MD SPA 10-05 Attachment

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 4.19 B, Page 31	NEW
Attachment 4.19 B, Page 32	NEW
Attachment 4.19 A&B, Page 54	Attachment A&B, Page 54, Effective 92-04

STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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PROGRAM	LIMITATIONS
9. Clinic Services c. Ambulatory Surgery	A. The Ambulatory Surgery program covers medically necessary facility services rendered to recipients in a free-standing Medicare-certified ambulatory including: (1) Diagnostic, curative, palliative, or rehabilitative services, when clearly related to the recipient's individual needs; and (2) Surgical procedures which meet the standards described in 42 CFR, Subpart F, §416.75, and as published by the Centers for Medicare and Medicaid Services. B. Ambulatory Surgery providers shall meet requirements listed in COMAR 10.09.36.03. Specific requirements for participation in the Program as a free-standing Medicare-certified ambulatory surgical center include all of the following: (1) Be approved by Medicare to furnish ambulatory surgical services to patients and maintain documentation of certification by the Department of Health and Human Services and the Centers for Medicare and Medicaid Services; (2) Have clearly defined, written, patient care policies; (3) Maintain adequate documentation of each recipient visit as part of the plan of care, which at a minimum, shall include: a. Date of service;

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PROGRAM	LIMITATIONS
9. Clinic Services c. Ambulatory Surgery	b. Recipient's reason for visit; c. A brief description of service provided; and d. A legible signature and printed or typed name of the professional providing care, with the appropriate title; (4) Have written, effective procedures for infection control which are known to all levels of staff as specified in COMAR 10.06.01; (5) Be approved by the state in which the service is provided, except where a Certificate of Need is not required; (6) Provide for in-house Program evaluation and clinical record review which assess use of services for appropriateness in meeting a recipient's needs; (7) Refer laboratory testing only to independent medical laboratory providers. C. Limitations The Maryland Medicaid Ambulatory Surgery program does not cover the following services in a free-standing Medicare certified ambulatory surgical center: (1) Services not specified in Regulation .04 of this chapter; (2) Services not medically necessary; (3) Investigational and experimental drugs and procedures; (4) Services denied by Medicare as not medically justified;

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PROGRAM	LIMITATIONS
9. Clinic Services c. Ambulatory Surgery	(5) Separate billing of services which are included in the composite Medicare rate for an ambulatory surgical center; and (6) Surgical procedures which: a. Generally result in extensive blood loss; b. Require major or prolonged invasion of body cavities; c. Directly involve major blood vessels; or d. Are generally emergency or life-threatening in nature; e. Commonly require system thrombolytic therapy; f. Are designed as requiring inpatient care (overnight); g. Can only be reported using a CPT unlisted surgical procedure code; or h. Are otherwise excluded under 42 CFR § 411.15; (7) Physician's services (including surgical procedures and all preoperative and postoperative services performed by a physician; (8) Anesthesia services; (9) Radiology services other than those integral to performance of a covered surgical procedure; (10) Diagnostic procedures other than those directly related to a covered surgical procedure; (11) Ambulance services; (12) Leg, arm, back and neck braces other than those that serve the function of a cast or splint; (13) Artificial Limbs; or (14) Non-implantable prosthetic devices and DME.

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Ambulatory Surgery Rates

A) Reimbursement Methodology:
   (1) Reimbursement fees equal 98 percent of the 2007 Medicare-approved ASC facility fee for services furnished to Medicaid recipients in connection with covered surgical procedures.
   (2) For those procedure codes with reimbursement rates capped by the Deficit Reduction Act of 2005 (DRA), reimbursement is at 100 percent of the Medicare approved ASC facility fee.
   (3) If one covered surgical procedure is furnished to a recipient, payment is at the Maryland Medicaid Program payment amount which is 98 percent of the 2007 Medicare approved facility fee for that procedure.
   (4) 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 Maryland Medicaid Program payment amount for the procedure with the highest reimbursement rate. Other covered surgical procedures furnished in the same session are reimbursed at 50 percent of the Maryland Medicaid Program payment amount for each of those procedures.

