



Direct Care Services

August 2025



Health and
Human Services



Direct Care Services

- ▶ Meant to be **gap filling** services. Priority is to get client to a medical home.
- ▶ Gap filling could be that there is not a provider in the area to provide the service, or the current providers do not consistently provide the service (i.e., lead screening, developmental screening).
- ▶ Direct care services are services included in Medicaid's Screening Center provider package. Best resource is Title V Administrative Manual (links provided on slide 4).



Direct Care Services

- ▶ It is important to evaluate the client's payer source.
 - Medicaid FFS (billed to IME - Presumptive period, anyone excluded from MCO's)
 - Medicaid MCO
 - Title V

- ▶ Need to have and know scope of contract with each MCO to know what services the agency can bill for. Must have a contract with MCO's before billing.

- ▶ Need to document all services in Iowa Connected and the individual chart (could be paper chart or EMR).

Helpful Links

- ▶ [Screening Centers Provider Manual](#)
- ▶ [Screening Centers Fee Schedule \(services and codes\)](#)
- ▶ [Title V Administrative Manual](#)
- ▶ [CAH Chart Audit Tool](#)





Tidbits on Commonly Provided Services



Screenings

► Developmental Screens (ASQ, ASQ-SE)

- Screening should be filled out by parent/caregiver
- Agencies should be performing and clearly documenting the scoring and interpretation of the provided report
- Provide and document anticipatory guidance
- Follow-up and parent/guardian questions or concerns is noted

► Depression Screening for Caregiver or Child/Adolescent

- Caregiver – bill under child's Medicaid number – use code 96161
- Child/Adolescent – use code G0444

► Intimate Partner Violence Screening

- Caregiver – bill under child's Medicaid number – use code 96161
- Adolescent – use code 96160



Screenings

▶ Alcohol and Substance Abuse Screening with Brief Intervention

- Caregiver – bill under child's Medicaid number - use code 96161
- Adolescents – use code 99408 for 15-30 minutes; 99409 for over 30 minutes
- Must include and document brief intervention

▶ Initial Alcohol Screening (no brief intervention)

- G0442

▶ Annual Alcohol or Drug Screening

- H0049

▶ G0442 and H0449 cannot be billed on the same day.

- Cannot be billed in conjunction with Codes 99408, 99409, and 96161.
- G0442 and H0049 are screenings **without** intervention while 99408, 99409, and 96161 are **with** intervention



Blood Lead Testing

► Blood Lead Testing

- Make sure contract with MCO includes blood lead testing.
- Capillary blood draw (36416) and handling/conveyance (99000) cannot both be billed. Select the most appropriate code.
 - Will be denied as “incidental” if billed with other direct care services on the same date.
- Use codes 83655 and 83655 QW for tests utilizing the LeadCare II Blood Lead Testing System
 - QW modifier is used if another direct service such as vision testing is performed on the same day.
- Can get analysis through the State Hygienic Lab at no cost if needed.



Blood Lead Testing

► Blood Lead Analysis

- Involves use of LeadCare II.
 - Point of care lead analyzer
 - Must obtain a CLIA certificate of waiver
- Must meet HHS reporting requirements.
 - Weekly in electronic format
 - Immediately by phone for results of 20 ug/dL
- Code 83655: Scope of service is both the blood draw and blood lead analysis. (Use of LeadCare II).
- Do not bill 36416 (capillary draw) with 83655.
- Contact the HHS Childhood Lead Poisoning Prevention Program for questions.



