STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

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Genetically Handicapped Persons Program
Policy Letter: G-01-1200
Index: Benefits

December 22, 2000

TO: GENETICALLY HANDICAPPED PERSONS PROGRAM (GHPP) SPECIAL CARE CENTER (SCC) MEDICAL DIRECTORS AND STATE CHILDREN'S MEDICAL SERVICES (CMS) GHPP BRANCH STAFF

SUBJECT: GHPP OUTPATIENT SCC SERVICES

PURPOSE

The purpose of this letter is to:

- Inform GHPP SCCs of procedural changes for GHPP SCC authorization, provider billing, and reimbursement.
- Provide specific information on SCC services available for individual clients with various types of healthcare insurance coverage (e.g., managed care plans, Medi-Cal, Medicare, indemnity plans).
- Distribute new Health Care Financing Administration Common Procedure Coding Systems (HCPCS) Level III procedure codes for GHPP SCC services.
- Explain the transition from the previous GHPP SCC codes to the newly established GHPP SCC codes.
- Provide guidelines for GHPP SCC provider reimbursement and claims processing.
- Provide the following enclosures:
  - ✓ Billing guidelines for GHPP SCC providers.
  - ✓ Explanation for appropriate utilization of the new GHPP SCC codes; and
  - ✓ A table linking the new GHPP SCC codes to the old GHPP SCC codes being discontinued;

II. BACKGROUND

GHPP has a system of SCCs that provide comprehensive, coordinated health care to clients with specific genetic conditions (i.e., IV, A). GHPP SCCs are multi-disciplinary, multi-specialty teams that evaluate the GHPP client's medical condition and develop a comprehensive, family centered plan of healthcare that facilitates the provision of timely, coordinated treatment. GHPP SCCs are located throughout the State, usually in conjunction with tertiary level medical centers. Each SCC is individually reviewed by the CMS Branch to ensure that the SCC complies with GHPP/California Children's Services (CCS) program standards. GHPP authorizes SCC services to clients eligible for the program.

III. POLICY

A. Effective the date of this letter:

- GHPP shall authorize SCC services for all GHPP clients who are required by program policy to receive care through GHPP approved outpatient special care centers.
- These services shall be authorized as GHPP benefits for all eligible GHPP clients.

B. The following new HCPCS Level III codes for GHPP SCC services are effective on or after September 28, 2000:

Z4300 *	Center Coordinator, Allied Healthcare Professionals (Comprehensive team case conference **coordinator**: nurse specialist, social worker, registered dietitian, and other allied healthcare professionals)
Z4301	Assessment, Evaluation, and/or Intervention, Nurse Specialist
Z4302 *	Case Conference, Other Allied Healthcare Professionals (Comprehensive team case conference **participants**)
Z4303	GHPP Required Report of Status of Patient with Complex Medical Condition, Periodic Intermediate Level Report

Z4304	GHPP Required Report of Status of Patient with Complex Medical Condition, Periodic Extensive, Comprehensive Level Report
Z4305	Center Coordinator, Physician (Comprehensive team case conference **coordinator**)
Z4306	Medical Case Conference, Physician (Comprehensive team case conference **participant**)
Z4307	Assessment, Evaluation, and/or Intervention, Medical Social Worker
Z4308	Assessment, Evaluation, and/or Intervention, Registered Dietitian
Z4310	Case Conference, Nurse Specialist (Comprehensive team case conference **participant**)
Z4311	Case Conference, Medical Social Worker (Comprehensive team case conference **participant**)
Z4312	Case Conference, Registered Dietitian (Comprehensive team case conference **participant**)
Z4313	Group Teaching, Counseling and Support, Physician
Z4314 *	Group Teaching, Counseling and Support, Other Allied Healthcare Professionals (nurse specialist, social worker, registered dietitian, or other allied healthcare professionals)
Z4315	Physician/Client (Family) Conference

For the purposes of this numbered letter "Other Allied Healthcare Professionals" refers to physical therapists, occupational therapists, audiologists, and speech therapists/pathologists unless otherwise specified.

C. The following HCPCS Level III codes for "CCS/GHPP Unique Services," will no longer be utilized:

Z5400	Allied Professional – Coordinator

Z5402	Allied Professional NEC – Visit
Z5404	Allied Professional NEC – Case Conference
Z5426	Periodic Multiple Chart Review
Z5427	Comprehensive In-Depth Chart Review
Z5428	Coordinator/Medical
Z5434	Case Conference/Medical
Z5436	Case Conference/Medical

Claims with these procedure codes as specified in item III, C, with dates of service on or after January 1, 2001, will be denied.

