

MARYLAND MEDICAID (MA) BILLING INSTRUCTIONS HCFA 1500

THIS FORMAT IS USED FOR:

**DIALYSIS FACILITY PROVIDERS
DURABLE MEDICAL EQUIPMENT/DISPOSABLE MEDICAL SUPPLIES
EMERGENCY AMBULANCE SERVICES
FREE STANDING SURGICAL CENTERS
MEDICAL LABORATORY SERVICES
MEDICARE/MEDICAL ASSISTANCE CROSSOVER CLAIMS
PHYSICAL THERAPY SERVICES
PHYSICIAN SERVICES
PODIATRY SERVICES
PORTABLE X-RAY AND OTHER DIAGNOSTIC SERVICES
VISION CARE SERVICES**

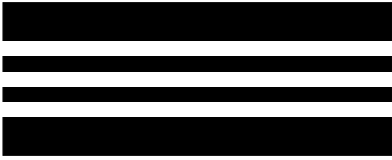
Basic Rules:

- ! Always use the HCFA-1500
- ! Use one claim form for each recipient
- ! Be sure that the information entered on the form is legible
- ! Check for transpositions, especially when entering Provider and Recipient Numbers
- ! Enter information with a Typewriter or Black Ink

Before You Begin:

- ! Have you verified through EVS that the recipient is eligible on the date of service?
- ! Is the recipient linked with a Managed Care Organization (MCO)?. If yes, in most instances that organization should be billed.
- ! Is the service or item covered by Medicaid?
- ! Did you obtain preauthorization, if required?
- ! Did you determine if the recipient has other insurance?

PLEASE DO NOT STAPLE IN THIS AREA



CARRIER

HEALTH INSURANCE CLAIM FORM

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/> FECA BLK LUNG (SSN) <input type="checkbox"/> OTHER (ID) <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street)		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
CITY STATE		7. INSURED'S ADDRESS (No., Street)	
ZIP CODE TELEPHONE (Include Area Code)		CITY STATE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input type="checkbox"/> NO	
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>		b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input type="checkbox"/> NO	
c. EMPLOYER'S NAME OR SCHOOL NAME		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. RESERVED FOR LOCAL USE	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____		11. INSURED'S POLICY GROUP OR FECA NUMBER	
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____		a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY		b. EMPLOYER'S NAME OR SCHOOL NAME	
15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY		c. INSURANCE PLAN NAME OR PROGRAM NAME	
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, return to and complete item 9 a-d.</i>	
17a. I.D. NUMBER OF REFERRING PHYSICIAN		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____	
19. RESERVED FOR LOCAL USE		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
1. _____ 3. _____		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. _____ 4. _____		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.	
24. A DATE(S) OF SERVICE From To B Place of Service C Type of Service D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E DIAGNOSIS CODE F \$ CHARGES G DAYS OR UNITS H EPSDT Family Plan I EMG J COB K RESERVED FOR LOCAL USE		23. PRIOR AUTHORIZATION NUMBER	
25. FEDERAL TAX I.D. NUMBER SSN EIN		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO	
26. PATIENT'S ACCOUNT NO.		28. TOTAL CHARGE \$	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED _____ DATE _____		29. AMOUNT PAID \$	
32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)		30. BALANCE DUE \$	
33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # PIN# _____ GRP# _____			

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

BECAUSE THIS FORM IS USED BY VARIOUS GOVERNMENT AND PRIVATE HEALTH PROGRAMS, SEE SEPARATE INSTRUCTIONS ISSUED BY APPLICABLE PROGRAMS.

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

REFERS TO GOVERNMENT PROGRAMS ONLY

MEDICARE AND CHAMPUS PAYMENTS: A patient's signature requests that payment be made and authorizes release of any information necessary to process the claim and certifies that the information provided in Blocks 1 through 12 is true, accurate and complete. In the case of a Medicare claim, the patient's signature authorizes any entity to release to Medicare medical and nonmedical information, including employment status, and whether the person has employer group health insurance, liability, no-fault, worker's compensation or other insurance which is responsible to pay for the services for which the Medicare claim is made. See 42 CFR 411.24(a). If item 9 is completed, the patient's signature authorizes release of the information to the health plan or agency shown. In Medicare assigned or CHAMPUS participation cases, the physician agrees to accept the charge determination of the Medicare carrier or CHAMPUS fiscal intermediary as the full charge, and the patient is responsible only for the deductible, coinsurance and noncovered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier or CHAMPUS fiscal intermediary if this is less than the charge submitted. CHAMPUS is not a health insurance program but makes payment for health benefits provided through certain affiliations with the Uniformed Services. Information on the patient's sponsor should be provided in those items captioned in "Insured"; i.e., items 1a, 4, 6, 7, 9, and 11.

BLACK LUNG AND FECA CLAIMS

The provider agrees to accept the amount paid by the Government as payment in full. See Black Lung and FECA instructions regarding required procedure and diagnosis coding systems.

SIGNATURE OF PHYSICIAN OR SUPPLIER (MEDICARE, CHAMPUS, FECA AND BLACK LUNG)

I certify that the services shown on this form were medically indicated and necessary for the health of the patient and were personally furnished by me or were furnished incident to my professional service by my employee under my immediate personal supervision, except as otherwise expressly permitted by Medicare or CHAMPUS regulations.

For services to be considered as "incident" to a physician's professional service, 1) they must be rendered under the physician's immediate personal supervision by his/her employee, 2) they must be an integral, although incidental part of a covered physician's service, 3) they must be of kinds commonly furnished in physician's offices, and 4) the services of nonphysicians must be included on the physician's bills.

For CHAMPUS claims, I further certify that I (or any employee) who rendered services am not an active duty member of the Uniformed Services or a civilian employee of the United States Government or a contract employee of the United States Government, either civilian or military (refer to 5 USC 5536). For Black-Lung claims, I further certify that the services performed were for a Black Lung-related disorder.

No Part B Medicare benefits may be paid unless this form is received as required by existing law and regulations (42 CFR 424.32).

NOTICE: Any one who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

NOTICE TO PATIENT ABOUT THE COLLECTION AND USE OF MEDICARE, CHAMPUS, FECA, AND BLACK LUNG INFORMATION (PRIVACY ACT STATEMENT)

We are authorized by HCFA, CHAMPUS and OWCP to ask you for information needed in the administration of the Medicare, CHAMPUS, FECA, and Black Lung programs. Authority to collect information is in section 205(a), 1862, 1872 and 1874 of the Social Security Act as amended, 42 CFR 411.24(a) and 424.5(a) (6), and 44 USC 3101; 41 CFR 101 et seq and 10 USC 1079 and 1086; 5 USC 8101 et seq; and 30 USC 901 et seq; 38 USC 613; E.O. 9397.

The information we obtain to complete claims under these programs is used to identify you and to determine your eligibility. It is also used to decide if the services and supplies you received are covered by these programs and to insure that proper payment is made.

The information may also be given to other providers of services, carriers, intermediaries, medical review boards, health plans, and other organizations or Federal agencies, for the effective administration of Federal provisions that require other third parties payers to pay primary to Federal program, and as otherwise necessary to administer these programs. For example, it may be necessary to disclose information about the benefits you have used to a hospital or doctor. Additional disclosures are made through routine uses for information contained in systems of records.

FOR MEDICARE CLAIMS: See the notice modifying system No. 09-70-0501, titled, 'Carrier Medicare Claims Record,' published in the Federal Register, Vol. 55 No. 177, page 37549, Wed. Sept. 12, 1990, or as updated and republished.

FOR OWCP CLAIMS: Department of Labor, Privacy Act of 1974, "Republication of Notice of Systems of Records," Federal Register Vol. 55 No. 40, Wed Feb. 28, 1990, See ESA-5, ESA-6, ESA-12, ESA-13, ESA-30, or as updated and republished.

FOR CHAMPUS CLAIMS: PRINCIPLE PURPOSE(S): To evaluate eligibility for medical care provided by civilian sources and to issue payment upon establishment of eligibility and determination that the services/supplies received are authorized by law.

ROUTINE USE(S): Information from claims and related documents may be given to the Dept. of Veterans Affairs, the Dept. of Health and Human Services and/or the Dept. of Transportation consistent with their statutory administrative responsibilities under CHAMPUS/CHAMPVA; to the Dept. of Justice for representation of the Secretary of Defense in civil actions; to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment claims; and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, claims adjudication, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil and criminal litigation related to the operation of CHAMPUS.

DISCLOSURES: Voluntary; however, failure to provide information will result in delay in payment or may result in denial of claim. With the one exception discussed below, there are no penalties under these programs for refusing to supply information. However, failure to furnish information regarding the medical services rendered or the amount charged would prevent payment of claims under these programs. Failure to furnish any other information, such as name or claim number, would delay payment of the claim. Failure to provide medical information under FECA could be deemed an obstruction.

It is mandatory that you tell us if you know that another party is responsible for paying for your treatment. Section 1128B of the Social Security Act and 31 USC 3801-3812 provide penalties for withholding this information.

You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988", permits the government to verify information by way of computer matches.

MEDICAID PAYMENTS (PROVIDER CERTIFICATION)

I hereby agree to keep such records as are necessary to disclose fully the extent of services provided to individuals under the State's Title XIX plan and to furnish information regarding any payments claimed for providing such services as the State Agency or Dept. of Health and Humans Services may request.

I further agree to accept, as payment in full, the amount paid by the Medicaid program for those claims submitted for payment under that program, with the exception of authorized deductible, coinsurance, co-payment or similar cost-sharing charge.

SIGNATURE OF PHYSICIAN (OR SUPPLIER): I certify that the services listed above were medically indicated and necessary to the health of this patient and were personally furnished by me or my employee under my personal direction.

NOTICE: This is to certify that the foregoing information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing date sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to HCFA, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (OMB-0938-0008), Washington, D.C. 20503.

Maryland Medicaid Billing Instructions

Step-by-Step Instructions - Use Only HCFA 1500

Block Number	Title	Action
1		Select a claim type. Show all types of health insurance coverage applicable to this claim by checking the appropriate boxes.
1a	Insured=s ID Number	Enter the patient=s 10-character Medicare Identification Number from the Medicare Identification Card.
2	Patient=s Name	Enter the patient=s name from the Medicaid Identification Card.
3	Patient=s Birth Date	Optional Enter the patient=s birth date and use a AX to mark the appropriate gender.
4	Insured=s Name	Optional If recipient is covered by other insurance, the name of the insured may be placed in this block. If the patient and the insured are the same person, enter ASAME.
5	Patient=s Address & Telephone #	Optional Enter the patient=s complete mailing address and zip code and the patient=s telephone number.
6	Patient Relationship to Insured	Optional For patients with third-party health insurance other than Medicare and Medicaid, mark the appropriate entry with an AX.
7	Insured=s Address & Telephone #	Optional Enter the insured=s address and telephone number, if applicable.
8	Patient Status	No entry required.
9	Other Insured=s Name	No entry required.
9a	Other Insured=s Policy or Group Number	Enter the patient=s 11-digit MA number as it appears on the MA card. The MA number MUST appear here regardless of whether or not a patient has other insurance. The patient=s MA eligibility should be verified on each date of service prior to rendering service by calling the Eligibility Verification System (EVS). EVS also gives information on linkages with Managed Care Organizations (MCOs)

Maryland Medicaid Billing Instructions

Step-by-Step Instructions - Use Only HCFA 1500

Block Number	Title	Action
9b	Other Insured=s Date of Birth	No entry required.
9c	Employer=s Name or School Name	No entry required.
9d	Insurance Plan Name or Program Name	Enter the insured=s group name and group number if the patient has health insurance coverage along with Medicare and Medicaid.
10a - 10c	Patients Condition Related To	Check AYes= or ANo= to indicate whether employment, auto liability or other accident involvement applies to any of the services or items provided.
10d	Reserved for Local Use	No entry
11	Insured=s Policy Group or FECA Number	If the patient has other third party insurance and the claim has been rejected by that insurer, enter the appropriate rejection code. Refer to the Maryland Medicaid Value Descriptions (immediately following these instructions) for valid values and their meanings.
11a	Insured=s Date of Birth	No entry required.
11b	Employer=s Name or School Name	No entry required.
11c	Insurance Plan Name or Program Name	No entry required.
11d	Is There Another Health Benefit Plan?	No entry required.
12	Patient or Authorized Person=s Signature	No entry required.
13	Insured=s or Authorized Person=s Signature	No entry required.
14	Date of Current Illness, Injury, Pregnancy	No entry required.

