



**DELAWARE HEALTH AND SOCIAL SERVICES**  
**DIVISION OF SOCIAL SERVICES**  
**CLINIC PROVIDER SPECIFIC POLICY MANUAL**

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## Clinic Provider Specific Policy Manual

### Revision Table

Revision Date	Sections Revised	Description
1/1/02	TOC, 3.1.1.1, 4.6, 6.9, 6.1, 10.17	School-based Wellness Center services were provided in an educational setting, but coverage was not added to the Clinic Provider Manual. Family and Children Services section is being deleted because it is not applicable to this manual.
1/1/04	10.9, 10.12	During the process of crosswalking local codes to existing HCPCS codes DMAP assigned two proposed codes for DPH clinic to use when billing for services. However, CMS did not approve the codes assigned (S4516-Multli-disciplinary assessment/evaluation and S4518-Environmental lead testing). Therefore, it is necessary for DMAP to crosswalk previously assigned code to existing HCPCS codes. The newly assigned codes are to be used when billing for dates of service on and after 1/1/04.
4/1/04	10.16	Local codes are being removed from the chart. The billable codes for Mental Health Clinics are expanded to include 90804-90809 and guidelines for billing have been added.
8/19/04	4.1.6, 4.2.3, 4.3.5, 4.4.3, 4.5.4, 4.8.3, 4.9.6, 4.10.3, 4.11.6, 5.1.2, 7.1.2, 8.1.3, 9.0 and 10.0	Revision: The entire Appendix A (Sections 9.0-9.16) is removed. This Appendix contained local codes used by providers to bill DMAP for dates of service prior to 7/1/02. Local codes are no longer used for billing and therefore not needed. Throughout the manual, references to Appendix A are being removed. In Appendix B (Sections 10.0-10.17) the column where the local code appears is being removed.
12/20/05	10.0 Appendix B – HCPCS Procedure Codes, subsection 10.3 Tuberculosis Clinical Service	Revised description of code 86580 and revised description of code 86585 per CPT 2006.
4/11/2008	4.8.2, 5.1.1 and 10.8	Information on dental services has been updated.
9/18/2008	Overview	Removed obsolete wording.
8/17/2011	10.17	Added proper billing code effective 10/01/2010.

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## Clinic Provider Specific Policy

### 1.0 Overview

Health care services are provided to the majority of Medicaid clients through a Managed Care Organization (MCO). Clinic services, such as most general medical services, most EPSDT Screening, and all Methadone are included in the MCO benefits package (refer to General Policy, Coverage Under the MCO Benefits Package section). All Medicaid clients who are enrolled with an MCO must receive these clinic services through the MCO.

This manual reflects the policies as they relate to Medicaid clients who are exempt from managed care coverage (refer to the list of those exempt from managed care coverage in the Managed Care section of the General Policy) and those clients who are eligible for wrap around services (refer to Additional Services Covered Under the Medical Assistance Program in the Managed Care section of the General Policy).

### 1.1 Service Providers

1.1.1 Clinic services are services provided by:

1.1.1.1 Public health clinics operated by the State of Delaware, Delaware Health and Social Services (DHSS), Division of Public Health (DPH);

1.1.1.2 Local dental clinics or by the Family and Children's Services;

1.1.1.3 An agency licensed to dispense methadone;

1.1.1.4 Mental health clinics that are certified by the Division of Substance Abuse and Mental Health (DSAMH).

### 1.2 Clinic Definition

1.2.1 For purposes of this manual, only DPH clinics (including dental clinics), local dental clinics, Family and Children's Services, methadone clinics and mental health clinics are considered to be "clinics".

