



STATE OF MARYLAND

DHMH

Office of Health Services
Medical Care Programs

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
General Provider Transmittal No. 56**

December 14, 2001

General Clinics
Managed Care Organizations
Nurse Anesthetists
Nurse Practitioners
Nurse Midwives
Physicians
Podiatrists

FROM: Susan J. Tucker, Executive Director

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

Proposed Amendments to COMAR 10.09.02 Physicians' Services

ACTION:
Proposed Regulations

EFFECTIVE DATE:

WRITTEN COMMENTS TO:
Michele Phinney
201 W. Preston Street, Room 521
Baltimore, MD 21201
(410) 767-6499 or FAX (410) 333-7687

PROGRAM CONTACT PERSON:
Robert Zielaskiewicz
(410) 767-1481

COMMENT PERIOD EXPIRES: December 17, 2001

The Medical Assistance Program proposes to amend Regulations .01, .04 and .07 under COMAR 10.09.02 Physicians' Services. These amendments revise the Physicians' Services Provider Fee Manual by incorporating Current Procedural Terminology (CPT) 2001, add a definition for the "United States" and allow a certified nurse practitioner or

(Continued on reverse)

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anesthetist employed by a physician to provide services without direct supervision by the physician the same as for a nurse midwife.

In addition, local billing codes (W----) for the Early Periodic Screening, Diagnosis and Treatment Program (EPSDT), Healthy Start Program and nurse mid-wife services have been replaced by appropriate CPT codes in order to comply with the requirements of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

CPT Preventive Medicine codes (99381-99385, 99391-99395) will be used to report a full EPSDT screen and CPT Evaluation and Management codes (99201-99215) will be used to report a partial or follow-up EPSDT screen. A new modifier -EP (EPSDT service) will be appended to the appropriate vaccine code (instead of the modifier -26) to bill for Vaccines for Children (VFC) vaccine administration. The modifier -26 will not be used for billing either VFC vaccine administrations or hospital outpatient visits. The -EP modifier will also be appended to procedure code 90173 to report the service as an EPSDT vision screen.

Preventive medicine codes 99420 and 99401 will be used to bill for a Healthy Start prenatal risk assessment and enriched maternity service (diagnosis V22 or V23), respectively.

Vaginal delivery codes 59410 and 59614 will be used to bill for vaginal deliveries including postpartum care performed in a home or birthing center (place of service 12 or 25). The unlisted maternity care and delivery code 59899 will be used to bill for delivery supplies provided in a home or birthing center (POS 12 or 25).

The Program has used the modifier -50 to report both multiple and bilateral procedures. Since this policy is not in compliance with HIPAA coding requirements the modifier -50 will now be used to report bilateral procedures only and the modifier -"51" will be used to report multiple procedures. The modifier -51 should not be appended to "add-on" codes or those designated as "modifier -51 exempt" in the CPT code book.

Effective for services rendered on or after February 1, 2002, the Program is implementing the changes noted above. The local W-codes will no longer be valid billing codes, the modifier -26 will only be used to report the "professional component" of a procedure as described in CPT, the modifier -50 will only be used to report a bilateral procedure and the modifier -51 will be used to report a multiple procedure. Please ensure that appropriate billing staff are informed of these changes.

The new billing procedures which will take effect on 1/1/02 are not changes to the current physician fee schedule but are changes in coding policy which need to be implemented as soon as possible due to HIPAA.

Any questions regarding this transmittal should be directed to the staff specialist for physicians' services at 410-767-1481 or 1-800-685-5861, extension 1481.

SJT:rz

.02 Engineering Curriculum.

