

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

STATE OF MARYLAND

Program	Limitations
8. Private Duty Nursing	<p>A. Private Duty Nursing Services are nursing services provided to qualified individuals who are under age 21.</p> <p>Services are provided in a participant's own home or another setting when normal life activities take the participant outside his or her home except for limitations described in Section D below.</p> <p>B. Covered services include:</p> <ul style="list-style-type: none">(1) An initial assessment of a recipient's medical need for private duty nursing by a licensed registered nurse; and(2) On-going private duty nursing services. <p>To be a covered service, direct care nursing must be:</p> <ul style="list-style-type: none">(1) Ordered by the participant's primary medical provider (Orders must be renewed every 60 days);(2) Provided in accordance with a Plan of Care;(3) Provided by a registered or licensed practical nurse with a valid unrestricted license and a current certification in CPR;(4) Of a complexity, or the condition of the participant must require, that the judgment, knowledge, and skills of a licensed nurse are required and the service can not be delegated pursuant to Maryland's Nurse Practice Act (Health Occupations Article, Title 8, Annotated Code of Maryland; and(5) Of a scope that is more individual and continuous than nursing available under the Home Health Program.

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STATE OF MARYLAND

Program	Limitations
8. Private Duty Nursing	<p>C. On-going private duty nursing services, with the exception of those services that are preauthorized through the IEP/IFSP process, must be preauthorized by the Medicaid Program.</p> <p>D. Private Duty Nursing services does not include:</p> <ol style="list-style-type: none">(1) Part time/ intermittent nursing services covered as Home Health Services;(2) Nursing services rendered by a nurse who is a member of the participant's immediate family or who ordinarily resides with the participant;(3) Custodial service;(4) Services not deemed medically necessary at the time of the initial assessment or plan of care review;(5) Services delivered by a licensed nurse who is not directly supervised by a licensed registered nurse who documents all supervisory visits and activities;(6) Services provided to a participant in a hospital, residential treatment center, intermediate care facility for mental retardation or addiction, or a residence or facility where private duty nursing services are included in the living arrangement by regulation or statute or are otherwise provided for payment;(7) Services not directly related to the plan of care;(8) Services specified in the plan of care when the plan of care has not been signed by the participant or the participant's legally authorized representative;(9) Services described in the plan of care whenever those services are no longer needed or appropriate because of a major change in the participant's condition or nursing care needs;

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Program	Limitations
8. Private Duty Nursing	<ul style="list-style-type: none">(10) Services which duplicate or supplant services rendered by the participant's family caregivers or primary caregivers as well as other insurance, other governmental programs, or Medicaid Program services that the participant receives or is eligible to receive;(11) Services provided for the convenience or preference of the participant or the primary caregiver rather than as required by the participant's medical condition;(12) Services provided by a nurse who does not possess a valid, current, signed, unrestricted nursing license to provide nursing services in the jurisdiction in which services are rendered;(13) Services provided by a nurse who does not have a current, signed cardiopulmonary resuscitation (CPR) certification for the period during which the services are rendered;(14) Direct payment for supervisory nursing visits;(15) Nursing services rendered by a nurse in the nurse's home;(16) Nursing services not documented as received by the participant as indicated by the lack of the participant's signature, or the signature of a witness, on the nursing provider's official form;(17) Respite services; and(18) Services provided by school health-related service providers that are not included on a child's IEP or IFSP.

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Behavior plans must be goal oriented, individualized, and specifically address how the therapeutic behavior aide will alter the environmental events, i.e., environmental factors, antecedent, and consequent events, activities, and responses. Techniques, such as structured support, modeling, time-out strategies, crisis intervention techniques, and positively reinforcing the desired appropriate behavior, will be employed. The Therapeutic Behavior Aide is also expected to teach the family these techniques.

Private duty nursing services delivered by licensed registered nurses and licensed practical nurses supervised by licensed registered nurses.

Targeted case management services.

