

**CHAPTER 247: UNIFORM REPORTING SYSTEM FOR NON-CLAIMS-BASED PAYMENTS
AND OTHER SUPPLEMENTAL HEALTH CARE DATA SETS**

SUMMARY: This Chapter contains the provisions for filing non-claims-based payment information and other supplemental data sets related to the delivery of health care services.

1. Definitions

Unless the context indicates otherwise, the following words and phrases shall have the following meanings:

- A. **Behavioral Health Care.** "Behavioral health care (BH)" means services to address mental health and substance use conditions. PL 2021, c.603, 24-A MRSA §6903, sub-§1-A
- B. **Capitation Payments.** "Capitation payments" means per capita payments to providers to provide services needed by designated patients over a defined period.
- C. **Care Management/Care Coordination/Population Health Payments.** "Care management/care coordination/population health payments" means payments to fund a care manager, care coordinator, or other traditionally non-billing practice team members (e.g., practice coaches, patient educators, patient navigators, or nurse care managers) who help providers organize clinics to function better and help patients take charge of their health.
- D. **Carrier.** "Carrier" means an insurance company licensed in accordance with 24-A M.R.S., including a health maintenance organization, a multiple employer welfare arrangement licensed pursuant to 24-A M.R.S., chapter 81, a preferred provider organization, a fraternal benefit society, or a nonprofit hospital or medical service organization or health plan licensed pursuant to 24 M.R.S. An employer exempted from the applicability of 24-A M.R.S., chapter 56-A under the federal *Employee Retirement Income Security Act of 1974, 29 United States Code, Sections 1001 to 1461 (1988)* ("ERISA") is not considered a carrier.
- E. **Designee.** "Designee" means an entity with which the MHDO has entered into an agreement under which the entity performs data collection, validation and management functions for the MHDO and is strictly prohibited from releasing information obtained in such a capacity.
- F. **Electronic Health Records/Health Information Technology Infrastructure/Other Data Analytics Payments.** "Electronic health records/health information technology infrastructure and other data analytics payments" means payments to help providers adopt and utilize health information technology, such as electronic medical records and health information exchanges, software that enables practices to analyze quality and/or costs outside of the electronic health records and/or the cost of a data analyst to support practices.
- G. **Global Budget Payments.** "Global budget payments" means payments made to providers for either a comprehensive set of services for a designated patient population or a more narrowly defined set of services where certain services such as behavioral health or pharmacy are carved out. Services typically include primary care clinician services, specialty care physician services, inpatient hospital services, and outpatient hospital services, at a minimum. Hospitals and health

systems are typically the provider types that would operate under a global budget, though this is not widespread.

- H. **Medicare Health Plan Sponsor.** “Medicare health plan sponsor” means a health insurance carrier or other private company authorized by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to administer Medicare Part C and Part D benefits under a health plan or prescription drug plan.
- I. **Medication Reconciliation.** “Medication reconciliation” means payments to fund the cost of a pharmacist to help practices with medication reconciliation for poly-pharmacy patients.
- J. **MHDO.** "MHDO" means the Maine Health Data Organization.
- K. **M.R.S.** “M.R.S.” means *Maine Revised Statutes*.
- L. **Non-Claims Based Payments.** “Non-claims-based” means payments that are for something other than a fee-for-service claim. These payments include but are not limited to Capitation Payments, Care Management/Care Coordination/Population Health Payments, Electronic Health Records/Health Information Technology Infrastructure/Other Data Analytics Payments, Global Budget Payments, Patient-centered Medical Home Payments, Pay-for-performance Payments, Pay-for-reporting Payments, Primary Care and Behavioral Health Integration Payments, Prospective Case Rate Payments, Prospective Episode-based Payments, Provider Salary Payments, Retrospective/Prospective Incentive Payments, Risk-based Payments, Shared-risk Recoupments, Shared-savings Distributions.
- M. **Patient-centered Medical Home Payments.** “Patient-centered medical home payments” means Practice-level payments such as payments to Patient-Centered Medical Homes (PCMH), Health Homes for provision of comprehensive services; payments based upon PCMH recognition; or payments for participation in proprietary or other multi-payer medical -home or specialty care practice initiative.
- N. **Pay-for-performance Payments.** “Pay-for-performance payments” means payments to reward providers for achieving a set target (absolute, relative, or improvement-based) for quality or efficiency metrics. Payments could include the return of a withhold if not attached to a claim payment.
- O. **Pay-for-reporting Payments.** “Pay-for-reporting payments” means payments to providers for reporting on a set of quality or efficiency metrics, usually to build capacity for future pay-for-performance incentives.
- P. **Payor.** "Payor" means a carrier, third-party payor, third-party administrator, Medicare health plan sponsor or Medicaid.
- Q. **Primary Care.** "Primary care" is defined as regular check-ups, wellness and general health care provided by a provider with a primary care specialty/ taxonomy as specified in Appendix A. It does not include urgent care or emergency health care.
- R. **Primary Care and Behavioral Health Integration Payments:** “Primary care and behavioral health integration payments” means payments that promote the appropriate integration of primary care and behavioral health care that are not reimbursable through claims (e.g., funding behavioral health services not traditionally covered with a discrete payment when provided in a primary care

setting), such as: a) substance abuse or depression screening; b) performing assessment, referral, and warm hand-off to a behavioral health clinician; and/or c) supporting health behavior change, such as diet and exercise for managing prediabetes risk). This excludes payments for mental health or substance use counseling.

