



Physician, M.D., Osteopath, D.O.: Children's Cancer and Rare Diseases Clinic

Overview

Clinics eligible for enrollment as a Children's Cancer and Rare Diseases Clinic must screen, evaluate, diagnose and treat pediatric patients with cancer, hemophilia, or another known rare disease. The Nevada Division of Health Care Financing and Policy (DHCFP) allows reimbursement of such services in a clinic setting when medically appropriate to the setting and medically necessary for the patient.

For a clinic to meet criteria and be enrolled into this specialty, 85% of its population must be children under the age of 21, diagnosed and/or treated with cancer, hemophilia, or another known rare disease.

Policy

Nevada Medicaid's policies can be found on the DHCFP website, <http://dhcfp.nv.gov>, under Medicaid Services Manual (MSM) Chapter 600 – Physician Services, Section 603.2 Provider Office Services.

Covered and Non-covered Services

Procedure code T1015 (clinical visit/encounter, all-inclusive) is the only reimbursable code for this facility type. The all-inclusive encounter visit rate is billed as a daily rate. Only one encounter may be billed by the clinic per recipient, per day.

Included in T1015:

- Evaluation and Management
- Anesthesia
- Surgery
- Radiology Procedures
- Medicine Services and Procedures
- Procedures, services, and supplies billed via Healthcare Common Procedure Coding System (HCPCS) codes including:
 - Medical and Surgical Supplies
 - Enteral and Parenteral Therapy
 - Other Therapeutic Procedures
 - Durable Medical Equipment
 - Procedures/Professional Services
 - Components, Accessories and Supplies
 - Orthotic Procedures and Services
 - Prosthetic Procedures
 - Screening Procedures
 - Pathology and Laboratory Services
 - Diagnostic Radiology Services
 - Vision Services
 - Hearing Services
- Any other service determined to be necessary for treatment of cancer or other rare diseases that would be rendered by a physician, advanced practice registered nurse, physician assistant, nurse anesthetist, psychologist, licensed clinical social worker, radiology, clinical laboratory, and other services included in the state plan (excluding pharmacy as described below). Also included are services and supplies furnished as an incident to professional services provided by the clinical staff described above.



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Not Included in T1015

- Room and board or other unallowable facility costs
- Pharmaceutical items will be reimbursed separately to the all-inclusive rate

Drug and vaccine administration costs are included in the bundled encounter rate. Services described in the *included* section above may not be billed separately outside the encounter payment.

The clinic must provide at least one of the services described in the *included* section above to bill for an encounter visit.

Providers who are not employed by or providing services under the clinic may be reimbursed separately for services that may occur on the same day of service as the encounter visit.

Prior Authorization (PA)

PAs are not required.

Billing Information

For additional billing information, please refer to the [Nevada Medicaid Billing Manual](#).