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Primary Care Case Management (PCCM) Denied Claims, CR 30987

Some claims for members who have PCCM coverage have denied inappropriately.

You can identify these claims on your Remittance Advice (RA) by the following reason codes:

    CARC A1 - “Claim/Service denied.”
    RARC N220 - “Alert: See the payer’s web site or contact the payer’s Customer Service department to obtain forms and instructions for filing a provider dispute.”

We are working on resolving this issue. You will be notified when this issue has been corrected. Affected claims will be reprocessed and appear on RAs in the near future.

Co-Pay Exemptions for Preventive Services, CR 29058

Section 4106 of the Affordable Care Act (ACA) has recommended that certain preventive health care services be exempt from co-payments. Services provided to children (under the age of 21) and pregnant women have been, and will continue to be, co-pay exempt. Please use modifier 33 for all preventive services. See MaineCare’s Provider Resources webpage for the ACA Co-Pay Exempt Codes document for a list of preventive services and relevant codes. The MaineCare Benefits Manual Chapter II - Section 90: Physician Services was updated effective 1/01/2013 to reflect this change.
Section 90- Preventive Codes for Screening, Brief Intervention and Referral to Treatment (SBIRT) Code Changes, CR 29058

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention for at-risk substance users before more severe consequences occur.

Below lists how SBIRT screening can help those at risk for substance abuse:

- **Screening** quickly assesses the severity of substance use and identifies the appropriate level of care, ranging from brief intervention to referral for assessment to determine appropriate level of care.

- **Brief intervention** focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change. The screening and follow up conversation has been found effective in creating positive behavioral changes.

- **Referral to assessment and possible treatment** provides those identified as needing more extensive treatment with access to specialty care.

If the screening shows that the member is at risk for developing a substance abuse issue the physician should refer the member for further assessment from a qualified provider.

Effective 1/01/2013, physician’s offices enrolled under MaineCare Benefits Manual, Chapter II- Section 90 should use the following SBIRT codes:

- **99408**- Alcohol and/or substance (other than tobacco) abuse structured screening (eg. Audit, DAST), and brief intervention (SBI) services; 15 to 30 minutes (Note: this code replaces G0396)

- **99409**- Alcohol and/or substance (other than tobacco) abuse structured screening (eg. Audit, DAST), and brief intervention (SBI) services; greater than 30 minutes (Note: this code replaces G0397)

The SBIRT codes 99408 or 99409 cannot be used at the same time as their corresponding G codes as they replace these codes for physician’s offices enrolled under MCBM Chapter II- Section 90.

For more information, you can email the Code Committee.

Non-Covered Diabetic Codes, CR 29875

As a reminder, the following services codes are no longer covered by MaineCare:

- A4259
- A4255
- A4253
This update was effective 08/01/2012. MaineCare will continue to pay these services when billed after Medicare only.

MaineCare Fee Schedule Updates

The MaineCare fee schedule, found on the HealthPAS Online Portal, is in the process of being updated based on Medicare rates. You may see adjustments to affected claims over the next few weeks.

Oral/Max Surgical CDT Codes, CR 30031

The oral/max surgical CDT codes submitted by dentists that have been paying at 70% of charges will now be in the general dentistry term and will be paid based on dental Usual and Customary Rates (UCR), effective 09/01/10. Claims will be reprocessed according to MaineCare Benefits Manual- Chapter III Section 25. No provider action is needed.

Attention Vision Providers, Regarding Refractions

The MaineCare Benefits Manual, Chapter II- Section 75 states the comprehensive eye examination includes a diagnostic history, visual acuity determination, testing for refraction, muscle balance and accommodative function, ophthalmoscopy and biomicroscopy.

In most cases, you cannot bill MaineCare for a refraction test separately from the comprehensive eye exam.

When you can bill MaineCare for the refraction test separately:

1. The only appropriate time to bill MaineCare for the refraction test separately from the comprehensive exam is when Medicare applies a portion of the comprehensive eye exam to the Medicare deductible and pays the other portion. In this case, MaineCare can allow a separate charge for the refraction test.

When you cannot bill MaineCare for the refraction test separately:

1. If Medicare applies the total allowed for the comprehensive eye exam to the patient’s Medicare deductible, you may bill MaineCare for the comprehensive eye exam only. Since that payment is made according to MaineCare’s definition of a comprehensive eye exam which includes the refraction test, the refraction test cannot be billed separately.
2. If the patient does not have Medicare, the refraction test cannot be billed separately to MaineCare because the comprehensive eye exam includes a refraction test.

Is your mailing address up to date with MaineCare? Please keep MaineCare up to date so your Remittance Statements and checks arrive on time. Call Provider Enrollment at 1-866-690-5585.