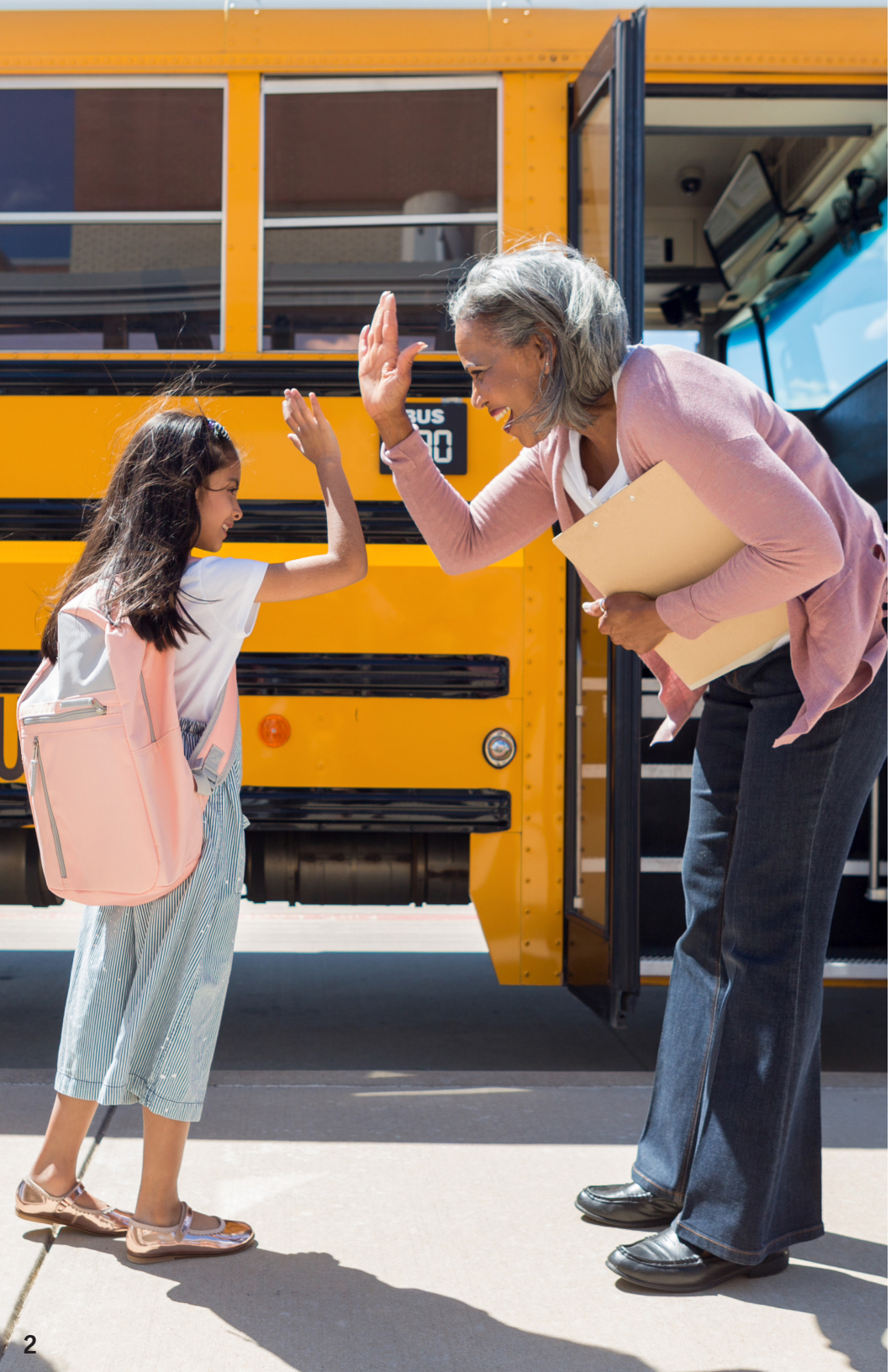
Serving Hoosier Healthwise,
Healthy Indiana Plan, and
Hoosier Care Connect

Anthem®

School-based clinic resource guide



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The importance of school-based clinics

School-based clinics help provide a convenient point of care site for underserviced children and adolescents throughout Indiana. Medicaid pays for healthcare and related services provided through Indiana Medicaid and covered services specified in an Individual Education Plan (IEP) as outlined in the *Disabilities Education Act (IDEA*).

