

# MBCHP

---

Maine Breast and Cervical Health Program

---

11 State House Station  
Key Bank Plaza  
286 Water Street, 4<sup>th</sup> floor  
Augusta, ME 04333

Tel: 800-350-5180  
TTY: 800-438-5514

## **MBCHP Provider Policy Manual 2007**



Cooperative Agreement number [U58DP000785](#) from the Division of Cancer Prevention and Control, supported the development and printing of this document for US Centers of Disease Control and Prevention, Maine Appropriation number [013-10A-2556-03](#). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention. In accordance with Federal laws, the Maine Department of Health and Human Services does not discriminate on the basis of sex, race, color, national origin, disability, sexual orientation or age in admission or access to or treatment or employment in its programs and activities. The Department's Affirmative Action Coordinator has been designated to coordinate our efforts to comply with and implement these federal laws and can be contacted for further information at 221 State Street, Augusta, Maine, 04333, 207-287-3488 (voice) or 1-800-438-5514 (deaf/hard of hearing).

TABLE OF CONTENTS  
MBCHP Provider Manual 2007

	Page #	Tab
<b>Introduction</b>	1	2
1. History of the NBCCEDP	1	
2. History of the Maine Breast and Cervical Health Program (MBCHP)	1	
3. Purpose of Policy Manual	1	
<b>Chapter I:</b>	3	3
1. Eligibility Criteria	3	
2. How women enroll in MBCHP	3	
3. Covered Services	4	
4. Interpretation/Translation Services	5	
5. Public Education	5	
<b>Chapter II:</b>	6	4
1. Patient Care	6	
1.1 Diagnostic Referral Providers	6	
1.2 Mammography facilities and Radiologists	6	
1.3 Hospitals	6	
1.4 Laboratories and Pathologists	6	
1.5 Anesthesiologists	6	
2. Clinical Guidelines	7	
2.1 Breast Cancer Screening guidelines	7	
2.2 Cervical Cancer Screening guidelines	7	
2.3 Pap Smear after Hysterectomy	7	
3. Reporting Requirements	7	
3.1 Diagnostic Referral Providers	7	
3.2 Mammography	7	
3.3 Cytology	8	
3.3 Pathology	8	
4. Case Management	8	
5. Coverage for Treatment	8	
6. Quality Assurance	9	
6.1 Diagnostic Referral Providers	9	
6.2 All Mammography facilities	9	
6.3 All Laboratories	9	
7. Medical Record Requirements	9	
8. Confidentiality	10	
9. Reimbursement	10	
10. Sliding Fee Reimbursement	10	
11. Third Party Liability	11	
12. Billing Instructions	11	
13. MBCHP Toll-Free Telephone Number	12	
14. Provider Site Changes	12	
<b>Appendices:</b>		
A. MBCHP Staff and Telephone Numbers	5	
B. MBCHP Income Eligibility Guidelines for Uninsured and Insured women	6	
C. Hospitals agreeing to waive biopsy fees to MBCHP clients	7	
MBCHP Screening Sites/Mammography Facilities/Laboratories/Diagnostic Referral Providers	8	
D. MBCHP Coalitions	8	
E. MBCHP Forms	9	
F. Case Management Referral Form	10	
G. Examples of MBCHP Billing Forms	11	
H. MBCHP Procedure Codes and Fee Schedule	12	
MBCHP Approved Diagnostic Codes – Breast & Cervical	12	
I. Provider Update Form	13	

## **INTRODUCTION**

### **HISTORY OF THE NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM (NBCCEDP)**

In June 1990, the U.S. Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law: 101-354) to establish the National Breast and Cervical Cancer Early Detection Program, aimed at reducing the morbidity and mortality rates of breast and cervical cancers. This legislation was partially the result of advocacy efforts by women's groups and other organizations, such as the American Cancer Society (ACS), that were concerned about the increasing mortality rates due to these cancers. Public Law 101-354 established the NBCCEDP through grants to states to carry out activities in six major program areas. These areas included screening, case management, public education, professional education, quality assurance, surveillance, and partnerships with coalitions.

