



STATE OF MARYLAND

DHMH

Office of Health Services
Medical Care Programs

PT28-03

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor - Michael S. Steele, Lt. Governor - Nelson J. Sabatini, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM

Oxygen Transmittal No. 24

July 7, 2003

TO: Oxygen and Related Respiratory Equipment Providers

FROM: Susan J. Tucker, Executive Director

SUBJECT: Proposed Amendments to Oxygen and Related Respiratory Equipment Services

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

ACTION:
Proposed Amendments

PROPOSED EFFECTIVE DATE:
October 15, 2003

WRITTEN COMMENTS:
Michele Phinney, 201 West Preston Street
Baltimore, Maryland 21201
Fax 410-333-7667
Call 410-767-6499

PROGRAM CONTACT PERSON:
Jane Sacco, Chief
Division of Community Support
Services
410-767-1739

COMMENT PERIOD EXPIRES JULY 21, 2003

The Maryland Medical Assistance Program proposes to amend Regulations .06 and .07 under COMAR 10.09.18 Oxygen and Related Respiratory Equipment.

These amendments will change the local procedure codes to National HCPCS Codes in order to comply with requirements of the Health Insurance Portability and Accountability Act (HIPAA). These amendments will also eliminate preauthorization requirements for certain low cost items on the fee schedule. Finally, these amendments permit providers to fax preauthorization requests under certain conditions. Providers are directed, however, to notify the Program by telephone when submitting a fax request. The Department is proposing to adopt these amendments on a permanent basis effective October 15, 2003.

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Web Site: www.dhmh.state.md.us

The proposed amendments, as submitted to be printed in the Maryland Register, and the Oxygen and Related Respiratory Equipment Fee Schedule containing the new codes, are attached.

Attachment

Title 10

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 09 MEDICAL CARE PROGRAMS

10.09.18 Oxygen and Related Respiratory Equipment Services

Authority: Health-General Article, §§2-104(b), 15-103, and 15-105,

Annotated Code of Maryland

Notice of Proposed Action

The Secretary of Health and Mental Hygiene proposes to amend Regulations .06 and .07 under COMAR 10.09.18 Oxygen and Related Respiratory Equipment Services.

Statement of Purpose

The purpose of this action is to change the local procedure codes on the fee schedule to National HCPCS codes, and to eliminate preauthorization requirements for certain low cost items.

Comparison to Federal Standards

(Check one option)

There is no corresponding federal standard to this proposed regulation.

or

There is a corresponding federal standard to this proposed regulation, but the proposed regulation is not more restrictive or stringent.

or

In compliance with Executive Order 01.01.1996.03, this proposed regulation is more restrictive or stringent than corresponding federal standards as follows:

- (1) Regulation citation and manner in which it is more restrictive than the applicable federal standard:
- (2) Benefit to the public health, safety or welfare, or the environment:
- (3) Analysis of additional burden or cost on the regulated person:
- (4) Justification for the need for more restrictive standards:

Impact Statements

Part A

Estimate of Economic Impact

X The proposed action has no economic impact.

or

The proposed action has an economic impact.

Complete the following form in its entirety.

I. Summary of Economic Impact.

II. Types of Economic Impacts.

Revenue
(R+/R-)
Expenditures

A. On issuing agency:

1 Medical Assistance Program

B. On other State agencies:

C. On local governments:

Benefit (+)
Cost (-) _____ Magnitude

D. On regulated industries or trade groups:

E. On other industries or trade groups:

F. Direct and indirect effects on public:

III. Assumptions. (Identified by Impact Letter and Number from Section II.)

Part B
(check one option)

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

or

The proposed action has a meaningful economic impact on small businesses. An analysis of this economic impact follows.

Opportunity for Public Comment

Comments may be sent to Michele Phinney, Regulations Coordinator,
Department of Health and Mental Hygiene, 201 W. Preston Street, Room 521
Baltimore, Maryland 21201, or fax to (410) 333-7687, or email to
regs@dhmh.state.md.us, or call (410) 767-6499 or 1-877-4MD-DHMH, extension
6499. These comments must be received by

Part C

(For legislative use only; not for publication)

- A. Fiscal Year in which regulations will become effective: 2004
- B. Does the budget for fiscal year in which regulations become effective contain funds to implement the regulations?
- | | | | |
|-----|----|---|-----|
| Yes | No | X | N/A |
|-----|----|---|-----|
- C. If yes state whether general, special (exact name), or federal funds will be used:
- D. If no, identify the source(s) of funds necessary for implementation of these regulations:
- It does not result in increased or decreased payments to providers.
- E. If these regulations have no economic impact under Part A, indicate reason briefly:
- It does not result in increased or decreased payments to providers.
- F. If these regulations have minimal or no economic impact on small businesses under Part B, indicate the reason.
- It does not result in increased or decreased payments to providers.

.06 Pre-Authorization Requirements.

[A. All services and items provided under this chapter require pre-authorization with the exception of replacement items costing less than \$5 for components of complete set ups.]

A. The following items require a written pre-authorization:

- (1) NCPAP (nasal continuous positive pressure) system;
- (2) Custom made tracheostomy tubes; and
- (3) IPPB (intermittent positive pressure breathing) machine.

B. Pre-authorization is issued when:

(1) - (2) (text unchanged)

(3) The Prescriber submits to the Department adequate documentation demonstrating that the service to be pre-authorized is medically necessary [and appropriate. "Necessary" means directly related to diagnostic, preventive, curative, palliative, or rehabilitative treatment. "Appropriate" means an effective service that can be provided, taking into consideration the particular circumstances of the recipient and the relative cost of any services which could be used to the same purpose].

