

10-144 Chapter 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

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SECTION 30                      **FAMILY PLANNING AGENCY SERVICES**                      Establish: 3/1/79  
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**30.01 DEFINITIONS**

30.01-1 **Family Planning** refers to the informed and voluntary determination by the member of desired family size and timing of child bearing and to reproductive health care both directly and indirectly related to child bearing.

30.01-2 **A Family Planning Agency** is a non-profit organization, public or private, engaged in providing the services described under 30.01-3. Those services which are administered by the Department of Health and Human Services are developed in consultation, coordination, or on a contractual basis with family planning agencies in the State.

30.01-3 **Family Planning Services** include, but are not limited to, the following:

- A. Consultation with trained personnel regarding family planning, contraceptive procedures, immunizations, and sexually transmitted diseases.
- B. Distribution of literature relating to family planning, contraceptive procedures, and sexually transmitted diseases.
- C. Provision of contraceptive procedures and contraceptive supplies by those qualified to do so under the laws of the State in which services are provided.
- D. Referral of members to physicians or health agencies for consultation, examination, tests, medical treatment and prescription for the purposes of family-planning, contraceptive procedures, and treatment of sexually transmitted diseases, as indicated.
- E. Immunization services where medically indicated and linked to sexually transmitted diseases including but not limited to Hepatitis B immunizations.

30.01-4 **Primary Care Provider (PCP) or Primary Care Provider Site (PCPS)** is a pediatrician, family practitioner, internist, obstetrician/gynecologist or other physician/group specialty as approved by the Department in either a solo or group practice; a rural health clinic, federally qualified health center, ambulatory care clinic or hospital based/affiliated outpatient clinic that employs at least one full time equivalent PCP/PCPS engaged in delivering primary care; a nurse practitioner or physician assistant; or a resident in a pediatric, family practice, internal medicine or obstetric/gynecological training program.

**30.02 ELIGIBILITY FOR CARE**

Individuals must meet the eligibility criteria as set forth in the *MaineCare Eligibility Manual*. It is the responsibility of the provider to verify a member's eligibility for MaineCare, as described in *MaineCare Benefits Manual*, Chapter I, prior to providing services.

**30.03 DURATION OF CARE**

Each MaineCare member as defined in Title XIX of the *Social Security Act* and XXI State Children's Health Insurance Program member, respectively, is eligible for as many covered services as are medically necessary and subject to limitations within this Section. The Department reserves the right to request additional information to determine medical necessity or expected therapeutic benefit of prescribed supplies or equipment.

**30.04 COVERED SERVICES**

A covered service is a service for which payment to a provider is permitted under this section of the *MaineCare Benefits Manual*. The types of Family Planning Agency services are as described in sub-sections 30.04-1 through 30.04-8.

**30.04-1 Initial Patient Visit**

An initial patient visit refers to an annual visit furnished no more frequently than once every 11 months, approximately 1 hour in length, which visit must include:

- A. Pre-examination counseling and instruction concerning family planning methods, sexually transmitted diseases, immunizations, and reproductive health, all of which will normally take 15 minutes of the visit.
- B. Obtaining a medical and social history.
- C. Pre-exam preparation, including: blood pressure, height, weight, hemoglobin/hematocrit as indicated.
- D. Physical examination of the reproductive organs which may include a Pap smear and breast exam for women, and, when indicated, a screening for gonorrhea, chlamydia, condyloma, HSV, hepatitis B, HIV, and vaginal infections. If a Pap smear has been furnished within the preceding 12 months by another provider and the results of a negative smear are documented in the member's chart, the repetition of this exam will not be reimbursed. If a Pap smear furnished within the preceding 12 months has shown a positive finding and if those results have been documented in the member's chart, then MaineCare reimbursement for an initial patient visit shall be made.

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30.04 **COVERED SERVICES** (*cont.*)

**This visit may also include:**

- E. Prescription and dispensation of the contraceptive method chosen by the member.
- F. Provision of related contraceptive supplies.
- G. Consultation and referral, when appropriate.

Record entries relative to the patient visit, both initial and annual, must be made by qualified family planning agency staff (MD, P.A., Nurse Practitioner, Certified Nurse Midwife, or family planning specialists). A family planning specialist may make record entries relative to counseling, instruction, and other support services provided under the supervision of one of practitioners listed above.

