



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

Maryland Medicaid Program Self-Referral Provisions for HealthChoice Members

A self-referral service is a health care service for which, under specified circumstances, Managed Care Organizations (MCOs) are required to pay an out-of-network provider without a referral or authorization by the primary care provider (PCP). MCOs are required to pay for self-referral services at the Medicaid fee-for-service (FFS) rate. Beneficiaries must use in-network pharmacy and laboratory services when accessing self-referral services.

Beneficiaries who are enrolled in MCOs can self-refer for the following services:

- Family planning services;
- Pregnancy-related services initiated prior to MCO enrollment;
- Prenatal, intrapartum, and postpartum services performed at a free-standing birth center located in Maryland or a contiguous state;
- Newborn's initial medical exam in the hospital;
- Child in State supervised care - initial medical exam by EPSDT certified provider; (Providers must bill with Modifier 32.)
- School-based health center services;
- Emergency services as described in COMAR 10.67.05;
- HIV/AIDS annual diagnostic and evaluation service visit;
- Renal dialysis services provided in a Medicare certified facility; and
- COVID-19 laboratory tests.

Self-Referral for Family Planning

- All Medicaid beneficiaries are covered for family planning services and are free to choose the Medicaid family planning provider of their choice; see [Factsheet #2](#).
- HealthChoice members may go to an out-of-network provider for family planning services without a referral from their primary care provider (PCP), with the exception of permanent sterilization procedures; see [Factsheet #5](#).
- The scope of services covered under this self-referral provision is limited to those services required for contraceptive management. Routine and problem-oriented GYN and urology services require prior approval from the MCO.

Billing MCOs

- Submit claims for self-referral services to the beneficiary's MCO within six (6) months of the date of service.
- For self-referred family planning related services, the appropriate ICD-10 diagnosis code (Z30 series) must be indicated on the claim form for the MCO to recognize that the

preventive medicine or E&M code is related to a family planning service.

- Go to the **HealthChoice Provider Brochure** for MCO contact information at: https://health.maryland.gov/mmcp/healthchoice/Documents/HealthChoice_Provider_Brochure_August%202023.pdf

For questions regarding Medicaid's reproductive health services, contact the Division of Community Liaison and Care Coordination at 410-767-3605.