Claims/authorizations for dates of service on or after October 1, 2015 must use the applicable ICD-10 diagnosis code that reflects the policy intent. References in this manual to ICD-9 diagnosis codes only apply to claims/authorizations with dates of service prior to October 1, 2015.
## AMERICAN INDIAN CLINICS

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OVERVIEW

The Centers for Medicare and Medicaid Services (CMS) entered into a Memorandum of Agreement (MOA) with the Indian Health Services (IHS) to allow states to claim 100 percent federal medical assistance for payments made by the state for services rendered to Medicaid eligible American Indians and Alaska Natives through an IHS owned or leased facility or a tribal “638” facility. Tribal “638” facilities are those facilities owned and operated by American Indian and Alaska Native tribes and tribal organizations with funding authorized by Title I or III of the Indian Self-Determination and Education Assistance Act (Public Law 93-638, as amended).

The Department of Health and Hospitals (DHH) may cancel participation of a “638” facility in the Medicaid Program if it is determined:

- the facility is not providing care in compliance with Medicaid regulations and/or state laws,
- the health care needs of the Louisiana American Indian population are not being met by the facility, or
- CMS discontinues the terms of the MOA with Indian Health Services.
COVERED SERVICES

A “638” facility must provide preventive, diagnostic, therapeutic, rehabilitative or palliative services to recipients as an outpatient service. These services must be provided by or under the direction of a:

- Physician,
- Dentist,
- Physician’s assistant,
- Psychologist or licensed counselor,
- Nurse practitioner, nurse midwife or clinical nurse specialist,
- Nutritionist,
- X-ray technician, or
- Pharmacist.

**Encounter**

The facility shall furnish the covered services as an encounter. An encounter is a face-to-face visit between a facility health professional and an eligible recipient for the purpose of providing outpatient services. An encounter shall, at a minimum, include:

- A detailed history
  - Chief complaint,
  - History of present illness,
  - Problem pertinent system review, and
  - Pertinent past history/social.
- A detailed exam
  - Extended exam of the affected body area(s), and
  - Other symptomatic or related organ systems.
- A low to moderate complexity of medical decision making based on the
The following services shall be provided on-site by the facility and included as part of the encounter:

- Physician and mid-level practitioner services,
- Dental services,
- Psychological services,
- Prescription drugs services,
- Laboratory services,
- X-ray services, and
- Nutrition services.

**Service Limitations**

Consultations with more than one facility health professional on the same day and at a single location constitute a single encounter. Services shall not be arbitrarily delayed or split in order to bill additional encounters. A maximum of one encounter per recipient per 24-hour period shall be reimbursed.

Encounters shall only be billed if they meet the definition of an encounter. The facility may not bill an encounter rate if the only “services” performed were tasks incidental to services including, but not limited to:

- Taking blood pressure and temperature,
- Giving an injection,
- Changing dressings,
- Diagnostic procedures,
Laboratory services such as EKG, Peak Flow, Spirometry Respiratory Flow Volume, Loop and injections, or

A referral for other services.
RECIPIENT REQUIREMENTS

A recipient qualifies as a member of the target population if he/she meets the following criteria:

- Medicaid eligible and
- A person who is a member of an Indian tribe who is
  - A member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree, of any such member, irrespective of whether he or she lives on or near a reservation, or
  - An Eskimo or Aleut or other Alaska Native, or
  - The Secretary of the Interior considers him/her to be an Indian for any purpose, or
  - The Secretary promulgated regulations which determined him/her to be an Indian, or
  - The natural or adopted child, step-child, foster-child, legal ward, or orphan of an eligible Indian, who has not attained 19 years of age, or
  - The spouse of an eligible Indian or who is of Indian descent if all of such spouses are made eligible, as a class, by an appropriate resolution of the governing body of the Indian tribe of the eligible Indian.

Indian tribe refers to any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C. 1601 et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.
PROVIDER REQUIREMENTS

In order to participate in the Medicaid Program as a “638” facility, the facility must provide health services and be operated by a federally recognized tribe. In addition, providers must:

- Comply with all provider enrollment requirements for the Louisiana Medicaid Program,

- Attest to only seek reimbursement for services rendered to Medicaid eligible tribe members and Medicaid eligible individuals who are statutorily eligible under 25 U.S.C. §1680c(a) to receive treatment at an IHS facility,

- Employ or have a contractual agreement with the licensed health professionals who will perform the required services included in the encounter rate,

  NOTE: These health care professionals must meet the participation standards required for Medicaid enrollment for their respective provider type.

- Comply with the Medicaid rules and regulations governing those services included in the facility’s encounter rate,

- Assure that services will be provided on-site,

- Have a physician on-site at least 20 hours per week during normal business hours, and

- Have other health care professionals available as needed.
REIMBURSEMENT

Reimbursement is the encounter rate established by the U.S. Department of Health and Human Services, Indian Health Service for “638” facilities. Reimbursement for prescribed drugs is included in the encounter rate when the prescription is dispensed during the same time period as a visit with one or more facility health professionals. Reimbursement for refilling a prescription shall be the established encounter rate for the facility.

Medicaid will reimburse facilities at the current CMS established encounter rate. CMS issues the payment rate based on a calendar year that will be effective retroactive to January 1st of that year. Medicaid will re-cycle claims for the calendar year to capture the adjusted rate.
MESSAGE FOR ALL EPSDT ELIGIBLES AND THEIR PARENTS

Louisiana Medicaid provides eligible Medicaid recipients who are under 21 years of age with preventative care, like regular examinations and immunizations. Regular examinations may prevent future problems and immunizations will protect your child from diseases like measles and mumps.

If you are a Medicaid recipient under the age of 21, you may be eligible for the following services at no cost to you:

Doctor visits; hospital (inpatient and outpatient) services, lab tests and x-rays; family planning services; home health care; dental care; rehabilitation services, prescription drugs; medical equipment, appliances and supplies (DME); support coordination; speech and language evaluations and therapies; occupational therapy; physical therapy; psychological evaluations and therapy; psychological and behavior services; podiatry services; optometrist services; hospice services; extended home health services; residential institutional care; home and community based (waiver) services; medical, dental, vision and hearing screenings, both periodic and interperiodic; immunizations; eyeglasses; hearing aids; psychiatric hospital care; personal care services; audiological services; medically necessary transportation: Ambulance transportation, non-ambulance transportation; appointment scheduling assistance; chiropractic services; prenatal care; certified nurse midwives; certified nurse practitioners; mental health rehabilitation; mental health clinic services; addictive disorder services and any other medically necessary health care, diagnostic services, treatment, and other measures which are coverable by Medicaid, which includes a wide range of services not covered for recipients over the age of 21.

For further information regarding available services, call the Specialty Resource Line (toll-free) at 1-877-455-9955 (or TTY at 1-877-544-9544).

Some of these services must be approved by Medicaid in advance. Your medical provider should be aware of which services must be pre-approved and can assist you in obtaining those services.