30.04-2 **Established Patient Visit**

- A. An established patient visit is a follow-up visit that involves one or more of the following:
  - 1. Monitoring the contraceptive method, checking and regulating the performance of contraceptives,
  - 2. Post-abortion exams,
  - 3. Gestation exams to confirm pregnancy or to estimate dates of delivery,
  - 4. Breast and/or pelvic exams, where medically indicated,
  - 5. Infection testing, treatment, or check,
  - 6. Sexually transmitted disease testing, diagnosis, treatment, immunizations, or check,
  - 7. Blood testing for HIV and Hepatitis.
- B. An established patient visit must include the review and updating of the member's medical and social history. When the need is indicated, it shall also include the following:
  - 1. Counseling and instruction concerning problems associated with the revisit of approximately 15 minutes in length.

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**30.04 COVERED SERVICES (Cont)**

2. Pre-exam preparation, which shall include taking of blood pressure, hemoglobin/hematocrit as indicated, height, and weight.
  3. Examination of the reproductive organs, which may include a Pap smear and breast exam for women, and, when indicated, screening for sexually transmitted diseases.
  4. Counseling and referral.
- C. A follow-up visit for the purpose of obtaining a refill or re-supply of contraceptives must include one or more of the services identified in 30.04-3(A).

Record entries relative to follow-up visits must be made by qualified family planning agency staff, MD, P.A., Nurse Practitioner, Certified Nurse Midwife, or family planning specialists.

**30.04-3 Early Prenatal Services Visit**

An early prenatal services visit is a visit which provides a recipient with a start in her prenatal care and counseling on the importance of continued, regular prenatal care. The continuation of prenatal care is established during this visit with a confirmed appointment to a prenatal provider. A prenatal provider is a professional providing services within the scope of practice of his or her profession as defined by State Law and licensed under State Law to practice medicine or osteopathy, or a professional who is currently licensed to practice in the State as a nurse practitioner or nurse-midwife in collaboration with a licensed physician.

The family planning agency will maintain a list of at least three prenatal providers who will accept members for continued care from which the member may choose. Family planning agencies may only provide early prenatal visits under a written physician's protocol. The protocol must include a list of conditions and/or symptoms requiring referral to the prenatal provider within twenty-four hours. The prenatal provider must agree to accept results of any laboratory tests completed at the early prenatal visit, and the family planning agency must transfer copies of member records to the prenatal provider. To ensure continuity of care, the family planning agency will use the medical chart of the prenatal provider receiving the referral.

30.04 **COVERED SERVICES** (*cont.*)

30.04-4 **Counseling Time**

Counseling time refers to additional time needed to complete an initial patient visit or an established patient visit, or to conduct a separate visit for consulting and/or instructing only. Counseling time is to be billed in 15 minute increments and shall be provided by staff described in 30.06-1. Counseling time is available for the following:

- A. Pre-sterilization counseling, which includes instruction about procedures available, explanation of the concept of informed consent and completion of the Department's consent form, appropriate referrals, and follow-up.
- B. Problem pregnancy counseling, which involves assisting the pregnant member in reaching a decision concerning the outcome she desires for the pregnancy and in obtaining the care needed to attain that outcome.
- C. Sexuality counseling, which is aimed at resolving conflicts or problems that interfere with the effective use of a contraceptive methods.
- D. Sexually transmitted disease counseling, which includes informing the member of positive test or exam results, referring the member for additional testing and/or treatment, immunizations, and tracking the member's contacts, if appropriate.
- E. Nutritional counseling, which is aimed at instruction and counseling for members who have or are at risk of having diet-related medical conditions.
- F. Pregnancy testing counseling, which is aimed at instruction, counseling, and/or referral for members with a medical necessity for additional counseling. This service may be provided and billed on the same day as the pregnancy testing visit.
- G. HIV counseling, which is aimed at informing members of HIV test results, risk reduction counseling, referral and additional testing.

30.04-5 **Off-Site Delivery of Services**

Off-site delivery of services is provided to members at family planning sites away from the main office when it is documented that no other means is available to obtain family planning services.

30.04-6 **Pregnancy Testing**

A pregnancy testing visit includes appropriate documentation of the member's medical and/or social history, the pregnancy test, counseling, and referral to appropriate medical and/or social services.

30.04-7 **Special Diagnostic Procedures**

Special diagnostic procedures are services provided to the member and approved by the Office of MaineCare Services. The approval will be based on the submission of a specific training protocol and written certification by the Medical Director of the Family Planning Agency. Only those special diagnostic procedures specified in Chapter III of this Section will be considered a covered service.

30.04-8 **Immunizations**

Provision of immunization services for sexually transmitted diseases including but not limited to Hepatitis B, where medically indicated. Immunization information must be shared with the MaineCare member's primary care provider (PCP) and entered into the immunization information system (IMPACT) when available.

30.05 **NON-COVERED SERVICES**

MaineCare reimbursement shall be made only for those family planning counseling, instruction and medical services which are provided directly to the member.

- A. Infertility Treatment is not a covered service.
- B. Reimbursement for abortion services may be made only when special criteria are met. See Section 90, "Physician Services".

