MaineCare Services
An Office of the
Department of Health and Human Services
John E. Baldacci, Governor Brenda M. Harvey, Commissioner

Department of Health and Human Services
MaineCare Services
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-2674; Fax: (207) 287-2675
TTY: 1-800-423-4331

TO: Interested Parties

FROM: Anthony Marple, Director, MaineCare Services

SUBJECT: Proposed Rule: MaineCare Benefits Manual, Section 109, Speech and Hearing Services, Chapter III

DATE: July 14, 2009

These proposed rules seek to permanently adopt new, increased rates for speech and hearing agencies as directed in Maine's FY 2010 budget. Emergency rules are currently in effect implementing this rate increase. No other changes are proposed in this rulemaking.

Rules and related rulemaking documents may be reviewed at and printed from the Office of MaineCare Services website at http://www.maine.gov/dhhs/oms/rules/provider_rules_policies.html 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 1-800-423-4331.

If you have any questions regarding the policy, please contact your Provider Relations Specialist at 624-7539, option 8 or 1-800-321-5557, extension option 8 or TTY: (207)287-1828 or 1-800-423-4331.

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Notice of Agency Rulemaking Proposal

AGENCY: Department of Health and Human Services, Office of MaineCare Services

RULE TITLE OR SUBJECT: MaineCare Benefits Manual, Chapter III, Section 109, Speech and Hearing Services

PROPOSED RULE NUMBER:

CONCISE SUMMARY: These proposed rules seek to permanently adopt emergency rules currently in effect that increased rates for speech and hearing agencies as directed in Maine's FY 2010 budget.

See http://www.maine.gov/dhhs/oms/rules/provider_rules_policies.htm for rules and related rulemaking documents.

THIS RULE WILL ___ WILL NOT _X_ HAVE A FISCAL IMPACT ON MUNICIPALITIES.

STATUTORY AUTHORITY: P.L. 2009, ch. 213, Part RRRR

PUBLIC HEARING:

Date: August 12, 2009, 11:00 AM
Location: Conference Room # 3
Department of Health and Human Services
Office of MaineCare Services
442 Civic Center Drive
Augusta, ME

Any interested party requiring special arrangements to attend the hearing must contact the agency person listed below before Friday, August 7, 2009.

DEADLINE FOR COMMENTS: Comments must be received by midnight August 22, 2009.

AGENCY CONTACT PERSON: Derrick Grant, Comprehensive Health Planner
AGENCY NAME: Office of MaineCare Services
ADDRESS: 442 Civic Center Drive
11 State House Station
Augusta, Maine 04333-0011

TELEPHONE: 207-287-6427 FAX: (207) 287-9369 TTY: 1-800-423-4331 or 207-287-1828 (Deaf or Hard of Hearing)

ALL PROCEDURE CODES IN THIS SECTION WILL CHANGE. MAINECARE WILL SEND A WRITTEN NOTICE TO ALL PROVIDERS AT LEAST 30 DAYS IN ADVANCE, NOTIFYING THEM OF THE CODING CHANGES FOR THE FOLLOWING PROCEDURE CODES.

PROC CODE	DESCRIPTION	MAXIMUM ALLOWANCE	UNIT	
	SPEECH-LANGUAGE PATHOLOGIST AT SPEECH AND HEARING AGENCY			
SHC11	Speech, Voice, And Language Evaluation, Diagnosis, and Plan of Care, by Speech-Language Pathologist	$32.43	Per 1/2 Hr.	**Deleted:** 27.74
SHC12	Speech, Voice, and Language Evaluation, Diagnosis, and Plan of Care, by Speech-Language Pathologist	$16.22	Per 1/4 Hr.	**Deleted:** 13.87
SHC13	Speech, Voice, and Language Therapy and/or Aural Rehabilitation, Individual, by Speech-Language Pathologist	$32.43	Per 1/2 Hr.	**Deleted:** 27.74
SHC14	Speech, Voice, and Language Therapy and/or Aural Rehabilitation, Individual, by Speech-Language Pathologist	$16.22	Per 1/4 Hr.	**Deleted:** 13.87
SHC15	Speech, Voice, and Language Therapy and/or Aural Rehabilitation, Group, by Speech-Language Pathologist	$21.51	Per 1/2 Hr.	**Deleted:** 18.40
SHC16	Speech, Voice, and Language Therapy and/or Aural Rehabilitation, Group, by Speech-Language Pathologist	$10.76	Per 1/4 Hr.	**Deleted:** 9.20
SHC17	Speech-Language Pathology, Collateral Services	$32.43	Per 1/2 Hr.	**Deleted:** 27.74
SHC18	Speech-Language Pathology, Collateral Services	$16.22	Per 1/4 Hr.	**Deleted:** 13.87

