



STATE OF MARYLAND

**DHMH**

PT 21-2K

**Maryland Department of Health and Mental Hygiene**  
201 W. Preston Street • Baltimore, Maryland 21201

Parris N. Glendening, Governor - Georges C. Benjamin, M.D., Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM**

**Hospital Transmittal No. 173**

April 24, 2000

**TO:** Hospital Administrators

**FROM:** Joseph M. Millstone, Executive Director *JMM*  
Office of Health Services

**NOTE:** Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal

**RE:** Emergency and Proposed Amendments to Hospital Services Regulations

**ACTION:**  
Emergency Regulations  
Proposed Regulations

**EFFECTIVE DATE:**  
February 2, 2000

**PROGRAM CONTACT PERSON:**  
Katherine Tvaronas (410) 767-1478

The Maryland Medical Assistance Program proposed amendments to Regulations .01, .04, .05, .08, and .10 under COMAR 10.09.06 Hospital Services. These amendments became effective on an emergency basis February 2, 2000.

The purpose of this action is to provide reimbursement to hospital outpatient physical therapy, occupational therapy, speech therapy and audiology services providers for children (under age 21) enrolled in Managed Care Organizations in the HealthChoice Program.

These regulations also: (1) remove the requirement for second surgical opinion; (2) clarify regulations regarding physician order entry systems for out of state providers; and (3) correct a reference error.

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Web Site: [www.dhmv.state.md.us](http://www.dhmv.state.md.us)

**THERAPY SERVICES**

The Program will reimburse the following outpatient revenue codes:

PT:	420, 421, 422, 423, 424, 429
OT:	430, 431, 432, 433, 434, 439
Speech:	440, 441, 442, 443, 444, 449
Aud:	470, 471, 472, 479

Preauthorization is not required for services however, the "Therapy Services Plan of Care for Children" form shall be completed and shared with the primary care provider at the onset of therapy. Copies of this form shall be in both the primary care provider's (PCP) medical record and the providers medical record. A quarterly update on the child's plan of care shared with the PCP is requested. Post payment reviews may be made to assure compliance with this protocol.

Home health and off-campus services provided by a hospital or home health agency must be billed on a HCFA 1500 and may not be billed on a UB-92 at Health Services Cost Review Commission rates.

Hospital based audiology programs must enroll as an EPSDT Audiology Service provider and observe the regulations in COMAR 10.09.51, but can bill on the UB-92 at Health Services Cost Review Commission rates on the hospitals Medical Assistance provider number. Hearing aids require preauthorization.

~~Line at a point on the north shore of Nanjemoy Creek at Lat. 38°27'13.8"N., Long. 77°09'7"W., and running 166° True to a point on the south shore of Nanjemoy Creek at Lat. 38°27'11.4"N., Long. 77°09'6.2"W. This area has a 6-knot (6.9 MPH) speed limit all year.~~

~~H. The upper Nanjemoy Creek encompasses the area beginning at a point on the north shore of Nanjemoy Creek at Lat. 38°27'13.8" N., Long. 77°09'7" W., a line running 166° True to the south shore of Nanjemoy Creek at Lat. 38°27'11.4"N., Long. 77°09'6.2" W. and running to the head of the creek. This area has a 25-knot (28.8 MPH) speed limit all year.~~

SARAH J. TAYLOR-ROGERS, PH.D.  
Secretary of Natural Resources

**Title 10  
DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE**

**Subtitle 09 MEDICAL CARE PROGRAMS  
10.09.06 Hospital Services**

Authority: Health-General Article, §§2-104(b), 15-103, and 15-105,  
Annotated Code of Maryland

**Notice of Proposed Action**  
(00-066-P)

The Secretary of Health and Mental Hygiene proposes to amend Regulations .01, .04, .05, .08, and .10 under COMAR 10.09.06 Hospital Services.

**Statement of Purpose**

The purpose of this action is to provide standards under which outpatient hospitals will provide physical therapy, occupational therapy, speech therapy, and audiology services to children (under age 21) enrolled in managed care organizations in the HealthChoice Program.

These regulations also: (1) remove the requirements for a second surgical opinion; (2) clarify the regulation regarding physician order entry system for out-of-State providers; and (3) correct a reference error.

**Comparison to Federal Standards**

There is no corresponding federal standard to this proposed regulation.

**Estimate of Economic Impact**

The proposed action has no economic impact.

**Economic Impact on Small Businesses**

The proposed action has minimal or no economic impact on small businesses.

**Opportunity for Public Comment**

Comments on the proposed action may be sent to Michele Phinney, Regulations Coordinator, Department of Health and Mental Hygiene, Room 521, 201 West Preston Street, Baltimore, Maryland 21201, or fax to (410) 333-7867, or call (410) 767-6499. These comments must be received by March 27, 2000.

**.01 Definitions.**

- A. (text unchanged)
- B. Terms Defined.