- S. **Prospective Case Rate Payments.** “Prospective case rate payments” means payments received by providers in a given provider organization for a patient receiving a defined set of services for a specific period.
- T. **Prospective Episode-based Payments.** “Prospective episode-based payments” means payments received by providers (which can span multiple provider organizations) for a patient receiving a defined set of services for a specific condition across a continuum of care by multiple providers, including providers, or care for a specific condition over a specific time.
- U. **Provider.** “Provider” means a health care facility, health care practitioner, health product manufacturer or health product vendor but does not include a retail pharmacy.
- V. **Provider Salary Payments.** “Provider salary payments” means payments for salaries of providers who provide care. This category may only be applicable for closed health systems.
- W. **Recoveries.** “Recoveries” means payments received by a provider from a payor and then later recouped due to a review, audit, or investigation. Recoveries not reported in claims payments should be netted out of the total non-claims-based payments reported.
- X. **Retrospective/Prospective Incentive Payments.** “Retrospective/prospective incentive payments” means payments to reward providers for achieving quality and/or efficiency goals. The two main subcategories of incentive payments are pay-for-performance and pay-for-reporting.
- Y. **Redacted Payments.** “Redacted payments” mean payments in which an entire claim or some portion of a claim that would normally be part of the payer’s medical or pharmacy claims submission to the MHDO was removed or altered prior to submission to conform to the requirements of 42 CFR Part 2 to protect patient confidentiality on claims for treatment of Substance Use Disorder (SUD). PL 2021, c.603, 24-A MRSA §6951, sub-§13 (C)
- Z. **Risk-based Payments.** “Risk-based payments” means payments received by providers (or recouped from providers) based on performance relative to a defined spending target. Risk-based payment methodologies can be applied to different types of budgets, including but not limited to episode of care and total cost of care. The two main subcategories of risk-based payments are shared savings and shared risk.
- AA. **Shared-risk Recoupments.** “Shared-risk recoupments” means payments payors recoup from providers if costs of services are above a predetermined, risk-adjusted target. Shared-risk arrangements are typically calculated on a total cost of care basis and typically exclude high-cost outliers. Recoupment should be netted out of the total non-claims-based payments reported.
- BB. **Shared-savings Distributions.** “Shared-savings distributions” means payments received by providers if costs of services are below a predetermined and risk-adjusted target. The amount of savings the provider can receive is often linked to performance on quality measures.

CC. **Supplemental Data Sets.** “Supplemental data sets” means data files specific to payments for behavioral health care services necessary to provide the information required under PL 2021, c.603, 24-A MRSA §6951, sub-§13 (B) and (C). Supplemental data sets include aggregated, redacted, claims-based payments.

DD. **Third-party Administrator.** “Third-party administrator” means any person licensed by the Maine Bureau of Insurance under 24-A M.R.S., chapter 18 who, on behalf of a plan sponsor, health care service plan, nonprofit hospital or medical service organization, health maintenance organization or insurer, receives or collects charges, contributions or premiums for, or adjusts or settles claims on residents of this State.

EE. **Third-party Payor.** "Third-party payor" means a state agency that pays for health care services or a health insurer, carrier, including a carrier that provides only administrative services for plan sponsors, nonprofit hospital, medical services organization, or managed care organization licensed in the State.

2. Non-Claims-Based Payments and Supplemental Data Set Filing Description

A. General Requirements

- (1) Payors that: a) provide medical benefits to Maine residents; and b) are not excluded from submitting health care claims data sets under 90-590 Chapter 243 Sec 2(A)(9)(a-b); and c) reimburse providers by means other than a Fee-for-Service model shall submit to the MHDO or its designee complete non-claims-based (NC) payment data and/or aggregated, redacted claims-based (AC) payment data, if applicable, and each data set type must be accompanied by the appropriate supporting information file in accordance with the requirements of this section. NC and AC payments are payments from payors to providers based on the definitions above. The supporting information file for an NC payment data set must describe the methods used to reimburse behavioral health care providers. The supporting information file for an AC payment data set must detail the methods used to redact the substance use disorder claims, the specific code lists that are used for procedure codes, revenue codes and diagnosis codes, provider types and any other detail on the claim that is required to select the substance use disorder redacted claim. See <https://mhdo.maine.gov/portal> for sample NC and AC supporting information files. PL 2021, c.603, 24-A MRSA §6951, sub-§13
- (2) The above payors shall report NC and AC payments for all plans or certify that these are not applicable via the annual registration update at <https://mhdo.maine.gov/portal> by February 28th of each year. The payor(s) that administer(s) health insurance for State of Maine employees and the Maine Education Association Benefits Trust to pay for behavioral health care shall also submit separate data sets and supporting information for these two groups. It is the responsibility of the payor to amend the information, as needed, and to have an authorized user electronically sign to confirm/attest that the information provided is complete and accurate. PL 2021, c.603, 24-A MRSA §6951, sub-§13 (A)
- (3) Payors shall report NC payments for Medicare and non-Medicare Advantage (commercially insured) populations separately, combining plans as needed within those populations. It may be necessary to estimate portions of NC payments by population if amounts are paid to provider systems for plans that include both populations. Population counts encompass all eligible members, not just those associated with providers who received Non-Claims-Based Payments. Payors shall aggregate redacted claims (AC) payments by the product code identified in AC003

and report totals for each product code. The total members and total member months in the AC file include all members eligible for the product code in the performance period, not just those with redacted claims.

- (4) Each payor is responsible for the submission of all information related to NC and AC payments and applicable supporting information made by any sub-contractor on its behalf.
- (5) Any self-funded employee benefit plan regulated by ERISA that submits claims data under 90-590 CMR Chapter 243 Section 5, may voluntarily submit completed data sets for Maine residents regarding NC and AC payments and applicable supporting information in accordance with the provisions of this rule. Any such data shall be subject to the same laws and regulations as other MHDO data.

