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State/Territory Name: ME

State Plan Amendment (SPA): ME-22-0037

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

February 27, 2023

Michelle Probert, Director
Maine Department of Health and Human Services
MaineCare Services
Policy Division
11 State House Station
Augusta, Maine 04333-0011

RE: TN 22-0037

Dear Director Probert:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B ME-22-0037 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 30, 2022. This SPA authorizes add-on payments for specified sexual and reproductive health codes provided by qualified providers.

Based upon the information provided by the State, we have approved the amendment with an effective date of one day after the COVID-19 Public Health Emergency (PHE) ends. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or blake.holt@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

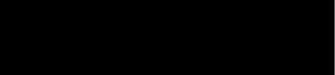
<p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p align="center">FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	<p>1. TRANSMITTAL NUMBER 22 0037</p>	<p>2. STATE Maine (ME)</p>
	<p>3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT</p>	
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<p>4. PROPOSED EFFECTIVE DATE 10/01/2022</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION 1905(a)(4)(c)</p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <p>a. FFY <u>2023</u> \$ <u>1,434,187</u></p> <p>b. FFY <u>2024</u> \$ <u>1,085,026</u></p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1 to Attachment 4.19-B pages 1.8 through 1.11</p>	<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) NEW</p>	

9. SUBJECT OF AMENDMENT
Provides add-on payment for select services provided by family planning agency providers.


10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

<p>11. SIGNATURE OF STATE AGENCY OFFICIAL</p> 	<p>15. RETURN TO Michelle Probert Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011</p>
<p>12. TYPED NAME Michelle Probert</p>	
<p>13. TITLE Director, MaineCare Services</p>	
<p>14. DATE SUBMITTED 12/30/2022</p>	

FOR CMS USE ONLY	
<p>16. DATE RECEIVED 12/30/2022</p>	<p>17. DATE APPROVED February 27, 2023</p>

PLAN APPROVED - ONE COPY ATTACHED	
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL The day after the COVID-19 PHE ends</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL</p> 
<p>20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion</p>	<p>21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review</p>

22. REMARKS

2/8/23: State concurs with pen and ink change to Box 4: from "10/01/2022" to "The day after the COVID-19 PHE ends." Box 6, line a: from "\$1,434,187" to "\$484,697."

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 1.8

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE**

Effective the day after the COVID-19 PHE ends the Department will provide add-on payments for certain services delivered by providers engaged primarily in the delivery of sexual and reproductive health care services, the procedure codes and add-on amounts are set forth in the table below.

The payment increases are structured as add-on payments within applicable upper payment limits. The add-on payment amounts were developed by applying 225 percent to existing MaineCare rates and rounding to the nearest dollar. These add-on payments do not change the underlying reimbursement amount, or base rate, for these procedure codes

Procedure Code	Description	Amount of Add-On Payment, rounded to nearest dollar
11976	Removal, implantable contraceptive capsules	\$224
11981	Insertion, non-biodegradable drug delivery implant	\$156
11982	Contraceptive Capsule Removal	\$175
11983	Contraceptive Capsule Removal & Reinsert	\$221
54050	Condyloma Treatment (Destruct penis lesion(s))	\$218
56501	Condyloma Treatment (Destruct vulva lesion(s) (simple <14)	\$301
57170	Diaphragm/Cervical Cap Fit	\$122
57452	Colposcopy	\$197
57454	Colposcopy And Biopsy	\$265
58300	Insertion of intrauterine device (IUD)	\$174
58301	Removal of intrauterine device (IUD)	\$173
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	\$6
81025	Urine pregnancy test, by visual color comparison methods	\$15
85018	Hemoglobin (Hgb)(To bill this code providers must have their current CLIA-waiver certificates on file with MaineCare and update their provider enrollment with the Department.)	\$5
86703	HIV-1 and HIV-2, single assay (ex. Oraquick Advance Rapid ½. (If positive result, providers must recommend Western Blot confirmatory testing and collect a sample, blood or saliva, during the same encounter to send to an outside professional lab for testing. Prepaid Kits to collect the sample are to be purchased from the Maine Center for Disease Control and Prevention, Health and Environmental Testing Laboratory in accordance with MaineCare Benefits Manual, Section 90.04-24).	\$24
87210	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types; wet mount for infectious agents (e.g., saline, India ink, KOH preps)	\$10

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 1.9

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE**

90471	Immunization admin (Gardasil - 1st injection)	\$26
96372	Injection, therapeutic/prophylactic/diagnostic, sc/im	\$22
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) 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 typically spend twenty (20) minutes face-to-face with the patient and/or family.	\$112
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) 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 typically spend thirty (30) minutes face-to-face with the patient and/or family.	\$173
99204	New Patient - Comprehensive	\$260
99205	New Patient - Complete	\$344
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 (5) minutes are spent performing or supervising these services.	\$35
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) 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 typically spend ten (10) minutes face-to-face with the patient and/or family.	\$87

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Supplement 1 to Attachment 4.19-B

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE**

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: an expanded problem focused history; an expanded problem focused 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 low to moderate severity. Physicians typically spend fifteen (15) minutes face-to-face with the patient and/or family.	\$141
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: a detailed history; a detailed 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 presenting problem(s) are of moderate to high severity. Physicians typically spend twenty-five (25) minutes face-to-face with the patient and/or family.	\$199
99215	Continuing Patient - Complete	\$281
99384	Preventive visit, new, 12-17	\$209
99385	Initial comprehensive preventative medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient, adolescent age 18-39 years. (All providers of these services must meet all MaineCare Benefits Manual, Section 94 Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) periodicity requirements for MaineCare members up to their twenty-first (21) birthday.)	\$203
99386	Preventive visit, new, 40-64	\$235
99394	Preventive visit, est, 12-17	\$178
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate laboratory/diagnostic procedures, established patient; age 18- 39 years. (All providers of these services must meet all MaineCare Benefits Manual, Section 94 Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) periodicity requirements for MaineCare members up to their twenty-first (21) birthday.)	\$182

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Supplement 1 to Attachment 4.19-B

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE**

99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate laboratory/diagnostic procedures, established patient; 40-64 years	\$195
99401	Individual Preventive Counseling: Approx. 15 minutes	\$60
99402	Individual Preventive Counseling: Approx. 30 minutes	\$100

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