

State of Maryland

Department of Health and Mental Hygiene

Parris N. Glendening, Governor - Martin P. Wasserman, M.D., J.D., Secretary



MARYLAND MEDICAL ASSISTANCE PROGRAM
 Physicians' Transmittal No. 121
 Nurse Practitioner Transmittal No. 13
 Clinic Transmittal No. 55

August 21, 1998

TO: Physicians
 Nurse Practitioners
 Free-Standing Clinics

FROM: Martin P. Wasserman, M.D., J.D.
 Secretary

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

RE: Proposed Amendment to COMAR 10.09.02 Physicians' Services

ACTION: Proposed Regulations (Permanent Status) **EFFECTIVE DATE:** December 29, 1997

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

COMMENT PERIOD EXPIRED: November 10, 1997

The amendments to Regulations .01, .03, .06 and .07 under COMAR 10.09.02 Physicians' Services have been approved as proposed in the Maryland Register (24:21 Md. R. 1468 - 1469). These amendments supplement the Maryland Medical Assistance Program Physicians' Services Provider Fee Manual, revision 1996, with the 1997 Physicians' Current Procedural Terminology, 4th Edition (CPT-4) additions and deletions and other changes to reflect current reimbursement policy; define the mental health services that the Mental Hygiene Administration will be responsible for providing to Medicaid recipients; and require providers to comply with COMAR 10.09.59 Rehabilitation Services, 10.09.70 Maryland Medicaid

(Continued on reverse)

201 West Preston Street - Baltimore, Maryland 21201
 TDD for Disabled - Maryland Relay Service (800) 735-2258

Healthy People in Healthy Communities

Managed Care Program: Specialty Mental Health System and
COMAR 10.21.25 Fee Schedule- Mental Health Services-
Community-Based Programs and Individual Practitioners.

The adopted amendment, as it has been published in the Maryland Register, and Supp. No. 1 are attached to this transmittal. Please note the following:

1. Varicella (chicken pox) vaccine is covered under the Vaccines for Children (VFC) program. The "Z-code" for varicella vaccine administration is Z0716 (ages 1-18).

2. The preauthorization requirement for procedures 92004, 92014 and 92015 has been deleted. Use these codes for routine examinations as described in CPT. Local HCPCS W9200 has also been deleted. Use CPT Evaluation and Management codes for exams related to specific medical problems.

3. Sterilization reversal procedures are not covered

4. Local HCPCS M9999, critical care unclassified, is no longer used. Use CPT critical care, 99291 - 99292, or NICU codes, 99295-99297, as applicable.

5. Allergy immunotherapy codes 95144 - 95165 have been corrected to reflect 1996 CPT definition revisions. The maximum number of units (vials) for procedure 95144 is 2. For procedures 95145 - 95165 the units are the number of doses administered.

MPW:rz

Attachments

2109.02. or call Ronald Windsor, Dislocated Workers Unit, at (410) 767-2832. The comments must be received not later than November 10, 1997.

~~originally proposed text unchanged~~
~~.06 (originally proposed text unchanged)~~

~~EUGENE A. CONTI, JR.
Secretary of Labor, Licensing, and Regulation~~

Editorial Note. Pursuant to State Government Article, §10-203, Annotated Code of Maryland, if a promulgating agency substantially alters the text of regulations that have been previously proposed in the Maryland Register, the altered text must be published in the Maryland Register as though it were initially proposed. The text of regulations appearing immediately below has been altered substantially from the initially proposed text. References made hereinafter to "originally proposed text" refer to text that appeared in 24:7 Md. R. 560 — 561 (March 28, 1997).

Symbols Roman type indicates existing text of regulations. *Italic type* indicates initially proposed new text. **Helvetica Bold type** indicates new text that substantially alters the text as initially proposed. [Single brackets] indicate existing text proposed for deletion. [[[Triple brackets]]] indicate text proposed for deletion that substantially alters the originally proposed text.

.01 (originally proposed text unchanged)

.02 Definitions.