B. Data Elements and Attributes by Header Record, Trailer Record and File Type

(1) Header Record (for All File Types)

| Data Element # | Data Element Name | Type | Maximum Length | Definition/Description |
|-----------------------|------------------------------|-------------|-----------------------|---|
| HD001 | Record Type | Text | 2 | HD |
| HD002 | Submitter | Text | 8 | MHDO-assigned identifier of payor submitting data. Do not leave blank. |
| HD003 | Payor | Text | 8 | MHDO-assigned code of the insurer/underwriter in the case of premiums-based coverage, or of the administrator in the case of self-funded coverage |
| HD004 | Type of File | Text | 2 | AC Aggregated, Redacted Claims-Based Payments NC Non-Claims-Based Payments |
| HD005 | Period Beginning Date | Text | 6 | CCYYMM Beginning of paid period for payments |
| HD006 | Period Ending Date | Text | 6 | CCYYMM End of paid period |
| HD007 | Record Count | Number | 10 | Total number of records submitted in this file. Exclude header record in count. |
| HD008 | Comments | Text | 80 | Submitter may use to document this submission by assigning a filename, system source, etc. |

(2) Trailer Record (for All File Types)

| Data Element # | Data Element Name | Type | Maximum Length | Definition/Description |
|----------------|-----------------------|------|----------------|---|
| TR001 | Record Type | Text | 2 | TR |
| TR002 | Submitter | Text | 8 | MHDO-assigned identifier of payor submitting data. Do not leave blank. |
| TR003 | Payor | Text | 8 | MHDO-assigned code of the insurer/underwriter in the case of premiums-based coverage, or of the administrator in the case of self-funded coverage |
| TR004 | Type of File | Text | 2 | AC Aggregated, Redacted Claims-Based Payments NC Non-Claims-Based Payments |
| TR005 | Period Beginning Date | Text | 6 | CCYYMM Beginning of paid period for payments |
| TR006 | Period Ending Date | Text | 6 | CCYYMM End of paid period |
| TR007 | Data Processed | Text | 8 | CCYYMMDD Date file was created |

(3) File Type NC – Non-Claims-Based Payments

| Data Element # | Data Element Name | Type | Maximum Length | Definition/Description |
|----------------|-----------------------------|------|----------------|---|
| NC001 | Submitter | Text | 8 | MHDO-assigned identifier of payor submitting data. Do not leave blank. |
| NC002 | Payor | Text | 8 | MHDO-assigned code of the insurer/underwriter in the case of premiums-based coverage, or of the administrator in the case of self-funded coverage |
| NC003 | Insurance Type/Product Code | Text | 2 | Do not code as part of this data extract AND leave blank. Code identifying the type of insurance policy within a specific insurance program. |

| Data Element # | Data Element Name | Type | Maximum Length | Definition/Description |
|-----------------------|--|-------------|-----------------------|---|
| | | | | Refer to Appendix B for standard code list. Coding should match MHDO Chapter 243 Data Element ME003. In addition, MHDO uses the following non-standard codes: HN Medicare Part C MD Medicare Part D |
| NC004 | Performance Period Start Date | Text | 6 | CCYYMM Effective date of performance period. Performance period refers to payment date. |
| NC005 | Performance Period End Date | Text | 6 | CCYYMM End date of performance period. Performance period refers to payment date. |
| NC006 | Total Number of Members | Number | 10 | The count of individual members with any eligibility in the performance period in the population identified in NC012. No decimal places; round to nearest integer Example: 12345 |
| NC007 | Total Member Months | Number | 10 | The total number of member months of eligibility in the performance period in the population identified in NC012. No decimal places; round to nearest integer Example: 12345 |
| NC008 | Total Dollars Non-Claims-Based Payments | Number | 10 | Do not code decimal point. Two decimal places implied. |
| NC009 | Total Dollars Non-Claims-Based Payments (Primary Care Only Portion) | Number | 10 | Do not code decimal point. Two decimal places implied. See definition of Primary Care above (1Q) for reporting Primary Care Only. |
| NC010 | Total Dollars Non-Claims-Based Payments (BH/SUD Only Portion) | Number | 10 | Do not code decimal point. Two decimal places implied. See definition of Behavioral Health/Substance Use Disorder above (1A) for reporting BH/SUD Only. |

| Data Element # | Data Element Name | Type | Maximum Length | Definition/Description |
|-----------------------|--|-------------|-----------------------|---|
| NC011 | Total Dollars Non-Claims-Based Payments (non-PC/non-BH/SUD) | Number | 10 | Do not code decimal point. Two decimal points implied. |
| NC012 | Population | Text | 2 | Population to which the payments apply. CI Commercially Insured (non-Medicare Advantage) MA Medicare Advantage MC MaineCare |
| NC013 | Payor Notes | Text | 320 | Clarification about the population to which the payments apply, limitations in ability to report the measure, and/or explanation of why the data is not reported. |

(4) AC – Aggregated, Redacted Claims-Based Payments

| Data Element # | Data Element Name | Type | Maximum Length | Definition/Description |
|-----------------------|------------------------------------|-------------|-----------------------|--|
| AC001 | Submitter | Text | 8 | MHDO-assigned identifier of payor submitting data. Do not leave blank. |
| AC002 | Payor | Text | 8 | MHDO-assigned code of the insurer/underwriter in the case of premiums-based coverage, or of the administrator in the case of self-funded coverage |
| AC003 | Insurance Type/Product Code | Text | 2 | Code identifying the type of insurance policy within a specific insurance program. Refer to Appendix B for standard code list. Coding should match MHDO Chapter 243 Data Element ME003. In addition, MHDO uses the following non-standard codes: HN Medicare Part C MD Medicare Part D |

| Data Element # | Data Element Name | Type | Maximum Length | Definition/Description |
|-----------------------|--|-------------|-----------------------|---|
| AC004 | Performance Period Start Date | Text | 6 | CCYYMM Effective date of performance period for reported Insurance Type/Product Code. Performance period refers to incurred date on redacted claims. |
| AC005 | Performance Period End Date | Text | 6 | CCYYMM End date of performance period for reported Insurance Type/Product Code. Performance period refers to incurred date on redacted claims. |
| AC006 | Total Number of Members | Number | 10 | The count of individual members with any eligibility in the performance period in the product code identified in AC003. No decimal places; round to nearest integer Example: 12345 |
| AC007 | Total Member Months | Number | 10 | The total number of member months of eligibility in the performance period in the product code identified in AC003. No decimal places; round to nearest integer Example: 12345 |
| AC008 | Total Plan-Paid Dollars SUD Claims-Based Payments Not Reported to MHDO | Number | 10 | Do not code decimal point. Two decimal places implied. |
| AC009 | Total Plan-Paid Dollars on Claims/Claim Lines Sent to MHDO where SUD Codes Were Removed | Number | 10 | Do not code decimal point. Two decimal places implied. |
| AC010 | Payor Notes | Text | 320 | Clarification about the population to which the payments apply, limitations in ability to report the measure, and/or explanation of why the data is not reported. |