Maryland Medicaid Billing Instructions

Step-by-Step Instructions - Use Only HCFA 1500

Block Number	Title	Action
15	If Patient Has Had Same or Similar Illness, Give First Date	No entry required.
16	Dates Patient Unable To Work in Current Occupation	No entry required.
17	Name of Referring Physician or Other Source	For services which involve a requesting, referring, ordering, or prescribing practitioner, enter the practitioner=s name and degree. (See Addendums for Specific instructions.)
17a	I.D. Number of Referring Physician	Enter the MA provider number of the referring provider. (See Addendums for specific instructions)
18	Hospitalization Dates Related to Current Services	No entry required,
19	Reserved for Local Use	Enter the MA provider number of the Practitioner rendering the service . In some instances, the rendering provider number may be the same as the payee provider number in Block 33.
20	Outside Lab	Optional Providers may not bill for laboratory services referred to any other laboratory, practitioner or facility. The laboratory, practitioner or facility must bill MA directly. Medical Laboratory providers are the only exception to this policy.
21	Diagnosis or Nature of Illness or Injury	Enter the 3, 4, or 5 character code from the ICD-9 related to the procedures, services or supplies listed in Block 24d. List the primary diagnosis on Line 1 and secondary diagnosis on Line 2. Additional diagnoses are optional and may be listed on lines 3 and 4.
22	Medicaid Resubmission Code	No entry required.
23	Prior Authorization Number	For those services which require preauthorization, a preauthorization number must be obtained and entered in this block

Maryland Medicaid Billing Instructions

Step-by-Step Instructions - Use Only HCFA 1500

Block Number	Title	Action
24a	Date(s) of Service	Enter each separate date of service as a six (6) digit numeric date (e.g. 06/01/99) under the AFrom≡ heading. Leave the space under the ATo≡ heading blank. Each date of service on which a service was rendered must be listed on a separate line. Ranges of dates are not accepted on this form.
24b	Place of Service	For each service, enter the appropriate place of service code. Refer to the Maryland Medicaid Value Descriptions (immediately following these instructions) for valid values and their meanings.
24c	Type of Service	For Physician, Clinic, and Nurse Midwife services only, enter a type of professional code. Refer to the Maryland Medicaid Value Descriptions (immediately following these instructions) for valid values and their meanings.
24d	Procedures, Services or Supplies	Enter the five (5) character HCPCS procedure code. (For information on use of Modifiers, see Addendum I)
24e	Diagnosis Code	Enter a single or any combination of diagnosis items (1,2,3,4) from Block 21 above for each line item on the invoice.
24f	\$ Charges	Enter the usual and customary charge. Do not enter the Maryland Medicaid maximum fee unless that amount is your usual and customary charge. If there is more than one unit of service on a line, the charge for that line should be the total for all units.
24g	Days or Units	Enter the number of units of service for each procedure. The number of units must be for a single visit or day. Multiple, identical services rendered on different days should be billed on separate lines. NOTE: When billing for anesthesia, time is <u>not</u> considered a factor. The units of service for anesthesia may not exceed the number of times a specific procedure was performed on the date given. Multiple, identical services for medical, radiological or pathological services, within the CPT code range of 70000 through 99999, rendered on the same day must be combined and entered on one line.

Maryland Medicaid Billing Instructions

Step-by-Step Instructions - Use Only HCFA 1500

Block Number	Title	Action
24h	EPSDT/Family Plan	Enter an AE≡ if the service is an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screen or related to a referral from a screen. Enter an AF≡ if the service is known to be related to Family Planning. If neither, leave blank.
24i	EMG	Enter an AX≡ if the service was a medical emergency in an Emergency Room.
24j	COB	Leave Blank
24k	Reserved for Local Use.	Leave Blank
25	Federal Tax ID #	No entry required.
26	Patient=s Account #	No entry required. However, it is recommended that providers place their patient account number or some other information in this field to identify the patient should the patient MA number be incorrect. In that instance, MA will send the information back to you on your Remittance Advice.
27	Accept Assignment?	For payment of Medicare coinsurance and/or deductibles, this block must be checked AYes≡. NOTE: Regulations state that providers shall accept payment by the Program as payment in full for covered services rendered and make no additional charge to any recipient for covered services.
28	Total Charges	Enter the sum of the charges shown on all lines of Block 24f.
29	Amount Paid	Enter the amount of any collections received from any Third Party payor <i>except</i> Medicare. If the patient has third-party insurance and the claim has been rejected, the appropriate rejection code must be entered in Block 11. Collections from patients are not appropriate.
30	Balance Due	No entry required.

Maryland Medicaid Billing Instructions

Step-by-Step Instructions - Use Only HCFA 1500

Block Number	Title	Action
31	Signature of Physician or Supplier including Degree or Credentials	Optional - A signature is optional, however, a date must be placed in this field in order for the claim to be reimbursed.
32	Name and Address of Facility Where Services were Rendered	If the services were rendered in either a hospital or long term facility, enter the name of the facility followed by the MA provider number associated with that facility in the lower right corner of this block. NOTE: A list of hospital and long term care facility provider numbers may be found in Addendum O and P of these instructions.
33	Physician=s, Suppliers Billing Name, Address, ZIP Code & Phone #	Enter the name, street address, city, state and ZIP to which claims may be returned. The MA Provider number to which payment is to be made MUST be entered in the lower right corner of this block to the <u>IMMEDIATE RIGHT OF THE WORDS GRP. #</u> Errors or omissions of this number will result in non-payment of your claims.

NOTE: Please peruse the following page, (Page 9) to assure that you have not made any of the common errors which are made when filing claims to MA. Any of these three errors will result in your claim/claims not being processed.

PLEASE DO NOT STAPLE IN THIS AREA

NOTHING CAN BE IN THIS AREA !

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP HEALTH PLAN FECA OTHER 1a. INSURED S.I.D. NUMBER

2. PATIENT'S NAME 3. PATIENT'S BIRTH DATE SEX 4. INSURED'S NAME

5. PATIENT'S ADDRESS 6. PATIENT RELATIONSHIP TO INSURED 7. INSURED'S ADDRESS

8. PATIENT STATUS 9. CITY STATE CITY STATE

10. ZIP CODE TELEPHONE ZIP CODE TELEPHONE

9. Recipient Number Must Be Here ! 11. INSURED'S POLICY GROUP OR FECA NUMBER

a. 12345678910 JMBER a. EMPLOYMENT? b. AUTO ACCIDENT? c. OTHER ACCIDENT? 11. INSURED'S DATE OF BIRTH SEX

d. OTHER INSURED'S DATE OF BIRTH SEX b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME 10d. RESERVED FOR LOCAL USE d. IS THERE ANOTHER HEALTH BENEFIT PLAN?

12. PATIENT'S OR ALI to process this claim below. SIGNED

14. DATE OF CURRENT MM DD YY OCCUPATION DD YY

17. NAME OF REFERRER T SERVICES DD YY

19. RESERVED FOR LOCAL USE

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY ORIGINAL REF. NO.

1. 2. 3. 4. NUMBER

24. A B C D E F G H I J K

Table with columns: DATE(S) OF SERVICE, Place of Service, Type of Service, PROCEDURES, SERVICES, OR SUPPLIES, DIAGNOSIS CODE, \$ CHARGES, DAYS OR UNITS, EPSDT Family Plan, EMG, COB, RESERVED FOR LOCAL USE

25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS 32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED 33. PHYSICIAN'S, SUPPLIER'S BILL & PHONE #

SIGNED DATE PIN# GRP# 123456789

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88) PLEASE PRINT OR TYPE APPROVED OMB-0938-0008 FORM HCFA-1500 (12-9-80) APPROVED OMB-1215-0055 FORM OWCP-1500. APPROVED OMB-0720-0001 (CHAMPUS-

MARYLAND MEDICAID VALUE DESCRIPTIONS

<u>Field Name</u>	<u>Description</u>	<u>Value</u>
Place of Service	Office	11
	Patient=s Residence	12
	Inpatient Hospital	21
	Outpatient Hospital	22
	Emergency Room - Hospital	23
	Ambulatory Surgical Center	24
	Birthing Center	25
	Military Treatment Facility	26
	Skilled Nursing Facility	31
	Nursing Home	32
	Custodial Care Facility	33
	Hospice	34
	Ambulance - Land	41
	Ambulance - Air or Water	42
	Federally Qualified Health Center	50
	Inpatient Psychiatric Facility	51
	Psychiatric Facility Partial Hospitalization	52
	Community Mental Health Center	53
	Intermediate Care Facility/Mentally Retarded	54
	Residential Substance Abuse Treatment Center	55
	Psychiatric Residential Treatment Center	56
	Comprehensive Inpatient Rehabilitation Facility	61
	Comprehensive Outpatient Rehabilitation Facility	62
	End Stage Renal Disease Treatment Facility	65
	State or Local Public Health Clinic	71
	Rural Health Clinic	72
	Independent Laboratory	81
	Other Unlisted Facility	99

MARYLAND MEDICAID VALUE DESCRIPTIONS

<u>Field Name</u>	<u>Description</u>	<u>Value</u>
TPL Override (Third Party Liability)	Services Not Covered	K
	Coverage Lapsed	L
	Coverage Not In Effect On Service Date	M
	Individual Not Covered	N
	Claims Not Filed Timely	Q
	No Response From Carrier In 90 Days	R
	Other Rejection Reason Not Defined Above	S

NOTE: Documentation must be attached to claim for values Q, R, or S.

Type of Professional	Physician (M. D. or D.O.)	01
	Registered Nurse (R.N.)	02
	Certified Nurse Midwife	03
	Certified Psychologist	04
	Nurse Practitioner	05
	Registered Physician=s Assistant	06
	Certified Social Worker	07
	Future Use	08
	Other	09
	Certified Lab Technologist	10
	Certified Lab Technician	11
	Dentist	12
	Podiatrist	13
	Nurse Anesthetist	14
	Certified Radio Technologist	15
	Certified Radio Technician	16
	Chiropractor	17
	Registered Pulmonary Function Technologist	18
	Registered Pulmonary Function Technician	19
	Dialysis Technician	20

ADDENDUM A: DIALYSIS FACILITY PROVIDERS ONLY

Block 24B - Place of Service

Dialysis Facility Providers **MUST** use A65" as the place of service for all services provided at the facility. Use the appropriate place of service to describe any site, other than the dialysis facility, where dialysis facility personnel supply services. For example, place of service A12" would be used to describe any services provided by dialysis facility personnel at the recipient's home.

Dialysis Facility Providers cannot bill for **ANY** service they refer to **ANY OTHER** provider or that **ANY OTHER** provider supplies at the facility. That provider must bill MA directly for the service.

Refer to ***ADDENDUM G - MEDICARE/MEDICAL ASSISTANCE CROSSOVER CLAIMS*** for instructions for billing for Medicare deductible and coinsurance.

ADDENDUM B: DMS/DME PROVIDERS (DISPOSABLE MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT)

For disposable medical supplies and durable medical equipment requiring preauthorization, enter the preauthorization approval number given on the computer printout in Block 23 as described in the instructions. It is **not** necessary to attach the approved Preauthorization Request Form or computer printout to the claim form.

One preauthorization number may be assigned for several supplies and/or equipment items if they are requested at the same time for the same recipient. These items should be billed on the same claim form, but listed individually. Use a separate claim form for each different preauthorization approval number. Claims with more than one preauthorization number will be **rejected**.

All information entered on the claim must correspond to the information on the pre-authorization computer printout bearing the same approval number. Claims for pre-authorized supplies or equipment should be submitted separately from ordinary claims for items with individual procedure codes and fees not requiring preauthorization.

When billing for disposable medical supplies, indicate the number of units in Block 24G based on the pricing units stipulated in the Approved List of Items. If the quantity being billed is in terms of packaging units (boxes, packs, bottles, etc.), also indicate the number of individual items contained in the packaging unit. Otherwise, it is assumed that the quantity being billed is the number of individual (single-unit) items.

ADDENDUM C: OXYGEN PROVIDERS (OXYGEN AND RELATED RESPIRATORY EQUIPMENT SERVICES)

For covered oxygen, oxygen equipment, related respiratory equipment, component replacements, equipment repairs, and tracheostomy items, enter the preauthorization approval number given on the computer printout in Block 23 as described in the instructions. It is **not** necessary to attach the approved Preauthorization Request Form or computer printout to the claim.

One preauthorization number may be assigned for several items if they are requested at the same time for the same recipient. They should be billed on the same claim form, but listed individually. The information entered on the claim must correspond to the information on the preauthorization computer printout bearing the same approval number.

Use a separate claim form for each different preauthorization approval number. Claims with more than one preauthorization number will be **rejected**.

ADDENDUM D: EMERGENCY SERVICE TRANSPORTERS ONLY

Supplemental Instructions

Block 21 - Diagnosis or Nature of Illness or Injury

Enter the primary diagnosis in this block.

Block 24b - Place of Service

Enter the Place of Service Code *41*.

Block 24d - Procedure Code

Enter the five (5) digit HCPCS Procedure Code **A0220**.

Block 24g - Units

Reimbursement by the Emergency Service Transporters Program is paid *per unit*, **(or in this case - per trip)**. Place the Number *1* in Block 24g.

Block 24f - Usual and Customary Charge

Enter your usual and customary fee in Block 24f.

NOTE: Services provided to clients who have Medicare as their primary insurer should be billed to Medicare first. Any coinsurance and/or deductible payable by Medicaid, is covered under COMAR 10.09.13. For additional information, refer to Addendum G.

ADDENDUM E: FREE-STANDING AMBULATORY SURGICAL CENTERS

Reimbursement by the Program is for a **facility fee** for services provided by a Free-Standing Ambulatory Surgical Center (ASC) in connection with covered surgical procedure. In order to bill the Program the **facility** must obtain a Maryland Medicaid provider number. The facility fee must be billed separately from the physician bills.

Maryland Medicaid uses the list of covered surgical procedures established by Medicare for ambulatory surgical centers - please refer to that list when determining coverage and for the appropriate group.

Medicaid does not pay by CPT Code as does Medicare. Instead, eight W-codes are used to identify eight groups of surgical procedures which can be performed in a Free-Standing Medicare Certified ASC as determined by HCFA. These codes and reimbursement rates are as follows:

W9011 - Group 1	\$271.00	W9015 - Group 5	\$585.00
W9012 - Group 2	\$363.00	W9016 - Group 6	\$752.00
W9013 - Group 3	\$417.00	W9017 - Group 7	\$812.00
W9014 - Group 4	\$513.00	W9018 - Group 8	\$871.00

Use the AW-code≡ directly under the CPT/HCPCS area in Block 24D of the HCFA 1500.

Each W-code (procedure) represents **one** unit of service. If one covered surgical procedure is furnished to a recipient, payment is at 100 percent of the determined rate for that procedure. However, if more than one covered surgical procedure is provided to a recipient in a single operative session, payment is made at 100 percent of the determined rate for the procedure with the highest reimbursement. Other covered surgical procedures furnished in the same session are reimbursed at 50 percent of the determined rate for each of those procedures.

