

TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE
SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES
PART 35. RURAL HEALTH CLINIC

317:30-5-356. Coverage for adults

Payment is made to rural health clinics for adult services as set forth in this Section.

(1) **RHC services.** Payment is limited to four visits per ~~recipient member~~ per month. Refer to OAC 317:30-1, General Provisions, and OAC ~~317:30-3-65.4~~ 317:30-3-65.2 for exceptions to this limit for children under the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT). Additional preventive service exceptions include:

(A) **Obstetrical care.** A Rural Health Clinic should have a written contract with its physician, nurse midwife, advanced practice nurse, or physician assistant that specifically identifies how maternity care will be billed to ~~Medicaid~~ SoonerCare, in order to avoid duplicative billing situations. The agreement should also specifically identify the physician's compensation for rural health and non-rural health clinic (other ambulatory) services.

(i) If the clinic compensates the physician, nurse midwife or advanced practice nurse to provide maternity care, then the clinic must bill the ~~Medicaid~~ SoonerCare program for prenatal care as a ~~"maternity encounter"~~ fee-for-service. A ~~maternity encounter~~ visit includes a comprehensive physical examination and/or routine scheduled medical visits. Payment will be allowed for one initial visit and 13 subsequent visits:

(I) three visits during the first trimester;

(II) three visits during the second trimester; and

(III) eight visits during the third trimester.

(ii) If the clinic does not compensate its practitioners to provide maternity care, then the independent practitioner ~~must~~ may bill the ~~Medicaid~~ SoonerCare program for obstetrical care according to the method described in the ~~Medicaid~~ SoonerCare provider specific fee-for-service rules for physicians, nurse midwives and advanced practice

nurses. (Physician Assistants are excluded from billing the Medicaid SoonerCare program as individual practitioners.)

(iii) Under both billing methods, payment for prenatal care includes all routine or minor medical problems. No additional payment is made to the prenatal provider except in the case of a major illness distinctly unrelated to pregnancy.

(iv) A standard profile of routine obstetrical lab services may be billed separately. The appropriate revenue code and CPT codes are used.

(B) Family planning services. Family planning services are paid on an encounter fee-for-service basis. ~~Coverage of family planning services and are available only to women members with reproductive capability. between the child bearing age of 12 and 50.~~ Family planning encounters visits do not count as one of the ~~two~~ four RHC visits per month.

(i) A family planning visit includes a physical examination, counseling and prescribing appropriate contraceptive medications and/or contraceptive methods.

(ii) Prescribed contraceptives may be billed independently from the family planning encounter visit.

(2) Other ambulatory services. Services defined as "other ambulatory" services are not considered a part of a RHC encounter visit and are therefore billable to the Medicaid SoonerCare program by the RHC or provider of service on the appropriate claim forms. Other ambulatory services are subject to the same scope of coverage as other Medicaid SoonerCare services billed to the program, i.e., limited adult services and some services for under 21 subject to same prior authorization process. Refer to OAC 317:30-1, General Provisions, and OAC 317:30-3-57 through 317:30-3-60 for general coverage and exclusions under Medicaid SoonerCare fee-for-services. ~~Refer to OAC 317:30-3-51 for exceptions under EPSDT.~~ Some specific limitations are applicable to other ambulatory services as set forth in ~~Specific Provider Rules~~ specific provider rules and excerpted as follows: Coverage under optometrists for adults is limited to treatment of eye disease not related to refractive errors. There is no coverage for eye exams for the purpose of prescribing eyeglasses, contact lenses or other visual aids. (See OAC 317:30-5-431-)