

11.a. Physical Therapy

Upon physician's referral, physical therapy services are provided without limitation on an inpatient and outpatient hospital basis. Physical Therapy services are not provided outside of the hospital setting.

All Physical Therapy providers and services meet the requirements of 42 CFR 440.110.

1. Provider Eligibility Requirements

Any Physical Therapist (PT) licensed to practice Physical Therapy on Guam, who accepts Medicaid policies, regulations, and procedures and signs a provider agreement, is eligible to participate in the program.

Physical Therapy Assistant (PTA) must possess all of the following qualifications:

- a. A minimum of an associate degree from an approved school for physical therapy assistant in the United States; and
- b. Transcripts from an approved school for physical therapy assistants, evidencing the successful completion of a two (2) year degree program, which must include supervised clinical experience.

PTA works under the direct supervision of the PT and is not receiving direct reimbursement.

11.b. Occupational Therapy

Upon physician's referral, occupational therapy services are provided without limitation on an inpatient and outpatient hospital basis. Occupational Therapy services are not provided outside of the hospital setting.

All Occupational Therapy providers and services meet the requirements of 42 CFR 440.110.

1. Provider Eligibility Requirements

Any Occupational Therapist (OT) licensed to practice Occupational Therapy on Guam, who accepts Medicaid policies, regulations, and procedures and signs a provider agreement, is eligible to participate in the program.

Occupational Therapy Assistant (OTA) must possess all of the following qualifications:

- a. An associate's degree or certificate in occupational therapy assistant from the U.S. or from a foreign program recognized by the National Board of Certification in Occupational Therapy.
- b. Transcripts from the recognized educational institution, or by the nationally recognized professional association, evidencing a minimum of twelve (12) weeks, or one hundred and forty (140) hours of supervised fieldwork experience.

OTA works under the direct supervision of the OT and is not receiving direct reimbursement.

11.c. Speech Therapy, Audiology Services and Hearing Aids

A. Speech Therapy

Not Provided.

B. Audiology Services

Audiology services means hearing evaluation and basic audio assessment provided by a licensed Audiologist, upon physician's referral, to individuals with hearing disorders.

All audiology providers and services meet the requirements of 42 CFR 440.110.

1. Provider Eligibility Requirements

Any audiologist licensed to practice Audiology on Guam, who accepts Medicaid policies, regulations, and procedures and signs a provider agreement, is eligible to participate in the program.

1. Benefit Limitations

Covered Services

- a. Diagnostic audiological evaluation.
- b. Hearing evaluation and hearing aid.

All evaluations must be referred by otolaryngologists. Written physician's order including diagnosis must be current and available upon request by Medicaid.

C. Hearing Aids

A hearing aid is an electroacoustic system scientifically designed to be head or body worn by an individual and consisting of a microphone, amplifier and ear phone as basic components with each component adapted to the need of the individual.

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The Agency uses the following reimbursement principles in paying for each type of medical service:

A. Physician Services

1. Primary Care Physician Services/Evaluation and Management Services

Effective January 1, 2011, Medicaid will use the 100% Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare.

If the fee schedule is not available and not covered by Medicare, Medicaid will utilize the Current Medicare RBRVS Fee Schedule calculated based on Hawaii locality and Current Medicare Conversion Factor available at the Bureau of Health Care Financing Administration (BHCFA) office.

2. Anesthesia Services

Effective January 1, 2011, Medicaid will use the [2008 Crosswalk American Society of Anesthesiologist (ASA) Base Anesthesia Unit + Time Unit + ASA Physical Status Unit (any modifying factor/qualifying circumstance)] x Current Hawaii Medicare Fee Schedule Conversion Factor (CF) published at www.palmettogba.com/Medicare. Time Unit is based on 15 minutes increments.

3. Surgery and All Other Physician Services

Effective January 1, 2011, Medicaid will use the 100% Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare.

If the fee schedule is not available and not covered by Medicare, Medicaid will utilize the Current Medicare RBRVS Fee Schedule calculated based on Hawaii locality and Current Medicare Conversion Factor available at the Bureau of Health Care Financing Administration (BHCFA) office.

Assistant Physician Surgeon will be paid at 15% of Surgeon's Fee.

B. Other Practitioner Services

Effective January 1, 2011, Medicaid will pay at 65% of Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare for Nurse Midwives and 85% of Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare for all Other Practitioners.

C. Clinic Services

Effective January 1, 2011, Medicaid will pay the same reimbursement and methodology used to pay physician services (see Item A).

D. Laboratory Services (Off-Island and On-Island)

Payment will be the lowest of the billed charges or the Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare.

E. Radiological Services

Effective January 1, 2011, Medicaid will use the 100% Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare.

