

## **Table of Contents**

**State/Territory Name: Maryland**

**State Plan Amendment (SPA) #: 12-02**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter
- 3) CMS 179 Form
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
150 S. Independence Mall West  
Suite 216, The Public Ledger Building  
Philadelphia, Pennsylvania 19106-3499



**Region III/Division of Medicaid and Children's Health Operations**

SWIFT #040520124054

NOV 30 2012

Charles J. Milligan Jr.  
Deputy Secretary  
Health Care Financing  
MD Department of Health and Mental Hygiene  
201 West Preston Street, Room 525  
Baltimore, MD 21201

Dear Mr. Milligan:

The Centers for Medicare and Medicaid Services (CMS) has completed its review of Maryland's State Plan Amendment (SPA) Transmittal Number 12-02. This SPA is approved effective January 1, 2012, as requested by the State.

This SPA updates the State Plan to reflect current practices for medical supply and clinic services. However, during the review process, CMS has determined that the Home Health benefit does not support current State Plan pages. The State has agreed to open the entire Home Health benefit in order to align existing State Plan pages with the new Medical supplies, equipment, and appliances page being approved as part of MD SPA 12-02. Concurrent with this approval letter, CMS will issue a companion letter and provide guidance on time frames for correction.

Enclosed, please find the signed CMS 179 form and the approved SPA pages.

If you have questions about this SPA, please contact Lieutenant Commander Andrea Cunningham of my staff at (215) 861-4325.

Sincerely,  
/S/

  
Francis McCullough  
Associate Regional Administrator

Enclosure

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
150 S. Independence Mall West  
Suite 216, The Public Ledger Building  
Philadelphia, Pennsylvania 19106-3499



**Region III/Division of Medicaid and Children's Health Operations**

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**NOV 30 2012**

Charles J. Milligan Jr.  
Deputy Secretary  
Health Care Financing  
MD Department of Health and Mental Hygiene  
201 West Preston Street, Room 525  
Baltimore, MD 21201

Dear Mr. Milligan:

This letter is being sent as a companion to our approval of Maryland's State Plan Amendment (SPA) 12-02 Medical Supply and Clinic Services. This SPA adds language to the State Plan to reflect current practices for medical supply and clinic services. While we are proceeding with approval of MD SPA 12-02, this letter follows up on matters noted which were not in compliance with current Federal regulation, so that we can work with you to resolve the issues listed below.

Section 1902(a) of the Social Security Act (the Act) requires that States have a State Plan for medical assistance that meets certain Federal requirements that set out a framework for the State program. Implementing regulations at 42 CFR 430.10 require that the State Plan be a comprehensive written statement describing the nature and scope of the State's Medicaid Program and that it contain all information necessary for the Centers for Medicare & Medicaid Services (CMS) to determine whether the plan can be approved to serve as the basis for Federal financial participation (FFP) in the State program. During our review of the SPA, CMS performed an analysis of the coverage and reimbursement pages related to this SPA, and found that additional clarification is necessary.

In reviewing the State Plan pages, CMS found companion page issues related to the State's Home Health Benefit. Per previous conversations with the State, MD 12-02 is being approved by CMS under the condition that Maryland revises the Home Health benefit pages for Medical Supplies, Equipment and Appliances to align with language found in MD 12-02. CMS also recommends that the State take this opportunity to update the Home Health pages not associated with this companion request when the final home health regulation is issued. Please revise the State Plan pages to include the required detailed information. Please respond to this letter within 90 days from the date of this letter with a corrective action plan describing how you will resolve the issues identified above. During the 90-day period, we are happy to provide any technical assistance that you need. A State Plan that is not in compliance with requirements at 42 CFR 430.10 and 42 CFR 440.167 is grounds for initiating a formal compliance process.

Page 2 – Mr. Milligan

If you have any questions regarding this letter, please contact Lieutenant Commander Andrea Cunningham at (215) 861-4325. We look forward to working with you on these issues.

