Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner

Maine Department of Health and Human Services
MaineCare Services
Policy Division
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 624-4050; Fax: (207) 287-6106
TTY: Dial 711 (Maine Relay)

DATE: November 15, 2023

TO: Interested Parties

FROM: Michelle Probert, Director, MaineCare Services

SUBJECT: Proposed Rule: 10-144 C.M.R. ch. 101, MaineCare Benefits Manual, Chapter II, Section 94, Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT)

PUBLIC HEARING: December 8, 2023, at 2 p.m.

The Department will hold a combined in-person and remote (via Zoom) public hearing.
Location: State Office Building, Conference Rooms A and B, 109 Capitol Street, Augusta, ME.

Zoom Meeting link:
https://mainestate.zoom.us/j/86850790395?pwd=OHpQdTlQdFhDOXF2ZWkycmRLT3pndz09

Some devices may require downloading a free app from Zoom prior to joining the public hearing event. The Department requests that any individual requiring special arrangements to attend the hearing in person contact the agency person listed below 5 days in advance of the hearing.

Meeting ID: 868 5079 0395

COMMENT DEADLINE: Comments must be received by 11:59 PM on December 18, 2023.

This letter gives notice of proposed rule: 10-144 C.M.R. ch. 101, MaineCare Benefits Manual, Chapter II, Section 94, Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT).

In order to codify telehealth visits allowable during the Public Health Emergency, to add the service of immunization counseling, and to add eligibility for MaineCare to pregnant individuals of any age who but for their immigration status would be eligible for MaineCare, this proposed rulemaking seeks to make the following changes:

Addition of well-child visit: In response to the COVID-19 pandemic, on May 13, 2020, the Department emergency adopted MaineCare Benefits Manual, Ch. I, Section 5, COVID-19 Public Health Emergency Services, which allowed members to receive a second well-child visit when an initial visit was completed via telehealth. This proposed rule codifies that extra visit allowed during the public health emergency in Section 94.06-1.

Immunizations: The proposed rule adds coverage for immunization counseling in Section 94.04-4.

Eligibility: In Section 94.02-02, the proposed rule adds eligibility for EPSDT services. In accordance with the MaineCare Eligibility Manual, 10-144 Ch. 332 Part 3, Section 2.3, III, Coverage for Pregnant Individuals for the Health of Unborn Children, a pregnant individual of any age who is eligible for

Medicaid but for noncitizen status and is covered under MaineCare's Children's Health Insurance Program (CHIP) is eligible for the services described in this Section.

Changes to the rule also include minor technical changes such as replacing the outdated Bright Futures periodicity schedule with the website address for the most updated schedule, instructing providers to use the EP modifier when billing, and replacing a telephone number with the name of the office.

Rules and related rulemaking documents may be reviewed at, or printed from, the MaineCare 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) 624-4050 or Maine Relay number 711.

A concise summary of the proposed rule is provided in the Notice of Agency Rulemaking Proposal, which can be found at http://www.maine.gov/sos/cec/rules/notices.html. This notice also provides information regarding the rulemaking process. Please address all comments to the agency contact person identified in the Notice of Agency Rulemaking Proposal.

Notice of Agency Rule-making Proposal

AGENCY: Department of Health and Human Services, MaineCare Services, Division of Policy

CHAPTER NUMBER AND TITLE: 10-144 C.M.R. Chapter 101, MaineCare Benefits Manual, Chapter II, Section 94, EPSDT

PROPOSED RULE NUMBER:

CONCISE SUMMARY:

In order to codify telehealth visits allowable during the Public Health Emergency, to add the service of immunization counseling, and to add eligibility for MaineCare to pregnant individuals of any age who but for their immigration status would be eligible for MaineCare, this proposed rulemaking seeks to make the following changes:

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Changes to the rule also include minor technical changes such as replacing the outdated Bright Futures periodicity schedule with the website address for the most updated schedule, instructing providers to use the EP modifier when billing, and replacing a telephone number with the name of the office.

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

STATUTORY AUTHORITY: 22 M.R.S. §§ 42, 3173

PUBLIC HEARING: December 8, 2023, at 2 p.m.

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Meeting ID: 868 5079 0395

DEADLINE FOR COMMENTS: Comments must be received by 11:59 PM on December 18, 2023.

AGENCY CONTACT PERSON: Jeannette Sedgwick, Comprehensive Health Planner II
Jeannette.Sedgwick@maine.gov
AGENCY NAME: MaineCare Services
ADDRESS: 109 Capitol Street, 11 State House Station
Augusta, Maine 04333-0011

TELEPHONE: 207-624-4086 FAX: (207) 287-6106
TTY: 711 (Deaf or Hard of Hearing)

IMPACT ON MUNICIPALITIES OR COUNTIES (if any): The Department anticipates that this rulemaking will not have any impact on municipalities or counties.

