Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
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MassHealth
Transmittal Letter CHC-82
January 2009

TO: Community Health Centers Participating in MassHealth

FROM: Tom Dehner, Medicaid Director TD

RE: *Community Health Center Manual* (Application of Fluoride Varnish by Pediatricians and Other Qualified Health Care Professionals)

This letter transmits revisions to the MassHealth community health center regulations at 130 CMR 405.000 effective October 1, 2008. The revised regulations allow pediatricians and other qualified health care professionals to apply medically necessary fluoride varnish to eligible MassHealth members under age 21.

Covered Service

Effective October 1, 2008, physicians and other qualified health care professionals at community health centers may apply fluoride varnish to eligible MassHealth members under age 21. In general, MassHealth expects that this will occur during a pediatric preventive care visit. The purpose of applying fluoride varnish during a well child visit is to increase access to preventive dental treatment in an effort to intercept and prevent early childhood caries in children at moderate to high risk for dental caries.

Please note: This service does not require a referral for PCC Plan members.

Eligible Members

This service is primarily intended for children up to age 3; however, the service is allowed for children up to age 21 who are eligible for MassHealth.

Qualified Providers

In addition to dental practitioners, physicians, physician assistants, nurse practitioners, registered nurses, and licensed practical nurses who complete the required training as described below, are eligible to apply the fluoride varnish subject to the limitations of state law.

Required Training

Providers must complete a MassHealth-approved training program on how to apply fluoride varnish, maintain proof of completion of the training, and provide such documentation to MassHealth upon request. For a list of MassHealth-approved training programs and additional information and resources, please visit the MassHealth Web site page that will be available on Monday, February 2, 2009, www.mass.gov/masshealth/fluoridevarnish.

Restrictions/Limitations

Fluoride varnish application is not recommended to exceed one application every 180 days from first tooth eruption (usually at 6 months) to the third birthday. This service is recommended during a well child visit and will be delivered along with oral health anticipatory guidance that includes patient self-management goals as well as appropriate dental referral, if necessary.

Communications

Any member without a dental provider should be referred to an appropriate dental provider. MassHealth Dental Customer Service can assist members in locating a dental provider. MassHealth Dental Customer Service can be reached at 1-800-207-5019, or e-mail your inquiry to inquiries@masshealth-dental.net.

Billing Requirements

Community health centers must submit claims for fluoride varnish services by non-dental practitioners in accordance with applicable program regulations. Community health centers should bill MassHealth with Service Code D1206 on the MassHealth claim form no. 9 or transmitted through the 837P format.

For MassHealth managed care organization (MCO) members, providers must contact the appropriate MCO customer service center listed below.

Boston Medical Center HealthNet Plan: 1-888-900-1451
Fallon Community Health Plan: 1-866-275-3247
Network Health: 1-888-257-1985
Neighborhood Health Plan: 1-800-462-5449

If you have any questions about the information in this bulletin, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Community Health Center Manual

Pages iv-a, 4-27, 4-28, and 6-59 through 6-62

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Community Health Center Manual

Page iv-a — transmitted by Transmittal Letter CHC-81

Pages 4-27 and 4-28 — transmitted by Transmittal Letter CHC-74

Pages 6-59 through 6-62 — transmitted by Transmittal Letter CHC-80

4. Program Regulations (cont.)

biological, psychological, and social causes of tobacco dependence; and

(iii) a review of evidence-based treatment strategies and the advantages and disadvantages of each strategy;

(b) collaborative development of a treatment plan that uses evidence-based strategies to assist the member to attempt to quit, to continue to abstain from tobacco, and to prevent relapse, including:

(i) identification of personal risk factors for relapse and incorporation into the treatment plan;

(ii) strategies and coping skills to reduce relapse risk; and

(iii) a plan for continued aftercare following initial treatment; and

(c) information and advice on the benefits of nicotine replacement therapy or other proven pharmaceutical or behavioral adjuncts to quitting smoking, including:

(i) the correct use, efficacy, adverse events, contraindications, known side effects, and exclusions for all tobacco dependence medications; and

(ii) the possible adverse reactions and complications related to the use of pharmacotherapy for tobacco dependence.

