

SECTION 4

PROCEDURE CODES

TABLE OF CONTENTS

PROCEDURE CODES, MODIFIERS, AND APPROVAL REQUIREMENTS	1
PREVENTIVE AND REHABILITATIVE SERVICES FOR PRIMARY CARE ENHANCEMENT (P/RSPCE)....	1
PSPCE Billing Codes.....	2
RSPCE Billing Codes	3
POSTPARTUM/INFANT HOME VISIT	4
Billing Codes.....	4
PRE-DISCHARGE HOME VISIT	4
Billing Codes.....	4
ENHANCED FAMILY PLANNING SERVICES	5
Billing Codes.....	5
MEDICAID ADOLESCENT PREGNANCY PREVENTION SERVICES (MAPPS).....	5
Billing Codes.....	5

SECTION 4 PROCEDURE CODES

PROCEDURE CODES, MODIFIERS, AND APPROVAL REQUIREMENTS

PREVENTIVE AND REHABILITATIVE SERVICES FOR PRIMARY CARE ENHANCEMENT (P/RSPCE)

- Only direct, one-on-one contact with the beneficiary, parent, and/or caregiver (*e.g.*, for infants or mentally impaired individuals) will be billable.
- Documentation time (*e.g.*, time spent writing letters to physicians about the patient, faxing or photocopying information about the patient, setting up the medical record, and making clinical entries about the visit) is considered an integral part of service delivery and should not be billed separately.
- All P/RSPCE must be billed under the Medicaid number of the patient who is the primary target of the assessment/intervention. All P/RSPCE services must have a direct and significant impact on the patient under whose Medicaid number they are billed. Documentation must occur in the medical record of the person who is being billed (*e.g.*, mother-baby unit. If the provider is working on problems related to the mother, then documentation must appear in the mother's record. If the provider is working on problems related to the baby, then documentation must appear in the baby's record).
- P/RSPCE assessment/service planning and other P/RSPCE interventions, with support documentation, may be billed for the same date of service.
- A Postpartum/Infant Home Visit (PP/IHV) and a P/RSPCE home visit **may not** be provided by the same provider on the same day.
- Section 3 should be consulted for further information regarding billing.
- A unit generally represents 15 minutes of time spent delivering the service. When billing for units of service, indicate only the number of units that were required to provide the service (do not indicate minutes). In all instances, service documentation should justify the number of units billed.

SECTION 4 PROCEDURE CODES

PROCEDURE CODES, MODIFIERS, AND APPROVAL REQUIREMENTS

PSPCE Billing Codes

<u>Procedure Code</u>	<u>Description</u>	<u>Unit Frequency</u>	<u>Place of Service</u>
S0315*	Disease Management Program; Initial Assessment and Initiation of the Program	Eight units per contract year (15 minutes per unit)	11, 12, 21, 22, 71, 72, 99

*** Must use appropriate modifier for level of staff performing service:**

TD = Registered Nurse

TE = LPN

HN = Person w/ bachelor's

HO = Person w/ master's

<u>Procedure Code</u>	<u>Description</u>	<u>Unit Frequency</u>	<u>Place of Service</u>
S9445*	Patient Education, Not Otherwise Classified, Non-Physician Provider, Individual, Per Session	As indicated**	11, 12, 21, 22, 71, 72, 99
S9446*	Patient Education, Not Otherwise Classified, Non-Physician Provider, Group, Per Session	As indicated**	11, 12, 21, 22, 71, 72, 99

*** Must use TS modifier.**

**** A provider is authorized to bill up to a maximum of 64 (15-minute) units per contract year for service delivery (i.e., Patient Education, Follow-up/ Reassessment, and Health and Behavior Intervention).**

SECTION 4 PROCEDURE CODES

PROCEDURE CODES, MODIFIERS, AND APPROVAL REQUIREMENTS

RSPCE Billing Codes

<u>Procedure Code</u>	<u>Description</u>	<u>Unit Frequency</u>	<u>Place of Service</u>
S0315*	Disease Management Program; Initial Assessment and Initiation of the Program	Eight units per contract year (15 minutes per unit)	11, 12, 21, 22, 71, 72, 99