CONTACT PERSON FOR SMALL BUSINESS INFORMATION (if different): N/A

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Section 94	Early and Periodic Screening, Diagnosis and Treatment Services	Established: 05/01/10 Legally Effective:

94.01 INTRODUCTION

Members ~~under the age of twenty-one (21)~~ who qualify for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services may ~~get~~receive medically necessary *MaineCare Benefits Manual*, Chapter II, services for which they qualify. In addition, ~~Federal~~federal Medicaid regulations require that MaineCare provide ~~Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT)~~EPSDT to members under the age of 21 in accordance with 42 U.S.C. §1396d(a).

94.02 ELIGIBILITY FOR SERVICES

94.02-1 A MaineCare ~~members~~member under the age of 21 ~~are~~is eligible for services described in this Section.

94.02-2 In accordance with the MaineCare Eligibility Manual, 10-144 Ch. 332 Part 3, Section 2.3, III, Coverage for Pregnant Individuals for the Health of Unborn Children, a pregnant individual of any age who is eligible for Medicaid but for noncitizen status and is covered under MaineCare's Children's Health Insurance Program (CHIP) is eligible for the services described in this Section.

94.03 PREVENTION SERVICES

94.03-1 Bright Futures Health Assessment Visits

A. Bright Futures Guidelines

~~In Appendix 1,~~ MaineCare has adopted the most recent version of the Bright Futures ~~Guidelines~~Recommendations for Preventive Pediatric Health ~~Supervision of Infants, Children and Adolescents of the American Academy of Pediatrics (http://brightfutures.aap.org) (hereinafter "~~Care ("Bright Futures") as the standard of care expected at health assessment visits for MaineCare members under the age of 21. ~~There are nineteen (19) separate age appropriate MaineCare Bright Futures health assessment forms that delineate the age-specific guidelines for each required visit.~~

~~See Appendix 1 for the~~The MaineCare Bright Futures periodic health assessment schedule ~~that~~ begins with a neonatal examination and continues up to the age of 21. Separate age appropriate MaineCare Bright Futures health assessment forms delineate age-specific guidance for screenings, assessments, physical examinations, procedures, and timing of anticipatory guidance for each required visit. The Bright Futures recommended schedule can be found here: http://brightfutures.aap.org.

94.03 PREVENTION SERVICES (cont.)

B. **Provider Requirements**

In order to do health assessments under the Bright Futures guidelines, a provider must:

1. ~~be~~Be a physician, a ~~physician's~~physician assistant, an advanced practice registered nurse in private practice, or those staff employed in a Rural Health Clinic, an ambulatory care clinic, a hospital based practice, or a Federally Qualified Health Center;

2. ~~be~~Be a MaineCare provider, i.e~~.~~., have signed a MaineCare Provider/Supplier Agreement;

3. ~~sign~~Sign a Supplemental Provider Agreement;

4. ~~follow~~Follow the MaineCare Bright Futures periodic health assessment schedule ~~(Appendix 1);~~;

5. ~~document~~Document health assessment visits on the appropriate MaineCare Bright Futures health assessment form. If the health assessment exam using the Bright Futures guidelines differs from the reminders on the MaineCare health assessment form, please note it in the comment section of the form~~.~~;

   If one or more components of a health assessment visit are performed elsewhere (e.g. by another provider because of a referral, by a Head Start agency or by a school), the results of the procedure(s) done by others must be recorded on the MaineCare Bright Futures health assessment form before a provider may request payment for the health assessment visit. In all cases, each component of the health assessment must be addressed~~.~~;

6. ~~establish~~Establish and maintain a consolidated health record for each member that includes, but is not limited to, the following:

   a. ~~identifying~~Identifying information (e.g. member's name, address, birth date, MaineCare ID number, and the name of the caretaker, if applicable);

   b. ~~comprehensive~~Comprehensive health history including information from health assessment visits and/or from other providers;

   c. ~~documentation~~Documentation of comprehensive, unclothed and age-appropriate physical examinations;

94.03 PREVENTION SERVICES (cont.)

d. ~~documentation~~Documentation of the diagnosis and treatment of problems discovered or suspected as a result of a health assessment visit; and

e. ~~treatment~~Treatment plan as necessary for problems discovered. A provider of treatment may modify his or her treatment plan at any time. Also, a parent or other qualified provider may request modification of the treatment plan.

Providers may meet these documentation requirements by retaining completed copies of the MaineCare Bright Futures health assessment forms in each child's consolidated health record; and

7. ~~comply~~Comply with Chapter I, "Administrative Policies and Procedures", of the *MaineCare Benefits Manual* and any other Sections of the *MaineCare Benefits Manual* that apply to the services they provide.

