



Special Clinics

Special Clinics authorized by the Division of Health Care Financing and Policy (DHCFP) are:

Specialty	Description
166	Family Planning
167	Genetics
169	Licensed Birth Centers
171	Methadone
174	Public Health Clinic
179	School Based Health Centers (SBHC)
180	Rural Health Centers (RHC)
181	Federally Qualified Health Center (FQHC)
182	Indian Health Services, Non-Tribal
183	Comprehensive Outpatient Rehabilitation Facility
195	Community Health Clinic, State Health Division
196	Special Children’s Clinic
197	Tuberculosis Clinic
198	Human Immunodeficiency Virus (HIV)
215	Substance Abuse Agency Model (SAAM)

Please see the Billing Guide for [Provider Type 17 \(Specialty 179\) – Special Clinics: School Based Health Centers \(SBHC\)](#) for specific information for this specialty.

Please see the Billing Guide for [Provider Type 17 \(Specialty 215\) – Special Clinics: Substance Abuse Agency Model \(SAAM\)](#) for specific information for this specialty.

Policy

Nevada Medicaid policy for Special Clinics is located in [Medicaid Services Manual \(MSM\)](#) Chapter 600 - Physicians. For Specialty 215 (SAAM), see MSM Chapter 400, Attachment B Policy #4-04.

Rates

Rates information is on the DHCFP website at <http://dhcfp.nv.gov> (select “Rates” from the “Resources” menu). Rates are available on the Provider Web Portal at www.medicaid.nv.gov through the Search Fee Schedule function, which can be accessed on the Electronic Verification System Provider Login (EVS) webpage under Resources (you do not need to login). Any provider-specific rates will not be shown in the Search Fee Schedule function.



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Covered Services

Special Clinic services covered by Medicaid are clinic specific and may include methadone drug maintenance, therapy, immunizations, testing, family planning, nutrition and other services.

Smoking Cessation Counseling for Pregnant Women

CPT codes 99406 and 99407 are used to bill smoking cessation counseling for pregnant women only. For all other recipients, these services are billed using the appropriate Evaluation and Management (E&M) office visit code.

Prior Authorization (PA)

- For Specialty 179 (SBHC), refer to the Billing Guidelines for Provider Type 17 Specialty 179 and MSM Chapter 600 for PA requirements.
- For Specialty 215 (SAAM), refer to the Billing Guidelines for Provider Type 17 Specialty 215 and MSM Chapter 400, Attachment B Policy #4-04, for PA requirements.
- For Specialties 180 and 181, no PAs are required for eligible encounters. Please refer to MSM Chapter 600 for policy limitations.

Notes

Medicaid pays for **Medicare** coinsurance and deductible up to the Medicaid allowable amount.

Medicaid is the **payer of last resort with the exception of family planning services**. Family planning services may be billed directly to Medicaid without billing the third party.

RHCs and FQHCs are paid an encounter rate. See MSM Chapter 600 for the lists of medical professionals included in the FQHC all-inclusive, daily outpatient encounter and covered and non-covered services.

For FQHC (specialty 181) encounter billing, please complete the CMS-1500 Claim Form and bill accordingly.

- DENTAL services: CPT code 41899 (Unlisted procedure, dentoalveolar structures)
 - FQHC's must bill CPT code 41899 under provider type 17 and not provider type 22.
- MEDICAL services: Effective May 1, 2015, the following HCPCS codes replaced T1015 (Clinic visit/encounter, all inclusive):
 - G0466 (New Patient Medical Visit)
 - G0467 (Established Patient Medical Visit)
 - G0468 (Annual Well Visit and/or Initial Preventive Physical Exam)
 - G0469 (New Patient Mental Health Visit)
 - G0470 (Established Patient Mental Health Visit)
- FQHC may be reimbursed for up to three (3) service specific visits per patient per day to allow for a medical, mental health and dental encounter to occur on a single day for the same patient.



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Up to two times per calendar year the RHC/FQHC may bill for additional reimbursement for Family Planning Education when it is provided and documented in the patient's record, along with the encounter rate. Use CPT code 99401 (Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual).

FQHC Telehealth Services

FQHC's may be reimbursed for Telehealth services. A licensed professional operating within the scope of their practice under state law may provide Telehealth services. Providers must follow guidelines set forth in MSM Chapter 3400 (Telehealth Services).

- **Originating Site:** The FQHC may bill an encounter rate in lieu of the originating site fee, if the distant site (provider) is providing ancillary services. The originating site code, Q3014, must be used when billing in lieu of an encounter code.
- **Distant Site:** FQHCs providing services for a recipient from a distant site may bill the appropriate encounter rate with the GT modifier.

FQHC ancillary services: Non-Health Resources and Services Administration (HRSA) ancillary services are billable to Nevada Medicaid under the appropriate provider type outside of the encounter. Per MSM Chapter 600:

- Ancillary services may be reimbursed on the same date of service as an encounter by a qualified Medicaid provider.
- The FQHC must enroll within the appropriate provider type and meet all MSM coverage guidelines for the specific ancillary service.
- Ancillary services billed outside of an encounter must follow prior authorization policy guidelines for the specific service provided.

For **anesthesia** services, see the [Anesthesia](#) billing instructions document on the Nevada Medicaid website www.medicaid.nv.gov (located in the "Billing Instructions (by Service Type)" table at the bottom of the Billing Information webpage).

Specialty 182 (Indian Health Services, Non-Tribal): The encounters limitation for Indian Health Services (IHS), non-tribal, provider type 17 specialty 182 is five (5) visits per day. IHS and tribal clinics may receive up to five (5) outpatient encounters per recipient, per day, by healthcare professionals as approved under the Nevada Medicaid State Plan. Each healthcare professional is considered an independent outpatient encounter.