Example:

	<u>Units</u>	<u>Charge</u>
W9013 (Group 3)	1	\$417.00
W9012-50 (Group 2)	1	\$181.50
W9011-50 (Group 1)	1	\$135.50

NOTES:

- X Use A"Place of Service" code A24" in Block 24B
- X COMAR 10.09.42.04 (C)(F) prohibits services performed by a podiatrist as a covered service. Do not bill for a facility fee for procedures performed by a podiatrist.
- X **OPHTHALMOLOGY CENTER:** Procedure codes for cataract surgery (Group 6 and Group 8) include the cost of IOL=s. Do not bill separately for IOL.

ADDENDUM F: MEDICAL LABORATORIES ONLY

Supplemental Instructions

Block 17 - Name of Referring Physician or Other Source:

This field is optional, however, if the ordering practitioner is **NOT** enrolled with the program, Block 17 must include the full name and degree of that practitioner. Refer to Block 17a, (highlighted area) for clarification.

Block 17a - I.D. Number of Referring Physician:

To properly identify the ordering practitioner, enter the MA Individual Practitioner ID Number of the ordering practitioner or, in the case of Physician Assistants, the individual practitioner ID number of their supervising physician. ***If the ordering practitioner is not enrolled with the Program (and, therefore, does not have an individual practitioner number), the laboratory must still include the full name and degree in Block 17, however, must use five zeroes followed by 5100 (000005100) instead of the individual practitioner number, AND ATTACH A COPY OF THE SIGNED ORDER. Invoices containing this number in lieu of an individual practitioner ID number may **NOT** be billed electronically.*** The group practice number of a physician group or clinic cannot be used as an individual practitioner ID number. If this is done, it will automatically cause the claim to error. It is the responsibility of the medical laboratory provider to verify the individual practitioner number of each and every practitioner from whom orders are accepted. **FAILURE TO ENTER THE INDIVIDUAL PRACTITIONER ID NUMBER OF THE ORDERING PRACTITIONER OR ATTACH THE SIGNED ORDER MAY RESULT IN ONE OF THE FOLLOWING: RETURN OF THE CLAIM FOR PROPER COMPLETION, DENIAL OF PAYMENT, OR RECOVERY OF PAYMENTS, IF DISCOVERED AS A RESULT OF POST PAYMENT REVIEW. RECOVERY ALSO EXTENDS TO ANY PAYMENTS MADE FOR ELECTRONIC SUBMISSION THAT REFLECT 000005100 AS THE INDIVIDUAL PRACTITIONER NUMBER, OR CLAIMS WHICH LACK A VALID NUMBER.**

ADDENDUM F - Continued

Block 24B - Place of Service

Medical laboratories ***MUST*** use A81" as the place of service for all medical laboratory services except specimen collection as the AMedical Laboratory≡ is where the procedure was performed. Use the appropriate place of service to describe the site of the specimen collection, only if the specimen was collected by the medical laboratory (i.e. code 36415). For example, place of service A12" would be used to describe any specimen obtained (venipuncture) or procedure performed (bleeding time) at the recipient=s home.

Block 24D - Procedures, Services or Supplies

The **ONLY** modifiers required and recognized by the Program for medical laboratory providers are the reference laboratory modifier A90", the technical component modifier ATC≡, and AQW≡ for providers with waived CLIA status. No others are authorized at this time.

Block 24F - Charges

When billing for referred laboratory tests, the medical laboratory provider ***MUST BILL THE EXACT AMOUNT PAID*** to the reference laboratory. No mark up is allowed and any handling fee must be included in the cost of the test. The recipient may not be billed for any charges associated with specimen referral.

Block 32 - Name and Address of Facility Where Services Were Rendered

Complete only if billing for medical laboratory services referred to another laboratory. Enter the name and MA identification number of the reference laboratory to which the medical laboratory services were referred. The reference laboratory must be enrolled with the MA Program and supply its ID number to the referring laboratory. **THE PROGRAM WILL NOT PAY A REFERRING LABORATORY FOR MEDICAL LABORATORY SERVICES REFERRED TO A REFERENCE LABORATORY THAT IS NOT ENROLLED. THE REFERRING LABORATORY ALSO AGREES NOT TO BILL THE RECIPIENT FOR MEDICAL LABORATORY SERVICES REFERRED TO AN UNENROLLED REFERENCE LABORATORY.**

ADDENDUM G: MEDICARE/MEDICAL ASSISTANCE CROSSOVER CLAIMS

When a Maryland Medical Assistance provider bills Medicare Part B for services rendered to a Medical Assistance recipient, and the provider accepts assignment on the claim, Maryland Medical Assistance pays the provider the Medicare coinsurance and/or deductible amount(s) in full less any other third party payments (i.e., Medigap). The payments are generally made automatically for providers using Trailblazers (Blue Cross/Blue Shield, Texas) or Administar Federal (Blue Cross/Blue Shield, Indianapolis) as their Medicare carrier. If not paid automatically within six (6) weeks of receipt of the Medicare payment, it is recommended that the provider bill Ahardcopy.

The following explanations of both automatic crossover billing and hardcopy crossover billing may prove useful:

Automatic: All billing conditions must be met in accordance with the requirements of the Medicare carrier in order to use the automatic crossover system. An example of these requirements is:

When billing Medicare on the form HCFA-1500, place the words AMMA (Maryland Medical Assistance) and the recipient's 11 digit identification number in Block 9a and mark Accept Assignment in Block 27.

Hardcopy: Make a copy of the completed form HCFA-1500 used to bill Medicare, or if unavailable, generate a new one. This copy should be an exact copy of the information shown on the Medicare EOMB except for Medicare non-allowed charges. If Medicare has changed your original claim, the HCFA-1500's which you submit to MA must be completed to reflect that change. Make certain that Blocks 1, 9a, and 33 are completed as MA requires. Please make sure to check both Medicare and Medicaid in Block 1 of the HCFA-1500 Form. Failure to appropriately mark both blocks will only delay any payments due.

BOTH THE HCFA 1500 AND THE MEDICARE EOMB MUST BE SENT TO MA IN ORDER FOR MA TO REIMBURSE FOR CO-PAYS AND/OR DEDUCTIBLES.

They should be sent to the same address as other claims:

Maryland Medical Assistance
P.O. Box 1935
Baltimore, MD 21203

Addendum G - Continued

Note: Please be sure to advise the Administrative Support/Utilization Review (AS/UR) Section of your Medicare provider number so that claims may be accurately cross-referenced to your Medicaid Provider number.

The AS/UR Section maintains a file to cross-reference the Medicare provider number with the appropriate Medicaid provider number. In order for a provider to receive Medicare coinsurance and deductible amounts automatically from Medical Assistance, the Medicare Crossover file must contain the provider's current Medicare and Medical Assistance provider numbers. Requests to add, change or delete information on the Medicare crossover file must be sent in writing to:

Medical Care Operations Administration
AS/UR Section
P.O. Box 1935
Baltimore, MD 21203

ADDENDUM H: PHYSICAL THERAPY BILLING INFORMATION

In billing Physical Therapy Services under the MA Physical Therapy Program, please be advised that payment is made on a per visit (office/home) basis rather than on a per treatment basis. That is, regardless of the number of treatments rendered to a patient during a visit, the Program should be billed for either an office or home visit. Exceptions to this are the performance of nerve conduction velocity or latency studies and electromyographies as these items have separate procedure codes for billing purposes.

ADDENDUM I: PHYSICIANS= SERVICES PROVIDERS ONLY - MODIFIERS

A modifier provides the means by which the reporting physician can indicate that a service or procedure that has been performed has been **altered by some circumstance but not changed in its definition or code**. When applicable, the modifying circumstance should be identified by the appropriate modifier code, which is a two-digit number suffixed to the procedure code in Block 24D of the HCFA 1500. Only one modifier may be used for each procedure code per line on the HCFA 1500. MA only recognizes the following four modifiers for Physicians= Services billing:

26 Professional Component

Use Modifier A26" to indicate that you are billing for only the professional component applicable for a radiology (CPT Codes 70010-79999) service.

NOTE: This modifier is not to be used with physician visit/service CPT Codes in the 90281-99499 series, except for, procedures 99201-99215 when used to report hospital outpatient visits and for immunization administration of vaccines/toxoids or immune globulin covered under the Vaccines for Children Program.

Certain procedures (e.g., radiology, electrocardiogram, specific diagnostic services) may be a combination of a physician professional component and a technical component. When the physician component is reported separately, the service must be identified by adding the modifier A26" to the usual procedure number.

The maximum fees listed for radiology services are composed of two parts, a professional component and a technical component. The Program will reimburse a provider for both components (i.e., 100% of the maximum reimbursement) when the technical component is not billed by a health care facility.

When a test is performed by a laboratory or another physician, interpretation of the results is not considered a separate billable item. The interpretation is considered to be part of the physician visit.

30 Anesthesia Service

The provider who administers the anesthesia must use the modifier A30" with the applicable surgical or medical procedure code. **CPT anesthesia codes are not used by the Program, except for procedure codes 00857, 00955, and 01996.**

ADDENDUM I - Continued

Codes for the listing of anesthesia services are the same as those for surgical procedures and are found in the Surgery section (CPT codes 10040-69979). Anesthesia services are reported by adding the modifier code A30" to the surgical procedure code.

Payment for anesthesia services includes the usual preoperative and postoperative visits, the administration of the anesthetic, the administration of fluids and/or blood and the usual monitoring services. The units of service for anesthesia invoices may not exceed the number of times a specific procedure was performed on the date given. Time is not considered a factor when billing for anesthesia.

The maximum reimbursement for anesthesia services is 30% of the listed fee for the surgical procedure. The minimum allowance is \$30.00. This modifier should be used only by the anesthesiologist and not by the surgeon.

50 Multiple or Bilateral Procedures

Use Modifier A50 when multiple or bilateral surgical procedures (CPT codes 10040-69979) are provided at the same operative session. The major procedure should be reported without a modifier. Use the modifier for the second and subsequent procedures.

The Program will pay up to the amount listed in the fee schedule for the procedure without the modifier and up to 50% of the amount in the fee schedule for the procedures with the code A50" modifier.

NOTE: When a procedure has a code for both a single procedure and for each additional procedure, use the procedure code for the second and subsequent procedures and add the code modifier A50". When only one procedure code is available, regardless of the number of procedures performed, use the same procedure code with the modifier A50" to report the second and subsequent procedures of that type.

Bilateral Procedures

When there is no procedure code to identify bilateral procedures, use the code for a unilateral procedure plus the same code with a modifier A50" to identify that the service was provided bilaterally. Do not charge separately for component or related procedures which are part of the major procedure. Codes for such procedures are listed for those occasions when they are performed as a separate procedure.

ADDENDUM I - Continued

80 *Assistant Surgeon*

Use modifier A80" with the applicable surgical procedure code (CPT codes 10040-69979) to indicate the services of a physician acting as surgical assistance. **Maximum payment is 20% of the listed fee for the procedure.** The minimum allowance is \$25.00. **THE ASSISTANT SURGEON MUST BE A PHYSICIAN** who is an enrolled Medical Assistance provider. This modifier should only be used for the assistant surgeon.

ADDENDUM J: HEALTHY START PROGRAM - PHYSICIAN OR NURSE MIDWIFE SERVICES

Office-based Physicians and certified nurse-midwives interested in providing the following prenatal care services should contact the Maryland Healthy Start Program at (410)767-6750.

Maryland Prenatal Risk Assessment - Plan of Care

The Prenatal Risk Assessment - Plan of Care is billed on a standard HCFA 1500 claim form, in conjunction with the initial prenatal visit. The physician or certified nurse-midwife will be reimbursed an additional \$40. Each Prenatal Risk Assessment Form must be submitted to the patient's local health department regardless of risk status. One unit of service will be reimbursed for each pregnancy. Procedure Code: W9090.

The purpose of the Maryland Prenatal Risk Assessment Form is twofold: (1) to identify prenatal clients who may benefit from community health nursing services and other support services; and (2) to identify prenatal clients at risk for delivering preterm low birthweight babies so that increased surveillance and intervention may be considered.

While clinical judgement is necessary in assessing prenatal risk, the physician or certified nurse-midwife may delegate responsibility for completing the Maryland Prenatal Risk Assessment Form to others under his/her supervision, utilizing the clinical record to complete the form. The form should be completely filled out, signed, and the top two (2) copies submitted to the Local Health Department within 10 days of the initial visit. Directions for completion and mailing addresses are on the back of the form.

Enriched Maternity Service

Enriched Maternity Services must be performed by or under the supervision of a primary prenatal care provider. An Enriched Maternity Service is billed on a standard HCFA-1500 claim form in conjunction with each prenatal and postpartum office visit (up to 60 days after delivery). The physician or certified nurse-midwife will be reimbursed \$10 for the provision of Enriched Maternity Service in addition to the standard office visit. Procedure Code W9091.

**ADDENDUM K: MARYLAND HEALTHY KIDS/EPSTD PROGRAM
CERTIFIED PROVIDERS**

The Maryland Healthy Kids/EPSTD Program is open to all Medical Assistance eligibles under the age of 21 years throughout the State. The Program provides a special package of preventive screening and treatment services through private medical doctors, freestanding clinics, nurse practitioners, Local Health Departments, MCOs, and other eligible Medicaid enrolled providers, such as School Based Health Centers.

Healthy Kids/EPSTD Billing Codes

The Healthy Kids/EPSTD Program will continue to bill on a standard HCFA-1500 claim form. The provider has the option to bill one of the following procedure codes:

W9075 Completed Initial Screen (New Patient)
W9077 Completed Periodic Screen
W9078 Interperiodic Partial Screen

OR

99381-99385, Preventive Medicine, New
99391-99395, Preventive Medicine, Established

All claims for Healthy Kids/EPDST services are to be submitted within 60 days from the date of service. This allows the State to track identified referable conditions to ensure that children receive needed health care services.