C. **Lead**

1. Blood Lead Testing

MaineCare children are at significantly higher risk for lead exposure than other children and have higher lead levels according to MaineCare data.

As part of the Bright Futures health assessment visit done at one and two years of age, providers must test the blood for lead levels. MaineCare will ~~pay~~reimburse MaineCare physicians, ~~physician's~~physician assistants, and advanced practice registered nurses who are in private practice an enhanced reimbursement for venous and capillary blood draws when they are done for blood lead testing.

2. Environmental Investigations

MaineCare will reimburse the Maine Department of Health and Human Services, Centers for Disease Control and Prevention for environmental investigations of a child's home or primary residence when the child has been diagnosed as having an elevated blood ~~lead~~ level. MaineCare will not ~~pay~~reimburse for testing of substances such as soil, dust, paint, or water which are sent to a laboratory for analysis.

D. **Immunizations**

As part of the Bright Futures health assessment visit, providers must evaluate the member's immunization history and bring him or her up to date on all required immunizations. If immunizations are needed but

94.03 PREVENTION SERVICES (cont.)

cannot be administered at the time of a health assessment visit, the provider should recall the member to give the immunizations at a more appropriate time.

MaineCare recommends that providers use the Maine Department of Health and Human Services, Centers for Disease Control and Prevention, guidelines for provision of age-appropriate immunization counseling and immunizations. The Centers for Disease Control and Prevention uses the Federal Centers for Disease Control and Prevention guidelines. These guidelines may be obtained by contacting the Centers for Disease Control and Prevention Immunization Program.

E. **Health Assessments Done Outside of the Normal Schedule**

When children need health assessments outside of the normal schedule, providers must use the age appropriate MaineCare Bright Futures health assessment form for the age closest to the child's chronological age to document the visit.

When children have behavioral health issues, any treatment provider or individuals outside of the health care system can request an examination off the periodic health assessment schedule with the consent of the child and/or the child's parent(s) or guardian(s). Individuals outside of the health care system include, but are not limited to, teachers, school nurses, and day care providers.

F. **Follow-up Treatment**

The provider must initiate medically necessary follow-up treatment identified as needed during a health assessment visit, including but not limited to treatment for defects in vision, hearing, and dental care, at the earliest practical date commensurate with the needs of the child. Generally, this should happen within six months from the date of the health assessment visit.

Billing for follow-up treatment for health care needs identified during the health assessment visit must be done using the appropriate Evaluation and Management Current Procedural Terminology (CPT) codes. Do not use the MaineCare Bright Futures health assessment form when billing for follow-up treatment services.

Members enrolled in MaineCare managed care may need a referral from their primary care provider if the needed follow-up treatment is a "managed service."

94.03 PREVENTION SERVICES (cont.)

G. **Omission of Health Assessment Components**

One or more components of a health assessment visit may be omitted if any of the following circumstances exist. If any of the following circumstances exist and a component of the health assessment visit is not performed, the provider must record the appropriate reason on the MaineCare Bright Futures health assessment form.

1. Procedure Impossible to Perform

In some circumstances the member's behavior may be such that a procedure is impossible to perform. In the interest of providing comprehensive health assessments for all children, the provider should arrange another appointment with the member and attempt the procedure(s) again before submitting a claim for the health assessment visit.

2. Religious Exemption

Some procedures, especially immunizations, are contrary to the religious beliefs of some members/caretakers and may be refused on that basis.

3. Member/Caretaker Does Not Want Procedure Done

Members/caretakers occasionally may ask that specific procedures not be done. These personal requests may be granted, but should be distinguished from religious exemptions when possible.

4. Procedure Not Medically Necessary or Medically Contraindicated

The provider may omit a procedure if, in his/her professional judgment, the procedure is not medically necessary or is medically contraindicated.

94.04 HEALTH PROMOTION

94.04-1 **Informing and Periodicity**

MaineCare will inform all members about the availability of Early and Periodic Screening, Diagnosis and Treatment within sixty (60) calendar days of their enrollment in MaineCare and in the case of families that have not utilized such services, annually thereafter.

94.04 HEALTH PROMOTION (cont.)

MaineCare will notify members that a health assessment visit is due by the first of the month in which visits are due according to the MaineCare Bright Futures periodic health assessment schedule ~~(Appendix 1).~~.

94.04-2 **Special Assistance for Members under Age 21**

MaineCare will provide the following assistance to members.