### **HISTORY OF THE MAINE BREAST AND CERVICAL HEALTH PROGRAM (MBCHP)**

In 1994, the Maine Department of Health and Human Services, Bureau of Health, (now known as the Maine Center for Disease Control and Prevention), received funding from the US Centers for Disease Control and Prevention (CDC) to establish the MBCHP. The MBCHP is funded through a cooperative agreement with the CDC, under the NBCCEDP. Currently, Maine is one of over 68 states, territories and tribal organizations receiving funding to support a comprehensive breast and cervical cancer early detection program. Early detection is currently the best way to combat breast and cervical cancer.

#### **Mission**

The mission of MBCHP is to provide breast and cervical cancer screening and diagnosis services to underserved women, to provide public and professional education, and to support community partnerships to enhance statewide cancer control activities.

#### **Vision**

The vision of MBCHP is to reduce the morbidity and mortality of breast and cervical cancers among all Maine women. The program promotes a better quality of life for women and their families, which benefits all Maine communities.

### **PURPOSE OF POLICY MANUAL**

The purpose of this manual is to provide assistance to the following providers who are participating in MBCHP:

- Providers of colposcopy, breast biopsy, and fine needle aspiration
- Mammography facilities
- Radiologists
- Laboratories
- Pathologists
- Anesthesiologists

The goal of the MBCHP is to reduce breast and cervical cancer morbidity and mortality through:

- Early detection
- Public and professional education
- Quality assurance &
- Surveillance

The priority population includes women whose income and insurance coverage act as barriers to obtaining regular screening. Special emphasis is on women age 50 to 64, as well as uninsured and underinsured women, lesbians, Native Americans, and other racial and ethnic minorities; and women never or rarely screened for cervical or breast cancer.

Primary care sites, under contract with MBCHP, may determine eligibility, enroll women in the MBCHP, and will refer the women for\*:

- Screening and diagnostic mammograms
- Surgical consults for diagnosis of breast and cervical cancer
- Fine needle aspiration of breast cysts
- Breast biopsies, excisional and non-excisional (note: hospital charges are not covered)
- Colposcopy with or without biopsy
- Cytology and/or pathology services for the examination and reporting of Pap smear, cervical biopsy specimens, fine needle aspiration specimens, and breast biopsy specimens
- Anesthesia for breast biopsies

MBCHP staff will provide ongoing assistance to all providers in the form of a newsletter, telephone consultation, technical assistance and problem solving as needed. MBCHP staff telephone numbers and e-mail addresses are listed in Appendix A. Please feel free to call any time.

The remainder of this manual describes MBCHP services and eligibility requirements, and outlines procedures to be followed by primary care sites. It can also be accessed at any time on the Maine CDC website at this link: <http://www.maine.gov/dhhs/bohdcfh/bcp/resources.htm>

\* Note: providers will receive referrals only for those services appropriate to their practice.

## CHAPTER I

### OVERVIEW

#### **ELIGIBILITY CRITERIA**

To qualify for the Maine Breast and Cervical Health Program (MBCHP) services, a woman must meet all of the following guidelines:

**Income:** Must be at or below **250%** of the federal poverty level by family size (Appendix B; updated annually). In cases of questionable eligibility, providers should call MBCHP for clarification. Income must be reassessed annually at time of re-enrollment.

**Insurance status:** Uninsured or underinsured. Women who have MaineCare or Medicare Part B are **not eligible** for MBCHP. Women are considered underinsured if their health insurance does not cover services offered by MBCHP, or the policy has co-pays, co-insurance or deductibles that are considered financial barriers and the woman meets the income guidelines listed below:

- Countable income is less than 100% FPL, and the applicant reports co-payments, deductibles or co-insurance greater than \$50;
- Countable income is greater than or equal to 100% FPL and less than 150% FPL, and the applicant reports co-payments, deductibles or co-insurance greater than \$100;
- Countable income is greater than or equal to 150% FPL and less than 200% FPL, and the applicant reports co-payments, deductibles or co-insurance greater than \$250;
- Countable income is greater than or equal to 200% FPL and less than or equal to 250% FPL, and the applicant reports co-payments, deductibles or co-insurance greater than \$500.

**Residency:** Applicants must be residents of Maine or New Hampshire. MBCHP has a Memorandum of Agreement with the state of New Hampshire, which allows women who live within 15 miles of the Maine / New Hampshire border, to enroll and receive services in either state.