Durable medical equipment or supplies not otherwise covered under the State Plan.

Inpatient psychiatric services for individuals under age 21 year with a primary diagnosis of drug and alcohol abuse (treatment is provided in intermediate care facilities which meet the federal inpatient psychiatric services requirements for individuals under 21 years as defined in 42 CFR 441.150 and are accredited by the Joint Commission on Accreditation of Healthcare Organizations).

Otherwise, the reimbursement for all the above services, including therapeutic behavioral services, will be the lower of: (1) the provider's customary charge to the general public; or (2) the Department's fee schedule.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Physician and Osteopath Rates

- 5.a The Agency's rates for professional services rendered by a physician or osteopath were set as of 7/1/10 and are effective for services on or after that date. All providers must be licensed in the jurisdiction in which they provide services. Services are limited to those outlined in 3.1A of the Maryland State Plan. Providers will be paid the lower of the provider's customary fee schedule to the general public or the published fee schedule.
- 5.b All providers described in 5.a, both government and non-government, are reimbursed pursuant to the same fee schedule. Providers are paid by CPT codes which are based on a percentage of Medicare reimbursement. The average Maryland Medicaid payment rate is approximately 75 percent of Medicare 2011 fees beginning as of 7/1/11. All rates are published on the Agency's website at: http://www.dhmd.md.gov/mma/providerinfo/pdf/2011/Physicians_FeeSchedule_2011_2.pdf
- 5.c For professional services rendered by physicians to a trauma patient on the State Trauma Registry, who is receiving emergency room or inpatient services in a state designated trauma center, reimbursement will be 100% of the Baltimore City and surrounding area Title XVIII Medicare physician fee schedule facility fee rate. All providers must be licensed in the jurisdiction in which they provide services and must be providing services within a state designated trauma center. Services are limited to those outlined in 3.1A of the Maryland State Plan. The provider will be paid the lower of the provider's customary fee schedule to the general public or the fee methodology described above.
- 5.d All providers described in 5.c., are paid by CPT codes and both government and non-government providers are reimbursed pursuant to the same fee schedule which is published on the CMS website at: <http://www.cms.hhs.gov/FeeScheduleGenInfo/>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Nurse Practitioner Rates for all Nurse Practitioners and Nurse Anesthetists

- 6.a The Agency's rates for professional services rendered by nurse practitioners and nurse anesthetists were set as of 7/1/10 and are effective for services on or after that date. All practitioners must be licensed in the jurisdiction in which they provide services. Services are limited to those allowed under their scope of practice in Maryland. The practitioner will be paid the lower of the provider's customary fee schedule to the general public or the published fee schedule.
- 6.b Both government and non-government practitioners are reimbursed pursuant to the same fee schedule. All practitioners are paid by CPT codes which are based on a percentage of Medicare reimbursement. The average Maryland Medicaid payment rate is approximately 75 percent of Medicare 2011 fees beginning as of 7/1/11. All rates are published on the Agency's website at:
http://www.dhmh.md.gov/mma/providerinfo/pdf/2011/Physicians_FeeSchedule_2011_2.pdf
- 6.c Payment limitations:
- The Department will not pay for practitioner administered drugs obtained from manufacturers which do not participate in the federal Drug Rebate Program.
 - The Department will not pay for disposable medical supplies usually included with the office visit.
 - The Department will not pay for services which do not involve direct, face-to-face, patient contact.
 - The Department will not pay a provider for those laboratory or x-ray services performed by another facility, but will instead pay the facility performing the procedure directly.
 - In addition, for nurse anesthetists preoperative evaluations for anesthesia are included in the fee for administration of anesthesia and the nurse anesthetist may not bill them as consultants.
 - The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - Professional services rendered by mail or telephone;
 - Services which are provided at no charge to the general public;
 - Providing a copy of a recipient's medical record when requested by another licensed provider on behalf of a recipient.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland**Certified Nurse Mid-wife Rates**

