

- Volume XI
- Issue 4
- Fall 2011

Florida Medicaid

Provider Bulletin

AGENCY FOR HEALTH CARE ADMINISTRATION

Florida Medicaid Transition to HIPAA 5010 Transactions

All trading partners will be deactivated for HIPAA standard 4010 X12 transactions effective January 1, 2012. Current participants in the electronic data interchange (EDI) process must be aware that the 4010 version of HIPAA standard transactions expires on December 31, 2011. **Failure to prepare for this deadline will result in delayed Medicaid payments.** This change applies to any provider and vendor submitting or receiving electronic files from the Florida Medicaid program and its fiscal agent. Florida Medicaid is prepared for the 5010 version of the HIPAA standard transactions and is receiving this updated version of electronic transactions from some of our EDI partners who have completed their own preparations for the transition.

Changing to the 5010 version of the HIPAA transactions is vital for Medicaid providers to appropriately bill the Medicaid program for services rendered to eligible recipients. EDI submitters are required to self-validate their 5010 standard claims submissions (837I, 837P and 837D). The following steps for HIPAA 5010 claim submission self-validation are highly recommended for ensuring readiness.



- 1) Trading partner tests claims via Ramp Manager.
- 2) Trading partner confirms Ramp Manager testing is successful.
- 3) Trading partner submits a few production claims in 5010 format.
- 4) If claims submission successfully processes, trading partner submits all subsequent transactions in 5010 format and discontinues use of 4010.

Providers currently submitting medical claims to Florida Medicaid in methods other than the HIPAA standard electronic batch format (i.e. paper, Secure Web Portal Direct Data Entry) will not be affected by this transition and may continue using the other billing methods.

Health care providers that bill Medicaid electronically should have completed their software and business changes and should be finalizing testing activities. Providers not at this stage of readiness

should immediately contact their software/practice management vendor, billing agent, or clearinghouse to check the status of the upgrade to the HIPAA 5010 standard. Providers that do not use a billing agent or clearinghouse may want to contact an EDI vendor for assistance.

For questions regarding Florida Medicaid's 5010 implementation, please contact the Medicaid fiscal agent at 1 (866) 586-0961. Please act now to leverage opportunities to prepare for the upcoming change. As the implementation deadline approaches, resources and opportunities for testing will be limited.

Inside This Issue:**All Providers**

1. Florida Medicaid Transition to HIPAA 5010 Transactions
2. A Message from Secretary Elizabeth Dudek
3. Medicaid Compliance Corner
4. New Training Opportunities for Medicaid Providers
5. The Florida Medicaid EHR Incentive Program Application is Open!
6. There's a New Click In Town
7. Payment Error Rate Measurement Project (2011)
8. FloridaHealthFinder.gov
10. Direct Secure Messaging: A First Step Toward Health Information Exchange

Therapy Providers and Prescribed Pediatric Extended Care Centers

11. New Medicaid Quality Improvement Organization for Therapy Services and Prescribed Pediatric Extended Care Services

Child Health Check-Up (CHCUP) Providers

12. Child Health Check-Up (CHCUP) Early Periodic Screening, Diagnosis and Treatment AND.....

A Message From Secretary Elizabeth Dudek

Dear Medicaid Provider:

I want to open this message by discussing a recent staffing change for Florida Medicaid. As you may have heard, Roberta Bradford resigned as Deputy Secretary for Medicaid in September due to the relocation of her family. Since then, Justin Senior has been serving in that capacity. Justin is in his fifth year at the Agency and has been our General Counsel since the end of 2008. I chose Justin to step in at this pivotal time because of his experience working with a wide range of Medicaid topics and am pleased to say he has stepped in without missing a beat.

The Agency continues to have discussions with the federal Centers for Medicare and Medicaid Services (CMS) about the extension of the current Reform section 1115 Research and Demonstration waiver. If you are interested, you can read the latest correspondence on our website at http://ahca.myflorida.com/Medicaid/medicaid_reform/index.shtml.