**Age:**

- 40 to 64: or older if the woman does not have Medicare Part B coverage
- 35 to 39: if funding is available, women who meet the above income, insurance and residency requirements as well as the special criteria below may qualify.
  - ⌘ Currently experiencing breast symptoms, and the symptoms have been confirmed by a health care provider who has recommended further testing; and/or
  - ⌘ Recently had an abnormal Pap test result and the health care provider has recommended further testing; and/or
  - ⌘ Have not had a Pap test in five (5) or more years

#### **HOW WOMEN ENROLL IN MBCHP**

##### **Central enrollment or enrollment at PCP site:**

Women may enroll in MBCHP at a primary care site, which is contracted with MBCHP (Appendix C). Most women may/do enroll by calling MBCHP's toll-free number (1-800-350-5180). If any provider is aware of women who may qualify for MBCHP, please encourage them to call the program directly or a participating

primary care site. If prior to enrolling into the program, a woman has received covered services from any MBCHP provider, the program may be able to grant her retroactive coverage up to 3 months (90 days) prior to her enrollment. After enrolling, women are sent an MBCHP ID card, which includes their billing ID number and PCP site.

Diagnostic referral providers will not be reimbursed for services provided to MBCHP clients, unless an MBCHP primary care site refers them. MBCHP primary care sites may refer women for consults and diagnostic services (see list of covered services below); however, clients must return to the MBCHP PCP site for regular breast and cervical screening exams.

## **COVERED SERVICES**

MBCHP will cover the following services related specifically to breast and cervical cancer:

- Mammography (screening and diagnostic); (if CAD images are used, they may not be billed separately)
- Breast diagnostic services:
  - Ultrasound (when it is used as an adjunct to mammography)
  - Fine needle aspirations
  - Biopsies (excisional, incisional, Stereotactic, and needle core)
  - Hospital charges for breast biopsies are not covered; however, physician charges are covered.
- Cervical diagnostic services:
  - Colposcopy directed biopsy
  - Colposcopy without biopsy
  - Endocervical curettage (not part of a D&C)
  - HPV (high-risk viral types, not low-risk viral types) **ONLY** following an ASC-US Pap result or LSIL for low-risk, post menopausal women
- Surgical consults for a possible breast or cervical cancer **only for clients referred by an MBCHP PCP site**
- Pathology charges for breast and cervical biopsies
- Anesthesia for breast biopsies (physician charges only, hospital charges are not covered)
- Interpretation/translation services for MBCHP covered services at a non-hospital MBCHP provider site

## **Non-covered Services**

All other services are not covered including, but not by way of limitation, the following:

- Treatment procedures and/or services for breast cancer, cervical intraepithelial neoplasia and cervical cancer
- Services not related to breast or cervical cancer screening or diagnosis
- Services provided by non-participating providers

- Hospital charges for breast biopsies
- In-patient services

MBCHP cannot cover services that are not related specifically to breast or cervical cancer.

### **INTERPRETATION/TRANSLATION SERVICES**

MBCHP may reimburse interpreters for non-English and limited English speaking MBCHP clients and/or deaf/hard of hearing MBCHP clients when these services are necessary to communicate effectively regarding breast or cervical health care needs. Interpreter services can be covered only in conjunction with a covered MBCHP service (screening or diagnostic, not treatment) at a non-hospital MBCHP provider site. If providers have an MBCHP client who requires these services, please call MBCHP. Providers are responsible for ensuring that interpreters protect patient confidentiality.

#### **A. Interpreters for Deaf/Hard of Hearing Client**

The Registry of Interpreters must certify providers of interpreter services for the Deaf, Inc., or working under the supervision of an interpreter, who is certified by the Registry of Interpreters for the Deaf, Inc.

#### **B. Language Interpreters**

Language interpreter services required for non-English speaking clients may be provided either through local resources, or through national language interpreter services such as the “Language Line” system or comparable services. Wherever feasible, local and more cost effective interpreter resources are to be utilized first. Interpreter language lines are to be used as a last option and when no other local resources are available.

#### **C. Exceptions**

Hospitals cannot bill separately for either language or deaf/hard of hearing interpreter services. Family members may not be reimbursed for interpreter services.