C. File Specifications

- (1) **Header and Trailer Records.** Each data file submission shall contain a header record and a trailer record. The header record is the first record of each separate file submission and the trailer record is the last.
- (2) **File Format.** Each data file submission shall be an encrypted (AES-256) ASCII file, variable field length, and asterisk delimited. Each supporting information file shall be a Microsoft Excel[®]-compatible spreadsheet.
- (3) **Filled Fields.** All required fields shall be filled where applicable. Non-required-text and number fields shall be left blank when unavailable.
- (4) **Position.** All text fields are to be left justified. All numeric fields are to be right justified.
- (5) **Signs.** Positive values are assumed and need not be indicated as such. Negative values must be indicated with a minus sign and must appear in the left-most position of all numeric fields.

3. Submission Requirements

- A. **File Organization.** Each data file shall be submitted to the MHDO or its designee as separate ASCII file. Each record shall be terminated with a carriage return (ASCII 13) or a carriage return line feed (ASCII 13, ASCII 10).
- B. **Filing Method.** Data files and supporting information must be submitted to the MHDO's Payor Data Portal via secure FTP or secure web upload interface at <https://mhdo.maine.gov/portal>. E-mail attachments shall not be accepted.
- C. **Testing of Files.** File testing shall be completed within one hundred and eighty days of the adoption of any changes to the data element content or format of the files described in Section 2(B) or at least sixty days prior to the initial submission of production files.
- D. **Rejection of Files.** Failure to conform to the requirements subsections A, B, or C of this Section shall result in the rejection of the applicable data file(s). All rejected files must be resubmitted in the appropriate, corrected form to the MHDO or its designee within 15 days.
- E. **Filing Period.** The annual filing for each submission shall cover the previous completed calendar year and shall be due by August 31.
- F. **Update/Replacement of Data.** A payor may update or replace a data file submission up to one year after its original due date. Any updates or replacements after this period must be approved by the MHDO.

4. Data Validation; Notification; Response

- A. **Attestation.** The MHDO or its designee shall require an authorized user for each payor to electronically sign an attestation that the payor is compliant with the requirements outlined in this rule. The annual attestation shall be due by August 31.
- B. **Notification.** Within 15 days, the MHDO or its designee will complete the evaluation of any data file submissions and notify any payors whose data submissions for any filing period do not satisfy the requirements of Section 2(B). This notification will identify the specific file(s) and the data elements within the file(s) that do not satisfy the requirements.
- C. **Response.** Each payor notified under subsection 4(B) shall respond in writing within 15 days of notification and make the necessary changes within 30 days to satisfy the requirements.

5. Public Access

Information collected, processed and/or analyzed under this rule shall be subject to release to the public or retained as confidential information in accordance with 22 M.R.S. Chapter 1683 and *Code of Maine Rules* 90-590, Chapter 120, unless prohibited by state or federal law.

6. Extensions or Waivers to Data Submission Requirements

If a payor, due to circumstances beyond its control, is temporarily unable to meet the terms and conditions of this rule, a written request must be made within 30 days of the filing deadline of August 31 to the Compliance Officer of the MHDO. The written request shall include: the specific requirement to be extended or waived; an explanation of the cause; the methodology proposed to eliminate the necessity of the extension or waiver; and the time frame required to come into compliance. If the Compliance Officer does not approve the requested extension or waiver, the payor may submit a written request appealing the decision to the MHDO Board. The appeal shall be heard by the MHDO Board at the next regularly scheduled meeting following receipt of the request at the MHDO.

7. Compliance

The failure to file, report, or correct non-claims-based payment data sets when required under the provisions of this rule may be considered a violation under 22 M.R.S. Sec. 8705-A and Code of Maine Rules 90-590, Chapter 100: *Enforcement Procedures*.

STATUTORY AUTHORITY: 22 M.R.S. §§ 8703(1); 8704(1) & (4)

EFFECTIVE DATE: December 12, 2021

AMENDED: June 30, 2022 to comply with the reporting requirements in PL 2021, Chapter 603

Appendix A
Primary Care Provider Type Taxonomy Codes and Description

| Primary Care | |
|---------------------------------|---|
| 261QF0400X | Federally Qualified Health Center |
| 261QP2300X | Primary Care Clinic |
| 261QR1300X | Rural Health Clinic |
| 207Q00000X | Physician, Family Medicine |
| 207R00000X | Physician, General Internal Medicine |
| 175F00000X | Naturopathic Medicine |
| 208000000X | Physician, Pediatrics |
| 208D00000X | Physician, General Practice |
| 363L00000X | Nurse Practitioner |
| 363LA2200X | Nurse Practitioner, Adult Health |
| 363LF0000X | Nurse Practitioner, Family |
| 363LP0200X | Nurse Practitioner, Pediatrics |
| 363LP2300X | Nurse Practitioner, Primary Care |
| 363A00000X | Physician Assistants |
| 363AM0700X | Physician Assistants, Medical |
| 207RG0300X | Physician, Geriatric Medicine |
| 207QG0300X | Family Practice Geriatrics |
| 207QA0505X | Family Practice Adult |
| 207QA0000X | Family Practice Adolescent |
| 175L00000X | Homeopathic Medicine |
| 2083P0500X | Physician, Preventive Medicine |
| 364S00000X | Certified Clinical Nurse Specialist |
| 163W00000X | Registered Nurse, Non-Practitioner |
| OB/GYN Codes¹ | |
| 207V00000X | Physician, Obstetrics and Gynecology |
| 207VG0400X | Physician, Gynecology |
| 363LW0102X | Nurse Practitioner, Women's Health |
| 363LX0001X | Nurse Practitioner, Obstetrics and Gynecology |