Evaluation & Management

► Evaluation and Management

- Code 99211
- Clinical encounter service following a well child screening service or in conjunction with a gap-filling direct service (i.e., blood lead)
- Typically problems are minimal requiring limited time
- Can be billed once per day, per client

► E&M Examples:

- Follow-up on results of a full EPSDT screen on subsequent day
- Lead risk assessment, education about lead poisoning, and follow-up instructions when doing a blood lead test
- Follow-up of abnormal audiometry results



Immunizations

- ▶ If choosing to provide immunizations
 - Must be enrolled in VFC program
 - Provide for all Medicaid enrolled children through age 18
 - Immunization given via any route
 - Counseling for components within the vaccine
- ▶ [Iowa Vaccines for Children Program](#)
- ▶ [Iowa's Vaccines for Children Program Operations Guide](#)

Immunizations

- ▶ Immunization with Counseling
 - Scope of counseling components include:
 - Review of immunization record
 - Explaining the need for immunizations
 - Anticipatory guidance
 - Provision of VIS and date of VIS
 - Follow-up instructions
 - Addressing family questions/concerns
- ▶ Document both administration of vaccine ***and*** the counseling components. Important to include both.

Immunizations

- ▶ VFC programs may bill Medicaid for an administration fee.

- ▶ Medicaid can also be billed for the vaccine *IF*:
 - Needed vaccine is not included in the VFC cohort (i.e., traveling over seas)
 - Vaccines are provided to clients over age 18 up to age 21
 - VFC shortage drives need for vaccine to be purchased (with specific notification/permission to providers from IME)

Immunizations

► Billing Codes

- There are multiple vaccine codes depending on the components within the vaccine.
- Use code 90460 for initial component or single component vaccine administered.
- Use code 90461 for each component in a combo vaccine.
- Example:
 - Influenza – 90460
 - MMR – 90460 (measles), 90461 (mumps), 90461 (rubella)
- Use codes 90471 through 90474 for vaccine administration fee.

► Use the VFC Operations Manual as a guide and...

► **Be sure to document in IRIS!!**



Home Visits

- ▶ Direct care home visit by RN or social worker
- ▶ Nursing Home Visit
 - RN
 - Medical history
 - Nursing Assessment
 - Evaluation
 - Nursing services
 - Plan of care
 - Hourly service (S9123)

Home Visits

- ▶ Direct care home visit by RN or social worker
- ▶ Social Worker Home Visit
 - BSW or Licensed social worker
 - Social history
 - Psychosocial Assessment
 - Evaluation
 - Counseling services
 - Plan of care
 - Encounter service (S9127)

Nursing Encounter

- ▶ Nursing Assessment/Evaluation (outside of the home)
- ▶ Code T1001; per encounter
- ▶ Assessment/Evaluation of a ***known condition*** such as:
 - Failure to thrive
 - Asthma
 - Diabetes
- ▶ Provided by RN
- ▶ Includes:
 - Medical history including chief complaint
 - Nursing Assessment
 - Evaluation
 - Plan of Care



Transportation

- ▶ Local Transportation (NEMT)
- ▶ Can be provided for non-MCO enrolled or PE period.
- ▶ A variety of codes available.
- ▶ Documentation:
 - service date and date of ride (has to match the date of the Medicaid appointment)
 - who provided the service
 - address where recipient was picked up
 - destination (medical provider's name and address)
 - invoice of cost – mileage paid per mile



Interpretation

► Interpretation Services

- May be billed for face-to-face interpretation (T-1013) and phone interpretation (T-1013 UC) related to providing medical direct care services.
- Services provided to non-MCO clients is billed to IME and submitted with the claim for the direct care.
- Must be provided in conjunction with a Medicaid covered service.
- Interpreters must be employed or contacted by the Child Health agency to provide **only** interpretive services.
 - Cannot bill interpretive services when provided by a bilingual service provider within the agency.
- Sign Language interpreters should be licensed according to IAC 645 Chapter 361.
- Oral interpreters should be guided by standards developed by the National Council on Interpreting in Health Care (www.ncihc.org).

Documentation

► Documentation of Direct Care Services

- Include either time in/time out *and/or* total time for any service billed.
- Reference client chart for complete service detail.
- Name (first/last) and credentials of service provider.
- Maintain signature log.
- Record clinical detail of direct care service in the client chart.
 - Follow guidelines in IAC 441-79.3(2)



Questions



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