Sincerely,  
/S/

 Francis McCullough  
Associate Regional Administrator

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	<b>1. TRANSMITTAL NUMBER:</b> 12-02	<b>2. STATE</b> Maryland
<b>TO: REGIONAL ADMINISTRATOR</b> CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	<b>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>  <b>4. PROPOSED EFFECTIVE DATE</b> January 1, 2012	

**5. TYPE OF PLAN MATERIAL (Check One):**

NEW STATE PLAN   
  AMENDMENT TO BE CONSIDERED AS NEW PLAN   
  AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

<b>6. FEDERAL STATUTE/REGULATION CITATION:</b> Section 1940 of the Social Security Act	<b>7. FEDERAL BUDGET IMPACT:</b> a. FFY <u>2012</u> \$ 0 b. FFY <u>2013</u> \$ 0
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<b>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</b>  3.1A: Page 8B and 8C (NEW)  4.19B: Page 36, 36-A, 36-B, 37, 37-A, 38, 38-A, 38-B, 38-C (NEW)	<b>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</b> 3.1A: p. 8-A (11-14B); p. 21 (10-03) 3.1A: p. 22 (91-16); p.22-A (Original 1984); p.22B (04-17) 3.1A: p. 27 (11-16); p.27 A-6 (06-06); p 28 (91-16) 3.1A: p. 29-C-9 through 29-C-12 (04-25); 3.1A: p. 32 (91-16); 3.1A: p. 32A (89-08) 3.1A: p 32B, C, C-1, 32D, 32D-1, 32E, 32F, 32G (92-20) 3.1A: p. 33, 33A (91-16); p. 33B (85-02); 33C (84-07) 4.19A&B: p. 11 (06-11)
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**10. SUBJECT OF AMENDMENT:** To update the State plan to reflect current practices for medical supply and clinic services.

**11. GOVERNOR'S REVIEW (Check One):**

GOVERNOR'S OFFICE REPORTED NO COMMENT                      X OTHER, AS SPECIFIED: The designee of the Secretary of the Department of Health and Mental Hygiene  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

<b>SIGNATURE OF STATE AGENCY OFFICIAL:</b> /S/  <b>NAME:</b> Charles J. Milligan, Jr.  <b>14. TITLE:</b> Deputy Secretary Office of Health Care Financing  <b>15. DATE SUBMITTED:</b> ORIGINALY SUBMITTED 8/27/12 UPDATE SIGNED (RM) 11/20/12	Executive Director Office of Health Services Department of Health & Mental Hygiene 201 W Preston St, 1 <sup>st</sup> floor Baltimore MD 21201
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**FOR REGIONAL OFFICE USE ONLY**

<b>17. DATE RECEIVED:</b> March 27, 2012	<b>18. DATE APPROVED:</b> NOV 30 2012
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**PLAN APPROVED - ONE COPY ATTACHED**

<b>19. EFFECTIVE DATE OF APPROVED MATERIAL:</b> January 1, 2012	<b>20. SIGNATURE OF REGIONAL OFFICIAL:</b> /S/
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<b>21. TYPED NAME:</b> Francis T. McCullough	<b>22. TITLE:</b> Associate Regional Administrator, DMCHO
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**23. REMARKS:**

State/Territory: Maryland

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

- Provided:  No limitations  With limitations\*  
 Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

- Provided:  No limitations  With limitations\*  
 Not provided.

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

- Provided:  No limitations  With limitations\*  
 Not provided.

b. Services of Christian Science nurses.

- Provided:  No limitations  With limitations\*  
 Not provided.

\*Description provided in attachment.

State/Territory: Maryland

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

c. Care and services provided in Christian Science sanatoria.

Provided:  No limitations  With limitations\*  
 Not provided.

d. Nursing facility services for patients under 21 years of age.

Provided:  No limitations  With limitations\*  
 Not provided.

e. Emergency hospital services.

Provided:  No limitations  With limitations\*  
 Not provided.

f. Personal care services in recipient's home prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Provided:  No limitations  With limitations\*  
 Not provided.

g. Nurse Anesthetist services.

Provided:  No limitations  With limitations\*  
 Not provided.

h. Certified pediatric or family nurse practitioners' services.

Provided:  No limitations  With limitations\*  
 Not provided.

\*Description provided on attachment.

Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

ATTACHMENT 3.1-A  
Page 8-C  
OMB No.:0938-0198

State/Territory: Maryland

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND  
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Reserve for future use
26. Program of All-Inclusive Care for the Elderly (PACE) services, as described in Supplement 3 to Attachment 3.1A.
- Election of PACE: By virtue of this submittal, the State elects PACE as an optional State Plan service.
- No election of PACE: By virtue of this submittal, the State elects to not add PACE as an optional State Plan services.

\*Description provided on attachment.

TN # 12-02  
Supersedes TN # NEW

Approval Date **NOV 30 2012**

Effective Date **JAN 01 2012**



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

7. Home Health Services - **Medical Supplies and Equipment**

Disposable medical supplies and durable medical equipment are covered when medically necessary and furnished by accredited Medicaid providers.

Prescribers of services are physicians licensed in the state in which the prescriber's practice is maintained who have examined the recipient as part of the written plan of care reviewed by a physician annually.

Providers are medical equipment and supply companies that meet Maryland Medicaid's accreditation requirement and have the expertise and ability to furnish prescribed services to recipients.

STATE PLAN FOR MEDICAL ASSISTANCE  
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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- 9.a. Description of Services: CLINIC SERVICES  
As defined in CFR §440.90

Clinic services means preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. The term includes the following services furnished to outpatients:

- (a) services furnished at the clinic by or under the direction of a physician or dentist.
- (b) services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address

**Provider Types:**

- **Local Health Departments** - a division of a local government responsible for the oversight and medical care relating to public health.
- **General Clinics** - general medical practice run by one or more general practitioners and/or internal medicine providers.
- **Outpatient Methadone Treatment Centers** - a center certified by the Alcohol and Drug Abuse Administration and licensed by the Federal Drug Enforcement Administration that provides methadone treatment only.
- **Family Planning Clinics** - a clinic that provides reproductive health services.
- **Outpatient Mental Health Centers** - a clinic that provides specialty mental health services.

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

**Limitations:**

Include:

- any services identified by the Department as not medically necessary or not covered;
- investigational and experimental drugs and procedures;
- services denied by Medicare as not medically necessary;
- visits solely for the purpose of one or more of the following:
  - prescription, drug or supply pick-up, or collection of laboratory specimens;
  - ascertaining the patient's weight; and
  - measurement of blood pressure
- injections and visits solely for the administration of injections;
- immunizations required for travel outside the Continental U.S.;
- visits solely for group or individual health education;
- separate billing for services which are included as part of another service; and
- separate reimbursement to a physician for services provided in a clinic in addition to the clinic reimbursement

**For Outpatient Methadone Treatment Centers:**

In addition to limitations listed above, the Department will not pay for:

- Intensive Outpatient (IOP), individual and group substance abuse counseling services provided in the same week during the time an individual is receiving methadone services.

Reserve for Future Use

TN # 12-02  
Supersedes TN # 04-17

Approval Date **NOV 30 2012**

Effective Date **JAN 01 2012**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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**12 b. Dentures (covered Services)**

See 3.1A Limitations Item 10, Dental Services

TN # 12-02  
Supersedes TN # 11-16

Approval Date NOV 30 2012

Effective Date JAN 01 2012

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TN # 12-02

Supersedes TN # 06-06

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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**12 c. Prosthetic Devices (covered services)**

Prosthetic devices as described in CFR §440.120 are covered when medically necessary and furnished by Medicaid providers.

Prosthetic devices are replacement, corrective, or supportive devices prescribed by a physician to: artificially replace a missing portion of the body; prevent or correct physical deformity or malfunction; or support a weak or deformed portion of the body.

Devices covered include:

- (a) Artificial eyes;
- (b) Breast prostheses, including surgical brassiere;
- (c) Upper and lower extremity, full and partial, to include stump cover or harnesses where necessary; and
- (d) Replacement of prostheses.

Prepayment authorization is not required for prosthetic services.