¹ For OB/GYN practitioners only include non-claims payments for primary care services as defined by HCPCS codes in Appendix C

**Appendix B
Maine Health Data Organization
Source Codes**

Accredited Standards Committee (ASC)

**ASC X12 Directories
(MHDO Data Elements: NC003)**

SOURCE: Complete ASC X12 005010 Standard

AVAILABLE FROM:

<https://www.nex12.org/>

Data Interchange Standards Association, Inc. (DISA)

7600 Leesburg Pike Ste 430

Falls Church, VA 22043

ABSTRACT: The complete standard includes design rules and guidelines, control standards, transaction set tables, data element dictionary, segment directory and code sources. The data element dictionary contains the format and descriptions of data elements used to construct X12 segments. It also contains code lists associated with these data elements. The segment directory contains the format and definitions of the data segments used to construct X12 transaction sets.

Several Definitions are adapted from the Milbank Memorial Fund Report, available from:

https://www.milbank.org/wp-content/uploads/2021/04/Measuring_Non-Claims_7-1.pdf

Appendix C
Narrow Definition Primary Care Service Procedural Terminology (HCPCS) Codes and Description

| Procedure Codes included in the Narrow Primary Care Definition | |
|---|--|
| Procedure Codes | Description |
| Immunizations and Injections | |
| 90281 | Immune Globulin |
| 90287 | Botulinum antitoxin, equine, any route |
| 90288 | Botulism immune globulin, human, for intravenous use |
| 90291 | Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use |
| 90296 | Diphtheria antitoxin, equine, any route |
| 90371 | Hepatitis B immune globulin |
| 90375 - 90376 | Rabies immune globulin |
| 90384 - 90386 | Rho(D) immune globulin |
| 90389 | Tetanus immune globulin |
| 90393 | Vaccinia immune globulin |
| 90396 | Varicella-zoster immune globulin |
| 90399 | Unlisted immune globulin |
| 90460 - 90461 | Immunization through age 18, including provider consult |
| 90465 - 90466 | Immunization administration younger than 8 years of age |
| 90467 - 90468 | Immunization administration younger than age 8 years |
| 90471 - 90472 | Immunization by injection/oral/intranasal route |
| 90473 - 90474 | Immunization administration by intranasal or oral route |
| 90476 - 90477 | Adenovirus vaccine |
| 90581 | Anthrax vaccine |
| 90585 | Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis |
| 90586 | Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, |
| 90587 | Dengue vaccine |
| 90620 | Meningococcal recombinant protein and outer membrane vesicle vaccine |
| 90621 | Meningococcal recombinant lipoprotein vaccine |
| 90625 | Cholera vaccine |
| 90630 | Influenza virus vaccine |
| 90632 - 90633 | Hepatitis A vaccine, pediatric/adolescent dosage-2 |
| 90634 | Hepatitis A vaccine, pediatric/adolescent dosage |
| 90636 | Hepatitis A and hepatitis B vaccine |
| 90644 | Meningococcal conjugate vaccine |
| 90645 - 90648 | Hemophilus influenza b vaccine |
| 90649 - 90650 | Human Papilloma virus (HPV) vaccine |
| 90651 | Human Papilloma virus vaccine |
| 90653 - 90661 | Influenza virus vaccine |
| 90662 | Flu |

| Procedure Codes included in the Narrow Primary Care Definition | |
|---|--|
| Procedure Codes | Description |
| 90663 - 90664 | Influenza virus vaccine |
| 90665 | Lyme disease vaccine |
| 90666 - 90668 | Influenza virus vaccine |
| 90669 - 90670 | Pneumococcal conjugate vaccine |
| 90672 - 90674 | Influenza virus vaccine |
| 90675 - 90676 | Rabies vaccine |
| 90680 - 90681 | Rotavirus vaccine |
| 90682 | Influenza virus vaccine |
| 90685 - 90689 | Influenza virus vaccine |
| 90691 | Typhoid vaccine |
| 90696 | DtaP-IPV |
| 90697 | DTaP-IPV-Hib-HepB |
| 90698 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, |
| 90700 | DTaP |
| 90701 | DTP |
| 90702 | Diphtheria and tetanus toxoids (DT) |
| 90703 | Tetanus toxoid adsorbed |
| 90704 | Mumps virus vaccine |
| 90705 | Measles virus vaccine |
| 90706 | Rubella virus vaccine |
| 90707 | Measles, mumps and rubella virus vaccine (MMR) |
| 90708 | Measles and rubella virus vaccine |
| 90710 | Measles, mumps, rubella, and varicella vaccine (MMRV) |
| 90712 - 90713 | Poliovirus vaccine |
| 90714 - 90715 | Tetanus, diphtheria toxoids adsorbed |
| 90716 | Varicella virus vaccine |
| 90717 | Yellow fever vaccine |
| 90718 | Tetanus and diphtheria toxoids (Td) adsorbed |
| 90719 | Diphtheria toxoid, |
| 90720 | Diphtheria, tetanus toxoids |
| 90721 | Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib) |
| 90723 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV) |
| 90725 | Cholera vaccine |
| 90727 | Plague vaccine, |
| 90732 | Pneumococcal polysaccharide vaccine |
| 90733 | Meningococcal polysaccharide vaccine |
| 90734 | Meningococcal conjugate vaccine |