A. An engineering curriculum is a course of study which imparts knowledge of the mathematical and natural sciences and trains an individual to apply that knowledge to developing ways to use the materials and forces of nature for the benefit of mankind. An "engineering curriculum of 4 scholastic years or more" is defined to be both an approved and unapproved college or university engineering and sciences curriculum consisting of at least:

(1) Fifteen semester hours of instruction in mathematics that emphasizes mathematical concepts and principles rather than computation, which shall include differential calculus, integral calculus, and differential equations;

(2) Fifteen semester hours of instruction in basic sciences including general chemistry and general physics with calculus;

(3) Thirty semester hours of instruction in engineering subjects, that includes a course, project, or thesis that focuses upon engineering design; and

(4) (text unchanged)

B. Incorporated in the engineering curriculum as integral elements of instruction shall be:

(1) Hands-on, quantitative laboratory work correlated with the science and design instruction; [and]

(2) For graduation subsequent to 1975; at least one high-level computer language such as FORTRAN [or], PASCAL, C/C++, or MATLAB so that the student is able to compose computer programs to solve problems in science and design; and

(3) Demonstrated familiarity with probability, statistics, and linear algebra.

.03 Engineering Subject Courses.

Engineering subject courses shall be selected from subject areas such as:

A. — E. (text unchanged)

F. [Electronics] *Electrical, electronic, and computer engineering;*

G. *Solid state physics, nuclear physics, and quantum optics;*

H. *Physical chemistry, inorganic, and organic chemistry;*

I. — K. (text unchanged)

L. *Transient analysis and feedback control theory; [or]*

M. *Engineering design[.];*

N. *Fluid mechanics, hydraulics, and gas dynamics,*

O. *Civil and structural engineering;*

P. *Sanitary and environmental engineering;*

Q. *Computer science, other than computer programming skills;*

R. *Biochemistry, biophysics, and biomechanics,*

S. *Geochemistry and geophysics;*

T. *Engineering economics; or*

U. *Other subject areas acceptable to the Board.*

[.06] .05 Burden of Persuasion.

The applicant shall:

A. (text unchanged)

B. Submit a university circular [or], official college catalog which includes, as a minimum, brief course descriptions of the courses identified in the student academic transcript, or an independent evaluation satisfactory to the Board. When the evidence submitted by the applicant does not appear to the Board to qualify the curriculum as an engineering curriculum, the Board may require the applicant to submit further evidence.

.06 Approved and Unapproved Curricula.

The Board considers an applicant's curriculum to be an approved curriculum if the applicant is:

A. A graduate of a bachelor's degree program in a branch of engineering for which the college or university has met the basic-level criteria of the Engineering Accreditation Commission (EAC) of the Accreditation Board for Engineering and Technology (ABET), and which is listed in the ABET Accreditation Yearbook, as it may be amended or modified from time to time;

B. A graduate of a master's or doctoral degree program in a branch of engineering for which the college or university has met the advanced-level criteria of the EAC/ABET, and which is listed in the ABET Accreditation Yearbook, as it may be amended or modified from time to time;

C. A graduate of a master's or doctoral degree program in a branch of engineering for which the college or university has met the basic-level criteria described in §A of this regulation; or

D. A graduate of a degree program approved by the Board.

MELVIN HOLTZ

Chairman

Board for Professional Engineers

Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 09 MEDICAL CARE PROGRAMS

10.09.02 Physicians' Services

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

Notice of Proposed Action

[01-395-P-I]

The Secretary of Health and Mental Hygiene proposes to amend Regulations .01, .04, and .07 under COMAR 10.09.02 Physicians' Services.

Statement of Purpose

The purpose of these amendments is to revise the Physicians' Services Provider Fee Manual by incorporating the 2001 Common Procedural Terminology (CPT) changes, and to replace certain EPSDT Healthy Start, and nurse midwife local billing codes with CPT codes in order to comply with the requirements of the Health Insurance Portability Act of 1996 (HIPAA). A new definition for the "United States" has been added, and certified nurse practitioners and anesthesiologists have been included with certified nurse midwives as physician extenders who do not require direct physician supervision.

