

10-144

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHAPTER 101

MAINECARE BENEFITS MANUAL

CHAPTER III

SECTION 3

ALLOWANCES FOR AMBULATORY CARE CLINIC SERVICES

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12/21/09
updated 03/21/2012

TABLE 1

The following procedure codes will change to those listed in Table 2 when the new claims system, MIHMS, goes live. MaineCare will send a written notice to all providers at least 30 days in advance.

Effective
03/21/12

PROC CODE	DESCRIPTION	MAXIMUM ALLOWANCE
School Health Clinic and Flu Clinics		
Z9638	Visit	By Report
90655-90658	Seasonal Flu Vaccine, non-state supplied, only reimbursed when state supplied vaccine is not covered (adults).	Acquisition Cost
Z6514	Administration of State supplied non H1N1 vaccine	\$5.00
Z6578	Administration of State supplied H1N1 vaccine	\$5.00
School Health Clinics		
Z9667	Interpreter Services (one hour during normal business hours)	\$30.00
Z9668	Interpreter Services (one hour during non-business hours)	\$40.00
Z9669	Interpreter Services (additional 1/4 hour)	\$7.50

NOTE : When Primary Health Care Clinics, Well Child Clinics and School Health Clinics provide EPSDT services, the billing and servicing providers must be enrolled with the EPSDT Program. When an EPSDT service is provided, ONLY the EPSDT visit code is billed. Billing for EPSDT services should be done using CPT codes 99381-99385 for new patients and 99391-99395 for established patients.

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*TABLE 2

The following codes will go into effect when the new information system, MIHMS, goes live, with 30 days prior notice from the Department*

CPT Code	HCPCS/CPT Description of Services	Unit	Maximum Allowance
T1015*	Clinic Visit/Encounter, All Inclusive	Per visit	By Report
G0108	Diabetes outpatient self management training services, individual, per 30 minutes	30 minutes	By Report
G0109	Diabetes outpatient self management training services, group session (2 or more), per 30 minutes	30 minutes	By Report
S9441	Asthma education, non-physician provider, per session	Per visit	By Report
J1055	Injection, medroxyprogesterone acetate/estradiol cypionate, 5 mg/25 mg	Per unit	By Report
J7307	Etogestrel (contraceptive) implant system, including implant and supplies (Implanon)	Per unit	By Report
11976	Removal, implantable contraceptive capsules	Per unit	By Report
11981	Insertion, non-biodegradable drug delivery implant	Per unit	By Report
99381	Initial preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate laboratory/diagnostic procedures, new patient; infant (age younger than 1 year).	Per visit	By Report
99382	Initial preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years).	Per visit	By Report

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*TABLE 2

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99383	Initial preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years).	Per visit	By Report
99384	Initial preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years).	Per visit	By Report
99385	Initial preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate laboratory/diagnostic procedures, new patient; age 18 through 39 years.	Per visit	By Report
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate laboratory/diagnostic procedures, established patient; infant (age younger than 1 year).	Per visit	By Report
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years).	Per visit	By Report
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years).	Per visit	By Report
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years).	Per visit	By Report

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99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate laboratory/diagnostic procedures, established patient; age 18 through 39 years.	Per visit	By Report
99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant	Per diem	By Report
99461	Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center	Per diem	By Report
G0008	Administration of influenza virus vaccine	Per unit	\$8.09
G9141	Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)	Per unit	\$8.09
0771	Revenue code for administration of H1N1 (also use HCPCS Code G9141)	Per unit	\$8.09
90470	H1N1 immunization administration (intramuscular, intranasal), including counseling when performed	Per unit	\$8.09

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**For additional clinic visits/encounters, providers should use one of the suggested modifiers to differentiate between the visits.*

Modifiers	Description
UF	Services provided in the morning (6 a.m. to 11:59 a.m.)
UG	Services provided in the afternoon (12 p.m. to 5:59 p.m.)
UH	Services provided in the evening (6 p.m. to 11:59 p.m.)
UJ	Services provided at night (12 a.m. to 5:59 a.m.)

Section 3 - Provider Specific Rates				
Effective September 1, 2010				
Provider	Procedure Code	Modifier	Effective Date	Rate
School Health Clinics	T1015		9/1/2010	\$45.43
School Health Clinics	J1055		9/1/2010	\$88.00
School Health Clinics	J7307		9/1/2010	\$588.38
School Health Clinics	11976		9/1/2010	\$87.91
School Health Clinics	11981		1/1/2012	\$80.56