| Procedure Codes included in the Narrow Primary Care Definition | |
|---|--|
| Procedure Codes | Description |
| 90735 | Japanese encephalitis virus vaccine |
| 90736 | Zoster (shingles) vaccine |
| 90738 | Japanese encephalitis virus vaccine, |
| 90739 - 90740 | Hepatitis B vaccine (HepB) |
| 90743 - 90744 | Hepatitis B vaccine |
| 90746 - 90747 | Hepatitis B vaccine |
| 90748 | Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib) |
| 90749 | Unlisted vaccine/toxoid |
| 90750 | Zoster (shingles) vaccine |
| 90756 | Influenza virus vaccine |
| 90785 | add-on code specific for psychiatric service |
| Therapeutic, Prophylactic, and Diagnostic Injections and Infusions (Excludes chemotherapy and other highly complex drug or highly complex biologic agent administration) | |
| 96160 - 96161 | Administration of health risk assessment (replaces 99420 as of 1/1/2017) |
| 96372 - 96374 | Therapeutic, prophylactic, or diagnostic injection |
| Non-face-to-Face Non-Physician Services | |
| 98966 - 98968 | Non-physician telephone services |
| 98969 | Online assessment, mgmt. services by non-physician |
| Evaluation and Management Services | |
| Office Visits | |
| 99201 - 99205 | Office or outpatient visit for a new patient |
| 99211 - 99215 | Office or outpatient visit for an established patient |
| 99241 - 99245 | Office or other outpatient consultations |
| Home/NH Visits | |
| 99304 - 99310 | Nursing Facility Care |
| 99315 - 99316 | Nursing Facility Care |
| 99318 | Nursing Facility Care |
| 99324 - 99328 | Domiciliary or rest home Custodial Care |
| 99334 - 99337 | Domiciliary or rest home Custodial Care |
| 99339 - 99340 | Domiciliary or rest home multidisciplinary care planning |
| 99341 - 99346 | Home visit for a new patient |
| 99347 - 99350 | Home visit for an established patient |
| 99354 - 99360 | Prolonged Service Office Visit |
| 99360 | Standby service |
| 99367 | Medical team conference |
| Preventive Visits | |
| 96110 | Developmental screen |
| 99381 - 99385 | Preventive medicine initial evaluation |
| 99386 - 99387 | Initial preventive medicine evaluation |
| 99391 - 99397 | Preventive medicine periodic reevaluation |

| Procedure Codes included in the Narrow Primary Care Definition | |
|---|--|
| Procedure Codes | Description |
| 99401 - 99404 | Preventive medicine counseling and/or risk reduction intervention |
| 99406 - 99409 | Smoking and tobacco use cessation counseling visit (Alcohol/Substance Abuse Screening) |
| 99411 - 99412 | Group preventive medicine counseling and/or risk reduction intervention |
| 99420 | Administration and interpretation of health risk assessments |
| 99429 | Unlisted preventive medicine service |
| 99441 - 99443 | Telephone calls for patient mgmt. |
| 99444 | Non-face-to-face on-line Medical Evaluation |
| 99487 | Chronic Care Management |
| 99490 - 99491 | Chronic Care Management |
| 99495 - 99496 | Transitional care management service |
| 99497 - 99498 | Advance Care Planning |
| G0102 | Prostate cancer screening; digital rectal examination |
| G0108 – G0109 | Diabetes outpatient self-management training services |
| G0472 | Hepatitis C antibody screening |
| G0475 | HIV antigen/antibody, combination assay, screening |
| G0476 | Pap test add-on |
| G8420 | BMI is documented within normal parameters |
| G8427 | Med review |
| G8482 | Influenza immunization administered or previously received |
| G8709 | Patient prescribed antibiotic |
| G8711 | Patient prescribed antibiotic for documented medical reason |
| G8730 – G8731 | Pain assessment documented |
| G8950 | BP reading documented |
| G9903 | Patient screened for tobacco use and identified as a non-user |
| G9964 | Patient received at least one well-child visit with a pcp during the performance period |
| G9965 | Patient did not receive at least one well-child visit with a pcp during the performance Period |
| G9966 | Children who were screened for risk of developmental, behavioral and social delays |
| G9967 | Children who were NOT screened for risk of developmental, behavioral and social delays |
| S0610 | Annual gynecological exam, established patient |
| S0612 | Annual gynecological exam, new patient |
| S0613 | Annual gynecological exam; clinical breast exam without pelvic |
| Other Primary Care HCPCS Codes (Medicaid/Medicare) | |
| G0008 | Administration of influenza virus vaccine |
| G0009 | Administration of influenza virus vaccine |
| G0103 | PSA screening |
| G0101 | CA screen;pelvic/breast exam |
| G0123 | Screen cerv/vag thin layer |
| G0145 | Scr c/v cyto,thinlayer,rescr |
| G0151 | Hhcp-serv of pt,ea 15 min |

| Procedure Codes included in the Narrow Primary Care Definition | |
|---|--|
| Procedure Codes | Description |
| G0166 | Extrnl counterpulse, per tx |
| G0202 | Screening mammography digital |
| G0249 | Provide inr test mater/equip |
| G0279 | Tomosynthesis, mammo |
| G0283 | Elec stim other than wound |
| G0299 | Hhs/hospice of rn ea 15 min |
| G0399 | Home sleep test/type 3 porta |
| G0402 | Welcome to Medicare visit |
| G0438 | Annual wellness visit |
| G0439 | Annual wellness visit |
| G0424 | Pulmonary rehab w exer |
| G0442 | Annual alcohol screening |
| G0443 | Brief alcohol misuse counsel |
| G0444 | Annual depression screening |
| G0447 | Face to face Behavioral Counseling for Obesity |
| G0454 | Md document visit by npp |
| G0463 | Hospital Outpatient Clinic Visit (Medicare) |
| G0466 | FQHC Visit, new patient |
| G0467 | FQHC Visit, established patient |
| G0468 | FQHC Preventive visit |
| G0480 | Drug test def 1-7 classes |
| G0481 | Drug test def 8-14 classes |
| G0483 | Drug test def 22+ classes |
| G0498 | Chemo extend iv infus w/pump |
| G0500 | Mod sedat endo service >5yrs |
| G8400 | Pt w/dxa no results doc |
| G8978 | Mobility current status |
| G8979 | Mobility goal status |
| G9162 | Lang express current status |
| G9163 | Lang express goal status |
| G9197 | Order for ceph |
| G9551 | Abd imag no les,kid/livr/adr |
| G9557 | Ct/cta/mri/a no thyr <1.0cm |
| G9655 | Toc tool incl key elem |
| G9656 | Pt trans from anest to pacu |
| G9771 | Anes end, 1 temp >35.5(95.9) |
| G9775 | Recd 2 anti-emet pre/intraop |
| G9968 | Pt refrd 2 pvdr/spclst in pp |
| G9969 | Pvdr rfrd pt rpt rcvd |

| Procedure Codes included in the Narrow Primary Care Definition | |
|---|------------------------------------|
| Procedure Codes | Description |
| G9970 | Pvdr rfrd pt no rppt rcvd |
| T1015 | Clinic visit, all-inclusive (FQHC) |