A. Arrange or schedule appointments for services or treatment for problems found as a result of a health assessment visit~~.~~;

B. Find a MaineCare provider~~.~~;

C. Arrange transportation~~.~~;

D. Make referrals for follow-up by the Maine Department of Health and Human Services, Centers for Disease Control and Prevention, Public Health Nursing (PHN) staff or nursing staff under contract with the Centers for Disease Control and Prevention to perform PHN functions for, but not limited to, the following reasons. The child:

1. ~~does~~ Does not have a primary care provider;

2. ~~is~~ Is significantly behind in his/her immunizations;

3. ~~is~~ Is missing appointments with his or her provider(s); or

4. ~~needs~~ Needs a repeat blood lead test.

Providers may use the MaineCare Bright Futures health assessment form to request a referral to the Centers for Disease Control and Prevention or may call or fax the Health Care Management Unit of MaineCare Services~~.~~;

E. Help with issues identified as a result of a health assessment visit when requested by the provider~~.~~;

F. Provide information in alternative formats such as Braille or provide interpreter services for members who are deaf/hard of hearing or who are non-English or limited English speaking.

94.04-3 **Home Visits for Children Age Two and Under**

A. MaineCare will pay for home visits for families with a child ~~age~~aged two and under who is enrolled in MaineCare when one or more of the following risk criteria exist:

94.04 HEALTH PROMOTION (cont.)

1. The infant or child~~:~~
   a. had a birth weight under 2500 grams;
   b. was born pre-term, i.e. under 37 weeks; and/or
   c. has a chronic illness or disability.
2. The infant or child's~~:~~
   a. mother is single and was under 20 years of age at the time of birth; or
   b. a parent or parents ~~have been diagnosed~~are person(s) with ~~mental retardation.~~intellectual or developmental disabilities.
3. There is a history of substance abuse in the household, excluding nicotine use or abuse.

Home visit services are direct services provided by a registered nurse or other trained professional in accordance with a plan of care approved by the child's physician, ~~physician's~~physician assistant, or advanced practice registered nurse. Home visit services are not case management. MaineCare will pay for up to 2.5 hours of direct services provided in the home per family per month.

B. Staff at the following clinics, agencies, and centers may provide services through home visits~~, ambulatory care clinics, home health~~ ; Ambulatory Care Clinics; Home Health agencies~~,~~; Federally Qualified Health Centers; and Rural Health Clinics. Staff providing services through home visits must work within the scope of their licenses and any additional restrictions of the agencies employing them. Prior to doing a home visit, these staff members must:

1. ~~develop~~ Develop a plan of care based on the risk criterion being addressed~~,~~;

2. ~~make sure~~Ensure the plan is approved by the child's physician, ~~physician's~~physician assistant, or advanced practice registered nurse~~,~~; and

3. ~~request~~Request and receive prior authorization (PA) from the MaineCare Prior Authorization ~~(PA)~~ Unit of MaineCare Service.

94.04-4 **Immunization Counseling**

MaineCare reimburses immunization counseling that supports immunizations detailed in the Bright Futures Recommendations for Pediatric Preventive Health Care. MaineCare also covers immunization counseling for other types of immunizations, including, but not limited to, immunization for Covid-19.

94.05 ~~-~~TREATMENT SERVICES

94.05-1 **Providers**

Providers of treatment services must:

94.05 -TREATMENT SERVICES (cont.)

A. ~~be~~Be appropriately credentialed or licensed individuals or entities and be working within the scope of their licensure. For example: All durable medical equipment (DME) must be supplied through a DME provider~~,~~;

B. ~~sign~~Sign a MaineCare Provider/Supplier Agreement~~,~~;

C. ~~comply~~Comply with Chapter I, "Administrative Policies and Procedures", of the *MaineCare Benefits Manual*~~,~~; and

D. ~~comply~~Comply with all MaineCare policies found in those sections of the *MaineCare Benefits Manual* applicable to the service provided, including but not limited to provider qualification requirements.

94.05-2 **Covered Services**

A. Treatment services covered under ~~the~~ EPSDT ~~Program~~ consist of all medically necessary services listed in §1905(a) of the *Social Security Act* (42 U.S.C. ~~§§~~1396(a) and (r)) that are needed to correct or ameliorate defects and physical or mental conditions detected through the EPSDT screening process. The program covers only those treatment services that are not specifically included under any other MaineCare regulation~~,~~ because:

1. They are of a type not described in any other regulation~~.~~;

2. The frequency exceeds that covered by the regulation~~.~~; or

3. The duration exceeds that covered by the regulation.

B. To receive payment for services under ~~the~~ EPSDT ~~program~~, the member or provider must:

1. ~~A. obtain~~Obtain prior authorization;

~~B. demonstrate~~2. Demonstrate that the service is medically necessary, as the term is defined in Chapter I, ~~§1~~Section1.02~~-~~(D) of the *MaineCare Benefits Manual*; and

~~C. show~~3. Show that the service is not covered by another MaineCare regulation.