The Agency also continues our dialogue with CMS about our waiver requests and state plan amendment submission that relate to the Statewide Medicaid Managed Care (SMMC) program. The entire submission and other helpful information can be found on our website at http://ahca.myflorida.com/Medicaid/statewide_mc/index.shtml. Rolling out this program will take several years and will require ongoing outreach and communication efforts with you, our providers. In addition to the 11 public meetings held in June, the Agency hosted two additional meetings in Marathon and Coral Gables in mid-September. I want to extend my appreciation to those providers who attended. The Agency recognizes constructive feedback will help us in creating the best program. Anyone is welcome to submit their comments by emailing them to FLMedicaidManagedCare@ahca.myflorida.com.

Another way we strive to continually improve Florida Medicaid is by providing ongoing training opportunities. I want to briefly mention the new Provider Training e-Library, which was created to enhance existing training opportunities. I encourage you to read more about it on page 4.

As always, if you have ideas about how the Agency can streamline or improve your experience as a provider that will in turn help you serve Florida's Medicaid recipients better, please let us know. We are committed to working with you to provide quality care.

Sincerely,



Elizabeth Dudek
Secretary

Medicaid Compliance Corner

The Division of Medicaid has continued to increase training opportunities for Medicaid providers to help them comply with Medicaid regulations. The materials for recent trainings are available on the Agency's website. The Agency has also created a training library of video-style presentations that providers may find useful. More information about the e-Library is presented in the article on page 4 of this bulletin.

One key issue related to provider compliance is making certain that Florida Medicaid providers are not utilizing staff or contractors who are ineligible to participate in the Florida Medicaid program. Providers may want to (and some are required to) conduct employee screening to ensure they do not hire staff with criminal or regulatory histories that would exclude them from participation in the Medicaid program. Staff that have been terminated from the Medicare or Medicaid program in any state, have had licensure action taken against them in any state, or have had criminal convictions, including having pled "no contest" or having had "adjudication withheld," may not be eligible to participate in the Florida Medicaid program.

When a Medicaid provider's contract with the Florida Medicaid program is terminated, Florida Medicaid will cease to reimburse that provider directly for claims submitted and the provider is no longer eligible to participate in the program. A terminated provider may not be reimbursed for goods or services that the provider furnishes, supervises another practitioner who furnishes, or causes (prescribe/authorize/order) another provider to furnish. The Agency will require repayment for any goods or services reimbursed for dates of service after the effective date of a provider's termination if the goods or services were rendered by the terminated provider, by a provider who requires supervision and the supervising practitioner is a terminated provider, or were rendered with or due to a prescription, authorization, or order issued by a terminated provider.

Providers are likely to continue to see an increase in compliance activities within the Agency, and the issue of ineligible providers continuing to participate in the Florida Medicaid program is high on the list of program integrity efforts. The prime focus of these efforts is ensuring that terminated providers, individuals or entities who are on the federal exclusion list, and individuals or entities who are operating without a required license, are not participating in the Florida Medicaid program.

We appreciate your efforts to assist us by reporting suspected fraud and abuse, and encourage you to continue doing so. The Agency's Bureau of Medicaid Program Integrity accepts referrals of suspected fraud, abuse, or overpayments in the Medicaid program at 1 (888) 419-3456, or electronically on the Agency's website (see link to form below). Suspected fraud can also be reported to the Office of the Attorney General toll-free at 1 (866) 966-7226.

Providers are welcome to contact Kelly Bennett, the Medicaid Director's fraud and abuse liaison, regarding compliance matters and information about additional training to increase provider compliance: Kelly.Bennett@ahca.myflorida.com.



New Training Opportunities for Medicaid Providers

The Florida Medicaid program is pleased to announce the launch of a new website to enhance existing training opportunities regarding the Medicaid program and its policies. Please visit the new website, Florida Medicaid Provider Training e-Library at <http://ahca.myflorida.com/Medicaid/e-library/index.shtml>.

The e-Library houses training resources for Medicaid providers. You can go through the list of PowerPoint presentations and videos and select those that interest you to learn more about Florida Medicaid policy. Some benefits of using this site are:

- You can choose the time that is convenient for you to review the training materials.
- You can learn at your own pace with self-paced learning materials.
- You can build your knowledge of Medicaid policy, decreasing the risk of non-compliance and avoiding billing errors.

In this website you will find information on:

- Upcoming training and schedules.
- Training materials from previous training sessions.
- Helpful reference tools.
- A link to sign-up for Medicaid Health Care Alerts.

