

NON-CHARGEABLE LIST FISCAL YEAR 2013

SERVICE DESCRIPTIONS

ADDITIONAL EXPLANATION

ADDICTIONS SERVICES

Court-Based Screening

As defined in COMAR 10.47.01.02, "Screening" means the utilization of a valid tool or Instrument approved by the Administration to determine whether or not an individual may have alcohol or other drug abuse or dependence or both and will need further evaluation, http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.47.01.*

General Education or Prevention Services

In-Prison/Detention Center Services

Education, Prevention or Treatment Services
Provided to Adolescents in a School Setting

Treatment Services Reimbursable under COMAR 10.09.08 and are billable to third party payers, are not chargeable to private pay clients .

CANCER SCREENING DIAGNOSIS AND TREATMENT SERVICES

The Center for Cancer Surveillance and Control or the Office of Oral Health by the following funding sources, including but not limited to:

- Center for Disease Control and Prevention (CDC)
- General-funded Breast and Cervical Cancer Program (BCCP)
- Cigarette Restitution Fund (CRF) Cancer Prevention, Education Screening, and Treatment Programs
- Maryland Cancer Fund

Breast and cervical cancer screening, diagnosis, and treatment services (other than colposcopy provided through the Title X Family Planning Program) for clients whose income is \leq 250% of the Federal Poverty Level.

Chargeable to all third party payers.

Fecal Occult Blood Test (FOBT) kits (guaiac or immunochemical) for colorectal cancer screening.

Colorectal cancer screening, diagnosis and treatment services other than Fecal Occult Blood Test (FOBT) kits for clients whose income is \leq 250% of the Federal Poverty Level.

Chargeable to all third party payers.

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CANCER SCREENING – Con'td

Prostate Cancer screening, diagnosis, and treatment services for clients whose income is \leq 250% of the Federal Poverty Level.

Chargeable to all third party payers.

Oral Cancer screening services and oral brush biopsy.

Oral Cancer diagnosis and treatment services for clients whose income is \leq 250% of the Federal Poverty Level.

Chargeable to all third party payers.

Skin Cancer screening services.

Skin Cancer diagnosis and treatment services for clients whose income is \leq 250% of the Federal Poverty Level.

Chargeable to all third party payers.

DEVELOPMENTAL DISABILITIES SERVICES

Case Management/Services Coordination

Targeted case management services as described in COMAR 10.09.48 are reimbursable by Medicaid. Services coordination services as described in COMAR 10.22.09 are non chargeable services.

Court -Ordered Examinations

Court-ordered examinations as described in Health-General Article 16-405.

Day Programs

Summer Programs

Transportation to and from Day Programs

Family and Individual Support Services (FISS)

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ENVIRONMENTAL / LABORATORY TESTING SERVICES

Environmental & Laboratory Testing

An examination or analysis of a water supply is non-chargeable except for testing associated with water supplies related to;

- 1) Real Estate Transaction.
- 2) Day Care Facilities

Testing as part of a **infectious** disease investigation.

FAMILY PLANNING SERVICES

Birth Control Pill Pick Up

Pills are not chargeable; visit is chargeable as brief visit with nurse.

Depo-Provera for private pay clients with incomes at or below 250% of the federal poverty level

The Depo-Provera order visit is chargeable at the full rate to Medicaid, third party payers, and to private pay clients on the sliding fee scale.

The drug is chargeable to Medicaid and other third party payers at full cost.

For private pay clients with incomes at or below 250% of the federal poverty level, there is no cost for the drug; however, an approved administrative fee may be charged to non-Medicaid clients for the visit for each injection. The annual visits are chargeable based on the level of service and the client's ability to pay. No one may be denied service due to inability to pay.

Emergency Contraceptive (Plan B)

There is no charge for Emergency Contraceptive to Medicaid clients. An approved administrative fee may be charged to non-Medicaid clients. No one may be denied service due to inability to pay.

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FAMILY PLANNING SERVICES - Con'td.

Pregnancy Testing

There is no charge when there is no other service provided. When pregnancy testing is included with other services, the visit is chargeable based on the level of service(s) rendered.

Implanon™ for Private Pay Clients with Incomes private at or below 250% of the Federal Poverty Level

The insertion visit is chargeable at the full rate to Medicaid, third party payors and to pay clients on the sliding fee scale. The Implanon™ kit is chargeable to Medicaid and other third party payors at full cost. For private pay clients with incomes at or below 250% of the federal poverty level, there is no charge for the drug, post-insertion visit, or any follow-up visits directly related to the Implanon™ insertion. The subsequent annual visits (with Implanon™ in place) are chargeable based on the level of service and the client's ability to pay. No one may be denied service due to inability to pay.

ParaGard™ intrauterine contraceptive for Private Pay Clients with income at or below 250% of the Federal Poverty Level

The insertion visit is chargeable at the full rate to Medicaid, third party payors and to pay clients on the sliding fee scale. The ParaGard™ kit is chargeable to Medicaid and other third party payors at full cost. For private pay clients with incomes at or below 250% of the federal poverty level, there is no charge for the drug, post-insertion visit, or any follow-up visits directly related to the ParaGard™ insertion. The subsequent annual visits (with ParaGard™ in place) are chargeable based on the level of service and the client's ability to pay. No one may be denied service due to inability to pay.

MEDICAID FAMILY PLANING SERVICES WAIVER

Contraceptive, family planning and sterilization services only for clients with incomes at or below 200% of the federal poverty level who present a purple and white Medicaid card.