Appendix D
Behavioral Health Provider Type Taxonomy Codes and Description

| Taxonomy Code | These are the taxonomies where $\geq 70\%$ of Paid Amount over the period 2018-2021 had a BH Primary Dx. All their claims, regardless of primary Dx, will be included in the definition of BH. | |
|---------------|--|--|
| 101Y00000X | Behavioral Health & Social Service Providers | Counselor |
| 101YA0400X | Behavioral Health & Social Service Providers | Addiction (Substance Use Disorder) |
| 101YM0800X | Behavioral Health & Social Service Providers | Mental Health |
| 101YP1600X | Behavioral Health & Social Service Providers | Pastoral Behavioral Health & Social Service Providers |
| 101YP2500X | Behavioral Health & Social Service Providers | Professional |
| 101YS0200X | Behavioral Health & Social Service Providers | BH & Social Service Providers, School |
| 103K00000X | Behavioral Health & Social Service Providers | Behavior Analyst |
| 103T00000X | Psychologist, Clinical | Assistant Behavior Analyst |
| 103TA0400X | Psychologist, Clinical | Behavior Technician |
| 103TA0700X | Psychologist, Clinical | Behavioral Health & Social Service Providers/Psychologist, Adult Development & Aging |
| 103TB0200X | Psychologist, Clinical | Behavioral Health & Social Service Providers/Psychologist, Cognitive & Behavioral |
| 103TC0700X | Psychologist, Clinical | Behavioral Health & Social Service Providers/Psychologist, Clinical |
| 103TC1900X | Psychologist, Clinical | Behavioral Health & Social Service Providers/Psychologist, Counseling |
| 103TC2200X | Psychologist, Clinical | Behavioral Health & Social Service Providers/Psychologist, Clinical Child & Adolescent |
| 103TF0000X | Psychologist, Clinical | Behavioral Health & Social Service Providers/Psychologist, Family |
| 103TM1800X | Psychologist, Clinical | Behavioral Health & Social Service Providers/Psychologist, Mental Retardation & Developmental Disabilities |
| 103TP0016X | Psychologist, Clinical | Behavioral Health & Social Service Providers/Psychologist, Prescribing (Medical) |
| 103TP0814X | Psychologist, Clinical | Behavioral Health & Social Service Providers/Psychologist, Psychoanalysis |
| 103TP2701X | Psychologist, Clinical | Behavioral Health & Social Service Providers/Psychologist, Group Psychotherapy |
| 103TS0200X | Psychologist, Clinical | Behavioral Health & Social Service Providers/Psychologist, School |
| 104100000X | Behavioral Health & Social Service Providers | Social Worker |

| Taxonomy Code | These are the taxonomies where $\geq 70\%$ of Paid Amount over the period 2018-2021 had a BH Primary Dx. All their claims, regardless of primary Dx, will be included in the definition of BH. | |
|----------------------|--|--|
| 1041C0700X | Behavioral Health & Social Service Providers | Behavioral Health & Social Service Providers |
| 1041S0200X | Behavioral Health & Social Service Providers | School |
| 106H00000X | Behavioral Health & Social Service Providers | Marriage and Family Therapist |
| 106S00000X | Behavior Technician | Behavior Technician |
| 133VN1006X | Registered Dietitian or Nutrition Professional | Dietary & Nutritional Service Providers/Dietician, Registered, Nutrition, Metabolic |
| 163WA0400X | Registered Nurse | Addiction (Substance Use Disorder) |
| 163WP0807X | Registered Nurse | Psychiatric/Mental Health, Child & Adolescent |
| 163WP0808X | Registered Nurse | Psychiatric/Mental Health |
| 163WP0809X | Registered Nurse | Psychiatric/Mental Health, Adult |
| 171M00000X | Case Manager/Care Coordinator | Case Manager/Care Coordinator |
| 171W00000X | Contractor | Contractor |
| 175T00000X | Peer Specialist | Peer Specialist |
| 177F00000X | Other Service Providers | Lodging |
| 207QA0401X | Physician/Addiction Medicine | Allopathic & Osteopathic Physicians/Family Medicine, Addiction Medicine |
| 207ZC0008X | Pathology | Clinical Informatics |
| 2080P0006X | Physician/Pediatric Medicine | Allopathic & Osteopathic Physicians/Pediatrics, Developmental– Behavioral Pediatrics |
| 2084A0401X | Physician/Addiction Medicine | Allopathic & Osteopathic Physicians/Psychiatry & Neurology, Addiction Medicine |
| 2084F0202X | Physician/Neuropsychiatry | Allopathic & Osteopathic Physicians/ Psychiatry & Neurology, Forensic Psychiatry |
| 2084P0015X | Physician/Neuropsychiatry | Allopathic & Osteopathic Physicians/ Psychiatry & Neurology, Psychosomatic Medicine |
| 2084P0800X | Physician/Psychiatry | Allopathic & Osteopathic Physicians/Psychiatry |
| 2084P0802X | Physician/Neuropsychiatry | Allopathic & Osteopathic Physicians/ Psychiatry & Neurology, Addiction Psychiatry |
| 2084P0804X | Physician/Neuropsychiatry | Allopathic & Osteopathic Physicians/ Psychiatry & Neurology, Child & Adolescent Psychiatry |
| 2084P0805X | Physician/Neuropsychiatry | Allopathic & Osteopathic Physicians/ Psychiatry & Neurology, Geriatric Psychiatry |
| 222Q00000X | Developmental Therapist | Developmental Therapist |
| 225400000X | Rehabilitation Practitioner | Rehabilitation Practitioner |
| 225500000X | Specialist/Technologist | Respiratory, Developmental, Rehabilitative and Restorative Specialist |
| 225600000X | Dance Therapist | Dance Therapist |
| 225XM0800X | Occupational Therapist in Private Practice | Respiratory, Developmental, Rehabilitative & Restorative Service Providers/Occupational |

