|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Procedure & Revenue Codes** | | | | **Description** | | **Unit of Service** | | | **Maximum  Allowance** |
| T1015 | | | | Clinic visit/encounter, all inclusive | | Per visit | | | By report |
| 0521 | | | | FQHC | |  | | |  |
|  | | | |  | |  | | |  |
| T1015 HE | | | | Clinic visit/encounter, all inclusive | | Per visit | | | By report |
| 0521 | | | | FQHC | |  | | |  |
|  | | | |  | |  | | |  |
| T1015 | | | | Home visit/encounter, all inclusive | | Per visit | | | By report |
| 0522 | | | | FQHC | |  | | |  |
|  | | | |  | |  | | |  |
| T1015 | | | | Visit to SNF (Part A\*) | | Per visit | | | By report |
| 0524 | | | | FQHC | |  | | |  |
|  | | | | \*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 | | | | FQHC | |  | | |  |
|  | | | | \*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 | | | | FQHC | |  | | |  |
|  | | | |  | |  | | |  |
| T1015 | | | | Ambulatory Clinic Visit | | Per visit | | | By report |
| 0529 | | | | FQHC | |  | | |  |
|  | | | |  | |  | | |  |
| S9441 | | | | Asthma education, nonphysician provider, per session | | Per visit | | | By report |
| 0521 | | | | FQHC | |  | | |  |
|  | | | |  | |  | | |  |
| G0108 | | | | Diabetes outpatient self-management training services, individual, per 30 minutes | | Per 30 minutes | | | By report |
| 0521 | | | | FQHC | |  | | |  |
|  | | | |  | |  | | |  |
| G0109 | | | | Diabetes outpatient self-management training services, group session (2 or more) per 30 minutes | | Per 30 minutes | | | By report |
| 0521 | | | | FQHC | |  | | |  |
| **Procedure & Revenue Codes** | | | | **Description** | | **Unit of Service** | | | **Maximum  Allowance** |
| Effective 12/01/2016 | | | | **FQHCs 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 | | | | FQHC | |  | | |  |
|  | | | |  | |  | | |  |
| 99407 | | | | Smoking and Tobacco Cessation Counseling; individual, intensive | | Greater than 10 minutes | | | $16.81 |
| 0521 | | | | FQHC | |  | | |  |
|  | | | |  | |  | | |  |
| 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 | | | | FQHC | |  | | |  |
|  | | | |  | |  | | |  |
| 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 | | | | FQHC | |  | | |  |
|  | | | |  | |  | | |  |
| G0009 | | | | Administration of Pneumococcal Vaccine | | 1 unit | | | $5.00 |
| 0521 | | | |  | |  | | |  |
|  | | | |  | |  | | |  |
| G0008 | | | | Administration of Influenza virus Vaccine | | 1 unit | | | $5.00 |
| 0521 | | | |  | |  | | |  |
| Effective 12/01/2016  Effective 12/01/2016 | | | | **FQHCs are reimbursed for all Food and Drug Adminsitration (FDA) approved Intrauterine Devices at the rate listed on the MaineCare UCR:** [**https://mainecare.maine.gov/**](https://mainecare.maine.gov/) | |  | | |  |
| J1050 | | | | Injection, medroxyprogestrone acetate, 1 mg. | | 1 unit | | | By report |
|  | |  | | |  |  | | |
| **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.) | | | |  |  | | |