



ADMINISTRATIVE RULES OF MONTANA



37.86.5007 HEALTH MAINTENANCE ORGANIZATIONS: COVERED SERVICES

- (1) An HMO must provide the following services:
 - (a) inpatient hospital services as defined at ARM 37.86.2901 and 37.86.2902;
 - (b) outpatient hospital services as defined at ARM 37.86.3001 and 37.86.3002;
 - (c) physician services as defined at ARM 37.86.101 and 37.86.104;
 - (d) family planning services as defined at ARM 37.86.1701 and 37.86.1705;
 - (e) home health services as defined at ARM 37.40.701 and 37.40.702;
 - (f) early periodic screening, diagnosis and treatment services for individuals under the age of 21 (EPSDT) as defined at ARM 37.86.1401, 37.86.1402, 37.86.2201, 37.86.2205 and 37.86.2206;
 - (g) non-hospital laboratory and x-ray services as defined at ARM 37.86.911;
 - (h) rural health clinic services as defined at ARM 37.86.4001;
 - (i) ambulance services as defined at ARM 37.86.2601 and 37.86.2602;
 - (j) ambulatory surgical center services as defined at ARM 37.86.1401, 37.86.1402 and 37.86.1405;
 - (k) chiropractor services as defined at ARM 37.86.2206(2) (b) ;
 - (l) diagnostic clinic services as defined at ARM 37.86.1401 and 37.86.1402;
 - (m) nutrition services as defined at ARM 37.86.2206(2) (a) ;
 - (n) federally qualified health center services as defined at ARM 37.86.4401;
 - (o) hospice services as defined at ARM 37.40.801 and 37.40.806;
 - (p) mid-level practitioner services as defined at ARM 37.86.201 and 37.86.202;
 - (q) immunizations recommended by the advisory committee on immunization practices;
 - (r) occupational therapy services as defined at ARM 37.86.601;
 - (s) physical therapy services as defined at ARM 37.86.601;
 - (t) podiatry services as defined at ARM 37.86.501 and 37.86.505;
 - (u) private duty nursing services as defined at ARM 37.86.2206(2) (f) ;
 - (v) county public health clinic services as defined at ARM 37.86.1401 and 37.86.1402;

- (w) respiratory therapy services as defined at ARM 37.86.2206(2) (d) ;
 - (x) immunizations and well child screens provided by school based providers;
 - (y) speech therapy services as defined at ARM 37.86.601;
 - (z) targeted case management services for high risk pregnant women as defined at ARM 37.86.3301, 37.86.3305, 37.86.3006, 37.86.3401, 37.86.3402 and 37.86.3405; and
 - (aa) transplant services as defined at ARM 37.86.4701 and 37.86.4705.
 - (bb) prescription drugs supplied by a participating provider or a provider with a family planning and/or public health clinic;
 - (cc) durable medical equipment limited to diabetic supplies, oxygen, prosthetics, ostomy or incontinence supplies and only if supplied by a participating provider or a provider with a family planning and/or public health clinic;
 - (dd) optometric/ophthalmic services for medical conditions of the eye.
- (2) An enrolled recipient may obtain the following covered services through self-referral to a participating or nonparticipating provider and the HMO must reimburse the provider of a service to which the enrollee may self-refer:
- (a) family planning services:
 - (i) for enrollees with reproductive capacity, reproductive health exams comprised of taking history and conducting a physical assessment when such an exam is necessary to obtain birth control supplies or to determine the most appropriate birth control method or supply;
 - (ii) patient counseling and education for the following: contraception, sexuality, infertility, pregnancy, preconceptional care, pregnancy options, disease, HIV/AIDS, sterilizations, nutrition to maximize reproductive health, the need for rubella and hepatitis B immunizations, and other topics related to the patient's reproductive and general health;
 - (iii) lab tests to detect the presence of conditions affecting reproductive health, such as those involving the thyroid, cholesterol/triglycerides, prolactin, pregnancy tests, and diagnosis of infertility;
 - (iv) sterilizations as defined at ARM 37.86.104;
 - (v) screening, testing, and treatment of and pre- and post-test counseling for sexually transmitted diseases and HIV;
 - (vi) family planning supplies provided by Title X clinics; and
 - (vii) rubella and hepatitis B immunizations.
 - (b) immunizations provided by a public health clinic;
 - (c) blood lead level testing provided by a public health clinic; or
 - (d) emergency service.
- (3) If a nonparticipating provider detects a problem outside the scope of family planning services as defined above, such provider shall refer the enrollee back to the HMO.

- (4) An enrollee is eligible for all non-covered services and may obtain non-covered services in the usual manner.

Authorizing statute(s): Sec. 53-2-201 and 53-6-113, MCA

Implementing statute(s): Sec. 53-2-201, 53-6-101, 53-6-113 and 53-6-116, MCA

History: NEW, 1995 MAR p. 2155, Eff. 9/29/95; AMD, 1997 MAR p. 548, Eff. 3/25/97; AMD, 1997 MAR p. 1210, Eff. 7/8/97; AMD, 1997 MAR p. 1269, Eff. 7/22/97; AMD, 1998 MAR p. 2045, Eff. 7/31/98; AMD, 1999 MAR p. 1301, Eff. 7/1/99; TRANS, from SRS, 2000 MAR p. 481; AMD, 2000 MAR p. 866, Eff. 3/31/00.