PROC CODE	DESCRIPTION	MAXIMUM ALLOWANCE	UNIT	
SHC19	Speech and Language Periodic Reevaluation	$32.43	Per 1/2 Hr.	Deleted: 27.74
SHC20	Speech and Language Periodic Reevaluation	$16.22	Per 1/4 Hr.	Deleted: 13.87
SHC21	Speech-Language Pathology Diagnostic Services at Physician's Request	$32.43	Per 1/2 Hr.	Deleted: 27.74
SHC22	Speech-Language Pathology Diagnostic Services at Physician's Request	$16.22	Per 1/4 Hr.	Deleted: 13.87
SHC23	Hearing Screening by a Speech-Language Pathologist	$32.43	Per 1/2 Hr.	Deleted: 27.74
SHC24	Hearing Screening by a Speech-Language Pathologist	$16.22	Per 1/4 Hr.	Deleted: 13.87
	SPEECH-LANGUAGE PATHOLOGY ASSISTANT AT SPEECH AND HEARING AGENCY			
SHC25	Speech, Voice, and Language Therapy and/or Aural Rehabilitation, Individual, by a Speech-Language Pathology Assistant	$16.22	Per 1/4 Hr.	Deleted: 13.87
SHC26	Speech, Voice, and Language Therapy and/or Aural Rehabilitation, Individual, by a Speech-Language Pathology Assistant	$ 10.76	Per 1/4 Hr.	Deleted: 9.20
SHC27	Speech, Voice, and Language Therapy and/or Aural Rehabilitation, Group, by a Speech-Language Pathology Assistant	$16.22	Per 1/4 Hr.	Deleted: 13.87
SHC28	Speech, Voice, and Language Therapy and/or Aural Rehabilitation, Group, by a Speech-Language Pathology Assistant	$16.22	Per 1/4 Hr.	Deleted: 13.87
SHC29	Hearing Screening by a Speech-Language Pathology Assistant	$32.43	Per 1/2 Hr.	Deleted: 27.74

PROC CODE	DESCRIPTION	MAXIMUM ALLOWANCE	UNIT	
SHC30	Hearing Screening by a Speech-Language Pathology Assistant	$16.22	Per 1/4 Hr.	Deleted: 13.87
SHC31	Speech, Voice and/or Language Screening by a Speech-Language Pathology Assistant	$32.43	Per 1/2 Hr.	Deleted: 27.74
SHC32	Speech, Voice and/or Language Screening by a Speech-Language Pathology Assistant	$16.22	Per 1/4 Hr.	Deleted: 13.87
	AUGMENTATIVE SERVICES AT SPEECH AND HEARING AGENCY			
SHC33	Augmentative Communication Evaluation	$16.22	Per 1/4 Hr.	Deleted: 13.87
SHC34	Therapeutic Adaptations and Set-Up for Assistive/Adaptive Equipment	$16.22	Per 1/4 Hr.	Deleted: 13.87
SHC35	Reprogramming	$16.22	Per 1/4 Hr.	Deleted: 13.87
	AUDIOLOGY SERVICES AT SPEECH AND HEARING AGENCY			
SHC36	Audiologic Evaluation, Diagnosis and Plan of Care, by Audiologist	$32.43	Per 1/2 Hr.	Deleted: 27.74
SHC37	Audiologic Evaluation, Diagnosis and Plan of Care, by Audiologist	$16.22	Per 1/4 Hr.	Deleted: 13.87
SHC38	Audiologic Evaluation for Difficult To Test Person, Based on a Written Plan of Care	$32.43	Per 1/2 Hr.	Deleted: 27.74
SHC39	Audiologic Evaluation for Difficult To Test Person, Based on a Written Plan of Care	$16.22	Per 1/4 Hr.	Deleted: 13.87
SHC40	Audiologic Evaluation for Site of Lesion	$32.43	Per 1/2 Hr.	Deleted: 27.74
SHC41	Audiologic Evaluation for Site of Lesion	$16.22	Per 1/4 Hr.	Deleted: 13.87