- 7.a The Agency's rates for professional services rendered by a certified mid-wife were set as of 7/1/10 and are effective for services on or after that date. All nurse midwives must be licensed in the jurisdiction in which they provide services. Services are limited to those allowed under their scope of practice in Maryland. The certified nurse midwife will be paid the lower of the certified nurse midwife's customary fee schedule to the general public or the published fee schedule.
- 7.b All certified nurse midwives, both government and non-government are reimbursed pursuant to the same fee schedule. Certified nurse midwives are paid by CPT codes which are based on a percentage of Medicare reimbursement. The average Maryland Medicaid payment rate is approximately 75 percent of Medicare 2011 fees beginning as of 7/1/11. All rates are published on the Agency's website at:
http://www.dhmh.md.gov/mma/providerinfo/pdf/2011/Physicians_FeeSchedule_2011_2.pdf
- 7.c Payment limitations:
- The Department will not pay for practitioner administered drugs obtained from manufacturers which do not participate in the federal Drug Rebate Program.
 - The Department will not pay for disposable medical supplies usually included with the office visit.
 - The Department will not pay for services which do not involve direct, face-to-face, patient contact.
 - The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - Professional services rendered by mail or telephone;
 - Services which are provided at no charge to the general public;
 - Providing a copy of a recipient's medical record when requested by another licensed provider on behalf of a recipient.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Podiatrist Rates

- 8.a The Agency's rates for professional services rendered by a podiatrist were set as of 7/1/10 and are effective for services on or after that date. All podiatrists must be licensed in the jurisdiction in which they provide services. Services are limited to those outlined in 3.1A of the Maryland State Plan. The podiatrist will be paid the lower of the podiatrist's customary fee schedule to the general public or the published fee schedule.
- 8.b All podiatrists, both government and non-government are reimbursed pursuant to the same fee schedule. Podiatrists are paid by CPT codes which are based on a percentage of Medicare reimbursement. The average Maryland Medicaid payment rate is approximately 75 percent of Medicare 2011 fees beginning as of 7/1/11. All rates are published on the Agency's website at:
http://www.dhmdh.gov/mma/providerinfo/pdf/2011/Physicians_FeeSchedule_2011_2.pdf
- 8.c Payment limitations:
- Preoperative evaluations for anesthesia are included in the fee for administration of anesthesia and the provider may not bill them as consultants.
 - Referrals from one podiatrist to another for treatment of specific patient problems may not be billed as consultations.
 - The operating podiatrist may not bill for the administration of anesthesia or for an assistant podiatrist who is not in his employ.
 - Payment for consultations provided in a multi-specialty setting is limited by criteria established by the Department.
 - The Department will not pay a podiatrist for those laboratory or x-ray services performed by another facility, but will instead pay the facility performing the procedure directly.
 - The Department will not pay for provider-administered drugs obtained from manufacturers which do not participate in the federal Drug Rebate Program.
 - The Department will not pay for disposable medical supplies usually included with the office visit.
 - The Department will not pay for services which do not involve direct, face-to-face, patient contact.
 - The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - Professional services rendered by mail or telephone;
 - Services which are provided at no charge to the general public;
 - Providing a copy of a recipient's medical record when requested by another licensed provider on behalf of a recipient.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Physical Therapist Rates