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## **2.0 General Criteria**

### **2.1 Provider Responsibilities**

- 2.1.1 All clinics/agencies must meet any applicable federal/state regulations, and they and their staff members must maintain and keep current the appropriate licenses/certification.
  - 2.1.2 The staff members who are employed by the clinic must use medically approved methods of treatment and maintain high professional standards at all times.
  - 2.1.3 The services must be provided only by personnel who are qualified and in a clean, safe environment.
  - 2.1.4 To be reimbursed for services, the clinic must be enrolled with the Delaware Medical Assistance Program (DMAP) and abide by all contract rules/regulations and all policies and procedures of the DMAP.
  - 2.1.5 All services must be under the direction of a physician, or in the case of dental clinics, under the direction of a dentist.
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## **3.0 Reimbursement**

### **3.1 Methodology**

- 3.1.1 Clinic services are reimbursed a prospective rate per clinic visit according to the specific services.
  - 3.1.1.1 Division of Public Health Clinic Services - Cost data for each specialty services is used to determine a prospective per visit rate. School-Based Wellness Center services are reimbursed an annual bundled rate.
  - 3.1.1.2 Dental Clinics - Reimbursement is based on the usual and customary charges of the providers for each visit.
  - 3.1.1.3 Methadone Clinic - Clinics are reimbursed the cost of the methadone only. DSAMH pays the service cost of treatment.
  - 3.1.1.4 Mental Health Clinics - Prospective per visit rates are determined from cost data provided by each provider. Rates are established by the Medicaid/ DSAMH Rate Setting Committee.
  - 3.1.2 Complete, accurate, and timely cost report information is the responsibility of each provider, and is a condition for participation in the DMAP.
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## **4.0 Services Provided by Division of Public Health**

### **4.1 Family Planning Services**

- 4.1.1 Family planning services are any services that are provided specifically for the purpose of preventing pregnancies. The DMAP does not cover services related to the treatment of infertility.
- 4.1.2 This service is a client's visit to a scheduled DPH family planning clinic where a direct face-to-face service is provided by a physician or nurse.
- 4.1.3 Nutrition or medical social work counseling or crisis intervention may be included in the visit for some clients but is not billed as a separate visit.
- 4.1.4 Services include diagnostic and laboratory tests (specimen collection) performed in the clinic, pregnancy testing, contraceptive counseling, provision of contraceptive supplies, and provision of medications for the treatment of minor acute GYN problems. Also included are paraprofessional outreach staff who provide health education follow-up to assure that women keep annual appointments, liaison with prenatal clinics, and follow-up for abnormal screening results.
- 4.1.5 Special equipment included in this service are items necessary for colposcopy and cryosurgery, IUD and norplant insertion, and high power exam lights.
- 4.1.6 When billing the DMAP for a family planning clinic visit (comprehensive) the appropriate procedure code in Appendix B must be used.

### **4.2 Prenatal (Medical) Service**

- 4.2.1 This service is a client's visit made to a physician, nurse, or nurse midwife to carry out the traditional medical prenatal examinations required throughout pregnancy.
  - 4.2.2 The service includes routine prenatal lab tests and collection of specimens that occur during the clinic visit, medication and prenatal vitamins administered/distributed at the clinic, and routine ultrasound tests for gestational age.
  - 4.2.3 When billing the DMAP for Prenatal services, the appropriate procedure code in Appendix B must be used.
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### **4.3 Tuberculosis Clinical Services**

- 4.3.1 This service is for each visit that is made by a client to a DPH TB clinic.
- 4.3.2 A visit is defined as one that is made to a scheduled TB clinic where a nurse or physician provides a direct one-on-one, face-to-face, medical or nursing service for the purpose of diagnosing or treating pulmonary disease.
- 4.3.3 The reimbursement for this visit includes the staff time of physicians, nurses, and paraprofessionals who also carry out TB skin testing to detect new cases, supervise the distribution/administration of preventive and therapeutic medications (sometimes through directly observed drug therapy in clinic, home, or work site), disease investigation to locate and test contacts of a case, service coordination, case tracking, consultation by pulmonary specialty physicians, PPD skin tests, diagnostic sputum collections, x-ray tests and medical interpretation of x-rays, and HIV testing. Also included in the reimbursement is the medical records technician's time for disease reporting and case registry. Special equipment included in the visit are special ultra violet lighting and ventilation systems in clinics to control disease exposure.
- 4.3.4 Drug (pharmacy) includes medications specifically provided to the client by DPH for the purpose of treating an active case of TB or prophylactic treatment of a person exposed to TB.
- 4.3.5 When billing the DMAP for a tuberculosis clinic visit the appropriate procedure code in Appendix B must be used.