(C) Provider Qualifications for Tobacco Cessation Counseling Services.

(1) Qualified Providers.

(a) Physicians, registered nurses, nurse practitioners, nurse midwives, and physician assistants may provide tobacco cessation counseling services without additional experience or training in tobacco cessation counseling services.

(b) All other providers of tobacco cessation counseling services must be under the supervision of a physician, and must complete a course of training in tobacco cessation counseling by a degree-granting institution of higher education with a minimum of eight hours of instruction.

(2) Supervision of Tobacco Cessation Counseling Services. A physician must supervise all non-physician providers of tobacco cessation counseling services.

(D) Tobacco Cessation Services: Claims Submission. A CHC may submit claims for tobacco cessation counseling services that are provided by physicians, nurse practitioners, registered nurses, nurse midwives, physician assistants, and MassHealth-qualified tobacco cessation counselors according to 130 CMR 405.472(B) and (C). See Subchapter 6 of the *Community Health Center Manual* for service codes and descriptions.

405.473: Flouride Varnish Services

(A) Eligible Members Members must be under the age of 21 to be eligible for the application of fluoride varnish.

(B) Qualified Providers Physicians, nurse practitioners, registered nurses, licensed practical nurses and physician assistants may apply fluoride varnish subject to the limitation of state law. These non-dental providers must complete a MassHealth-approved training on the application of fluoride varnish, maintain proof of completion of the training, and provide such proof to the MassHealth agency upon request.

(C) Billing for a Medical Visit and Fluoride Treatment Procedure. The CHC may bill for fluoride varnish services provided by a physician or a qualified staff member as listed in 130 CMR 405.473(B) under the supervision of a physician. The CHC may bill for a medical visit in addition to the fluoride varnish application only if fluoride varnish was not the sole service, treatment, or procedure provided during the visit.

(D) Claims Submission A CHC may submit claims for fluoride varnish services that are provided by physicians, nurse practitioners, registered nurses, licensed practical nurses and physician assistants according to 130 CMR 405.473(C). See Subchapter 6 of the *Community Health Center Manual* for service codes and descriptions.

(130 CMR 405.474 through 405.495 Reserved)

405.496: Utilization Management Program

The MassHealth agency pays for procedures and hospital stays that are subject to the Utilization Management Program only if the applicable requirements of the program as described in 130 CMR 450.207 through 450.211 are satisfied. Appendix E of the *Community Health Center Manual* contains the name, address, and telephone number of the contact organization for the screening program and describes the information that must be provided as part of the review process.

REGULATORY AUTHORITY

130 CMR 405.000: M.G.L. c. 118E, §§ 7 and 12.

603 Laboratory Service Codes and Descriptions (cont.)

Service Code	Service Description
94400	Breathing response to CO_2 (CO_2 response curve)
94450	Breathing response to hypoxia (hypoxia response curve)
94620	Pulmonary stress testing; simple (e.g., 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)
94621	complex (including measurements of CO_2 production, O_2 uptake, and electrocardiographic recordings)
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (e.g., with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device)
94642	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management
94662	Continuous negative pressure ventilation (CNP), initiation and management
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation
94668	subsequent
94680	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple (S.P. to 94620)
94681	including CO_2 output, percentage oxygen extracted (S.P. to 94620 and 94680)
94690	rest, indirect (separate procedure) (S.P. to 94620)
94720	Carbon monoxide diffusing capacity (e.g., single breath, steady state) (S.P. to 94725)
94725	Membrane diffusion capacity
94750	Pulmonary compliance study (e.g., plethysmography, volume and pressure measurements) (with report only) (S.P. to 94010, 94060, 94070, and 94620)
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination (no professional component) (S.P. to 94620)
94761	multiple determinations (e.g., during exercise) (no professional component) (S.P. to 94620)
94762	by continuous overnight monitoring (separate procedure) (no professional component) (S.P. to 94620)
94770	Carbon dioxide, expired gas determination by infrared analyzer (with report only) (S.P. to 94620)
94772	Circadian respiratory pattern recording (pediatric pneumogram), 12 to 24 hour continuous recording, infant (I.C.)
94774	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, physician review, interpretation, and preparation of a report (I.C.)
94775	monitor attachment only (includes hook-up, initiation of recording and disconnection) (I.C.)
94776	monitoring, download of information, receipt of transmission(s) and analyses by computer only (I.C.)
94777	physician review, interpretation, and preparation of report only (I.C.)
94799	Unlisted pulmonary service or procedure (I.C.)

