

Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid www.mass.gov/masshealth



MassHealth Transmittal Letter CHC-93 February 2012

- TO: Community Health Centers Participating in MassHealth
- FROM: Julian J. Harris, M.D., Medicaid Director
  - **RE:** Community Health Center Manual (Coverage for Fluoride Varnish Applied by Medical Assistants)

MassHealth has revised its regulations to allow payment to community health centers for the application of fluoride varnish by medical assistants under the supervision of a physician. Previously, MassHealth regulations allowed payment for application of fluoride varnish only by physicians, nurse practitioners, registered nurses, licensed practical nurses, and physician assistants. To qualify to apply fluoride varnish, the individual must complete a MassHealth-approved training on the application of fluoride varnish, maintain proof of completion of the training, and provide such proof to MassHealth upon request.

MassHealth is also clarifying its policy that the dental enhancement fee may not be billed for a fluoride varnish application separately or in addition to a medical visit.

These amendments are effective for dates of service on or after March 15, 2012.

### MassHealth Web Site

This transmittal letter and attached pages are available on the MassHealth Web site at <u>www.mass.gov/masshealth</u>.

# Questions

If you have any questions about the information in this transmittal letter, 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 4-27 and 4-28

**OBSOLETE MATERIAL** 

(The pages listed here are no longer in effect.)

Community Health Center Manual

Pages 4-27 and 4-28 — transmitted by Transmittal Letter CHC-82

Community Health Center Manual

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) <u>Qualified Personnel</u>.

(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) <u>Supervision of Tobacco Cessation Counseling Services</u>. A physician must supervise all nonphysician providers of tobacco cessation counseling services.

(D) <u>Tobacco Cessation Services: Claims Submission</u>. 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.

### 405.473: Fluoride Varnish Services

(A) <u>Eligible Members</u>. Members must be under 21 years of age to be eligible for the application of fluoride varnish.

(B) <u>Qualified Personnel</u>. Physicians, nurse practitioners, registered nurses, licensed practical nurses, physician assistants, and medical assistants may apply fluoride varnish subject to the limitation of state law. To qualify to apply fluoride varnish, the individual 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.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 4. Program Regulations (130 CMR 405.000)	<b>Page</b> 4-28
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(C) <u>Billing for a Medical Visit and Fluoride Varnish Treatment or Procedure</u>. A 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. The dental enhancement fee may not be billed for a fluoride varnish application separately or in addition to a medical visit.

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

(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 450.209 are satisfied. Appendix E of the *Community Health Center Manual* 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.