




MassHealth
Limited Services Clinic Bulletin 4
January 2017

TO: Limited Services Clinics Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth 

RE: Updates to Provider Participation Requirements and Service Codes and Descriptions

Background

This bulletin transmits updates to MassHealth's limited services clinics (LSC) provider participation requirements, as well as additions and updates to the service codes payable for MassHealth LSCs. These changes are effective for dates of service on or after January 1, 2017.

The Massachusetts Department of Public Health (DPH) is authorized to license LSCs under M.G.L. c. 111, sec. 51J and 52, and regulations at 105 CMR 140.1000. Pursuant to these regulations, LSCs are licensed to provide a limited set of medical services and may not serve as a member's primary care or provide treatment to children younger than the age specified by statute and regulation. See M.G.L. c. 111, Section 51J, and 105 CMR 140.1000, as amended.

In May 2009, MassHealth issued *Limited Services Clinics Bulletin 1*, setting forth MassHealth provider participation requirements for LSCs, effective for dates of service on or after June 1, 2009. Additionally, MassHealth has defined the set of codes and procedures that may be provided and billed by MassHealth LSCs.

MassHealth has been enrolling LSCs under the agency's nurse practitioner regulations at 130 CMR 433.000. Updated LSC provider participation requirements set forth in this bulletin are effective for dates of service on or after January 1, 2017.

Update to Provider Participation Requirements

Existing and prospective LSC providers must meet the following provider eligibility and participation criteria. Providers and provider applicants should contact MassHealth Customer Service as specified under the "Provider Enrollment" section later in this bulletin to request an enrollment package.

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Definition

MassHealth LSC services must be furnished in an LSC setting, and are a prescribed set of diagnostic and treatment services provided to a MassHealth member that:

- (1) require only a focused history and physical examination but not venipuncture;
- (2) may make use of only Clinical Laboratory Improvement Act (as amended) waived tests;
- (3) may be provided within the scope of practice of a licensed nurse practitioner individually enrolled in MassHealth using available facilities and equipment (G.L. c. 111 sec. 52);
- (4) are for episodic, urgent care related to an illness or for immunizations;
- (5) are included in the list of services submitted to the Massachusetts Department of Public Health (DPH), pursuant to 105 CMR 140.1003(F) and approved by DPH; and
- (6) are included in the list of services and codes approved for payment to LSCs by MassHealth.

Summary of Changes for Existing MassHealth LSCs

LSCs enrolled with MassHealth before January 1, 2017, are no longer required to have collaborative agreements with physicians for each nurse practitioner providing LSC services. See *Limited Services Bulletin 1*, Eligibility Criteria #6 and #7.

Beginning with dates of service on or after January 1, 2017, LSC providers must provide MassHealth with their NPI number; DEA number, if applicable; and a roster of all MassHealth-enrolled nurse practitioners, including MassHealth provider identification numbers (PID) and the LSC locations where the nurse practitioners will be providing services.

Eligibility Criteria

To be eligible for participation as a MassHealth LSC provider, the applicant must meet the MassHealth and DPH requirements specified as follows.

- (1) For each service location, complete and submit the application for enrollment to MassHealth on the form provided for this purpose by MassHealth.
- (2) Be located and legally doing business in the Commonwealth of Massachusetts.
- (3) Operate under an LSC clinic license issued by the DPH, in accordance with regulations at 105 CMR 140.1000.
- (4) Employ a clinic administrator to administer the LSC and ensure that it complies with applicable Massachusetts and federal statutes and regulations.

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Eligibility Criteria (cont.)