### **PUBLIC EDUCATION**

The *Program Guidelines for Breast and Cervical Cancer Early Detection* (1997) states that public education plays an essential role by informing women of their risks for breast and cervical cancer and the importance of early detection, and is an integral part of the overall breast and cervical cancer early detection program. Public education can be a powerful, front line force in dealing with priority populations who traditionally have not participated in early detection programs, but who also have the highest rates of cancer and mortality.

Community Partnerships around the state are awarded grants through MBCHP to develop and implement plans for delivery of public education and outreach about early detection of breast and cervical cancer at the local level. MBCHP screening sites should be collaborating with the Partnership in that area or with an appropriate local organization for outreach to and recruitment of the priority population. Any questions please call MBCHP at 1-800-350-5180 and speak to one of the program’s Public Health Educators.

## CHAPTER II

### POLICIES AND PROCEDURES

#### **PATIENT CARE**

**Diagnostic referral providers** will see women only upon referral from a MBCHP PCP site. Covered services include an exam/consultation; colposcopy with or without biopsy; fine needle aspiration of a breast cyst; and breast biopsy. Upon referral, the PCP will include the patient's billing ID number. Enrolled women will also have an MBCHP ID card with their billing ID number on it.

Participating providers who perform colposcopy, fine needle aspiration, and breast biopsy are included on the Referral Provider list (Appendix C). After consult and/or diagnostic services are provided, the results should be reported to the referring PCP, as well as MBCHP. **Clients must return to their MBCHP PCP site for regular breast and cervical screening exams.**

**Mammography facilities and Radiologists** will provide screening and/or diagnostic mammograms and the interpretation of the mammograms to women enrolled in MBCHP upon referral from a MBCHP PCP site. Radiologists may determine a diagnostic mammogram and/or breast ultrasound is necessary immediately following a screening mammogram, without additional referrals from the PCP.

Ultrasound will be considered a reimbursable service when it is used as an adjunct to mammography. Ultrasound will be approved for payment when an abnormality detected on mammography is not palpable, or when a palpable mass is partially or poorly seen mammographically. Screening services will be made available according to the MBCHP's *Guidelines For Breast Cancer Screening and Follow-up and Cervical Cancer Screening and Follow-up*.

MBCHP expects diagnostic mammograms will be scheduled within two weeks, and screening mammograms within one month. If an individual facility generally has longer waiting times due to its geographic location, or other unavoidable situations, a longer waiting time for screening mammography might be acceptable. MBCHP clients must not be made to wait longer for a screening mammogram than any other client of the facility. Diagnostic mammograms must not be delayed. A list of mammography providers enrolled with MBCHP is included in Appendix C.

**Hospital** charges for breast biopsies are not covered by MBCHP. MBCHP has waiver agreements with 30 Maine hospitals (Appendix C).

**Laboratories and Pathologists** will provide cytology and/or pathology services for the examination and reporting of Pap smear, cervical biopsy specimens, HPV results, fine needle aspiration specimens, and breast biopsy specimens for eligible clients referred by MBCHP diagnostic referral providers and/or PCP's under contract with MBCHP. A list of laboratories enrolled with MBCHP is included in this manual (Appendix C).

**Anesthesiologists** will provide anesthesia, when necessary, for breast biopsies, performed by an MBCHP diagnostic referral provider. Billing will be done in accordance with the MaineCare Benefits Manual, Chapter II, Section 90, Physician Services.

## CLINICAL GUIDELINES

Early detection is currently the best way to combat breast and cervical cancer. The MBCHP's Clinical Advisory Group has developed screening guidelines, which can be found in the *Guidelines for Breast Cancer Screening and Follow-up and Cervical Cancer Screening and Follow-up*. Recommendations for screening of asymptomatic women are as follows:

### Breast Cancer Screening Guidelines

<u>Clinical Breast Exam:</u>	Age 40 and older: yearly by a health care professional Age 35-39: by health care professional about every three (3) years
<u>Screening Mammography:</u>	Age 40 and over: yearly

