

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY

114.3 CMR 8.00: OUTPATIENT TUBERCULOSIS CONTROL SERVICES

Section

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8.01: General Provisions

- (1) Scope Purpose and Effective Date. 114.3 CMR 8.00 governs the payment rates for outpatient tuberculosis control services rendered to publicly-aided individuals effective November 1, 2011. The rates set forth in 114.3 CMR 8.00 also apply to individuals covered by the Worker's Compensation Act, M.G.L. c. 152.
- (2) Coverage. The payment rates in 114.3 CMR 8.00 are full compensation for outpatient tuberculosis control services provided to publicly-aided individuals including any administrative or supervisory duties in connection with outpatient tuberculosis control services, without regard to where the service is rendered.
- (3) Coding Updates and Corrections. The Division may publish service code updates and corrections in the form of an Administrative Bulletin.
- (4) Administrative Bulletins. The Division may issue administrative bulletins to clarify its policy on and understanding of substantive provisions of 114.3 CMR 8.00.
- (5) Disclaimer of Authorization of Services. 114.3 CMR 8.00 is neither authorization for nor approval of the substantive services for which rates are determined pursuant to 114.3 CMR 8.00. Governmental Units that purchase care are responsible for the definition, authorization, and approval of care and services extended to publicly-aided clients.
- (6) Authority. 114.3 CMR 8.00 is adopted pursuant to M.G.L. c. 118G.

8.02: Definitions

Meaning of Terms. Terms used in 114.3 CMR 8.00, unless the context requires others, shall have the following meanings:

Clinic Visits. Outpatient clinic visits for medical evaluation, treatment or diagnostic supervision for persons with suspected, active, healed tuberculosis, or for persons with tuberculosis infection operated in accordance with the standards established by the federal Centers for Disease Control and Prevention and the American Thoracic Society and the policies and protocols of the purchasing agent. Clinic visits are categorized into three levels of approved services, Level A1, Level A2 and Level B.

Division. The Division of Health Care Finance and Policy established under M.G.L. c. 118G.

Eligible Provider. Any provider which has an agreement with a Governmental Unit for providing outpatient tuberculosis control services for publicly-aided individuals.

Governmental Unit. The Commonwealth, any department, division, agency, board, or commission of the Commonwealth and any political subdivision of the Commonwealth.

Publicly Aided Individual. A person who receives health care and services for which a Governmental Unit is in whole or part liable under a statutory program of public assistance.

8.03: General Rate and Service Provisions

- (1) Services Included in the Rate. The approved rate includes payment for all care and services that are part of the tuberculosis treatment standards established by and subject only to the terms of the purchase agreement between the eligible provider and the purchasing Governmental Unit.

8.03: continued

(2) Program Rate as Full Payment. Each eligible provider shall, as a condition of acceptance of payment made by the purchasing Governmental Unit for services rendered, accept the approved program rate as full payment and discharge of all obligations for the services rendered. Any third party payments received on behalf of a publicly assisted client shall reduce, by that amount, the amount of the purchasing Governmental Unit’s obligation for services rendered to the publicly assisted client.

(3) Payment Limitation. Except as provided in 114.3 CMR 8.03(2), no purchasing Governmental Unit may pay less than, or more than, the approved program rate.

(4) Approved Program Services. Clinic visits are categorized into the following levels of approved outpatient tuberculosis control services: Level A1, Level A2, Level B and Level C.

(a) Level A1. Level A1 services include medical assessment, examination and/or consultation by a clinic physician and include chest X-ray, frontal and lateral views. These services may be provided by nurse practitioners subject to conditions, review and prior approval by the purchasing agency. Nurse practitioners must be specifically trained in tuberculosis disease and management, and must fulfill the legal requirements to practice within the Commonwealth of Massachusetts as an Advanced Practice Nurse. The nurse practitioner shall work collaboratively with the supervising tuberculosis clinic physician who must be a specialist in pulmonary medicine or infectious disease. Services include the review of radiographic studies, at or before the A1 visit, by the consulting radiologist and/or the pulmonary physician.

(b) Level A2. Level A2 services include medical assessment, examination and/or consultation by a clinic physician and do not include chest X-ray. These services may be provided by nurse practitioners subject to conditions, review and prior approval by the purchasing agency. Nurse practitioners must be specifically trained in tuberculosis disease and management, and must fulfill the legal requirements to practice within the Commonwealth of Massachusetts as an Advanced Practice Nurse. The nurse practitioner shall work collaboratively with the supervising tuberculosis clinic physician who must be a specialist in pulmonary medicine or infectious disease.

(c) Level B. Level B visits are outpatient visits not routinely requiring examination or consultation by the clinic physician, for nursing follow-up of chemoprophylaxis prescribed by a physician. Level B visits may include medically authorized directly observed therapy (DOT) or supervised treatment to a patient with diagnosed tuberculosis in the home, work place, or other mutually agreeable location subject to prior approval by the purchasing agent.

(d) Level C. Level C visits are for the purpose of providing Directly Observed Therapy (DOT), which is the direct observation of the ingestion of prescribed anti-tuberculosis medication by the patient. DOT is used for tuberculosis patients who have one or more risk factors that may jeopardize their ability to adhere to, or to complete, therapy. These visits may be visits by a health care provider or other designated responsible person. Payment for this treatment is subject to approval by the purchasing agency.

(5) Approved Program Rates. Payment to an eligible provider for the purchase of tuberculosis control services will be the lower of:

- (a) the eligible provider’s usual and customary charge; or
- (b) schedule of allowable fees as set forth below:

<i>Service Code</i>	<i>Clinic Visit</i>	<i>Description</i>	<i>Rate Per Visit</i>
X0250	A1	Physician visit with X-ray	\$86.28
X0251	A2	Physician visit without X-ray	\$61.84
X0252	B	Nurse Visit	\$41.37
X0253	C	Directly Observed Therapy	\$20.74

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8.04: Severability

The provisions of 114.3 CMR 8.00 are severable, and if any provision of 114.3 CMR 8.00 or application of such provision to any eligible provider or any circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions of 114.3 CMR 8.00 or the application of such provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 8.00: M.G.L. c.118G.

NON-TEXT PAGE