



# MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

## MARYLAND MEDICAL ASSISTANCE PROGRAM

Model Waiver Program Transmittal No. 49  
EPSDT: Nursing Services Transmittal No. 43  
July 1, 2019

TO: Model Waiver Nursing Services Providers (Type 53)  
EPSDT Nursing Services Providers (Type 53)

FROM: Mark A. Leeds, Director  
Office of Long Term Services and Supports

RE: Nursing Services Program Rates – Fiscal Year 2020

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

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Effective July 1, 2019, the Maryland Medical Assistance Program will increase the reimbursement for nursing services rendered to Medicaid participants under COMAR 10.09.53, 10.09.27 and 10.09.69. Rates will increase by 3 percent based on the Medical Assistance Program's budget for Fiscal Year 2020. Attached is a chart of the revised fee schedule. Providers may bill the new rates for services provided on or after July 1, 2019.

Questions regarding the nursing services rates increase should be directed to the Division of Nursing Services staff at 410-767-1448.

Attachment (1)

**Nursing/Certified Nursing Assistant/Home Health Aide Services**  
**Fee Schedule**  
**Effective 07/01/19**

<b>Service</b>	<b>Procedure Code</b>	<b>Payment Rate</b>
*Assessment	T1001	\$150.00
Registered nurse supervisory visit	W1002	\$55.88 per visit
Registered nurse/ 1 participant	T1002	\$13.98 per 15-minute unit
**Registered nurse/ 2 or more participants	T1030	\$9.65 per 15-minute unit
Licensed practical nurse/ 1 participant	T1003	\$9.06 per 15-minute unit
**Licensed practical nurse/ 2 or more participants	T1031	\$6.25 per 15-minute unit
Certified nursing assistant or Home health aide/ 1 participant <b>(EPSDT: must also be a Certified Medicine Technician)</b>	W1000	\$4.79 per 15-minute unit
**Certified nursing assistant or Home health aide/ 2 or more participants <b>(EPSDT: must also be a Certified Medicine Technician)</b>	T1021	\$3.31 per 15-minute unit
Certified nursing assistant or Home health aide/ 1 participant	T1004	\$3.97 per 15-minute unit
**Certified nursing assistant or Home health aide/ 2 or more participants	T1004 (TT Modifier)	\$2.74 per 15-minute unit

**\*Please note that the rate for the Assessment visit is not subject to the State's budgetary increase of 3 percent.**

**\*\*Rates for 2 or more participants are set at 69 percent of the single participant rate.**