

LOCAL PUBLIC HEALTH UNITS (LPHU)

PURPOSE

To define covered and non-covered services and billing instructions for services provided to ND Medicaid members by local public health units.

APPLICABILITY

Enrolled Public Health Units – clinics that provide public health services to a community focusing on disease prevention.

- During enrollment, LPHU clinics are assigned Provider Type 26—Agency and Provider Specialty 416—Local Public Health.

COVERED SERVICES AND LIMITS

Covered LPHU Services include but are not limited to:

NURSING SERVICES	
T1001	Nursing Assessment / Evaluation
T1002	RN services, up to 15 minutes
T1003	LPN/LVN services, up to 15 minutes
T1015	Clinic visit/encounter, all-inclusive service (Optimal Pregnancy Outcome Program)
T1030	Nursing care, in the home, by RN, per diem
T1031	Nursing care, in the home, by LPN, per diem
HEALTH TRACKS / PREVENTIVE SERVICES	
S0302	Completed Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) service (Health Tracks Screening)
96110	Developmental screening
96127	Brief emotional or behavioral assessment
96161	Maternal Depression Screening
99188	Topical application of fluoride varnish (ages 6 months through 20 years only) <i>Application of fluoride varnish performed in a non-dental clinic or</i>

	<i>facility setting is covered for members ages 6 months through 20 years old. A maximum of two (2) applications per year, per member is covered. It is recommended the fluoride varnish be applied at the time of a Health Tracks/well-child check.</i>
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face w/ patient, each 15 minutes
97803	Medical nutrition therapy, re-assessment and intervention, individual, face-to-face w/ patient, each 15 minutes
97804	Medical nutrition therapy, group (2 or more individuals), each 30 minutes
G0270	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes
G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes
S0390	Routine foot care
92558	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis (effective 01/01/2025 this code may be billed in addition to S0302)
99173	Screening test of visual acuity, quantitative, bilateral (effective 01/01/2025 this code may be billed in addition to S0302)
OTHER SERVICES	
T1013	Sign language or oral interpretive services, per 15 minutes
69209	Removal impacted cerumen using irrigation/lavage, unilateral
69210	Removal impacted cerumen, unilateral or bilateral
92567	Tympanometry (impedance testing)

95115	Professional service for allergen immunotherapy not including provision of allergenic extracts; single injection
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; two or more injections
96372	Therapeutic, prophylactic, or diagnostic injection (specify the material injected); subcutaneous or intramuscular (IM)
Laboratory Services	
36415	Collection of blood by venipuncture
36416	Collection of capillary blood specimen (e.g. finger, heel, ear stick)
81025	Urine pregnancy test, by visual color comparison methods
83655	Assay of lead
85018	Hemoglobin
85610	Prothrombin time
86703	Antibody; HIV-1 and HIV-2, single result

IMMUNIZATIONS

Please refer to the [Immunization](#) policy for complete information.

INDIVIDUALIZED EDUCATION PROGRAM (IEP) RELATED SERVICES

Services provided to Medicaid-eligible children in a school setting that are authorized or prescribed in the child's IEP must be billed to ND Medicaid by the school district.

Refer to the [School-Based Medicaid](#) policy for more information.

NONCOVERED SERVICES

Services that are not covered include:

- Mass screenings, i.e., lice check, hearing screenings, and scoliosis screenings.
- Medication administration (supervision of oral medication).

BILLING AND REIMBURSEMENT

Enrolled LPHU reimbursement is based on the Professional Fee schedule, which is in effect on the service date. LPHU claims must be submitted on a CMS1500 / 837P claim.

LPHU claims must submit the LPHU clinic as the rendering provider if it is only staffed by RNs or LPNs. If the LPHU employs a mid-level provider, i.e., an FNP or PA, that individual must be listed as the rendering provider for any services they provide.

LPHUs must maintain a current/valid CLIA certificate in their enrollment file to be reimbursed for laboratory services.

SUMMARY OF POLICY UPDATES

January 2025

Section	Updates
Purpose and Applicability	Sections added
Covered Services and Limits	Reorganized and updated list of covered services.
Billing and Reimbursement	Section added