

Chapter 12

Reimbursement for Services to Children with Lead Poisoning Enrolled in the Wisconsin Medicaid Program

Contents

In Brief: Billing the Wisconsin Medicaid Program for Blood Lead Testing and Public Health Services to Children with Lead Poisoning	12.2
Introduction	12.4
Reimbursement for Blood Lead Testing	12.4
WIC Agencies may be Medicaid-Certified to be Reimbursed for Blood Lead Testing	12.5
Obtaining Prior Authorization	12.6
Submitting Claims	12.6
Medicaid Reimbursement for Environmental Investigations and Follow-up Inspections	12.7
Medicaid Reimbursement for Nursing Education Visits	12.7
Medicaid Reimbursement for Targeted Case Management	12.8



In Brief: Billing the Wisconsin Medicaid Program for Blood Lead Testing and Public Health Services to Children with Lead Poisoning

Activity	What is Billable	Steps in Billing
The following testing and analysis services can be billed when testing children for lead.		
Blood Lead Sample Collection	<p>Interperiodic Visit (five minutes) CPT code 99211; modifier EP</p> <p>Capillary Blood Draw CPT code 36416</p> <p>Lab Handling Fee CPT code 99000</p>	<p>Providers may be reimbursed for an office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional</p> <p>Providers may be reimbursed for collection of a capillary blood specimen using <i>Current Procedural Terminology</i> (CPT) code 36416 (Collection of capillary blood specimen [e.g., finger, heel, ear stick])</p> <p>Providers may be reimbursed for CPT code 99000 Lab Handling Fee when drawing a blood specimen to be mailed to the laboratory for analysis. This CPT code covers handling and/or conveyance of specimen for transfer from the office to a laboratory.</p>
Blood Lead Sample Analysis	Lead Testing CPT 83655	<p>The laboratory that analyzes the blood lead sample can be reimbursed for CPT Code 83655 (lead).</p> <p>Providers performing onsite blood lead testing using LeadCare II or similar CLIA-waived instruments can be reimbursed for lead sample collection (CPT code 83655). Providers will not be reimbursed for the lab handling fee (CPT code 99000) in this situation.</p>
The following services can be billed when provided to children with a venous BLL \geq 19 mcg/dL or two BLLs 15-19 mcg/dL drawn at least three months apart.		
Environmental Lead Investigation	Comprehensive environmental lead investigation by a certified risk assessor, not including laboratory analysis, of the property inhabited by a child with lead poisoning.	Complete the Prior Authorization Request Form (PA/RF), F-11018 and the Prior Authorization / Environmental Lead Inspection Form (F-11062) to obtain prior authorization (PA). Use procedure code T1029 with modifier EP. Prior authorization requests can be submitted by phone, fax or on paper. See PA forms and instructions in the Appendices.

Activity	What is Billable	Steps in Billing
<p>The following services can be billed when provided to children with a venous BLL ≥ 20 mcg/dL or two BLLs 15-19 mcg/dL drawn at least three months apart</p>		
<p>Nursing Education Visit</p>	<p>A home visit by a registered nurse to the home of a child with lead poisoning. Must be done in conjunction with an environmental investigation. If the nurse is also the risk assessor, the dates of service for the environmental investigation and the education visit cannot be the same.</p>	<p>The nursing education visit is covered under the PA for the environmental investigation.</p> <p>Use procedure code T1002 with modifier EP per 15 minutes. Can bill up to four 15-minute increments.</p>
<p>Follow-up Inspection</p>	<p>One return visit to the investigated property for inspection of the work performed and to obtain clearance dust wipe samples.</p> <p>Must be done in conjunction with an environmental investigation and within 365 days of the initial inspection.</p>	<p>Use procedure code T1002 with modifier TS; use approved PA number from original environmental investigation request.</p>
<p>The following services can be billed when provided to children with a venous BLL ≥ 20 mcg/dL or two BLLs 15-19 mcg/dL drawn at least three months apart</p>		
<p>Targeted Case Management (TCM)</p> <p>LHD must be approved to provide TCM for Group B Target Populations: Families with Children at Risk of Physical, Mental, or Emotional Dysfunction (a subgroup is: Families with a child/children with special health care needs, including children with lead poisoning).</p>	<p>Coordination of service activities only; direct services are not billable. Can be billed in addition to above services.</p>	<p>The assessment, case plan, ongoing monitoring, and service coordination must be documented.</p>

