

- g. Medical care as covered under the State Plan.
- h. Assistance with transportation to and from screening, diagnostic services and treatment.
- i. Assistance with making medical appointments.

4.c. Family Planning Services and Supplies for Individuals of Child-Bearing Age

Provided with no limitations.

4.d. Tobacco-Use Cessation Treatments for Pregnant Women

A. Provider Eligibility Requirements

Qualified enrolled licensed Medicaid providers practicing within their scope of practice to provide tobacco counseling services to eligible Medicaid recipients.

B. Benefit Limitations

Provide counseling and medication coverage for at least two cessation attempts per year. Prior Authorization is required for counseling and medication.

1. Face-to-face counseling. Each cessation attempt is at least four sessions of at least 30 minutes each.
2. Prior Authorization is required for extended treatment duration past 90 days (24 weeks for varenicline) and number of cessation attempts exceeding 2 per year.

5. Physician's Services

Physician's services includes those medically necessary diagnostic or treatment services provided by or under the personal supervision of a physician and which are within the scope of practice of the physician's profession as defined by State Law. The services maybe furnished in the office, the patient's home, a hospital, skilled nursing facility or elsewhere.

6.d. Other Practitioner's Services (Cont.)

A. Provider Eligibility Requirements

A participating public or private practitioner meeting the following requirements:

1. Anesthesiology Assistant, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist, Nurse Practitioner, Physician Assistant, Clinical Psychologist, or Individual, Marriage and Family Therapist. All practitioners listed above are certified and licensed by local Medical Licensure Law.
2. Approval for participation by the Guam Medicaid Program as a practitioner.

B. Benefit Limitations

1. Covered Services

- a. Mental disorders and psychological services for recipients below the age of 21 are covered without limitation. Recipients age 21 or older are covered on an outpatient basis for up to 20 sessions.

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7. Home Health Services

A. Provider Eligibility Requirements

A participating Home Health Agency is a public or private agency or organization which meets the following requirements:

1. Certification as a Home Health Agency under Title XVIII Medicare Program and;
2. Approval for participation as a Home Health services provider by the Guam Medicaid Program.

B. Benefit Limitations

1. Covered Services

- a. Nursing Care provided through Home Health Agency when ordered by and included in the attending physician's plan of treatment and provided by or under the direct supervision of a licensed nurse (Registered Nurse, Licensed Practical Nurse) on an intermittent or part-time basis.

- b. Personal care services provided by a home health aide through Home Health Agency under the supervision of a registered nurse when determined medically necessary by the physician as part of the patient's treatment plan.

- c. Durable Medical Equipment (DME) and Supplies

Guam Medicaid Program covers supplies and standard medical equipment that meets the basic medical need of the recipient.

Motorized, customized or modified DMEs are not covered when it is determined that the standard equipment will meet the basic medicals needs of the recipient. Items classified as educational or rehabilitative by nature are not covered.

DMEs require Certificate of Medical Necessity and prior authorization.

8. Private Duty Nursing Services

Not provided.

9. Clinic Services

Clinic services are preventive, diagnostic, therapeutic, and rehabilitative or maintenance items or services furnished under the direction of a licensed professional practitioner (physician, dentist, and optometrist) in a facility not administered by a hospital but organized and operated to provide health services on an outpatient basis.

A. Provider Eligibility Requirements

Each independent clinic must be individually approved by the Guam Medicaid Program as a provider before it will be reimbursed for services rendered to Medicaid patients.

B. Benefit Limitations

Approved clinics may, to the extent of their specialty, provide only medically necessary services which are covered under Medicaid.

10. Dental Services

A. Provider Eligibility Requirements

Any dentist licensed to practice dentistry on Guam, who agrees to policies, regulations, and procedures as promulgated by the Guam Medicaid Program, and signs a provider agreement, is eligible to participate in the Dental Care aspects of the Guam Medicaid Program.

B. Benefit Limitations

Covered Services

1. Dental services necessary for relief of pain and infection.

2. Restoration of teeth and maintenance of dental health.

3. Orthodontia for only the medically necessary situations.
 - a. Orthodontia related to post maxilla-facial intervention when the condition is caused by trauma, the treatment shall be limited to stabilization and movement only to accommodate prosthesis.
 - b. Orthodontia for movement of teeth to accommodate post cleft palate treatment. The treatment shall be limited to those procedures necessary for the retention of prosthesis for swallowing, breathing and mastication.

C. Procedures

Initial dental care will be provided by the Dental Clinic of the Department of Public Health and Social Services (DPHSS). If necessary dental services, which are within the above Medicaid coverage cannot be provided by the Dental Clinic of the DPHSS, referrals with specific diagnosis and recommended treatment should be made to private providers and a prior authorization must be obtained from the Medicaid Office. A copy of the Prior Authorization must be attached to the claim when billing Medicaid.