D. The following HCPCS Level III codes for "CCS/GHPP Unique Services," will remain in effect:

Z5406	Telephone Consultation/Allied Healthcare Professional
Z5432	Telephone Consultation/Medical

IV. Implementation

A. Referral of client to a SCC

GHPP clients shall be referred to the appropriate GHPP-approved SCC for diagnosis, evaluation, medical management, and coordination of care when the client has or is suspected of having a GHPP medically eligible condition requiring SCC evaluation and follow-up. These conditions include:

ICD-9 Code	Diagnosis Description
2701	Phenylketonuria (PKU)
2702	Tyrosinemia
2703	Disturbances of Branched-Chain Amino-Acid Metabolism
2704	Disturbances of Sulphur-Bearing Amino–Acid Metabolism

2706	Disorders of Urea Cycle Metabolism
2711	Galactosemia
2751	Wilson's Disease
2770	Cystic Fibrosis
27700	Cystic Fibrosis
27701	Cystic Fibrosis, With Meconium Ileus
2824	Thalassemia
2826	Sickle Cell Anemia
28260	Sickle Cell Anemia, Unspecified
28261	Sickle Cell Disease Without Crisis (SS)
28262	Sickle Cell Disease With Crisis (SS)
28263	Sickle Cell Disease (SC)
28269	Sickle Cell Disease (SD)(SE)
2827	Other Hemoglobinopathies
2860	Congenital Factor VIII Disorder
2861	Congenital Factor IX Disorder
2862	Congenital Factor XI Disorder
2863	Hemophilia Factor I, II, V, VII, XII, XIII Deficiency
2864	von Willebrand's Disease
2871	Glanzmann's Thrombasthenia
2873	Thrombocytopenia, Primary Hereditary, Congenital
3330	Joseph's Disease, Olivopontocerebellar Degeneration
3334	Huntington's Chorea
3340	Friedreich's Ataxia
3341	Hereditary Spastic Paraplegia
3342	Rousy-Levy Syndrome
3561	Charcot-Marie-Tooth Syndrome
3563	Refsum's Disease
7596	von Hippel-Lindau Syndrome

B. <u>Authorization of GHPP SCC Services</u>

1 General

a. A GHPP SCC authorization is issued to the Medical Director of the SCC. The authorization is sent to the individual designated in the SCC directory to receive authorizations. This designated individual is responsible for providing copies of the authorization to all appropriate SCC team member(s) or consultant(s) involved in

the GHPP client's SCC care and to the administrative entity that provides billing services for the SCC.

b. A time limited (e.g., three months) "diagnostic" authorization can be issued to a SCC to establish or rule out a GHPP medically eligible condition, for a client who is potentially GHPP medically eligible when there is medical documentation indicating a suspected GHPP medically eligible condition and a signed GHPP application for the client.

c. An authorization for SCC intervention/treatment services for the client's confirmed GHPP-medically eligible condition can be issued (as per item IV, B, 3) to a SCC when:

- There is medical documentation of a GHPP medically eligible condition, and,
- The client or legal guardian has completed all GHPP program eligibility requirements.

d. Each SCC authorization must have a beginning and end date and conform to the GHPP program policy for authorization of medically necessary services.

e. Inpatient care is not covered by a SCC authorization and must be separately authorized.

f. SCC services rendered by a provider who is not listed in the SCC directory as a core team member on the date services were provided are not covered.

g. Community based providers must obtain separate authorizations from GHPP prior to providing services to a GHPP client.

2. Outpatient SCC ***Assessments, Evaluations, and Case Conference Services***

a. **GHPP-only and GHPP Medi-Cal fee-for-service clients** are eligible for assessments, evaluations, and case conferences as specified in item III, B and D, above.

b. **GHPP clients enrolled in commercial managed care plans, Medi-Cal managed care plans, and Medicare managed care plans** are eligible for GHPP SCC assessments, evaluations, and case conferences as specified in items III, B and D, above.

c. **GHPP clients with other health insurance coverage (e.g., indemnity health plans, Medicare)** are eligible for GHPP SCC assessments, evaluations, and case conferences as specified in items III B and D, above.