RESERVE FOR FUTURE USE

TN # 12-02  
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Approval Date NOV 30 2012

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RESERVE FOR FUTURE USE

TN # 12-02  
Supersedes TN # 04-25

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Effective Date JAN 01 2012

RESERVE FOR FUTURE USE

TN # 12-02

Supersedes TN # 04-25

Approval Date **NOV 30 2012**

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RESERVE FOR FUTURE USE

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RESERVE FOR FUTURE USE

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TN # 12-02 Approval Date **NOV 30 2012** Effective Date **JAN 01 2012**  
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TN # 12-02  
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RESERVE FOR FUTURE USE

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Effective Date **JAN 01 2012**

STATE PLAN FOR MEDICAL ASSISTANCE  
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Disposable Medical Supplies and Durable Medical Equipment

Medical equipment services reimbursed above \$1,000 and medical supply services reimbursed above \$500 require prepayment authorization. A unit of service is an item and quantity as prescribed by the physician.

The Department does not pay for:

- (1) Disposable medical supplies usually included with the office visit;
- (2) Completion of forms and reports;
- (3) Services which are provided to the general public at no charge; or
- (4) Fitting, dispensing, or follow-up care.

State-developed fee schedule rates are in effect as of July 1, 2012 and are the same for both governmental and private individual practitioners and are published on the DHMH website using the link provided:

<http://mmcp.dhmh.maryland.gov/communitysupport/SitePages/approvedlist.aspx>

Oxygen and Related Respiratory Equipment

Payment for oxygen and respiratory equipment includes: equipment delivery, set up, training for use in the home, and data downloads. A unit of service is an item and quantity as prescribed by the physician.

Oxygen and related respiratory equipment services reimbursed above \$1,000 and oxygen and respiratory supplies reimbursed above \$500 require prepayment authorization.

The Department does not pay for:

- (1) Completion of forms and reports;
- (2) Services which are provided to the general public at no charge; or
- (3) Fitting, dispensing, or follow-up care.

State-developed fee schedule rates are in effect as of July 1, 2012 and are the same for both governmental and private individual practitioners and are published on the DHMH website using the link provided:

<http://mmcp.dhmh.maryland.gov/communitysupport/SitePages/approvedlist.aspx>

TN #12-02 Approval Date NOV 30 2012 Effective Date JAN 01 2012  
Supersedes TN # New

STATE PLAN FOR MEDICAL ASSISTANCE  
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Attachment 3.1A Item 12D: Eyeglasses

State-developed fee schedule rates are effective as of January 1, 2011 and are the same for both governmental and private individual practitioners and are published on the DHMH website using the link provided:

<http://mmcp.dhmh.maryland.gov/SitePages/Provider%20Information.aspx>

Select the most recent year's link i.e.:

<http://mmcp.dhmh.maryland.gov/docs/vision%20manual2010.pdf>

The Department does not pay for:

- (1) Eyeglasses, ophthalmic lenses, optical aids, and optician services rendered to recipients 21 years old and older;
- (2) Repairs, except when repairs to eyeglasses are more cost-effective than replacing with new eyeglasses; or
- (3) Routine adjustment.

STATE PLAN FOR MEDICAL ASSISTANCE  
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3. Other Lab and x-ray Services: Laboratory Services

In accordance with CFR § 440.30, laboratory services means a professional and technical laboratory service.

State-developed fee schedule rates are effective as of January 1, 2012 and are the same for both governmental and private individual practitioners and are published on the DHMH website using the link provided:

<http://mmcp.dhmh.maryland.gov/SitePages/Provider%20Information.aspx>

Select the most recent year's link i.e.:

<http://mmcp.dhmh.maryland.gov/docs/Copy-of-2011-lab-fee-schedule-with-G-codes.pdf>

The Department does not pay for:

- (1) Services for which the medical laboratory provider cannot supply a properly completed order or standing order identifying the authorized ordering practitioner;
- (2) Services not adequately documented in the recipient's medical records;
- (3) Services denied by Medicare as not medically necessary;
- (4) Clinical laboratory services, for which certification by CMS under CLIA is required, when these services are performed by laboratories that are not certified to perform those services;
- (5) Procedures that are investigational or experimental in nature;
- (6) Services included by the Program as part of the charge made by an inpatient facility, hospital outpatient department, freestanding clinic, or other Program-recognized entity;
- (7) Medical laboratory services related to autopsies; or
- (8) Medical laboratory services for which there was insufficient quantity of specimen, improper specimen handling, or other circumstances that would render the results unreliable.