### Cervical Cancer Screening Guidelines

<u>Pap Smear:</u>	Age 35 and over:  Annually using Conventional Pap test, or Every two years (biennially) using liquid-based cytology.  After three (3) consecutive (or within a 60-month period), technically satisfactory normal or negative cytology results, women should be screened every three years (triennially).
-------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**NOTE: These guidelines are for asymptomatic women only. Symptomatic women should be clinically evaluated and scheduled for appropriate diagnostic procedures as quickly as possible.**

### Pap Smear After Hysterectomy

The prevalence of abnormal findings on cytopathological examination of vaginal Pap smears after hysterectomy for benign gynecologic disease is extremely low. Therefore, **periodic routine screening by means of vaginal Pap smears or pelvic examination is not covered by MBCHP. Please do not perform Pap smears on women who have undergone a hysterectomy, unless they have a remaining cervix or have had surgery for cervical neoplasia or invasive cervical cancer.**

## REPORTING REQUIREMENTS

### Diagnostic referral providers

Providers of diagnostic services will report the results of the exam and/or diagnostic tests to the patient and to the referring MBCHP primary care provider within 5 business days of receipt of the test results. The diagnostic referral provider will also send a report of the results to MBCHP or submit the *Abnormal Breast or Cervical Report* (Appendix E) to MBCHP.

### Mammography Facilities

The mammography facility will report the results of all mammograms to the referring PCP and to MBCHP within 10 business days of the procedure. Results must be reported to MBCHP using American College of

Radiology (ACR) lexicon. Mammography facilities may submit results on their own report if ACR lexicon language is used or the *Radiology Report* (Appendix E) may be used for reporting to MBCHP.

### **Cytology**

The laboratory will report the results of all Pap tests to the referring primary care provider and to MBCHP within 10 business days of receipt of the specimen.

### **Pathology**

The interpretation of cervical biopsy, fine needle aspiration, and breast biopsy will be reported directly to the referring MBCHP primary care or diagnostic referral provider, who will then provide the report to MBCHP. The lab must have a report available for the referring health care provider within 3 business days of receipt of the cervical biopsy specimen and the breast biopsy specimen and within 2 business days of receipt of the fine needle aspirate specimen.

## **CASE MANAGEMENT**

MBCHP primary care sites are required to clinically manage follow-up for their MBCHP patients with abnormal screening results, assuring that they are appropriately referred and receive necessary diagnostic and treatment services. If assistance coordinating diagnostic and treatment services is needed, the MBCHP Nurse Case Manager should be contacted. The Case Manager will help clients identify and overcome immediate barriers to care and will provide information to clients to enhance their skills in navigating the health care system. **MBCHP staff will provide case management for those clients for whom additional support services are deemed necessary and appropriate or for whom the provider requests aid in arranging follow-up.**

In addition, the MBCHP staff will perform individualized case management for those clients with a diagnosis of cancer or abnormal screening results, who initially refuse care or whom the provider deems lost to follow-up. Case management services may be requested by the client, the PCP, diagnostic referral providers or may be identified by the MBCHP staff. In those cases identified by the MBCHP staff, the Case Manager will contact the PCP prior to contacting the client. The provider may initiate requests for case management by completing the *Case Management Request Form* (Appendix F).

## **COVERAGE FOR TREATMENT**

While MBCHP does not cover treatment for breast or cervical cancer, some women may be eligible for MaineCare. In the spring of 2001, the Maine legislature approved state funding to enact the Breast & Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354). The Treatment Act, which became effective October 1, 2001, expands MaineCare benefits to uninsured women who are diagnosed with breast and cervical cancer through the Maine Breast and Cervical Health Program and may not otherwise qualify for MaineCare.

The MBCHP Case Manager screens women to see if they meet all of the following eligibility requirements:

- Age 35 through 64
- Uninsured unless insurance has a pre-existing condition policy which does not cover cancer treatment or insurance covers limited services which does not include treatment\*
- In need of treatment for breast or cervical cancer or pre-cancerous condition

- U.S. citizen or resident non-citizen
- Has received a screening or diagnostic service at a MBCHP approved or contracted site

**\*NOTE:** Even if a woman has a very high insurance deductible, she will not qualify for this MaineCare program.

## **QUALITY ASSURANCE**

**All diagnostic referral providers** must follow the medical recommendations issued by the MBCHP Clinical Advisory Group. Please refer to MBCHP's *Guidelines For Breast Cancer Screening and Follow-up and Cervical Cancer Screening and Follow-up* available through MBCHP.

