Special Clinics

Special Clinics authorized by Nevada Medicaid are:

Specialty	Description
166	Family Planning
167	Genetics
169	Freestanding Birthing Centers
174	Public Health Clinic
179	School Based Health Centers (SBHC)
180	Rural Health Clinics (RHC)
181	Federally Qualified Health Center (FQHC)
182	Indian Health Service (IHS), Urban Indian Organizations.
183	Comprehensive Outpatient Rehabilitation Facility (CORF)
188	Certified Community Behavioral Health Center (CCBHC)
195	Community Health Clinic, State Health Division
196	Special Children's Clinic (SCC)
197	Tuberculosis Clinic
198	Human Immunodeficiency Virus (HIV)

Please see the Billing Guide for Provider Type 17 (Specialty 169) – Special Clinics: Freestanding Birthing Centers for specific information for this specialty.

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 181) – Special Clinics: Federally Qualified Health Centers (FQHC) for specific information for this specialty.

Please see the Billing Guide for Provider Type 17 (Specialty 188) – Special Clinics: Certified Community Behavioral Health Center (CCBHC) 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 (SUAM), see MSM Chapter 400, Attachment B Policy #4-04.

Rates

Rates information is on the Nevada Medicaid 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.

Special Clinics

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/Tobacco Cessation Counseling

Current Procedural Terminology (CPT) codes 99406 (Smoking and tobacco use cessation counseling visit, intermediate, 3-10 minutes) and 99407 (Smoking and tobacco use cessation counseling visit, intensive, greater than 10 minutes) may be used to bill smoking cessation counseling for all Nevada Medicaid recipients. Procedure codes 99406 and 99407 are no longer restricted to counseling for pregnant women only. The limitation for both codes is a maximum of 24 encounters per year. These limitations can be exceeded if determined medically necessary by Nevada Medicaid.

COVID-19 Testing

Nevada Medicaid covers COVID-19 diagnostic and serology antibody testing up to twice per rolling month for each recipient. If additional testing is deemed medically necessary, a prior authorization may be submitted.

Code	Description
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique
87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])

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 180 (RHC), no PAs are required for eligible encounters. Please refer to MSM Chapter 600 for policy limitations.
- For Specialty 181 (FQHC), no PAs are required for eligible encounters. Please refer to MSM Chapter 2900 for policy limitations.
- Authorization does not guarantee payment of a claim. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program.

Notes

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

Special Clinics

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.

Specialty 182: Indian Health Services (IHS), Urban Indian Organizations

The encounters limitation for Indian Health Services (IHS), Urban Indian Organizations, is one visit per recipient, per day, per service type (Medical/Behavioral/Dental) up to three (3) visits per day.

Specialties 167 and 196: Ordering, Prescribing or Referring (OPR) Provider Requirements

The Patient Protection and Affordable Care Act and the Centers for Medicare & Medicaid Services (CMS) require all ordering, prescribing and referring physicians to be enrolled in the state Medicaid program (§455.410 Enrollment and Screening of Providers). The Affordable Care Act (ACA) requires physicians or other eligible practitioners to enroll in the Medicaid program to order, prescribe and refer items or services for Medicaid recipients, even when they do not submit claims to Medicaid. Physicians or other eligible professionals who are already enrolled in Medicaid as participating providers and who submit claims to Medicaid are not required to enroll separately as OPR providers.

For any services or supplies that are ordered, prescribed or referred, the National Provider Identifier (NPI) of the Nevada Medicaid-enrolled Ordering, Prescribing or Referring (OPR) provider must be included on Nevada Medicaid/Nevada Check Up claims or those claims will be denied. To prevent claim denials for this reason, please confirm that the OPR provider is enrolled with Nevada Medicaid; this can be done on the Provider Web Portal by using the Search Providers feature: https://www.medicaid.nv.gov/hcp/provider/Resources/SearchProviders/tabid/220/Default.aspx

Electronic Claims instructions: When reporting the provider who ordered services such as diagnostic and lab, use Loop ID-2310A. For ordered services such as Durable Medical Equipment, use Loop ID-2420E. For detailed information, refer to the 837P FFS Companion Guide located at: https://www.medicaid.nv.gov/providers/edi.aspx

Direct Data Entry/Provider Web Portal instructions: On the Service Detail line enter the OPR provider's NPI in the Referring/Ordering Provider ID field, and select "Yes" or "No" to indicate it if is an Ordering Provider. For further instructions, see the Electronic Verification System (EVS) User Manual Chapter 3 located at: https://www.medicaid.nv.gov/providers/evsusermanual.aspx

Specialty 180: Rural Health Clinics (RHCs)

RHCs are paid an encounter rate. See MSM Chapter 600 for the lists of medical professionals included in the all-inclusive, daily outpatient encounter and covered and non-covered services. RHCs may be reimbursed via Fee-for-Service Fee Schedule Rates, outside of an Encounter visit for Long Acting Reversible Contraception (LARC).

Up to two times per calendar year the RHC 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).

Long Acting Reversible Contraception (LARC)

- The insertion and removal of LARC devices are invoiced using the following codes:
  - 58300 (Insertion of IUD)
  - 58301 (Removal of IUD)
  - 11981 (Insertion of a drug delivery implant)

  - 11982 (Removal, non-biodegradable drug delivery implant)
  - 11983 (Removal and reinsertion of a non-biodegradable drug delivery implant)

    Procedure codes 58300, 58301, and 11982 have a service limit of 2 units allowed per day. Procedure codes 11981 and 11983 have a service limit of 2 units allowed per 3 rolling years.

- LARC devices are invoiced using the following codes; claims for these codes must include the associated National Drug Code (NDC):
  - J7296 (Kyleena, 19.5 MG – IUD)
  - J7297 (Liletta, 52 MG – IUD)
  - J7298 (Mirena, 52 MG – IUD)
  - J7300 (Intrauterine Copper Contraceptive)
  - J7301 (Skyla, 13.5 MG – IUD)
  - J7307 (Etonogestrel Implant System)

FFS billing for LARCs codes are placed on separate claim lines from T1015, the daily outpatient encounter code.