

CHAPTER 39: AMERICAN INDIAN 638 CLINICS**SECTION 39.1: COVERED SERVICES****PAGE(S) 3****COVERED SERVICES**

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

1. Physician;
2. Dentist;
3. Physician’s assistant;
4. Psychologist or licensed counselor;
5. Nurse practitioner, nurse midwife or clinical nurse specialist;
6. Nutritionist;
7. X-ray technician; or
8. 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 beneficiary for the purpose of providing outpatient services. An encounter shall, at a minimum, include the following:

1. A detailed history, including:
 - a. Chief complaint;
 - b. History of present illness;
 - c. Problem pertinent system review; and
 - d. Pertinent past history/social.
2. A detailed exam, including:
 - a. Extended exam of the affected body area(s); and
 - b. Other symptomatic or related organ systems.

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3. A low to moderate complexity of medical decision making based on the following:
 - a. Number of possible diagnoses/management options; and
 - b. Amount and complexity of medical records, diagnostic tests and other information to be reviewed.
4. Risk of complications, morbidity and/or mortality associated with the patient's presenting problems.

The following services shall be provided on-site by the facility and included as part of the encounter:

1. Physician and mid-level practitioner services;
2. Dental services;
3. Psychological services;
4. Prescription drugs services;
5. Laboratory services;
6. X-ray services; and
7. 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 beneficiary 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 the following:

1. Taking blood pressure and temperature;
2. Giving an injection;

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3. Changing dressings;
4. Diagnostic procedures;
5. Laboratory services such as EKG, Peak Flow, Spirometry Respiratory Flow Volume Loop, and injections; or
6. A referral for other services.