In case the diagnosis made by the private provider is different from that of the DPHSS Dentist, a verification of diagnosis is needed from the DPHSS Dental Clinic before any prior authorization can be reissued.

- b. Contraceptive or prescriptions for family planning purposes.
- c. Prenatal vitamin/mineral supplements.
- d. The Medicaid agency will provide coverage of prescription and over-the-counter (OTC) smoking/tobacco cessation covered outpatient drugs for pregnant women as recommended in "Treating Tobacco Use and Dependence - 2008 Update: A Clinical Practice Guideline" published by the Public Health Service in May 2008 or any subsequent modification of such guideline.

2. Not Covered Services

- a. Experimental Drugs.
- b. Vitamins, vitamin/minerals.
- c. Obesity control pharmaceutical.
- d. Over-The-Counter (OTC) drugs except for drugs included in the Medicaid Drug Formulary for special reasons.

12.b. Dentures

Provided only when part of a post-trauma treatment.

12.c. Prosthetic Devices

- 4) For women 50 years of age or older, one mammogram every twelve months;
- 5) For women age 40 and over with a history and/or family history of breast cancer, one mammogram every twelve months.

Provider Eligibility Requirements: Supplier of screening mammography means facility that is certified or holds a provisional certification by Medicare and/or Food and Drug Administration as described in 21 CFR sec. 900.11 and 12.

c. Pap Smear

Once every 12 months or every 3 years after 3 consecutive satisfactory normal or negative Pap smear for female age 16 and over.

d. Flexible Sigmoidoscopy

Once every 48 months if age 50 or older, or 120 months after a previous screening colonoscopy for those not at high risk.

e. Colonoscopy

Once every 120 months (high risk every 24 months) or 48 months after a previous flexible sigmoidoscopy.

f. Prostate Surface Antigen

Once every 12 months for men over age 50.

g. Tobacco-Use Cessation Treatments

Provider Eligibility Requirements: Qualified enrolled licensed Medicaid providers practicing within their scope of practice to provide tobacco counseling services to eligible Medicaid recipients.

A. Benefit Limitations

Provide counseling and medication coverage for at least two cessation attempts per year. Prior Authorization is required for counseling and medication.

1. Face-to-face counseling. Each cessation attempt is at least four sessions of at least 30 minutes each.

2. Prior Authorization is required for extended treatment duration past 90 days (24 weeks for varenicline) and number of cessation attempts exceeding 2 per year.

13.d. Rehabilitative Services

Not provided.

14. Services for Ages 65 or older for Mental Diseases

Not provided.

15. Intermediate Care Facility

Not provided.

16. Inpatient Psychiatric Facility Services

Not provided.

17. Nurse-Midwife Services

Provided.

18. Hospice Care

Hospice care is a service for the terminally ill patient who has a physician's certification that the individual has a medical prognosis that his or her life expectancy is six months or less. A plan of care must be established before services are provided, and services must be consistent with the plan of care in order to be covered. The following services are covered hospice services:

- Nursing care provided by or under the supervision of a registered nurse.
- Medical social services provided by a social worker who has at least a bachelor's degree from a school accredited or approved by the Council on Social Work Education, and who is working under the direction of a physician.
- Physicians' services performed by a physician (as defined in 42 CFR 410.20) except that the services of the hospice medical director of the physician of the interdisciplinary group must be performed by a doctor of medicine or osteopathy.
- Counseling services provided to the terminally ill individual and the family members or other persons caring for the individual at home. Counseling, including dietary counseling, may be provided both for the purpose of training

the individual's family or other care-giver to provide care, and for the purpose of helping the individual and those caring for him or her to adjust the individual's approaching death.

- Bereavement counseling consists of counseling services provided to the individual's family after the individual's death.
- Short-term inpatient care provided in Guam Memorial Hospital, which is a participating, Medicare certified facility that additionally meets the special hospice standards regarding staffing and patient areas. Services provided at Guam Memorial Hospital must conform to the written plan of care. General inpatient care at Guam Memorial Hospital may be required for procedures necessary for pain control or acute or chronic symptom management which cannot be provided in other settings. Inpatient care at Guam Memorial Hospital may also be furnished to provide respite for the individual's family or other persons caring for the individual at home.
- Medical appliances and supplies including drugs and biological. Only drugs as define in 1861 of the Act and which are used primarily for the relief of pain and symptoms control related to the individual's terminal illness are covered. Appliances may include covered durable medical equipment as well as other self-help and personal comfort items related to the palliation of management of the patient's terminal illness. Equipment is provided by the hospice for use in the patient's home while he or she is under hospice care. Medical supplies include those that are part of the written plan of care.
- Home health aide services furnished by qualified aides and homemaker services. Home health aides may provide personal care services. Aides may also perform household services to maintain a safe and sanitary environment in areas of the home used by the patient, such as changing the bed or light cleaning and laundering essential to the comfort and cleanliness of the patient. Aide services must be provided under the general supervision of a registered nurse. Homemaker services may include assistance in personal care, maintenance of a safe and healthy environment and services to enable the individual to carry out the plan of care.
- Physical therapy, occupational therapy services and speech-language pathology services provided for purposes of symptom control or to enable the individual to maintain activities of daily living and basic functional skills.

