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State/Territory Name: Maryland

State Plan Amendment (SPA) #:14-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) 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 # 021820154031

MAR 0 6 2015

Shannon McMahon, Deputy Secretary Health Care Financing Maryland Department of Health and Mental Hygiene 201 West Preston Street, Room 525 Baltimore, MD 21201

Dear Ms. McMahon:

Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 14-013. This SPA updates the State Plan to align with the State's Telemental Health regulations

The effective date for this amendment is October 1, 2014. The CMS 179 form and the Approved State Plan pages are attached.

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

Sincerely /

Francis McCullough Associate Regional Administrator

EPARTMENT OF HEALTH AND HUMAN SERVICES IEALTH CARE FINANCING ADMINISTRATION		FORM APPROVE OMB NO. 0938-01
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 14-013	2. STATE Maryland
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 10/1/2014	
5. TYPE OF PLAN MATERIAL (Check One):		Marte-are particular and a second a second and
□ NEW STATE PLAN □ AMENDMENT TO BE CONSID		ENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM		
6. FEDERAL STATUTE/REGULATION CITATION: N/A	7. FEDERAL BUDGET IMPAC a. FFY 2014: \$ 0	Т:
	b. FFY 2015: \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION
ATTACHMENT:	OR ATTACHMENT <i>(If Applicable)</i> : Attachment 3.1A Pages 17C, 17D & 17E Att. 4.19 page 6A	
Attachment 3.1A Pages 17C, 17D & 17E Att. 4.19B page 6A		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAI SIGNATURE OF STATE ACENOX OFFICIAL:		ICULOF
12. SIGNATURE OF STATE AGENCY OFFICIAL: /S/	 16. RETURN TO: Susan J. Tucker, Executive Director OHS – DHMH 201 W. Preston St., 1st floor Baltimore, MD 21201 	
13. TYPED NAME: Charles Lehman		
14. TITLE: Acting Deputy Secretary, Office of Health Care Financing		
IS. DATE SUBMITTED:		
FOR REGIONAL O		
7. DATE RECEIVED: 12/19/14	18. DATE APPROVEMAR 0 62	2015
PLAN APPROVED – O 9. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2014	20. SIGNARURE OF BEGIONAL	EPICIAL:
21. TYPED NAME: FRANCIS T. McCULLOUGH	/S/ 22. PITLB: ASSOCIATE REGIONAL ADMINISTE	ATOR, DMCHO
23. REMARKS:		
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STATE PLAN FOR MEDICAL ASSISTANCE UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

LIMITATIONS PROGRAM 2. Cosmetic surgery - Preauthorization 5. Physicians' services whether furnished will determine whether there is in the office, the patient's home, a medical documentation that the hospital, a skilled nursing facility or physical anomaly being addressed by elsewhere. the surgery represents a significant deviation from the normal state and affects the patient's health to a degree that it impairs his or her ability to function in society; 3. Consultations provided by physicians specializing in radiology or pathology; 4. Lipectomy and panniculectomy -Preauthorization will determine whether there is an abnormal amount of redundant skin and subcutaneous tissue which is causing significant health problems for the patient; 5. Transplantation of vital organs; Surgical procedures for the treatment 6. of morbid obesity; and 7. Elective services from a noncontiguous state. 8. Telemental Health Services – Services for telemental health services are subject to identical preauthorization requirements as face-to-face services. An individual is eligible for services through the public mental health system (PMHS) if the services are preauthorized, if required, by the Administration's administrative services organization (ASO).