In conjunction with these screen procedure codes, the provider may bill additional codes at certain age intervals. Some of the codes that may be billed when providers utilize objective tests approved by the Healthy Kids Program include:

96110 Administration and Medical Interpretation of Developmental Tests
(for non-standardized or limited in scope)
96111 Standardized Developmental Testing and Interpretation (includes motor,
language, social, adaptive and cognitive functioning)
92551 Hearing Screen
W0609 Vision Screen

In addition, other procedures commonly billed in conjunction with a Healthy Kids/EPSTD examination (such as laboratory tests completed in the provider's office and immunizations) are reimbursed at the current fee schedule. For more information, call 410-767-1485.

**Addendum K: Maryland Healthy Kids/EPSTD Program Certified Providers
(Continued)**

On April 1, 1990, services offered by the EPSTD/Healthy Kids Program were expanded to include the following:

- Audiology & Hearing Aids
- Case Management
- Chiropractic Care
- Dental Care
- Durable Medical Equipment & Supplies not normally covered under Medicaid
- Health-related Services in Schools such as psychological testing and mental health
- Inpatient and Outpatient Alcohol-Drug Treatment
- Medical Day Care for Medically Fragile Children
- Nutrition Counseling
- Occupational Therapy
- Speech/Language Therapy
- Vision Care & Eye Glasses

These services are in addition to the services already offered to adults including physician=s services, pharmacy, mental health, laboratory, radiology and home health services.

A referral for a fee-for-service expanded EPSTD service requires the complete name, degree and nine digit Medical Assistance billing number of the primary care provider in order for the specialty provider to be paid. An optional or universal referral form can be obtained from the Healthy Kids Program to facilitate referrals to specialty providers. If you have questions about expanded EPSTD services, call the Healthy Kids Program Staff Specialist at 410-767-1485.

When making a referral for specialty care for an enrolled MCO eligible recipient, the MCO guidelines for referral must be followed.

**ADDENDUM L: AUDIOLOGICAL EVALUATION CENTERS AND
HEARING AID DEALERS (AUDIOLOGY SERVICES-
EPSDT)**

For audiological diagnostic and hearing aid services requiring preauthorization, enter the preauthorization approval number given on the computer printout in Block 23 as described in the instructions. It is **not** necessary to attach the approved Preauthorization Request Form, computer printout, or other documents to the claim form.

One preauthorization number may be assigned for several items if they are requested at the same time for the same recipient. They should be billed on the same claim form, but listed individually. Use a separate claim form for each different preauthorization approval number. Claims with more than one preauthorization number will be **rejected**.

Information entered on the claim must correspond to the information on the preauthorization computer printout bearing the same approval number. Claims for preauthorized services should be submitted separately from claims for services not requiring preauthorization.

ADDENDUM M: PODIATRY SERVICES PROVIDERS ONLY

Multiple and Bilateral Surgical Procedures

Maryland Medicaid **only** recognizes the modifier A50" when billing for certain podiatry services. The modifier A50" is used for reporting both multiple and bilateral surgical procedures. (Medicare uses the modifier A51" for multiple procedures.) If multiple procedures are performed on the same day or at the same operative session, the procedure code must be followed by a two-position modifier code for all procedures following the first procedure. The major procedure should be reported without a modifier. The modifier A50" should be used for the second and subsequent procedures.

When a procedure has a code for both a single procedure and for each additional procedure, use the modifier A50" for the second and subsequent procedures. When only one procedure is available, regardless of the number of procedures performed, use the same procedure code with the modifier A50" to report the second and subsequent procedures.

When there is no procedure code to identify bilateral procedures, use the procedure code for the unilateral procedure without a modifier and use the same procedure code with a modifier A50" to identify that the procedure was performed bilaterally.

Routine Podiatric Care

Maryland Medicaid coverage for routine foot care, the cutting or removal of corns or calluses and the trimming, cutting, clipping or debriding of toenails (procedures 11055-11057, 11719) is limited to one visit every **60** days for recipients who have diabetes or peripheral vascular diseases that affect the lower extremities, when rendered in the podiatrist=s office, the recipient=s home, a nursing facility or domiciliary.

When billing Medicare for routine care rendered to a Medicaid recipient, the name of the physician treating the patient for diabetes or peripheral vascular disease should be entered on Line **19** of the HCFA-500, followed by the physician=s UPIN, and the date that the patient was last seen by this physician. The appropriate diagnosis code related to the diabetes or peripheral vascular disease must be entered as the primary diagnosis in Block **21** of the HCFA-1500. See Addendum G: Medicare/Medical Assistance Crossover Claims for additional Medicare billing instructions.

ADDENDUM M: PODIATRISTS ONLY

Modifier: The applicable 2-digit modifier described below must be used as a suffix to the procedure code when billing for the following:

If multiple or bilateral procedures are performed at the same operative session, the 5-position procedure code must be followed by a 2-digit code modifier for all procedures following the first procedure.

- A. Two or more unrelated surgical procedures performed by the same podiatrist during the same operative session must be reported as follows: (a) the first or major procedure must be reported without a modifier; (b) the second procedure must be reported with the modifier - 75; (c) additional procedures beyond the second must be reported with a modifier - 50. Unrelated surgical procedures are dissimilar procedures performed at the same surgical session.

EXAMPLE: ONE OPERATIVE SESSION

28290	1st Bunionectomy
28290-50	2nd Bunionectomy
28288-75	1st Condylectomy

- B. Multiple, similar, or related surgical procedures, which add significant time or complexity to patient care, performed at the same operative session, must be reported as follows: (a) the first or major procedure must be reported without a modifier; (b) additional procedures must be reported with a modifier 50.

When only one procedure code is available regardless of the number of procedures performed, use the same procedure code with the modifier 50 to report the second and subsequent procedures of that type.

EXAMPLE: ONE OPERATIVE SESSION

W2116	Avulsion, Nail plate
W2116-50	2nd nail plate

The Program will pay up to the amount listed in the fee schedule for the procedure without the modifier, up to 75 percent of the amount in the fee schedule for the procedure with the code 75 modifier and up to 50 percent of the amount in the fee schedule for the procedure(s) with the code 50 modifier.

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ADDENDUM M - Continued

Only one modifier may be used for each procedure per line. Modifiers other than those listed above are not recognized by the MA Program. The use of modifiers not recognized by the Program may result in delays in processing.

The Program pays for an office visit only when the patient is under active treatment for peripheral vascular disease or diabetes and it is shown as the first diagnosis.

ADDENDUM N: PORTABLE X-RAY AND OTHER DIAGNOSTIC SERVICES PROVIDERS ONLY

Block 17 - Name of Referring Physician or Other Source

Enter the full name and degree of the ordering practitioner, unless billing electronically. Do not submit an invoice unless there is a signed order on file that legibly shows the full name of the ordering practitioner. **FAILURE TO ENTER THE FULL NAME AND DEGREE OF THE ORDERING PRACTITIONER MAY RESULT IN ONE OF THE FOLLOWING: RETURN OF THE CLAIM FOR PROPER COMPLETION, DENIAL OF PAYMENT, OR RECOVERY OF PAYMENTS, IF DISCOVERED AS A RESULT OF POST PAYMENT REVIEW AND NO VALID INDIVIDUAL PRACTITIONER IDENTIFICATION NUMBER IN BLOCK 17a.**

Block 17a - I.D. Number of Referring Physician:

To properly identify the ordering practitioner, enter the MA Individual Practitioner ID Number of the ordering practitioner or, in the case of Physician Assistants, the individual practitioner identification number of their supervising physician. If the ordering practitioner is not enrolled with the Program (and, therefore, does not have an individual practitioner number), the laboratory must still include the full name and degree in Block 17 but must use five (5) zeros followed by 5100 (000005100) instead of the individual practitioner number **AND ATTACH A COPY OF THE SIGNED ORDER.** Invoices containing this number in lieu of an individual practitioner identification number may **not** be billed electronically. The group practice number of a physician group or clinic cannot be used as an individual practitioner identification number. It is the responsibility of the medical laboratory provider to verify the individual practitioner number of each and every practitioner from whom orders are accepted. **FAILURE TO ENTER THE INDIVIDUAL PRACTITIONER ID NUMBER OF THE ORDERING PRACTITIONER OR ATTACH THE SIGNED ORDER MAY RESULT IN ONE OF THE FOLLOWING: RETURN OF THE CLAIM FOR PROPER COMPLETION, DENIAL OF PAYMENT, OR RECOVERY OF PAYMENTS, IF DISCOVERED AS A RESULT OF POST PAYMENT REVIEW. RECOVERY ALSO EXTENDS TO ANY PAYMENTS MADE FOR ELECTRONIC SUBMISSIONS THAT REFLECT 000005100 AS THE INDIVIDUAL PRACTITIONER NUMBER, OR CLAIMS WHICH LACK A VALID NUMBER.**

Block 24D - Procedures, Services or Supplies

Use modifier ATC≡ when billing for the technical component only. Portable X-Ray and Other Diagnostic Services Providers cannot bill for **any** service they refer to **ANY OTHER** provider. That provider must bill MA directly for the service.

ADDENDUM O - LIST OF HOSPITAL FACILITIES

NAME	CITY	STATE	HOSPITAL PROVIDER #
ABINGTON MEM HOSP	ABINGTON	PA	411795600
AI DUPONT INST/ACUTE REHB	WILMINGTON	DE	093295700
ALBERT EINSTEIN MED CTR	PHILADELPHIA	PA	702135600
ALEXANDRIA HOSPITAL	ALEXANDRIA	VA	006265100
ALFRED I DUPONT INSTITUTE	WILMINGTON	DE	065725500
ALLEGHANY REG HOSP CORP	LOW MOOR	VA	794585000
ALLEGHENY GENERAL HOSPITA	PITTSBURG	PA	295215700
ALLEGHENY VALLEY HOSPITAL	NATRONA HEIGHTS	PA	450805000
ALLENTOWN OSTEOPATHIC MED	ALLENTOWN	PA	202815800
ALLENTOWN/LEHIGH VALLEY	ALLENTOWN	PA	257915400
ALTOONA HOSPITAL	ALTOONA	PA	006255300
ANNE ARUNDEL GENERAL HOSP	ANNAPOLIS	MD	000205400
ARLINGTON HOSPITAL ASSOC	ARLINGTON	VA	005605700
ATLANTIC GEN HOS/CHRONIC	BERLIN	MD	111015200
ATLANTIC GENERAL HOSPITAL	BERLIN	MD	756175000
BECKLEY HOSPITAL INC	BECKLEY	WV	230005200
BEDFORD CO MEM HOSP	BEDFORD	VA	019365800
BEEBE MEDICAL CENTER	LEWES	DE	007735600
BLUEFIELD COMM HOSP	BLUEFIELD	WV	775785900
BON SECOURS HOLY FAMILY REG	ALTOONA	PA	745220900
BON SECOURS HOSPITAL	BALTIMORE	MD	000175900
BRANDYWINE HOSPITAL	COATESVILLE	PA	412025600
BROOK LANE PSYCH CTR	HAGERSTOWN	MD	986965400
BROOKVILLE HOSPITAL	BROOKVILLE	PA	193585200
BROWNSVILLE GENERAL HOSP	BROWNSVILLE	PA	010665800
BRYN MAWR REHABILITATION HOSP	MALVERN	PA	170000600
BUCHANAN GENERAL HOSPITAL	GRUNDY	VA	206965200
CABELL HUNTINGTON HOSP	HUNTINGTON	WV	020605900
CALVERT MEMORIAL HOSPITAL	PRINCE FREDERICK	MD	000215100
CAMDEN-CLARK MEM HOSPITAL	PARKERSBURG	WV	006005400
CANONSBURG GENERAL HOSPITAL	CANONSBURG	PA	701880100
CARILION ROANOKE MEMORIAL HOSP	ROANOKE	VA	412245300
CARLISLE HOSPITAL	CARLISLE	PA	266515800
CARROLL COUNTY GEN HOSP	WESTMINSTER	MD	000425100
CHAMBERSBURG HOSP/REHAB	CHAMBERSBURG	PA	757015500
CHAMBERSBURG HOSPITAL	CHAMBERSBURG	PA	006285500
CHARLES COLE MEM HOSPITAL	COUDERSPORT	PA	550225000
CHARLESTON AREA MED CTR	CHARLESTON	WV	010695000
CHARTER BHS OF MD AT POTOMAC RIDGE	ROCKVILLE	MD	551002300
CHARTER BHS OF MD AT POTOMAC RIDGE	ROCKVILLE	MD	450002400
CHESAPEAKE GENERAL HOSPITAL	CHESAPEAKE	VA	456855900
CHESAPEAKE REHAB HOSPITAL	SALISBURY	MD	158835400
CHESAPEAKE YOUTH CENTER INC	CAMBRIDGE	MD	165700300
CHESAPEAKE YOUTH CTR INC	CAMBRIDGE	MD	534785800
CHESTNUT HILL HOSPITAL	PHILADELPHIA	PA	356765600
CHESTNUT LODGE HOSPITAL	ROCKVILLE	MD	735250600
CHESTNUT RIDGE HOSPITAL	MORGANTOWN	WV	084345800

ADDENDUM O - LIST OF HOSPITAL FACILITIES (Continued)

