September 23, 2009

TO: Interested Parties

FROM: Anthony Marple, Director, MaineCare Services

SUBJECT: Emergency Rule: MaineCare Benefits Manual, Chapters II and III, Section 3, Ambulatory Care Clinics

The Department has determined that the immediate adoption of these rules is necessary to avoid an immediate threat to public health, safety, or general welfare. The threat to public health is due to the expected escalation of 2009 Influenza A (H1N1) this fall. The Department needs to act immediately to assure that as many citizens as possible are protected against H1N1 and seasonal flu. This public health emergency has been a topic discussed by the World Health Organization, the United States Department of Health and Human Services Secretary Kathleen Sebelius, and Maine Governor John E. Baldacci. On June 13, 2009, HHS Secretary Sebelius issued a public health emergency proclamation under the Public Readiness and Emergency Preparedness Act (42 U.S.C. §247-d-6d). On September 1, 2009, Governor Baldacci issued an Emergency Proclamation, requiring the DHHS Maine Center for Disease Control to coordinate with the Maine Emergency Management Agency to identify those qualified health care providers determined necessary to participate in planned vaccinations for seasonal and H1N1 flu. This emergency rule is intended to increase participation of providers who may administer such vaccines, by providing financial reimbursement for administration of the vaccines for MaineCare eligible members, in hopes of increasing the numbers of MaineCare members who are vaccinated against both seasonal and H1N1 flu, and making such vaccinations available as soon as possible.

MaineCare is working collaboratively with the Maine Center for Disease Control (CDC) and other public agencies to minimize the impact of this serious health risk by adding coverage for administration of H1N1 vaccines for MaineCare members. This initiative is in direct response to recently announced recommendations of Governor John Baldacci’s H1N1 Response Committee, which includes representatives from several state agencies, including those from health and human services, public safety, education, and emergency management. Governor Baldacci also recently announced that Maine’s four largest health insurers will also participate in this collaborative effort to assure those covered under their plans also have access to H1N1 vaccines. This emergency rule is filed in response to Governor Baldacci’s Proclamation of Civil Emergency issued on September 1, 2009, in order to facilitate a statewide vaccination campaign. More details are available at: http://www.maine.gov/tools/whatsnew/index.php?topic=Portal+News&id=78666&v=article-2008

Accordingly, MaineCare is immediately adding reimbursement for administration of H1N1 and seasonal flu shots in flu clinics provided by Maine’s ambulatory care clinics. Ambulatory Care Clinic providers, schools, and Home Health Agencies will be reimbursed $5 per vaccination for administration of these flu vaccines to MaineCare members. This emergency rulemaking will allow the Department to immediately work with providers to appropriately enroll them as ambulatory care clinic providers. While H1N1 vaccines are expected to be available in October, seasonal flu shots are
already available for distribution. It is crucial that as many individual as possible immediately receive seasonal flu vaccines, since those who contract seasonal flu are at greater risk for either contracting or experiencing complications for H1N1 flu. It is even more critically important that high risk populations, such as pregnant women, children and young adults up to age 24, persons with diabetes, compromised immunosuppressive systems, and asthma, many of which are covered by MaineCare, have access to these vaccinations. This emergency rulemaking will allow ambulatory care clinics to vaccinate MaineCare members in hopes of reducing the impact of both H1N1 and seasonal flu in Maine this fall.

These rules will remain in effect for 90 days while the Department permanently adopts these changes in a proposed rulemaking. The emergency rulemaking will not yield any new administrative burdens or compliance-related costs that could fiscally impact municipal or county governments. The rulemaking has no adverse impact on small business, as all providers impacted by these rules employ more than twenty employees.

Rules and related rulemaking documents may be reviewed at and printed from the Office of MaineCare Services website at, http://www.maine.gov/dhhs/bms/rules/provider_rules_policies.htm 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.
Notice of Agency Rule-making Adoption

AGENCY: Department of Health and Human Services, MaineCare Services

CHAPTER NUMBER AND TITLE: MaineCare Benefits Manual, Chapters II and III, Ambulatory Care Clinics

ADOPTED RULE NUMBER:

CONCISE SUMMARY: The Department has determined that the immediate adoption of these rules is necessary to avoid an immediate threat to public health, safety, or general welfare. The threat to public health is due to the expected escalation of 2009 Influenza A (H1N1) this fall. The Department needs to act immediately to assure that as many citizens as possible are protected against H1N1 and seasonal flu. This public health emergency has been a topic discussed by the World Health Organization, the United States Department of Health and Human Services Secretary Kathleen Sebelius, and Maine Governor John E. Baldacci. On June 13, 2009, HHS Secretary Sebelius issued a public health emergency proclamation under the Public Readiness and Emergency Preparedness Act (42 U.S.C. §247-d-6d). On September 1, 2009, Governor Baldacci issued an Emergency Proclamation, requiring the DHHS Maine Center for Disease Control to coordinate with the Maine Emergency Management Agency to identify those qualified health care providers determined necessary to participate in planned vaccinations for seasonal and H1N1 flu. This emergency rule is intended to increase participation of providers who may administer such vaccines, by providing financial reimbursement for administration of the vaccines for MaineCare eligible members, in hopes of increasing the numbers of MaineCare members who are vaccinated against both seasonal and H1N1 flu, and making such vaccinations available as soon as possible.