C. Treatment Services must:

~~A. be~~1. Be documented scientifically with valid clinical evidence of effectiveness. (The Department may request additional information to support the assertion that there is scientifically valid evidence of the efficacy of the proposed treatment or service.

94.05 ~~-~~TREATMENT SERVICES (cont)

The Department will request this information if it determines that the service requested is outside the scope of standard medical practice~~.);~~;

~~B. not~~2. Not be considered investigational or experimental;

~~C. be~~3. Be the most cost effective service that would provide the member with the same medically necessary outcome and intended purpose;

~~D. be~~4. Be prior authorized by the Authorization Unit of MaineCare Services. Requests for prior authorization of Durable Medical Equipment will be reviewed by an authorized agent of the Department~~.~~;

~~E. be~~5. Be medically necessary as defined in Chapter I, Section 1.02 (D);

~~F. not~~6. Not be custodial, academic, educational, vocational, recreational, or social in nature as described in Chapter I, Section 1.02 (D), "General Administrative Policies and Procedures", of this Manual; and

~~G. not~~7. Not be respite care, which is defined as services given to individuals unable to care for themselves that are provided on a short-term basis because of the absence or need for relief of those persons normally providing the care.

94.05-3 **Prior Authorization**

A. **Written Requests**

The MaineCare provider who is prescribing the treatment service must request and receive prior authorization from the Authorization Unit of MaineCare Services or the ~~Department's~~Department's Authorized Agent before the service is referred and/or provided.

To obtain prior authorization, the prescribing provider must complete the appropriate prior authorization request form available from the MaineCare Authorization Unit or on the ~~Department's website at: http://www.maine.gov/dhhs/oms/providerfiles/pa_inst_sheets_forms.html.~~Health PAS online portal on the Department's website at https://mainecare.maine.gov/Default.aspx.

To obtain prior authorization for durable medical equipment (DME~~),~~) without a rate on the applicable fee schedule, the request must be submitted on the MA-56R form. Any request for DME that is denied under Chapter II, Section 60, "Medical Supplies and Durable Medical Equipment" will be considered and reviewed under EPSDT criteria.

In addition, the MaineCare Authorization Unit may request the following additional information:

94.05 ~~-~~TREATMENT SERVICES (cont)

1. A plan of care that:

   a. ~~describes~~Describes the problem(s) or conditions(s) the plan addresses;

   b. ~~identifies~~Identifies the service(s) needed to address the problem(s) or condition(s) and why they will meet the medical needs;

   c. ~~describes~~Describes the frequency, duration, and goal of each needed service;

   d. ~~identifies~~Identifies the provider(s) who will provide each needed service; and

   e. ~~includes~~Includes the prescribing provider's signature.

   The prescribing provider must review and revise the plan at least annually. If a change in the child's health status requires a plan modification, the prescribing provider must revise and sign the plan within one week of the health status change.

2. Documentation of medical necessity of the services identified in the plan of care that, at a minimum, includes:

   a. Supporting medical records;

   b. What other service(s)/equipment has been tried, if any, and why it was unsuccessful;

   c. Explains clearly why the services are of a type, frequency or duration not otherwise covered by MaineCare regulations;

   d. Clearly addresses why services covered elsewhere in the *MaineCare Benefits Manual* are inappropriate or insufficient to meet the member's needs;

   e. Any supporting medical literature which demonstrates that the proposed service/equipment will be effective in addressing the member's need.

   The MaineCare Authorization Unit will notify providers of its decision regarding the request for prior authorization in accordance with Chapter I, "Administrative Policies and Procedures", of the *MaineCare Benefits Manual*.

B. **Emergency Requests**

In an emergency where the member's condition does not allow time for the prescribing provider to submit a written request, he/she may phone or fax the MaineCare Prior Authorization Unit requesting prior authorization of the service.

94.05 -TREATMENT SERVICES (cont)

In an emergency where the prescribing provider is unable to contact the MaineCare Prior Authorization Unit (e.g. evenings, weekends, holidays, mandatory shut-down days) and has documented the reasons why contact could not be made, MaineCare after receipt and review of such stated documentation may at the discretion of the Department authorize services retroactively to the start of the medical emergency. The prescribing provider must contact the MaineCare Prior Authorization Unit the next business day. In these cases, the prescribing provider must submit all necessary written documentation within seven (7) business days of the phone or fax contact.