Advantages of school-based clinics:

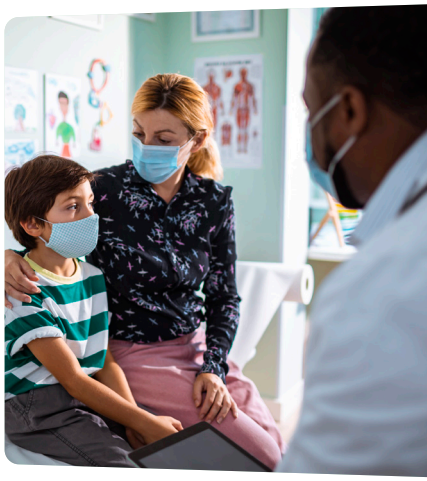
- Students have direct access to healthcare providers while they are at school where they spend a good portion of their daily lives.
- Students do not have to miss school or leave during important times of day for doctor visits.
- Parents do not have to miss work to take their children to doctor.
- Transportation barriers are reduced or eliminated.
- Behavioral issues can be identified through observation by medical professional and recommendations for appropriate behavioral health services can be made.
- Providers will receive reimbursement for covered services rendered in a school setting.
- Integrated care that covers both behavioral and medical services.
- Students will gain trust with healthcare providers in a school setting, which will establish a pattern in their adult life.

Effectiveness of school-based clinics:

- Improve health outcomes.
- Improve attendance.
- Improve behavioral issues.
- Decrease emergency room visits.
- Provide access to preventive services.

Covered services:

- Sick visits
- Well-child visits
- EPSDT
- Immunizations
- Family planning
- Pregnancy urine test
- Behavioral health
- Other services are applicable to the Anthem Blue Cross and Blue Shield (Anthem) Prior Authorization guidelines



Note: If a service is provided by a federally qualified health center (FQHC), rural health clinic, or other medical clinic, that provider must submit these claims with place of service (POS) 03 – School-Based Clinic, 04 – Homeless Shelter, and 14 – Group Home in order to bypass out-of-network provider authorization requirements.

School-based clinics can receive Medicaid payment for state plan services provided to Medicaid-enrolled children if the health center is enrolled as a Medicaid provider. In managed care delivery systems, SBHCs can contract with managed care organizations to be included in their provider networks

Sick visits

Sick visits are examinations of new or established patients with a healthcare provider in an office or clinic where acute care is provided based on a presented illness or problem. We operationalize this program and partner with schools as well as medical and behavioral health providers in the area.

Providers billing for covered ancillary services performed on the same day of service and on the same claim form with the same POS (either POS 03, 04, or 14) will be reimbursed. Ancillary services billed with a different POS on a separate claim form from the sick visit must follow out of network authorization rules.