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EFFECTIVE DATE: September 23, 2009

AGENCY CONTACT PERSON: Patricia Dushuttle
AGENCY NAME: Office of MaineCare Services
ADDRESS: 442 Civic Center Drive
11 State House Station
Augusta, Maine 04333-0011
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.01</td>
<td>DEFINITIONS</td>
<td>1</td>
</tr>
<tr>
<td>3.01-1</td>
<td>Ambulatory Care Clinic</td>
<td>1</td>
</tr>
<tr>
<td>3.01-2</td>
<td>Covered Services</td>
<td>1</td>
</tr>
<tr>
<td>3.01-3</td>
<td>Indian Health Center</td>
<td>1</td>
</tr>
<tr>
<td>3.01-4</td>
<td>Indian Health Center Unit of Service</td>
<td>1</td>
</tr>
<tr>
<td>3.01-5</td>
<td>Primary Health Care</td>
<td>1</td>
</tr>
<tr>
<td>3.01-6</td>
<td>Flu Clinics</td>
<td>1</td>
</tr>
<tr>
<td>3.02</td>
<td>ELIGIBILITY FOR CARE</td>
<td>1</td>
</tr>
<tr>
<td>3.03</td>
<td>DURATION OF CARE</td>
<td>1</td>
</tr>
<tr>
<td>3.04</td>
<td>COVERED SERVICES</td>
<td>2</td>
</tr>
<tr>
<td>3.04-1</td>
<td>Covered Services for Primary Health Care Clinics, Well Child Clinics and School Health Clinics</td>
<td>2</td>
</tr>
<tr>
<td>3.04-2</td>
<td>Covered Services for Indian Health Centers</td>
<td>2</td>
</tr>
<tr>
<td>3.04-3</td>
<td>Interpreter Services</td>
<td>4</td>
</tr>
<tr>
<td>3.04-4</td>
<td>Flu Clinics</td>
<td>5</td>
</tr>
<tr>
<td>3.05</td>
<td>NON-COVERED SERVICES</td>
<td>5</td>
</tr>
<tr>
<td>3.05-1</td>
<td>Academic Services</td>
<td>5</td>
</tr>
<tr>
<td>3.05-2</td>
<td>Vocational Services</td>
<td>5</td>
</tr>
<tr>
<td>3.05-3</td>
<td>Socialization or Recreation Services</td>
<td>5</td>
</tr>
<tr>
<td>3.05-4</td>
<td>Custodial Services</td>
<td>5</td>
</tr>
<tr>
<td>3.06</td>
<td>POLICIES AND PROCEDURES</td>
<td>5</td>
</tr>
<tr>
<td>3.06-1</td>
<td>Professional Staff</td>
<td>5</td>
</tr>
<tr>
<td>3.06-2</td>
<td>Supervision by a Physician</td>
<td>8</td>
</tr>
<tr>
<td>3.06-3</td>
<td>Patient Records</td>
<td>8</td>
</tr>
<tr>
<td>3.06-4</td>
<td>Surveillance and Utilization Review</td>
<td>8</td>
</tr>
<tr>
<td>3.07</td>
<td>REIMBURSEMENT</td>
<td>9</td>
</tr>
<tr>
<td>3.08</td>
<td>BILLING INSTRUCTIONS</td>
<td>10</td>
</tr>
<tr>
<td>3.08-1</td>
<td>Primary Health Care Clinic, Well Child Clinic and School Health Clinic Special Instructions</td>
<td>10</td>
</tr>
<tr>
<td>3.08-2</td>
<td>Indian Health Center Special Instructions</td>
<td>10</td>
</tr>
</tbody>
</table>
3.01 **DEFINITIONS**

3.01-1 **Ambulatory Care Clinic** means a primary health care clinic, a well child clinic or a school health clinic that performs any of the services described in 3.04-1 or an Indian Health Center which performs any of the services described in 3.04-2.

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 **Indian Health Center** is an outpatient health program or facility operated by a tribe or tribal organization under the Indian Self-Determination Act or by an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act as of October 1, 1991.

3.01-4 **Indian Health Center Unit of Service** is a visit that includes face-to-face contact with one or more of the clinic's professional staff and, where appropriate, provision of supplies, treatments or laboratory services.

3.01-5 **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.

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3.01-6 **Flu Clinic providers** refers to those providers who are enrolled under this Section to be reimbursed only for administration of seasonal and 2009 Influenza 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**

An individual may receive covered services from an Ambulatory Care Clinic if he or she is enrolled in the Medicaid program as either:

A. A Categorically Needy recipient, whose eligibility is shown on the medical eligibility card as MM, or

B. A Medically Needy recipient, whose eligibility is shown on the Medicaid eligibility card as MI.

It is the responsibility of the provider to verify a recipient's eligibility for Medical Assistance prior to providing services by requesting the individual to present his or her medical eligibility card on each occasion that services are provided.