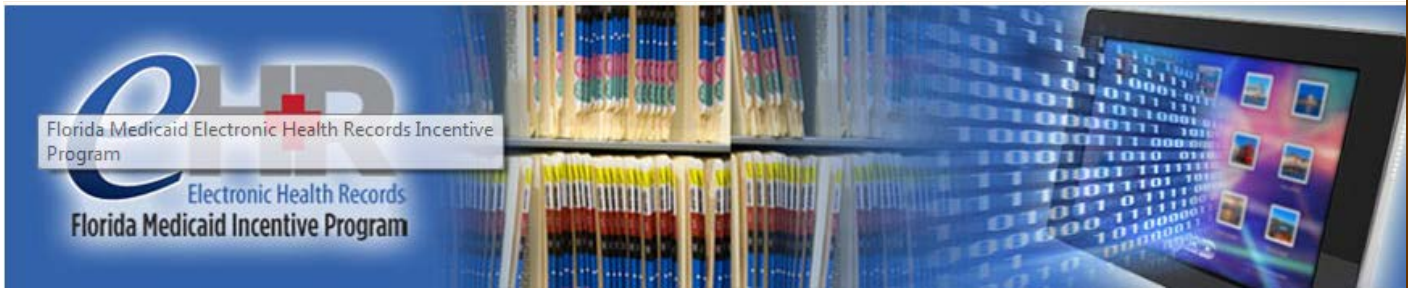


The Florida Medicaid program has an e-mail alert system to supplement the present method of receiving provider information and to notify registered providers or interested parties of "late-breaking" health care information. An email will be delivered to your mailbox when Medicaid policy clarifications or other health care information is available that is appropriate for your selected provider type.

Medicaid will continue offering teleconferences on different policy topics. Visit the e-Library website for updates to the teleconference schedules and training materials. We hope you find these educational materials helpful and appreciate your willingness to continue your education on Medicaid policy.

Florida Medicaid Provider Training e-Library

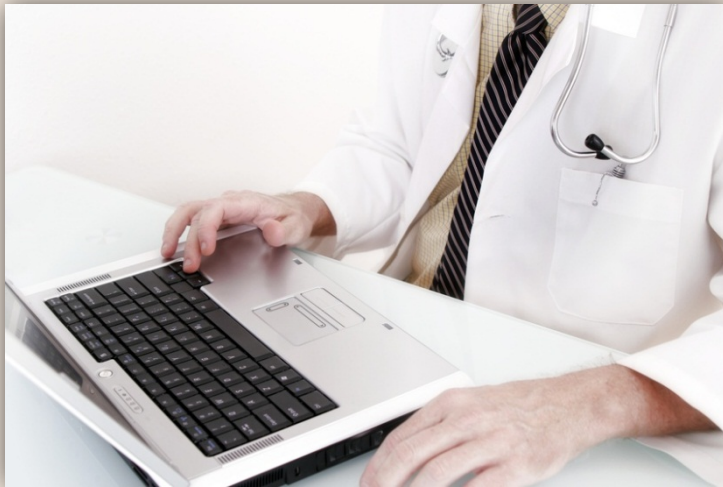




The Florida Medicaid EHR Incentive Program Application is Open!

Eligible health care professionals and hospitals can now complete the process to apply for electronic health records (EHR) incentive payments. Florida Medicaid launched the application site Monday, September 5, 2011. Electronic health records are the stepping stones into the world of Health Information Technology (HIT).

The EHR Incentive Program provides incentive payments to eligible professionals and hospitals based initially on the adoption, implementation or upgrade of a certified EHR system - and eventually on the demonstration of “meaningful use” as defined by the federal government.



Registration begins with the Centers for Medicare and Medicaid Services (CMS) at the National Registration and Attestation (R&A) site http://www.cms.gov/EHRIncentivePrograms/32_Attestation.asp. Providers can then access the state application through their individual, secure web portal. Please visit the Incentive Program website at <http://www.ahca.myflorida.com/medicaid/ehr/> for complete program requirements and application instructions. Under the **Resources** tab you will find up-to-date information on the most frequently asked questions.

HIT has the ability to improve communications between the patient and provider, empower the patient to be more involved in their own health care choices, improve quality and safety by a reduction in errors, and promote cost containment through improved coordination. The incentive is a recognition for providers investing in the technology that will change health care delivery.