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 may be sent to Michele Phinney, Regulations Coordinator, O'Connor Building, 201 West Preston Street, Room 521, Baltimore, Maryland 21201, or fax to (410) 333-7687, or email to regs@dhhm.state.md.us, or call (410) 767-6499 or 1-877-4MD-DHMH, extension 6499. These comments must be received by December 17, 2001.

Editor's Note on Incorporation by Reference

Pursuant to State Government Article, §7-207, Annotated Code of Maryland, the Maryland Medical Assistance Program Physicians' Services Provider Fee Manual, Revision 2001 has been declared a document generally available to the public and appropriate for incorporation by reference. For this reason, it will not be printed in the Maryland Register or the Code of Maryland Regulations (COMAR). Copies of this document are filed in special public depositories located throughout the State. A list of these depositories was published in 28:2 Md. R. 62 (January 26, 2001). The document may also be inspected at the office of the Division of State Documents, 1700 Margaret Avenue, Annapolis, Maryland.

.01 Definitions.

A. (text unchanged)

B. Terms Defined.

(1) — (24) (text unchanged)

(25) "United States" means the 50 states, the District of Columbia, and the U.S. territories.

[(25)] (26) (text unchanged)

.04 Covered Services.

The Program covers the following medically necessary services rendered to recipients:

A. Physicians' services rendered in the physician's office, the recipient's home, a hospital, a skilled or intermediate care nursing facility, a freestanding clinic, or elsewhere when these services are:

(1) Performed by the physician or one of the following:

(a) (text unchanged)

(b) A certified registered physician's assistant, [licensed nurse practitioner,] licensed registered nurse, certified psychologist, or a certified social worker, provided that the individual performing the service is in the physician's employ and is under the physician's direct supervision and performs the service within the scope of the individual's license or certification for the purpose of assisting in the provision of physicians' services[.];

(c) A certified nurse midwife, a certified nurse practitioner, or a certified nurse anesthetist, provided that the individual performing the service is in the physician's employ and performs the services within the scope of [the nurse midwife's] the individual's license or certification;

(2) — (3) (text unchanged)

B. — I (text unchanged)

.07 Payment Procedures.

A. — C. (text unchanged)

D. The Maryland Medical Assistance Program Physicians' Services Provider Fee Manual, Revision [2000] 2001, is contained in the Medical Assistance Provider Fee

Manual, dated October 1986. All the provisions of this document, unless specifically excepted, are incorporated by reference.

E. — R. (text unchanged)

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

Subtitle 09 MEDICAL CARE PROGRAMS
10.09.24 Medical Assistance Eligibility

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

Notice of Proposed Action
(01-393-P)

The Secretary of Health and Mental Hygiene proposes to amend Regulation .04 under **COMAR 10.09.24 Medical Assistance Eligibility**

Statement of Purpose

The purpose of this action is to increase the time limitation for processing applications in the case of determinations of disability in accordance with current practice, and describe the existing time limitation for processing applications in the case of home and community-based services waivers.

Comparison to Federal Standards

There is a corresponding federal standard to this proposed regulation, but the proposed regulation is not more restrictive or stringent.

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 may be sent to Michele Phinney, Regulations Coordinator, Department of Health and Mental Hygiene, 201 W. Preston Street, Room 521, Baltimore, Maryland 21201, or fax to (410) 333-7687, or email to regs@dhhm.state.md.us, or call (410) 767-6499 or 1-877-4MD-DHMH, extension 6499. These comments must be received by December 17, 2001.

.04 Application.

A. — I. (text unchanged)

J. Processing Applications — Time Limitations.

(1) When an application is filed, a decision shall be made promptly but not later than:

(a) 30 days from the date of application; [or]

(b) 45 days from the date of application for a home and community-based services waiver; or

(c) [60] 90 days from the date of application in the case of a determination of disability.

(2) (text unchanged)

(3) Information Required.

(a) The local department of social services shall inform the applicant/representative in writing of the required information and verifications needed to determine eligibility, and the applicable pending time limit [of 30 or 60 days] as specified under §J(1) of this regulation.