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 Primary Health Care Clinics, Well Child Clinics and 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. Primary health care clinics must have an on-call system to ensure the availability of covered services outside of regular office hours.

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;
3.04 COVERED SERVICES (cont.)

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 Maine Medical Assistance 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 Maine Medical Assistance Manual.

E. Nursing services provided under the Maine Medicaid home health benefit as described in Chapter II, Section 40 of the Maine Medical Assistance 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)

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.
3.04  COVERED SERVICES (cont.)

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.

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 COVERED SERVICES (cont.)

3.04-3 Interpreter Services

All Ambulatory Care Clinics, when providing covered services as described in this Section of the Maine Medical Assistance 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 is 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.

EMG EFF 9/23/09

3.04-4 Flu Clinic Providers

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 the H1N1 administration to all MaineCare members. The state also supplies seasonal flu vaccine for children. Providers may bill acquisition cost only for season flu administration for adults, in addition to the $5 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.)**

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.)**

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 Maine Medical Assistance Manual.

3.02-6 **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 POLICIES AND PROCEDURES (cont.)

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 Surveillance and Utilization Review

A. Surveillance and Utilization Review 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 **POLICIES AND PROCEDURES (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**

Reimbursement for covered services provided by primary health care clinics, school health clinics and well child 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 well child clinics or school health clinics is available based on a negotiated rate between the provider and the Bureau of Medical 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 the Medical Assistance Program.
3.08 **BILLING INSTRUCTIONS**

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

3.08-1 **Primary Health Care Clinic, Well Child Clinic and School Health Clinic Special Instructions**

Each clinic must only bill using codes specific to that type of health care organization 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 Maine Medical Assistance 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**

The visit code Z9639 is to be billed when the services provided fall into the categories described under Covered Services except in those instances listed below. The daily services(s) are indicated as one unit of service, listed on one line of the HCFA-1500 claim form.

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 Maine Medical Assistance 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 codes listed in Chapter III, Section 3 shall be noted on the HCFA 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 under the Additional Visit code Z9641 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.
3.08 BILLING INSTRUCTIONS (cont.)

In order to ensure appropriate federal financial participation, non-tribal members must be identified on the HCFA 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 Maine Medical Assistance 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 Health Centers must provide a copy of their contract with the Indian Health Service.
## ALLOWANCES FOR AMBULATORY CARE CLINIC SERVICES

**Primary Health Care Clinic**

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<th>DESCRIPTION</th>
<th>MAXIMUM ALLOWANCE</th>
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<tbody>
<tr>
<td>Z9630</td>
<td>Brief Service: Evaluation and treatment of a condition requiring only an abbreviated history and examination.</td>
<td>$15.56</td>
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<td>Z9631</td>
<td>Intermediate Service: Evaluation of a new or existing condition beyond that of a follow-up, substantiated by documentation noting change and/or complication necessitating evaluation in the course of an otherwise stable condition.</td>
<td>$26.39</td>
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<tr>
<td>Z9632</td>
<td>Comprehensive Service: Level of service which provides an in-depth evaluation of the patient with a new or existing problem requiring the development or complete re-evaluation of medical data including recording of chief complaint, present illness, family history, past medical history, personal history, a complete physical exam, and the ordering of appropriate diagnostic tests and procedures.</td>
<td>$38.77</td>
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**Well Child Clinic**

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<tr>
<td>Z9637</td>
<td>Visit</td>
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**School Health Clinic and Flu Clinics**

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<th>MAXIMUM ALLOWANCE</th>
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<tbody>
<tr>
<td>Z6514</td>
<td>Administration of non H1N1 vaccine</td>
<td>$5.00</td>
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<tr>
<td>90655-90658</td>
<td>Seasonal Flu Vaccine, non-state supplied, only reimbursed when state supplied vaccine is not covered (adults).</td>
<td>Acquisition Cost</td>
</tr>
<tr>
<td>Z6578</td>
<td>Administration of H1N1 vaccine</td>
<td>$5.00</td>
</tr>
</tbody>
</table>

**Primary Health Care Clinics, Well Child Clinics and School Health Clinics**

<table>
<thead>
<tr>
<th>PROC CODE</th>
<th>DESCRIPTION</th>
<th>MAXIMUM ALLOWANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z9667</td>
<td>Interpreter Services (one hour during normal business hours)</td>
<td>$30.00</td>
</tr>
<tr>
<td>Z9668</td>
<td>Interpreter Services (one hour during non-business hours)</td>
<td>$40.00</td>
</tr>
<tr>
<td>Z9669</td>
<td>Interpreter Services (additional 1/4 hour)</td>
<td>$7.50</td>
</tr>
</tbody>
</table>