94.06 BILLING AND REIMBURSEMENT

94.06-1 **Bright Futures Health Assessment Visits**

MaineCare will reimburse providers for one health assessment visit per member for each age shown on the ~~MaineCare Bright Futures periodic health assessment schedule (Appendix 1).~~Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care found at https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf. The Department covers one additional health assessment visit per member within a year following an initial assessment via telehealth for each age shone on the Bright Futures periodic health assessment schedule.

A. **Physicians, ~~Physician's~~Physician Assistants, Advanced Practice Registered Nurses in Private Practice**

Bill in accordance with the Billing Instructions of the Department for the CMS 1500.

~~Use the Evaluation and Management Preventive Medicine Services and Newborn Care codes set forth in the Early and Periodic Screening, Diagnosis and Treatment Services Appendix to the Billing Instructions. Contact MaineCare Services, Provider Relations Unit to get a copy of the Appendix to the Billing Instructions.~~

~~Bill in accordance with the Billing Instructions of the Department for the CMS 1500.~~

B. **Federally Qualified Health Centers (FQHC)/Rural Health Clinics (RHC)**

Use core visit code established in the *MaineCare Benefits Manual*, Chapter III, Section 31 (FQHCs) or Section 103 (RHCs).

~~Bill in accordance with the Billing Instructions of the Department for the CMS 1500.~~

Bill in accordance with the Billing Instructions of the Department for the CMS 1500.

94.06 BILLING AND REIMBURSEMENT (cont.)

C. **Hospital Based/Owned Physician Practices**

Bill in accordance with the Department's Billing Instructions for the CMS 1500 or the UB 04 as appropriate.

D. **Ambulatory Care Clinics**

Use codes established in the *MaineCare Benefits Manual*, Chapter III, "Ambulatory Care Clinics", Section 3.

Bill in accordance with the Billing Instructions of the Department for the CMS 1500.

E. **Durable Medical Equipment providers**

Use codes established in the *MaineCare Benefits Manual*, Chapter ~~III~~II, Section 60, "Medical Supplies and Durable Medical Equipment".

Bill in accordance with the Billing Instructions of the Department for the CMS 1500.

~~Bill in accordance with the Billing Instructions of the Department for the CMS 1500.~~

94.06-2~~.~~ **Lead Testing**

A. **Blood Lead Testing**

MaineCare will pay physicians, ~~physicians'~~physician assistants, advanced practice registered nurses, and other appropriately licensed providers rendering services within the scope of their practice an enhanced reimbursement for blood draws performed for the purpose of testing blood lead levels in MaineCare members at ages one (1) and two (2). Newly MaineCare eligible children between the ages of three (3) and five (5) years of age may also receive a screening blood lead test if they have not been previously screened for lead poisoning

~~Use codes/modifiers~~
Bill in ~~the Early and Periodic Screening, Diagnosis and Treatment Appendix to~~accordance with the Billing Instructions of the Department for the CMS 1500.

~~Bill in accordance with the Billing Instructions of the Department for the CMS 1500.~~

94.06 BILLING AND REIMBURSEMENT (cont.)

B. **Environmental Investigations**

MaineCare will pay the Maine Department of Health and Human Services, ~~Maine~~Centers for Disease Control and Prevention, for professional staff time and activities during an on-site investigation of a member's home (or primary residence) when the child has been diagnosed as having an elevated blood lead level. MaineCare will not reimburse for any testing of substances (e.g. soil, dust, water, paint) that are sent to a laboratory for analysis.

Bill in accordance with the Billing Instructions of the Department for the CMS 1500.

~~Use the code in the Early and Periodic Screening, Diagnosis and Treatment Appendix to the Billing Instructions.~~

~~Bill in accordance with the Billing Instructions of the Department for the CMS 1500.~~

94.06-3~~.~~ **Home Visits for Children Age Two (2) and Under**

MaineCare will pay for direct services provided in the child's home that are part of a plan of care approved by the member's physician, physician's assistant, or advanced practice registered nurse. MaineCare will pay for up to two point five (2.5) hours of direct service per family per month provided by a registered nurse or other specially trained professional employed either by a home health agency; a Federally Qualified Health Center; a Rural Health Clinic; or an Ambulatory Care Clinic.

~~Use the code in the Early and Periodic Screening, Diagnosis and Treatment Appendix to the Billing Instructions.~~

Bill in accordance with the Billing Instructions of the Department for the CMS 1500.

94.06-4~~.~~ **Treatment Services**

MaineCare will pay the lower of:

A. The provider's usual and customary charge as evidenced by a written fee schedule in accordance with Medicare guidelines; ~~or~~

B. The reimbursement rate established by MaineCare for treatment services in accordance with the guidelines of the originating section of MaineCare policy; or

C. The lowest published Durable Medical Equipment fee schedule, when applicable.

Bill using the Billing Instructions of the Department for the CMS 1500, UB 04, or ADA claim form, as appropriate. Providers billing for Treatment Services authorized under EPSDT shall append the EP modifier to the claim line.

