

10-144 Chapter 101
MAINECARE BENEFITS MANUAL
CHAPTER II

SECTION 3

AMBULATORY CARE CLINIC SERVICES

12/21/09

Effective
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3.04-1 Covered Services for School Health Clinics

Covered services include preventive, diagnostic and/or therapeutic services for acute, episodic and chronic conditions furnished by the clinic's professional staff; supplies commonly furnished for the provision of these services; and basic laboratory services essential for immediate diagnosis and treatment.

3.04-2 Covered Services for Indian Health Centers

- A. Services provided by physicians, physician assistants, nurse midwives, nurse practitioners, psychologists, licensed alcohol and drug counselors, clinical social workers, clinical professional counselors and professional counselors. Indian Health Centers must have an on-call system to ensure the availability of covered services outside of regular office hours;
- B. Services and supplies furnished as incident to services of physicians, physician assistants, nurse midwives, nurse practitioners, psychologists, licensed alcohol and drug counselors, clinical social workers, clinical professional counselors and professional counselors;
- C. Any other ambulatory service provided by the Indian Health Center that is also included in the State's Medicaid Plan. (These services must be provided in accordance with all applicable sections of the MaineCare Benefits Manual in order to be reimbursable.)
- D. If the Indian Health Center wishes to provide pharmacy or ambulance services it must enroll and receive reimbursement as prescribed under the applicable sections of the MaineCare Benefits Manual.
- E. Nursing services provided under the Maine Medicaid home health benefit as described in Chapter II, Section 40 of the MaineCare Benefits Manual. No other services provided under Section 40 will be reimbursable under this section. However, as outlined in 3.08-2, Indian Health Centers may also enroll separately under Section 40.
- F. Asthma self-management services are reimbursable if they are any of the following asthma management programs developed under the auspices of the National Heart, Lung and Blood Institute/American Lung Association or the Asthma and Allergy Foundation of America:

Airpower	Superstuff
Airwise	Living with Asthma
Open Airways	A.C.T. (Asthma Care Training for Kids)

3.04-2 Covered Services for Indian Health Centers (cont.)

Each program must have:

- a. a physician advisor;
 - b. a primary instructor (a licensed health professional or a health educator with baccalaureate degree. Note: licensed practical nurses may only reinforce, not initiate, teaching.);
 - c. a pre and post assessment for each participant which shall be kept as part of the client's record;
 - d. an advisory committee which may be part of an overall patient education advisory committee; and
 - e. a physician referral for all participants.
- G. Reimbursement for Ambulatory Diabetes Education and Follow-Up Services will be allowed when a provider enrolled with the Maine Diabetes Control Project furnishes this service to a diabetic Medicaid recipient whose physician has prescribed this program.

The services include:

1. a pre-assessment interview to determine the recipient's knowledge, skills and attitudes about diabetes management and to develop an individualized education plan and behavior change goals;
2. a 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 recipient'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 recipient has learned during the program, 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
5. follow-up contacts to reassess and reinforce self-care skills, evaluate learning retention and progress toward achieving the recipient's behavior change goals. At a minimum, a follow-up visit one year after the last class is required to complete the recipient's participation in the program.

3.04-2 Covered Services for Indian Health Centers (cont.)

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

- H. Off-site delivery of services furnished by health center staff are reimbursable when they are provided away from the center and when it is documented in the client's chart that it is the most clinically appropriate setting for the provision of services. Examples of off-site service locations include: a nursing facility, an emergency room, an inpatient hospital, or a patient's home.

3.04-3 Interpreter Services

All Ambulatory Care Clinics, when providing covered services as described in this Section of the MaineCare Benefits Manual, shall be reimbursed for interpreter services provided to Medicaid recipients when these services are necessary to communicate effectively with the recipient regarding health care needs.

Providers of interpreter services must be certified by the Registry of Interpreters for the Deaf, Inc., or working under the supervision of an interpreter certified by the Registry of Interpreters for the Deaf, Inc.

Reimbursement will be available for an interpreter's hourly minimum charge and beyond this first hour, reimbursement is based on the quarter hour including associated travel to and from the location where the services are performed.

Additional reimbursement for deaf Medicaid recipients who have non-standard signing, is available consisting of a relay interpreting team including a deaf interpreter, for whom signing his/her native language, working with a hearing interpreter. In such cases, reimbursement for two interpreters will be made.

Reimbursement will be at the interpreter's usual and customary charge not to exceed the amounts listed in Chapter III of this Section.

When requesting reimbursement for Interpreter Services, a statement of verification regarding the interpreter's certification and cost of performing the services shall be documented in the recipient's record.

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3.04-4 Flu Clinics

Administration of flu vaccines (seasonal and H1N1) are reimbursable when providers are appropriately enrolled under this Section and approved by the Maine CDC to administer vaccines. Providers must use state-supplied vaccines

3.04-4 Flu Clinics (cont.)