If you have specific questions about participation in the program, call the Florida EHR Incentive Contact Center at 1 (855) 231-5472, or send an email to MedicaidHIT@ahca.myflorida.com.

There's a New Click in Town!

During the public comment period, draft handbooks and fee schedules will now be available to download in PDF format from the AHCA website. The link to this page will also be included in health care alerts announcing upcoming workshops.

To navigate from ahca.myflorida.com/index.shtml, the link is only 3 clicks away:

- 1) Click on **Medicaid**
- 2) Click on the **Programs** tab
- 3) Click on **draft versions** in the last bullet

Florida Medicaid

[About Us](#) | [Programs](#) | [Managed Care](#) | [Providers](#) | [Pharmacy Services](#) | [Medicaid Quality](#) | [Resources](#) | [Area Offices](#)

[Medicaid Services](#) | [Child Health Services](#) | [Long Term Care](#) | [Mental Health and Substance Abuse](#) | [Third Party Liability](#) | [Other Programs](#)

Medicaid Services

- The Florida Medicaid program is responsible for policies, procedures, and programs to promote access to quality acute and long-term medical, behavioral, therapeutic, and transportation services for Medicaid beneficiaries. AHCA is also the lead agency for the Children's Medical Insurance Programs (Title XXI –SCHIP). As lead Medicaid Agency, AHCA also is responsible for the rules and federal compliance for waiver programs housed within other state agencies, such as the Developmentally Disabled Waiver and the Nursing Home Diversion Waiver.
- For additional information relating to Medicaid covered services please click on one of the tabs above. A description of the services offered by the Florida Medicaid program can be found in our [Summary of Services](#).
- Some Medicaid services are subject to [utilization review](#) by a Quality Improvement Organization (QIO) under contract with AHCA.
- During the rule making process, [draft versions](#) of handbooks, fee schedules and other documents related to fee for service and waiver rules are available to download.

Quick Links

ARE YOU READY? eHR
Electronic Health Records
Florida Medicaid Incentive Program

- [Fiscal Agent](#)
- [Fraud and Abuse](#)
- [Florida Medicaid Reform Pilot](#)
- [Reports of Medicaid Eligibles](#)
- [Managed Care Enrollment Reports](#)
- [Services Available through Medicaid](#)
- [Servicios Disponibles a través de Medicaid](#)
- [Children's Quality Demonstration Grant \(CHIPRA grant\)](#)
- [Medicaid Procurements](#)

Note: These documents are not final until they are adopted into rule. Current policy and fee schedules can be found on the Public Provider Web Portal by visiting <http://mymedicaid-florida.com/>. Select **Public Information for Providers**, then **Provider Support**, and then **Provider Handbooks**. Comments on draft handbooks can only be accepted through the public hearing process under section 120.54, Florida Statutes.

Payment Error Rate Measurement Project (2011)

The Improper Payments Act of 2002 (HR 4878) requires federal government agencies to provide an estimate of their improper payments annually. The Centers for Medicare and Medicaid Services (CMS) has tested the process and methodology to implement a nationwide effort to measure improper payments in the Medicaid program. The Agency for Health Care Administration (Agency), as the single state agency responsible for administering the Medicaid program in Florida, will be participating in this effort.

CMS will measure the accuracy of Medicaid and Children's Health Insurance Program (CHIP) payments made by states for services rendered to recipients through the Payment Error Rate Measurement (PERM) program. Under the PERM program, CMS will use two national contractors to measure improper payments in Medicaid and CHIP. The first contractor, The Lewin Group, will provide statistical support to the program by selecting a sample of claims to be reviewed and then calculate Florida's error rate. The second contractor, A+ Government Solutions, will provide documentation/database support by collecting medical policies from the state and medical records from the providers. This contractor will also conduct medical and data processing reviews of the sample claims.

If a claim for a service that you rendered to either a Medicaid or CHIP recipient is selected to be in the sample, A+ Government Solutions will contact you for a copy of your medical records to support the medical review of that claim. Medical records will be needed for these reviews to determine if fee-for-service Medicaid and CHIP claims were correctly paid. From the date of contact, you must submit these medical records within 75 calendar days.

