

Indiana Medical Assistance Programs

Provider Manual Update Bulletin Number 98-10

April 7, 1998

This bulletin is to transmit updates to the Indiana Medical Assistance Programs **Healthwatch Provider Manual**.

The following revised or added pages are to be inserted into your Healthwatch Provider Manual. Please Discard the pages which have been replaced by this update bulletin.

<u>REVISED MATERIAL</u>	<u>INSERT PAGE(S)</u>	<u>DISCARD PAGE(S)</u>
Examination Procedure Code Table	H-3-7 thru H-3-8	H-3-7 thru H-3-8
Height, Weight Head Circumference Guidelines	H-4-3 thru H-4-4	H-4-3 thru H-4-4

Changes noted above in bold text update the original IndianaAIM procedural documentation found in the December 4, 1997 edition of the Indiana Medical Assistance Programs **Healthwatch Provider Manual**.

If you have any questions regarding the information contained in this update bulletin, please contact EDS Provider Assistance at 1-800-577-1278.

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- Immunizations administered or referred, if needed at time of the screen
- Health education, including anticipatory guidance

Documentation

Documentation for the HealthWatch screen may be incorporated into the documentation routinely kept for well-child check ups. However, when the patient receives HealthWatch screen components or when the patient is referred elsewhere to receive components, it is imperative that the patient record reflect the components that were given and also the components, if any, that were referred elsewhere. If a child needs more frequent screening than recommended by the periodicity schedule, interperiodic screens may be performed. However, interperiodic screens should be billed with procedure codes other than those designated for HealthWatch/EPSTD screens.

General Billing Information

Billing procedures for the HealthWatch/EPSTD program have been simplified. HealthWatch providers are responsible for adhering to billing and screening guidelines in order to participate in the program. These requirements parallel the requirements for participating in the Hoosier Healthwise Program. Specifically, guidelines have been developed and Medicaid will monitor the following:

- Timely Screening
- Timely administration of immunizations: hematocrit/hemoglobin testing, blood lead testing, urinalysis and audiometry testing as recommended by the HealthWatch/EPSTD Periodicity and Screening Schedule and the immunization Schedule in **Appendix 1** (see **Appendix 2** for accelerated immunization and screening schedules for children over 2 years of age)
- Children receiving treatment for diagnosed conditions.

Specific Billing Procedures

The following claims billing procedures must be followed to permit correct and prompt reimbursement. HealthWatch claims are billed on the HCFA 1500 claim form. A computer-generated HCFA 1500 claim form sample is provided in **Appendix 5** for reference.

Every claim for a HealthWatch/EPSTD visit must be coded with: (1) an appropriate patient examination code, (2) the preventive health diagnosis code, V20.2, as the primary diagnosis, and (3) the appropriate EPSTD reimbursement rate for the initial or

established patient exam billed. Providers must indicate on the HCFA 1500 claim form whether the child has received an initial examination or an established patient examination. Physicians are strongly encouraged to include all applicable diagnosis codes (up to 4) on the claim form for each HealthWatch/EPSTD visit. Examples of the most frequently occurring diagnoses among HealthWatch/EPSTD patients are listed in **Appendix 3**.

Examination Procedure Codes

Providers are required to use examination codes that are classified as "Initial" or "Established" and vary based on the age of the recipient. **Providers must also use the preventive health diagnosis code V20.2 as the primary diagnosis code when a HealthWatch screen is billed.** The primary diagnosis code must be indicated with the diagnosis cross-reference code of "1" in block 24 E of the HCFA 1500 claim form for the procedure code billed. The procedure codes are:

Age	Initial Patient Exam	Established Patient Exam
Under 1 year	99381	99391
1 - 4 years	99382	99392
5 - 11 years	99383	99393
12 - 17 years	99384	99394
18 - 20 years	99385	99395

Reimbursement

Reimbursement for the initial patient exam is limited to the first HealthWatch/EPSTD screen performed by the screening provider per the participant's lifetime. **Claims submitted with charges other than these designated amounts for screening exams will be paid at the lower of the HealthWatch/EPSTD rate or the charged amount.**

\$50.00.....Initial Patient Exam

\$37.00.....Established Patient Exam

Periodicity and Immunization Schedule

When any one of the above patient exams is billed in conjunction with the V20.2 diagnosis code as the primary diagnoses code, the screen components listed on pages H-3-9 and H-3-10 must be provided. Appropriate documentation of the services provided must be included in the patient's medical records. The HealthWatch Periodicity and Immunization Schedules are found in **Appendix 1**. Accelerated immunization and screen schedules for children over age two are found in **Appendix 2**.

- General Physical Examination And Review of Systems:
 - ◇ Parent/Child/Physician Interaction
 - ◇ General Appearance and Behavior
 - ◇ Nutrition/Growth
 - ◇ Skin/Hair
 - ◇ Head
 - ◇ Face
 - ◇ Eyes
 - ◇ Ears
 - ◇ Nose/Mouth/Throat
 - ◇ Teeth/Gums
 - ◇ Musculoskeletal System
 - ◇ Neck
 - ◇ Lymph Nodes
 - ◇ Cardiovascular System
 - ◇ Respiratory System
 - ◇ Gastrointestinal System
 - ◇ Urogenital System
 - ◇ Endocrine System
 - ◇ Nervous System
 - ◇ Other

Suspect or positive findings should be summarized and discussed with the parent/child and a plan of care developed.

Height, Weight, Head Circumference

Guidelines for obtaining measurements:

- Weight is required at each visit for all ages. Infants and small children should be weighed on a table model beam scale. Older children who can stand without support can be weighed on a floor model beam scale. Scales should be balanced prior to weighing and should be checked and adjusted for accuracy according to the manufacturer's specifications.

- Height is required at each visit for all ages. Infants and children up to age 2 and children with low birth weight, failure to thrive, or certain developmental disorders, and/or who cannot stand, should be measured supine on a firm surface using a fixed headboard and footboard when possible. For older children who are able to stand without support use a non-stretchable measuring tape fixed to a true vertical surface.
- Head circumference must be measured at every visit for infants and children through the age of two years.
 - ◊ Measure the head with a cloth, steel, or disposable paper tape.
 - ◊ Apply the tape around the head from the supraorbital ridges anteriorly to the posterior point (usually the external occipital protuberance) giving the maximum circumference.

Standards for Further Evaluation or Referral: Refer to the National Center for Health Statistics' percentile standards in current age and gender specific physical growth charts by Ross Laboratories, Columbus, OH, 43216. Any significant deviation is a basis for further evaluation and, if necessary, referral.

Blood Pressure

Blood pressure must be done at every screening visit for all children three years of age and older. However, it may be taken on younger children if you decide that is appropriate.

- Take the blood pressure with the appropriate sized pediatric or adult cuff
- Record the reading in the patient chart

Standards for Further Evaluation or Referral: Refer to current percentile charts published by the AAP for the normal blood pressure for various ages. Any significant deviation is a basis for further evaluation and, if necessary, referral.

Dental Observation And Screening

An oral screening should be included as part of each HealthWatch physical exam. This includes an assessment of the following:

- Palate, cheeks, tongue, and floor of mouth
- Dental ridges (including erupting teeth)
- Gums for evidence of infection, bleeding, inflammation