



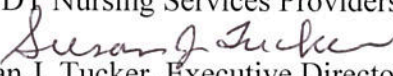
STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

*Larry Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Dennis R. Schrader, Secretary***MARYLAND MEDICAL ASSISTANCE PROGRAM****Model Waiver Program Transmittal No. 47****EPSDT Nursing Services Transmittal No. 25****June 22, 2017**

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

FROM: 
 Susan J. Tucker, Executive Director
 Office of Health Services

RE: Nursing Services Program Rates – Fiscal Year 2018

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

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 effective July 1, 2017. Rates will increase by 2 percent based on the Medical Assistance Program's budget for Fiscal Year 2018. Attached is a chart of the revised fee schedule. Providers may bill the new rates for services provided on or after July 1, 2017.

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

Attachment (1)

cc: The Coordinating Center

Nursing/Certified Nursing Assistant/Home Health Aide Services
Fee Schedule

Effective July 1, 2017

Service	Procedure Code	Payment Rate
*Assessment	T1001	\$150.00
Registered nurse supervisory visit	W1002	\$52.67 per visit
Registered nurse/ 1 participant	T1002	\$13.17 per unit
Registered nurse/ 2 or more participants	T1030	\$9.09 per unit
Licensed practical nurse/ 1 participant	T1003	\$8.54 per unit
Licensed practical nurse/ 2 or more participants	T1031	\$5.90 per unit
Certified nursing assistant or Home health aide/ 1 participant (EPSDT: must also be a Certified Medicine Technician)	W1000	\$4.51 per unit
Certified nursing assistant or Home health aide/ 2 or more participants (EPSDT: must also be a Certified Medicine Technician)	T1021	\$3.11 per unit
Certified nursing assistant or Home health aide/ 1 participant	T1004	\$3.74 per unit
Certified nursing assistant or Home health aide/ 2 or more participants	T1004 (TT Modifier)	\$2.60 per unit

***Please note that the rate for the Assessment visit is not subject to the State's budgetary increase of 2 percent.**