A. (originally proposed text unchanged)

B. Terms Defined.

(1) — (6) (originally proposed text unchanged)

(7) "May become unemployed" means the employee is at risk of displacement during the next 90 days due to hospital closure, merger, delicensure, or downsizing, and **[[[either]]] the:**

(a) Employee has received written notice from the hospital that the employee is in a position or job classification that may be affected by hospital closure, merger, delicensure, or downsizing; **[[[or]]]**

(b) Hospital has notified the Department of Labor, Licensing, and Regulation or the Health Services Cost Review Commission, pursuant to Regulation .03B(1) of this chapter, that the employee will be laid off due to closure, merger, **[[[delicensure, or downsizing]]]** or delicensure; or

(c) Hospital has notified the Department of Labor, Licensing, and Regulation, pursuant to Regulation .03B(2) of this chapter, that the employee will be laid off due to downsizing.

[[[6]]] (8) — (10) (originally proposed text unchanged)

.03 Eligibility for Services.

A. (originally proposed text unchanged)

B. Voluntary Closure, Merger, Downsizing, or Delicensure of Hospital.

(1) A hospital that is planning to close **[[[downsize,]]] or merge with another institution voluntarily, or that has had all or part of its beds delicensed by the Secretary of Health and Mental Hygiene, shall provide the Department of Labor, Licensing, and Regulation and the Health Services Cost Review Commission, with a listing of all employees who will be laid off due to the closing, delicensure, **[[[downsizing,]]] or merger of the hospital.****

(2) A hospital that is planning to downsize shall provide the Department of Labor, Licensing, and Regulation with a listing of employees who will be laid off due to downsizing of the hospital.

[[[2]]] (3) — [[[(3)]]] (4) (originally proposed text unchanged)

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), 15-103, and 15-105, Annotated Code of Maryland

Notice of Proposed Action

[97-307-P]

The Secretary of Health and Mental Hygiene proposes to amend Regulations .01, .03, .06, and .07 under COMAR 10.09.02 Physicians' Services.

Statement of Purpose

The purpose of this amendment is to supplement the Maryland Medical Assistance Provider Fee Manual, dated October, 1987, Physicians' Services fee schedule, by updating the 4th Edition (CPT-4) code additions and deletions; reflecting current reimbursement policy, to define the mental health services that the Mental Hygiene Administration will be responsible for providing to Medicaid recipients; and to require providers to comply with COMAR 10.09.59 Rehabilitation Services, COMAR 10.09.70 Maryland Managed Care Program: Specialty Mental Health System, and COMAR 10.21.25 Fee Schedule — Mental Health Services — Community-Based Programs and Individual Practitioners. These fee changes will be incorporated by reference in Supp. No. 1 of the Physicians' Services Provider Fee Manual.

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, Room 521, 201 W. Preston Street, Baltimore, Maryland 21201, or fax (410) 333-7687 or call (410) 767-6499. These comments must be received not later than November 10, 1997.

.01 Definitions.

A. (text unchanged)

B. Terms Defined.

(1) — (15) (text unchanged)

(15-1) "Mental health services" means those services described in COMAR 10.09.70.10C rendered to treat an individual for a diagnosis set forth in COMAR 10.09.70.10A.

(16) — (29) (text unchanged)

.03 Conditions for Participation.

A. (text unchanged)

B. Specific requirements for participation in the Program as a physicians' services provider require that the provider:

(1) — (6) (text unchanged)

(7) Shall agree to identify by the individual physician practitioner's identification number each physician assistant or nurse practitioner who is authorized by the physician to request laboratory services; [and]

(8) Shall, if participating as a surgeon, obtain a second surgical opinion from another physician before the performance of certain elective surgical procedures which require hospitalization, as identified under Regulation .05H of this chapter; and

(9) Shall comply with the requirements for the delivery of mental health services in accordance with COMAR 10.09.59 and 10.09.70.

.06 Preauthorization Requirements.

A. The following procedures or services require preauthorization:

(1) — (2) (text unchanged)

[(3) Sterilization reversal procedures;]

[(4)] (3) — [(10)] (9) (text unchanged)

B. — E. (text unchanged)

F. Physicians rendering mental health services shall comply with the preauthorization requirements of COMAR 10.09.70.07.

.07 Payment Procedures.

A. — C. (text unchanged)

D. The Maryland Medical Assistance Program Physicians' Services Provider Fee Manual, Revision 1996, is contained in the Medical Assistance Provider Fee Manual, dated October 1, 1986, which is used in conjunction with "Physician's Current Procedural Terminology", Fourth Edition, [1996] 1997 (CPT-4), published by the American Medical Association. All the provisions of these documents, unless specifically excepted, are incorporated by reference with the following amendments: Physicians' Services Provider Fee Manual Supp. No. 1.

