MaineCare Services
An Office of the
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DATE: March 13, 2012

TO: Interested Parties

FROM: Stefanie Nadeau, Director, Office of MaineCare Services

SUBJECT: Adoption final rule - MaineCare Benefits Manual,
Chapter II, Section 9, ***Indian Health Services*** and
Chapters II & III, Section 3, ***Ambulatory Care Clinic Services***

A public hearing was held on October 31, 2011. The comment deadline was December 1, 2011.

The adopted rules will consolidate and update all rules pertaining to the reimbursement of Indian Health Service (IHS) clinic services to one new section of MaineCare Benefits Manual (MBM) policy.Services provided by IHS providers are subject to different federal guidelines. Separation of these rules will clarify specific rules for IHS providers. The Department will also add guidelines for co-payment exemptions and tribal consultation to be in compliance with Section 5006(a) of the American Recovery and Reinvestment Act of 2009 (Recovery Act), Public Law111-5. Currently IHS services are included in MBM Section 3, Ambulatory Care Clinic Services. The Ambulatory Care Clinic Services section of the MBM will be amended at the same time as this rule-making in order to delete those portions that will now be part of Section 9, Indian Health Services.

Rules and related rulemaking documents may be reviewed at and printed from MaineCare Services website at http://www.maine.gov/dhhs/oms/rules/index.shtml or, for a fee, interested parties may request a paper copy of rules by calling 207-287-9368. For those who are deaf or hard of hearing and have a TTY machine, the TTY number is 1-800-606-0215.

A copy of the public comments and Department responses can be viewed at and printed from MaineCare Services website or obtained by calling 207-287-9368 or TTY: (207) 287-1828 or 1-800-606-0215.

If you have any questions regarding the policy, please contact Provider Services at 1-866-690-5585 or TTY: 711.

Notice of Agency Rule-making Adoption

AGENCY: Department of Health and Human Services, MaineCare Services

CHAPTER NUMBER AND TITLE: MaineCare Benefits Manual, Chapter II, Section 9, ***Indian Health Services*** and Chapters II & III, Section 3, ***Ambulatory Care Clinic Services***

ADOPTED RULE NUMBER: 2011-P204

CONCISE SUMMARY: The adopted rules will consolidate and update all rules pertaining to the reimbursement of Indian Health Service (IHS) clinic services to one new section of MaineCare Benefits Manual (MBM) policy. Services provided by IHS providers are subject to different federal guidelines. Separation of these rules will clarify specific rules for IHS providers. The Department will also add guidelines for co-payment exemptions and tribal consultation to be in compliance with Section 5006(a) of the American Recovery and Reinvestment Act of 2009 (Recovery Act), Public Law111-5. Currently IHS services are included in MBM Section 3, Ambulatory Care Clinic Services. The Ambulatory Care Clinic Services section of the MBM will be amended at the same time as this rule-making in order to delete those portions that will now be part of Section 9, Indian Health Services.

See http://www.maine.gov/dhhs/oms/rules/index.shtml **for rules and related rulemaking documents.**

EFFECTIVE DATE: March 21, 2012

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SECTION 3 **AMBULATORY CARE CLINIC SERVICES** 12/21/09
updated 03/21/2012

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SECTION 3 **AMBULATORY CARE CLINIC SERVICES** 12/21/09

3.01 DEFINITIONS

3.01-1 Ambulatory Care Clinic means a school health clinic that performs any of the services described in 3.04-1.

3.01-2 Covered Services are those services described in 3.04 for which payment can be made under Title XIX by the Department of Human Services.

3.01-3 Primary Health Care refers to preventive, diagnostic and therapeutic services furnished by the primary health care clinic's professional staff and, where appropriate, the provision of supplies commonly used to support those services, basic laboratory services essential for diagnosis and treatment, and emergency medical care for the treatment of life-threatening injuries and acute illness.

3.01-4 Flu Clinic Provider refers to those providers who are enrolled under this Section to be reimbursed only for administration of seasonal and 2009 Influenze A (H1N1) flu vaccines. Providers must meet the provider requirements for this Section or provider qualifications for Home Health Agencies (Section 40 of the MaineCare Benefits Manual) and must be approved by the Maine Center for Disease Control (CDC) as a flu clinic site.

3.02 ELIGIBILITY FOR CARE

Individuals must meet the eligibility criteria as set forth in the MaineCare Eligibility Manual, 10-144 C.M.R. Ch 332. 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 MaineCare, as described in MaineCare Benefits Manual, Chapter I, prior to providing services.

3.03 DURATION OF CARE

Each Title XIX recipient may receive as many covered services as are medically necessary. The Department reserves the right to request additional information to evaluate medical necessity.

3.04 COVERED SERVICES

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 **COVERED SERVICES(cont'd)**

3.04-2 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 wherethe 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.

3.04-3 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 (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.

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.

3.06 **POLICIES AND PROCEDURES (cont'd)**

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.

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.

3.06 **POLICIES AND PROCEDURES (cont'd)**

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 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;

3.06 **POLICIES AND PROCEDURES (cont'd)**

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

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 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

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.

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

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 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.

10-144

DEPARTMENT OF HUMAN SERVICES

CHAPTER 101

MAINECARE BENEFITS MANUAL

CHAPTER III

SECTION 3

ALLOWANCES FOR AMBULATORY CARE CLINIC SERVICES

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.

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

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

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
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

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

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
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

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

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

**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.)