STATE OF MARYLAND

TN No. <u>14-013</u> TN No. <u>11-03</u> Approval Date MAR 0 6 2015 Effective Date October 1, 2014

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

STATE OF MARYLAND

PROGRAM	LIMITATIONS
5. Physicians' services whether furnished in the office, the	E. Certain surgical procedures identified under "Inpatient Services" (Attachment 3.1A page 12B number 11) must be preauthorized when performed on a hospital inpatient basis unless:
patient's home, a hospital, a skilled nursing facility or elsewhere.	1. The patient is already a hospital inpatient for a medically necessary condition unrelated to the surgical procedure requiring preauthorization,
	or
	2. An unrelated procedure which requires hospitalization is being performed simultaneously.
	F. Telemental health provides psychiatric consultation, evaluation, and ongoing treatment to eligible individuals via telemental health (TMH) technologies. TMH improves access, capacity and choice for eligible individuals to pursue ongoing psychiatric treatment. Telemental Health service delivery requires the following provisions to be met:
	 Providers must: be a Maryland-licensed psychiatrist or a Maryland-licensed psychiatric nurse practitioner and have a Medicaid provider number or be practicing in an Outpatient Mental Health Clinic (OMHC) or Federally Qualified Health Center (FQHC).
	b. submit an application to MHA that describes how the originating site and distant site will comply with the regulations including any and all contractual relationships and billing procedures for this service.
	2. Telemental health must be delivered via a live interactive audiovisual communication video method limited to a telehealth health originating site that is an OMHC or FQHC that provides live, audiovisual communication between the provider and client.

TN No. <u>14-013</u> Supercedes TN No. <u>11-03</u> Approval Date: MAR 0 6 2015 Effective Date: October 1, 2014

Attachment 3.1-A Page 17-E

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

STATE OF MARYLAND

	· · · · ·
3.	The telemental health originating site and the distant site may be located anywhere within the State of Maryland.
4.	Telemental health services will be billed to Medicaid in the same way as face-to-face mental health services are billed except that the distant site psychiatrist will add the "GT" modifier to the mental health procedure code indicating the delivery mode (Telehealth).
5.	Telemental health services are limited to individual psychotherapy, pharmacologic management, and a psychiatric diagnostic interview examination provided by a distant site psychiatrist.
6.	The originating site may bill only for a licensed mental health professional "telepresenter" if the distant site psychiatrist documents in the individual's medical record the medical necessity for the direct face-to-face participation of the telepresenter.
7.	The originating site will bill Medicaid using the Q3014 facility fee code.
8.	All preauthorization requirements for mental health services must be met before engaging in the provision of telemental health services.

TN No. <u>14-013</u> Supercedes TN No. <u>11-03</u> Approval Date: MAR 0 6 2015 Effective Date: October 1, 2014

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

5A. Reimbursement for Telemental Health Services:

5A-a. Reimbursement for Telemental health services delivered in accordance with services described in Attachment 3.1-A pages 17C through 17E as distant site practitioners, including physicians, are paid using the Physician Fee Schedule and Maryland's Behavioral Health Provider, ValueOptions:

dhmh.maryland.gov/providerinfo

The agency's fee schedule rate was set as of October 1, 2014 and is effective for services provided on or after that date. Except as otherwise noted in the Plan, State developed fee schedule rates are the same for both governmental and private individual practitioners.

- 5A-b. Reimbursement for Telemental Health is limited to individual psychotherapy, pharmacologic management, and a psychiatric diagnostic interview examination. These services are provided in increments of 20-30 or 45-50 minutes. The unit of service is the same for the distant site and the originating site.
- 5A-c. Services for Telemental Health must be provided by a Maryland-licensed psychiatrist or a Maryland-licensed psychiatric nurse practitioner.
- 5A-d. The distant site psychiatrist will bill using an allowable billing code with the GT ("telehealth service") modifier. The physician and originating site fee may be located through the link referenced in 5A-a.

5A-e. Originating or Spoke Site or Location of Medicaid Recipient:

- e-i. The originating site must be an OMHC or an FQHC.
- e-ii. The originating site will bill using the HCPCS Level II code Q3014, telemedicine facility fee."
- e-ii. The originating site may only be reimbursed for the services of a licensed independent practitioner if the distant site psychiatrist documents in the individual's medical record the medical necessity for the direct face to face participation of the telepresenter at each session. Only when the medical necessity has been determined and documented may the telepresenter bill the applicable CPT code for the service rendered.

TN <u>14-013</u> Approval Date MAR 0 6 2015 Supersedes TN <u>11-03</u>

Effective Date October 1, 2014