



STATE OF MARYLAND

DHMH

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

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

**MARYLAND MEDICAL ASSISTANCE PROGRAM**  
**Home Health Transmittal No. 59**  
**June 30, 2014**

TO: Home Health Agency Administrators

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

RE: Revised Home Health Fee Schedule

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

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The intent of this transmittal is to inform home health agency providers of the revision of the Medicaid Program's fee schedule for home health services rendered to Medicaid recipients via fee-for-service. These rates, which are effective January 1, 2014, are reflected on the enclosed document.

The rates were established in accordance with COMAR 10.09.04.07D(5) which requires the fee schedule to be adjusted annually by the same rate used by the Centers for Medicare and Medicaid Services (CMS) in updating Medicare's prospective payment rates. The rate is limited to a maximum of 5 percent and is effective the date on which Medicare's rate changes are implemented. Thus, the rate change is effective January 1, 2014 and reflects a 2.3% increase. Payments for medical and other supplies used during a covered home health visit as part of the treatment ordered by the recipient's attending physician are established and made in accordance with COMAR 10.09.04.07D(4) which requires the Program to pay for these items at a rate that is the lesser of the home health agency's customary charge to the general public or the Medicaid rate for the supply or pharmaceutical as established pursuant to COMAR 10.09.12 and 10.09.03.

Please note that the Division of Nursing Services has instructed staff of the Office of Systems, Operations and Pharmacy to initiate a mass adjustment of all home health payments made for dates of service January 1, 2014 and after. It will, therefore, not be necessary for any providers to complete adjustment forms to the Division of Adjustments for these processed claims.

Questions regarding the revised fee schedule may be addressed to the Division of Nursing Services' staff at (410) 767-1448. If you would like to request a copy of the Disposable Medical

Supplies/Durable Medical Equipment Approved List of Items, please call the Division of Community Support Services' staff at 410-767-1739. Thank you for your patience during this process.

Enclosure

**MARYLAND MEDICAID'S HOME HEALTH SERVICES  
FEE SCHEDULE  
EFFECTIVE 01/01/14**

	<b>0551</b>	<b>0571</b>	<b>0421</b>	<b>0431</b>	<b>0441</b>
<b>COUNTY</b>	<b>SKN</b>	<b>HHA</b>	<b>PT</b>	<b>OT</b>	<b>SP</b>
<b>Allegany</b>	\$103.48	\$50.21	\$111.92	\$111.97	\$112.40
<b>Anne Arundel</b>	\$111.20	\$53.96	\$120.24	\$122.84	\$120.75
<b>Baltimore</b>	\$111.20	\$53.96	\$120.24	\$122.84	\$120.75
<b>Calvert</b>	\$122.08	\$59.24	\$132.02	\$132.02	\$132.53
<b>Caroline</b>	\$133.07	\$57.44	\$136.01	\$136.84	\$140.46
<b>Carroll</b>	\$111.20	\$53.96	\$120.24	\$122.84	\$120.75
<b>Cecil</b>	\$127.65	\$61.93	\$138.04	\$138.03	\$138.57
<b>Charles</b>	\$122.08	\$59.24	\$132.02	\$132.02	\$132.53
<b>Dorchester</b>	\$133.07	\$57.44	\$136.01	\$136.84	\$140.46
<b>Frederick</b>	\$122.08	\$59.24	\$132.02	\$132.02	\$132.53
<b>Garrett</b>	\$128.69	\$64.89	\$110.40	\$108.02	\$118.27
<b>Harford</b>	\$111.20	\$53.96	\$120.24	\$122.84	\$120.75
<b>Howard</b>	\$111.20	\$53.96	\$120.24	\$122.84	\$120.75
<b>Kent</b>	\$133.07	\$57.44	\$136.01	\$136.84	\$140.46
<b>Montgomery</b>	\$122.08	\$59.24	\$132.02	\$132.02	\$132.53
<b>Prince George's</b>	\$122.08	\$59.24	\$132.02	\$132.02	\$132.53
<b>Queen Anne's</b>	\$111.20	\$53.96	\$120.24	\$122.84	\$120.75
<b>St. Mary's</b>	\$133.07	\$57.44	\$136.01	\$136.84	\$140.46
<b>Somerset</b>	\$133.07	\$57.44	\$124.98	\$86.84	\$140.46
<b>Talbot</b>	\$133.07	\$57.44	\$136.01	\$136.84	\$140.46
<b>Washington</b>	\$128.69	\$67.30	\$110.40	\$108.02	\$118.27
<b>Wicomico</b>	\$133.07	\$57.44	\$124.98	\$86.84	\$140.46
<b>Worcester</b>	\$133.07	\$57.44	\$124.98	\$86.84	\$140.46
<b>CITY</b>	<b>SKN</b>	<b>HHA</b>	<b>PT</b>	<b>OT</b>	<b>SP</b>
<b>Baltimore</b>	\$111.20	\$53.96	\$120.24	\$122.84	\$120.75
<b>Washington, D.C.</b>	\$122.08	\$59.24	\$132.02	\$132.02	\$132.53



The Maryland Home Health reimbursement rates are set based on the county where the home health agency's home office is located.

**SKN** = Skilled Nursing (0551)  
**HHA** = Home Health Aide (0571)  
**PT** = Physical Therapy (0421)  
**OT** = Occupational Therapy (0431)  
**SP** = Speech Pathology (0441)  
**DMS/DME** = Disposable Medical Supplies (0273)  
and Durable Medical Equipment

**Note = All home health aide services are to be billed using procedure code 0571.  
All disposable medical supplies and durable medical equipment are to be billed using procedure code 0273.**

For out-of-state providers, rates will be paid at the lower of the following:

1. The home state's Medicaid rate for the same service rendered by the same provider if the provider participates in its home state Medicaid Program;  
or
2. The rate paid for the same service rendered by a provider in the nearest Maryland County.