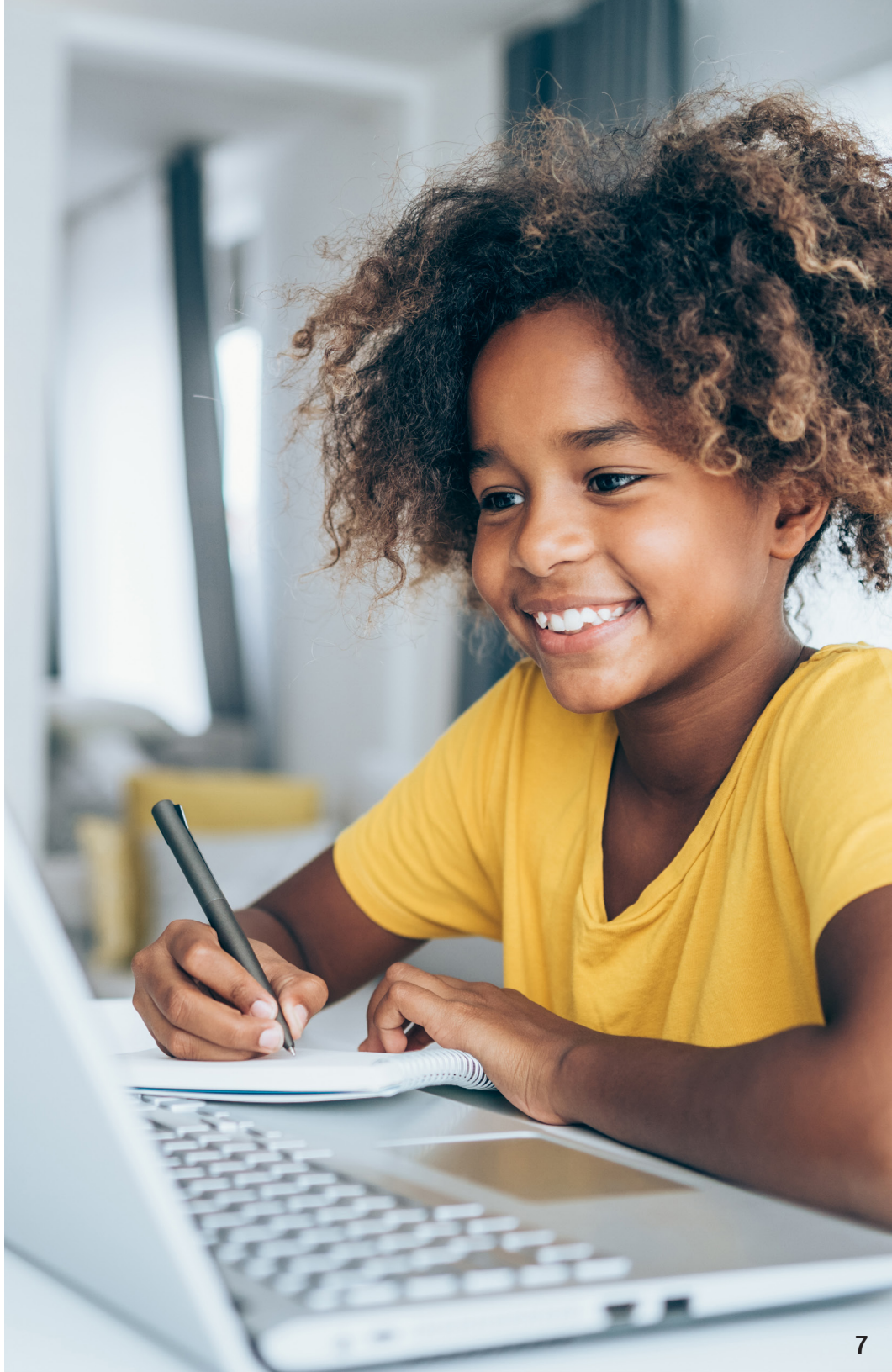
EPSDT — Early and Periodic Screening, Diagnosis, and Treatment