- (1) — (29) (text unchanged)
- (29-1) "Plan of treatment" means a written plan, developed by a therapist to address the referred problem or problems which includes:
  - (a) Diagnosis;
  - (b) Treatment goals;
  - (c) Frequency of visits for each type of service ordered;
  - (d) Duration of treatment of each type of service ordered;
  - (e) Prognosis; and
  - (f) Other appropriate items.

- (30) — (31) (text unchanged)
- (31-1) "Primary care provider (PCP)" means a practitioner who is the primary coordinator of care for the enrollee, and whose responsibility it is to provide accessible, continuous, comprehensive, and coordinated health care services covering the full range of benefits required by the Maryland Medicaid Managed Care Program, as specified in COMAR 10.09.67.

(32) — (39) (text unchanged)

[(40)] "Second surgical opinion" means an independent surgical opinion obtained from a physician before the performance of a surgical procedure previously recommended by another physician.]

- [(41)] (40) — [(47)] (46) (text unchanged)

**.04 Covered Services.**

The Program covers the following services:

- A. (text unchanged)
- B. Outpatient hospital services:
  - (1) — (5) (text unchanged)
  - (6) For recipients younger than 21 years old, physical therapy, occupational therapy, speech therapy, and audiology services if:
    - (a) The therapy provider develops a written plan of treatment in collaboration with the PCP and the recipient or the parent or guardian of the recipient;
    - (b) The therapy service is provided according to the plan of treatment; and
    - (c) The provider of therapy services sends an update of the plan of treatment to the PCP every 90 days.

**.05 Limitations.**

- A. (text unchanged)
- B. The Program does not cover:
  - (1) — (36) (text unchanged)
  - [(37)] The admission and all related hospital inpatient services for the following elective surgical procedures when performed on a non-emergency inpatient basis, unless a second surgical opinion has been obtained from another physician, or the Program or its designee has waived the requirement for a second surgical opinion:
    - (a) Cholecystectomy;
    - (b) Hysterectomy;
    - (c) Transurethral prostatectomy;
    - (d) Laminectomy;
    - (e) Diskectomy;
    - (f) Spinal fusion;
    - (g) Coronary artery bypass;
    - (h) Arthroplasty; and
    - (i) Elective Cesarean section;]

[(38)] (37) — [(40)] (39) (text unchanged)

**.08 Physician Order Entry System.**

- A. (text unchanged)
- B. To obtain approval of a physician order entry system, a hospital shall submit a written statement signed by the chief executive officer or designee certifying that the physician order entry system:
  - (1) — (8) (text unchanged)
  - (9) Conforms with all applicable Medicare and Joint Commission on Accreditation of Healthcare Organizations requirements governing electronic patient records and authentications; [and] or
  - (10) (text unchanged)
- C. — G. (text unchanged)

**.10 Billing and Reimbursement Principles.**

- A. — K. (text unchanged)
- L. Payment on Medicare claims is made subject to the following provisions:
  - (1) (text unchanged)
  - (2) Services not covered by Medicare, but by the Program, if medically justified according to [§H] §K of this regulation.
- M. — Q. (text unchanged)

GEORGES C. BENJAMIN, M.D.  
Secretary of Health and Mental Hygiene

**Subtitle 21 MENTAL HYGIENE REGULATIONS**

**10.21.25 Fee Schedule — Mental Health Services — Community-Based Programs and Individual Practitioners**

Authority: Health-General Article, §§15-103 and 15-105; Title 16, Subtitles 1 and 2; Annotated Code of Maryland

**Notice of Proposed Action**  
(00-069-P)

The Secretary of Health and Mental Hygiene proposes to amend Regulations .01, .02, and .04 — .13 under COMAR 10.21.25 Fee Schedule — Mental Health Services — Community-Based Programs and Individual Practitioners.

**Statement of Purpose**

The purpose of this action is to increase selected reimbursement rates to providers and to add additional services for which a provider may be reimbursed.

**Comparison to Federal Standards**

There is no corresponding federal standard to this proposed regulation.

**Estimate of Economic Impact**

**I. Summary of Economic Impact.** Under this proposal, the reimbursement rates for most clinical programs will be increased. Providers will benefit from this action by reaping increased revenues, which will enable them to maintain quality of care and create the opportunity to expand service availability. Consumers will benefit through increased availability of services, wider choice of providers, and better accessibility.

**II. Types of Economic Impacts.**

	Revenue (R+/R-) Expenditure (E+/E-)	Magnitude
A. On issuing agency:		
(1) Mental Hygiene Administration	(E+)	\$11,198,110
(2) (Federal funds participation)	(R+)	\$4,159,793
B. On other State agencies:	NONE	
C. On local governments:	NONE	
	Benefit (+) Cost (-)	Magnitude
D. On regulated industries or trade groups:	(+)	\$11,198,110
E. On other industries or trade groups:	NONE	
F. Direct and indirect effects on public:	NONE	

**III. Assumptions.** (Identified by Impact Letter and Number from Section II)

A. and D. For Medicaid-reimbursable services, the Department will receive one-half of the fee in federal funds participation, or a total of approximately \$4,159,793.