- 9.a The Agency's rates for professional services rendered by a physical therapist were set as of 7/1/10 and are effective for services on or after that date. All physical therapists must be licensed in the jurisdiction in which they provide services. Services are limited to those outlined in 3.1A of the Maryland State Plan. The physical therapist will be paid the lower of the physical therapist's customary fee schedule to the general public or the published fee schedule.
- 9.b All physical therapists, both government and non-government, are reimbursed pursuant to the same fee schedule. Physical therapists are paid by CPT codes which are based on a percentage of Medicare reimbursement. The average Maryland Medicaid payment rate is approximately 75 percent of Medicare 2011 fees beginning as of 7/1/11. All rates are published on the Agency's website at: http://www.dhmb.md.gov/mma/providerinfo/pdf/2011/Physicians_FeeSchedule_2011_2.pdf
- 9.c The Agency reimburses schools for physical therapy evaluations, re-evaluations, and individual physical therapy sessions when required under an Individualized Education Program (IEP) or Individual Family Service Plan (IFSP) and when provided by physical therapists that are licensed in the jurisdiction in which they provide services. For all dates beginning January 1, 2010, the State will reimburse for this service at the same rate that it reimburses all other non-governmental community-based licensed physical therapists as described in 9b.
- 9.d Payment limitations:
- The Department will not pay for disposable medical supplies usually included with the office visit.
 - The Department will not pay for services which do not involved direct, face-to-face, patient contact.
 - The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - Professional services rendered by mail or telephone;
 - Services which are provided at no charge to the general public;
 - Providing a copy of a recipient's medical record when requested by another licensed provider on behalf of a recipient.

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State of Maryland

Optometrist Rates

- 11.a The Agency's rates for professional services rendered by an optometrist were set as of 7/1/10 and are effective for services on or after that date. All optometrists must be licensed in the jurisdiction in which they provide services. Services are limited to those outlined in 3.1A of the Maryland State Plan. The optometrist will be paid the lower of the optometrist's customary fee schedule to the general public or the published fee schedule.
- 11.b All optometrists, both government and non-government, are reimbursed pursuant to the same fee schedule. Optometrists are paid based on a percentage of Medicare reimbursement. The average Maryland Medicaid payment rate is approximately 75 percent of Medicare 2011 fees beginning as of 7/1/11. All rates are published on the Agency's website at:
http://www.dhmh.md.gov/mma/providerinfo/pdf/2011/Physicians_FeeSchedule_2011_2.pdf
- 11.c Payment limitations:
- The Department will not pay for practitioner-administered drugs obtained from manufacturers which do not participate in the federal Drug Rebate Program.
 - The Department will not pay for disposable medical supplies usually included with the office visit.
 - The Department will not pay for services which do not involved direct, face-to-face, patient contact.
 - The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - Professional services rendered by mail or telephone;
 - Services which are provided at no charge to the general public;
 - Providing a copy of a recipient's medical record when requested by another licensed provider on behalf of a recipient.

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State of Maryland

Nutritionist Rates

- 12.a The Agency's rates for professional services rendered by a nutritionist were set as of 7/1/10 and are effective for services on or after that date. All nutritionists must be licensed in the jurisdiction in which they provide services. Services and provider qualifications are limited to those outlined in 3.1.A of the Maryland State Plan. The nutritionist will be paid the lower of the nutritionist's customary fee schedule to the general public or the published fee schedule.
- 12.b All nutritionists, both government and non-government, are reimbursed pursuant to the same fee schedule. Nutritionists are paid by CPT codes which are based on a percentage of Medicare reimbursement. The average Maryland Medicaid payment rate for professional services is approximately 75 percent of Medicare 2011 fees beginning as of 7/1/11. All rates are published on the Agency's website at:
http://www.dhmh.md.gov/mma/providerinfo/pdf/2011/Physicians_FeeSchedule_2011_2.pdf
- 12.c The Agency reimburses schools for nutritional assessments and interventions and nutritional reassessments and interventions when required under an Individualized Education Program (IEP) or Individual Family Service Plan (IFSP) and when provided by nutritionists that are licensed in the jurisdiction in which they provide services. For all dates beginning January 1, 2010, the State will reimburse for this service at the same rate that it reimburses all other non-governmental community-based licensed nutritionists as described in 12.b.
- 12.d Payment limitations:
- The Department will not pay for services which do not involve direct, face-to-face, patient contact.
 - The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - Professional services rendered by mail or telephone;
 - Services which are provided at no charge to the general public with the exception of nutritional services that are included as part of a child's IEP or IFSP; and
 - Providing a copy of a recipient's medical record when requested by another licensed provider on behalf of a recipient.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Occupational Therapist Rates