3. Outpatient SCC ***Intervention and Treatment Services***

a. **GHPP-only and GHPP Medi-Cal fee-for-service clients**
The SCC authorization covers medically necessary outpatient healthcare services, except those requiring specific prior authorization in accordance with GHPP program policy. These exceptions include, but are not limited to:

- Services provided by a healthcare provider not listed as a core team member, specialty consultant, or other healthcare professional in the GHPP SCC directory.
- Organ transplants
- Surgical procedures (done on either an inpatient or outpatient basis)
- Durable medical equipment (e.g., wheel chairs, orthotics, prosthetics)
- Medical supplies
- Medical foods and nutritional supplements
- Prescription medications
- Diagnostic studies requiring specific prior authorizations (e.g., Pulmozyme, MRI's, PET scans)
- Psychiatry/Psychological services
- Substance abuse treatment

- Home health services
- Dental services

Questions about authorization of services not listed above should be directed to the GHPP analyst or the GHPP Nurse Consultant at 1-800-639-0597.

b. **GHPP clients enrolled in commercial managed care plans and Medi-Cal managed care plans.**

Intervention and treatment services are generally the responsibility of the managed care plan in which the GHPP client is enrolled. GHPP will **not** authorize these services for these clients unless a denial of benefits notice has been issued to the provider or client by the managed care plan and provided to GHPP.

c. **GHPP clients with other health insurance coverage (OHC) (e.g., indemnity health plans, Medicare).**

The SCC authorization covers the provision of medically necessary outpatient healthcare services (except those listed in item IV, B, 3a, above) to GHPP clients. Providers, however, are required to seek prior authorization from the client's OHC before the provision of services. An Explanation of Benefits notice from the OHC must be attached to claims for rendered services.

C. GHPP SCC Provider Reimbursement

GHPP SCC services are reimbursable only to GHPP approved SCC providers listed as core team members or specialty consultants in the SCC directory that has been authorized to provide services to the GHPP client. Providers rendering GHPP SCC services to GHPP clients must be enrolled as CCS/GHPP "CGP" providers **and** as Medi-Cal providers. The following shall apply to claims for reimbursement for GHPP SCC services:

1. GHPP SCC providers should begin billing with the new SCC codes immediately. These new codes are effective for dates of service on or after September 28, 2000.

2. Claims will be processed as specified in the CCS/GHPP Provider Manual, which must be used in conjunction with the Medi-Cal Provider Manual.

3. Some of the new SCC procedure codes require the submission of reports while others require only chart documentation. For SCC procedure codes that require a report, as per the attachment, the report must be attached to the provider claim for reimbursement when the claim is submitted to the GHPP program for processing.

V. COORDINATION OF CARE BETWEEN SCCs AND MANAGED CARE PLANS

Coordination of services between SCCs and managed care plans should be arranged between the SCC physician and the managed care plan primary care physician to ensure high quality of care to GHPP clients. These coordination efforts should include full cooperation in the collaboration, communication, and exchange of program, provider, and client information.

- The GHPP SCC is responsible for forwarding copies of all SCC reports to the client's managed care plan primary care physician.

- The managed care plan is responsible for the authorization and reimbursement of all medically necessary medical services for their enrollees who are GHPP clients, except those SCC services specified in items III, B and D above.

The enclosures to this letter include:

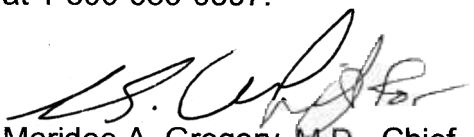
- billing guidelines on the appropriate utilization of the GHPP SCC procedure codes for claiming reimbursement for SCC services; and

- an explanation of the new SCC procedure codes; and

- a table linking the new SCC procedure codes to the discontinued SSC procedure codes.

These guidance documents are enclosed to assist you in the implementation of the policies and procedures set forth in this policy letter.

If you have any questions, please contact the GHPP analyst or GHPP Nurse Consultant at 1-800-639-0597.



Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosures

GHPP OUTPATIENT CODES FOR SPECIAL CARE CENTERS
HEALTH CARE PROVIDER: PHYSICIAN

TYPE OF SERVICE (PER CLIENT)	PROCEDURE CODE	RATE	FREQUENCY LIMITS		REPORT REQUIRED	CLIENT CHART DOCUMENTATION	BILLING WITH PROVIDER NUMBER (TYPE)	
			# OF UNITS PER DAY	# OF DAYS PER YEAR			GHPP/ MEDI-CAL BENEFICIARY	GHPP-ONLY BENEFICIARY
GHPP Required Report of Status of Client with Complex Medical Condition, Periodic Intermediate Level Report	**Z4303**	$30.00 per report	1	12	X		CGP	CGP
GHPP Required Report of Status of Client with Complex Medical Condition, Periodic Extensive, Comprehensive Level Report	**Z4304**	$54.00 per report	1	12	X		CGP	CGP
Comprehensive Team Case Conference, **Coordinator**, Physician	**Z4305**	$72.00 per case conference	1	12	X		CGP	CGP
Comprehensive Team Case Conference, **Participant**, **Physician**	**Z4306**	$36.00 per half hour	4	12		X *	CGP	CGP
Group Teaching, Counseling, and Support, Physician	**Z4313**	$28.80 per session	1	12		X *	CGP	CGP
Physician/Family Conference	**Z4315**	$36.00 per half hour	4	12	X		CGP	CGP
Telephone Consultation, Physician	**Z5432**	$35.00 per half hour	1	12		X *	CGP	CGP

Assessments, evaluations and/or interventions performed by physician(s) should be billed utilizing the usual and customary Evaluation and Management CPT codes.

* Upon request, client chart documentation must be submitted to the GHPP office.

GHPP OUTPATIENT CODES FOR SPECIAL CARE CENTERS
HEALTH CARE PROVIDER: NURSE SPECIALIST

TYPE OF SERVICE (PER CLIENT)	PROCEDURE CODE	RATE	FREQUENCY LIMITS		REPORT REQUIRED	CLIENT CHART DOCUMENTATION	BILLING WITH PROVIDER NUMBER (TYPE)	
			# OF UNITS PER DAY	# OF DAYS PER YEAR			GHPP/ MEDI-CAL BENEFICIARY	GHPP-ONLY BENEFICIARY
Comprehensive Team Case Conference, **Coordinator**, Non-Physician	**Z4300**	$72.00 per case conference	1	12	X		CGP	CGP
Assessment, Evaluation, and/or Intervention, Nurse Specialist	**Z4301**	$16.80 per half hour	6	12	X		CGP	CGP
GHPP Required Report of Status of Client with Complex Medical Condition, Periodic Intermediate Level Report	**Z4303**	$30.00 per report or review	1	12	X		CGP	CGP
GHPP Required Report of Status of Client with Complex Medical Condition, Periodic Extensive, Comprehensive Level Report	**Z4304**	$54.00 per report	1	12	X		CGP	CGP
Comprehensive Team Case Conference, **Participant**, Nurse Specialist	**Z4310**	$8.40 per quarter hour	2	12		X *	CGP	CGP
Group Teaching, Counseling and Support, Allied Healthcare Professionals	**Z4314**	$13.37 per session	1	12		X *	CGP	CGP
Telephone Consultation, Allied Healthcare Professionals	**Z5406**	$8.40 per quarter hour	3	12		X *	CGP	CGP

"Other Allied Healthcare Professionals" refers to physical therapists, occupational therapists, speech therapists/pathologists, and audiologists, unless otherwise specified.

* Upon request, client chart documentation must be submitted to the GHPP office.

GHPP OUTPATIENT CODES FOR SPECIAL CARE CENTERS
HEALTH CARE PROVIDER: SOCIAL WORKER

TYPE OF SERVICE (PER CLIENT)	PROCEDURE CODE	RATE	FREQUENCY LIMITS		REPORT REQUIRED	CLIENT CHART DOCUMENTATION	BILLING WITH PROVIDER NUMBER (TYPE)	
			# OF UNITS PER DAY	# OF DAYS PER YEAR			GHPP/ MEDI-CAL BENEFICIARY	GHPP-ONLY BENEFICIARY
Comprehensive Team Case Conference, **Coordinator**, Non-Physician	**Z4300**	$72.00 per case conference	1	12	X		CGP	CGP
Assessment, Evaluation, and/or Intervention, Medical Social Worker	**Z4307**	$16.80 per half hour	4	12	X		CGP	CGP
Comprehensive Team Case Conference, **Participant**, Medical Social Worker	**Z4311**	$8.40 per quarter hour	2	12		X *	CGP	CGP
Group Teaching, Counseling and Support, Allied Healthcare Professionals	**Z4314**	$13.37 per session	1	12		X *	CGP	CGP
Telephone Consultation, Allied Healthcare Professionals	**Z5406**	$8.40 per quarter hour	3	12		X *	CGP	CGP

"Other Allied Healthcare Professionals" refers to physical therapists, occupational therapists, speech therapists/pathologists, and audiologists, unless otherwise specified.