- (5) Employ a professional services director who shall be responsible for clinical services provided at the LSC. The professional services director must
 - (a) be a health care professional with academic training and experience in direct patient care;
 - (b) be qualified to direct the services provided by the clinic; and
 - (c) ensure that the treatment and care provided are adequate and appropriate for the needs of MassHealth members.The same individual may serve as LSC administrator and professional services director if the individual meets the requirements for both positions and can adequately carry out the duties of both positions.
- (6) Employ one or more physicians, as necessary, licensed by the Commonwealth of Massachusetts, to provide or supervise all services involving the practice of medicine that the LSC furnishes. At least one physician must be either onsite or on call during all hours of operation.
- (7) Ensure that all nurse practitioners providing services are licensed by the Commonwealth of Massachusetts Board of Registration in Nursing to perform such services.
- (8) Ensure that all nurse practitioners who provide LSC services to MassHealth-eligible members are individually enrolled in the MassHealth program.
- (9) Submit to MassHealth as part of the application process a complete roster that includes the:
 - (a) LSC's legal name;
 - (b) DPH LSC license number;
 - (c) LSC's national provider identification number (NPI);
 - (d) Drug Enforcement Administration (DEA) number;
 - (e) name and PID for each nurse practitioner; and
 - (f) LSC service location identifying listed nurse practitioners assigned to each location.
- (10) Make the clinical guidelines for each LSC location available for review by MassHealth at the time of application for enrollment as a MassHealth provider and upon request thereafter. Following enrollment, any updates or changes to clinical guidelines must be maintained on file and available for review upon request by MassHealth.
- (11) Comply with the recordkeeping provisions of 130 CMR 450.205, which apply specifically to the clinical guidelines. LSCs enrolled in MassHealth before January 1, 2017, must maintain obsolete versions of collaborative agreements and clinical guidelines in accordance with 130 CMR 450.205 and *Limited Services Clinics Bulletin 1*.
- (12) Ensure that the qualifications of all LSC employees, including nurse practitioners, physicians, clinic administrators, and professional services director, extend to appropriate training for the age range of MassHealth members treated at the clinic.

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Provider Enrollment

Providers who wish to participate or continue to participate as a MassHealth LSC must complete an enrollment application as prescribed by MassHealth. Applicants should contact MassHealth Customer Service at 1-800-841-2900 or by e-mail at providersupport@mahealth.net to request an enrollment application. Each location of an LSC must apply separately.

Vaccines Provided in an LSC

MassHealth pays for the administration of vaccines if administered separately from a visit. Free-of-charge vaccines supplied by the DPH are not reimbursable by MassHealth. (See 130 CMR 433.413(C)). Under the same provision, MassHealth also will not reimburse an LSC for a vaccine if its cost to the LSC is \$1.00 or less.

Information about the availability of DPH-supplied vaccines can be found at the following DPH websites: www.mass.gov/dph and www.mass.gov/Eeohhs2/docs/dph/cdc/immunization/vaccine_availability_childhood.pdf.

MassHealth will reimburse LSCs for vaccines that are not supplied by DPH and that are identified in the section of this bulletin that lists MassHealth LSC service codes. According to DPH regulations at 105 CMR 140.100, no LSC may provide childhood immunizations (excluding influenza vaccine) unless such clinic is a satellite of or otherwise affiliated with a licensed health care practitioner or entity that provides primary care to the patient seeking immunization.

LSC Service Codes

The following service codes are the only payable codes for MassHealth LSC providers.

| <u>Service Code</u> | <u>Service Description</u> |
|---------------------|---|
| 69210 | Removal impacted cerumen (separate procedure), one or both ears |
| 86308 | Heterophile antibodies; screening |
| 87650 | Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique |
| 87804 | Infectious agent antigen detection by immunoassay with direct optical observation; Influenza |
| 87880 | Infectious agent detection by immunoassay with direct optical observation; Streptococcus, group A |

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LSC Service Codes (cont.)

- 90471 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
- 90472 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
- 90632 Hepatitis A vaccine, adult dosage, for intramuscular use (covered for adults 19 years or older; available free of charge through the Massachusetts Immunization Program for children aged two through 18 years)
- 90655 Influenza virus vaccine, split virus, preservative free, when administered to children six-35 months of age, for intramuscular use (use only for children 24-35 months of age)
- 90656 Influenza virus vaccine, split virus, preservative free, when administered to individuals three years and older, for intramuscular use
- 90657 Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use. (Use only for children 24-35 months of age.)
- 90662 Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use. (I.C.)
- 90658 Influenza virus vaccine, split virus, when administered to individuals three years of age and older, for intramuscular use
- 90686 Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use. (I.C.)
- 90688 Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use.
- 90715 Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals seven years or older, for intramuscular use (covered for adults 19 years or older; available free of charge through the Massachusetts Immunization Program for children seven through 18 years of age)
- 90732 Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals two years or older, for subcutaneous or intramuscular use (covered for adults 19 years or older; available free of charge through the Massachusetts Immunization Program for children aged two through 18 years)
- 90733 Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use
- 90734 Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use (covered for adults 19 years and older; available free of charge through the Massachusetts Immunization Program for children aged two through 18) I.C. (claim requires individual consideration)
- 90746 Hepatitis B vaccine, adult dosage, for intramuscular use
- 92567 Tympanometry (impedance testing)