STATE PLAN FOR MEDICAL ASSISTANCE  
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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3. Other Lab and x-ray Services: X-ray Services

In accordance with CFR § 440.30 X-ray services means a professional and technical radiological service.

State-developed fee schedule rates are effective as of January 1, 2012 and are the same for both governmental and private individual practitioners and are published on the DHMH website using the link provided:

<http://mmcp.dhmh.maryland.gov/SitePages/Provider%20Information.aspx>

select the most recent year's link i.e.:

[http://mmcp.dhmh.maryland.gov/docs/Physicians\\_FeeSchedule\\_2011\\_2.pdf](http://mmcp.dhmh.maryland.gov/docs/Physicians_FeeSchedule_2011_2.pdf)

The Department does not pay for:

- (1) Services not medically necessary;
- (2) Investigational and experimental drugs and procedures;
- (3) Services denied by Medicare as not medically necessary; or
- (4) Services which do not involve direct patient contact (face-to-face).

TN # 12-02 Approval Date NOV 30 2012 Effective Date JAN 01 2012  
Supersedes TN # New

STATE PLAN FOR MEDICAL ASSISTANCE  
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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❖ Local Health Departments and General Clinics

Physicians are reimbursed based on the current fee schedule which is effective for Local Health Department as of January 1, 2012 and for the General Clinics the effective date is January 1, 1993. A unit of service is a visit or procedure as defined in the American Medical Association Current Procedural Terminology (AMA CPT). The State-developed fee schedule rates are the same for both governmental and private individual practitioners and are published on the DHMH website using the link provided:

<http://mmcp.dhmh.maryland.gov/SitePages/Provider%20Information.aspx>

The current fee schedule is located by selecting the link for the Physicians Fee Schedule for the most recent year as in the example below:

[http://mmcp.dhmh.maryland.gov/docs/Physicians\\_FeeSchedule\\_2011\\_2.pdf](http://mmcp.dhmh.maryland.gov/docs/Physicians_FeeSchedule_2011_2.pdf)

The Department does not pay for:

- (1) Any services identified by the Department as not medically necessary or not covered;
- (2) Investigational and experimental drugs and procedures;
- (3) Services denied by Medicare as not medically necessary;
- (4) Visits solely for the purpose of one or more of the following:
  - a. prescription, drug or supply pick-up, or collection of laboratory specimens;
  - b. ascertaining the patient's weight; or
  - c. measurement of blood pressure
- (5) Injections and visits solely for the administration of injections;
- (6) Immunizations required for travel outside the Continental U.S.;
- (7) Visits solely for group or individual health education;
- (8) Separate billing for services which are included as part of another service; or
- (9) Separate reimbursement to a physician for services provided in a clinic in addition to the clinic reimbursement.

STATE PLAN FOR MEDICAL ASSISTANCE  
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❖ Outpatient Methadone Treatment Centers

State-developed fee schedule rates are the same for both governmental and private individual practitioners and are published on the DHMH website link provided below:

<http://mmcp.dhmh.maryland.gov/healthchoice/SitePages/HealthChoice%20Substance%20Abuse%20Improvement%20Initiative.aspx>

The State pays a facility fee rate per unit of service. The rate covers all services rendered by the Outpatient Methadone Treatment Center per week. The current fee schedule is effective as of January 1, 2012 and is located on the website by selecting the link for the Substance Abuse Fee-Schedule for the most recent year as in the example below:

<http://mmcp.dhmh.maryland.gov/docs/SA-Fee-Schedule-1.2010.pdf>

The Department does not pay for:

- (1) Any services identified by the Department as not medically necessary or not covered;
- (2) Investigational and experimental drugs and procedures;
- (3) Visits solely for the purpose of one or more of the following:
  - a. prescription, drug or supply pick-up, or collection of laboratory specimens;
  - b. ascertaining the patient's weight; and
  - c. measurement of blood pressure;
- (4) Separate billing for services which are included as part of another service;
- (5) Separate reimbursement to a physician for services provided in a clinic in addition to the clinic reimbursement; or
- (6) Intensive Outpatient (IOP), individual and group substance abuse counseling services provided in the same week during the time an individual is receiving methadone services.

