

State/Territory: GUAM**OTHER TYPE OF SERVICES REIMBURSEMENTS**

## I. Reimbursement Rates

## A. Hospital Ancillary Services

Medicaid will reimburse Guam hospital ancillary services to include operating room, laboratory, radiology, dialysis, and physical, occupational and inhalation therapy, etc. based on the hospital's Medicare Interim Rate.

## B. Hospital Based Clinic Services

Medicaid will reimburse Guam hospital-based clinic services based on the hospital's Medicare Interim Rate.

## C. Hospital Outpatient and Emergency Room Services

Medicaid will reimburse Guam hospital outpatient and emergency room services to include outpatient hemodialysis services based on the hospital's Medicare Interim Rate.

## D. Laboratory Services

Medicaid will reimburse laboratory services at the lowest of the billed charges or the 100% Current Hawaii/Guam Medicare Fee Schedule published at <https://med.noridianmedicare.com>.

## E. Radiological Services

Medicaid will reimburse radiological services at 100% Current Hawaii/Guam Medicare Fee Schedule published at <https://med.noridianmedicare.com>.

If the fee schedule is not available and not covered by Medicare, Medicaid will utilize the Current Medicare RBRVS Fee Schedule calculated based on Hawaii/Guam locality published at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>.

## F. Physician Services

## 1. Primary Care Physician Services/Evaluation and Management Services

Medicaid will reimburse physician services at 100% Current Hawaii/Guam Medicare Fee Schedule published at <https://med.noridianmedicare.com>.

If the fee schedule is not available and not covered by Medicare, Medicaid will utilize the Current Medicare RBRVS Fee Schedule calculated based on Hawaii/Guam locality published at published at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>

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2. Anesthesia Services

Medicaid will reimburse anesthesia services at [2008 Crosswalk American Society of Anesthesiologist (ASA) Base Anesthesia Unit + Time Unit + ASA Physical Status Unit (any modifying factor/qualifying circumstance)] x Current Hawaii/Guam Medicare Fee Schedule Conversion Factor (CF) published at <https://med.noridianmedicare.com>. Time Unit is based on 15 minutes increments.

3. Surgery and All Other Physician Services

Medicaid will reimburse surgery and all other physician services at 100% Current Hawaii/Guam Medicare Fee Schedule published at <https://med.noridianmedicare.com> and the assisting physician surgeon at 15% of surgeon's fee.

If the fee schedule is not available and not covered by Medicare, Medicaid will utilize the Current Medicare RBRVS Fee Schedule calculated based on Hawaii/Guam locality published at published <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>

G. Other Practitioner Services

Medicaid will reimburse nurse midwives at 65% Current Hawaii/Guam Medicare Fee Schedule published at <https://med.noridianmedicare.com> and other practitioners at 85% Current Hawaii/Guam Medicare Fee Schedule published at <https://med.noridianmedicare.com>.

H. Home Health Care Services

1. Nursing Services

Medicaid will reimburse nursing services based on the CMS Federal Register National Per-Visit Rate (Federal Register Website).

2. Home Health Aide Services

Medicaid will reimburse home health aide services based on the CMS Federal Register National Per-Visit Rate (Federal Register Website).

3. Durable Medical Equipment (DME) and Supplies

Medicaid will reimburse DME and supplies at 100% Current Hawaii/Guam Medicare Fee Schedule published at <https://med.noridianmedicare.com> and not to exceed provider's acquisition cost.

4. Physical Therapy, Occupational Therapy, Speech Pathology and Audiology Services

Medicaid will reimburse physical and occupational therapy based on the CMS Federal Register National Per-Visit Rate (Federal Register Website), and speech pathology and audiology services based at 100% Current Hawaii/Guam Medicare Fee Schedule published at <https://med.noridianmedicare.com>.

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## I. Clinic Services

Medicaid will reimburse clinic services as outlined in section (D) to (H), (K) to (O), and (Q) to (S).

## J. Dental Services

Medicaid will reimburse dental services at the program fee schedule in effect January 1, 2011 published at <http://dphss.guam.gov/resources-bhcf/>.

## K. Physical and Occupational Therapy

Medicaid will reimburse physical and occupational therapy at 100% Current Hawaii/Guam Medicare Fee Schedule published at <https://med.noridianmedicare.com> for services rendered in a non-facility setting.

## L. Hearing Aids

Medicaid pays the provider's charges not to exceed provider's acquisition cost.

## M. Prescribed Drugs

The Medicaid Drug Formulary consist of the drug name and strength, the MAC and maximum and minimum allowable quantity, and updated every calendar year, January 1<sup>st</sup>. The MAC is based on the lowest updated Average Wholesale price on the Red Book, plus a dispensing fee of \$4.40. MAC as used by Guam Medicaid means the upper limit payable for any service under Medicaid.

If the pharmacist has drugs with ingredient price less than the MAC, pharmacist is required to charge Medicaid the lower price. If the drug price is not available in the Red Book/Medicare, Medicaid will utilize the pharmacist's acquisition cost except in case of HHS/MAC drugs must use the rate set by the Secretary of HHS.