NAME	CITY	STATE	HOSPITAL PROVIDER #
CHILD HOSP OF KINGS DHTRS	NORFOLK	VA	006625700
CHILDREN'S HOSP OF RICH	RICHMOND	VA	205845600
CHILDRENS HOSP OF PHILA	PHILADELPHIA	PA	415085600
CHILDRENS HOSP PITTSBURGH	PITTSBURGH	PA	010235100
CHILDRENS HOSP-ACUTE/REHA	BALTIMORE	MD	081025800
CHILDRENS HOSPITAL	BALTIMORE	MD	382015700
CHILDRENS HOSPITAL CHRONIC	BALTIMORE	MD	149660300
CHILDRENS HOSPITAL OF D C	WASHINGTON	DC	950025100
CHILDRENS SEASHORE HOUSE	PHILADELPHIA	PA	752985600
CHILDRENS HM HLTH CARE SER	WASHINGTON	DC	402163100
CHIPPENHAM HOSPITAL	RICHMOND	VA	014655200
CHURCH HOSPITAL CORP	BALTIMORE	MD	000035300
CITY HOSPITAL INC	MARTINSBURG	WV	411945200
CIVISTA MEDICAL CENTER INC	LA PLATA	MD	000335200
CLARION HOSPITAL	CLARION	PA	099715300
CLARION PSYCHIATRIC CENTER	CLARION	PA	075570200
COLUMBIA HOSP FOR WOMEN MED CNTR	WASHINGTON	DC	334012100
COMM GEN OSTEOPATHIC HOSP	HARRISBURG	PA	007895600
COMM HOSP OF LANCASTER	LANCASTER	PA	007105600
COMM HOSPITAL ROANOKE VAL	ROANOKE	VA	008595200
COMMUNITY GENERAL HOSP	READING	PA	354195900
COMMUNITY HOSP CHESTER	PHILADELPHIA	PA	202835200
COMMUNITY MEDICAL CENTER	LACKAWANNA	PA	015725200
COMMUNITY MEMORIAL HOSP	SOUTH HILL	VA	412935100
CONEMAUGH VALLEY MEM HOSP	JOHNSTOWN	PA	010725500
CROZER CHESTER MED CENTER	CHESTER	PA	011935100
CULPEPPER MEMORIAL HOSP	CULPEPPER	VA	006425400
CUMBERLAND HOSPITAL	NEW KENT	VA	466545700
DAVIS MEMORIAL HOSPITAL	ELKINS	WV	412015900
DC GENERAL HOSPITAL	WASHINGTON	DC	600010000
DEATON SPEC HOSP & HOME	BALTIMORE	MD	000825700
DELAWARE CO MEM HOSP	DREXEL HILL	PA	014585800
DEPAUL HOSPITAL	NORFOLK	VA	412515100
DEVEREUX BRANDYWINE CTR	GLENMOORE	PA	196055500
DEVEREUX MAPLETON CENTER	MALVERN	PA	195845300
DIVINE PROVIDENCE HOSPITA	WILLIAMSPORT	PA	551585800
DOCTORS HOSPITAL INC	LANHAM	MD	068885100
DOMINION HOSPITAL	FALLS CHURCH	VA	793303700
DORCHESTER GENERAL HOSP	CAMBRIDGE	MD	000225900
DU BOIS REGIONAL MED CTR	DU BOIS	PA	479395100
EDGEMEADE	UPPER MARLBORO	MD	150195000
EDGEMEADE AT FOCUS POINT	CROWNSVILLE	MD	158720000
EDWARD W MCCREADY MEM HOS	CRISFIELD	MD	282675500
EDWARD W MCCREADY MEM HOS	CRISFIELD	MD	000285200
EPHRATA COMMUNITY HOSP	EPHRATA	PA	014645500
EPISCOPAL HOSPITAL	PHILADELPHIA	PA	127505400
EUGENIA HOSPITAL	LAFAYETTE HILL	PA	751615100

ADDENDUM O - LIST OF HOSPITAL FACILITIES (Continued)

NAME	CITY	STATE	HOSPITAL PROVIDER #
EYE & EAR HOSP PITTSBURGH	PITTSBURGH	PA	796105700
FAIR OAKS HOSPITAL	FAIRFAX	VA	008585500
FAIRFAX HOSPITAL	FALLS CHURCH	VA	411815400
FAIRMONT GENERAL HOSPITAL	FAIRMONT	WV	968100100
FALLSTON GENERAL HOSPITAL	FALLSTON	MD	000475800
FAMILY MED SPECIALISTS PA	BALTIMORE	MD	091363405
FAMILY MED SPECIALISTS PA	BALTIMORE	MD	091363404
FAMILY MED SPECIALISTS PA	BALTIMORE	MD	091363403
FAMILY MED SPECIALISTS PA	BALTIMORE	MD	091363402
FAMILY MED SPECIALISTS PA	BALTIMORE	MD	091363401
FAMILY MED SPECIALISTS PA	BALTIMORE	MD	091363400
FORBES HEALTH SYSTEM	PITTSBURGH	PA	650185100
FORT WASHINGTON MED CNT	FT WASHINGTON	MD	096775100
FOUNDATION BEHAVIORAL HEALTH	DOYLESTOWN	PA	988200600
FRANKFORD HOSPITAL	PHILADELPHIA	PA	558765400
FRANKLIN MEM HOSP	ROCKY MOUNT	VA	007965100
FRANKLIN SQUARE HOSPITAL	BALTIMORE	MD	000045100
FREDERICK MEMORIAL HOSP	FREDERICK	MD	000235600
FRICK HOSPITAL	MT PLEASANT	PA	537500200
FULTON CO MEDICAL CENTER	MCCONNELLSBURG	PA	005105500
GARRETT COUNTY MEM HOSP	OAKLAND	MD	000245300
GBMC-COMM & FAM HLTH CTR	BALTIMORE	MD	299523900
GEISINGER MEDICAL CENTER	DANVILLE	PA	468315300
GEORGE WASHINGTON UNIV HOSPITAL	WASHINGTON	DC	662401400
GEORGETOWN UNIV HOSP	WASHINGTON	DC	950045600
GERMANTOWN HOSP & MED CTR	PHILADELPHIA	PA	008575800
GOOD SAMARITAN ACUTE/REHAB HOSPITAL	BALTIMORE	MD	000815000
GOOD SAMARITAN HOSP ACUTE	BALTIMORE	MD	000715300
GOOD SHEPHERD CENTER	BALTIMORE	MD	427825900
GRAND VIEW HOSPITAL	SELLERSVILLE	PA	527045600
GRANT MEDICAL CENTER	BALTIMORE	MD	761025404
GRANT MEMORIAL HOSPITAL	PETERSBURG	MD	006765200
GREATER BALTIMORE MED CTR	BALTIMORE	MD	000455300
GREATER SOUTHEAST COMMUNITY HOSP	WASHINGTON	DC	612950100
GREEN COUNTY MEMORIAL	WAYNESBURG	PA	227565100
GREENSPRING PEDIATRIC ASC	BALTIMORE	MD	593513002
GREENSPRING PEDIATRIC ASC	BALTIMORE	MD	593513001
GREENSPRING PEDIATRIC ASC	BALTIMORE	MD	593513000
GREENVILLE MEMORIAL HOSP	EMPORIA	VA	006595100
GRTR LAURL-BLTSVLE REHAB	LAUREL	MD	225785800
GRTR SOUTHEAST COMM HOSP	WASHINGTON	DC	000655600
GUNDRY GLASS HOSPITAL INC	BALTIMORE	MD	521545500
HADLEY MEMORIAL HOSPITAL	WASHINGTON	DC	005385600
HAHNEMANN UNIVERSITY HOSPITAL	PHILADELPHIA	PA	299600800
HALIFAX COMMUNITY HOSP	SOUTH BOSTON	VA	009345900
HAMOT MEDICAL CNTR	ERIE	PA	412705800
HAMPSHIRE MEM HOSPITAL	ROMNEY	WV	006025900

ADDENDUM O - LIST OF HOSPITAL FACILITIES (Continued)

NAME	CITY	STATE	HOSPITAL PROVIDER #
HANOVER GENERAL HOSPITAL	HANOVER	PA	005345700
HARBOR HOSPITAL CENTER	BALTIMORE	MD	000145700
HARFORD MEMORIAL HOSPITAL	HAVRE DE GRACE	MD	000255100
HARRISBURG HOSPITAL	HARRISBURG	PA	173305200
HAZLETON STATE GEN HOSP	HAZLETON	PA	473495500
HAZLETON-ST JOSEPH MED CR	HAZLETON	PA	400425600
HEALTHSOUTH OF ERIE INC	ERIE	PA	306900100
HEALTHSOUTH REHAB HOSP OF MARYLAND	SILVER SPRING	MD	080510600
HEALTHSOUTH REHABILITATION	YORK	PA	122065900
HENRICO DOCTORS HOSPITAL	RICHMOND	VA	373310600
HERSHEY MEDICAL CENTER	HERSHEY	PA	085002100
HIGHLANDS HOSP & HLTH CTR	CONNELLSVILLE	PA	477325000
HOFFMAN HOMES FOR YOUTH	LITTLESTOWN	PA	753775100
HOLY CROSS HOSPITAL	SILVER SPRING	MD	000435900
HOLY SPIRIT HOSPITAL	CAMP HILL	PA	008425500
HOSP OF THE MED CLG OF PA	PHILADELPHIA	PA	785635100
HOSP OF UNIV OF PENNA	PHILADELPHIA	PA	411985100
HOSPITAL FOR SICK CHILDREN	WASHINGTON	DC	950035900
HOWARD COUNTY GENERAL HOSP INC	COLUMBIA	MD	104404400
HOWARD UNIVERSITY HOSP	WASHINGTON	DC	005205100
HUMANA HOSP CLINCH VALLEY	RICHLANDS	VA	134035200
HUMANA HOSP GREENBRIE VAL	RONCEVERTE	WV	288575100
HUMANA HOSPITAL BAYSIDE	VIRGINIA BEACH	VA	414985800
INDIANA HOSPITAL	INDIANA	PA	477805700
INOVA VERNON HOSPITAL REHAB SVS	ALEXANDRIA	VA	330610100
J C BLAIR MEMORIAL HOSP	HUNTINGDON	PA	424675600
JAMES L KERNAN HOSP CHRON	BALTIMORE	MD	240845700
JAMES L KERNAN HOSP-REHAB	BALTO	MD	282515500
JAMES L KERNAN HOSPITAL	BALTIMORE	MD	093575100
JEFFERSON MEM HOSPITAL	ALEXANDRIA	VA	005985400
JEFFERSON MEMORIAL	RANSON	WV	005805000
JH BAYVIEW MC COMM DIS	BALTIMORE	MD	752975900
JH BAYVIEW MEDICAL CENTER	BALTIMORE	MD	341475200
JHU AIDS UNIT/DEPT OF MED	BALTIMORE	MD	233923400
JHU DEPT OF PED HIV	BALTIMORE	MD	772243500
JOHN HEINZ INSTITUTE OF REHAB MED	WILKES-BARRE	PA	793820900
JOHN RANDOLPH MEDICAL CTR	HOPEWELL	VA	451271500
JOHNS HOPKINS COMPRE INPAT REHAB	BALTIMORE	MD	241102400
JOHNS HOPKINS GERIATRIC C	BALTIMORE	MD	341785900
JOHNS HOPKINS HOSP-PSAWCM	BALTIMORE	MD	447193800
JOHNS HOPKINS HOSPITAL	BALTIMORE	MD	000065500
JOHNSTON MEMORIAL HOSP	ABINGTON	VA	005835100
JOHNSTON WILLIS HOSPITAL	RICHMOND	VA	010715800
KENNEDY KRIEGER INSTITUTE	BALTIMORE	MD	955675300
KENNEDY KRIEGER INSTITUTE	BALTIMORE	MD	951185700
KENT & QUEEN ANNES GEN HO	CHESTERTOWN	MD	000265800
KENT GENERAL HOSPITAL	DOVER	DE	005775400

ADDENDUM O - LIST OF HOSPITAL FACILITIES (Continued)

NAME	CITY	STATE	HOSPITAL PROVIDER #
KIMBROUGH ARMY COMM HOSP	FT MEADE	MD	338565500
KINGS DAUGHTERS HOSPITAL	STAUNTON	VA	411915100
LANCASTER GEN HOSPITAL	LANCASTER	PA	010375600
LANCASTER GEN/ACUTE REHAB	LANCASTER	PA	109735100
LATROBE AREA HOSPITAL	LATROBE	PA	412865600
LAUREL REGIONAL HOSPITAL	LAUREL	MD	287615900
LEE CO COMM HOSP INC	PENNINGTON GAP	VA	008495600
LEE HOSPITAL	JOHNSTOWN	PA	009855800
LEVINDALE HEB HOSP CHRON	BALTIMORE	MD	000805200
LEWIS-GALE HOSPITAL	SALEM	VA	465715200
LEWISTOWN HOSPITAL	LEWISTOWN	PA	424735300
LIBERTY MEDICAL CTR INC	BALTIMORE	MD	273005700
LIBERTY MEDICAL CTR-HIV	BALTIMORE	MD	383203100
LOCK HAVEN HOSPITAL	LOCK HAVEN	PA	359405000
LOUDOUN HOSPITAL CENTER	LEESBURG	VA	007585000
LOUISE OBICI MEM HOSP	SUFFOLK	VA	010185100
LOUISE OBICI MEM HOSP	SUFFOLK	VA	010185102
LOUISE OBICI MEM HOSP	SUFFOLK	VA	010185101
LOWER BUCKS HOSPITAL	BRISTOL	PA	794661900
LYNCHBURG GENERAL HOSPITAL	LYNCHBURG	VA	006715600
MAGEE REHABILITATION HOSP	PHILADELPHIA	PA	090295100
MAGEE-WOMENS HOSPITAL	PITTSBURGH	PA	455005600
MAPLETON PSYCHIATRIC INST	MALVERN	PA	196475500
MARTIN GENERAL HOSPITAL	WILLIAMSTON	MD	020585100
MARY IMMACULATE HOSPITAL	NEWPORT NEWS	VA	479505900
MARY WASHINGTON HOSPITAL	FREDERICKSBURG	VA	411975400
MARYLAND GEN ACUTE/REHAB	BALTIMORE	MD	420665700
MARYLAND GENERAL HOSPITAL	BALTIMORE	MD	000085000
MARYVEIW HOSPITAL	PORTSMOUTH	VA	006135200
MARYVIEW MEDICAL CENTER	PORTSMOUTH	VA	550145800
MCKEESPORT HOSPITAL	MCKEESPORT	PA	445515100
MEADOW WOOD HOSPITAL	NEW CASTLE	DE	149565800
MEDICAL COLLEGE OF PA HOSP	PHILADELPHIA	PA	794614700
MEDICAL COLLEGE VIRGINIA	RICHMOND	VA	006485800
MEDICAL CTR OF DELAWARE	NEWARK	DE	005715100
MEDICAL CTR OF DELAWARE	WILMINGTON	DE	005715102
MEDICAL CTR OF DELAWARE	WILMINGTON	DE	005715101
MEDLINK HOSPITAL	WASHINGTON	DC	555555800
MEM HOSP EASTON/COMM SVCS	EASTON	MD	754825700
MEM HOSP EASTON/COMM SVCS	EASTON	MD	754825702
MEM HOSP EASTON/COMM SVCS	EASTON	MD	754825701
MEM HOSP EASTON/COMM SVCS	EASTON	MD	754825704
MEM HOSP EASTON/COMM SVCS	EASTON	MD	754825703
MEM HOSP OF MARTINSVILLE	MARTINSVILLE	VA	412665300
MEMORIAL HOSP AT EASTON	EASTON	MD	000305100
MEMORIAL HOSP BEDFORD CO	EVERETT	PA	411885500
MEMORIAL HOSPITAL	YORK	PA	500400400