PROC CODE	DESCRIPTION	MAXIMUM ALLOWANCE	UNIT	
SHC42	Hearing Aid Evaluation, Related Procedures by Audiologist	$32.43	Per 1/2 Hr.	Deleted: 27.74
SHC43	Hearing Aid Evaluation, Related Procedures by Audiologist	$16.22	Per 1/4 Hr.	Deleted: 13.87
SHC44	Aural Or Language Rehabilitation (including Speech Reading and Cochlear Implant Follow-up Services), Individual, by Audiologist	$32.43	Per 1/2 Hr.	Deleted: 27.74
SHC45	Aural Or Language Rehabilitation (including Speech Reading and Cochlear Implant Follow-up Services), Individual, by Audiologist	$16.22	Per 1/4 Hr.	Deleted: 13.87
SHC46	Aural Or Language Rehabilitation (including Speech Reading), Group, by Audiologist	$21.51	Per 1/2 Hr.	Deleted: 18.40
SHC47	Aural Or Language Rehabilitation (including Speech Reading), Group, by Audiologist	$10.76	Per 1/4 Hr.	Deleted: 9.20
SHC48	Audiology, Collateral Services	$32.43	Per 1/2 Hr.	Deleted: 27.74
SHC49	Audiology, Collateral Services	$16.22	Per 1/4 Hr.	Deleted: 13.87
SHC50	Audiologic Evaluation as a Result of Change In Hearing Status Because of Disease, Trauma	$32.43	Per 1/2 Hr.	Deleted: 27.74
SHC51	Audiologic Evaluation as a Result of Change In Hearing Status Because of Disease, Trauma	$16.22	Per 1/4 Hr.	Deleted: 13.87
SHC52	Hearing and/or Hearing Aid Periodic Recheck	$32.43	Per 1/2 Hr.	Deleted: 27.74
SHC53	Hearing and/or Hearing Aid Periodic Recheck	$16.22	Per 1/4 Hr.	Deleted: 13.87
SHC54	Hearing, Screening, Age Appropriate, by Audiologist	$32.43	Per 1/2 Hr.	Deleted: 27.74

PROC CODE	DESCRIPTION	MAXIMUM ALLOWANCE	UNIT	
SHC55	Hearing, Screening, Age Appropriate, by Audiologist	$16.22	Per 1/4 Hr.	Deleted: 13.87
SHC56	Audiologic Diagnostic Services at Physician's Request	$32.43	Per 1/2 Hr.	Deleted: 27.74
SHC57	Audiologic Diagnostic Services at Physician's Request	$16.22	Per 1/4 Hr.	Deleted: 13.87
SHC58	Speech, Voice and/or Language Screening by a Speech-Language Pathologist	$32.43	Per 1/2 Hr.	Deleted: 27.74
SHC59	Speech, Voice and/or Language Screening by a Speech-Language Pathologist	$16.22	Per 1/4 Hr.	Deleted: 13.87
SHC60	Ear Mold	$34.49	Each	Deleted: 29.50

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PROC CODE	DESCRIPTION	MAXIMUM ALLOWANCE	UNIT
	INDEPENDENT SPEECH-LANGUAGE PATHOLOGIST		
6021	Speech, Voice, and Language Evaluation, Diagnosis, and Plan of Care, by Speech-Language Pathologist	$18.00	Per 1/4 Hr.
6001	Speech, Voice, and Language Therapy and/or Aural Rehabilitation, Individual, by Speech-Language Pathologist	$23.50	Per 1/2 Hr.
6022	Speech, Voice, and Language Therapy and/or Aural Rehabilitation, Individual, by Speech-Language Pathologist	$11.75	Per 1/4 Hr.
6002	Speech, Voice, and Language Therapy and/or Aural Rehabilitation, Group, by Speech-Language Pathologist	$15.60	Per 1/2 Hr.
6023	Speech, Voice, and Language Therapy and/or Aural Rehabilitation, Group, by Speech-Language Pathologist	$ 7.80	Per 1/4 Hr.
6003	Speech-Language Pathology, Collateral Services	$23.50	Per 1/2 Hr.
6025	Speech-Language Pathology, Collateral Services	$11.75	Per 1/4 Hr.
6004	Speech and Language Periodic Reevaluation	$23.50	Per 1/2 Hr.
6026	Speech and Language Periodic Reevaluation	$11.75	Per 1/4 Hr.

PROC CODE	DESCRIPTION	MAXIMUM ALLOWANCE	UNIT
6005	Speech-Language Pathology Diagnostic Services at Physician's Request	$23.50	Per 1/2 Hr.
6027	Speech-Language Pathology Diagnostic Services at Physician's Request	$11.75	Per 1/4 Hr.
6006	Hearing Screening by a Speech-Language Pathologist	$23.50	Per 1/2 Hr.
6028	Hearing Screening by a Speech-Language Pathologist	$11.75	Per 1/4 Hr.
6046	Speech, Voice, and Language Therapy and/or Aural Rehabilitation, Individual, by a Registered Speech-Language Pathology Assistant	$11.75	Per 1/4 Hr.
6048	Speech, Voice, and Language Therapy and/or Aural Rehabilitation, Group, by a Registered Speech-Language Pathology Assistant	$ 7.80	Per 1/4 Hr.
6050	Hearing Screening by a Registered Speech-Language Pathology Assistant	$11.75	Per 1/4 Hr.
6052	Speech, Voice and/or Language Screening by a Registered Speech-Language Pathology Assistant	$11.75	Per 1/4 Hr.
6018	Speech, Voice and/or Language Screening by a Speech-Language Pathologist	$23.50	Per 1/2 Hr.
6029	Speech, Voice and/or Language Screening by a Speech-Language Pathologist	$11.75	Per 1/4 Hr.
	SPEECH-LANGUAGE PATHOLOGIST ASSISTANT AT INDEPENDENT SPEECH-LANGUAGE PATHOLOGIST		
6045	Speech, Voice, and Language Therapy and/or Aural Rehabilitation, Individual, by a Licensed Speech-Language Pathologist Assistant	$23.50	Per 1/2 Hr.