E. — P. (text unchanged)

Q. Reimbursement.

(1) — (3) (text unchanged)

(4) The Program shall reimburse providers for mental health services performed by a physician according to the fees established under COMAR 10.21.25 and the requirements of this chapter.

R. — S. (text unchanged)

MARTIN P. WASSERMAN, M.D.
Secretary of Health and Mental Hygiene

Regulation .17 under COMAR 10.09.06 Hospital Services and COMAR 10.09.34 Hospital Services, State Only

Statement of Purpose

The proposed action transfers to the Mental Hygiene Administration oversight for the provision of mental health services to Medicaid recipients. These changes describe exactly what mental health services are the responsibility of the Mental Hygiene Administration.

These amendments implement a revision in the Program's cost report filing time frame. Hospitals will now have 5 months from the end of their fiscal year instead of 3 months to submit cost reports, consistent with Medicare filing requirements. These requirements state the Program's limitation of cost covering sterilization reversal procedures. Also, these amendments specify Program requirements for coverage of certain hospital brain injury programs.

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, Room 521, 201 W. Preston Street, Baltimore, Maryland 21201, or fax (410) 333-7687, or call (410) 767-6499. These comments must be received not later than November 10, 1997.

10.09.06 Hospital Services

.01 Definitions.

A. (text unchanged)

B. Terms Defined.

(1) — (3) (text unchanged)

(3-1) "Brain injury community-integrated program" means a program located on the campus of a licensed special hospital that provides for individuals with primary diagnoses of traumatically acquired brain injury resulting in functional limitations and disability, who need services designed to achieve functional outcomes focused on home and community integration and engagement in productive activities.

[(3-1)] (3-2) — (23) (text unchanged)

(23-1) "Mental health services" means those services described in COMAR 10.09.70.10C rendered to treat the diagnoses set forth in COMAR 10.09.70.10A.

(24) — (27) (text unchanged)

.03 Conditions for Participation.

A. (text unchanged)

B. Specific requirements for participation in the Program as a hospital services provider require that the provider:

(1) — (7) (text unchanged)

(8) Shall inform the Managed Care and Quality Assurance Programs of the Department's Medical Care Finance and Compliance Administration within 30 days of a current recipient's discharge from a hospital inpatient stay for a diabetes-related diagnosis; [and]

(9) Shall comply with the provider requirements in COMAR 10.09.24.15B, 10.09.35, 10.09.43, or 10.09.44 when a recipient who presents for services is enrolled in one of these managed care programs; and

Subtitle 09 MEDICAL CARE PROGRAMS
Authority: Health-General Article, §§2-104(b), 15-100, and 15-105, and the Annotated Code of Maryland
Notice of Proposed Action
The Secretary of Health and Mental Hygiene proposes to amend Regulations .01, .03 — .06, and to adopt new

CPT-4 1997 Additions

<u>CPT-4 CODE</u>	<u>*</u>	<u>DEFINITION</u>	<u>MAXIMUM PAYMENT</u>	<u>AFTERCARE DAYS</u>
11010		Debride skin, fx	114.00	010
11011		Debride skin/muscle, fx	136.00	000
11012		Debride skin, muscle, bone, fx	189.00	000
11720		Debride nail, 1-5	9.00	000
11721		Debride nail, 6 or more	8.00	000
15756		Free muscle flap, microvasc	892.00	090
15757		Free skin flap, microvasc	892.00	090
15758		Free facial flap, microvasc	892.00	090
20150		Excise epiphyseal bar	357.00	090
20956		Iliac bone graft, microvasc	899.00	090
20957		Metatarsal bone graft, microva	931.00	090
24149		Radical rection of elbow	363.00	090
24341		Repair tendon/muscle, arm	238.00	090
26185		Remove finger bone	89.00	090
26546		Repair non-union, hand	180.00	090
26551		Great toe-hand transfer	1215.00	090
26553		Single toe-hand transfer	1207.00	090
26554		Double toe-hand transfer	1440.00	090
26556		Toe joint transfer	1227.00	090
27306		Excision of hip joint/muscle	350.00	090
32491	R	Lung volume reduction	B.R.	090
37250		Intravascular ultrasound	36.00	000
37251		Intravascular ultrasound	28.00	000
43496	R	Free jejunum flap, microvasc	B.R.	090
49021		Drain abdominal abscess	240.00	090
49906	R	Free omental flap, microvasc	B.R.	090
52301		Cystoscopy and treatment	123.00	030
59866	A	Multifetal Abortion	131.00	000
61586		Resect nasopharynx, skull	615.00	090
68801		Dilate tear duct opening	12.00	010
68810		Probe nasolacrimal duct	14.00	010
68811		Probe nasolacrimal duct	60.00	010
68815		Probe nasolacrimal duct	50.00	010
75945		Intravascular ultrasound	67.00	000
75946		Intravascular ultrasound	37.00	000
90875		Psychophysiological therapy	21.00	000
90876		Psychophysiological therapy	42.00	000
90901		Biofeedback training, any metho	10.00	000
92240		ICG Angiography	44.00	000
92548		Posturography	33.00	000
92978		Intravascular ultrasound, heart	98.00	000
92979		Intravascular ultrasound, heart	61.00	000
93303		Echo transthoracic	38.00	000
93304		Echo transthoracic	30.00	000
93315		Echo transesophageal	56.00	000