Consequences of Non-Response

If the requested supporting medical documentation is not submitted, the claim will be coded as an error and any monies paid will be recouped. Since dollars estimated as being paid in error from the sample will be projected to the total claims, the actual impact of each claim error will be magnified several times. This will result in an exponentially negative impact on the Florida Medicaid program. If the error rate is excessive, the Agency may have to add controls or other limitations to address problem areas that are identified. It must be emphasized that even small claim amounts identified as payment errors can have a significant impact on how a particular service area is perceived. Therefore, it is important that providers submit requested medical records in a timely manner.

Medical Record Requests

Please note that providers are required by section 1902(a)(27) of the Social Security Act to retain the records necessary to disclose the extent of services provided to individuals receiving assistance, and to furnish CMS with information regarding any payments claimed by the provider for rendering services. Furnishing information includes submitting medical records for review.

The collection and review of protected health information contained in individual-level medical records is permissible for payment review purposes via the Health Information Portability and Accountability Act of 1996 (HIPAA), as stated in 45 Code of Federal Regulations, parts 160 and 164:

"...a covered entity may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits...or other activities necessary for the appropriate oversight of (1) the health care system; (2) government benefit programs for which health information is relevant to beneficiary eligibility; (3) entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or (4) entities subject to civil rights laws for which health information is necessary for determining compliance."

In addition, Medicaid providers are required to comply with any medical records request from the CMS contractor. Follow-up contact regarding these medical record requests may be made by Florida Medicaid staff if any request is nearing the 75 calendar day time limit.

Look for additional details in upcoming Provider Bulletins regarding the 2011 PERM cycle (<http://ahca.myflorida.com/Medicaid/perm/>), which is underway for Federal fiscal year 2010-2011. Medical reviews by A+ Government Solutions began in September 2011. We will continue to send out specific information that pertains to medical record requests by A+ Government Solutions as the information becomes available. If your claim has been selected as a sample, the billing and treating provider offices on the claim will be notified by a letter from the Agency. You will then need to provide medical records as requested by A+ Government Solutions.

Florida Medicaid reminds all providers to bill in accordance with the billing procedures outlined in the Provider General Handbook and within the program policy handbook for the specific procedure being billed.

Please also note, if you have changed your address or telephone number and have not updated your information with the Agency, this is a good opportunity to do so, as you are required to report any changes per the Provider General Handbook (page 2-44): "To report a change of address, the provider must obtain and complete the Medicaid Provider Change of Address Request, AHCA Form 2200-0004, July 2008. The form is available by calling the Provider Contact Center at 1 (800) 289-7799 and selecting Option 4. It is also available from the Medicaid fiscal agent's Web Portal at <http://mymedicaid-Florida.com>. Select **Secure Information for Providers**, then **Demographic Maintenance**, and then **Location Name Address**.

If you would like more information related to PERM and your role in this process, please visit the CMS PERM website at <http://www.cms.hhs.gov/perm/>. All documentation specific to 2011 participating states will be located under **Cycle 3**. General state provider information will be located under **Providers**.

We appreciate your continued cooperation with the Florida Medicaid program. If you have any questions, please contact Jason Ottinger, Office of Medicaid Program Oversight, by telephone at (850) 412-4695 or via email at Jason.Ottinger@ahca.myflorida.com.

FloridaHealthFinder.gov

Connecting Florida with Health Care Information

The Agency's consumer health care website, www.floridahealthfinder.gov, continues our commitment to better health care for all Floridians by providing information and tools to help both you as a health care provider and the patients you serve.

Medicaid Information

As a Medicaid provider, your patients may ask questions about the Medicaid program, or you may have questions. The Medicaid link on the Florida Health Finder website is a good place to find answers to many questions and includes links to web content as well as contact information. You can access the Medicaid link by visiting www.floridahealthfinder.gov and clicking on **Medicaid** in the "Help for Florida Consumers" box at the bottom of the page.

Topics include:

- Medicaid eligibility and where to apply.
- The Florida Medicaid brochure for an overview of the program.
- Choosing a Medicaid managed care plan.
- Finding Medicaid doctors, dentists, and specialists.
- Medicaid covered services.
- How to replace a Medicaid card.
- Links to our Medicaid area offices where providers can find information about training, claims, Medicaid publications, and the local Medicaid area office phone numbers and contact links.