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

❖ Family Planning Clinics

State-developed fee schedule rates are the same for both governmental and private individual practitioners and are published on the DHMH website using the link provided below:

<http://mmcp.dhmh.maryland.gov/SitePages/Provider%20Information.aspx>

Physicians are reimbursed based on the current fee schedule which is effective as of January 1, 2012. A unit of service is a visit or procedure as defined in the American Medical Association Current Procedural Terminology (AMA CPT). The fee schedule is located by selecting the link for the Physicians Fee Schedule for the most recent year as in the example below:

[http://mmcp.dhmh.maryland.gov/docs/Physicians\\_FeeSchedule\\_2011\\_2.pdf](http://mmcp.dhmh.maryland.gov/docs/Physicians_FeeSchedule_2011_2.pdf)

The Department does not pay for:

- (1) Any services identified by the Department as not medically necessary or not covered;
- (2) Investigational and experimental drugs and procedures;
- (3) Services denied by Medicare as not medically necessary;
- (4) Visits solely for the purpose of one or more of the following:
  - a. prescription, drug or supply pick-up, or collection of laboratory specimens;
  - b. ascertaining the patient's weight; and
  - c. measurement of blood pressure;
- (5) Injections and visits solely for the administration of injections;
- (6) Immunizations required for travel outside the Continental U.S.;
- (7) Visits solely for group or individual health education;
- (8) Separate billing for services which are included as part of another service; or
- (9) Separate reimbursement to a physician for services provided in a clinic in addition to the clinic reimbursement.



STATE PLAN FOR MEDICAL ASSISTANCE  
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❖ Outpatient Mental Health Clinics

- The Mental Hygiene Administration (MHA) reimburses Outpatient Mental Health Centers (OMHCs) for outpatient therapeutic treatment services on a per session basis. Sessions are delivered in units of time ranging from 20 minutes to 80 minutes. OMHCs may also be reimbursed for psychological testing and interpretation of test results. OMHC staff must include staff from two different licensed mental health professional classes, which include: psychiatrists, licensed doctoral psychologists, nurse psychotherapists, licensed and certified social workers, licensed and certified professional counselors, and certified nurse practitioners. Services and provider qualifications are limited to those outlined in Attachment 3.1.A page 22 of the Maryland State Plan
- Limitations:
  - All services must be preauthorized by the Mental Hygiene Administration (MHA) or its designee.
  - MHA does not reimburse for outpatient mental health services provided to an individual when the individual is in a hospital, institution for mental disease (IMD), or residential treatment center;
  - MHA does not reimburse a psychologist for more than eight (8) hours of psychological testing per patient per year;
  - MHA does not reimburse services provided by a school health-related service provider that are not included on a child's Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP);
  - MHA does not reimburse for services which do not involve direct, face-to-face patient contact, except as specified in Attachment 3.1.A, page 17-D; and
  - MHA does not cover investigational and experimental drugs, procedures, or therapies.
- Both government and non-government practitioners are reimbursed pursuant to the same fee schedule. OMHCs are paid by CPT or HCPCS codes which are based on Medicare reimbursement. The Agency's rates for OMHC providers are in effect as of January 1, 2012.
- State-developed fee schedule rates are the same for both governmental and private Outpatient Mental Health Clinics and are published at:  
<http://dhmh.maryland.gov/mha/SitePages/infoforconsumers.aspx>

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

❖ Prosthetic Devices

A unit of service is an item and quantity as prescribed by the physician.

The Department does not pay for:

- (1) Items which are investigational or experimental in nature;
- (2) Completion of forms and reports; or
- (3) Services which are provided to the general public at no charge.

State-developed fee schedule rates are effective as of July 1, 2012 and are the same for both governmental and private individual practitioners and are published on the DHMH website using the link provided:

<http://mmcp.dhmh.maryland.gov/communitysupport/SitePages/approvedlist.aspx>

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