**All mammography facilities** providing services to MBCHP patients must be accredited by the American College of Radiology (ACR) and MQSA-certified (Mammography Quality Standards Act of 1992) and must also meet the requirements of state inspection.

**All laboratories** participating in MBCHP must be in compliance with the federal Clinical Laboratory Improvement Act of 1988 (CLIA-88). Laboratories that are located in Maine must meet the requirements of Maine State inspection. The laboratory's quality assurance program must include several critical elements including: cytologic/histologic correlation data; documented rescreening of previously negative smears in patients with current high grade lesions; proof of prospective rescreening of current negative smears including a "high risk group"; and periodic cytotechnologists' performance evaluation.

## **MEDICAL RECORD REQUIREMENTS FOR DIAGNOSTIC REFERRAL PROVIDERS**

Medical records for each MBCHP client must be maintained at each site as each provider would for other patients. Medical records must be maintained for five years. There will be a specific record for each patient that must include, but not necessarily be limited to:

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

Entries are required for each date of service billed and must include the full name, title, and signature of the service provider. The provider must ensure that safeguards and security measures are in place to ensure that only authorized people can enter information into electronic records. Passwords or other secure means of authorization must be used that will identify the individual and date/time of entry. Such identification will be

accepted as an electronic “signature.” With security measures in place, limited access may be allowed for certain individuals for changes such as client demographic information. There shall be a signature of record on file.

MBCHP expects medical records and other pertinent information will be transferred, upon request, to other physicians or clinicians with the patient’s consent.

MBCHP must release all the MBCHP case record information to a client, if the client signs a proper release of information form. This information includes medical records received from all the MBCHP providers, which are used for tracking, and follow-up of the MBCHP women as required by the Centers for Disease Control and Prevention.

Upon request, the provider must furnish to MBCHP, without additional charge, the medical records, or copies thereof, corresponding to and substantiating services billed.

### **CONFIDENTIALITY**

**Providers must assure patient confidentiality.** The use or disclosure by the provider of any information concerning patients for any purposes not directly concerned with the administration of the Department’s or the provider’s responsibilities with respect to services provided under MBCHP is prohibited. All program participants sign a *Consent for Release of Information* on the *MBCHP Initial Enrollment Form* and annually thereafter upon re-enrollment.

### **REIMBURSEMENT**

Reimbursement for covered services will be the lowest of the following:

- A. The provider’s usual and customary charge.
- B. The MBCHP rate for the procedure.

**Providers participating in MBCHP are required to accept as payment in full, the allowances established by MBCHP for covered services. Therefore, patients cannot be directly billed for these services. Providers may not submit unpaid claims to collections for MBCHP covered services. Any questions from providers or billing agencies should call MBCHP directly before processing for reimbursement.**

MBCHP patients may be charged for non-covered services. Providers must explain to patients before providing the non-covered services that they will be financially responsible allowing the client to determine whether she wishes to receive the services.

### **SLIDING FEE REIMBURSEMENT**

Health centers receiving HRSA funding must bill MBCHP according to their current sliding fee scale for established patients in their practice. Patients who have been seen at the health center within the last 2 years are considered established patients (regardless of insurance or payment source). Health centers may bill the MBCHP their usual and customary charge, without a fee discount, for any new patients.

Family Planning Clinics must also bill the MBCHP according to their current sliding fee scale for established patients in their practice, if the patient qualifies for Title X. Patients who have been seen at the Family Planning Clinic within the last 2 years are considered established patients (regardless of insurance or payment source). Family Planning Clinics may bill MBCHP their usual and customary charge, without a fee discount, for new patients.

### **THIRD PARTY LIABILITY**

**MBCHP is the payer of last resort.** MBCHP providers must be enrolled with the MaineCare program. MBCHP funds cannot supplant other funds, such as Title X, Section 330 Community Health Center, Section 340 Health Care for the Homeless, or Section 329 Migrant Health. It is the responsibility of the provider to determine from each MBCHP patient whether there are any other resources (private or group insurance benefits, etc.) that are available for payment of the service, and to seek payment from such resource prior to billing MBCHP. MBCHP will cover co-payments and deductibles up to 100% of the program's reimbursement fee schedule for covered services. If both MBCHP and the insurer pay reimbursement, the provider must refund to the Department within 60 days of receipt, the amount reimbursed by MBCHP or the insurer, whichever is less.