Hospice services are provided at the following levels of care:

- Routine Home Care
- Continuous Home Care
- Inpatient Respite Care
- General Inpatient Care

All inpatient hospice services are provided at Guam Memorial Hospital, a Medicare certified facility that additionally meets the special hospice standards regarding staffing and patient areas.

A. Provider Eligibility Requirements

1. Licensed by the Territory of Guam.
2. Certified or holds a provisional certification by Medicare.
3. A participating hospice meets the Medicare conditions of participation for hospices and has a valid provider agreement.

B. Benefit Limitations

Hospice care is given in periods of care, two 90-day periods followed by an unlimited number of 60 day periods. For each period of care, a doctor certification is required that the individual is terminally ill.

19. Case Management Services

Not provided.

20.a. Pregnancy-Related and Postpartum Services

Pregnant women, who were eligible for, applied for, and received medical assistance under the approved Guam Medicaid State Plan, will be provided all pregnancy-related and postpartum services until the end of the 60-day period beginning on the last date of their pregnancy.

20.b. Services that may complicate Pregnancy

Pregnant women services, including prenatal, delivery, and postpartum services, and any other medical conditions that may complicate the pregnancy, are provided.

21. Ambulatory Prenatal Care

Not provided.

22. Respiratory Care Services

Not provided.

23. Any other medical care and any other type of remedial care recognized under State Law, specified by the Secretary.

23.a. Transportation

Transportation and other related travel expenses determined to be medically necessary.

Emergency transportation service is covered in any emergency situation.

Transportation is furnished by vendors who are authorized by the Medicaid Program for reimbursement of transportation/travel costs.

A. Coverage

1. Round trip air transportation (economy fare) for off-island medical treatment. One (1) parent, or guardian, if the parent is unable to accompany the child, will be covered for minor recipients (17 years old and below and one (1) medical escort will be covered for recipients requiring assistance due to visual, orthopedic or mental impairments.
2. Emergency ambulance service and non-emergency medically necessary stretcher, wheelchair, bed-confined medical transportation service.

B. Benefit Limitations

1. Meals and lodging for medically necessary treatment that cannot be provided on Guam may be reimbursed at a reasonable per diem rate and requires Prior Authorization.

23. b. Services of Christian Science Nurses

Not provided.

23. c. Care and Services for Christian Science

Not provided.

23.d. Skilled Nursing Facility Services for under 21 Years Old

Skilled nursing facility services for clients under 21 years old means services that are provided to recipients under 21 years old on an inpatient basis by a skilled nursing facility.

A. Provider Eligibility Requirements (See 4.a.).

B. Benefit Limitations (See 4.a.).

23.e. Emergency Hospital Services

A. Emergency hospital services means:

1. Services necessary to prevent the death or serious impairment of the health of a recipient; and
2. Services provided by the most accessible hospital available that is equipped to furnish the services because of the threat to the life of health of the recipient even if the hospital does not currently meet:
 - a. The conditions for participation under Medicare; or
 - b. The definition of inpatient or outpatient hospital services under the Guam Medicaid State Plan.

B. Benefit Limitations

Emergency services, as described above, are provided to eligible recipients and individuals not eligible for Medicaid because of their immigration status if they meet all other eligibility criteria.

23. f. Personal Care Services in Recipient's Home

Not provided.

23. g. Birthing Center Services

A. Provider Eligibility Requirements

1. Physician & Certified Nurse Midwife licensed by local Medical Licensure Law.
2. The birthing center must meet the following qualifications:
 - a) Licensed by the Territory of Guam.
 - b) Approved to be a participating provider by the Guam Medicaid Program.

B. Benefit Limitations

Guam Medicaid-covered services to the care of recipients during low-risk pregnancies, deliveries and the postpartum period.

Gynecological services, family planning services, and Child Health Check-Up screenings (newborn evaluations only).

ASSURANCE OF TRANSPORTATION

Transportation is furnished by vendors who are authorized by the Medicaid Program for reimbursement of transportation costs when the beneficiary has no other means of getting to and from covered medical services.

Emergency transportation service is covered in any emergency situation.

Described below are the methods used to assure necessary transportation of recipients to and from providers:

- (1) For off-island emergency (See Attachment 3.1-A 23.a.)
- (2) For on-island emergency, recipients may obtain the ambulance service through the Guam Fire Department.
- (3) For on-island non-emergency, recipients must first use their own cars or seek assistance from friends or relatives before requesting transportation using the Guam Mass Transit system. Requesting an ambulance through the Guam Fire Department or medical transportation for medically necessary stretcher, wheelchair, and bed-confined transportation is available when medically necessary.