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LSC Service Codes (*cont.*)

- 99201 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and 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 presenting problem(s) are self limited or minor. Physicians (or nurse practitioners) typically spend 10 minutes face-to-face with the patient and/or family.
- 99202 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and 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 presenting problem(s) are of low to moderate severity. Physicians (or nurse practitioners) typically spend 20 minutes face-to-face with the patient and/or family.
- 99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making 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 presenting problem(s) are of moderate severity. Physicians (or nurse practitioners) typically spend 30 minutes face-to-face with the patient and/or family.
- 99211 Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.
- 99212 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; and 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 presenting problem(s) are self-limited or minor. Physicians (or nurse practitioners) typically spend 10 minutes face-to-face with the patient and/or family.
- 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and 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 presenting problem(s) are of low to moderate severity. Physicians (or nurse practitioners) typically spend 15 minutes face-to-with the patient and/or family.

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Service Limitations

All LSCs participating in MassHealth must comply with the regulations governing MassHealth, including but not limited to 130 CMR 450.000. MassHealth members who are participants in the Primary Care Clinician (PCC) program do not require a referral from a PCC for LSC services.

In addition, MassHealth policy prohibits providers from billing for more than one service for the same member on the same date if the services are provided at the same location. (See 130 CMR 433.413(A).)

An LSC may bill for an office (clinic) visit or a treatment/procedure, but may not bill for both categories of service (office/clinic visit and treatment/procedure) for the same member on the same date when the office (clinic) visit and the treatment or procedure are performed in the same location.

Also according to MassHealth policy, when an immunization or injection is the primary purpose of an office (clinic) visit, the LSC may bill only for the injectable material and its administration and not for a visit code. However, when the immunization or injection is not the primary purpose of the office (clinic) visit, the LSC may bill for both the visit and the injectable material, but not for its administration. (See 130 CMR 433.413(B).)

Member Eligibility

According to MassHealth regulations at 130 CMR 450.231, a provider is responsible for verifying member eligibility before the delivery of a service. Providers must also ensure that the services provided are covered under the individual's MassHealth coverage type before service delivery. According to DPH regulations at 105 CMR 140.100, no LSC may provide treatment to children younger than 24 months old. Information relating to member eligibility checks and coverage types is available on the MassHealth website at www.mass.gov/masshealth. Click on "Information for MassHealth Providers."

Billing Instructions

This bulletin, as well as MassHealth companion guides for electronic transactions and paper-claim billing guides, is available on the MassHealth website at www.mass.gov/masshealth. Click on the link to "MassHealth Regulations and Other Publications," and then "Provider Library."

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Recordkeeping Requirements (Medical Records)

LSCs are governed by MassHealth recordkeeping provisions at 130 CMR 450.205 and DPH regulations at 105 CMR 140.302. In addition, DPH regulations at 105 CMR 140.101 state that the LSC must provide a copy of the medical record to the MassHealth member at the end of the visit or as soon as available, and, with the member's consent, provide a facsimile or electronically transmitted copy of the medical record of the visit to the member's primary care practitioner, if any. Such copies or transmissions must be provided at no charge to the member.

Fee Schedule

Service codes noted above are within the current Executive Office of Health and Human Services fee schedules at 101 CMR 317.00: Medicine; 114.3 CMR 16.00: Surgery and Anesthesia Services; and 101 CMR 320.00: Clinical Laboratory Services.

Services provided by licensed nurse practitioners and billed by LSCs are paid according to the applicable mid-level fee schedule.

Questions

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