CPT-4 1997 Additions
(Continued)

<u>CPT-4</u> <u>CODE</u>	*	<u>DEFINITION</u>	<u>MAXIMUM</u> <u>PAYMENT</u>	<u>AFTERCARE</u> <u>DAYS</u>
93316		Echo transesophageal	17.00	000
93317		Echo transesophageal	39.00	000
95921		Autonomic nervous function test	15.00	000
95922		Autonomic nervous function test	16.00	000
95923		Autonomic nervous function test	15.00	000
97504		Orthotic training	8.00	000
98940		Chiropractic manipulation	10.00	000
98941		Chiropractic manipulation	12.00	000
98942		Chiropractic manipulation	15.00	000
98943		Chiropractic manipulation	9.00	000

CPT-4 1997 Deletions

- 11700
- 11701
- 11710
- 11711
- 15755
- 20960
- 20971
- 25330
- 25331
- 26552
- 26557
- 26558
- 26559
- 42880
- 53640
- 56360
- 56361
- 68800
- 68820
- 68825
- 68830
- 90900
- 90902
- 90904
- 90906
- 96908
- 90910
- 90915
- 93201
- 93202
- 93204
- 93205
- 93208
- 93209
- 93210
- 93220
- 93221
- 93222
- 94160
- 97500
- 97501
- 97521

1997 Policy Changes

CPT-4 CODE	DEFINITION	MAXIMUM PAYMENT	AFTERCARE DAYS
00857	Contin anesth labor, c-sec.	287.00	000
21256 R	Reconstruct eye sockets	B.R.	060
36481	Percutaneous vein catheter.	169.00	000
55400	Vasovasostomy, vasovasorrhaphy	0.00	000
58750	Tubal reanastomosis	0.00	000
58752	Tubouterine implantation	0.00	000
64565 R	Implant neurostimulator elect.	B.R	000
92004	No preauthorization required	-	-
92014	No preauthorization required	-	-
92015	No preauthorization required	-	-
96110	Developmental test, limited	12.50	000
95145	Provision of antigens, doses	4.00	000
95146	Two single stinging insect	4.00	000
95147	Three single stinging insect	4.00	000
95148	Four single stinging insect	4.00	000
95149	Five single stinging insect	4.00	000
95165	Provision of antigens, doses	3.00	000
99295	NICU initial	210.62	000
99296	NICU subsequent	104.52	000
99297	NICU subsequent	52.21	000
W9200	Deleted	-	-
Z0716	Varicella vaccine admin.	10.00	000
Z0744	Hepatitis B vacc. admin.	10.00	000
Z0745	Hepatitis B vacc. admin.	10.00	000

CPT-4 1997 Additions

<u>CPT-4</u> <u>CODE</u>	*	<u>DEFINITION</u>	<u>MAXIMUM</u> <u>PAYMENT</u>	<u>AFTERCARE</u> <u>DAYS</u>
80197	R	Assay for tacrolimus	B.R.	NA
82523	R	Collagen crosslinks	B.R.	NA
83902	R	Molecular diagnostics	B.R.	NA
84484	R	Troponin	B.R.	NA