

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:** April 22, 2024

**TO:** Interested Parties

**FROM:** Michelle Probert, Director, Office of MaineCare Services

Handwritten signature of Michelle Probert.

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

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

This adopted rulemaking makes the following changes:

- **Addition of well-child visit:** In response to the COVID-19 pandemic, on May 13, 2020, the Department adopted on an emergency basis 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 adopted rule permanently adds that extra visit as a new service in Section 94.06-1 to expand access to services.
- **Immunizations:** The adopted rule adds coverage for immunization counseling in Section 94.04-4 in response to the Center for Medicare & Medicaid Services State Health Official letter #22-002.
- **Bright Futures Periodicity Schedule:** The adopted rule deletes Appendix I – Recommendations for Preventive Pediatric Health Care Committee on Practice and Ambulatory Medicine. After conferring with the Office of the Attorney General, the adopted rule provides that MaineCare has adopted the 2022 4<sup>th</sup> edition of the American Academy of Pediatrics Bright Futures Recommendations for Preventive Pediatric Health Care (Bright Futures Periodicity Schedule) and incorporates it by reference in the rule. The Bright Futures Periodicity Schedule is available online at the American Academy of Pediatrics website and upon request to the Office of MaineCare Services at <https://www.maine.gov/dhhs/oms> and a copy of such was filed with the Secretary of State's office with this rulemaking, in accord with 5 M.R.S. 8056(B).

**Section 94.02-2 (Eligibility for Services):** The Department has decided to not adopt the proposed provision which would have added a certain group of pregnant individuals as being eligible for EPSDT services, after conferring with the Office of the Attorney General. That group of pregnant individuals, eligible under what is also known as the "Unborn Child Option", is eligible for services under the Maine CHIP program. See 67 Fed. Reg. 61974 (Oct. 2, 2002)(42 C.F.R. Sec. 457.10, amending the definition of "child"). Maine offers medical services to this group under its CHIP program, see MaineCare Eligibility Manual, 10-144 CMR Ch. 332, Part 3, Section 2.3(III)(Coverage for Pregnant Individuals for the Health of Unborn Children), including EPSDT-like services.

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 adopted 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 Adoption

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

**CHAPTER NUMBER AND TITLE:** 10-144 C.M.R. Chapter 101, MaineCare Benefits Manual, Chapter II, Section 94, Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT)

**ADOPTED RULE NUMBER:**

**CONCISE SUMMARY:**

The Department of Health and Human Services (Department) finally adopts the rule changes in 10-144 C.M.R., Chapter 101, MaineCare Benefits Manual, Chapter II, Section 94, Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT).

This adopted rulemaking makes the following changes:

- **Addition of well-child visit:** In response to the COVID-19 pandemic, on May 13, 2020, the Department adopted on an emergency basis 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 adopted rule permanently adds that extra visit as a new service in Section 94.06-1 to expand access to services.
- **Immunizations:** The adopted rule adds coverage for immunization counseling in Section 94.04-4 in response to the Center for Medicare & Medicaid Services State Health Official letter #22-002.
- **Bright Futures Periodicity Schedule:** The adopted rule deletes Appendix I – Recommendations for Preventive Pediatric Health Care Committee on Practice and Ambulatory Medicine. After conferring with the Office of the Attorney General, the adopted rule provides that MaineCare has adopted the 2022 4<sup>th</sup> edition of the American Academy of Pediatrics Bright Futures Recommendations for Preventive Pediatric Health Care (Bright Futures Periodicity Schedule) and incorporates it by reference in the rule. The Bright Futures Periodicity Schedule is available online at the American Academy of Pediatrics website and upon request to the Office of MaineCare Services at <https://www.maine.gov/dhhs/oms> and a copy of such was filed with the Secretary of State’s office with this rulemaking, in accord with 5 M.R.S. 8056(B).