94.06 BILLING AND REIMBURSEMENT (cont.)

NOTE: Billing instructions are included in the provider enrollment packet or are available by contacting ~~the MaineCare Services Billing and Information Unit at 1-800-321-5557 Option 8.~~

Section 94	Early and Periodic Screening, Diagnosis and Treatment Services	Established: 05/01/10 Legally Effective:

~~Recommendations for Preventive Pediatric Health Care Committee on Practice and Ambulatory Medicine~~

~~Appendix 1~~

~~Each child and family is unique; therefore, these **Recommendations for Preventive Pediatric Health Care** are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal.~~

~~These guidelines represent a consensus by the Committee on Practice and Ambulatory Medicine in consultation with national committees and sections of the American Academy of Pediatrics. The Committee emphasizes the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.~~

~~The following Bright Futures/AAP Periodicity Schedule with corresponding footnotes 1-23 is for visual reference only. Refer to Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents of the American Academy of Pediatrics at **http://brightfutures.aap.org/clinical_practice.html** for complete details.~~

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures.

Each child and family is unique; therefore, these **Recommendations for Preventive Pediatric Health Care** are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. **Additional visits may become necessary** if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of **continuity of care** in comprehensive health supervision and the need to avoid **fragmentation of care.**

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

	INFANCY								EARLY CHILDHOOD						
AGE[1]	PRENATAL[2]	NEWBORN[3]	3–5 d[4]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y
HISTORY															
Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS															
Length/Height and Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference		•	•	•	•	•	•	•	•	•	•	•			
Weight for Length		•	•	•	•	•	•	•	•	•	•				
Body Mass Index												•	•	•	•
Blood Pressure[5]		★	★	★	★	★	★	★	★	★	★	★	★	•	•
SENSORY SCREENING															
Vision		★	★	★	★	★	★	★	★	★	★	★	★	•[6]	•
Hearing		•[7]	★	★	★	★	★	★	★	★	★	★	★	★	•
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT															
Developmental Screening[8]								•			•		•		
Autism Screening[9]											•	•			
Developmental Surveillance[8]		•	•	•	•	•	•		•	•		•		•	•
Psychosocial/Behavioral Assessment		•	•	•	•	•	•	•	•	•	•	•	•	•	•
Alcohol and Drug Use Assessment															
PHYSICAL EXAMINATION[10]		•	•	•	•	•	•	•	•	•	•	•	•	•	•
PROCEDURES[11]															
Newborn Metabolic/Hemoglobin Screening[12]		←	•	—	→										
Immunization[13]		•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hematocrit or Hemoglobin[14]						★			•		★	★		★	★
Lead Screening[15]							★	★	• or ★[16]		★	• or ★[16]		★	★
Tuberculin Test[17]				★			★		★		★	★		★	★
Dyslipidemia Screening[18]												★			★
STI Screening[19]															
Cervical Dysplasia Screening[20]															
ORAL HEALTH[21]							★	★	• or ★[21]		• or ★[21]	• or ★[21]	• or ★[21]	•[22]	
ANTICIPATORY GUIDANCE[23]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

	MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[1]	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY																	
Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS																	
Length/Height and Weight	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference																	
Weight for Length																	
Body Mass Index	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure[5]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
SENSORY SCREENING																	
Vision	•	•	★	•	★	•	★	•	★	★	•	★	★	•	★	★	★
Hearing	•	•	★	•	★	•	★	★	★	★	★	★	★	★	★	★	★
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT																	
Developmental Screening[8]																	
Autism Screening[9]																	
Developmental Surveillance[8]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Psychosocial/Behavioral Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Alcohol and Drug Use Assessment							★	★	★	★	★	★	★	★	★	★	★
PHYSICAL EXAMINATION[10]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PROCEDURES[11]																	
Newborn Metabolic/Hemoglobin Screening[12]																	
Immunization[13]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hematocrit or Hemoglobin[14]	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead Screening[15]	★	★															
Tuberculin Test[17]	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia Screening[18]		★		★		★	★	★	★	★	★	★	★	←	—	•	→
STI Screening[19]							★	★	★	★	★	★	★	★	★	★	★
Cervical Dysplasia Screening[20]							★	★	★	★	★	★	★	★	★	★	★
ORAL HEALTH[21]		•[22]															
ANTICIPATORY GUIDANCE[23]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding per AAP statement "The Prenatal Visit" (2001) [illegible]
3. Every infant should have a newborn evaluation after birth, breastfeeding encouraged, and instruction and support offered.
4. Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital, to include evaluation for feeding and jaundice. [illegible]
5. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
6. If the patient is uncooperative, rescreen within 6 months per the AAP statement "Eye Examination in Infants, Children, and Young Adults by Pediatricians" (2007) [illegible]
7. All newborns should be screened per AAP statement "Year 2000 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" [illegible]

8.–15. [illegible]

16. Perform risk assessments or screens as appropriate, based on universal screening requirements for patients with Medicaid or high prevalence areas.
17. Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of *Red Book: Report of the Committee on Infectious Diseases*. Testing should be done on recognition of high-risk factors.