SUPPLEMENTARY

99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory – centrifuging required

604 Visit Service Codes and Descriptions (cont.)

When claiming payment for visits, a CHC must bill according to the following service codes. A visit during which a member sees more than one professional for the same medical problem or general purpose must be claimed as only one visit. (See 130 CMR 405.421 for other requirements.)

Service Code	Modifier	Service Description
		CHC Visits
90660		Influenza virus vaccine, live, for intranasal use (P.A.)
D1206		Topical fluoride varnish; therapeutic application for moderate-to-high caries risk patients
D9450		Case presentation, detailed and extensive treatment planning (Use only for **dental enhancement fee**. This code may only be billed once per date of service for each member receiving dental services on that date.)
J3490		Unclassified drugs (Use for injectable and infusible drugs and devices supplied in the clinic. Do not use for medications and injectables related to family planning services.) (I.C.)
T1015		Clinic visit/encounter, all-inclusive (Use for individual medical visit.)
T1015	HQ	Clinic visit/encounter, all-inclusive, group setting (Use for group clinic visit.)
90899		Unlisted psychiatric service or procedure (Use for individual mental health visit.) (I.C.)
99050		Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (e.g.. holidays, Saturday, and Sunday), in addition to basic service (Use for urgent care Monday through Friday from 5:00 P.M. to 6:59 A.M., and Saturday 7:00 A.M. to Monday 6:59 A.M. This code may be billed in addition to the individual medical visit.)
99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes (Use for HIV counseling visits.)
		Hospital Inpatient Services
99221		Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: - detailed or comprehensive history; - detailed or comprehensive examination; and - medical decision making that is straightforward or of low complexity.
99222		Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: - a comprehensive history; - a comprehensive examination; and - medical decision making of moderate complexity.
99223		Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: - a comprehensive history; - a comprehensive examination; and - medical decision making of high complexity.

604 Visit Service Codes and Descriptions (cont.)

Service Code	Modifier	Service Description
99431		History and examination of the normal newborn infant, initiation of diagnostic and treatment programs and preparation of hospital records (This code should also be used for birthing room deliveries.)
		Subsequent Hospital Care
99231		Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: - a problem focused interval history; - a problem focused examination; - medical decision making that is straightforward or of low complexity.
99232		Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: - an expanded problem focused interval history; - an expanded problem focused examination; - medical decision making of moderate complexity.
99233		Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: - a detailed interval history; - a detailed examination; - medical decision making of high complexity.
99433		Subsequent hospital care, for the evaluation and management of a normal newborn, per day
		HOSPITAL OBSERVATION SERVICES
		Initial Observation Care (New or Established Patient)
99218		Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: - a detailed or comprehensive history; - a detailed or comprehensive examination; and - medical decision making that is straightforward or of low complexity.
99219		Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: - a comprehensive history; - a comprehensive examination; and - medical decision making of moderate complexity.
99220		Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: - a comprehensive history; - a comprehensive examination; and - medical decision making of high complexity.

604 Visit Service Codes and Descriptions (cont.)

Service Code	Modifier	Service Description
		Nursing Facility Services
99304		Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: - a detailed or comprehensive history - a detailed or comprehensive examination; and - medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.
99305		Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: - a comprehensive history - a comprehensive examination; and - medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 35 minutes with the patient and/or family or caregiver.
99306		Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: - a comprehensive history - a comprehensive examination; and - medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.
		Subsequent Nursing Facility Care
99307		Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: -a problem focused interval history; -a problem focused examination; -straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the patient is stable, recovering, or improving. Physicians typically spend 10 minutes with the patient and/or family or caregiver.