30.06 **POLICIES AND PROCEDURES**

30.06-1 **Professional and Other Qualified Staff**

- A. Physicians employed by a family planning agency may provide family planning medical and counseling services by virtue of possession of a current license to practice medicine in the State or Province in which the services are performed.

Each agency shall employ a physician to provide medical direction for the agency's health care activities and counseling and for medical supervision of the health care staff.

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- B. A physician assistant may provide family planning, medical and counseling services when he or she has obtained Full or Temporary Licensure from the Board of Licensure in Medicine or Osteopathy, which must be renewed bi-annually in accordance with Board rules. Such services may be performed only when delegated by a physician in accordance with the rules and regulations governing physician assistants.
- C. A family planning nurse practitioner or certified nurse-midwife may provide family planning, medical and counseling services which are supported by written protocols when he or she is a graduate of a certified nurse practitioner program with specialization in Family Planning, Obstetrics-Gynecology, Women's Health Care or its equivalent and when he or she holds a current nurse practitioner or nurse-midwife license to practice in the State or Province in which services are provided.
- D. A licensed dietitian may provide dietary counseling, dietary instruction and other nutritional services when employed by a family planning agency and when he or she is licensed by the Board of Licensing of Dietetic Practice in the State or Province in which services are provided.
- E. A family planning specialist may provide counseling, instruction, and other support services under the coordination and oversight of a family planning nurse practitioner, certified nurse-midwife, physician or physician assistant when he or she has had at least 1 year of experience in a related setting, or at least 1 year of education in a relevant field.

In addition, there must be documentation of successful completion of a family planning agency's formal training and orientation program in each family planning specialist's record. Those family planning specialists employed by a family planning agency prior to June 1, 1987, shall be deemed qualified to provide services if, for such persons, documentation of related training and prior experience is present.

30.06-2 **Member's 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 medical and social history, including immunization records, as appropriate;
- C. A description of the findings from the physical examination;
- D. Long and short range medical goals, as appropriate;



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- E. A description of any tests ordered and performed and their results;
- F. A description of treatment, counseling, or follow-up care provided and the dates scheduled for revisits;
- G. Notation of any medications and/or supplies dispensed or prescribed;
- H. 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.

Other qualified staff (woman's specialists, educators, etc.) may sign record entries relative to history taking and up-dates, instruction, and pregnancy testing and results.

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

**30.06-3 Program Integrity**

- A. Program Integrity monitors the medical services provided and determines the appropriateness and necessity of the services
- B. The Department and its professional advisors regard the maintenance of adequate clinical records as essential for the delivery of quality care. In addition, providers should be aware that clinical records are key documents for post-payment audit. In the absence of proper and complete clinical records, no payment will be made, and payments previously made may be recovered in accordance with Chapter I of this manual.
- C. Upon request, the provider will furnish to the Department, without additional charge, the clinical records, or copies thereof, corresponding to and substantiating services billed by that provider.
- D. The Department requires that clinical records (originals or copies) and other pertinent information will be transferred, upon request and with the member's signed release of information, to other clinicians involved in the member's care.

**30.07 REIMBURSEMENT**

- A. The maximum amount of payment for service rendered shall be the lowest of the following:
  - 1. The provider's usual and customary charge.

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2. The amount listed in Chapter III, Section 30, and the Department's rate setting website: [www.maine.gov/dhhs/audit/rate-setting/index.shtml](http://www.maine.gov/dhhs/audit/rate-setting/index.shtml) .
  3. The lowest amount allowed by Medicare Part B when such service is covered.
- B. Family planning agencies are reimbursed at the same fee for service rates as other providers of these services, including Section 90, "Physician Services", where applicable.
- C. Family planning agency service providers, when furnishing covered services, shall be reimbursed for interpreter services provided to deaf/hard of hearing MaineCare members when these services are necessary to communicate effectively with the member regarding health-care needs. Refer to the *MaineCare Benefits Manual* Chapter I for more information on interpreter services.
- D. In accordance with Chapter I of the *MaineCare Benefits Manual*, it is the responsibility of the provider to seek payment from any other sources that are available for payment of a rendered service prior to billing the MaineCare Program.

**30.08 BILLING INSTRUCTIONS**

Family Planning Service providers shall bill for services under this Section in accordance with the billing requirements of the Department of Health and Human Services, including use of the CMS 1500 claim form. For instructions and to download a CMS 1500 sample claim form see the OMS "Billing Instructions web page, available at:

[http://www.maine.gov/dhhs/oms/providerfiles/billing\\_instructions.html](http://www.maine.gov/dhhs/oms/providerfiles/billing_instructions.html)