The Agency is also taking the lead in promoting the use of electronic health records and electronic prescribing. Information about the [Florida Health Information Network](#) and the [Florida Medicaid Electronic Health Record Incentive Program](#) can be found on the [Researchers and Professionals](#) tab of Florida Health Finder. The network gives Medicaid providers access to patient specific Medicaid claims data, patient eligibility, and a patient look-up tool.



AHCA's Consumer Health Care Website – FloridaHealthFinder.gov (continued)

Additional Information

FloridaHealthFinder.gov includes other health care information that can be helpful to you and to your patients. The following are some highlights of the website:

- 1) The [Facility/Provider Locator](#) search tool allows users to locate Florida hospitals, home health agencies, assisted living facilities, nursing homes, and other providers licensed by our Agency. The site includes addresses and driving directions, links to inspection reports and quality care comparison tools, owners and administrators or chief executive officers, and where applicable, bed types, specialty licenses, service areas, special programs, certification status, and more.
- 2) A variety of quality of care and pricing comparison tools on FloridaHealthFinder.gov help consumers make informed health care choices.
 - [Hospital and Ambulatory Surgery Centers](#) – Find the number of visits/hospitalizations and a range of charges for 150 medical conditions and procedures. Hospital data also includes length of stay and rates for readmission, mortality, and complications/infections.
 - [Health Plans](#) – View quality of care measures and the results of a member satisfaction survey, as well as links to additional health insurance information.
 - [Physicians](#) – Compare the number of total knee and total hip replacements performed by surgeons in Florida hospitals. Additional procedures will be added in the future.
 - [Florida Nursing Home Guide](#) – Find information on individual nursing homes and their inspection performances (represented by a number of stars).
 - [Hospice Providers](#) – View the findings of the Family Evaluation of Hospice Care survey that is given to families whose loved ones received hospice care.
 - [Prescription Drug Prices](#) – Link to MyFloridaRx.com to compare prices for the 150 most commonly used prescription drugs.
- 3) The [Health Encyclopedia](#) and the [Symptom Navigator](#) include thousands of articles, illustrations, and videos. Many of the articles link to health care data regarding procedures performed at Florida hospitals and ambulatory surgery centers.
- 4) If you encounter uninsured individuals in your practice who are looking for programs that might be helpful, refer them to [Medical Help Resources](#) on the website. It provides a long list of programs that provide information, referral, direct medical care, or some help with the cost of medical care and other expenses.



If you are already familiar with FloridaHealthFinder.gov you will discover we are launching a new, fresh look to the site. The website continues to provide Floridians with access to up-to-date information and tools to help them make informed health care decisions. And for those of you who haven't yet discovered [FloridaHealthFinder.gov](#), we invite you to visit us today. Let us know what you think of the website and if you have questions or comments, click [Contact Us](#).

Direct Secure Messaging: A First Step Toward Health Information Exchange

Health care providers practicing in Florida who are considering participation in electronic health information exchange could begin by trying Direct Secure Messaging (DSM). DSM is the first service offered by the Florida Health Information Exchange (HIE), developed and operated by Harris Corporation under contract with the Agency for Health Care Administration (visit www.florida-hie.net for more information).

DSM is secure, encrypted email that allows providers to send and receive messages and attachments (up to 10MB) containing a patient's clinical data. The service does not require use of an Electronic Health Record (EHR), purchase of any special software, or payment of a fee. If you meet the registration requirements and have an Internet connection, you can use DSM. Although EHR is not required, providers participating in the Florida Medicaid EHR Incentive Program can use DSM to achieve "meaningful use" by sending and receiving data that can be pulled into an EHR.



Provider types who can use the DSM service are limited to the following list, and must have a National Provider Identifier (NPI), a valid Florida license, and other certification as applicable.

- Ambulatory Surgical Centers
- Certified Nurse Midwives
- Chiropractic Physicians
- Clinical Laboratories
- Community Mental Health Centers
- County Health Department Clinicians
- Dentists
- Federally Qualified Health Centers
- Hospices
- Hospitals
- Nurse Practitioners
- Nursing Home Facilities
- Optometrists
- Physicians (M.D. & D.O.)
- Podiatrists
- Rural Health Centers

To sign up for this free service, an online registration process is required. For security purposes, provider organizations (group practices, clinics, hospitals, etc.) must register first. After this step, practitioners within the organization can register for an individual mailbox. Please note that registration will require all NPI-related information to be current, specifically license and FAX numbers for providers and their practices should be accurate and included.