MBCHP will cover co-payments and deductibles up to 100% of the program reimbursement fee for women who have other third party coverage (e.g. private insurance), if they meet the MBCHP eligibility criteria as explained in Chapter I. Women who have a health plan with minimal co-pay **may be considered underinsured, depending on their income** (page 3).

If a woman is currently enrolled in the **MaineCare program or has Medicare Part B coverage**, she is **not eligible** for services under MBCHP. If a woman applies for MaineCare while on MBCHP and receives retroactive coverage, providers will be paid with MaineCare funds. MBCHP will need to be reimbursed if services were paid for during a period of retroactive eligibility.

## **BILLING INSTRUCTIONS**

Billing instructions must comply with the MaineCare program's billing requirements, "Billing Instructions for Providers."

Claim forms (CMS-1500) should be submitted to the Office of Medical Services within 30 days of providing services (within 60 days if awaiting insurance payment). If the patient has any type of third party coverage (insurance, etc.), a claim to that policy must be submitted first. MBCHP should be billed the difference between the MBCHP reimbursement rate and the amount paid by that alternate source. Please attach a copy of the EOB or remittance statement to all claims.

**If claims for MBCHP covered services are not received within 60 days of the date of service, payment may be denied, however the patient cannot be billed.** It is very important that the *MBCHP Initial Enrollment Form* be sent or faxed to MBCHP before submitting claim forms for new patients. The MBCHP toll-free line (1-800-350-5180, press 5) is available to connect to the MaineCare "**Voice Response**" system to obtain the patient's MBCHP ID number.

When using the Voice Response System, it is required to enter the patient's social security number and the first date of service for the period of eligibility. When the dates of eligibility are verified, the voice response will report the patient's MBCHP ID number.

Appendix I has examples of MBCHP claim forms and Appendix has the list of allowable CPT codes and fees, as well as the list of allowable diagnosis (ICD-9) codes. This information is updated and also available on the MBCHP website: <http://www.maine.gov/dhhs/bohdcfh/bcp/index.htm> under the link named - FOR MBCHP PROVIDERS: Policy and Forms.

Please note that only three levels of Office Evaluation and Management codes are allowed. The time and complexity of the visit must match the description in the CPT manual.

On July 1, 2007, a bill was passed (LD 1843), requiring that physician services must be billed on a CMS 1500 form. MBCHP has adopted the July 1<sup>st</sup> ruling and will no longer pay for **any** related office visit claims that are billed on a UB-04 form. As a result of this decision, MBCHP will no longer recognize any revenue codes including 0517, 0761 and 0983 that are currently being used to bill for related office visit services on the UB-04. Therefore, please bill all MBCHP office visits with appropriate MBCHP procedure codes on the CMS 1500 form.

**CMS-1500 Claims should be billed electronically or mailed to:**

Medical Assistance Claims Processing  
M-500  
Augusta, Maine 04330

**UB-04 Claims should be billed electronically or mailed to:**

Medical Assistance Claims Processing  
M-100  
Augusta, Maine 04330

**Radiology Reports & Pap Reports may be faxed (207-287-8944 or 1-800-325-5760) or mailed to:**

Maine Breast and Cervical Health Program  
Department of Health and Human Services  
Maine Center for Disease Control & Prevention  
11 State House Station,  
286 Water Street, Key Plaza  
Augusta, ME 04333

**MBCHP TOLL-FREE TELEPHONE NUMBER**

Please call 1-800-350-5180 for assistance with program procedures, information concerning patients' follow-up, or billing information. Potential program participants may call this same number to obtain information about the program, eligibility guidelines, and names of primary care providers in their area. See list of staff and instructions for the MBCHP automated telephone system (Appendix A).

**PROVIDER SITE CHANGES**

Please report any changes in the practice on the *Provider Update Form* (Appendix H). Changes in servicing providers, address, provider numbers, etc. must be reported to MBCHP in order for payment to be made.