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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 15-0014

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 # 092220154025

DEC 03 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 15-0014. This SPA updates Maryland's State Plan to increase the reimbursement rate for Evaluation and Management fees from 87 percent to 92 percent of Medicare fees.

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/

/ Francis McCullough /
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-0014	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 July 1, 2015	
5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT <input checked="" type="checkbox"/> 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: \$ 5,730,952.00 b. FFY 2016: \$ 17,192,857.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 4.19B pg 5, 7, 9, 10 (AMEND), 12		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att. 4.19B pg 5, 7, 9, 10, 12	
10. SUBJECT OF AMENDMENT: To update physician reimbursement rate to coordinate with Governor Hogan's approved Maryland Fiscal Year 2016 rate increase for Evaluation and Management (E&M) rates effective July 1, 2015.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Susan J. Tucker, Executive Director Office of Health Services			
12. SIGNATURE OF STATE AGENCY OFFICIAL: /S/		16. RETURN TO: Susan J. Tucker, Executive Director OHS - DHMH 201 W. Preston St., 1 st floor Baltimore, MD 21201	
13. TYPED NAME: Shannon McMahon			
14. TITLE: Deputy Secretary, Office of Health Care Financing			
15. DATE SUBMITTED: 09/21/2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 09/21/2015		18. DATE APPROVED: DEC 03 2015	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2015		20. SIGNATURE OF REGIONAL OFFICIAL: /S/	
21. TYPED NAME: FRANCIS T. MCCULLOUGH		22. TITLE: Associate Regional Administrator, DMCHO	
23. REMARKS: Per the request of Medicaid Officials, pen and ink changes were made to boxes, 8 & 9 to reflect the addition of 4.19B page 12.			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Physician and Osteopath Rates

- 5.a All providers described in 5.b, 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. For dates of service between January 1, 2013 and December 30, 2014, provider rates for covered Evaluation and Management (E&M) procedure codes within the range of 99201-99499 were set at 100% using rates from the March 2013 Deloitte release, an agency contracted by CMS to determine the rates.
- 5.b The Agency's rates for professional services rendered by a physician or osteopath were set as of 7/1/15 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. The average Maryland Medicaid payment rate is approximately 88% of 2015 Medicare fees. All rates are published on the Agency's website accessed by the following link and selecting the most recent year:
dhmh.maryland.gov/providerinfo
- 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/>

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 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. For dates of service between January 1, 2013 and December 30, 2014, provider rates for covered Evaluation and Management (E&M) procedure codes within the range of 99201-99499 were set at 100% using rates from the March 2013 Deloitte release, an agency contracted by CMS to determine the rates.
- 6.b The Agency's rates for professional services rendered by nurse practitioners and nurse anesthetists were set as of 7/1/15 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. The average Maryland Medicaid payment rate is approximately 88 percent of Medicare 2015 fees. All rates are published on the Agency's website at: dhmh.maryland.gov/providerinfo
- 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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Certified Nurse Mid-wife Rates

- 7.a 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. For dates of service between January 1, 2013 and December 30, 2014, provider rates for covered Evaluation and Management (E&M) procedure codes within the range of 99201-99499 were set at 100% using rates from the March 2013 Deloitte release, an agency contracted by CMS to determine the rates.
- 7.b The Agency's rates for professional services rendered by a certified mid-wife were set as of 7/1/15 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. The average Maryland Medicaid payment rate is approximately 88 percent of Medicare 2015 fees. All rates are published on the Agency's website at:
dhmh.maryland.gov/providerinfo
- 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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland**Podiatrist Rates**

- 8.a 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. For dates of service between January 1, 2013 and December 30, 2014, provider rates for covered Evaluation and Management (E&M) procedure codes within the range of 99201-99499 were set at 100% using rates from the March 2013 Deloitte release, an agency contracted by CMS to determine the rates.
- 8.b The Agency's rates for professional services rendered by a podiatrist were set as of 7/1/15 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. The average Maryland Medicaid payment rate is approximately 88 percent of Medicare 2015 fees. All rates are published on the Agency's website at:
dhmh.maryland.gov/providerinfo
- 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.

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 7/1/15 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 88 percent of Medicare 2015 fees. All rates are published on the Agency's website at:
dhmh.maryland.gov/providerinfo
- 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.