* Upon request, client chart documentation must be submitted to the GHPP office.

GHPP OUTPATIENT CODES FOR SPECIAL CARE CENTERS
HEALTH CARE PROVIDER: REGISTERED DIETITIAN

TYPE OF SERVICE (PER CLIENT)	PROCEDURE CODE	RATE	FREQUENCY LIMITS		REPORT REQUIRED	CLIENT CHART DOCUMENTATION	BILLING WITH PROVIDER NUMBER (TYPE)	
			# OF UNITS PER DAY	# OF DAYS PER YEAR			GHPP/ MEDI-CAL BENEFICIARY	GHPP-ONLY BENEFICIARY
Comprehensive Team Case Conference, Coordinator, Non-Physician	**Z4300**	$72.00 per case conference	1	12	X		CGP	CGP
Assessment, Evaluation, and/or Intervention, Registered Dietitian	**Z4308**	$16.80 per half hour	4	12	X		CGP	CGP
Comprehensive Team Case Conference, Participant, Registered Dietitian	**Z4312**	$8.40 per quarter hour	2	12		X *	CGP	CGP
Group Teaching, Counseling and Support, Allied Healthcare Professionals	**Z4314**	$13.37 per session	1	12		X *	CGP	CGP
Telephone Consultation, Allied Healthcare Professionals	**Z5406**	$8.40 per quarter hour	3	12		X *	CGP	CGP

"Other Allied Healthcare Professionals" refers to physical therapists, occupational therapists, speech therapists/pathologists, and audiologists, unless otherwise specified.

* Upon request, client chart documentation must be submitted to the GHPP office.

GHPP OUTPATIENT CODES FOR SPECIAL CARE CENTERS

HEALTH CARE PROVIDER: OTHER ALLIED HEALTHCARE PROFESSIONALS

(PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH THERAPISTS/PATHOLOGISTS, AUDIOLOGISTS)

TYPE OF SERVICE (PER CLIENT)	PROCEDURE CODE	RATE	FREQUENCY LIMITS		REPORT REQUIRED	CLIENT CHART DOCUMENTATION	BILLING WITH PROVIDER NUMBER (TYPE)	
			# OF UNITS PER DAY	# OF DAYS PER YEAR			GHPP/ MEDI-CAL BENEFICIARY	GHPP-ONLY BENEFICIARY
Comprehensive Team Case Conference, **Coordinator**, Non-Physician	**Z4300**	$72.00 per case conference	1	12	X		CGP	CGP
Comprehensive Team Case Conference, **Participant**, Other Allied Healthcare Professionals	**Z4302**	$8.40 per quarter hour	2	12		X *	CGP	CGP
Group Teaching, Counseling, and Support, Allied Healthcare Professionals	**Z4314**	$13.37 per session	1	12		X *	CGP	CGP
Telephone Consultation, Allied Healthcare Professionals	**Z5406**	$8.40 per quarter hour	3	12		X *	CGP	CGP

Assessments, evaluations and/or interventions performed by physical therapists, occupational therapists, speech/language pathologists and/or audiologists should be billed utilizing the appropriate HCPCS codes.

Physical therapy: X3900 – X3936
Occupational therapy: X4100 – X4120
Speech/language pathology: X4300 – X4320
Audiology: X4500 – X4546 and Z5900 – Z5944

"Other Allied Healthcare Professionals" refers to physical therapists, occupational therapists, speech therapists/pathologists, and audiologists, unless otherwise specified.

* Upon request, client chart documentation must be submitted to the GHPP office.

