

10-144 Chapter 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

SECTION 103

RURAL HEALTH CLINIC SERVICES

Established: 09/01/10  
Last Updated: 11/29/10

**TABLE OF CONTENTS**

	PAGE
103.01 <b>DEFINITIONS</b>	1
103.01-1 Covered Services	1
103.01-2 Homebound Member	1
103.01-3 Plan of Treatment	1
103.01-4 Primary Health Care	1
103.01-5 Rural Health Clinic	1
103.01-6 Rural Health Clinic Services	1
103.01-7 Unit of Rural Health Clinic Service	2
103.01-8 Incidental Supplies and Services	2
103.02 <b>ELIGIBILITY FOR CARE</b>	2
103.03 <b>DURATION OF CARE</b>	2
103.04 <b>COVERED SERVICES</b>	2
103.04-1 Core Services	2
103.04-2 Other Ambulatory Services	3
103.04-3 Off-Site Delivery of Services	5
103.04-4 Visiting Nurse Services	5
103.04-5. Interpreter Services	6
103.05 <b>NON-COVERED SERVICES</b> .....	6
103.06 <b>POLICIES AND PROCEDURES</b> .....	6
103.06-1 Professional Staff .....	6
103.06-2 Supervision by a Physician .....	6
103.06-3 Member Records .....	7
103.06-4 Program Integrity .....	9
103.07 <b>REIMBURSEMENT</b> .....	9
103.08 <b>COPAYMENT</b> .....	10
103.09 <b>BILLING INSTRUCTIONS</b> .....	10

10-144 Chapter 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

SECTION 103

RURAL HEALTH CLINIC SERVICES

Established: 09/01/10  
Last Updated: 11/29/10

103.01 **DEFINITIONS**

- 103.01-1 **Covered services** are those services described in 103.04-1 for which payment can be made under Title XIX and Title XXI by the Department of Health and Human Services.
- 103.01-2 **A homebound member** is an individual who is permanently or temporarily confined to his or her place of residence because of a medical or health condition. The individual may be considered homebound if he or she leaves the place of residence infrequently. For this purpose, "place of residence" does not include a hospital or long term care facility.
- 103.01-3 **Plan of treatment** is a written plan of medical services for part-time or intermittent visiting nurse care that is established and reviewed at least every 60 days by a supervising physician of the clinic. When delegated by the supervising physician, and when in compliance with all other State licensure requirements it may also be established by a physician assistant, nurse practitioner, nurse midwife, or clinical nurse specialist and reviewed and approved at least every 60 days by a supervising physician of the clinic.
- 103.01-4 **Primary health care** refers to preventative, diagnostic and therapeutic services furnished by the clinic's professional staff and, where appropriate, the supplies commonly used to support those services, basic laboratory services essential for diagnosis and treatment, and emergency medical care for the treatment of life-threatening injuries and acute illness.
- 103.01-5 **Rural Health Clinic** means a primary health care clinic that is both certified as a rural health clinic by Medicare and enrolled as a MaineCare provider. A clinic may be either a provider based clinic or an independent clinic.
- A. A provider-based clinic exists when:
1. the clinic is an integral part of an existing hospital, skilled nursing facility, or home health agency participating in Medicare; and
  2. the clinic is operated with other departments of the provider under common licensure, governance, and professional supervision.
- B. An independent clinic is a rural health clinic operating as a separate entity.
- 103.01-6 **Rural Health Clinic Services** are those primary health care services furnished by the facility's professional staff during a visit.

10-144 Chapter 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

SECTION 103

RURAL HEALTH CLINIC SERVICES

Established: 09/01/10  
Last Updated: 11/29/10

103.01 **DEFINITIONS** (cont.)

103.01-7 **A unit of rural health clinic service** is a visit that includes a face-to-face contact with one or more of the clinic's health professional staff and, where appropriate, receipt of appropriate supplies, treatments, and laboratory services.

103.01-8 **Incidental Services and Supplies** refer to certain services and supplies authorized by licensed medical, dental and mental health practitioners.

103.02 **ELIGIBILITY FOR CARE**

Individuals must meet the financial eligibility criteria as set forth in the MaineCare Eligibility Manual. Some members may have restrictions on the type and amount of services they are eligible to receive.