- 13.a The Agency's rates for professional services rendered by an occupational therapist were set as of 7/1/10 and are effective for services on or after that date. All occupational therapists must be licensed in the jurisdiction in which they provide services. Services and provider qualifications are limited to those outlined in 3.1.A of the Maryland State Plan. The occupational therapist will be paid the lower of the occupational therapist's customary fee schedule to the general public or the published fee schedule.
- 13.b All occupational therapists, both government and non-government, are reimbursed pursuant to the same fee schedule. Occupational therapists are paid by CPT codes which are based on a percentage of Medicare reimbursement. The average Maryland Medicaid payment rate for professional services is approximately 75 percent of Medicare 2011 fees beginning as of 7/1/11. All rates are published on the Agency's website at:
http://www.dhmrh.md.gov/mma/providerinfo/pdf/2011/Physicians_FeeSchedule_2011_2.pdf
- 13.c The Agency reimburses schools for occupational therapy evaluations and re-evaluations, individual occupational therapy sessions, and group occupational therapy when required under an Individualized Education Program (IEP) or Individual Family Service Plan (IFSP) and when provided by occupational therapists that are licensed in the jurisdiction in which they provide services. For all dates beginning January 1, 2010, the State will reimburse for this service at the same rate that it reimburses all other non-governmental community-based licensed occupational therapists as described in 13.b.
- 13d. Payment limitations:
- The Department will not pay for services which do not involve direct, face-to-face, patient contact.
 - The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - Professional services rendered by mail or telephone;
 - Services which are provided at no charge to the general public with the exception of nutritional services that are included as part of a child's IEP or IFSP; and
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Speech Therapist Rates

- 14.a The Agency's rates for professional services rendered by an speech-language pathologist were set as of 7/1/10 and are effective for services on or after that date. All speech-language pathologists must be licensed in the jurisdiction in which they provide services. Services and provider qualifications are limited to those outlined in 3.1A of the Maryland State Plan. The speech-language pathologist will be paid the lower of the speech-language pathologist's customary fee schedule to the general public or the published fee schedule.
- 14.b All speech-language pathologists, both government and non-government, are reimbursed pursuant to the same fee schedule. Speech-language pathologists are paid by CPT codes which are based on a percentage of Medicare reimbursement. The average Maryland Medicaid payment rate for professional services is approximately 75 percent of Medicare 2011 fees beginning as of 7/1/11. All rates are published on the Agency's website at:
http://www.dhmh.md.gov/mma/providerinfo/pdf/2011/Physicians_FeeSchedule_2011_2.pdf
- 14.c The Agency reimburses schools for speech/hearing evaluation, individual speech therapy, and group speech therapy when required under an Individualized Education Program (IEP) or Individual Family Service Plan (IFSP) and when provided by speech-language pathologists that are licensed in the jurisdiction in which they provide services. For all dates beginning January 1, 2010, the State will reimburse for this service at the same rate that it reimburses all other non-governmental community-based speech-language pathologists as described in 14b.
- 14.d Payment limitations:
- The Department will not pay for services which do not involve direct, face-to-face, patient contact.
 - The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - Professional services rendered by mail or telephone;
 - Services which are provided at no charge to the general public with the exception of nutritional services that are included as part of a child's IEP or IFSP; and
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State of Maryland

