|  |  |  |  |
| --- | --- | --- | --- |
| PROCEDURE CODE/  REVENUE CODE | DESCRIPTION | UNIT OF SERVICE | MAXIMUM  ALLOWANCE |
|  |  |  |  |
| T1015 | Clinic visit/encounter, all inclusive | per visit | by report |
| 0521 | Rural Health Clinic |  |  |
|  |  |  |  |
| T1015 HE | Clinic visit/encounter, all inclusive | per visit | by report |
| 0521 | Rural Health Clinic |  |  |
|  |  |  |  |
| T1015 | Home visit/encounter, all inclusive | per visit | by report |
| 0522 | Rural Health Clinic |  |  |
|  |  |  |  |
| T1015 | Visit to SNF (Part A\*) | per visit | by report |
| 0524 | Rural Health Clinic |  |  |
|  | \*A covered part A stay means that Medicare A will pay the services as the primary carrier |  |  |
|  |  |  |  |
| T1015 | Visit to SNF (non-covered\*) | per visit | by report |
| 0525 | Rural Health Clinic |  |  |
|  | \*A non-covered stay means that Medicare A is not paying for the inpatient stay/services |  |  |
|  |  |  |  |
| T1015 | Visit to other site | per visit | by report |
| 0528 | Rural Health Clinic |  |  |
|  |  |  |  |
| Effective 12/01/2016 | **RHCs are reimbursed for all Food and Drug Administration (FDA) approved intrauterine devices at the rate listed on the MaineCare UCR: https://mainecare.maine.gov/** |  |  |
|  |  |  |  |
|  |  |  |  |
| J1050  Effective 12/01/2016 | Injection, medroxyprogesterone acetate 1 mg | 1 unit | by report |
| 0636 | Pharmacy |  |  |
| G0108 | Diabetes outpatient self-management training services, individual, per 30 minutes | 30 minutes | by report |
| 0521 | Rural Health Clinic |  |  |
|  |  |  |  |
| G0109 | Diabetes outpatient self-management training services, group session (2 or more) per 30 minutes | 30 minutes | by report |
| 0521 | Rural Health Clinic |  |  |
|  |  |  |  |
| Effective 12/01/2016 | **RHCs are reimbursed for all Food and Drug Administration (FDA) approved pharmacotherapy for tobacco dependence treatment** |  |  |
|  |  |  |  |
| 99406 | Smoking and tobacco cessation counseling; individual, intermediate | 3-10 minutes | $8.67 |
| 0521 | Rural Health Clinic |  |  |
|  |  |  |  |
| 99407 | Smoking and tobacco cessation counseling; individual, intensive | greater than 10 minutes | $16.81 |
| 0521 | Rural Health Clinic |  |  |
|  |  |  |  |
| 99411 | [Tobacco cessation] preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure), approximately 30 minutes | per session | $11.54 |
| 0521 | Rural Health Clinic |  |  |
|  |  |  |  |
| 99412 | [Tobacco cessation] preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes | per session | $15.04 |
| 0521 | Rural Health Clinic |  |  |
|  |  |  |  |
|  |  |  |  |
| G0008 | Administration of influenza virus vaccine | per unit | $5.00 |
| 0521 | Rural Health Clinic |  |  |
|  |  |  |  |
| G0009 | Administration of pneumococcal vaccine | per unit | $5.00 |
| 0521 | Rural Health Clinic |  |  |
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| MODIFIERS | DESCRIPTION |  |  |
| GT | VIA INTERACTIVE AUDIO AND VIDEO TELECOMMUNICATION SYSTEMS |  |  |
| HE | BEHAVIORAL HEALTH |  |  |
| SL | STATE SUPPLIED VACCINE |  |  |
| UF | SERVICES PROVIDED IN THE MORNING (6 A.M. TO 11:59 A.M.) |  |  |
| UG | SERVICES PROVIDED IN THE AFTERNOON (12 P.M. TO 5:59 P.M.) |  |  |
| UH | SERVICES PROVIDED IN THE EVENING (6 P.M. TO 11:59 P.M.) |  |  |
| UJ | SERVICES PROVIDED AT NIGHT (12 A.M. TO 5:59 A.M.) |  |  |