

## LOCAL PUBLIC HEALTH UNITS (LPHU)

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### COVERED SERVICES

ND Medicaid pays for medically necessary covered Medicaid services provided by local public health units.

Billed services must be based on a specific service provided to an eligible member.

Covered LPHU Services include but are not limited to:

HCPCS/ CPT Code	Description
99188	Topical application of fluoride varnish (ages 6 months through 20 years only)
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
S0302	Completed EPSDT service (Health Tracks Screening)
S0390	Routine foot care
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 (OPOP visit)
T1030	Nursing care, in the home, by RN, per diem
T1031	Nursing care, in the home, by LPN, per diem
T1013	Sign language or oral interpretive services, per 15 minutes

HCPCS/ CPT Code	Description
V5008	Hearing screening w/ report (cannot be reported with EPSDT service or nursing assessment or service.)
36415	Collection of blood by venipuncture
36416	Collection of capillary blood specimen (e.g. finger, heel, ear stick)
69210	Removal impacted cerumen, on ear both ears
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
96110	Developmental screening
96127	Brief emotional or behavioral assessment
96161	Maternal Depression Screening
96372	Therapeutic, prophylactic or diagnostic injection (specify the material injected); subq or IM
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
<b>Laboratory Services</b>	
G0432	Infectious agent antibody detection by enzyme immunoassay (eia) technique, hiv-1 and / or hiv-2, screening
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (elisa) technique, hiv-1 and / or hiv-2, screening

HCPCS/ CPT Code	Description
G0435	Infectious agent antibody detection by rapid antibody test, hiv-1 and / or hiv-2, screening
G0475	HIV antigen / antibody, combination assay, screening
80061	Lipid panel
81002	Urinalysis, non-automated, without microscopy
82270	Occult blood feces
82465	Assay blood serum cholesterol
82947	Assay glucose blood quantitative
82948	Blood glucose, reagent strip
83655	Assay of lead
85018	Hemoglobin
85610	Prothrombin time
86580	TB skin test
87430	Strep, group A
<b>Vaccines / Toxoids</b>	
Please see the Immunization Vaccine/Toxoid Policy for full coverage and coding 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 Individualized Education Program Medicaid Services Billed by Schools chapter.

**NONCOVERED SERVICES**

Services that are not covered include:

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