These services are chargeable at the full Medicaid rate.

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GENERAL HEALTH SERVICES

Adult Evaluation Review Services (AERS)

AERS evaluation services are non-chargeable. STEPS evaluation services as described in COMAR 10.09.30 and PASRR evaluation services as described in 42CFR 483 Subpart C are reimbursed by Medicaid only. STEPS case management is reimbursable by Medicaid only.

Blood Pressure Monitoring
General Education/Prevention Services
(when this is the only service provided)

Genetic Services

The non-laboratory portion of newborn screening, dietary management, educational, information and referral services to patients are non-chargeable. Planning and consultative services for health professionals and other agencies serving patients with hereditary and congenital disorders are not chargeable.

Home Visits (other than Certified Home Health
Agency Visits or Personal Care Visits)

Home visits provided by Local Health Department personnel that are not specifically identified in Medicaid regulations as being reimbursable.

Medicaid Primary Adult Care Program

Medication Co-pay is chargeable

Newborn Early Discharge Assessment

Chargeable to Medicaid and all third party payers - no charge to private pay clients

Smoking Cessation Program

All services.

Venipuncture

Repeat lab work done at the request of LHD.

Emergency Preparedness

Screening for vaccination and subsequent vaccinations provided at no cost to traditional and other emergency responders.

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SERVICE DESCRIPTIONS

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INFECTIOUS DISEASE SERVICES

HIV/AIDS Counseling and Testing

HIV Case Management
(Other than service described in COMAR 10.09.32)

HIV case management services as described in COMAR 10.09.32 are chargeable to Medicaid. Other HIV case management services are chargeable to all other third party payers. No charge to private pay clients.

STI Diagnosis and Treatment

There are no charges for clinic visit related to diagnosis, treatment and prevention of **STIs**.

STI Outreach

There is no charge for STI outreach activities.

TB Diagnosis and Treatment

No charge for clinic or field visit related to diagnosis and treatment (includes TB drugs, lab tests, chest x-rays and TB tests) of active TB or latent TB infection in TB contacts.

In-Prison/Detention Centers Services

Infectious Disease Testing

Testing done in the course of outbreak investigation.

IMMUNIZATION SERVICES

Adult MMR Immunizations

Measles

Mumps

Rubella (**German Measles**)

Immunizations only - no other service provided. Vaccines provided free of charge by DHMH Center for Immunization are non-chargeable. An approved administrative fee may be charged. No one may be denied service due to inability to pay.

Child Health Immunizations

DTP, MMR, Rubella, Hib, RV

TD, DT, Hepatitis A, Hepatitis B,

Varicella, Polio, HPV, MCV-4,

Rota virus

Immunizations only - no other service provided. Vaccines provided free of charge by DHMH Center for Immunization are non-chargeable. An approved administrative fee may be charged. No one may be denied service due to inability to pay.

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SERVICE DESCRIPTIONS

IMMUNIZATION SERVICES – Con'td.

Other Immunizations

Rabies Vaccine
Pneumococcal Vaccine
Influenza Vaccine

Hepatitis B Vaccine
Overseas Travel Vaccines

Any immunizations provided in a Prison/Detention center setting.

MENTAL HEALTH SERVICES

Court-Ordered Examinations.

Hotline Services

Peer Support Services

In-Prison/Detention Centers Services

Supported Employment Services

Mobile Crisis Services

ADDITIONAL EXPLANATION

Immunizations only- no other service provided. Vaccine provided free of charge by the DHMH Center for Immunization are non-chargeable. An approved administrative fee may be charged. No one may be denied service due to an inability to pay.

Non-chargeable to Medicaid clients.

Court-ordered examinations as described in Health-General Article 16-302.

Suicide prevention 800 number calls.

Services to assist clients in securing and maintaining employment.

The service responds to individuals in acute psychiatric distress to triage the individual's crisis and provide immediate access to psychiatric care.

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SERVICE DESCRIPTIONS

ADDITIONAL EXPLANATION

SCHOOL HEALTH SERVICES

Dental Screening
General Education/Prevention Services
(when this is the only service provided)

All of these services provided as part of the School Health Program are non-chargeable. If provided as part of an IEP/IFSP, they may be billed to Medicaid without billing other third party payers or private pay clients. However, you must have a signed agreement with Medicaid, which allows you to bill for services provided as part of an IEP/IFSP.

Immunization Record Review

If the services are not part of an IEP/IFSP, in order to bill Medicaid or any other payer, you must have an approved waiver for each service from the Non-Chargeable Services Waiver Committee.

Hearing Screening
Nutrition Services
Outbreak Investigation
Pediculosis Screening
Scoliosis Screening
TB Risk Assessment and Testing
Vision Screening

IEP/IFSP Services Including:

Audiology
Occupational Therapy
Physical Therapy
Speech
Other Non-Routine Nursing Services (tube feedings, tracheal suctioning, bladder catheterization, etc.)

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SERVICE DESCRIPTIONS

ADDITIONAL EXPLANATION

GENERAL SCREENING SERVICES

Cholesterol Screening
Dental Screening
Hearing Screening
High Blood Pressure Screening
Scoliosis Screening
TB Risk Assessment
Vision Screening

Screening only (for cholesterol, dental, hearing, blood pressure, TB, scoliosis, vision) no other service provided and not part of the school health program are non-chargeable.

TB risk assessment to determine need for a TB test is non-chargeable.
TB test for reasons other than recent contact to a TB case is chargeable.