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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 21-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Center for Medicaid & CHIP Services

233 North Michigan Ave., Suite 600

Chicago, Illinois 60601



Financial Management Group

June 2, 2021

Mr. Dennis Schrader, Director
Maryland Department of Health
201 W. Preston St., 5th Floor
Baltimore, MD 21201

RE: MD-21-0007

Dear Mr. Schrader:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan. This amendment updates payment rates and fee schedules for enteral and parenteral supplies and equipment.

Based upon the information provided by Maryland, CMS is approving the amendment with an effective date of February 1, 2021. We are enclosing the approved CMS-179 and a copy of the approved plan pages.

If you have any additional questions or need further assistance, please contact Division of Reimbursement Review (DRR) analyst Gary Knight at (304) 347-5723 or Gary.Knight@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**1. TRANSMITTAL NUMBER
2 1 0 0 0 72. STATE
MD3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE
02/01/20215. TYPE OF PLAN MATERIAL (*Check One*) NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)6. FEDERAL STATUTE/REGULATION CITATION
N/A7. FEDERAL BUDGET IMPACT
a. FFY 2021 \$ 430,514
b. FFY 2022 \$ 430,514

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Att. 4.19B pg. 36-2 (21-0007)
Att. 4.19B pg. 36-3 (21-0007)9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)Att. 4.19B pg. 36-2 (NEW)
Att. 4.19B pg. 36-3 (NEW)

10. SUBJECT OF AMENDMENT

The purpose of this amendment is to update the rate of provider reimbursement for enteral and parenteral items and supplies from 80 percent of the January 2020 Medicare rates to 85 percent of the July 2013 Medicare rates.

11. GOVERNOR'S REVIEW (*Check One*) GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
Tricia Roddy14. TITLE
Assistant Medicaid Director15. DATE SUBMITTED
3/31/2021

16. RETURN TO

Dennis Schrader
Acting Secretary of Health
Maryland Department of Health
201 W. Preston St., 5th Floor
Baltimore, MD 21201

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
March 31, 202118. DATE APPROVED
June 2, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
February 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
Todd McMillion22. TITLE
Director, Division of Reimbursement Review

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF MARYLAND
DME/DMS

Enteral Nutrition Products

Enteral nutritional products are covered when administered in the home and given by nasogastric, jejunostomy, or gastrostomy tube. Services require a post payment review.

Effective February 1, 2021, the Department will reimburse for enteral nutritional products at the below rates. These rates are the same for both governmental and private individual practitioners.

Enteral nutritional product reimbursement is based on Medicare rates where available. The following HCPCS are reimbursed per unit:

HCPCS	HCPCS Unit	Per Unit Rate
B4102	500 ml	\$3.56
B4103	500 ml	\$3.33
B4149	100 cal	\$1.77
B4150	100 cal	\$0.69
B4152	100 cal	\$0.57
B4153	100 cal	\$2.03
B4154	100 cal	\$1.20

HCPCS	HCPCS Unit	Per Unit Rate
B4155	100 cal	\$1.19
B4158	100 cal	\$0.69
B4159	100 cal	\$0.69
B4160	100 cal	\$0.85
B4161	100 cal	\$2.03
B4162	100 cal	\$3.31

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF MARYLAND
DME/DMS

Enteral and Parenteral Therapy Supplies

Effective February 1, 2021, the Department will reimburse for enteral and parenteral supplies (B codes) at 85 percent of the July 2013 Medicare rates. These rates are the same for both governmental and private individual practitioners.

The following HCPCS are reimbursed:

HCPCS	HCPCS Unit	Per Unit Rate
B4034	1 item	\$5.19
B4035	1 item	\$9.90
B4036	1 item	\$6.80
B4081	1 item	\$18.37
B4082	1 item	\$13.66
B4083	1 item	\$2.10
B4087	1 item	\$30.32
B4088	1 item	\$107.11

HCPCS	HCPCS Unit	Per Unit Rate
B4220	1 item	\$7.65
B4222	1 item	\$9.44
B4224	1 item	\$22.69
B9002	1 item	\$1,041.91
B9004	1 item	\$2,411.31
B9006	1 item	\$2,411.31
B9998	1 item	\$249.90
B9999	1 item	\$249.90