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State/Territory Name: Maine

State Plan Amendment (SPA) #: 22-0036

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
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

December 21, 2022

Michelle Probert, Director
Office of MaineCare Services
Department of Health and Human Services
109 Capitol Street, 11 State House Station
Augusta, ME 04333-0011

Re: Maine State Plan Amendment (SPA) 22-0036

Dear Director Probert:

We have reviewed the proposed amendment to add section 7.4 Medicaid Disaster Relief for the COVID-19 National Emergency to your Medicaid state plan, as submitted under transmittal number (TN) 22-0036. This amendment proposes to implement add-on payments for select services provided by family planning agency providers.

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq*.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences of the COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and this state plan provision will no longer be in effect, upon termination of the public health emergency, including any extensions.

The State of Maine requested a waiver of public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(1)(C) of the Act, CMS is waiving public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(1)(C)(to waive) of the Act, CMS is approving the state's request to waive these notice requirements otherwise applicable to SPA submissions.

The State of Maine also requested a waiver to modify the tribal consultation timeline applicable to this SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is also approving states to modify the timeframes associated with tribal consultation required under section 1902(a)(73) of the Act, including shortening the number of days before submission or conducting consultation after submission of the SPA.

These waivers or modifications of the requirements related to public notice and tribal consultation apply only with respect to SPAs that meet the following criteria: (1) the SPA provides or increases beneficiary access to items and services related to COVID-19 (such as by waiving or eliminating cost sharing, increasing payment rates or amending ABPs to add services or providers); (2) the SPA does not restrict or limit payment or services or otherwise burden beneficiaries and providers; and (3) the SPA is temporary, with a specified sunset date that is not later than the last day of the declared COVID-19 public health emergency (or any extension thereof). We nonetheless encourage states to make all relevant information about the SPA available to the public so they are aware of the changes.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. This letter is to inform you that Maine Medicaid SPA Transmittal Number 22-0036 is approved effective July 1, 2022.

Enclosed is a copy of the CMS-179 summary form and the approved state plan pages.

Please contact Gilson DaSilva at (617) 565-1227 or by email at Gilson.DaSilva@cms.hhs.gov if you have any questions about this approval. We appreciate the efforts of you and your staff in responding to the needs of the residents of the State of Maine and the health care community.

Sincerely,

Alissa M. Deboy -S

Digitally signed by Alissa M. Deboy -S
Date: 2022.12.21 08:07:18 -05'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

cc: Kristin Merrill, State Plan Manager, Office of MaineCare Services

DEPARTMENT OF HEALTH ANDHUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER
22 0036

2. STATE
Maine (ME)

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIALSECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
07/01/2022

5. FEDERAL STATUTE/REGULATION CITATION
Title XIX, Section 1135 and 1905(a)(4)(c) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY **2022** $ 297,456
b. FFY **2023** $1,163,273

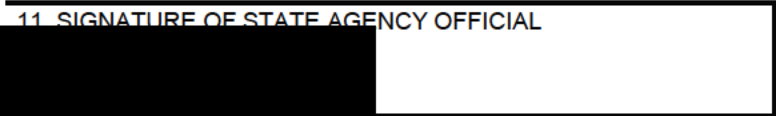
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Section 7.4 Pages 89a, 89b, and 89i(1) through 89i(7) and Page 89i

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Section 7.4 Pages 89a, 89b, and 89i

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME
Michelle Probert

13. TITLE
Director, MaineCare Services

14. DATE SUBMITTED
9/28/2022

15. RETURN TO
Michelle Probert
Director, MaineCare Services
#11 State House Station
109 Capitol Street
Augusta, Maine 04333-0011

FOR CMS USE ONLY

16. DATE RECEIVED 09/28/2022

17. DATE APPROVED 12/21/2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2022

19. SIGNATURE OF APPROVING OFFICIAL Alissa M. Deboy -S
Digitally signed by Alissa M. Deboy -S Date: 2022.12.21 08:07:34 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL
Alissa Mooney DeBoy

21. TITLE OF APPROVING OFFICIAL
On behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

22. REMARKS

09/29/2022 - State provided pen-and-ink authority to revise Box 5 to read, "Title XIX, Section 1135 and 1905(a)(4)(c) of the Social Security Act."
12/14/2022 - State provided pen-and-ink authority to revise Box 6 to list the fiscal impact amounts as noted above.
12/19/2022 - CMS pen and ink change to Box 7 to add Page 89i.

FORM CMS-179 (09/24)

Instructions on Back

Section 7 – General Provisions
7.4. Medicaid Disaster Relief for the COVID-19 National Emergency

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

Describe shorter period here.