If the fee schedule is not available and not covered by Medicare, Medicaid will utilize the Current Medicare RBRVS Fee Schedule calculated based on Hawaii locality and Current Medicare Conversion Factor available at the Bureau of Health Care Financing Administration (BHCFA) office.

F. Drugs

Medicaid implements the drug formulary which includes the name of drugs covered by Medicaid, the strength, the MAC and maximum and minimum allowable quantity effective July 1, 1991. The MAC is based on the lowest updated Average Wholesale price on the Red/Blue Book and/or Medispan, plus a reasonable dispensing fee of \$4.40 which is 60% more than its previous years' dispensing fee of \$2.75.

Note: The agency will review and update the drug formulary annually, in January.

If the pharmacist has in his inventory drugs with ingredient costs less than the MAC of acceptable quantity, he is required to charge Medicaid at the lower cost. (*MAC as used by Guam means the upper limit payable for any service under Medicaid.) In case of HHS/MAC drugs, Guam uses the rate set by the Secretary of HHS.

G. Eyeglasses

Medicaid will pay provider charges for corrective eyeglasses, not to exceed eighty dollars (\$80.00) and bifocal eyeglasses not to exceed one hundred twenty eight dollars (\$128.00) including lens and frame.

H. Dental Services

Effective January 1, 2011, Medicaid will use the 40% of 2001 American Dental Association Fee Schedule available at the BHCFA office.

I. Medical Supplies and Equipments

Medicaid pays based on Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare and not to exceed provider's acquisition cost.

J. Hearing Aids

Medicaid pays the provider's charges not to exceed provider's acquisition cost.

K. Hospital Ancillary Services

Ancillary services including operating room, laboratory, x-ray, inhalation therapy; renal dialysis; etc., are reimbursed based on negotiated rates starting at the Hospital's Medicare Interim Rates and not to exceed 120% of the Hospital's Medicare Interim Rates. The reimbursement methodology for Physical and Occupational Therapy services performed in the hospital are explained in item L below.

L. Physical and Occupational Therapy

Physical and Occupational Therapy services are provided without limitation on an inpatient and outpatient hospital basis. These services are reimbursed based on negotiated rates starting at the Hospital's Medicare Interim Rates and not to exceed 120% of the Hospital's Medicare Interim Rates. This reimbursement will encompass both the professional and the facility component of all Physical and Occupational Therapy services.

M. Home Health Services

Medicaid pays Home Health services according to the CMS Federal Register National Per-Visit Rate (Federal Register Website).

N. Ambulatory Surgical Services

Effective January 1, 2011, Medicaid will pay according to the negotiated rates starting at Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare and not to exceed 70% of Provider's Usual Customary Charges.

O. Hospice Care

Effective January 1, 2011, Medicaid will pay according to the Annual Hospice Rates Established under Medicare published at www.cms.gov/center/hospice.asp.

P. Medical Transportation Services

Effective January 1, 2011, Medicaid will pay medical transportation services on negotiated rates starting at Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare and not to exceed 70% of Provider's Usual Customary Charges.

Medicaid does not reimburse for non-emergency medical transportation expense on the usage of their car or transportation provided by friends, family or bus because Guam is 30 miles long and 4 miles to 12 miles wide, and the distance of travel and associated costs are minimal.

Q. Free-Standing Birthing Center Services

Effective January 1, 2011, Medicaid will pay according to the negotiated rates starting at the Guam Memorial Hospital Authority's (GMHA) Current Medicare Interim Rates and not to exceed 70% of Provider's Usual Customary Charges.

R. Outpatient Hemodialysis Services

Effective January 1, 2011, Medicaid will pay according to the Facility's Current Medicare Interim Rate.

S. Outpatient and Emergency Room Services

Medicaid will pay according to the Facility's Current Medicare Interim Rate.

For services that cannot be provided by a provider that accepts payments under (A) through (R) and the service is evident to save life or significantly alter an adverse prognosis or the prognosis for survival and recovery requires the immediate medical service, Medicaid will negotiate competitive rates starting at Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare and not to exceed 70% of Provider's Usual Customary Charges.

Except as otherwise noted in the plan, territory-developed fee schedule rates are the same for both governmental and private providers.

All providers are required to submit claims within one (1) year from the date of service except for Medicaid with Third Party Liability (TPL) which should be submitted within sixty (60) days from the receipt date of the TPL payments/statements.

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Medicaid will pay the full amount of deductible, co-payment, and co-insurance for recipients who have Medicaid with TPL coverage provided the service charges are covered under the Guam Medicaid State Plan and not to exceed the Medicaid applicable reimbursement methodology outlined under (A) through (R) above.

Medicaid does not pay Non-Participating except in emergency cases, Medicaid will pay up to the Medicaid applicable reimbursement methodology outlined under (A) through (R) above and Medicaid is the Payor of Last Resort.

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