It is the responsibility of the provider to verify a member's eligibility for MaineCare prior to providing services as described in Chapter I.

103.03 **DURATION OF CARE**

Each Title XIX and Title XXI member may receive as many covered services as are medically necessary. The Department reserves the right to request additional information to evaluate medical necessity.

103.04 **COVERED SERVICES**

Covered services include core services, and other ambulatory services.

103.04-1 Core Services

- A. services provided by physicians, physician assistants, advanced practice registered nurses, psychologists, clinical social workers, and clinical professional counselors;
- B. services and supplies furnished as incident to services of conditionally, temporarily, fully licensed, otherwise legally recognized or approved practitioners who are designated in Section 103.06-1 of this Manual; and
- C. basic laboratory services essential for the immediate diagnosis and treatment of illness or injury, including, but not limited to:
  - 1. chemical examination of urine by stick or tablet method or both (including urine ketones);
  - 2. hemoglobin test or hematocrit;

10-144 Chapter 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

SECTION 103

RURAL HEALTH CLINIC SERVICES

Established: 09/01/10  
Last Updated: 11/29/10

**103.04 COVERED SERVICES (cont.)**

3. blood sugar test;
4. examination of stool specimens for occult blood;
5. pregnancy tests; and
6. primary culturing for transmittal to a certified laboratory.

Note: To qualify for reimbursement, laboratory services must be in compliance with the rules implementing the Clinical Laboratory Improvement Amendments of 1988 (CLIA "88") and any related amendments.

D. emergency medical care treating life-threatening injuries and acute illnesses, including drugs and biologicals such as:

1. analgesics
2. local anesthetics
3. antibiotics
4. anticonvulsants
5. antidotes and emetics
6. serums and toxoids

E. visiting nurse services (as described in 103.04-4).

**103.04-2 Other Ambulatory Services** include:

- A. Podiatric services for the diagnosis and treatment of problems concerning the human foot. These are limited by the conditions in Chapter II, Section 95, Podiatry Services, of the MaineCare Benefits Manual.
- B. Prevention, Health Promotion and Optional Treatment Services ((PHPOT) formerly EPSDT) provided to eligible children in accordance with Chapter II, Section 94, of the MaineCare Benefits Manual.
- C. Asthma self-management services are reimbursable if they are based on the Open Airways or Breathe Easier curricula. Any other asthma management service which is approved by the National Heart, Lung and Blood Institute/American Lung Association or the Asthma and Allergy Foundation of America, is also reimbursable.

10-144 Chapter 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

SECTION 103

RURAL HEALTH CLINIC SERVICES

Established: 09/01/10  
Last Updated: 11/29/10

**103.04 COVERED SERVICES (cont.)**

Each asthma self-management service must have:

1. physician advisor;
2. primary instructor (a licensed health professional or a health educator with baccalaureate degree);
3. pre-assessment and post-assessment for each participant which shall be kept as part of the member's record;
4. an advisory committee which may be part of an overall patient education advisory committee; and
5. a physician referral for all participants.

Note: Providers should bill the actual cost of the asthma self-management services upon completion of the service, using the procedure code listed in Chapter III, Section 103.

D. Ambulatory Diabetes Education and Follow-Up (ADEF) Services, or similar services approved by the American Diabetes Association (ADA) will be reimbursed when a provider enrolled with the Maine Diabetes Control Project furnishes this service to a MaineCare member whose physician has prescribed this service for the management of the member's diabetes. The service includes:

1. a pre-assessment interview to determine the member's knowledge, skills and attitudes about diabetes management and to develop an individualized education plan and behavior change goals;
2. group class instruction covering the comprehensive curriculum outlined by the Maine Diabetes Control Project and based on the individualized education plan;
3. a meal planning interview to determine the member's knowledge, skills and attitudes about meal planning and to develop an individualized meal plan and behavior change goals;
4. A post-assessment interview to assess and document what the member has learned during the service, and to develop a plan for follow-up sessions to address the component areas not learned in the class series, and finalize behavioral goals; and

10-144 Chapter 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

SECTION 103

RURAL HEALTH CLINIC SERVICES

Established: 09/01/10  
Last Updated: 11/29/10

103.04 **COVERED SERVICES** (cont.)