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

_X_ The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

a. _____ SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.

b. __X__ Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).

c. __X____ Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in [insert name of state] Medicaid state plan, as described below:

Please describe the modifications to the timeline. The State requests that the following tribal consultation be acceptable: Notification to all federally recognized tribes via either call or letter only, no later than 30 days after submission of this SPA, in order to obtain a third calendar quarter effective date in 2022.

Section A – Eligibility

1. __X___ The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

Include name of the optional eligibility group and applicable income and resource standard. All uninsured individuals as defined under 1902(ss) of the Act pursuant to Section 1902(a)(10)(A)(ii)(XXIII) of the Act effective March18, 2020.

2. _____ The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

   a. _____ All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

   Income standard: _____________

   -or-

   b. _____ Individuals described in the following categorical populations in section 1905(a) of the Act:

   Income standard: _____________

3. _____ The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Increases to state plan payment methodologies:

2. __X__ The agency increases payment rates for the following services:

Reimbursement for all eligible providers is as follows except as specified below:

i. COVID-19 Vaccine Administration is equal to 100% of the Medicare Maine area 99 rate. *This also applies to the EMT authorized to administer the vaccine under the OLP benefit as described in Section D2.

a. Hospital APC payments for COVID-19 Vaccine administration is equal to 100% of the Maine Medicare rate including applicable geographic adjustments.

ii. COVID-19 testing services is equal to 70% of the Medicare Maine Jurisdiction K rate, or National Medicare rate if no Jurisdiction K rate is available, unless otherwise specified below.

a. Reimbursement for 87426 is based on the average of all other state Medicaid agency rates calculated on 06/10/2021. D0190 and D0191 is based on the average of all other state Medicaid agency rates calculated on 05/13/2021.

** The provisions above do not apply to FQHCs or RHCs. ***The testing provision at E.2.ii does not apply to pharmacist-administered tests, which are reimbursed using the methodology at E.4.

iii. Adds and adjusts reimbursement for medication management services by behavioral health providers as follows:

Service Code	Modifier	Definition	Effective Date	Rate
H2010		Medication Management	10/1/2021	$82.64
H2010	HA	Medication Management, Children's	10/1/2021	$94.46
H2010	AF	Medication Management, Physicians	10/1/2021	$82.64
H2010	HA, AF	Medication Management, Children's Physicians	10/1/2021	$94.46
H2010	HF	Medication Management, Suboxone	8/19/2020-9/30/2021	$65.26
H2010	HF, AF	Medication Management, Suboxone-Physician	8/19/2020-9/30/2021	$74.56
H2010	HF	Medication Management, Suboxone	10/1/2021	$82.64
H2010	HF, AF	Medication Management, Suboxone-Physician	10/1/2021	$82.64

The Department will increase the rates it pays for certain services delivered by providers engaged primarily in the delivery of sexual and reproductive health care services. See the table below for the services.

Procedure Code	**Description**
11976	Removal, implantable contraceptive capsules
11981	Insertion, non-biodegradable drug delivery implant
11982	Contraceptive Capsule Removal
11983	Contraceptive Capsule Removal & Reinsert
54050	Condyloma Treatment (Destruct penis lesion(s))
56501	Condyloma Treatment (Destruct vulva lesion(s) (simple <14)
57170	Diaphragm/Cervical Cap Fit
57452	Colposcopy
57454	Colposcopy And Biopsy
58300	Insertion of intrauterine device (IUD)
58301	Removal of intrauterine device (IUD)
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
81025	Urine pregnancy test, by visual color comparison methods
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.)
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).
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)
90471	Immunization admin (Gardasil - 1st injection)
96372	Injection, therapeutic/prophylactic/diagnostic, sc/im
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.

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.
99204	New Patient - Comprehensive
99205	New Patient - Complete
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.
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.
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.

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.
99215	Continuing Patient - Complete
99384	Preventive visit, new, 12-17
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.)
99386	Preventive visit, new, 40-64
99394	Preventive visit, est, 12-17
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.)
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
99401	Individual Preventive Counseling: Approx. 15 minutes
99402	Individual Preventive Counseling: Approx. 30 minutes

a. ___X___ Payment increases are targeted based on the following criteria:

The payment increase is targeted providers engaged primarily in the delivery of sexual and reproductive health care services and designed to comply with legislation enacted by the State of Maine requiring increased MaineCare reimbursement for sexual and reproductive health care providers. The legislation is available here.

b. Payments are increased through:

i. ___X___ A supplemental payment or add-on within applicable upper payment limits:

The payment increases are structured as add-on payments within applicable upper payment limits. The add-on payment amounts, set forth below, 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
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
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
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