ADDENDUM O - LIST OF HOSPITAL FACILITIES (Continued)

NAME	CITY	STATE	HOSPITAL PROVIDER #
MERCY CATHOLIC MED CENTER	PHILA	PA	532745800
MERCY HOSP OF JOHNSTOWN	JOHNSTOWN	PA	005375900
MERCY HOSP PITTSBURGH	PITTSBURGH	PA	005615400
MERCY HOSPITAL	SCRANTON	PA	480855000
MERCY HOSPITAL	BALTIMORE	MD	000095700
METHODIST HOSPITAL	PHILADELPHIA	PA	373570200
METROPOLITAN HOSP	PHILADELPHIA	PA	458705700
METROPOLITAN HOSPITAL	RICHMOND	VA	945401200
MEYERSDALE COMMUNITY HOSP	MEYERSDALE	PA	005035100
MHMC CUMBERLAND/REHAB	CUMBERLAND	MD	202205200
MHMC OF CUMBERLAND INC	CUMBERLAND	MD	000295000
MILFORD MEM HOSPITAL INC	MILFORD	DE	412005100
MONONGALIA GENL HOSPITAL	MORGANTOWN	WV	403255100
MONTEFIORE HOSPITAL	PITTSBURG	PA	018955300
MONTGOMERY CTY HOSP INC	BLACKSBURG	VA	014785100
MONTGOMERY GENERAL HOSP	OLNEY	MD	000315800
MONTGOMERY HOSPITAL	NORRISTOWN	PA	208985800
MOUNTAINVIEW REG REHAB HO	MORGANTOWN	WV	098215600
MT VERNON HOSPITAL	ALEXANDRIA	VA	454685700
MT WASHINGTON PED HOSP	BALTIMORE	MD	000575400
MT WASHINGTON PED HOSP IN	BALTIMORE	MD	951175000
MUHLENBERG HOSPITAL CENTE	BETHLEHEM	PA	089345500
MUNCY VALLEY HOSPITAL	MUNCY	PA	098725500
NANTICOKE MEM HOSP INC	SEAFORD	DE	005015600
NANTICOKE STATE GEN HOSP	NANTICOKE	PA	006855100
NASON HOSPITAL	ROARING SPRING	PA	486995800
NATIONAL HOSP FOR KIDS IN CRISIS	OREFIELD	PA	491000100
NATIONAL NAVAL MED CTR	BETHESDA	MD	049005900
NATIONAL ORTHOPEDIC HOSP	ARLINGTON	VA	005305800
NATIONAL REHAB HOSPITAL	WASHINGTON	DC	474035100
NESBITT MEMORIAL HOSPITAL	KINGSTON	PA	185925100
NEWPORT NEWS GENERAL HOSP	NEWPORT NEWS	VA	530675200
NORFOLK GENERAL HOSPITAL	NORFOLK	VA	005225600
NORFOLK PSYCHIATRIC CENTER	NORFOLK	VA	588200100
NORTH ARUNDEL HOSPITAL	GLEN BURNIE	MD	000445600
NORTH HILLS PASSAVANT HOSP	PITTSBURGH	PA	745231400
NORTH PENN HOSPITAL	LANSDALE	PA	792285000
NORTH WEST MEDICAL CTR FRANKLIN	FRANKLIN	PA	361995800
NORTHAMPTON ACCOMAC MEMOR	NASSAWADOX	VA	006125500
NORTHWEST HOSPITAL CENTER	RANDALLSTOWN	MD	343275100
OHIO VALLEY GENERAL HOSP	WHEELING	WV	006405000
OSTEOPATHIC MEDICAL CTR	PHILADELPHIA	PA	193145800
PAGE MEMORIAL HOSP INC	LURAY	VA	412375100
PAOLI MEMORIAL HOSPITAL	PAOLI	PA	013745600
PEDIATRIC ASSOCIATES P A	BALTIMORE	MD	523033100
PENINSULA REGIONAL MED CT	SALISBURY	MD	000325500
PENNSYLVANIA HOSPITAL	PHILADELPHIA	PA	369935801

ADDENDUM O - LIST OF HOSPITAL FACILITIES (Continued)

NAME	CITY	STATE	HOSPITAL PROVIDER #
PENNSYLVANIA HOSPITAL	PHILADELPHIA	PA	369935800
PHILIPSBURG AREA HOSPITAL	PHILIPSBURG	PA	217215100
POCAHONTAS MEM HOSP	MARLINTON	WV	256685100
POCONO MEDICAL CENTER	EAST STROUDSBURG	PA	139245000
POLYCLINIC MEDICAL CENTER	HARRISBURG	PA	372445000
PORTSMOUTH GENERAL HOSP	PORTSMOUTH	VA	366535600
POTOMAC HOSPITAL	WOODBIDGE	VA	424755800
POTOMAC VALLEY HOSPITAL	KEYSER	WV	005025300
POTTSTOWN MEM MEDICAL CTR	POTTSTOWN	PA	129985900
PR GEO HOSP CTR CHRONIC	CHEVERLY	MD	000745500
PR GEORGES HOSP CTR ACUTE	CHEVERLY	MD	000345000
PRESBY UNIV OF PA MED CTR	PHILADELPHIA	PA	015665500
PRESTON MEMORIAL HOSPITAL	KINGWOOD	WV	144035700
PRINCE WILLIAM HOSPITAL	MANASSAS	VA	005495000
PRINCETON COMMUNITY HOSP	PRINCETON	WV	010065000
PROVIDENCE HOSPITAL	WASHINGTON	DC	005145400
PULASKI COMMUNITY HOSPITA	PULASKI	VA	287525000
PUNXSUTAWNEY AREA HOSP	PUNXSUTAWNEY	PA	192265300
PUTNAM GENERAL HOSPITAL	HURRICANE	WV	556955900
RADFORD COMMUNITY HOSP	RADFORD	VA	454845100
RALEIGH GENERAL HOSPITAL	BECKLEY	WV	424655100
RAPPAHANNOCK GEN HOSP	KILMARNOCK	VA	459635800
REHAB HOSPITAL OF ALTOONA	ALTOONA	PA	039145000
RESTON HOSPITAL CENTER	RESTON	VA	297575100
REYNOLDS MEM HOSP INC	GLEN DALE	WV	799565200
REYNOLDS PATRICK CO MEMOR	STUART	VA	441345800
RICHMOND MEMORIAL HOSP	RICHMOND	VA	005895500
RIDDLE MEMORIAL HOSPITAL	MEDIA	PA	010855300
RIVERSIDE HOSPITAL	WILMINGTON	DE	012545800
RIVERSIDE REG MEDICAL CTR	NEWPORT NEWS	VA	330075700
RIVERSIDE REG MEDICAL CTR	NEWPORT NEWS	VA	330075701
RIVERSIDE TAPPAHANNOCK HO	TAPPAHANNOCK	VA	761455100
ROCKFORD CENTER	NEWARK	DE	324525000
ROCKINGHAM MEMORIAL HOSP	HARRISONBURG	VA	411855300
ROSE HILL CENTER	ROCKVILLE	MD	620414700
RUSSELL COUNTY MED CTR	LEBANON	VA	424825200
SACRED HEART GENERAL HOSP	CHESTER	PA	009685700
SACRED HEART HOSPITAL	CUMBERLAND	MD	000355700
SACRED HEART HOSPITAL	ALLENTOWN	PA	278495500
SEIDLE MEMORIAL HOSPITAL	MECHANICSBURG	PA	403585200
SENTARA BAYSIDE HOSPITAL	VIRGINIA BEACH	VA	132405500
SENTARA HAMPTON GEN HOSP	HAMPTON	VA	132945600
SENTARA LEIGH HOSPITAL	NORFOLK	VA	453955900
SEWICKLEY VALLEY HOSPITAL	SEWICKLEY	PA	517401500
SHADY GROVE ADVENT HOSP	ROCKVILLE	MD	778575500
SHADYSIDE HOSPITAL	PITTSBURGH	PA	462235900
SHANDS TEACH HOSP & CLI	GAINESVILLE	MD	264375800

ADDENDUM O - LIST OF HOSPITAL FACILITIES (Continued)

NAME	CITY	STATE	HOSPITAL PROVIDER #
SHARON REGIONAL HLTH SYS	SHARON	PA	223445900
SHENANDOAH CO MEM HOSP	WOODSTOCK	VA	411875800
SHENANGO VLY OSTED HOSP	FARRELL	PA	324755400
SHEPPARD ENOCH PRATT HOSP	BALTIMORE	MD	527705100
SIBLEY MEMORIAL HOSPITAL	WASHINGTON	DC	005155100
SINAI ACUTE\REHAB HOSP	BALTIMORE	MD	474055600
SINAI DRUG DEPEN HIV	BALTO	MD	559913000
SINAI HOSPITAL OF BALTO	BALTIMORE	MD	000135000
SMYTH CO COMMUNITY HOSP	MARION	VA	005485200
SOMERSET COMMUNITY HOSP	SOMERSET	PA	007125100
SOUTH HILLS HLTH SYS HOSP	HOMESTEAD	PA	258025000
SOUTHAMPTON MEM HOSPITAL	FRANKLIN	VA	486365800
SOUTHERN MARYLAND HOSP	CLINTON	MD	455805700
SOUTHN CHESTER CO MED CTR	WEST GROVE	PA	005085700
SOUTHSIDE COMMUNITY HOSP	FARMVILLE	VA	007245100
SOUTHSIDE REGION MED CNTR	PETERSBURG	VA	080465700
ST AGNES HOSPITAL	BALTIMORE	MD	000115500
ST CHRISTOPHERS HOSP CHIL	PHILADELPHIA	PA	197575700
ST FRANCIS HOSP NEW CASTL	NEW CASTLE	PA	462915900
ST FRANCIS HOSPITAL	WILMINGTON	DE	006495500
ST JOSEPH MEDICAL CENTER	READING	PA	467215100
ST JOSEPH'S HOSPITAL	PARKERSBURG	WV	648425500
ST JOSEPHS HOS BUCKHANNON	BUCKHANNON	WV	450155100
ST JOSEPHS HOSP OF PHILA	PHILADELPHIA	PA	981135400
ST JOSEPHS HOSPITAL	LANCASTER	PA	010585600
ST JOSEPHS HOSPITAL	CARBONDALE	PA	016195100
ST JOSEPHS HOSPITAL	TOWSON	MD	000125200
ST LUKES HOSP OF BETH PA	BETHLEHEM	PA	451885300
ST MARY S HOSPITAL	NORTON	VA	621700100
ST MARYS HOSP OF RICHMOND	RICHMOND	VA	000765000
ST MARYS HOSPITAL	LEONARDTOWN	MD	000365400
ST MARYS HOSPITAL	LANGHORNE	PA	973265900
STONEWALL JACKSON HOSPITA	LEXINGTON	VA	288295700
SUBURBAM GENERAL HOSPITAL	NORRISTOWN	PA	569500700
SUBURBAN HOSPITAL	BETHESDA	MD	000375100
SUMMERSVILLE MEM HOSP	SUMMERSVILLE	WV	009885000
TAYLOR HOSPITAL	RIDLEY PARK	PA	102395100
TAYLOR MANOR	ELLCOTT CITY	MD	997000200
TAYLOR MANOR HOSPITAL	ELLCOTT CITY	MD	090315900
TEMPLE UNIVERSITY HOSPITAL	PHILDELPHIA	PA	101900700
THE BRYN MAWR HOSPITAL	BRYN MAWR	PA	461415100
THE CHESTER CNTY HOSPITAL	WEST CHESTER	PA	006655900
THE FAUQUIER HOSPITAL	WARRENTON	VA	005285000
THE GETTYSBURG HOSP	GETTYSBURG	PA	000625400
THE JEFFERSON SCHOOL	JEFFERSON	MD	081505500
THE KENNEDY KRIEGER INST	BALTIMORE	MD	095863800
THE MANN RESIDENTIAL TRMT CTR	BALTIMORE	MD	754612200

ADDENDUM O - LIST OF HOSPITAL FACILITIES (Continued)

