

STATE PLAN FOR MEDICAL ASSISTANCE  
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

PROGRAM	LIMITATIONS
<p>7. Home Health Services—General</p> <p>Intermittent skilled nursing services, home health aide services, physical therapy services, occupational therapy services, speech pathology services, medical supplies, and newborn early discharge assessment visits.</p>	<p>1. Providers of home health services must:</p> <ul style="list-style-type: none"><li>a. Be licensed as a home health agency in the state; and</li><li>b. Participate under Medicare as a home health agency.</li></ul> <p>2. Services and medical supplies must be:</p> <ul style="list-style-type: none"><li>a. Provided upon the written order of the attending physician and furnished under the current plan of treatment;</li><li>b. Consistent with the current diagnosis and treatment of the recipient's condition;</li><li>c. In accordance with accepted standards of medical practice;</li><li>d. Required by the medical condition rather than the convenience or preference of the recipient;</li><li>e. Considered under accepted standards of medical practice to be a specific and effective treatment for the recipient's condition;</li><li>f. Required on a part-time, intermittent basis;</li><li>g. Rendered in the recipient's home by an approved provider;</li><li>h. Adequately described in the signed and dated progress notes; and</li><li>i. Documented as received by the recipient as indicated by the recipient's signature or the signature of a witness.</li></ul>

TN NO. 10-03  
Supercedes TN No. 07-03

Approval Date: JUN 25 2010  
Effective Date: JANUARY 1, 2010

STATE PLAN FOR MEDICAL ASSISTANCE  
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

PROGRAM	LIMITATIONS
7. Home Health Services—General  Intermittent skilled nursing services, home health aide services, physical therapy services, occupational therapy services, speech pathology services, medical supplies, and newborn early discharge assessment visits.	3. Home health aide services must come under the direct supervision of a nurse. The home health agency must have a registered nurse provide biweekly supervisory visits to the recipient's home. Every second visit shall include observations of the delivery of services by the aide to the recipient.  4. Newborn early discharge assessment visit must:  a. Be four hours or less;  b. Be ordered by a physician;  c. Be delivered to a recipient and a recipient's mother who have been discharged within 48 hours after delivery;  d. Be delivered within 36 hours after discharge;  e. Include an evaluation of the presence of immediate problems of dehydration, sepsis, infection, jaundice, respiratory distress, or other adverse physical symptoms of the infant;  5. Medical and other supplies which are used during a covered home health visit as part of the treatment ordered by the recipient's attending physician will be reimbursed at the Medicaid rate for the supply or pharmaceutical as established pursuant to COMAR 10.09.12 or 10.09.03.

TN NO. 10-03

Supercedes TN No. 07-03

Approval Date: JUN 25 2010

Effective Date: JANUARY 1, 2010

STATE PLAN FOR MEDICAL ASSISTANCE  
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

PROGRAM	LIMITATIONS
<p>7. Home Health Services—General</p> <p>Intermittent skilled nursing services, home health aide services, physical therapy services, occupational therapy services, speech pathology services, medical supplies, and newborn early discharge assessment visits.</p>	<p>The following services require preauthorization:</p> <ol style="list-style-type: none"><li>1. More than one visit per type of service per day.</li><li>2. Any service or combination of services rendered during any 30-day period for which the provider anticipates payments from the program in excess of the Medicaid average nursing facility rate.</li><li>3. Four or more hours of care per day whether the 4-hour limit is reached in one visit or in several visits in one day.</li><li>4. Any instances in which home health aide services without skilled nursing services are provided.</li></ol>

TN NO. 10-03

Supersedes TN No. 02-01

Approval Date:

JUN 25 2010

Effective Date:

JANUARY 1, 2010

STATE PLAN FOR MEDICAL ASSISTANCE  
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

PROGRAM	LIMITATIONS
<p>7. Home Health Services—General</p> <p>Intermittent skilled nursing services, home health aide services, physical therapy services, occupational therapy services, speech pathology services, medical supplies, and newborn early discharge assessment visits.</p>	<p>The following services are not covered under the program:</p> <ol style="list-style-type: none"><li>1. Non-skilled nursing and therapy services.</li><li>2. Services that are not medically necessary.</li><li>3. Initial assessments by any therapist or a registered nurse.</li><li>4. Services provided for the convenience or preference of the recipient or primary caregiver rather than as required by the recipient's medical condition.</li><li>5. Services which duplicate or supplant services performed by the recipient and those services rendered by the recipient's family.</li><li>6. Services which are covered by other insurance or entitlement programs.</li><li>7. Services primarily for the purpose of housekeeping.</li><li>8. Services rendered to recipients with chronic conditions when those recipients require only personal care services.</li><li>9. Meals.</li><li>10. The newborn early discharge assessment visit is limited to one visit per recipient and may not be provided on the same day as another skilled nursing visit billed under this program.</li></ol>

TN NO. 10-03

Supercedes TN No. 02-01

Approval Date: JUN 25 2010

Effective Date: JANUARY 1, 2010

**RESERVED FOR FUTURE USE**

TN NO. 10-03

Approval Date:

JUN 25 2010

Supercedes TN No. 02-01

Effective Date:

JANUARY 1, 2010

**RESERVED FOR FUTURE USE**

TN NO. 10-03

Supercedes TN No. 02-01

Approval Date:

**JUN 25 2010**

Effective Date:

JANUARY 1, 2010

c. Home Health Agencies – reimbursed at the lower of the provider’s customary charge to the general public or the Department’s fee schedule. Effective January 1, 2010, the fee schedule rates shall be adjusted annually, by the same factor used by the Centers for Medicare and Medicaid Services in updating Medicare’s prospective payment system rates. The annual fee schedule rate adjustment shall be limited to a maximum of 5 percent and be effective the date on which Medicare’s rate changes are implemented. There are both governmental and private providers of home health services. All providers are reimbursed according to the same published fee schedule and will be notified of the rate change via transmittal which will also be published on the Department of Health and Mental Hygiene’s web site.

TN 10-03  
Supersedes TN NEW

Approval date 11/18/09 2010  
Effective JANUARY 1, 2010

**Reserve for Future Use**

TN NO. 10-03  
Supersedes TN No. 07-03

Approval Date: JUN 25 2010  
Effective Date: JANUARY 1, 2010