PROC CODE	DESCRIPTION	MAXIMUM ALLOWANCE	UNIT
6046	Speech, Voice, and Language Therapy and/or Aural Rehabilitation, Individual, by a Licensed Speech-Language Pathologist Assistant	$11.75	Per 1/4 Hr
6047	Speech, Voice, and Language Therapy and/or Aural Rehabilitation, Group, by a Licensed Speech-Language Pathologist Assistant	$15.60	Per 1/2 Hr.
6048	Speech, Voice, and Language Therapy and/or Aural Rehabilitation, Group, by a Licensed Speech-Language Pathologist Assistant	$ 7.80	Per 1/4 Hr.
6049	Hearing Screening by a Licensed Speech-Language Pathologist Assistant	$23.50	Per 1/2 Hr.
6050	Hearing Screening by a Licensed Speech-Language Pathologist Assistant	$11.75	Per 1/4 Hr.
6051	Speech, Voice and/or Language Screening by a Licensed Speech-Language Pathologist Assistant	$23.50	Per 1/2 Hr.
6052	Speech, Voice and/or Language Screening by a Licensed Speech-Language Pathologist Assistant	$11.75	Per 1/4 Hr.
	AUGMENTATIVE SERVICES BY AN INDEPENDENT SPEECH-LANGUAGE PATHOLOGIST, OR A SPEECH-LANGUAGE PATHOLOGY ASSISTANT WORKING UNDER THE AUSPICES OF AN INDEPENDENT SPEECH-LANGUAGE PATHOLOGIST		
6063	Augmentative Communication Evaluation	$11.75	Per 1/4 Hr.
6064	Therapeutic Adaptations and Set-Up for Assistive/Adaptive Equipment	$11.75	Per 1/4 Hr.
6065	Reprogramming	$11.75	Per 1/4 Hr.

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PROC CODE	DESCRIPTION	MAXIMUM ALLOWANCE	UNIT
	INDEPENDENT AUDIOLOGIST		
6033	Hearing Aid Evaluation, Related Procedures and Report, by Audiologist	$11.75	Per 1/4 Hr.
6011	Aural or Language Rehabilitation (including speech reading), Individual, by Audiologist	$23.50	Per 1/2 Hr.
6034	Aural or Language Rehabilitation (including speech reading), Individual, by Audiologist	$11.75	Per 1/4 Hr.
6012	Aural or Language Rehabilitation (including speech reading), Group, by Audiologist	$15.60	Per 1/2 Hr.
6035	Aural or Language Rehabilitation (including speech reading), Group, by Audiologist	$ 7.80	Per 1/4 Hr.
6013	Audiology, Collateral Services	$23.50	Per 1/2 Hr.
6036	Audiology, Collateral Services	$11.75	Per 1/4 Hr.
6014	Audiologic Evaluation as a Result of Change in Hearing Status Because of Disease, Trauma	$23.50	Per 1/2 Hr.
6037	Audiologic Evaluation as a Result of Change in Hearing Status Because of Disease, Trauma	$11.75	Per 1/4 Hr.
6015	Hearing and/or Hearing Aid Periodic Recheck	$23.50	Per 1/2 Hr.
6038	Hearing and/or Hearing Aid Periodic Recheck	$11.75	Per 1/4 Hr.

PROC CODE	DESCRIPTION	MAXIMUM ALLOWANCE	UNIT
6016	Hearing, Screening, Age Appropriate, by Audiologist	$23.50	Per 1/2 Hr.
6039	Hearing, Screening, Age Appropriate, by Audiologist	$11.75	Per 1/4 Hr.
6017	Audiologic Diagnostic Services at Physician's Request	$28.00	Per 1/2 Hr.
6040	Audiologic Diagnostic Services at Physician's Request	$11.75	Per 1/4 Hr.
6019	Ear Mold	$25.00	Each