GHPP OUTPATIENT CODES FOR SPECIAL CARE CENTERS (SCC)
EXPLANATION OF SCC CODES

PHYSICIAN

Z4303	Z4303 is utilized for development of an "intermediate level" chart review and preparation of the SCC team case conference report. Documentation in summary form shall be dated and maintained in the client's chart. A report consisting of a summary of the chart review and case conference team member's evaluations and recommendations shall be submitted to the authorizing GHPP program. A SCC can only bill for one report (from either the Physician or Nurse Specialist) per client per case conference.
Z4304	Z4304 is utilized for development of an "extensive, comprehensive level" chart review and preparation of the SCC team case conference report. Documentation in summary form shall be dated and maintained in the client's chart. A report consisting of a summary of the chart review and case conference team member's evaluations and recommendations shall be submitted to GHPP. A SCC can only bill for one report (from either the Physician or Nurse Specialist) per client per case conference.
Z4305	Z4305 is utilized for physician case conference **coordination** for the SCC comprehensive multidisciplinary team evaluation. A SCC can only bill for the time of <u>one</u> case conference coordinator per client per day. (e.g., either Z4300 or Z4305). Also, a health care professional cannot bill for both serving as the case conference coordinator and as a conference participant (i.e., Z4300 and Z4306).
Z4306	Z4306 is utilized for physician **participation** in the SCC comprehensive team case conference. (Z4305 cannot be claimed in addition to Z4306 for the same client on the same date of service.)
Z4313	Z4313 is utilized for physician leadership with group counseling, group teaching, or support group for the SCC client/family. A SCC can only bill for one leadership with group counseling, group teaching, or support group (from either the Physician [Z4313] or Other Allied Healthcare Professionals [Z4314]) per client per session per day.
Z4315	Z4315 is utilized for the physician conference with the client, client's family, or both.
Z5432	Z5432 is utilized for telephone consultations. Examples: • Phone calls with client/family. • Phone calls with primary care physician or specialty consultants for coordination of medical care for complex conditions.

GHPP OUTPATIENT CODES FOR SPECIAL CARE CENTERS (SCC)
EXPLANATION OF SCC CODES

NURSE SPECIALIST

Z4300	Z4300 is utilized for non-physician case conference **coordination** for the SCC comprehensive multidisciplinary team evaluation. A SCC can only bill for the time of one case conference coordinator per client per day. (e.g., either Z4300 or Z4305). Also, a nurse specialist cannot bill for both serving as the case conference coordinator and as a conference participant (i.e., Z4300 and Z4310).
Z4301	Z4301 is utilized for assessment, evaluation, and/or intervention by the nurse specialist. Examples: • Instructing client and/or family in use of medical interventions, such as injection, pumps, feeding tubes, suctioning, etc. • Assessment of client/family for ability to carry out complex treatment interventions that are customarily performed by nursing staff.
Z4303	Z4303 is utilized for development of an "intermediate level" chart review and preparation of the SCC team case conference report. Documentation in summary form shall be dated and maintained in the client's chart. A report consisting of a summary of the chart review and case conference team member's evaluations and recommendations shall be submitted to GHPP. A SCC can only bill for one report (from either the Physician or Nurse Specialist) per client per case conference.
Z4304	Z4304 is utilized for development of an "extensive, comprehensive level" chart review and preparation of the SCC team case conference report. Documentation in summary form shall be dated and maintained in the client's chart. A report consisting of a summary of the chart review and case conference team member's evaluations and recommendations shall be submitted to GHPP. A SCC can only bill for one report (from either the Physician or Nurse Specialist) per client per case conference.
Z4310	Z4310 is utilized for nurse specialist **participation** in the SCC comprehensive team case conference. (Z4300 cannot be claimed in addition to Z4310 for the same client on the same date of service.)
Z4314	Z4314 is utilized for nurse specialist leadership with group counseling, group teaching, or support groups for the SCC client/family. A SCC can only bill for one leadership with group counseling, group teaching, or support group (from either the Physician [Z4313] or Other Allied Healthcare Professionals [Z4314]) per client per session per day.
Z5406	Z5406 is utilized for telephone consultations. Examples: • Phone calls with client/family. • Phone calls with SCC physician or specialty consultants for coordination of medical care for complex conditions.