Introduction



The Wisconsin Medicaid Program provides reimbursement to certified HealthCheck providers for blood lead testing of children enrolled in Medicaid and follow-up services provided to children who are lead poisoned. Medicaid reimbursement is a resource for Medicaid-eligible children that should be pursued by a local health department. The state general purpose revenue (GPR) funding provided through the consolidated contract for lead poisoning prevention services should be the “payer of last resort.” The process of billing for blood lead testing services depends on whether the child is enrolled in Medicaid as

a Fee-for-Service (FFS) participant or in a Medicaid managed care organization (MCO). Billing for testing of FFS participants is submitted directly to Medicaid. Billing for testing of managed care participants must be done through a contract with the MCO.

The cost of lab analysis of the sample is billable by the analytical laboratory, either as FFS or to the appropriate MCO. Follow-up services provided to children with a venous BLL ≥ 19 mcg/dL or two consecutive BLLs of 15-19 mcg/dL drawn at least three months apart are billable as FFS for all Medicaid-enrolled children, including those in an MCO. These services include a nursing education visit, an initial environmental investigation conducted by a certified risk assessor, and a follow-up investigation for clearance and collection of dust wipe samples. The local health department must be a certified HealthCheck provider and the person doing the inspection must have received the DHS-approved lead inspection training and be certified to provide this service. In addition, Targeted Case Management may be billed for children with a venous BLL ≥ 20 mcg/dL or two venous BLLs of 15-19 mcg/dL drawn at least three months apart.

Detailed information regarding reimbursement, the prior authorization process, and requirements for environmental lead inspections and blood lead testing can be found in this chapter. This information can be found in the Wisconsin Medicaid Provider Online Handbook at [ForwardHealth Provider Handbook](#). In

the right-hand margin, select “BadgerCare Plus and Medicaid” as the program and “HealthCheck (EPSDT)” as the service area to locate resources related to lead poisoning services and

billing procedures. Scroll down on the right-hand margin to select the desired section or chapter of the handbook for viewing. The [Provider Services and Resources Reference Guide](#) lists services and resources available to providers and members with contact information and hours of availability. (This reference guide is also located in Appendix A.)



Reimbursement for Blood Lead Testing

A blood lead test (venous or capillary) is a required component of a HealthCheck examination at certain ages. Providers may be reimbursed for collection of a capillary blood specimen (e.g., finger stick) using CPT (Current Procedural Terminology) code 36416 (Collection of capillary blood specimen [e.g., finger, heel, ear stick]). Providers may be reimbursed for CPT code 36416 and CPT code 99000 (Handling and/or conveyance of specimen for transfer from the physician’s office to a laboratory) when drawing a finger stick blood specimen to be mailed to

the laboratory for analysis. The handling fee covers the collection, preparation, forwarding and handling of obtained specimens. For more information, refer to ForwardHealth Update No. 2008-191; November 2008, entitled "[Coverage of Capillary Blood Draw.](#)"

A five-minute interperiodic visit (CPT code 99211; modifier EP) can be billed for an office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional.

There is reimbursement for a "Lab Handling Fee" (CPT code 99000), which covers packaging and/or transporting the blood sample to the laboratory that will do the analysis.

A "Lab Analysis Fee" (CPT code 83655 Lead) is billable only by the laboratory doing the analysis of the blood. In most cases, blood samples submitted by LHDs are analyzed by the Wisconsin State Laboratory of Hygiene (WSLH). If the child is enrolled in Medicaid FFS, the child's Medicaid number should be entered on the laboratory submission form to facilitate the laboratory's ability to bill the Wisconsin Medicaid Program or the appropriate MCO for analysis.