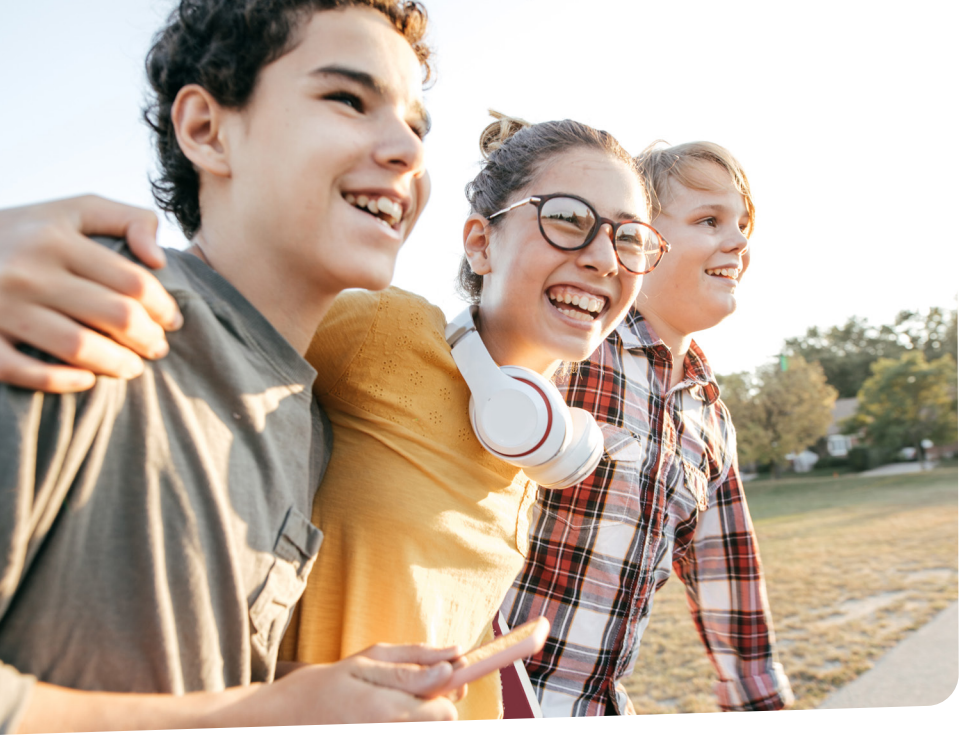
Healthwatch/EPSDT services are available to Indiana Health Coverage Programs (IHCP) members from birth up to 21 years old (subject to limitations of each benefit package). Individuals enrolled in Hoosier Healthwise package C are eligible for these services; however, treatment may be subject to benefit limitations.

Anthem allows reimbursement of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. Reimbursement is based on the applicable fee schedule or contracted/negotiated rate.

The following EPSDT component services are included in the reimbursement of the preventive medicine evaluation and management (E&M) visit, unless appended with Modifier 25, to indicate a significant, separately identifiable E&M service by the same physician on the same date of service:

- Health education
- Comprehensive health history
- Comprehensive education
- Nutritional assessment
- Dental screening





The following component services are separately reimbursable from the preventive medicine E&M visits:

- Developmental screening using a standardized screening tool
- Hearing screening with or without the use of an audiometer or other electronic device
- Immunization and administration
- Vision screening
- Laboratory tests:
- Newborn metabolic screening test
- Cholesterol test
- Tuberculosis test
- Hematocrit and hemoglobin tests
- Lead toxicity screening
- Pap smear for sexually active members
- Sexually transmitted disease screening for sexually active members
- Urinalysis

Source: **https://providers.anthem.com/docs/gpp/IN_CAID_RP_EPSDT.pdf**

EPSDT and sick visit billing

When a member presents to a provider for a sick visit, and their record indicates the need for an updated EPSDT visit, physicians can include services for both visits and bill two visit codes for reimbursement of both services on the same day. Providers must maintain documentation of both a complete problem-focused visit exam for the presenting problem and preventive visit documenting the EPSDT components of the screening exam within the member's health records.

Visits	CPT® code	ICD coding
Two visits – EPSDT visit + Sick visit	Preventive visit code and 99203-99205 or 99213-99215 with 25 modifier	The following are the required diagnosis for preventive visits Z00.121 or Z00.129

Source: **https://www.in.gov/medicaid/providers/files/epsdt.pdf**

Immunizations

Immunizations are covered in accordance with IHCP guidelines and any applicable IHCP provider bulletins and banner pages. These resources can be found at **www.indianamedicaid.com**. Immunizations are self-referral services and can be obtained from any IHCP enrolled provider qualified to render the service, whether or not the provider belongs to the Anthem network.