5. follow-up contacts to reassess and reinforce self-care skills, evaluate learning retention and progress toward achieving the member's behavior change goals. At a minimum, three-month, six-month, and one-year follow-up visits from the date of the last class are required to complete the member's participation in the service.

When the MaineCare member is under age 21, this service will also be reimbursed when provided to the person/people who provide the member's daily care.

- E. Smoking Cessation Counseling will be reimbursed for up to three (3) sessions per calendar year, per member, per physician or other provider who is licensed or legally approved to prescribe. Smoking cessation counseling may be billed alone, or in combination with other RHC services. Documentation of the smoking cessation counseling must be contained in the medical record. Documentation must include:

1. An ICD-9 diagnosis code of 305.1 (tobacco use disorder);
2. An assessment of the member's willingness to quit smoking, or of his or her progress in quitting;
3. Documentation of any ongoing barriers to quitting or staying tobacco-free;
4. A brief outline of whatever motivational or educational information was provided; and
5. The name and license level of person providing the smoking cessation services.

103.04-3 **Off-site delivery of services** furnished by clinic staff are reimbursed when rural health clinic services are provided away from the clinic and when it is documented in the member's chart that it is the most appropriate setting for the provision of services. Examples of off-site service locations include: a nursing facility, an emergency room, or a member's home.

103.04-4 **Visiting nurse services** will be reimbursed when:

- A. a registered nurse or licensed practical nurse provides the services to a member who is homebound;

10-144 Chapter 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

SECTION 103

RURAL HEALTH CLINIC SERVICES

Established: 09/01/10  
Last Updated: 11/29/10

103.04 **COVERED SERVICES** (cont.)

- B. the services are provided in accordance with a written plan of treatment;
- C. the member's record documents that the member would not otherwise receive these services;
- D. the services are provided in an area that the Secretary of the U.S. Department of Health and Human Services has determined has a shortage of home health agencies; and
- E. the rural health clinic that provides in-home services by a registered licensed practical nurse is licensed by the State of Maine as a home health service provider.

103.04-5 **Interpreter Services** – Refer to Chapter I of the MaineCare Benefits Manual for information about reimbursement for interpreter services.

103.05 **NON-COVERED SERVICES**

All services must be provided geographically in the Federally defined service area, and/or be otherwise provided in conformance with Federal requirements. See Chapter I of the MaineCare Benefits Manual for other details on non-covered services.

103.06 **POLICIES AND PROCEDURES**

Effective  
11/29/10

103.06-1 **Professional Staff**

In order for a clinic to receive reimbursement, its professional staff must be conditionally, temporarily or fully licensed, or otherwise recognized or approved to practice, in the state or province where services are provided as documented by written evidence from the appropriate governing body, including: physicians, podiatrists, physician assistants, advanced practice registered nurse practitioners, nurse-midwives, clinical nurse specialists, clinical psychologists, clinical social workers, clinical professional counselors, registered nurses, licensed practical nurses, respiratory therapists, dentists and dental hygienists. MaineCare will also reimburse for advanced practice or registered nurses who hold a current, unencumbered compact license from another compact state that they claim as their legal residence. Qualifications of any other staff must be provided and billed in accordance with all other applicable sections of the MaineCare Benefits Manual.

103.06-2 **Supervision By a Physician**

The responsible supervising physician, or other suitably licensed practitioner, to the extent required by applicable state or provincial laws or regulations, whose presence at the clinic is not required at all times, must:

10-144 Chapter 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

SECTION 103

RURAL HEALTH CLINIC SERVICES

Established: 09/01/10  
Last Updated: 11/29/10

103.06 **POLICIES AND PROCEDURES** (cont.)

1. always be available through telecommunication for consultation, assistance or referral;
2. supervise the services of the clinic's medical staff providing services under the responsible physician supervisory agreement;
3. supervise nurses and other auxiliary medical staff providing services or supplies; and
4. review, approve, cosign and date the medical records of members seen by the clinic's medical staff practicing under the physician's supervision.

