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**State/Territory Name: Maryland**

**State Plan Amendment (SPA) #: 15-0012**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 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 # 102620154041

NOV 02 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 15-0012. This SPA is in response to the companion letter issued with SPA 15-0004 requiring the State to update Ambulatory Surgical Center 4.19B page 31 and 38.

The effective date for this amendment is July 1, 2015. 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,

/s/

A handwritten signature in black ink, appearing to be the initials "M" or "MM", written in a cursive style.

Francis McCullough  
Associate Regional Administrator

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 15-0012	2. STATE Maryland
<b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		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 July 1, 2015	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: N/A		7. FEDERAL BUDGET IMPACT: a. FFY 2015: \$ 0 b. FFY 2016: \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 4.19B page 38 (AMEND) Att. 4.19B page 31 (AMEND) <b>ATT. 4.19B page 32 (AMEND)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att. 4.19B page 38 Att. 4.19B page 31 <b>ATT. 4.19B page 32</b>	
10. SUBJECT OF AMENDMENT: In response to 15-0004 Companion Letter, Maryland clarifies language on Ambulatory Surgical Center and Clinic pages that the State pays for dental services using the dental fee schedule.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED    Susan J. Tucker, Executive Director <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL    Office of Health Services			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>/S/</i>		16. RETURN TO: Susan J. Tucker, Executive Director OHS - DHMH 201 W. Preston St., 1 <sup>st</sup> floor Baltimore, MD 21201	
13. TYPED NAME: Shannon McMahon			
14. TITLE: Deputy Secretary, Office of Health Care Financing			
15. DATE SUBMITTED: 08/20/2015			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 08/20/2015		18. DATE APPROVED: NOV 02 2015	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/2015		20. SIGNATURE OF REGIONAL OFFICIAL: <i>/S/</i>	
21. TYPED NAME: <b>FRANCIS T. MCCULLOUGH</b>		22. TITLE: <b>ASSOCIATE REGIONAL ADMINISTRATOR, DMCHO</b>	
23. REMARKS: <b>PER THE REQUEST OF MEDICAID OFFICIALS, PEN AND INK CHANGES WERE MADE TO BOXES 8 &amp; 9 TO ADD ATTACHMENT 4.19B PAGE 32</b>			

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

STATE OF MARYLAND

**Ambulatory Surgery Rates**

A) Reimbursement Methodology:

- (1) Reimbursement fees equal 80 percent of the Medicare-approved ASC facility fee for services other than dental services furnished to Medicaid recipients in connection with covered surgical procedures.
- (2) The facility fee for dental services performed in a Medicare-approved ASC is reimbursed in accordance with the fee schedule published on the Agency's website at: [dhmh.maryland.gov/providerinfo](http://dhmh.maryland.gov/providerinfo).
- (3) If one covered surgical procedure is furnished to a recipient, payment is at the Maryland Medicaid Program payment amount which is 80 percent of the Medicare approved facility fee for that procedure.
- (4) If more than one covered surgical procedure is provided to a recipient in a single operative session, payment is made at 100 percent of the Maryland Medicaid Program payment amount for the procedure with the highest reimbursement rate. Other covered surgical procedures furnished in the same session are reimbursed at 50 percent of the Maryland Medicaid Program payment amount for each of those procedures.
- (5) When a covered surgical procedure is terminated before the completion due to extenuating circumstances or circumstances that threaten the well-being of the patient, the Medicaid Program payment amount is based on one of the following:
  - a. If the procedure for which the anesthesia is planned is discontinued after the induction of anesthesia or after the procedure is started; the reimbursement amount is 80 percent of the Medicare approved facility fee;
  - b. If the procedure for which anesthesia is planned is discontinued after the patient is prepared for surgery and taken to the room where the procedure is to be performed, but before the anesthesia is induced; the reimbursement amount is 50 percent of the Medicare approved facility fee; or
  - c. If a covered surgical procedure for which anesthesia was not planned is discontinued after the patient is prepared for surgery and taken to the room where the procedure is to be performed; the reimbursement is 50 percent of the Medicare approved facility fee.
- (6) Practitioners bill directly for services in accordance with the Physicians Fee Schedule (Att. 4.19B page 5) and the Dental Fee Schedule (Att. 4.19B page 13). Links to these fee schedules may be found at: [dhmh.maryland.gov/providerinfo](http://dhmh.maryland.gov/providerinfo)

B) Reimbursement by the Program is for facility services provided by a free-standing ambulatory surgical center in connection with covered surgical procedures, include but are not limited to:

- (1) Nursing, technician, and related services;
- (2) Use of the facility;

STATE PLAN FOR MEDICAL ASSISTANCE  
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- (3) Drugs, biologicals, surgical dressings, supplies, splints, casts, and appliances, and any equipment directly related to the provision of surgical procedures;
  - (4) Administrative costs;
  - (5) Materials including supplies and equipment for the administration and monitoring of anesthesia;
  - (6) Radiology services for which separate payment is not allowed and other diagnostic tests or interpretive services that are integral to a surgical procedure;
  - (7) Supervision of the services of a nurse anesthetist by the operating surgeon; and
  - (8) Ancillary items and services that are integral to a covered surgical procedure as defined in 42 CFR §416.166.
- C) The Program may not bill for:
- (1) Completion of forms and reports;
  - (2) Broken or missed appointments;
  - (3) Professional services rendered by mail or telephone;
  - (4) Services which are provided at no charge to the general public;
  - (5) Direct payment to a recipient; and
  - (6) Separate direct payment to any person employed by or under contract to any free-standing Medicare-certified ambulatory surgical center facility for services covered under this regulation.
- D) The Program shall authorize payment on Medicare claims only if:
- (1) The provider accepts Medicare assignment; and
  - (2) Medicare makes direct payment to the provider.
- E) The Department pays 100% of Medicare deductibles and co-insurance and services not covered by Medicare, but considered medically necessary by the Program, according to the limitations of Regulation .04C of this chapter.
- F) Recovery and reimbursement under this chapter are set forth in COMAR 10.09.36.07.

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

Practitioners are reimbursed based on the current fee schedule which is effective for Local Health Departments as of July 1, 2015. A unit of service is a visit or procedure as defined in the American Medical Association Current Procedural Terminology (AMA CPT). In addition, the State will pay the federally calculated VFC vaccine administration charge. The State-developed fee schedule rates are the same for both governmental and private individual practitioners and are published on the Agency's website at:

[dhmh.maryland.gov/providerinfo](http://dhmh.maryland.gov/providerinfo)

The current fee schedule is located by selecting the link for the Physicians Fee Schedule for the most recent year posted.

Dentists are reimbursed according to the dental fee schedule referenced on Att. 4.19B page 13.

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; or
  - c. Measurement of blood pressure.
- (4) Injections and visits solely for the administration of injections;
- (5) Immunizations required for travel outside the Continental U.S.;
- (6) Visits solely for group or individual health education
- (7) Separate billing for services which are included as part of another service; or
- (8) Separate reimbursement to a physician for services provided in a clinic in addition to the clinic reimbursement.