REGISTERED DIETITIAN

Z4300	Z4300 is utilized for non-physician case conference **coordination** for the SCC comprehensive multidisciplinary team evaluation. A SCC can only bill for the time of one case conference coordinator per client per day (i.e., either Z4300 or Z4305). Also, a registered dietitian cannot bill for both serving as the case conference coordinator and as a conference participant (i.e., Z4300 and Z4312).
Z4308	Z4308 is utilized for assessment, evaluation, and/or intervention by the registered dietitian. Examples: • Assessment of client/family for current dietary history and habits. • Development of individualized dietary plan prescribed by SCC physician. • Consultation with client/family regarding client's special diet and medical formulas/foods.
Z4312	Z4312 is utilized for registered dietitian **participation** in the SCC comprehensive team case conference. (Z4300 cannot be claimed in addition to Z4312 for the same client on the same date of service.)
Z4314	Z4314 is utilized for registered dietitian leadership with group counseling, group teaching, or support groups for the SCC client/family. A SCC can only bill for one leadership with group counseling, group teaching, or support group (from either the Physician [Z4313] or Other Allied Healthcare Professionals [Z4314]) per client per session per day.
Z5406	Z5406 is utilized for telephone consultations. Examples: • Phone calls with client/family. • Phone calls for coordination of special dietary needs, such as calls to physicians, pharmacies, schools, etc.

GHPP OUTPATIENT CODES FOR SPECIAL CARE CENTERS (SCC)
EXPLANATION OF SCC CODES

SOCIAL WORKER

Z4300	Z4300 is utilized for non-physician case conference **coordination** for the SCC comprehensive multidisciplinary team evaluation. A SCC can only bill for the time of one case conference coordinator per client per day (i.e., either Z4300 or Z4305). Also, a social worker cannot bill for both serving as the case conference coordinator and as a conference participant (i.e., Z4300 and Z4311).
Z4307	Z4307 is utilized for assessment, evaluation, and/or intervention by the social worker. Examples: • Assessment of the client/family environment, such as housing. • Evaluation of the capacity of the client/family to participate in the planned medical interventions. • Counseling of the client/family to ensure appropriate health care of the client. Referral of client/family to appropriate agencies as needed.
Z4311	Z4311 is utilized for social worker **participation** in the SCC comprehensive team case conference. (Z4300 cannot be claimed in addition to Z4311 for the same client on the same date of service.)
Z4314	Z4314 is utilized for social worker leadership with group counseling, group teaching, or support groups for the SCC client/family. A SCC can only bill for one leadership with group counseling, group teaching, or support group (from either the Physician [Z4313] or Other Allied Healthcare Professionals [Z4314]) per client per session per day.
Z5406	Z5406 is utilized for telephone consultations. Examples: • Phone calls with client/family • Phone calls for referral of client to other agencies as appropriate in ensuring the health care of the client.

OTHER ALLIED HEALTHCARE PROFESSIONALS
(PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH THERAPITS/PATHOLOGISTS, AUDIOLOGISTS)

Z4300	Z4300 is utilized for non-physician case conference **coordination** for the SCC comprehensive multidisciplinary team evaluation. A SCC can only bill for the time of one case conference coordinator per client per day (i.e., either Z4300 or Z4305). Also, an allied healthcare professional cannot bill for both serving as the case conference coordinator and as a conference participant (i.e., Z4300 and Z4302).
Z4302	Z4302 is utilized for other allied healthcare professionals **participation** in the SCC comprehensive team case conference. (Z4300 cannot be claimed in addition to Z4302 for the same client on the same date of service.)
Z4314	Z4314 is utilized for other allied healthcare professional's leadership with group counseling, group teaching, or support groups for the SCC client/family. A SCC can only bill for one leadership with group counseling, group teaching, or support group (from either the Physician [Z4313] or Other Allied Healthcare Professionals [Z4314]) per client per session per day.
Z5406	Z5406 is utilized for telephone consultations. Examples: • Phone calls with client/family. • Phone calls with SCC physician and others for coordination of medical care specific to the discipline of the allied healthcare professional.

NOTE: Assessments, evaluations and/or interventions performed by physical therapists, occupational therapists, speech/language pathologists and/or audiologists should be billed using the appropriate HCPCS codes.

Physical therapy: X3900-X3936
Occupational therapy: X4100-X4120
Speech/language pathology: X4300-X4320
Audiology: X4500-X4546 and Z5900-Z5944

GENETICALLY HANDICAPPED PERSONS PROGRAM (GHPP)
SPECIAL CARE CENTER (SCC) PROCEDURE CODES UPDATE

OBSOLETE GHPP SCC PROCEDURE CODES AS OF JANUARY 1, 2001	NEW GHPP SCC PROCEDURE CODES
Z5400	Z4300
Z5402	Z4301 Z4307 Z4308
Z5404	Z4302 Z4310 Z4311 Z4312
Z5426	Z4303
Z5427	Z4304
Z5428	Z4305
Z5434	Z4306

12/00