103.06-3 **Member Records**

There shall be a specific record for each member which shall include, but not necessarily be limited to:

- A. the member's name, address, and birth date;
- B. the member's social and medical history, as appropriate;
- C. a description of the findings from the physical examination;
- D. long and short range goals, as appropriate;
- E. a description of any tests ordered and performed and their results;
- F. a description of treatment or follow-up care and dates scheduled for revisits;
- G. any medications and/or supplies dispensed or prescribed;
- H. any recommendations for and referral to other sources of care;
- I. the dates on which all services were provided; and
- J. written progress notes, which shall identify the services provided and progress toward achievement of goals.
- K. For members receiving mental health services, the following additional record-keeping requirements apply:
  1. **Initial Assessment/Clinical Evaluation.** An initial assessment, which must include a direct encounter with the member, and his/her



10-144 Chapter 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

SECTION 103

RURAL HEALTH CLINIC SERVICES

Established: 09/01/10  
Last Updated: 11/29/10

103.06 **POLICIES AND PROCEDURES** (cont.)

family if appropriate, shall be performed and included in the member's RHC record. The assessment must include the member's medical and social history and must include the member's diagnosis and the professional who made the diagnosis and that person's credentials.

2. Individual Treatment/Service Plan. An individual treatment/service plan must be developed by the third mental health visit. This individual treatment/service plan shall be in writing and shall identify mental health treatment needs, and shall delineate all specific services to be provided, the frequency and duration of each service, the mental health personnel who will provide the service, and the goals and/or expected outcomes of each service. Treatment plans must be reviewed and approved by a psychiatrist, physician, psychologist, or licensed clinical social worker, licensed clinical professional counselor or advanced practice psychiatric and mental health nurse, or a registered nurse certified in the specialized field of mental health within thirty (30) days of entry of the member into mental health treatment.
3. Written treatment or progress notes shall be maintained in chronological order, and shall be made for each mental health visit. These notes shall identify who provided the service, the provider's credentials, on what date the service was provided, its duration, and the progress the member is making toward attaining the goals or outcomes identified in the treatment plan.
4. The clinical record shall also specifically include written information or reports on all medication reviews, medical consultations, psychometric testing, and collateral contacts made on behalf of the member (name, relationship to member, etc.).
5. In cases where RHC mental health services are needed in excess of two hours per week to prevent hospitalization, documentation must be included in the file and signed by a psychiatrist, physician, psychologist, licensed clinical social worker, licensed clinical professional counselor, clinical nurse specialist, or a registered nurse certified in the specialized field of mental health.
6. Discharge/Closing Summary. A closing summary shall be signed and dated and included in the clinical record of discharge treatment and outcome in relation to the individual treatment/service plan
7. In the event a member receives group services, there shall be no names of other group participants in the member's record.

10-144 Chapter 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

SECTION 103

RURAL HEALTH CLINIC SERVICES

Established: 09/01/10  
Last Updated: 11/29/10

103.06 **POLICIES AND PROCEDURES** (cont.)

Entries are required for each service billed and must include the name, credentials, and signature of the service provider. See Chapter I of the MaineCare Benefits Manual for additional record keeping requirements.

Physician supervision must be performed in accordance with the Maine Board of Licensure in Medicine or the Maine Board of Licensure in Osteopathy requirements.

103.06-4 **Program Integrity**

See Chapter I of the MaineCare Benefits Manual.

103.07 **REIMBURSEMENT**

- A. Provider based clinics are reimbursed in accordance with the Medicare Principles of Reimbursement which apply to the hospital, nursing facility, or home health agency to which the clinic is attached.
- B. Independent clinics are reimbursed at a per unit of service rate established by the Medicare fiscal intermediary.
- C. Effective January 1, 2001, rural health clinics will be reimbursed on the basis of 100% of the average of their reasonable costs of providing MaineCare-covered services during calendar years (CY) 1999 and 2000, adjusted to take into account any increase or decrease in the approved scope of services furnished during the provider's fiscal year 2001 (calculating the amount of payment on a per visit basis).