When doing onsite lead testing, providers may be reimbursed for CPT code 36416 and CPT code 83655 (Lead). Providers will not be reimbursed for the lab handling fee CPT code 99000 in this situation because the blood sample is not being sent to an outside laboratory. Providers may be reimbursed for onsite blood lead testing if the following guidelines are met: 1) Providers must be successfully participating in the proficiency testing (PT) program as administered by the WSLH or another Centers for Medicaid and Medicaid Services-approved PT program; and 2) Providers must report all lead testing results, regardless of the lead level, to the Wisconsin Childhood Lead Poisoning Prevention Program. For more information, refer to BadgerCare+ Update, April 2008, No. 2008-27, entitled "[Guidelines for Reimbursement for On-Site Blood Lead Testing.](#)"

For children enrolled in Medicaid Managed Care, the cost of drawing a blood lead sample, lab handling fee, and analysis is assumed by the managed care organization (MCO) under their contract with the State of Wisconsin for care of Medicaid children. If a contract exists between the local health department and the child's MCO to provide HealthCheck examinations or blood lead testing, the reimbursement rate for providing these services should be negotiated as part of the contract.

If a blood lead test for a child enrolled in a Medicaid MCO is submitted by the local health department to the WSLH for analysis, the child's Medicaid number and the name of the managed care organization should be included on the lab requisition form. This information will facilitate WSLH in billing the MCO for the analysis. If the MCO prefers the use of a laboratory other than the WSLH, it is up to the LHD to obtain the equipment and forms required by that laboratory.

WIC Agencies may be Medicaid-Certified to be Reimbursed for Blood Lead Testing

ForwardHealth is including WIC agencies for Medicaid certification because approximately 82 percent of all children seen in WIC clinics in Wisconsin are Medicaid and BadgerCare Plus members. The Centers for Medicare and Medicaid Services requires that all children on Medicaid and BadgerCare have their blood tested for lead levels at age 1 and again at age 2. Beginning December 1, 2010, WIC agencies that contracted with the Wisconsin Division of

Public Health were able to apply to become Medicaid certified. By being certified with Wisconsin Medicaid, WIC agencies may be reimbursed for blood lead testing services performed on children age 4 and younger who are enrolled in Medicaid. See ForwardHealth Update No. 2010-102, November 2010, entitled "[WIC Agencies May Now Be Medicaid-Certified to Be Reimbursed for Blood Lead Testing Services](#)" for complete information on applying for certification, establishing a provider portal account, claims submission, and documentation requirements.

Obtaining Prior Authorization

Prior authorization (PA) from Medicaid is required before billing for services provided to a lead-poisoned child, e.g., environmental lead inspection, nursing education visit and follow-up inspection. Once prior authorization is obtained, all three services can be billed under the same PA number. The PA can be backdated for four days and is in effect for 365 days after the authorized date. The PA number must be submitted on the claim forms. A confirmation by mail will be sent and should be kept as part of the permanent record.

The following steps are taken to obtain prior authorization:

- Complete the Prior Authorization Request Form (PA / RF) (F-11018) and the Prior Authorization for Environmental Lead Inspection (PA/ELI) (F-11062). These forms and the Prior Authorization / Environmental Lead Inspection Instructions (F-11062A) are included in Appendix A of this document and are available in the online Medicaid provider handbook at "[Prior Authorization: Services Requiring Prior Authorization – Environmental Assessments for Lead Poisoning](#)." (See Appendix A for the Prior Authorization Request form, Prior Authorization / Environmental Lead Inspection (PA/ELI) form and PA/ELI Instructions.)
- STAT-PA: The ForwardHealth Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) System is an automated voice response system that allows Medicaid-certified providers to receive prior authorization (PA) via telephone rather than by mail or the Web. Providers answer a series of questions and receive an immediate response that a PA has been approved or returned. See "[STAT-PA System Instructions](#)" (F-11055) in the online provider handbook or in Appendix A.
- A request for prior authorization can also be submitted by fax or paper. Complete instructions on submitting prior authorization requests is available in the online provider handbook at "[Prior Authorization: Submission Options](#)."