*** Must use appropriate modifier for level of staff performing service:**

TD = Registered Nurse

TE = LPN

HN = Person w/ bachelor's

HO = Person w/ master's

<u>Procedure Code</u>	<u>Description</u>	<u>Unit Frequency</u>	<u>Place of Service</u>
S0316*	Follow-up/ Reassessment	As indicated**	11, 12, 21, 22, 71, 72, 99
96153*	Health and Behavior Intervention, Each 15 Minutes; Face-To-Face; Group (two or more patients)	As indicated**	11, 12, 21, 22, 71, 72, 99

*** Must use appropriate modifier to distinguish level of staff providing service:**

TD = Registered Nurse

TE = LPN

HN = Person w/ bachelor's

HO = Person w/ master's

HM = Paraprofessional

**** A provider is authorized to bill up to a maximum of 64 (15-minute) units per contract year for service delivery (i.e., Patient Education, Follow-up/Reassessment, and Health Behavior Intervention).**

SECTION 4 PROCEDURE CODES

PROCEDURE CODES, MODIFIERS, AND APPROVAL REQUIREMENTS

POSTPARTUM/INFANT HOME VISIT

Billing Codes

<u>Procedure Code</u>	<u>Description</u>	<u>Frequency</u>	<u>Place of Service</u>
99501*	Postpartum/Infant Home Visit <ul style="list-style-type: none"> • Mother and infant • Mother only • Infant only 	1	12, 99

*** In cases of multiple births, procedure code 99501 may be billed separately for each individual infant.**

99501-52*	Postpartum Home Visit — Repeat <ul style="list-style-type: none"> • Mother and Infant • Mother only • Infant only 	1	12, 99
-----------	--	---	--------

*** Must use 52 modifier.**

PRE-DISCHARGE HOME VISIT

Billing Codes

<u>Procedure Code</u>	<u>Description</u>	<u>Frequency</u>	<u>Place of Service</u>
T1028-HA*	Assessment of Home Physical and Family Environment to Determine Suitability to Meet Patient's Medical Needs	1	12, 99

*** Must use HA modifier.**

SECTION 4 PROCEDURE CODES

PROCEDURE CODES, MODIFIERS, AND APPROVAL REQUIREMENTS

ENHANCED FAMILY PLANNING SERVICES

Billing Codes

<u>Procedure Code</u>	<u>Description</u>	<u>Frequency</u>	<u>Place of Service</u>
S9445*	Patient Education, Individual	As indicated	11, 12, 22, 71, 72, 99
S9446*	Patient Education, Group	As indicated	11, 12, 22, 71, 72, 99
H1010*	Non-Medical Family Planning Education – Per Session Instruction/Education	As indicated	11, 12, 22, 71, 72, 99

*** Must use FP modifier.**

MEDICAID ADOLESCENT PREGNANCY PREVENTION SERVICES (MAPPS)

Services provided to a female client known to be pregnant are not considered family planning; therefore, they are not billable.

Billing Codes

<u>Procedure Code</u>	<u>Level of Service</u>	<u>Unit of Service</u>	<u>Unit Frequency</u>	<u>Place of Service</u>
T1023*	Screening to Determine the Appropriateness of Consideration of an Individual for Participation in a Specified Program, Project, or Treatment Protocol	15 minutes	Up to a maximum of eight units per contract year for assessment/case plan of a new participant	11, 12, 99
S9445* (Individual)	Patient Education, Not Otherwise Specified, Non-Physician Provider, Individual, Per Session	15 minutes	Up to a maximum of 64 units per contract year	11, 12, 99
S9446* (Group)	Patient Education, Not Otherwise Classified, Non-Physician Provider, Group, Per Session	15 minutes	A minimum of three units per session; up to a maximum of 64 units per contract year	11, 12, 99

*** Must use FP modifier.**

SECTION 4 PROCEDURE CODES**PROCEDURE CODES, MODIFIERS, AND APPROVAL REQUIREMENTS**

This page was intentionally left blank.