At the start of each subsequent year, beginning in CY 2002, each RHC is entitled to the payment amount (on a per visit basis) to which the clinic was entitled under the Act in the previous fiscal year, inflated by the percentage increase in the Medicare Economic Index (MEI) for primary care services, and adjusted to take into account any increase or decrease in any rate adjustment for the approved scope of service changes furnished during that fiscal year. Until the initial new payment rate is calculated according to this methodology, rural health clinics will be paid at their current plan rate, which will be retroactively adjusted once the new payment rate is calculated. Newly qualified RHCs after fiscal year 2000 will have initial payments established either by reference to payments to other centers in the same or adjacent areas, or in the absence of such other centers, through cost reporting methods. After the initial year, payment shall be set using the MEI methods used for other clinics.

- D. Reimbursement is generally limited to one core service visit, and/or one ambulatory service visit per day. Reimbursement for a second core visit is also covered if the member has both an encounter with a physician, physician assistant, nurse practitioner or visiting nurse, and in addition to that encounter, is seen by a licensed clinical psychologist, clinical social worker, clinical professional counselor, clinical nurse specialist, or a registered nurse certified in

10-144 Chapter 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

SECTION 103

RURAL HEALTH CLINIC SERVICES

Established: 09/01/10  
Last Updated: 11/29/10

103.07 **REIMBURSEMENT** (cont.)

the specialized field of mental health, on the same day. An additional visit of any kind will only be reimbursed for unforeseen circumstances as documented in the member's record.

- E. In accordance with Chapter I, Section 1, of the MaineCare Benefits Manual, it is the responsibility of the provider to ascertain from each member whether there are any other resources (private or group insurance benefits, worker's compensation, etc.) that are available to pay for the rendered service, and to seek payment from such resources prior to billing MaineCare.

103.08 **COPAYMENT**

- A. Providers will charge a copayment to each MaineCare member receiving services, unless exempt per the provisions of Chapter I of the MaineCare Benefits Manual. The amount of the copayment shall not exceed \$3.00 per day for services provided, according to the following schedule:

MaineCare Payment for Service	Member Copayment
\$10.00 or less	\$ .50
\$10.01 - 25.00	\$1.00
\$25.01 - 50.00	\$2.00
\$50.01 or more	\$3.00

- B. The member shall be responsible for copayments up to \$30.00 per month whether the copayment has been made or not. After the \$30.00 cap has been reached, the member shall not be required to make additional copayments and the provider shall receive full MaineCare reimbursement for covered services. Providers are subject to the Department's copayment requirements. Refer to Chapter I, General Administrative Policies and Procedures for rules governing copayment requirements, exemptions and dispute resolution.

103.09 **BILLING INSTRUCTIONS**

Upon the implementation of MIHMS, providers billing for RHC services must bill using standard CPT and HCPC procedure codes as detailed in Chapter III, Section 103, Table 1. For Core Services, as described under Covered Services-Section 103. 04, providers must bill the code T1015 and include the appropriate revenue codes. When billing, providers must use a UB 04 claim form. Effective October 1, 2010, in addition to billing the code T1015 for Core and Ambulatory Services, providers must also report all services provided including all procedures with the standard CPT and HCPCS codes on the UB 04 claims form for reporting purposes.

- A. Ongoing billing instructions

Additional clinic visits required in the member's treatment plan that do not qualify as clinic visits for reimbursement purposes, such as a visit for venipuncture only, are non-billable and are included in the clinic's cost based reimbursement.

Effective  
11/29/10

10-144 Chapter 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

---

SECTION 103

RURAL HEALTH CLINIC SERVICES

Established: 09/01/10  
Last Updated: 11/29/10

---

103.09 **BILLING INSTRUCTIONS** (cont.)

If a member has third party coverage other than MaineCare, and if that third party carrier requires a co-pay but makes no fee-for-service payment in order to cover rural health clinic services, MaineCare reimbursement will be limited to the amount of the co-pay alone.

Clinics have the option of obtaining a separate MaineCare provider billing number for the limited purpose of fee-for-service billing and reimbursement for such services as X-ray, EKG, inpatient hospital visits and other Medicare defined non-RHC Services that are billable under Medicare Part B.