Submitting Claims

Claims for services provided to lead-poisoned MA-eligible children are submitted to Forward Health. The prior authorization number must be included on the claims. The Procedure codes for services associated with lead-poisoned children are:

T1002 (can bill up to four 15-minute visits)	RN Services up to 15 minutes
T1029	Dwelling Lead Investigation
T1029 w/modifier TS	Follow-up Environmental Inspection
T1017, each 15 minutes	Targeted Case Management

Claims for HealthCheck services can be submitted electronically or on paper up to 365 days from the date of service. Providers are encouraged to submit claims electronically. The Division of Health Care Access and Accountability offers electronic billing software at no cost to the

provider. The Provider Electronic Solutions (PES) software allows providers to submit electronic claims using the 837 transaction. Providers may obtain the PES software by downloading it from the [ForwardHealth Portal](#). For assistance installing and using PES software, providers may call the [EDI Helpdesk](#).

Complete information on claim submission for various types of HealthCheck services is available at [Claims: Submission](#). Providers can contact the ForwardHealth Provider Services Call Center at 800-947-9627 with questions about billing. Call center correspondents are available Monday through Friday 7:00 a.m. – 6:00 p.m. (Central Time), with the exception of state-observed holidays.

Medicaid Reimbursement for Environmental Investigations and Follow-up Inspections

An environmental investigation of the home of a lead-poisoned child is reimbursable through MA if:

- ✓ the child's blood lead level is a venous BLL \geq 19 mcg/dL or two BLLs of 15-19 mcg/dL drawn at least three months apart;
- ✓ a certified risk assessor or hazard investigator performs the service; and
- ✓ prior authorization is received. If the first test was a capillary of \geq 20 mcg/dL, the request for prior authorization can be initiated while a venous sample is being obtained for confirmation.

The environmental investigation (risk assessment or hazard investigation) includes identifying lead hazards, ordering lead hazard reduction, and a follow-up investigation to assure that lead hazards were treated properly.

The follow-up investigation must also be performed by a certified risk assessor or hazard investigator and is billed separately from the initial investigation (see above for procedure codes). The follow-up investigation must occur within 365 days of the date of the prior authorization.

Medicaid Reimbursement for Nursing Education Visits

A maximum of 60 minutes (up to four 15-minute billable increments) can be reimbursed for the public health nurse home visit to provide education related to lead poisoning for children with one venous BLL \geq 19 mcg/dL or two venous BLLs \geq 15-19 mcg/dL drawn at least three months apart. Prior authorization for the education visit is included when the PA request is approved for the environmental lead inspection. An interperiodic visit may also be billed if the child is provided services by the LHD as a result of blood lead levels in this range. An example would be if the LHD provided further developmental or behavioral assessments or nutrition counseling because of the elevated blood lead result drawn during a HealthCheck examination.

If the certified risk assessor is also a public health nurse, the environmental investigation and nursing education visit must be provided on different dates to obtain Medicaid reimbursement for both services. The PA number for the environmental investigation must be submitted along with the request for reimbursement for the nursing education visit.

Medicaid Reimbursement for Targeted Case Management

The WCLPPP considers that the assessment and coordination of services provided to a lead-poisoned child are covered by the definition and assessment required for reimbursement for Medicaid Targeted Case Management (MTCM). A side-by-side comparison of Nursing Services to Lead-Poisoned Children and MTCM can be found in Figure 12.1 at the end of this chapter.

MTCM is a reimbursable service provided for children with a venous BLL \geq 20 mcg/dL or two venous BLLs of 15-19 mcg/dL drawn at least three months apart. As defined by [Wis. Admin. Code DHS 107.32\(1\)\(a\)](#), case management services covered by MA are services provided “to help a recipient, and, when appropriate, the recipient’s family gain access to, coordinate or monitor necessary medical, social, educational, vocational and other services.”¹ While a case manager may be coordinating as well as providing services, no direct services are included in billable time for case management. In the case of lead-poisoned children, several of the direct services that are required (nursing education visit, environmental investigation and follow-up investigation) can be billed separately. Thus, a local health department can bill for these one-time services, as well as the time it takes to coordinate the complex needs of lead-poisoned children and their families.