The projected cost of reimbursing providers at rates higher than those currently in effect as well as reimbursing for additional service categories, assuming a utilization rate that remains consistent with current authorizations, is \$11,198,110, which is within the mental Hygiene Administration FY2000 appropriation. As the result of these reimbursement increases, mental health providers, including both programs and individual practitioners, will increase revenues. The increased costs of various service types are outlined below.

- Case Management Services: 70,133 units of service @ an average increase of \$65 per service = \$1,308,642.
- Clinical Services: 1,014,188 units of service @ an average increase of \$6.36 per service = \$6,475,674.
- Rehabilitation/Support Services: 268,966 units of service @ an average of \$12.69 per service = \$3,413,794.

Total: \$11,198,110.

NOTE: The above figures are not exact because they include a variety of procedure codes.

**Economic Impact on Small Businesses**

The proposed action has minimal or no economic impact on small businesses.

**Opportunity for Public Comment**

Comments on the proposed action may be sent to Michele Phinney, Regulations Coordinator, O'Donor Building, Room 521, 201 West Preston Street, Baltimore, MD 21201, or fax to (410) 333-7487, or call (410) 767-6499. These comments must be received by March 27, 2000. No public hearing has been scheduled.

**.01 Scope.**

- A. — E. (text unchanged)
- [F. From July 1, 1997, to June 30, 1998, a provider that is an outpatient mental health clinic (OMHC) may elect to receive reimbursement at the rate of \$74 per individual per visit, if the OMHC:
  - (1) Provides the appropriate CSA or, for a jurisdiction that does not have a CSA, provides the Administration with a written transition plan that includes a projected date to begin to access reimbursement under the provisions of this chapter; and
  - (2) Receives, from the CSA or the Administration, written approval of the transition plan.

For information concerning Emergency Action on Regulations, see inside front cover.

### Symbol Key

Roman type indicates text existing before emergency status was granted. *Italic type* indicates new text. [Single brackets] indicate deleted text.

### Emergency Regulations

Under State Government Article, §10-111(b), Annotated Code of Maryland, an agency may petition the Joint Standing Committee on Administrative, Executive, and Legislative Review (AELR), asking that the usual procedures for adopting regulations be set aside because emergency conditions exist. If the Committee approves the request, the regulations are given emergency status. Emergency status means that the regulations become effective immediately, or at a later time specified by the Committee. After the Committee has granted emergency status, the regulations are published in the next available issue of the Maryland Register. The approval of emergency status may be subject to one or more conditions, including a time limit. During the time the emergency status is in effect, the agency may adopt the regulations through the usual promulgation process. If the agency chooses not to adopt the regulations, the emergency status expires when the time limit on the emergency regulations ends. When emergency status expires, the text of the regulations reverts to its original language.

## Title 08 DEPARTMENT OF NATURAL RESOURCES

Subtitle 02 TIDEWATER ADMINISTRATION  
08.02.05 Fish

Authority: Natural Resources Article, §4-215,  
Annotated Code of Maryland

### Notice of Emergency Action (00-062-E)

The Joint Committee on Administrative, Executive, and Legislative Review has granted emergency status to amendments to Regulation .07 under COMAR 08.02.05 Fish. **Emergency status began: February 1, 2000. Emergency status expires: July 29, 2000.**

Editor's Note: The text of this document will not be printed here because it appears as a Notice of Proposed Action on page(s) 466 — 468 of this issue, referenced as [00-062-P].

## Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 09 MEDICAL CARE PROGRAMS  
10.09.06 Hospital Services

Authority: Health-General Article, §2-104(b), 15-103, and 15-106,  
Annotated Code of Maryland

### Notice of Emergency Action (00-066-E)

The Joint Committee on Administrative, Executive, and Legislative Review has granted emergency status to amend-

ments to Regulations .01, .04, .05, .08, and .10 under COMAR 10.09.06 Hospital Services. **Emergency status began: February 2, 2000. Emergency status expires: July 31, 2000.**

Editor's Note: The text of this document will not be printed here because it appears as a Notice of Proposed Action on page(s) 469 — 470 of this issue referenced as [00-066-P].

GEORGES C. BENJAMIN, M.D.  
Secretary of Health and Mental Hygiene

Subtitle 21 MENTAL HYGIENE REGULATIONS  
10.21.25 Fee Schedule — Mental Health Services — Community-Based Programs and Individual Practitioners

Authority: Health-General Article, §§15-103 and 15-106;  
Title 16, Subtitles 1 and 2,  
Annotated Code of Maryland

### Notice of Emergency Action (00-069-E)

The Joint Committee on Administrative, Executive, and Legislative Review has granted emergency status to amendments to Regulations .01, .02, and .04 — .13 under COMAR 10.21.25 Fee Schedule — Mental Health Services — Community-Based Programs and Individual Practitioners.

**Emergency status began: March 1, 2000. Emergency status expires: June 30, 2000.**

Editor's Note: The text of this document will not be printed here because it appears as a Notice of Proposed Action on page(s) 470 — 478 of this issue referenced as [00-069-P].

GEORGES C. BENJAMIN, M.D.  
Secretary of Health and Mental Hygiene