



STATE OF MARYLAND  
**DHMH**

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

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM**

January 6, 2014

To: Nursing Supervision Agencies

From: Mark A. Leeds, Director  
Long Term Services and Supports

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

Re: Transitioning of participants from agency providers to Local Health Departments

This memorandum is to inform current Living At Home Waiver and Waiver for Older Adults nursing supervision agencies on billing procedures during the transition to Community First Choice and the Home and Community-Based Options Waiver.

Nurse monitoring provided by the local health departments as a service in the new CFC program, will be phased in through July 1, 2014. **No service interruption should occur during this process and you should not discontinue providing nursing supervision until you are notified that a new signed plan of service has been approved.** This plan of service will include an effective date with the appropriate local health department as the nurse monitoring provider. Since each local health department's phase-in timeline may vary, each participant will have a different effective date between January and July 2014.

For billing purposes, starting for services provided as of January 6, 2014, **ALL** nurse monitoring agencies and independent providers must use the following:

Service Name	Procedure Code	Rate
Nurse Monitoring	W5522	15.23 per 15 minute unit*

Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258

Web Site: [dhmh.maryland.gov](http://dhmh.maryland.gov)

\* Note that billing is in 15 minute units, not hourly.

Please see the chart below for examples of accurate billing of daily totaled 15-minute units of service. A provider may not bill for a service of less than 8 minutes if it is the only service provided that day. For multiple units of the same service on the same day, total the actual minutes and round to the nearest 15 minute increment.

<b>Units</b>	<b>Minutes of Service</b>
1	Greater than or equal to 8 minutes, but less than 23 minutes (8-22 min)
2	Greater than or equal to 23 minutes, but less than 38 minutes (23-37 min)
3	Greater than or equal to 38 minutes, but less than 53 minutes (38-52 min)
4	Greater than or equal to 53 minutes, but less than 68 minutes (53-67 min)
5	Greater than or equal to 68 minutes, but less than 83 minutes (68-82 min)
6	Greater than or equal to 83 minutes, but less than 98 minutes (83-97 min)
7	Greater than or equal to 98 minutes, but less than 113 minutes(98-112 min)
8	Greater than or equal to 113 minutes, but less than 128 minutes (113-127 min)

Providers must maintain records which fully demonstrate the extent, nature and medical necessity of services provided to Medicaid recipients. The records must support the fee charged or payment sought for the services and items, and demonstrate compliance with all applicable requirements.

If you have any questions, please contact the Department at 410-767-1739.