## N. Prosthetic and Orthotic Devices

Medicaid will reimburse prosthetic and orthotic devices at 100% Current Hawaii/Guam Medicare Fee Schedule published at <https://med.noridianmedicare.com> and not to exceed provider's acquisition cost.

## O. Eyeglasses

Medicaid will reimburse provider charges for corrective eyeglasses, not to exceed one hundred fifty dollars (\$150.00) and bifocal eyeglasses not to exceed one hundred twenty eight dollars (\$200.00) including lens and frame.

## P. Mental Health Rehabilitative Services

## 1. Service Plan Development/Crisis Evaluation Plan

Medicaid will reimburse the first 15 minutes \$24.80; next 15 minutes increment \$16.00; maximum 3 hours.

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2. Therapy and Medication Management
- Medicaid will reimburse individual therapy, group therapy, family counseling, medication management as outlined in Section H for Physician and Other Practitioner Services.
3. Care Coordination
- Medicaid will reimburse the first 15 minutes \$10.40; next 15 minutes increment \$8.00; maximum 1.5 hours.
- Q. Hospice Care
- Medicaid will pay according to the Annual Hospice Rates Established under Medicare published at [www.cms.gov/center/hospice.asp](http://www.cms.gov/center/hospice.asp).
- R. Medical Transportation Services
- Medicaid will reimburse medical transportation services on negotiated rates starting at 100% Current Hawaii/Guam Medicare Fee Schedule published at <https://med.noridianmedicare.com> and not to exceed 90% of Provider's Usual Customary Charges.
- Medicaid does not reimburse for non-emergency medical transportation expense on the usage of their car or transportation provided by friends, family or bus because Guam is 30 miles long and 4 miles to 12 miles wide, and the distance of travel and associated costs are minimal.
- S. Dialysis Services
- Medicaid will reimburse dialysis services at Medicare Fee Schedule published at <https://med.noridianmedicare.com/web/jfb/article-detail/-/view/10546/mln-connects-speedition-november-3-2020-esrd-home-health-payment-rules> and not to exceed 90% of Provider's Usual Customary Charges.
- T. Ambulatory Surgical Center Services
- Medicaid will reimburse Guam ambulatory surgical services pay according to the negotiated rates starting at 100% Current Hawaii Medicare Fee Schedule published at <https://med.noridianmedicare.com> and not to exceed 70% of Provider's Usual Customary Charges.
- U. Birthing Center Services
- Medicaid will reimburse birthing center services according to the negotiated rates starting at the lowest Guam hospital Medicare Interim Rates and not to exceed 70% of Provider's Usual Customary Charges.
- V. Wellness and Fitness Services-Applicable to the Alternative Benefit Plan only
- Medicaid will pay provider charges for Well ness services not to exceed two hundred dollars (\$200.00) per Medicaid beneficiary annually, unless prior authorization is granted. Medicaid will pay providers for Fitness services not to exceed 90% of the monthly membership fees.

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Except as otherwise noted in the state plan, Guam Medicaid reimbursements are the same for both governmental and private providers, and providers shall not be reimbursed more than the billed charges or the outlined reimbursements in section (A) through (V).

On-Island Providers will be reimbursed based on the methodologies outlined in section (A) through (V).

Off-Island Providers will be reimbursed based on the methodologies outlined in section (A) through (U), or negotiated rate w/discount of 45% to 55%, not to exceed Provider's Usual Customary Charges.

Out-of-Country Providers will be reimbursed based on the methodologies outlined in section (A) through (U), not to exceed the 100% Current Hawaii/Guam Medicare Fee Schedule or negotiated rate, not to exceed 90% of Contracted Out-of-Country Provider's Usual Customary Charges.

Emergency service providers, evident to save life or significantly alter an adverse prognosis or the prognosis for survival, and recovery requires the immediate medical service, will be reimbursed on the methodologies outlined in section (A) through (U), not to exceed the 100% Current Hawaii/Guam Medicare Fee Schedule or negotiated rate w/discount of 45% to 55%, not to exceed Provider's Usual Customary Charges.

All providers are required to submit claims within one (1) year from the date of service except for Medicaid with Third Party Liability (TPL) which should be submitted within sixty (60) days from the receipt date of the TPL payments/statements.

Medicaid will pay the full amount of deductible, co-payment, and co-insurance for Medicaid recipients with TPL coverage provided the service charges are covered under the Guam Medicaid State Plan and not to exceed the Medicaid applicable reimbursement methodology outlined in section (A) through (V), and is Payor of last resort.

Non-Payment for Health Care-Acquired Conditions and Provider-Preventable Conditions [42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903]

- Payment Adjustment for Provider-Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider preventable conditions.

- Other Provider-Preventable Conditions (OPPC)

Guam identifies the following Other Provider-Preventable Conditions for non-payment under Section 4.19-B of this State Plan.

X Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

\_\_\_\_ Additional Other Provider-Preventable Conditions identified below:

Any charges related to OPPC shall be denied.