Step-by-step training guides are available to help you through DSM registration at the Florida HIE website (www.florida-hie.net) under the **Adoption** tab. For more information or assistance in the process, please email the HIE Help Desk at Florida-HIE@Harris.com.



New Medicaid Quality Improvement Organization for Therapy Services and Prescribed Pediatric Extended Care Services

The Agency for Health Care Administration (Agency) contracted with eQHealth Solutions to perform prior authorization of prescribed pediatric extended care (PPEC) and therapy (physical, occupational, and speech-language pathology) services beginning November 1, 2011. Medicaid claims submitted with a date of service on or after November 1, 2011, for Medicaid fee-for-service and MediPass recipients under the age of 21 will require a prior authorization number from eQHealth Solutions in order to be reimbursed by Medicaid. This process will not apply to recipients enrolled in Medicaid health maintenance organizations (HMOs) and provider service networks (PSNs).

eQHealth Solutions is the Agency's peer review contractor for utilization management of Medicaid inpatient medical/surgical admissions and home health services. They also manage a care coordination program in the Tampa area for Medicaid recipients in the Neonatal Intensive Care Unit.

In addition, eQHealth Solutions has been the Centers for Medicare & Medicaid Services' Quality Improvement Organization in Louisiana for over 23 years, and has contracts for utilization management and peer review activities for the Medicaid programs in Mississippi and Illinois. eQHealth Solutions is accredited through the Utilization Review Accreditation Commission.

In order to prepare PPEC and therapy providers for this new process, eQHealth Solutions will be hosting web-based training sessions throughout the month of October. If you wish to register for one of their training sessions, or to learn more about their company, please visit <http://fl.eqhs.org/>.



Child Health Check-Up (CHCUP)

Early Periodic Screening, Diagnosis and Treatment AND.....

As licensed health care professionals, you understand the importance of preventive care. The Child Health Check-Up (CHCUP) program includes comprehensive physical exams, developmental assessments and anticipatory guidance. The Child Health Check-Up Coverage and Limitations Handbook can be accessed by visiting www.mymedicaid-florida.com. Select **Public Information for Providers**, then **Provider Support**, then **Provider Handbooks**, and then the **Child Health Check-Up Handbook**. This is a reminder of other important components to include:

Fluoride Varnish

Oral evaluation and fluoride varnish application are preventive services which should be provided within six months of eruption of the first primary tooth, especially to high risk patients. Medicaid covers the application of fluoride varnish when provided to Medicaid-eligible children in a physician's office. Physicians, physician assistants, and advanced registered nurse practitioners may provide this service and bill Medicaid using CPT procedure code 99499 SC.



Fluoride varnish may be applied to a child's teeth at the time of the CHCUP visit. Medicaid reimbursement for 99499 SC is \$27.00 for both the application of fluoride varnish and the oral evaluation for a child 6 months to 3 1/2 years of age.

The CHCUP visit should also include counseling the child's caregiver.



Dental Referrals

Dental referrals are required beginning at 3 years of age or earlier as medically indicated. CHCUP providers must refer Medicaid children who are 3 years of age and older for an assessment by a dentist and document the referral. The provider may refer a younger child if it is medically necessary. Following the initial dental referral, subsequent visits to a dentist are recommended every 6 months, or more frequently as prescribed by a dentist or other authorized provider.

Blood Lead Testing

Performing a blood test for lead is a federal requirement at specific intervals during the CHCUP. This note is to remind you how important it is to document the blood tests you are performing. Failure to provide documentation can lead to a federal audit and the requirement to repay Medicaid for fees received. The federal regulation as referenced in the Child Health Check-Up Coverage and Limitations Handbook, October 2003, pages 2-13 and 2-14, and page 3-6, requires that all Medicaid children receive a screening blood lead test at the ages of 12 months and 24 months, and between the ages of 36 months and 72 months if they have not been previously screened for lead poisoning. The procedure code for blood lead testing is 83655. The Child Health Check-Up Coverage and Limitations Handbook can be accessed by visiting www.mymedicaid-florida.com. Select **Public Information for Providers**, then **Provider Support**, then **Provider Handbooks**, and then the **Child Health Check-Up Handbook**.