18.–23. [illegible]

KEY

• = to be performed ★ = risk assessment to be performed, with appropriate action to follow, if positive ←•→ = range during which a service may be provided, with the symbol indicating the preferred age

1. If a child comes under care the first time at any point on the schedule, or if any of the items are not accomplished at the suggested age, the schedule should be brought up to day at the earliest possible time.

2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding per AAP statement. "The Prenatal Visit (2001) [URL: http://aappolicy.aappublications.org/cgi.content/full/pediatrics;107/6/1456].

3. Every infant should have a newborn evaluation after birth, breastfeeding encouraged, and instruction and support offered.

4. Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, encouragement, and instruction as recommended in AAP statement "Breastfeeding and the Use of Human Milk" (2005) [URL: http://aappolicy.aappublications.org/content.full/pediatrics;113/5/1434].

5. Blood pressure measurement in infants and children with certain risk conditions should be performed at visits before age 3 years.

6. If the patient is uncooperative, rescreen within 6 months per the AAP statement "Eye Examinations in Infants, Children, and Young Adults by Pediatricians" (2007) [URL: http://aappolicy.aappublications.org/cgi.content/full/pediatrics;111/4/902].

7. All newborns should be screened per AAP statement "Year 2000 Positions Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (2000) [URL: http://aappolicy.aappublications.org.cgi/content/full/pediatrics;106/4/798], Joint Committee on Infant Hearing. Year 2007 position statement principles and guidelines for early hearing detection and intervention programs. *Pediatrics*. 2007;120:898-921.

8. AAP Council on Children With Disabilities, AAP Section on Developmental Behaviors Pediatrics, AAP Bright Futures Steering Committee, AAP Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. *Pediatrics*. 2006; 118:405-420 {URL: http://aappolicy.aappublications.org/cgi/content/full/119/1/152].

9. Gupta VB, Hyman SL, Johnson CP, et al. Identifying children with autism early? *Pediatrics*. 2007; 119:152-153 (URL: http://pediatrics.aappublications.org/cgi.content/full/119/1/152].

10. At each visit age-appropriate physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.

11. These may be modified, depending on entry point into schedule and individual need.

12. Newborn metabolic and hemoglobinopathy screening should be done according to state law. Results should be reviewed at visits and appropriate retesting or referral done as needed.

13. Schedules per the Committee on Infection Diseases, published annually in the January issue of *Pediatrics*. Every visit should be an opportunity to update and complete a child's immunizations.

14. See AAP Pediatric Nutrition Handbook, 5th Edition (2003) for a discussion of universal and selective screening options. See also Recommendations to prevent and control iron deficiency in the United States, *MMWR*. 1998; 47{RR-3):1-36.

15. For children at this of lead exposure, consult the AAP statement "Lead Exposure in Children: Prevention, Detection, and Management" (2005) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;116/4/1036]. Additionally, screening should be done in accordance with state law where applicable.

16. Perform risk assessments or screens as appropriate, based on universal screening requirements for patients with Medicaid or high prevalence.

17. Tuberculosis testing per recommendations of the Committee on infectious Diseases, published in the current edition of *Red Book: Report of the Committee on Infectious Diseases*. Testing should be done on recognition of high-risk factors.

18. "Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Final Report" (2002) [URL: http://circ.ahajournals.org/cgi/content/full/106/25/3143] and "The Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity." Supplement to *Pediatrics*. In press.

19. All sexually active patients should be screened for sexually transmitted infections (STIs).

20. All sexually active girls should have a screening for cervical dysplasia as part of a pelvic examination beginning within 3 years of onset of sexually activity or age 21 (whichever comes first).

21. Referral to dental home, if available. Otherwise administer oral health risk assessment. If the primary water source is deficient in fluoride, consider oral fluoride supplementation,

22. At the visits for 3 years and 6 years of age, it should be determined whether the patient has a dental home. If the patient does not have a dental home, a referral should be made to one. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.

23. Refer to the specific guidance by age as listed in the Bright Futures Guidelines. (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 3rd Ed. Elk Grove Village, IL: American Academy of Pediatrics: 2008.)

Provider Relations.