



STATE OF MARYLAND

DHMH

Office of Health Services
Medical Care Programs

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Parris N. Glendening, Governor - Georges C. Benjamin, M.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
General Provider Transmittal No. 58
June 14, 2002

TO: General Clinics
Managed Care Organizations
Nurse Anesthetists
Nurse Practitioners
Nurse Midwives
Physicians
Podiatrists

FROM: Susan J. Tucker, Executive Director

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

RE: Emergency Status Granted to Amendments to COMAR 10.09.02
Physicians' Services

The Joint Committee on Administrative, Executive and Legislative Review has granted emergency status to amendments to Regulations .01, .04 and .07 under COMAR 10.09.02 Physicians' Services. Emergency status will begin on July 1, 2002 and will expire on December 31, 2002.

The emergency amendments include large physician fee increases for both office visits and hospital-based visits. The fee increases will affect both primary care providers and specialists. Services with fee increases include: Evaluation and Management visits in the office or other outpatient settings; Hospital Observation Services; Hospital Inpatient Services; Consultations; Emergency Department Services; Critical Care Services; Neonatal Intensive Care; Nursing Facility Services; Domiciliary, Rest Home or Custodial Care Services; Home Services; Prolonged Services; Preventive Medicine Services; and Newborn Care.

(Continued on reverse)

These amendments also revise the Physicians' Services Provider Fee Manual through Current Procedural Terminology (CPT) 2002 and crosswalk local billing codes for EPSDT screenings and nurse midwife deliveries in a home or birthing center to CPT codes in order to comply with the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). These amendments also add a definition for the "United States" to the Regulations. In addition certified nurse practitioners have been included with certified nurse midwives as physician extenders who do not require direct physician supervision by the physician employer.

The amendments also require physicians to use CPT Preventive Medicine codes 99381-99385 and 99391-99395 to report a comprehensive EPSDT screen. Procedure code 99173 will be used to report the vision screening component of the EPSDT screen. These changes were made because local EPSDT codes are no longer allowed under HIPAA.

Hospital outpatient visits should be reported without a modifier -26. Providers in hospital outpatient settings should bill the appropriate Evaluation and Management code without a modifier (place of service code 22).

Vaginal delivery codes 59410 and 59614 should be used to report a vaginal delivery, including postpartum care, when performed in a home or birthing center (place of service code 12 or 25). The unlisted Maternity Care and Delivery code 59899 should be used to bill for delivery supplies provided in a home or birthing center (POS 12 or 25).

A copy of the emergency amendments which were submitted to the Division of State Documents for publication and of the 2002 Physicians' Services Provider Fee Manual to be effective July 1, 2002 are attached to this transmittal.

Any questions regarding this transmittal should be directed to the staff specialist for physicians' services at 410-767-1481 or 1-877-463-3464, extension 1481.

SJT:rz
Attachments

Title 10

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 09 MEDICAL CARE PROGRAMS

10.09.02 Physicians' Services

Authority: Health General Article, §§2-104(b), and

15-105, Annotated Code of Maryland

.01 Definitions.

A. (text unchanged)

B. Terms Defined.

(1) — (24) (text unchanged)

(25) “United States” means the 50 states, the District of Columbia, and the U.S. territories.

[(25)] (26) (text unchanged)

.04 Covered Services.

The Program covers the following medically necessary services rendered to recipients:

A. Physicians' services rendered in the physician's office, the recipient's home, a hospital, a skilled or intermediate care nursing facility, a freestanding clinic, or elsewhere when these services are:

(1) Performed by the physician or one of the following:

(text unchanged)

(b) A certified registered physician's assistant, [licensed nurse practitioner,] licensed registered nurse, certified psychologist, or a certified social worker, provided that the individual performing the service is in the physician's employ and is under the physician's direct supervision and performs the service within the scope of the individual's license or certification for the purpose of assisting in the provision of physicians' services[.];

(c) A certified nurse midwife or a certified nurse practitioner provided that the individual performing the service is in the physician's employ and performs the services within the scope of [the nurse midwife's] the individual's license or certification;

(2) — (3) (text unchanged)

B. — I. (text unchanged)

.07 Payment Procedures.

A. — C. (text unchanged)

D. The Maryland Medical Assistance Program Physicians' Services Provider Fee Manual, Revision [2000,] 2002, is contained in the Medical Assistance Provider Fee Manual, dated October 1986. All the provisions of *this document*, unless specifically excepted, are incorporated by reference.

E. — R. (text unchanged)

GEORGES C. BENJAMIN, M.D.
Secretary of Health and Mental Hygiene