**Section 94.02-2 (Eligibility for Services):** The Department has decided to not adopt the proposed provision which would have added a certain group of pregnant individuals as being eligible for EPSDT services, after conferring with the Office of the Attorney General. That group of pregnant individuals, eligible under what is also known as the “Unborn Child Option”, is eligible for services under the Maine CHIP program. See 67 Fed. Reg. 61974 (Oct. 2, 2002)(42 C.F.R. Sec. 457.10, amending the definition of “child”). Maine offers medical services to this group under its CHIP program, see MaineCare Eligibility Manual, 10-144 CMR Ch. 332, Part 3, Section 2.3(III)(Coverage for Pregnant Individuals for the Health of Unborn Children), including EPSDT-like services.

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

**EFFECTIVE DATE:** April 22, 2024

**AGENCY CONTACT PERSON:** Laurel Noddin, Comprehensive Health Planner II

**AGENCY NAME:** Division of Policy

**ADDRESS:**

109 Capitol Street, 11 State House Station  
Augusta, Maine 04333-0011

Email: [laurel.noddin@maine.gov](mailto:laurel.noddin@maine.gov)

**TELEPHONE:**

(207)-624-4019 FAX: (207)-287-6106

TTY users call Maine relay 711

10-144 Ch. 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

---

SECTION 94      Early and Periodic Screening, Diagnosis and Treatment Services    Established 5/1/10  
Last Updated 4/22/24

---

**TABLE OF CONTENTS**

	<b>PAGE</b>
<b>94.01 INTRODUCTION</b> .....	1
<b>94.02 ELIGIBILITY FOR SERVICES</b> .....	1
<b>94.03 PREVENTION SERVICES</b> .....	1
94.03-1 Bright Futures Periodicity Schedule for Health Assessment Visits .....	1
<b>94.04 HEALTH PROMOTION</b> .....	4
94.04-1 Informing and Periodicity .....	4
94.04-2 Special Assistance for Members under Age Twenty one (21) .....	5
94.04-3 Home Visits for Children Aged Two and Under.....	5
94.04-4 Immunization Counseling.....	6
<b>94.05 TREATMENT SERVICES</b> .....	6
94.05-1 Providers.....	6
94.05-2 Covered Services .....	7
94.05-3 Prior Authorization .....	8
<b>94.06 BILLING AND REIMBURSEMENT</b> .....	10
94.06-1 Bright Futures Health Assessment Visits .....	10
94.06-2 Lead Testing .....	10
94.06-3 Home Visits for Children Aged Two (2) and Under .....	11
94.06-4 Treatment Services .....	11

## **94.01 INTRODUCTION**

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

## **94.02 ELIGIBILITY FOR SERVICES**

MaineCare members under the age of 21 are eligible for services described in this Section.

## **94.03 PREVENTION SERVICES**

### **94.03-1 Bright Futures Periodicity Schedule for Health Assessment Visits**

#### **A. Bright Futures Periodicity Schedule**

MaineCare has adopted the 2022 4<sup>th</sup> edition of the American Academy of Pediatrics Bright Futures Recommendations for Preventive Pediatric Health Care (Bright Futures Periodicity Schedule), which is hereby incorporated by reference, as the standard of care expected at health assessment visits for MaineCare members under the age of 21. The Bright Futures Periodicity Schedule is available from the American Academy of Pediatrics Bright Futures web page at <https://www.aap.org/periodicityschedule>. In addition, a copy of the 2022 4<sup>th</sup> edition Bright Futures Periodicity Schedule is available upon request from the Office of MaineCare Services at <https://www.maine.gov/dhhs/oms>.

The MaineCare Bright Futures Periodicity Schedule 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.

#### **B. Provider Requirements**

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

1. Be a physician, a 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 a MaineCare provider, i.e., have signed a MaineCare Provider/Supplier Agreement;
3. Sign a Supplemental Provider Agreement;
4. Follow the Bright Futures Periodicity Schedule;

**94.03 PREVENTION SERVICES (cont.)**

5. 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 and maintain a consolidated health record for each member that includes, but is not limited to, the following:
  - a. Identifying information (e.g. member's name, address, birth date, MaineCare ID number, and the name of the caretaker, if applicable);
  - b. Comprehensive health history including information from health assessment visits and/or from other providers;
  - c. Documentation of comprehensive, unclothed and age-appropriate physical examinations;
  - d. Documentation of the diagnosis and treatment of problems discovered or suspected as a result of a health assessment visit; and
  - e. 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 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.