### **4.4 Sexually Transmitted Disease (STD) Services**

- 4.4.1 This service is a per clinic visit that is made by a client to a scheduled DPH/STD session. It is a direct service clinic visit by a client face-to-face with a physician, nurse, or disease investigation specialist for the purpose of diagnosing and treating STD or providing disease investigation and health education services.
- 4.4.2 Reimbursement includes staff time of nurses, physicians, HIV counselors, disease investigation specialists, and paraprofessionals. In addition to scheduled clinic time, staff time includes activities to identify contacts of an active case and coordinate the contact diagnosis and treatment (contact tracing), health education and counseling necessary to help clients understand and follow through on prevention and treatment, performance of diagnostic tests and drawing of lab specimens in the clinic, and administration of intramuscular and oral medicines. Also included is the time of specially trained HIV counselors who draw specimens for HIV laboratory and counsel the clients about the test and test results. These services may be offered in the clinic or at testing sessions outside of the scheduled clinic in a variety of community sites. Pharmacy costs include drugs necessary for the treatment of active STD (but not HIV drug therapy).
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4.4.3 When billing the DMAP for STD services the appropriate procedure code in Appendix B must be used.

## **4.5 Enhanced Care for “At Risk” Children**

4.5.1 This service is a continuation of home visit services following prenatal and post partum SMART START services. Home visits after the baby is born are charged under this service rather than under a SMART START procedure code.

4.5.2 This service is a client visit based on a face-to-face home visit to a family by a nurse, child development specialist, medical social worker, or nutritionist for the purpose of providing family support and therapeutic intervention to prevent developmental delay or ameliorate a condition discovered or assessed during an EPSDT screening visit. A referral for the home visit service is made (or confirmed as medically necessary) by the family primary health care provider, a public health nurse, or a public health/child health clinic.

4.5.3 The service includes nursing assessment of family, home, and child, developmental assessment and developmental guidance, health education, nursing service to help the family carry out home care related to the child’s medical condition or disability, family support and counseling, crisis intervention and service coordination, and nutrition assessments and nutrition therapy related to a medically diagnosed abnormal nutritional status or feeding difficulties. The service also includes support services of paraprofessional outreach workers to help the family access services and keep medical appointments. Client transportation is provided directly by DPH staff to medical appointments and staff assistance to arrange transportation through other agencies.

4.5.4 When billing the DMAP for this service the appropriate procedure code in Appendix B must be used.

## **4.6 School-Based Wellness Center Services**

4.6.1 School-Based Wellness Centers are entities that are authorized under state law to deliver medical and health services to children in schools or educational settings.

4.6.2 The School-Based Wellness Center provides a mix of comprehensive medical and mental health services, health education and preventive services.

4.6.3 School-Based Wellness Center services include:

4.6.3.1 Preventive and primary care

4.6.3.2 Health education

- 4.6.3.3 Diagnosis and treatment of injury or illness
- 4.6.3.4 Referral to primary care physician, etc.
- 4.6.3.5 Mental health services
- 4.6.3.6 Behavioral and social support
- 4.6.4 When billing the DMAP for School-Based Wellness Center services the procedure code in Appendix B must be used.

