SECTION 150 **STD SCREENING CLINIC SERVICES**

TABLE OF CONTENTS

PAGE

150.01 **DEFINITION** 1

150.02 **ELIGIBILITY FOR CARE** 1

Effective 9/1/2010

150.03 **DURATION OF CARE** 1

150.04 **COVERED SERVICES** 1

150.05 **NON-COVERED SERVICES** 2

150.06 **POLICIES AND PROCEDURES** 2

150.07 **REIMBURSEMENT** 3

150.08 **BILLING INSTRUCTIONS** 3

SECTION 150 **STD SCREENING CLINIC SERVICES**

150.01 **DEFINITION**:

Effective
9/1/2010

STD Screening Clinic means a public health facility that has as one of its functions to provide screening for sexually transmitted infections or diseases, and that has a current provider agreement with the Department to provide these services.

150.02 **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 STD Screening Clinic Services.

150.03 **DURATION OF CARE**:

Each Title XIX and XXI member is eligible for as many covered services as are medically necessary, as long as the member meets the eligibility for care requirements set forth under paragraph 150.02. The Department reserves the right to request additional information to evaluate the medical necessity of any service provided by the MaineCare Program.

150.04 **COVERED SERVICES:**

A covered service is a service for which payment can be made by the Department. Covered services are limited to screening for sexually transmitted disease or infection, lab testing, cost & administration of medication when necessary, treatment follow-up and counseling.

The provision of immunization services for sexually transmitted disease is covered when medically indicated. Immunization information must be shared with the MaineCare member's primary care provider (PCP) and entered into the immunization information system (IMMPACT) when available.

150.05 **NON-COVERED SERVICES**

MaineCare reimbursement shall be made only for those STD Screening Clinic Services provided directly to the member.

150.06 **POLICIES AND PROCEDURES:**

150.06-1 Professional and Other Qualified Staff

Physicians, Physician Assistants (PA), Registered Professional Nurses (RN), Licensed Practical Nurses (LPN), Certified Nurse Practitioners as described by 32 M.R.S.A. §2102 (2-A) or Certified Nurse Midwives as also described by 32 M.R.S.A. §2102 (2-A) when properly licensed by the State of Maine and when under the appropriate supervision if required, may provide STD Screening Clinic Services within the scope of that license.

150.06-2 Member Records

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

A. The member's name, address, date of birth and MaineCare ID number;
B. The member's medical and social history, including immunization records, as appropriate;
C. Findings from a physical exam, as appropriate;
D. Tests ordered, performed and the test results;
E. Treatment, counseling, or follow-up care including date provided;
F. Dates scheduled for follow-up appointments;
G. Medications and/or supplies dispensed or prescribed;
H. Recommendations for and referral to other sources of care;
I. Progress notes identifying services provided.

Entries are required for each date of service billed and must include the name, title and signature of the service provider.

150.06-3 Program Integrity

See Chapter I of the MaineCare Benefits Manual.

150.07 **REIMBURSEMENT**

In accordance with Chapter I of the MaineCare Benefits Manual, it is the responsibility of the provider to seek payment from any other source that is available for payment of the rendered service prior to billing MaineCare.

The maximum amount of payment of services rendered shall be the lowest of the following:

A. The provider's usual and customary charge.

B. The amount listed in the MaineCare Benefits Manual, Section 150, Chapter III, "Allowances for STD Clinic Services."

C. The amount allowed by Medicare Part B, when the service is covered.

150.08 **BILLING INSTRUCTIONS**

Billing must be accomplished in accordance with the Department's billing requirements, "Billing Instructions for CMS 1500 Claim Form" located on the following website: http://www.maine.gov/dhhs/oms/providerfiles/billing_instructions.html.