**94.03 PREVENTION SERVICES (cont.)**

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 reimburse MaineCare physicians, 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 level. MaineCare will not 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 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 Bright Futures Periodicity Schedule**

When children need health assessments outside of the Bright Futures Periodicity 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



**94.03 PREVENTION SERVICES (cont.)**

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.”

**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

**94.04 HEALTH PROMOTION (cont.)**

in MaineCare and in the case of families that have not utilized such services, annually thereafter.

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 Bright Futures Periodicity Schedule.

**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 not have a primary care provider;
  - 2. Is significantly behind in his/her immunizations;
  - 3. Is missing appointments with his or her provider(s); or
  - 4. 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 Aged Two and Under**

- A. MaineCare will pay for home visits for families with a child aged two and under who is enrolled in MaineCare when one or more of the following risk criteria exist:
  - 1. The infant or child
    - a. had a birth weight under 2500 grams;

**94.04 HEALTH PROMOTION (cont.)**

- 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 are person(s) with 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 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 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 a plan of care based on the risk criterion being addressed;
  - 2. Ensure the plan is approved by the child's physician, physician assistant, or advanced practice registered nurse; and
  - 3. Request and receive prior authorization from the MaineCare Prior Authorization Unit of MaineCare Service.

**94.04-4 Immunization Counseling**

MaineCare reimburses immunization counseling that supports immunizations detailed in the Bright Futures Periodicity Schedule. MaineCare also covers immunization counseling for other immunizations, including, but not limited to, immunization for Covid-19.

**94.05 TREATMENT SERVICES**

**94.05-1 Providers**

Providers of treatment services must:

- A. 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;

**94.05 TREATMENT SERVICES (cont.)**

- B. Sign a MaineCare Provider/Supplier Agreement;
- C. Comply with Chapter I, “Administrative Policies and Procedures”, of the *MaineCare Benefits Manual*; and
- D. 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 EPSDT 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 EPSDT, the member or provider must:
  - 1. Obtain prior authorization;
  - 2. Demonstrate that the service is medically necessary, as the term is defined in Chapter I, Section 1.02(D) of the *MaineCare Benefits Manual*; and
  - 3. Show that the service is not covered by another MaineCare regulation.
- C. Treatment Services must:
  - 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. The Department will request this information if it determines that the service requested is outside the scope of standard medical practice;
  - 2. Not be considered investigational or experimental;
  - 3. Be the most cost effective service that would provide the member with the same medically necessary outcome and intended purpose;

**94.05 TREATMENT SERVICES (cont.)**

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

1. A plan of care that:
  - a. Describes the problem(s) or conditions(s) the plan addresses;
  - b. Identifies the service(s) needed to address the problem(s) or condition(s) and why they will meet the medical needs;
  - c. Describes the frequency, duration, and goal of each needed service;
  - d. Identifies the provider(s) who will provide each needed service; and
  - e. Includes the prescribing provider’s signature.

**94.05 TREATMENT SERVICES (cont.)**

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.

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 Bright Futures Periodicity Schedule. The Department covers one additional health assessment visit per member within a year following an initial assessment via telehealth for each age shown on the Bright Futures Periodicity Schedule.

#### **A. Physicians, Physician Assistants, Advanced Practice Registered Nurses in Private Practice**

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.

#### **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 II, Section 60, "Medical Supplies and Durable Medical Equipment".

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, 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

**94.06 BILLING AND REIMBURSEMENT (cont.)**

(5) years of age may also receive a screening blood lead test if they have not been previously screened for lead poisoning.

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

**B. Environmental Investigations**

MaineCare will pay the Maine Department of Health and Human Services, 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.

**94.06-3 Home Visits for Children Aged 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.

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;
- 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.

Billing instructions are included in the provider enrollment packet and are available by contacting Provider Relations.