## **4.7 Reserved**

## **4.8 Dental Services**

- 4.8.1 DPH operates Dental Clinics which provide EPSDT dental screenings. This service includes all the preventative diagnostic, treatment, and restoration services provided to the child during the year.
- 4.8.2 Treatment referrals to private dentists are arranged through DPH for children who have treatment or screening needs that fall outside of the range of activities of DPH's dental clinics. These referrals are billed by DPH to the DMAP.
- 4.8.3 When billing the DMAP for dental services the appropriate procedure codes in Appendix B must be used.

## **4.9 Child Development WATCH (CDW)**

- 4.9.1 This is a specialty service to carry out the mandate of Part C of the Individuals with Disabilities Education Act (I.D.E.A.) for children birth to three years of age. It includes the functions of early identification, central intake, developmental evaluation and diagnostic assessments, multidisciplinary team case conferences, and care planning and services coordination carried out by a multidisciplinary team.
  - 4.9.2 The yearly charge per client includes the staff time of physicians, nurses, psychologist, PT/OT and speech therapy consultants, Developmental Nurse Specialists, and Clinical Nurse Specialist with specialty training in Pediatrics/Children with Special Health Needs. Medical social work and nutrition consultation is also included.
  - 4.9.3 The diagnostic evaluations include specialty physician consultation by neonatologist, developmental pediatricians, and neurologists. The evaluation includes a hearing evaluation for each child. For other specialty evaluations that
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might be needed by a child, the family is referred to a private provider who bills Medicaid directly.

- 4.9.4 The service also includes a home visit family assessment by a professional staff member of the team. This is a part of the multidisciplinary team evaluation process.
- 4.9.5 Service coordination is a mandated Part C service that is provided by the team, but staff time and Family Service coordinator staff positions for service coordination are not included in this service. That service is billed as an administrative EPSDT case management service directly to the DMAP.
- 4.9.6 When billing the DMAP for this service the appropriate procedure code in Appendix B must be used.

#### **4.10 Preschool Diagnostic and Development Nursery (PDDN)**

- 4.10.1 This program serves children from birth to three years old who have moderate to severe developmental or physical disabilities. It is not designed for children who have complex medical technology requirements. All children served at PDDN are eligible for Medicaid through regular eligibility, SSI, or the Disabled Children's Program. The facility is a free standing building rented through administrative services.
- 4.10.2 Special equipment includes developmental testing materials and items used during PT, OT, and developmental and speech therapy. This service is an annual charge per client. The annual charge (all costs for this early intervention therapy setting) includes staff that provides PT/OT, speech therapy, family counseling, developmental evaluations, activities to stimulate development, parental guidance about home care, and service coordination.
- 4.10.3 When billing the DMAP for this service the appropriate procedure code in Appendix B must be used.

#### **4.11 Child Health Services (EPSDT Screening)**

- 4.11.1 This service is a client visit to a scheduled DPH Child Health or immunization clinic or an immunization or screening service (such as a blood lead test) provided during a WIC visit.
- 4.11.2 This is a one-on-one, face-to-face visit provided by a physician, nurse, or nutritionist to conduct well child exams and provide anticipatory guidance, developmental screening, screening tests appropriate for age, nutrition assessment and intervention for medically diagnosed nutrition problems, immunization, and treatment of minor acute illness. Service coordination and follow-up of abnormal screening results is included.
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- 4.11.3 Staff time for outreach and early case finding to improve immunization rates and to conduct lead poisoning screening is included in the cost of this service. Immunization registry costs are also included. This service may be billed under two distinct screens:
- 4.11.4 Full EPSDT Screen: This screen may be billed when a child is seen for a well child exam according to the EPSDT periodicity schedule which includes up to seven visits from birth to one year old, three visits during the second year of life, and annually through 20 years of age. An interperiodic screen may be billed any time a repeat full screening visit is requested by the family or a professional because of some concern about a possible abnormality.
- 4.11.5 Child Health Clinic Visit for Partial EPSDT Screen, Immunization, Acute Illness, or Follow-Up Visit: This service is billed for any interim visit to a child health clinic or other partial screening visit which is provided by a physician, nurse, nurse practitioner, or nutritionist in between regularly scheduled full screening visits or as follow-up for abnormal screening tests or illness.
- 4.11.6 When billing the DMAP for these services the appropriate procedure codes in Appendix B must be used.