VFC - Vaccines for Children

The federal Vaccines for Children (VFC) program makes available, at no cost to providers, certain vaccines for administration to IHCP members 18 years old and younger. If an EPSDT/HealthWatch provider chooses not to participate in the VFC program, the provider must document the IHCP-enrolled patient's immunization history.

Anthem network providers who administer vaccines to children 0 to 18 years of age may enroll in the Vaccines for Children (VFC) program, which provides free vaccine products to providers.

Anthem will only reimburse the administration fee – limited to the lesser of the billed amount or $15, unless otherwise identified in the provider contract – for any vaccine available through the VFC program.

Correct billing includes:

- ICD-10 routine child health check code (see Z00.121, Z00.129) as the primary diagnosis code, with the applicable vaccine ICD-10 code in the secondary, tertiary, or other position.
- Specific vaccine or combination vaccine administered by using the appropriate vaccine product procedure code with a billed amount of $0.
- Vaccine administration code with modifier SL as the first modifier. Other applicable modifiers would be appended after the SL.
- 90471 SL: Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid); VFC vaccine administration.
- 90472 SL: Each additional vaccine (single or combination vaccine/toxoid); VFC vaccine administration.
- 90473 SL: Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid); VFC vaccine administration.
- 90474 SL: Each additional vaccine by intranasal or oral route (single or combination vaccine/toxoid); VFC vaccine administration.

Sources:
https://providers.anthem.com/docs/gpp/IN_CAID_BillingPMCompanionGuide.pdf
https://www.in.gov/medicaid/providers/files/injections-vaccines-and-other-physician-administered-drugs.pdf

Family planning

Family planning services are services provided to individuals of childbearing age to temporarily or permanently prevent or delay pregnancy.

Members do not need a referral from their provider or prior authorization from Anthem and may self-refer family planning.

Members may be directed to providers in the network for self-referral services. However, with the exception of behavioral health services, members may receive self-referral services from any Indiana Health Coverage Programs enrolled provider. For more information related to family planning, reference the Anthem Indiana Provider Manual at **https://providers.anthem.com/in** > Resources > Provider manuals and guides > Provider Manual.

The Family Planning Eligibility Program provides services and supplies to men and women for the primary purpose of preventing or delaying pregnancy. Services and supplies covered under the Family Planning Eligibility Program include the following:

- Annual family planning visits, including health education and counseling necessary to understand and make informed choices about contraceptive methods
- Limited history and physical examinations
- Laboratory tests, if medically indicated as part of the decision-making process
- Contraceptive methods
- Cytology (Pap tests) and cervical cancer screening, including high-risk human papillomavirus (HPV) DNA testing, within the parameters described in the Obstetrical and Gynecological Services module
- Follow-up care for complications associated with contraceptive methods issued by the family planning provider

Food and Drug Administration (FDA)-approved oral contraceptives and contraceptive devices and supplies, including emergency contraceptives:

- Initial diagnosis and treatment of sexually transmitted diseases (STDs) and sexually transmitted infections (STIs), if medically indicated, including the provision of FDA-approved anti-infective agents
- Screening, testing, counseling, and referral of members at risk for human immunodeficiency virus (HIV), within the parameters described in the Laboratory Services module
- Tubal ligation
- Hysteroscopic sterilization with an implant device (Essure)
- Vasectomy

Services and supplies not covered under the Family Planning Eligibility Program include:

- Abortion.
- Any drug or device intended to terminate fertilization.
- Artificial insemination.
- In vitro fertilization (IVF).
- Fertility counseling.
- Fertility treatment.
- Fertility drugs.
- Inpatient hospital stays.
- Reversal of tubal ligation and vasectomies.
- Treatment for any chronic condition, including STDs and STIs that have advanced to a chronic condition.
- Emergency room services.
- Services unrelated to family planning.