C. The prescriber shall submit requests for pre-authorization in writing using the [form] format and procedures designated by the Department.

[D. Verbal pre-authorization may be requested by the prescriber in emergency situations or to expedite hospital discharge. In both cases the prescriber must have initiated a written request for pre-authorization on the appropriate form, which shall:

- (1) Then be transmitted immediately to the Department with the indication that verbal approval has been received, and from whom; and
- (2) Be received within 15 days from the date the verbal pre-authorization is issued.

E. Verbal pre-authorization is valid for a maximum of 30 days contingent on §D of this regulation and the recipient's continuing eligibility.]

D. Pre-Authorization, when required, may be requested via a facsimile machine to expedite hospital, nursing facility, or other medical institutional discharge or in emergency situations approved by the Program. In this case, the facsimile of the completed pre-authorization form shall be followed by a written request for preauthorization using the original of the form, which shall be submitted immediately to the Department.

[F.] E. (text unchanged)

[G.] E. Pre-authorization normally required by the Program is waived when the services are covered and approved by Medicare. However, if the entire or any part of a claim is rejected by Medicare, and the claim is referred to the Program for payment, payment will be made for services covered by the Program only if authorization for those services has been obtained before billing. Non-Medicare claims require pre-authorization according to §§A-[F] E of this regulation.

.07 Payment Procedures.

A. - C. (text unchanged)

[D.] The Department's fee schedule for services covered in this chapter is contained in the Medical Assistance Provider Fee Manual dated October 1, 1986, all the provisions of which are incorporated by reference with the following amendment:

(1) Oxygen and Related Respiratory Equipment Services Fee Schedule, Supplement No. 1.]

D. The Maryland Medical Assistance Program Oxygen and Related Respiratory Equipment Services Provider Fee Schedule, Revision 2003, is contained in the Medical Assistance Provider Fee Manual, dated October 1, 1986. All the provisions of this document are incorporated by reference.

E. – O. (text unchanged)

NELSON J. SABATINI

Secretary of Health and Mental Hygiene

**MARYLAND MEDICAL ASSISTANCE PROGRAM
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OXYGEN AND RELATED RESPIRATORY EQUIPMENT
SERVICES**

PROVIDER FEE SCHEDULE

REVISION 2003

COMAR 10.09.18

**MARYLAND MEDICAL ASSISTANCE PROGRAM
OXYGEN AND RELATED RESPIRATORY EQUIPMENT SERVICES**

**PROCEDURE CODES AND MAXIMUM ALLOWABLE COST FOR PURCHASED
OR RENTAL OF OXYGEN, CONCENTRATORS AND RELATED RESPIRATORY EQUIPMENT**

OXYGEN AND RELATED RESPIRATORY EQUIPMENT

<u>Item</u>	<u>Procedure Code</u>	<u>Maximum Purchase Charge</u>	<u>Maximum Rental Charge</u>
<u>IPPB AND RELATED EQUIPMENT</u>			
IPPB Machine all types, with built in nebulization; manual or automatic valves; internal or external power source	E0500	\$600.00	\$ 46.15
<u>ACCESSORIES</u>			
Variable Concentration Mask	A 4620	4.26	
<u>OXYGEN CONCENTRATORS</u>			
Oxygen concentrator, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	E1390		220.00
<u>OXYGEN SYSTEMS</u>			
Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flow meter, humidifier, nebulizer, cannula or mask, and tubing	E0424		50.00

<u>Item</u>	<u>Purchased Code</u>	<u>Maximum Purchase Charge</u>	<u>Maximum Rental Charge</u>
Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask and tubing	E0431	\$	\$ 45.00
Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	E0434		45.00
Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	E0439		60.00

OXYGEN CONTENTS

Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned)	E0441		
Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned)	E0442	151.21	
Portable oxygen contents, gaseous (for use only with portable systems when no stationary gas or liquid system is used)	E0443	17.00	
Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used)	E0444		

<u>Item</u>	<u>Procedure Code</u>	<u>Maximum Purchased Charge</u>	<u>Maximum Rental Charge</u>
<u>TRACHEOSTOMY EQUIPMENT</u>			
Tracheostomy mask or collar	A4621	\$ 5.00	\$
Tracheostomy or laryngectomy tube	A4622	66.40	
Tracheostomy, inner cannula (replacement only)	A4623		
Tracheal suction catheter, any type, each	A4624		
Tracheostomy care kit for new tracheostomy	A4625		
Tracheostomy care kit for established tracheostomy	A4629		

CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) SYSTEM AND ACCESSORIES

Continuous airway pressure (CPAP) device	E0601	940.00	72.31
Full face mask used with positive airway pressure device, each	A7030	188.64	
Face mask interface, replacement for full face mask, each	A7031		
Replacement cushion for nasal application device, each	A7032	42.53	
Replacement pillows for nasal application device, pair	A7033		
Nasal interface (mask or cannula type) device, with or without head strap	A7034		
Headgear used with positive airway pressure device	A7035	44.00	

<u>Item</u>	<u>Procedure Code</u>	<u>Maximum Purchased Charge</u>	<u>Maximum Rental Charge</u>
Chinstrap used with positive airway pressure device	A7036	\$ 20.00	
Tubing used with positive airway pressure Device	A7037	45.00	
Filter, disposable, used with positive airway pressure device	A7038	6.00	
Filter, non-disposable, used with positive airway pressure device	A7039	13.99	

HUMIDITY SYSTEM

Compressor, air power source for equipment which is not self-contained or cylinder driven	E0565	397.00	30.54
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****See the DMS/DME Approved List of Items for other respiratory supplies and equipment.**