## **4.12 Lead Environmental Testing Services**

- 4.12.1 This service includes the service necessary to conduct an inspection of the primary residence of a child with an elevated blood lead level to locate the source of lead exposure. Included in the reimbursement is the time necessary to complete the inspections which may require several visits.
- 4.12.2 When billing the DMAP for this service the appropriate procedure code in Appendix A or Appendix B must be used.
- 4.12.3 Reserved.
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## **5.0 Local Dental Clinics**

### **5.1 General Criteria**

- 5.1.1 Many local dental clinics have enrolled in the DMAP in order to provide some EPSDT dental screening and treatment services to DMAP clients.
  - 5.1.2 When billing the DMAP for these services the appropriate procedure code in Appendix B must be used.
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## **6.0 Reserved**

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## **7.0 Methadone Clinic**

### **7.1 General Criteria**

- 7.1.1 A clinic may provide the legend drug methadone if licensed to do so by the State of Delaware.
  - 7.1.2 When billing the DMAP for services, the appropriate procedure code in Appendix B must be used.
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## **8.0 Mental Health Clinic**

### **8.1 General Criteria**

- 8.1.1 Mental health clinics are operated by the State of Delaware, Delaware Health and Social Services (DHSS), Division of Substance Abuse and Mental Health (DSAMH).
- 8.1.2 Mental health clinic services are provided to persons with a diagnosis of mental illness on an outpatient basis by a physician or by appropriately qualified mental health personnel under the supervision of a physician. Services provided shall be medically necessary to diagnose, treat, cure, alleviate the symptoms of, or prevent a mental illness which has been diagnosed or is reasonably suspected, to relieve pain, or improve and preserve health, or be essential to life. Within the context of mental health clinic services, medical necessity is considered synonymous with psychiatric necessity.
- 8.1.3 When billing the DMAP for these services the appropriate procedure codes in Appendix B must be used.
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	<b>HCPCS Procedure Codes for Clinic Services</b>
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## 10.0 Appendix B – HCPCS Procedure Codes

When billing the DMAP for dates of service provided on and after 7/1/02 clinic service providers are required to use the procedure codes listed below.

### 10.1 Family Planning Services

Code(s)	Description
99201-99205	New patient, office or outpatient visit
99211-99215	Established patient, office or outpatient visit
S0610	Annual gynecological examination; new patient
S0612	Annual gynecological examination; established patient

When billing the above codes the modifier FP (family planning) must be used.

### 10.2 Prenatal (Medical) Services

Code(s)	Description
99201-99205	New patient, office or outpatient visit
99211-99215	Established patient, office or outpatient visit

When billing the above codes the modifier TH (Obstetrical treatment service, prenatal or postpartum) must be used.

### 10.3 Tuberculosis Clinical Service

Code(s)	Description
36415	Routine venipuncture or finger/heel/ear stick for collection of specimen(s)
86580	Tuberculosis, Intradermal
86585	Tuberculosis, Tine Test (For dates of service through 12/31/05)

### 10.4 STD Services

Code(s)	Description
99201-99205	New patient, office or outpatient visit
99211-99215	Established patient, office or outpatient visit

### 10.5 Enhanced Care for “At Risk” Children

Code(s)	Description
S9123	Nursing care in the home; by registered nurse, per hour

S9124	Nursing care in the home by licensed practical nurse, per hour
S9470	Nutritional counseling, dietitian

### 10.6 Specialty Services

Code(s)	Description
	These codes are discontinued. Services no longer provided
99201-99205	New patient, office or outpatient visit
99211-99215	Established patient, office or outpatient visit

### 10.7 Adult Health Screening Services

Code	Description
	These codes are discontinued. Services no longer provided

### 10.8 Dental Services

Code	Description
	Providers must bill for services using codes from the most current version of the Current Dental Terminology procedure code book updated and published by the American Dental Association.