Smoking cessation

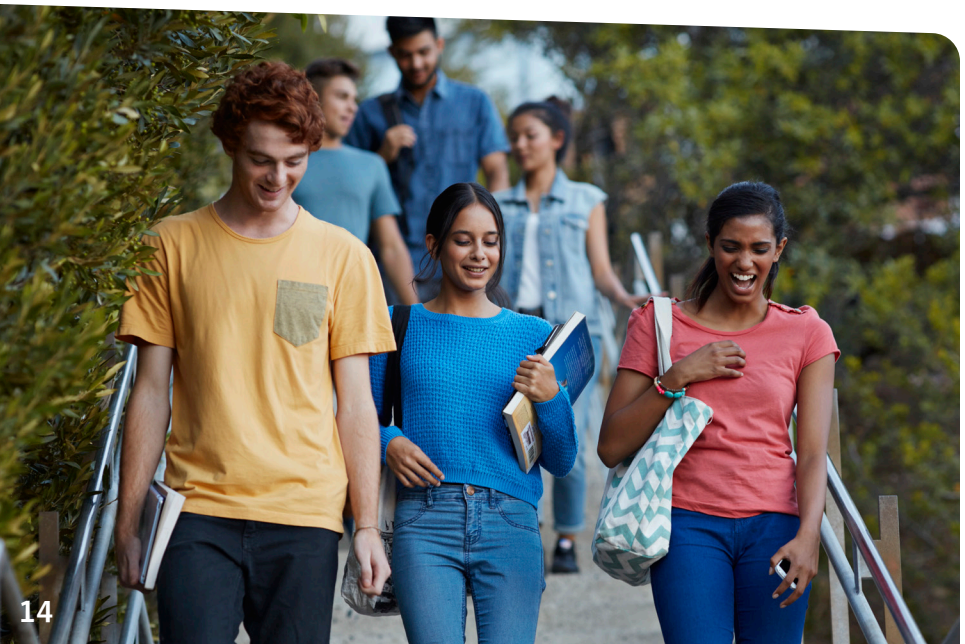
Providers are encouraged to refer members to the Indiana Tobacco Quitline, which is confidential and free of charge to Indiana residents. The Indiana Tobacco Quitline offers education, including vaping literature and in school programs, and coaching over the telephone, as well as Nicotine Replacement Therapy patches and lozenges and the medication Varenicline (Chantix).

Members are limited to 180 days of medications and counseling. Copayments where applicable are required for OTC and prescription medications. Counseling is required to be a part of any medication treatment plan:

- Indiana Tobacco Quitline: **800-QUIT-NOW**
- Hours of Operation: 8 a.m. to 12 a.m. Monday to Sunday
- Website: **www.in.gov/quitline**

Procedure codes	Diagnosis codes
99406, 99407, D1320	Effective July 1, 2021, bill code most appropriate for the services rendered.*

* The 4004F is billed in addition to 99406 or 99407



Anthem offers the Smoking Cessation Provider Incentive Program (SCPIP). Anthem has designed SCPIP to encourage providers to provide smoking cessation counseling to Members who use tobacco, including referring them to Indiana's Tobacco Quitline. SCPIP will offer an incentive on paid professional claims, in addition to the reimbursable amount for the service, to providers who:

- Provide members who use tobacco with intensive smoking/tobacco cessation counseling for greater than 10 minutes.
- Submit code 4004F* in addition to CPT® code 99406 Smoking and tobacco use intermediate counseling greater than 3 minutes up to 10 minutes. 99407 — Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes.

A licensed practitioner within the scope of the license under Indiana law must prescribe tobacco dependence counseling services. Examples of licensed practitioners are as follows.

- Nurse practitioners
- Registered nurse (RN)
- Clinical nurse specialist
- Licensed clinical social worker (LCSW)
- Licensed clinical additional counselor (LCAC)
- Dentist
- Licensed mental health counselor
- Certified nurse midwife
- Optometrist
- Physician
- Physician assistant
- Pharmacist
- Psychologist

Source: **http://provider.indianamedicaid.com/ihcp/Banners/BR202125.pdf**

https://providers.anthem.com/in

Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

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