Audiologist Rates

- 15.a The Agency's rates for professional services rendered by an audiologist were set as of 7/1/10 and are effective for services on or after that date. All audiologists must be licensed in the jurisdiction in which they provide services. Services and provider qualifications are limited to those outlined in 3.1A of the Maryland State Plan. The audiologist will be paid the lower of the audiologist's customary fee schedule to the general public or the published fee schedule.
- 15.b All audiologists, both government and non-government, are reimbursed pursuant to the same fee schedule. Audiologists are paid by CPT codes which are based on a percentage of Medicare reimbursement. All rates are published on the Agency's website at:
http://www.dhmh.md.gov/mma/providerinfo/pdf/2010/Audiology_PROVIDER_MANUAL_final_DEC_10_2010.pdf
- 15.c The Agency reimburses schools for audiology evaluations when required under an Individualized Education Program (IEP) or Individual Family Service Plan (IFSP) and when provided by audiologists that are licensed in the jurisdiction in which they provide services. For all dates beginning January 1, 2010, the State will reimburse for this service at the same rate that it reimburses all other non-governmental community-based audiologists as described in 15.b.
- 15.d Payment limitations:
- The Department will not pay for services which do not involve direct, face-to-face, patient contact.
 - The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - Professional services rendered by mail or telephone;
 - Services which are provided at no charge to the general public with the exception of audiology services that are included as part of a child's IEP or IFSP; and
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

16. Therapeutic Behavioral Aide Rates

- 16.a The Agency's rates for one-on-one therapeutic behavioral aide services performed by therapeutic behavioral aides were set as of 1/1/10 and are effective for services on or after that date. Services and provider qualifications are limited to those outlined in 3.1A of the Maryland State Plan. The therapeutic behavioral aide will be paid the lower of the therapeutic behavioral aide's customary fee schedule to the general public or the published fee schedule.
- 16.b All therapeutic behavioral aides, both government and non-government, are reimbursed pursuant to the same fee schedule. Therapeutic behavioral aides are paid a fixed amount per each 15 minute increments. The rate is published on the Agency's website at:
http://www.dhmf.md.gov/mma/providerinfo/pdf/2011/Physicians_FeeSchedule_2011_2.pdf
- 16.c The Agency reimburses schools for therapeutic behavioral aide services when required under an Individualized Education Program (IEP) or Individual Family Service Plan (IFSP) and when provided by a qualified therapeutic behavioral aide provider. For all dates beginning January 1, 2010, the State will reimburse for this service at the same rate that it reimburses all other non-governmental therapeutic behavioral aides as described in 16.b.
- 16.d Payment limitations:
- The Department will not pay for services which do not involve direct, face-to-face, patient contact.
 - The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - Professional services rendered by mail or telephone;
 - Services which are provided at no charge to the general public with the exception of therapeutic behavioral aide services that are included as part of a child's IEP or IFSP; and
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State of Maryland

Private Duty Nursing

17.a The Agency reimburses private duty nursing agencies for an initial assessment fee. All other private duty nursing services are paid fixed amount per 15 minute intervals depending on whether the provider is serving one or more children. The rates are specified in the established and published fee schedule. All private duty nursing providers, both government and non-government, are reimbursed pursuant to the same fee schedule. Services and provider qualifications are limited to those outlined in 3.1A of the Maryland State Plan. The Agency rates for those services were last set on July 1, 2010 and can be found at:

http://www.dhbmh.md.gov/mma/providerinfo/pdf/2011/PrivateDutyNursing_FeeSchedule2011.pdf

17.b Rates, subject to the State budget, are adjusted each State fiscal year by adjusting the fee by the annual increase in the March Consumer Price Index for All Urban Consumers, Medical Care Component, Washington-Baltimore, from the U.S. Department of Labor, Bureau of Labor Statistics.

17.c The Agency reimburses schools for private duty nursing services when required under an Individualized Education Program (IEP) or Individual Family Service Plan (IFSP) and when provided by a qualified private duty nursing provider. For all dates beginning January 1, 2011, the State will reimburse for this service at the same rate that it reimburses all other non-governmental private duty nursing providers as described in 17.b.

17d. Payment limitations:

- The Department will not pay for services which do not involve direct, face-to-face, patient contact.
- The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - Professional services rendered by mail or telephone;
 - Services which are provided at no charge to the general public with the exception of private duty nursing services that are included as part of a child's IEP or IFSP; and
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