### 10.9 Child Development WATCH

Code	Description
S4516	Multi-disciplinary assessment/evaluation. (Use this code when billing for dates of service on and before 12/31/03.)
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter. (Use this code when billing for dates of service on and after 1/1/04.)  When billing code S4516 the modifier TL (Early intervention/individualized Family Service Plan) must be used.

When billing the above code the modifier TL (Early intervention/individualized Family Service Plan) must be used.

### 10.10 Preschool Diagnostic and Developmental Nursery (PDDN)

Code	Description
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)

When billing the above code the modifier TL (Early intervention/individualized Family Service Plan) must be used.

### 10.11 Child Health Services – EPSDT Screening

Code(s)	Description
99381	Initial comprehensive preventive medicine, new patient age under 1 year
99391	Established patient periodic preventive medicine
99382	New patient early childhood (age 1-4 years)
99392	Established patient early childhood (age 1-4 years)
99382	New patient early childhood (age 1-4 years)
99392	Established patient early childhood (age 1-4 years)
99383	New patient late childhood (age 5-11 years)
99384	New patient adolescent (age 12-17 years)
99393	Established patient late childhood (age 5-11 years)
99394	Established patient adolescent (age 12-17 years)
99385	New patient 18-39 years
99395	Established patient 18-39 years
99381	New patient initial preventive medicine
99391	Established patient periodic preventive medicine
99431	Newborn care history and examination
99432	Normal newborn care
99382	New patient early childhood (age 1-4 years)
99392	Established patient early childhood (age 1-4 years)
99382	New patient early childhood (age 1-4 years)
99392	Established patient early childhood (age 1-4 years)
99383	New patient late childhood (age 5-11 years)
99384	New patient adolescent (age 12-17 years)
99393	Established patient late childhood (age 5-11 years)
99394	Established patient adolescent (age 12-17 years)
99385	New patient 18-39 years
99395	Established patient 18-39 years

### 10.12 Lead Environmental Testing

Code	Description
S4518	Environmental lead testing. (Use this code for dates of service on and before 12/31/03.)
T1029	Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling. (Use this code for dates of service on and after 1/1/04.)

### 10.13 Reserved

Code	Description

### 10.14 Reserved

Code	Description

**10.15 Methadone Clinic**

<b>Code</b>	<b>Description</b>
H0020	Alcohol and/or drug service, methadone administration and/or service (provision of drug by a licensed program)

**10.16 Mental Health Clinic Services**

<b>Code</b>	<b>Description</b>
90804	Individual psychotherapy insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20-30 minutes face-to-face with the patient.
90805	Individual psychotherapy insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20-30 minutes face-to-face with the patient; with medical evaluation and management
90806	Individual psychotherapy insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45-50 minutes face-to-face with the patient
90807	Individual psychotherapy insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45-50 minutes face-to-face with the patient; with medical evaluation and management
90808	Individual psychotherapy insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75-80 minutes face-to-face with the patient
90809	Individual psychotherapy insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75-80 minutes face-to-face with the patient; with medical evaluation and management

When billing the DMAP for CPT codes 90804 – 90809 the following guidelines shall be followed:

- Any face-to-face service from 15-40 minutes shall be coded and billed at the “approximately 20-30 minute” rate
- Any face-to-face service from 41-70 minutes shall be coded and billed at the “approximately 45-50 minute” rate
- Any face-to-face services lasting 71 or more minutes shall be coded and billed at the “approximately 75-80 minute” rate.

**10.17 School-Based Wellness Center Services**

<b>Code</b>	<b>Description</b>
G9001	Coordinated care fee, initial rate. (used for dates of services through 09/30/2010)
T1015	Clinic visit/encounter, all inclusive (use for dates of service. 10/01/2010 and after)