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(provided at no cost to providers) whenever available. State supplied vaccines are available for H1N1 administration to all MaineCare members. The state also supplies seasonal flu vaccines for children. Providers may bill acquisition cost only for seasonal flu administration for adults, in addition to the administration fee. Providers must maintain documentation of acquisition costs to be provided to MaineCare upon request. Providers may bill separately for each vaccine administered. Roster billing is allowed for flu clinics.

3.05 **NON-COVERED SERVICES**

3.05-1 Academic Services

Any programs, services, or components of service provided to clients that are academic in nature are not reimbursable by Medicaid. Academic services are those traditional subjects such as science, history, literature, foreign languages, and mathematics.

3.05-2 Vocational Services

Any programs, services, or components of service provided to clients which basically provide a vocational program are not reimbursable by Medicaid. Vocational services relate to organized programs directly related to the preparation of individuals for paid or unpaid employment, such as vocational skills training or sheltered employment.

3.05-3 Socialization or Recreation Services

Any programs, services, or components of services of which the basic nature is to provide recreation are not reimbursable under the Medicaid Program. These non-covered services include, but are not limited to picnics, dances, ball games, parties, field trips, and social clubs.

3.05-4 Custodial Services

Any programs, services, or components of services which basically provide custodial care are not reimbursable under the Medicaid program.

3.06 **POLICIES AND PROCEDURES**

3.06-1 Professional Staff

A. Physician

A physician is a doctor of medicine or osteopathy who possesses a current license to practice medicine and/or osteopathy in the State in which services are to be provided.

3.06-1 Professional Staff (cont.)

B. Nurse Practitioner

A nurse practitioner is a graduate of a nurse practitioner program approved by the appropriate national accrediting body for that specific area of practice and who is currently licensed to practice as a registered professional nurse in the State in which services are to be provided and who is legally authorized under State law and regulations to practice as a nurse practitioner.

C. Physician Assistant

A physician assistant is a person who has completed an appropriate training program that has been approved by the Board of Registration in Medicine or Osteopathy and passed any competency examination required by this board. Before being permitted to practice, such person must obtain a certificate of qualification from the Board of Registration in Medicine and, at least bi-annually, a certificate of registration from the State in which the services are to be performed. Such services may be performed only when delegated by a physician and when done under written protocols.

D. Licensed Clinical Social Worker (LCSW)

A social worker must hold a Master's Degree from a school of social work accredited by the Counsel on Social Work Education and must be licensed in the State in which the services are to be provided or be eligible for examination by the Maine Board of Social Work Licensure, as documented by written evidence from such board.

E. Licensed Professional Counselor

A licensed professional counselor must be licensed in the State in which services are to be provided as documented by written evidence.

F. Alcohol and Drug Counselor

A licensed alcohol and drug counselor must be licensed by the State Board of Substance Abuse Counselors in the State in which services are to be provided and possess written evidence of such licensure.

3.06-1 Professional Staff (cont.)

G. Registered Nurse

A registered nurse must have a current and valid license as a registered professional nurse in the State in which services are to be provided as documented by written evidence.

H. Licensed Clinical Professional Counselor (LCPC)

A licensed clinical professional counselor must be licensed in the state in which services are to be provided as documented by written evidence.

I. Psychologist

A psychologist must be licensed or conditionally licensed by the Maine State Board of Examiners of Psychologists to practice as a psychologist.

J. Respiratory Therapist

A respiratory therapist must be currently licensed by the Maine Board of Respiratory Care Practitioners to practice as a licensed respiratory therapist.

K. Nurse-Midwife

"Nurse-midwife" means a professional who is a graduate of a Nurse-Midwife program approved by the American College of Nurse-Midwives and who is currently licensed to practice in the State as a registered professional nurse and who is legally authorized under State law and regulations to practice as a nurse-midwife. A nurse-midwife furnishes services within the scope of practice authorized by State law or regulation.

L. Other Qualified Staff

Qualifications of any other staff must be in accordance with all other applicable sections of the MaineCare Benefits Manual.

3.06-2 Supervision by a Physician

Medical services rendered under this policy must be provided under the supervision of a physician. Nurse practitioners who have completed a minimum of 24 months supervision by a licensed physician and nurse-midwives are not subject to supervision by a physician. Psychologists, LCSWs, LCPCs and other non-medical staff are also not subject to the supervision of the physician. Physician supervision must be performed in

3.06-2 Supervision by a Physician (cont.)

accordance with the Maine Board of Licensure in Medicine or the Maine Board of Licensure in Osteopathy and the Maine State Board of Nursing requirements.

