SECTION 4

PROCEDURE CODES

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DIABETES MANAGEMENT SERVICES

Only providers who are enrolled with Medicaid to provide the Diabetes Management Services may bill for this service.

Procedure Code	Description	Payment	Frequency
S0315	Disease management program — Initial Assessment and initiation of the program	$10.56 per 15-minute unit	Maximum of four 15-minute units (one hour), one per provider per lifetime
S9445	Patient education, not otherwise classified, non-physician provider, individual per session	$ 10.56 per 15-minute unit	Maximum of 40 15-minute units (ten hours) of instruction as either individual **OR** group. Beneficiaries are allowed 10 hours of education per lifetime.
S9455	Diabetic management program — Group session; group size is limited to 12	$6.13 per 15-minute unit	
S0316	Disease management program – Follow-up/Reassessment	$10.56 per 15-minute unit	Maximum of 24 15 minute units (six hours) of individual instruction per State fiscal year (July 1 through June 30).

The following Place of Service Codes may be used with any of the above procedure codes. Please see “Place of Service Key” in Section 3 for a description of the codes.

Code	Code	Code
03	08	49
04	11	71
05	12	72
06	22	99
07	26	

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SICKLE CELL DISEASE MANAGEMENT CODES

Procedure Code	Description	Modifier	Unit Frequency	Rate
S0315*	Disease Management Program; Initial Assessment and Initiation of the Program	TD	8 units per state fiscal year (15 minutes per unit)	$20.28
S0316*	Follow-up/ Reassessment	TD TE	8 units per state fiscal year (15 minutes per unit)	$20.28
S0316*	Follow-up/ Reassessment	HO	8 units per state fiscal year (15 minutes per unit)	$20.28
S9445*	Patient Education, Not Otherwise Classified, Non-Physician Provider, Individual, Per Session	TD TE HO	As indicated**	$20.28
S9446*	Patient Education, Not Otherwise Classified, Non-Physician Provider, Group, Per Session	TD TE HO	As indicated**	$6.20
***Must use appropriate modifier for level of staff performing service.**			TD Registered Nurse TE License Practical Nurse HO Master's Level	

****A provider is authorized to bill up to a maximum of 192 (15 minute) units per state fiscal year for service delivery (Patient Education, individual and group).**

The following Place of Service Codes may be used with any of the above procedure codes. Please see "Place of Service Key" in Section 3 for a description of the codes.

Code	Code
03	08
05	11
06	12
07	99

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

- Only providers who have a contract for P/RSPCE may provide and bill for this service.
- 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.

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PSPCE Billing Codes

Procedure Code	*Description*	*Unit Frequency*	*Place of Service*	*Rate*
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	$20.28

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

TD = RN
TE = LPN/LVN
HN = Bachelor's degree level
HO = Master's degree level

Procedure Code	*Description*	*Unit Frequency*	*Place of Service*	*Rate*
S9445*	Patient Education, Not Otherwise Classified, Non-Physician Provider, Individual, Per Session	As indicated**	11, 12, 21, 22, 71, 72, 99	$20.28
S9446*	Patient Education, Not Otherwise Classified, Non-Physician Provider, Group, Per Session	As indicated**	11, 12, 21, 22, 71, 72, 99	$6.20

*** 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).**

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RSPCE Billing Codes

Procedure Code	*Description*	*Unit Frequency*	*Place of Service*	*Rate*
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	$20.28

*** 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

Procedure Code	*Description*	*Unit Frequency*	*Place of Service*	*Rate*
S0316*	Follow-up/ Reassessment	As indicated**	11, 12, 21, 22, 71, 72, 99	$20.28
96153*	Health and behavior intervention, group each 15 minutes	As indicated**	11, 12, 21, 22, 71, 72, 99	$6.20

*** 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).**

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POSTPARTUM/INFANT HOME VISIT

Only providers who are enrolled with Medicaid to provide the Postpartum/Infant Home Visit may bill for this service.

Billing Codes

Procedure Code	*Description*	*Frequency*	*Place of Service*
99501*	Postpartum/Infant Home Visit • Mother and infant/s • Mother only • Infant/s only	1	12, 99

*** In cases of multiple births, procedure codes 99501 and 99501-52 may not be billed separately for each individual infant. If a repeat visit (procedure code 99501-52) is made to more than one individual in the same household on the same day, only one visit may be billed.**

99501-52*	Postpartum Home Visit — Repeat • Mother and infant/s • Mother only • Infant/s only	1	12, 99

*** Must use 52 modifier.**

If the nurse makes the initial Postpartum/Infant Home Visit and the infant, mother, or one of a set of twins (triplets, etc.) is not present, the follow-up visit to see the absent individual must be billed as a Repeat Visit using that person's Medicaid number.

PRE-DISCHARGE HOME VISIT

Only providers who are enrolled with Medicaid to provide the Pre-Discharge Home Visit may bill for this service.

Billing Codes

Procedure Code	*Description*	*Frequency*	*Place of Service*
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.**

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MEDICAID ADOLESCENT PREGNANCY PREVENTION SERVICES (MAPPS)

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

Only providers who are enrolled to provide MAPPS may bill for this service.

Billing Codes

Procedure Code	*Level of Service*	*Unit of Service*	*Unit Frequency*	*Place of Service*
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 four units per state fiscal year** for assessment/case plan	03, 11, 12, 99
S9445* Modifier: FP and U1 (Individual)	Patient Education, Not Otherwise Specified, Non-Physician Provider, Individual, Per Session	15 minutes	Up to a maximum of 64 units per state fiscal year	03, 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 lifetime	03, 11, 12, 99

*** Must use FP modifier, service provided as part of family planning program.**
**** State fiscal year = July 1 through June 30**

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