NAME	CITY	STATE	HOSPITAL PROVIDER #
THE MEDICAL CTR	BEAVER	PA	222345700
THE PHILA CHILD GUIDANCE	PHILADELPHIA	PA	200225600
THE PINES RTC	PORTSMOUTH	VA	197145000
THE PSYCH INST OF WASH	WASHINGTON	DC	292085900
THE READING HOSPITAL	READING	PA	412035300
THE UNIONTOWN HOSPITAL	UNIONTOWN	PA	278345200
THE WASHINGTON HOSP	WASHINGTON	PA	010125700
THOS JEFFERSON UNIV HOSP	PHILADELPHIA	PA	410855800
TWIN CO COMM HOSP INC	GALAX	VA	325565400
UNION HOSP OF CECIL CO	ELKTON	MD	000385900
UNION MEM ACUTE/REHAB	BALTIMORE	MD	080965900
UNION MEMORIAL HOSPITAL	BALTIMORE	MD	000155400
UNITED HOSP CTR DOWNTOWN	CLARKSBURG	WV	010285700
UNIV HERSHEY MED REHAB	HERSHEY	PA	298485700
UNIV OF MD MED GROUP-HIV	BALTIMORE	MD	041553700
UNIV OF MD MEDICAL SYSTEM	BALTIMORE	MD	340925200
UNIV OF VA MEDICAL CENTER	CHARLOTTESVILLE	VA	005165902
UNIV OF VA MEDICAL CENTER	CHARLOTTESVILLE	VA	005165901
UNIVERSITY OF VIRGINIA MEDICAL CTR	CHARLOTTESVILLE	VA	005165900
VENCORE HOSPITAL ARLINGTON	ARLINGTON	VA	033400600
VILLA MARIA	BALTIMORE	MD	427815100
VIRGINIA BAPTIST HOSPITAL	LYNCHBURG	VA	465565600
VIRGINIA BCH GEN HOSP	VIRGINIA BEACH	VA	261125200
WAR MEMORIAL HOSPITAL	BERKELEY SPRINGS	WV	005245100
WARREN MEMORIAL HOSPITAL	WINCHESTER	VA	000695500
WASHINGTON ADVENTIST HOSP	TAKOMA PARK	MD	000405700
WASHINGTON COUNTY HOSP	HAGERSTOWN	MD	000395600
WASHINGTON CTY HOSP REHAB	HAGERSTOWN	MD	113845600
WASHINGTON HOSPITAL CTR	WASHINGTON	DC	005045800
WAYNESBORO COMMUNITY HOSP	WAYNESBORO	VA	006375400
WAYNESBORO HOSPITAL	WAYNESBORO	PA	005395300
WEIRTON MEDICAL CENTER	WEIRTON	WV	331015900
WEST VA UNIVERSITY HOSP	MORGANTOWN	WV	005075000
WESTERN PENNSYLVANIA HOSP	PITTSBURGH	PA	008565100
WESTMORELAND HOSP ASSOC	GREENSBURG	PA	009935000
WETZEL COUNTY HOSPITAL	NEW MARTINSVILLE	WV	348785700
WILKES BARRE GEN HOSPITAL	WILKES BARRE	PA	294795100
WILLIAMSBURG COMM HOSPITA	WILLIAMSBURG	VA	529015500
WILLS EYE HOSPITAL	PHILADELPHIA	PA	012245900
WINCHESTER MEDICAL CENTER	WINCHESTER	VA	005055500
WINDBER HOSPITAL	WINDBER	PA	411095100
WOODBOURNE CENTER INC	BALTO	MD	235395400
WYTHE COUNTY COMM HOSP	WYTHEVILLE	VA	013145800
YORK HOSPITAL	YORK	PA	005405400

ADDENDUM P - LIST OF NURSING HOME FACILITIES

NAME	CITY	STATE	NURSING HOME PROVIDER #
ADVEN HLTHCARE FAIRLAND NURS & REH	SILVER SPRING	MD	151027400
ADVEN HLTHCARE SLIGD CRK NURS & REH	TAKOMA PARK	MD	152677400
ALICE BYRD TAWES NUR HOME	CRISFIELD	MD	198407100
ALICE MANOR	BALTIMORE	MD	300087700
ALLEGANY COUNTY N H	CUMBERLAND	MD	011607600
ALTHEA WOODLAND NSG HOME	SILVER SPRING	MD	152287600
ANNAPOLIS NURSING & REHAB	ANNAPOLIS	MD	021477900
ARMACOST NURSING HOME	BALTIMORE	MD	032047100
ATLANTIC GENERAL HOSPITAL	BERLIN	MD	232057600
AUGSBURG LUTHERAN HOME	BALTIMORE	MD	032087100
AVALON HOME/AVALON MANOR	HAGERSTOWN	MD	217177500
B-E/MD COLTON VILLA N C	HAGERSTOWN	MD	217307700
B-E/MD CUMBERLAND VILLA	CUMBERLAND	MD	011707200
BAPTIST HOME OF MD DE INC	OWINGS MILLS	MD	038737100
BAYSIDE CARE CNTR AT LEXINGTON PARK	LEXINGTON PARK	MD	119050400
BAYVIEW NURSING FACILITY	BALTIMORE	MD	302487300
BAYVIEW SPECIAL CARE UNIT	BALTIMORE	MD	302467900
BEDFORD CT HEALTHCARE CTR	SILVER SPRING	MD	158007800
BERLIN NURSING HOME	BERLIN	MD	237757800
BLUEPOINT NURSING & REHAB CENTER	BALTIMORE	MD	175210300
BRADFORD OAKS NURSING AND REHAB CNT	CLINTON	MD	102001300
BRIGHTON MANOR NURS & GER	BALTIMORE	MD	302687600
BRIGHTWOOD CENTER-GENESIS ELDERCARE	LUTHERVILLE	MD	030977000
BROOKE GROVE REHAB & NURS	SANDY SPRING	MD	155167100
CALVERT CO NURSING CTR	PRINCE FREDERICK	MD	043297100
CALVERT MANOR HEALTHCARE CENTER	RISING SUN	MD	073767400
CALVERT MEMORIAL TRANS CARE UNIT	PRINCE FREDERICK	MD	124501500
CANTON HARBOR HEALTHCARE CENTER	BALTIMORE	MD	197000300
CAREMATRIX OF SILVER SPRING	SILVER SPRING	MD	153387800
CAROLINE NURSING HOME INC	DENTON	MD	058607200
CARROLL LUTHERAN VILL HC	WESTMINSTER	MD	063417400
CATON MANOR	BALTIMORE	MD	510207300
CATONVILLE COMMONS	BALTIMORE	MD	032127300
CATONVILLE ELDERCARE NURS & REHAB	BALTIMORE	MD	471150500
CHANCELLOR CARE CTR DELMA	DELMAR	DE	400077300
CHANGING POINT SOUTH	COLLEGE PARK	MD	067245902
CHANGING POINT SOUTH	HOLLYWOOD	MD	067245901
CHARLES COUNTY NURSING & REHAB CTR	LA PLATA	MD	087007200
CHARLESTOWN COMMUNITY INC	CATONVILLE	MD	034397800
CHARLOTTE HALL VET HOME	CHARLOTTE HALL	MD	189417000
CHARTER BHS OF DELMARVA/WARWICK	EAST NEW MARKET	MD	550700600
CHESAPEAKE WOODS CENTER	CAMBRIDGE	MD	161302200
CHESTERTOWN NUR & REH CTR	CHESTERTOWN	MD	146017000
CHOICE COMMUNITIES INC	BALTIMORE	MD	322302700
CHURCH HOSP-RECOVER CARE	BALTIMORE	MD	302797000
CHURCH NURSING CENTER INC	BALTIMORE	MD	309077900
CITIZENS N H - FREDERICK	FREDERICK	MD	103957100

ADDENDUM P - LIST OF NURSING HOME FACILITIES

NAME	CITY	STATE	NURSING HOME PROVIDER #
CITIZENS NURSING HOME	HAVRE DE GRACE	MD	124507400
CLEARVIEW NURSING HOME	HAGERSTOWN	MD	214057800
COFFMAN NURSING HOME INC	HAGERSTOWN	MD	217247000
COLLEGE VIEW CENTER	FREDERICK	MD	101447100
COLLINGSWOOD NURS CTR	FREDERICK	MD	155327500
COLLINGTON EPISCOPAL LIFE CARE	MITCHELLVILLE	MD	160027300
COPPER RIDGE NURSING HOME INC	SYKESVILLE	MD	061007100
CORSICA HILLS CENTER	CENTREVILLE	MD	175327400
CRAWFORD RETREAT INC	BALTIMORE	MD	300367100
CROFTON CONVALES CENTER	CROFTON	MD	021797200
CROMWELL CENTER	BALTIMORE	MD	035337000
CUPPETT & WEEKS NURS HOME	OAKLAND	MD	114327100
DEATON SPEC HOSP NURS HOM	BALTIMORE	MD	139637400
DENNETT ROAD MANOR INC	OAKLAND	MD	114337900
DEVLIN MANOR NURSING HOME	CUMBERLAND	MD	018947200
DULANEY-TOWSON HLTH CARE CENTER	TOWSON	MD	033937700
EDWARD W MCCREADY MEM HOS	CRISFIELD	MD	226867100
EGL E NURSING HOME	LONACONING	MD	011717000
FAHRNEY KEEDY MEM HOME	BOONSBORO	MD	217287900
FAIRFIELD NURSING CENTER	CROWNSVILLE	MD	021817100
FOREST HAVEN N H	CATONSVILLE	MD	032407800
FOX CHASE REHAB & NURSING	SILVER SPRING	MD	150247600
FRANKLIN WOODS CENTER	BALTIMORE	MD	030177900
FREDERICK HEALTH CARE CTR	FREDERICK	MD	100647900
FREDERICK MEM HOSP TRANS CARE UNIT	FREDERICK	MD	515900800
FREDERICK VILLA N CTR INC	BALTIMORE	MD	033997100
FRIENDS NURSING HOME INC	SANDY SPRING	MD	155517100
FROSTBURG VIL OF ALLEG CO	FROSTBURG	MD	011747100
FUTURE CARE - OLD COURT INC	RANDALLSTOWN	MD	303600600
FUTURE CARE CHERRYWOOD	REISTERSTOWN	MD	032167200
FUTURE CARE CHESAPEAKE	ARNOLD	MD	021767100
GARLOCK MANOR NURSING HOME	HAGERSTOWN	MD	217367100
GARRETT COUNTY MEMORIAL HOSPITAL	OAKLAND	MD	155060800
GLADE VALLEY NURSING & REHAB CNTR	WALKERSVILLE	MD	430910300
GLADYS SPELLMAN SPEC HOS	CHEVERLY	MD	139647100
GLASGOW NURSING HOME	CAMBRIDGE	MD	093967600
GLEN MEADOWS RETIREMENT COMMUNITY	GLEN ARM	MD	257700300
GOLDEN AGE GUEST HOME	SYKESVILLE	MD	063447600
GOLDEN OAKS NURSING HOME	LAUREL	MD	160117200
GOOD SAMARITAN HOSP TRANS CARE UNIT	BALTIMORE	MD	336960900
GOOD SAMARITAN NURS CTR	BALTIMORE	MD	302437700
GOODWILL MENNONITE HOME	GRANTSVILLE	MD	114367100
GREATER BALTIMORE MEDICAL CENTER	BALTIMORE	MD	745210100
GREENSPRING NURS & REHAB	BALTIMORE	MD	303437200
HAMILTON CENTER	BALTIMORE	MD	511097100
HAMMONDS LANE CENTER	BROOKLYN PARK	MD	026227700
HARBOR HEALTHCARE REHABILITATION CN	LEWES	DE	369700200

ADDENDUM P - LIST OF NURSING HOME FACILITIES (Continued)

NAME	CITY	STATE	NURSING HOME PROVIDER #
HARBOR HOS CTR-EXTENDED C	BALTIMORE	MD	302547100
HARBOUR INN CONVALES CTR	BALTO	MD	301897100
HARTLEY HALL NUR HOM INC	POCOMOKE CITY	MD	237807800
HAVEN NURSING HOME	BALTIMORE	MD	300687500
HAYES CARE HOME	BALTIMORE	MD	300557700
HEARTLAND HEALTH CARE CTR-ADELPHI	ADELPHI	MD	162647700
HEARTLAND HLTH CARE CTR-HYATTSVILLE	HYATTSVILLE	MD	162637000
HEBREW HOME OF GTR WASH	ROCKVILLE	MD	155557000
HERITAGE CENTER	DUNDALK	MD	037537300
HERMAN M WILSON HLTH CARE	GAITHERSBURG	MD	154937500
HILLHAVEN NURSING CENTER	ADELPHI	MD	166557000
HOLLY HILL MANOR INC	TOWSON	MD	032527900
HOLY CROSS HOSPITAL TRANS CARE CTR	SILVER SPRING	MD	793800400
HOLY CROSS REHAB & NURSING CNTR	BURTONSVILLE	MD	041700900
HOMEWOOD AT FREDERICK MD INC	FREDERICK	MD	852125500
HOMEWOOD AT WILLIAMSPORT MD INC	WILLIAMSPORT	MD	217447200
HOMEWOOD CENTER	BALTIMORE	MD	512377100
HOPE HOUSE	CROWNSVILLE	MD	516145200
HUDSON CENTER	SALISBURY	MD	754520700
HURWITZ HOUSE /LEVINDALE	BALTIMORE	MD	032627500
IRVINGTON KNOLLS CARE CENTER II INC	BALTIMORE	MD	009510900
IRVINGTON KNOLLS CARE CTR	BALTO	MD	510337100
IVY HALL NURS & CONV HOME	BALTIMORE	MD	032647000
JEWISH CONV & NURS HOME	BALTIMORE	MD	032677100
JOHNS HOPKINS GERI	BALTIMORE	MD	371497700
JULIA MANOR HEALTH CARE CENTER	HAGERSTOWN	MD	136000100
KENESAW NURSING HOME	BALTIMORE	MD	697901700
KERNAN TRANSITIONAL REHAB UNIT	BALTIMORE	MD	087420500
KESWICK MULTICARE CENTER	BALTIMORE	MD	139617000
KNOLLWOOD MANOR	MILLERSVILLE	MD	023517200
LA PLATA CENTER	LA PLATA	MD	086577000
LARKIN CHASE NUR & RESTORATIVE CTR	BOWIE	MD	168937100
LAURELWOOD CARE CENTER AT ELKTON	ELKTON	MD	819902700
LAYHILL CENTER	TOWNSON	MD	150727300
LEVINDALE HEB HOSP NUR HM	BALTIMORE	MD	139627700
LIFECARE AT LOFLAND PARK	SEAFORD	DE	842528100
LIONS MANOR NURSING HOME	CUMBERLAND	MD	011767600
LITTLE SISTERS OF POOR	BALTIMORE	MD	032707700
LIVINGSTON HLTH CARE CTR	FORT WASHINGTON	MD	160037100
LOCH RAVEN CENTER	BALTIMORE	MD	037307900
LONG GREEN CENTER	BALTIMORE	MD	302477600
LONG VIEW NURSING HOME	MANCHESTER	MD	063567700
LORIEN NURS & CONV HOME	COLUMBIA	MD	134007700
LORIEN NURSING & REHAB CT	BALTO	MD	516137100
LORIEN RIVERSIDE N & R CT	BELCAMP	MD	120007100
MAGNOLIA CENTER	LANHAM	MD	818989700
MAGNOLIA HALL INC	CHESTERTOWN	MD	144747500