MTCM includes the components of assessment, case plan development, and ongoing monitoring and service coordination. In addition, there are specific activities performed by case managers that are required by or covered under MTCM. These are described briefly below.

WCLPPP has worked with the Wisconsin Medicaid program to assure that the information collected on the WCLPPP reporting forms for EBL cases fulfills the documentation needs for MTCM. To provide complete documentation of MTCM for a lead-poisoned child, also complete the [Medicaid Targeted Case Management Face Sheet – Childhood Lead Poisoning](#) (F-44771AA, also in Appendix A). The face sheet does not have to be returned to WCLPPP.

Components of Medicaid Targeted Case Management

Assessment and Case Plans – An assessment and case plan must be completed prior to approval of reimbursement of ongoing monitoring and service coordination activities. The required components of the comprehensive assessment are precisely articulated in the [Medicaid Provider Online Handbook](#). Any assessment tool can be used as long as all required components are addressed. WCLPPP has collaborated with WMAP to include components that must be documented for MTCM on the WCLPPP [Nursing Case Management Report](#) (F-44771A). An additional face sheet was developed (F-44771AA) that can be filled out by LHDs wishing to bill for MTCM to complete documentation of the required assessment. This face sheet should not be turned in to WCLPPP, but kept with the child’s record for reference and auditing purposes. Both of these forms can be found in the Appendices.

Other assessment and case planning items to be aware of for MTCM include the following:

- MTCM covers the time of all individuals participating in the assessment and case planning who meet requirements stated in the handbook.
- If emergency case management is necessary, WMAP can be billed for MTCM for up to 30 days prior to completion of an assessment or case plan. The emergency nature of the case must be documented in the recipient’s record.

¹ DHS 107.32(1)(a)1

- Two comprehensive case management assessments and the development of two case plans are allowed per calendar year, even when children have not changed county of residence. The child's record must indicate the rationale for a new comprehensive assessment. A new assessment and/or case plan may be required due to changing member or family needs, or because of a change of county residence. The record must indicate the rationale for a new assessment.

Ongoing Monitoring and Service Coordination – Ongoing evaluation consists of a regular review of the case plan and/or the recipient's status. Only a single designated case manager can do ongoing evaluation and service coordination, and receive reimbursement.

- Monitoring and service coordination include activities to mobilize support services, advocating for the child, educating about the child's needs, and evaluating and coordinating services specified in the plan.
- Every month, the case manager must have: (1) a face-to-face **or** telephone contact with the recipient/family/collateral, **or** (2) a written contact with a collateral. For lead-poisoned children, a collateral may be the child's parents/guardians, landlord, teachers/daycare providers, WIC or other nutritionists, or physician. It may also include any contractor providing lead hazard reduction work on the house, agencies to assist in financing the reduction activities, or social service agencies. The case manager must document the rationale if the meeting or contact is less frequent than this.
- Every three months the case manager must document the occurrence of at least one face-to-face meeting with the recipient/family or a collateral. The case manager must document the rationale if the face-to-face meetings are less frequent than this.
- Examples of ongoing evaluation and service coordination for children with lead poisoning include:
 - ✓ assuring access to venous follow-up blood lead testing;
 - ✓ monitoring blood lead test results;
 - ✓ communication with the primary health care provider;
 - ✓ monitoring adherence to chelation protocol;
 - ✓ evaluating progress and success of lead hazard reduction orders;
 - ✓ success and quality of referrals for nutrition and educational support services; and
 - ✓ meetings between lead poisoning prevention team members to discuss case.

Record Keeping – All time involved in documentation or record keeping necessary for case planning, coordination, and service monitoring are covered by MTCM. For lead-poisoned children, this includes:

- recording blood lead levels;
- updating case plans;
- communication with the child's physician;
- documentation of lead hazard reduction activities;
- entering notes about case activity;
- preparing and responding to correspondence with recipients and collaterals; and
- gathering data.