online adjustments capability
- Enhanced access to eligibility information

Refer to Appendix B, Electronic Media Claims Guidelines, for more information about electronic filing.

NOTE:

When an attachment is required, a hard copy CMS-1500 claim form must be submitted.

This section describes program-specific claims information. Refer to Chapter 5, Filing Claims, for general claims filing information and instructions.

101.5.1 Time Limit for Filing Claims

Medicaid requires all claims for county health departments to be filed within one year of the date of service. Refer to Section 5.1.5, Filing Limits and Approved Exceptions, for more information regarding timely filing limits and exceptions.

101.5.2 Diagnosis Codes

The *International Classification of Diseases - 9th Revision - Clinical Modification* (ICD-9-CM) manual lists required diagnosis codes. These manuals are updated annually, and providers should use the current version. The ICD-9-CM manual may be obtained by contacting the American Medical Association, P.O. Box 10950, Chicago, IL 60610.

NOTE:

ICD-9 diagnosis codes must be listed to the highest number of digits possible (3, 4, or 5 digits). Do not use decimal points in the diagnosis code field.

101.5.3 Procedure Codes and Modifiers

Medicaid uses the Healthcare Common Procedure Coding System (HCPCS). HCPCS is composed of the following:

- American Medical Association's Current Procedural Terminology (CPT)
- Nationally assigned codes developed for Medicare
- Locally assigned codes issued by Medicaid. Effective for dates of service on or after 01/01/2004, use national codes.

The CPT manual lists most procedure codes required by Medicaid. This manual may be obtained by contacting the Order Department, American Medical Association, 515 North State Street, Chicago, IL 60610-9986. The (837) Professional, Institutional, and Dental electronic claims and the paper claim have been modified to accept up to four Procedure Code Modifiers.

101.5.4 Place of Service Codes

The following place of service codes apply when filing claims for health department services:

POS Code	***Description***
11	Office
12	Home
34	Hospice
71	State or Local Public Health Clinic
81	Independent Laboratory

101.5.5 Required Attachments

To enhance the effectiveness and efficiency of Medicaid processing, your attachments should be limited to the following circumstances:

- Claims With Third Party Denials

Refer to Section 5.7, Required Attachments, for more information on attachments.

101.6 For More Information

This section contains a cross-reference to other relevant sections in the manual.

Resource	Where to Find It
CMS-1500 Claim Filing Instructions	Section 5.2
Sterilization/Hysterectomy/Abortion Requirements	Section 5.7
EPSDT	Appendix A
Electronic Media Claims (EMC) Guidelines	Appendix B
Family Planning	Appendix C
Medicaid Standard Injectable Drug List	Appendix H
Outpatient Hospital/ASC Procedure List	Appendix I
AVRS Quick Reference Guide	Appendix L
Alabama Medicaid Contact Information	Appendix N
Patient 1st	Chapter 39