ADDENDUM P - LIST OF NURSING HOME FACILITIES (Continued)

NAME	CITY	STATE	NURSING HOME PROVIDER #
MALLARD BAY CARE CNTR AT CAMBRIDGE	CAMBRIDGE	MD	161390100
MANOKIN MANOR INC	PRINCESS ANNE	MD	190007200
MANOR CARE HEALTH SERVICES-BETHESDA	BETHESDA	MD	115000600
MANOR CARE POTOMAC	SILVERSPRING	MD	150237901
MANORCARE HEALTH SERVICES LARGO	UPPER MARLBORO	MD	166597900
MANORCARE HEALTH SERVICES POTOMAC	POTOMAC	MD	150237900
MANORCARE HEALTH SERVICES ROSSVILLE	BALTIMORE	MD	032257100
MANORCARE HEALTH SERVICES RUXTON	BALTIMORE	MD	032267900
MANORCARE HEALTH SERVICES TOWSON	BALTIMORE	MD	032307100
MANORCARE HEALTH SERVICES WHEATON	WHEATON	MD	466001300
MANORCARE HEALTH SERVS CHEVY CHASE	CHEVY CHASE	MD	548800100
MANORCARE HLTH SERVICES ROLAND PARK	BALTIMORE	MD	794612100
MANORCARE HLTH SVCS SILVER SPRING	SILVER SPRING	MD	150217400
MARIA HEALTH CARE CENTER INC	BALTO	MD	288500000
MARINER HEALTH AT CIRCLE MANOR	KENSINGTON	MD	138802900
MARINER HEALTH OF BEL AIR	BEL AIR	MD	248750100
MARINER HEALTH OF BETHESDA	BETHESDA	MD	158797800
MARINER HEALTH OF CATONSVILLE	CATONSVILLE	MD	129601900
MARINER HEALTH OF FOREST HILL	FOREST HILL	MD	006302900
MARINER HEALTH OF GLEN BURNIE	GLEN BURNIE	MD	160002800
MARINER HEALTH OF KENSINGTON	KENSINGTON	MD	090904100
MARINER HEALTH OF MOUNTCLARE	BALTO	MD	160001000
MARINER HEALTH OF NORTH ARUNDEL	GLEN BURNIE	MD	626950800
MARINER HEALTH OF OVERLEA	BALTO	MD	160006100
MARINER HEALTH OF SILVER SPRING	SILVER SPRING	MD	160003600
MARINER HEALTH OF SOUTHERN MARYLAND	CLINTON	MD	160005200
MARINER HLTH CARE GTR LAU	LAUREL	MD	162017700
MARY WASHINGTON HEALTH CENTER	COLONIAL BEACH	VA	523700900
MARYLAND BAPTIST AGED HOME	BALTIMORE	MD	301187900
MD GEN HOSP/TRANSITIONAL CARE CTR	BALTO	MD	130000800
MEDLANTIC MANOR AT LAYHIL	SILVER SPRING	MD	150227100
MELWOOD FARM TREATMENT CT	OLNEY	MD	758575600
MEMORIAL HOSP AT EASTON	EASTON	MD	787107400
MERCY TRANSITIONAL CARE SRVCS INC	BALTO	MD	566710100
MERIDIAN N C HAMILTON	TOWSON	MD	300357400
MILFORD MANOR NURS HOME	PIKESVILLE	MD	032757300
MILLENIUUM HEALTH & REHAB CENTER	BALTIMORE	MD	833500100
MILLENIUUM HLTH & REHAB CNTR NW LLC	BALTIMORE	MD	555100500
MILLENNIUUM HLTH & REHAB CENTER	EDGEWATER	MD	411207500
MILLENNIUUM HLTH/REHAB CTR MARL NECK	GLEN BURNIE	MD	820000900
MONTG GEN'L HOSP TRANS CARE CTR	OLNEY	MD	741100600
MONTGOMERY VILLAGE CARE AND REHAB	GAITHERSBURG	MD	159857100
MORAN MANOR	WESTERNPORT	MD	510157300
MOUNTAIN MANOR BALTO	BALTO	MD	039155700
MOUNTAIN MANOR TREATMENT	EMMITSBURG	MD	039135200
MOUNTAIN MANOR TREATMENT CENTER	EMMITSBURG	MD	775700000
MULTI-MEDICAL CENTER	TOWSON	MD	033657200

ADDENDUM P - LIST OF NURSING HOME FACILITIES (Continued)

NAME	CITY	STATE	NURSING HOME PROVIDER #
NATIONAL LUTHERAN HOME	ROCKVILLE	MD	155757200
NORTH ARUNDEL HOSP SUBACUTE UNT	GLEN BURNIE	MD	106100300
NORTH CHARLES HEALTHCARE CENTER	BALTIMORE	MD	842825500
NORTHAMPTON MANOR INC	FREDERICK	MD	100017900
NORTHWEST HOSPITAL CENTER SUBACUTE	RANDALLSTOWN	MD	532485800
OAK CREST VILLAGE CARE CENTER	BALTIMORE	MD	189541900
OAKVIEW TREATMENT CENTER	BALTIMORE	MD	801240700
OLD COURT NURSING CTR	RANDALLSTOWN	MD	032787500
PATHWAYS TREATMENT CENTER	ANNAPOLIS	MD	757055400
PERRING PARKWAY CENTER	BALTIMORE	MD	033127900
PHYSICIANS MEMORIAL HOSPITAL	LA PLATA	MD	537401400
PICKERSGILL INC	TOWSON	MD	032007200
PIKESVILLE CONV HOME	PIKESVILLE	MD	032817100
PINEVIEW NURSING AND REHAB CENTRE	CLINTON	MD	160077000
PLEASANT VIEW NURS HM 2	MOUNT AIRY	MD	063607000
POTOMAC HEALTHCARE FND SAFE HARBOR	EMMITSBURG	MD	342200300
POTOMAC VALLEY NURSING/WELLNESS CTR	FREDERICK	MD	155917600
RANDALLSTOWN CENTER	RANDALLSTOWN	MD	034117700
RANDOLPH HILLS NURSING HOME	WHEATON	MD	155987700
RAVENWOOD LUTH VILLAGE NH	HAGERTOWN	MD	217547900
RAVENWOOD NURSING & REHAB CENTER	BALTO	MD	158340900
REEDER MEMORIAL HOME	BOONSBORO	MD	217557600
REGENCY HEALTH SVCS INC	FORESTVILLE	MD	165007600
RIDGEWAY MANOR	CATONSVILLE	MD	032927400
RIVERVIEW CARE CENTER LLC	ESSEX	MD	055101500
ROBOSSON COURT NURSING CENTER LLC	RANDALLSTOWN	MD	125490100
ROCK GLEN NURSING AND REHABILIT CNT	BALTIMORE	MD	856841300
ROCKVILLE NURSING HOME	ROCKVILLE	MD	155997400
SACRED HEART HOME INC	HYATTSVILLE	MD	166737800
SACRED HEART HOSPITAL ECU	CUMBERLAND	MD	012717500
SALISBURY CENTER-GENESIS ELDERCARE	SALISBURY	MD	221697300
SANDTOWN-WINCHESTER NURSI	BALTIMORE	MD	300697200
SEAFORD CENTER	SEAFORD	DE	553637500
SEVERNA PARK CENTER	SEVERNA PARK	MD	027337600
SHADY GROVE ADV NUR & REH	ROCKVILLE	MD	158057400
SHARON NURSING HOME	SANDY SPRING	MD	156087500
SHORE NURSING AND REHAB CENTER	DENTON	MD	058117800
SNOW HILL NURSING REHABIL	SNOW HILL	MD	236897800
SOLOMONS NURSING CENTER	SOLOMONS	MD	043997500
SPA CREEK CENTER	ANNAPOLIS	MD	020367000
SPRINGBROOK ADV NURS CTR	SILVER SPRING	MD	150607200
ST AGNES CONTINUICARE SKILL NUR FAC	BALTIMORE	MD	535110300
ST AGNES NURSING & REHAB CTR	ELLCOTT CITY	MD	794602300
ST ANNE'S CONTINUING CARE CENTER	BALTIMORE	MD	843860900
ST CATHERINE'S NURS CTR	EMMITSBURG	MD	101007700
ST ELIZABETH REHAB & NURS CTR	BALTIMORE	MD	300827400
ST JOSEPH NURSING HOME	CATONSVILLE	MD	033047700

ADDENDUM P - LIST OF NURSING HOME FACILITIES (Continued)

NAME	CITY	STATE	NURSING HOME PROVIDER #
ST MARYS NURSING HOME	LEONARDTOWN	MD	186977900
ST THOMAS MORE NURSING REHAB CNT	HYATTSVILLE	MD	800680600
ST VINCENT DEPAUL NURSING CENTER	FROSTBURG	MD	333760000
STELLA MARIS INS	BALTIMORE	MD	960200300
SUBACUTE CENTER AT SOUTHERN MD HOSP	CLINTON	MD	779601300
SUBURBAN HOSPITAL INC SNC	BETHESDA	MD	151407500
SUNRISE CARE & REHABILITATION	ELKTON	MD	192110000
SYKESVILLE ELDERCARE CENTER	SKYKESVILLE	MD	061817900
THE PINES	EASTON	MD	203647900
THE WESLEY HOME INC	BALTIMORE	MD	159200900
TOWSON CONVALESCENT CTR	REISTERSTOWN	MD	033947400
TRANS CARE UNIT AT FRANKSQ HOSP CT	BALTIMORE	MD	580900200
TUERK HOUSE	BALTIMORE	MD	024102400
UNION MEMORIAL HOSPITAL	BALTO	MD	511117000
VALLEY VIEW NURSING HOME	BERKELEY SPRINGS	WV	400297100
VILLA JOINT RETIREMENT CONVENT INC	BALTIMORE	MD	510090900
VILLA ST MICHAEL NURS CTR	BALTIMORE	MD	510067400
VINDOBONA NURSING HOME	BRADDOCK HEIGHTS	MD	104247500
WALDORF HEALTH CARE CTR	WALDORF	MD	086337800
WASH CO HSP EXT CARE FACI	HAGERSTOWN	MD	224337700
WATERVIEW HEALTHCARE CTR	SALISBURY	MD	220017100
WESTMINSTER NURSING AND REHAB CTR	WESTMINSTER	MD	068107500
WICOMICO NURSING HOME	SALISBURY	MD	228687400
WILLIAM HILL MANOR INC	EASTON	MD	207007300
WILLIAMSPORT NURSING HOME	WILLIAMSPORT	MD	217607600
WINDSOR RIDGE NURSING & REHAB CENT	BALTIMORE	MD	819992200

ADDENDUM Q: VISION CARE SERVICES ONLY

Eyeglasses

Use the following procedure codes for the billing of frames and lenses:

V2020 for a child ZYL frame

V2025 for a metal or combination frame when required for a proper fit

V2799 (preauthorization required) for a special or custom frame when necessary and appropriate

V2100-V2499 for lens(es)

92390 for single vision integrated glasses

92340-92342 for the fitting of spectacles

Contact Lenses

Contact lens services require preauthorization and include the prescription of contact lenses (specification of optical and physical characteristics), the proper fitting of contact lenses (including the instruction and training of the wearer, incidental revision of the lens and adaptation), the supply of contact lenses, and the follow-up of successfully fitted extended wear lenses. Use the following procedure codes for the billing of contact lens services:

92070-26 for the fitting of contact lens

92310-26-92313-26 for the professional services of prescription, fitting, training and adaptation

V2500-V2599 for contact lenses

92012 for follow-up to a proper fitting

Modifiers

Use modifier **A26** to indicate that you are billing for the professional services component only for the following contact lens services procedure codes:

92070-26

92310-26

92311-26

92312-26

92313-26

Contact lens(es) are billed separately using V-codes.

ADDENDUM Q - Continued

Use modifier **A50** to indicate that you (optometrist) are billing for a multiple or bilateral surgical procedure performed on the same day or at the same optometric visit. The major (multiple) or first (bilateral) procedure should be reported first without a modifier. Use the modifier **A50** for the subsequent or second procedure. This modifier is only used with CPT codes 65205-65222.