| Taxonomy Code | These are the taxonomies where $\geq 70\%$ of Paid Amount over the period 2018-2021 had a BH Primary Dx. All their claims, regardless of primary Dx, will be included in the definition of BH. | |
|----------------------|--|--|
| | | Therapist, Mental Health |
| 235500000X | Specialist/Technologist | Speech, Language and Hearing Specialist/Technologist |
| 2355S0801X | Specialist/Technologist | Speech-Language Assistant |
| 235Z00000X | Speech Language Pathologist | Speech, Language and Hearing Service Providers |
| 251300000X | Local Education Agency (LEA) | Local Education Agency (LEA) |
| 251C00000X | Day Training, Developmentally Disabled Services | Day Training, Developmentally Disabled Services |
| 251J00000X | Nursing Care | Nursing Care |
| 251S00000X | Agencies | Community/Behavioral Health |
| 251V00000X | Voluntary Health or Charitable Agency | Agencies/Voluntary or Charitable |
| 252Y00000X | Early Intervention Provider Agency | Early Intervention Provider Agency |
| 253J00000X | Foster Care Agency | Foster Care Agency |
| 261QD1600X | Clinic/Center | Developmental Disabilities |
| 261QG0250X | Clinic/Center | Genetics |
| 261QM0801X | Community Mental Health Center | Ambulatory Health Care Facilities/Clinic/Center, Mental Health |
| 261QM0850X | Ambulatory Health Care Facilities | Adult Mental Health |
| 261QM0855X | Ambulatory Health Care Facilities | Adolescent And Children Mental Health Care Facilities |
| 261QM2800X | Clinic/Center | Methadone |
| 261QR0405X | Clinic/Center | Rehabilitation, Substance Use Disorder |
| 276400000X | Hospital Units | Rehabilitation, Substance Use Disorder Unit |
| 283Q00000X | Hospital-Psychiatric (PPS excluded) | Hospitals/Psychiatric Hospital |
| 305R00000X | Preferred Provider Organization | Managed Care Organization PPO |
| 3104A0625X | Assisted Living Facility | Assisted Living, Mental Illness |
| 310500000X | Nursing & Custodial Care Facilities | Intermediate Care Facility, Mental Illness |
| 311Z00000X | Custodial Care Facility | Custodial Care Facility |
| 311ZA0620X | Custodial Care Facility | Adult Care Home |
| 315P00000X | Nursing and Custodial Care Facilities | Intermediate Care Facility, Mentally Retarded |
| 320600000X | Residential Treatment Facilities | Residential Treatment Facility, Mental Retardation And/Or Developmental Disabilities |
| 320700000X | Residential Treatment Facility, Physical Disabilities | Residential Treatment Facility, Physical Disabilities |
| 320800000X | Residential Treatment Facilities | Community Based Mental Illness |
| 320900000X | Residential Treatment Facilities | Community Based Residential Treatment Facility, Mental Retardation And/Or Developmental Disabilities |
| 322D00000X | Residential Treatment Facilities | Residential Treatment Facility, Emotionally Disturbed Children |
| 323P00000X | Residential Treatment Facilities | Psychiatric Residential Treatment Facility |
| 324500000X | Residential Treatment Facilities | Substance Abuse Rehabilitation Facility |

| Taxonomy Code | These are the taxonomies where $\geq 70\%$ of Paid Amount over the period 2018-2021 had a BH Primary Dx. All their claims, regardless of primary Dx, will be included in the definition of BH. | |
|----------------------|--|---|
| 3245S0500X | Residential Treatment Facilities | Substance Abuse Treatment, Children |
| 343800000X | Secured Medical Transport (VAN) | Secured Medical Transport (VAN) |
| 363LP0808X | Nurse Practitioner | Physician Assistants & Advanced Practice Nursing Providers/Nurse Practitioner, Psychiatric/Mental Health |
| 364S00000X | Certified Clinical Nurse Specialist | Physician Assistants & Advanced Practice Nursing Providers/Clinical Nurse Specialist |
| 364SP0807X | Certified Clinical Nurse Specialist | Physician Assistants & Advanced Practice Nursing Providers/Clinical Nurse Specialist, Psychiatric/Mental Health, Child & Adolescent |
| 364SP0808X | Certified Clinical Nurse Specialist | Physician Assistants & Advanced Practice Nursing Providers/Clinical Nurse Specialist, Psychiatric/Mental Health |
| 364SP0809X | Certified Clinical Nurse Specialist | Physician Assistants & Advanced Practice Nursing Providers/Clinical Nurse Specialist, Psychiatric/Mental Health, Adult |
| 364SP0810X | Certified Clinical Nurse Specialist | Physician Assistants & Advanced Practice Nursing Providers/Clinical Nurse Specialist, Psychiatric/Mental Health, Child & Family |
| 372600000X | Adult Companion | Adult Companion |
| 373H00000X | Nursing Service-Related Providers | Day Training/Habilitation Specialist |
| 3747A0650X | Technician | Attendant Care Provider |
| 374U00000X | Home Health Aide | Home Health Aide |
| 376J00000X | Homemaker | Homemaker |
| 385H00000X | Respite Care | Respite Care |
| 405300000X | Prevention Professional | Prevention Professional |