3.06-3 Patient Records

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

- A. The patient's name, address, and birth date;
- B. The patient's social and medical history, as appropriate;
- C. Long and short range goals, as appropriate;
- D. A description of any tests ordered and performed and their results;
- E. A description of treatment or follow-up care and dates scheduled for revisits;
- F. Any medications and/or supplies dispensed or prescribed;
- G. Any recommendations for and referral to other sources of care;
- H. The dates on which all services were provided;
- I. Written progress notes, which shall identify the services provided and progress toward achievement of goals; and
- J. A description of the findings from the physical examination.

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

3.06-4 Program Integrity

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- 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.

3.06-4 Program Integrity (cont.)

- C. Upon request, the provider must furnish to the Department, without additional charge, the client's records, or copies thereof, corresponding to and substantiating services billed by that provider.

- D. The Department requires that clinical records and other pertinent information shall be transferred, upon request and with the client's signed release of information, to other clinicians involved in the client's care.

3.07 **REIMBURSEMENT**

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Reimbursement for covered services provided by school health clinics shall be the lowest of the following:

- A. The amount listed in the "Allowances for Ambulatory Care Clinic Services", Chapter III, Section 3.
- B. The amount allowed by the Medicare Part B carrier.
- C. The provider's usual and customary charge.

Reimbursement for services provided by school health clinics is available based on a negotiated rate between the provider and the Office of MaineCare Services, and shall be the lowest of the amounts listed above. Reimbursement for Indian Health Centers shall be at the approved Indian Health Service rates.

In accordance with Chapter I, it is the responsibility of all Ambulatory Care Clinics to ascertain from each recipient whether there are any other resources (private or group insurance benefits, worker's compensation, etc.) that are available for payment of the rendered service, and to seek payment from such resources prior to billing MaineCare.

3.08 **BILLING INSTRUCTIONS**

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Billing must be accomplished in accordance with the Department's "Billing Instructions for the CMS 1500 Claim Form".

MaineCare Services will replace the billing codes in Table 1, Chapter III, Section 3 with the codes found in Table 2 upon implementation of the new billing system. Providers will receive written notice thirty (30) days prior to implementation.

3.08-1 **School Health Clinic Special Instructions**

Each clinic must only bill using codes for sick child visits and, if applicable, all adult visits. Billing for Early and Periodic Screening Diagnosis and

3.08-1 School Health Clinic Special Instructions (cont.)

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Treatment (EPSDT) and immunizations for well children may be billed under Chapter V of the MaineCare Benefits Manual as long as services are provided in conformance with all requirements of that Chapter, including submission of the Bright Futures form. Procedure codes for EPSDT services will be found in the Physicians' Current Procedural Terminology (CPT) manual.

3.08-2 Indian Health Center Special Instructions

An Indian Health Center must bill using designated codes when providing Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services as described in Chapter V of the MaineCare Benefits Manual. EPSDT codes for use by Indian Health Centers are included in Chapter III, Section 3. The Indian Health Center must be enrolled as a provider under Chapter V and must follow all requirements outlined in that Chapter (including submission of the Bright Futures form) to bill under these codes. If the Indian Health Center provides EPSDT services and other medical services to the same individual as part of the same visit, the Center must bill only the EPSDT code. When immunizations are provided, the appropriate immunization and administration codes listed in Chapter III, Section 3 shall be noted on the CMS 1500 form, but no additional reimbursement shall be available. Diabetes education and asthma self-management shall also be billed using distinct codes.

A second, same day visit may be billed if it is medically necessary and could not have been anticipated by the center's professional staff as documented in the patient's record. The goal is to treat the whole individual during one visit. Billing codes for additional, same day visits must incorporate the appropriate code and/or modifier listed in Chapter III, Section 3.

In order to ensure appropriate federal financial participation, non-tribal members must be identified on the CMS 1500 claim form in a manner to be prescribed by the Department.

Indian Health Centers have the option of obtaining a separate Medicaid provider billing number for the limited purpose of fee-for-service billing and reimbursement for pharmacy, ambulance or any other ambulatory services in the State's Medicaid Plan not covered under this Section. Such services must be provided in accordance with all applicable sections of the MaineCare Benefits Manual and will be reimbursed in accordance with those sections.

Indian Health Centers may choose to enroll as Federally Qualified Health Centers instead of Ambulatory Care Clinics but, for the purposes of billing Medicaid, each center may choose only one designation. Centers may remain FQHCs for the purpose of billing Medicare, while enrolling as Ambulatory Care Clinics under Medicaid. If permitted by a ruling from federal authorities, Indian Health Centers may bill retroactively as Ambulatory Care Clinics as allowed under that ruling. As a condition of eligibility for this section Indian

3.08-2 Indian Health Center Special Instructions (cont.)

Health Centers must provide a copy of their contract with the Indian Health Service.