

OFFICIAL

State Plan under Title XIX of the Social Security Act

State: Massachusetts

Methods and Standards for Establishing Payment Rates – Other Types of Care

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- e. Medical or other type of remedial care recognized under the laws of the Commonwealth furnished by licensed practitioners within the scope of their practice as defined by the laws of the Commonwealth:
1. audiological services — fee schedule established by DHCFP;
 2. chiropractor services — fee schedule established by DHCFP; except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers and the fee schedule and any annual/periodic adjustments to the fee schedule are published in Division of Health Care Finance and Policy regulations at www.mass.gov/dhcfp and /or providers are notified directly by provider bulletins; and
 3. optometric services (including professional fee and certain items dispensed) — fee schedule established by DHCFP; except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers and the fee schedule and any annual/periodic adjustments to the fee schedule are published in Division of Health Care Finance and Policy regulations at www.mass.gov/dhcfp and /or providers are notified directly by provider bulletins.
 4. psychologist services- fee schedule established by DHCFP; rates are posted under Division of Health Care Finance and Policy regulations at www.mass.gov/dhcfp and /or providers are notified directly by provider bulletins.
 5. public health dental hygienist –The agency’s rates are contained in the fee schedule for dental services referenced in Att. 4.19-B, Item 8.j.
- f. Home health care services — fixed fee schedules established by DHCFP (see pages 2A-1 through 2A-10).
- g. Private duty nursing services — fee schedule established by DHCFP.
- h. Clinic services — fixed fee per visit for each clinic established by DHCFP. * Payments under this section comply with the Federal upper payment limits (UPL) established under 42 CFR 447.321.
1. **Freestanding Ambulatory Surgical Centers:**
 - a. facility component reimbursed by a fee schedule established by DHCFP; and
 - b. prosthetic devices reimbursed separately from the facility component by a fee schedule established by DHCFP.
 2. **Indian Health Services (IHS) Facilities.** Payment is made to Indian Health Services (IHS) facilities (including Section 638 tribal facilities) in accordance with the most recently published *Federal Register* notice addressing the I.H.S. encounter rate. Medicaid services covered by the all-inclusive rate include the following:
 - a. early and periodic screening, diagnosis and treatment services;
 - b. family planning services and supplies;
 - c. physicians’ services;
 - d. medical care and any other remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law (i.e., podiatrist, optometrist, chiropractor, and audiologist services);
 - e. rural health clinic services;
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- f. home health services;
- g. private duty nursing services;
- h. clinic services;
- i. dental services;
- j. physical therapy and related services;
- k. other diagnostic, screening, preventive, and rehabilitation services;
- l. nurse-midwife services;
- m. case management services;
- n. extended services for pregnant women;
- o. ambulatory prenatal care for pregnant women; and
- p. pediatric or family nurse practitioners' services.