      When a covered surgical procedure is terminated before the completion due to extenuating circumstances or circumstances that threaten the well-being of the patient, the Medicaid Program payment amount is based on one of the following:

      a. If the procedure for which the anesthesia is planned is discontinued after the induction of anesthesia or after the procedure is started; the reimbursement amount is 98 percent of the 2007 Medicare approved facility fee.
      b. One half of the 2007 Medicare approved facility fee will be reimbursed if procedure for which anesthesia is planned is discontinued after the patient is prepared for surgery and taken to the room where the procedure is to be performed, but before the anesthesia is induced or if a covered surgical procedure for which anesthesia was not planned is discontinued after the patient is prepared for surgery and taken to the room where the procedure is to be performed.

B) Reimbursement by the Program is for facility services provided by a free-standing ambulatory surgical center in connection with covered surgical procedures, include but are not limited to:
   (1) Nursing, technician, and related services;
   (2) Use of the facility;
   (3) Drugs, biologicals, surgical dressings, supplies, splints, casts, and appliances, and any equipment directly related to the provision of surgical procedures;
   (4) Administrative costs;

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(5) Materials including supplies and equipment for the administration and monitoring of anesthesia;
(6) Radiology services for which separate payment is not allowed and other diagnostic tests or interpretive services that are integral to a surgical procedure;
(7) Supervision of the services of a nurse anesthetist by the operating surgeon; and
(8) Ancillary items and services that are integral to a covered surgical procedure as defined in 42 CFR §416.166.

C) The Program may not bill for:
(1) Completion of forms and reports;
(2) Broken or missed appointments;
(3) Professional services rendered by mail or telephone; and
(4) Services which are provided at no charge to the general public.
(5) Direct payment to a recipient.
(6) Separate direct payment to any person employed by or under contract to any free-standing Medicare-certified ambulatory surgical center facility for services covered under this regulation.

D) The Program shall authorize payment on Medicare claims only if:
(1) The provider accepts Medicare assignment;
(2) Medicare makes direct payment to the provider; and
(3) Medicare has determined that the services are medically necessary.

E) The Department pays 100% of Medicare deductibles and co-insurance and services not covered by Medicare, but considered medically necessary by the Program, according to the limitations of Regulation .04C of this chapter.

F) Recovery and reimbursement under this chapter are set forth in COMAR 10.09.36.07.

Reserve for Future Use

FEDERAL REGULATION CITATIONS: **SPA 10-05**

___ Attachment 2.2A 42 CFR 435.10

__ Attachment 2.6A 42 CFR Part 435, Section 435.10 and Subparts G&H AT-78-90, AT-80-6, AT-80-34, 1902(l) and (n) of the Act, P.L. 99-509 (Secs. 9401 and 9402), 1902 (l) and (n) and 1920 of the Act, P.L. 99-509 (Secs. 9401, 9402, and 9407)

_X__ Attachment 3.1A Part 400, Subpart B and 1902(e)(5), 1905(a)(18) through (20), and 1920 of the Act, P.L. 99-272 (Sections 9501, 9505 and 9526) and 1902(a), 1902(a)(47), 1902 (e)(7) through (9), and 1920 of the Act, P.L. 99-509 (Sections 9401(d), 9403, 9406 through 9408) and P.L. 99-514 (Section 1985(c)(3))

____ Attachment 3.1B 42 CFR Part 440, Subpart B, 42 CFR 441.15, AT-78-90, AT-80-34

____ Attachment 3.1C 42 CFR 431.53, AT-78-90

____ Attachment 3.1F 1905(a)(24) and 1930 of the Act, P.L. 101-508 (Section 4712 OBRA 90)

____ Attachment 4.18A 447.51 through 447.58

____ Attachment 4.18C 447.51 through 447.58

__ Attachment 4.18-F 447.50-447.59

_X___ Attachment 4.19 A&B (a) 42 CFR 447.252, 46 FR 44964, 48 FR 56046, 50 FR 23009, 1902(e)(7) of the Act, P.L. 99-509 (Section 9401(d))

(b) 42 CFR 447.201, 42 CFR 447.302, AT-78-90, AT-80-34, 1903(a)(1) and (n) and 1920 of the Act, P.L. 99-509 (Section 9403, 9406 and 9407), 52 FR 28648

____ Attachment 4.16 42 CFR 431.615(c) AT-78-90

___ Attachment 4.19D (d) 42 CFR 447.252, 47 FR 47964, 48 FR 56046, 42 CFR 447.280, 47 FR 31518, 52 FR 28141

___ Attachment 4.22A (a) 433.137(a), 50 FR 46652, 55 FR 1423

____ Attachment 4.22B (b) 433.138(f), 52 FR 5967, 433.138(g)(1)(ii) and (2)(ii), 52 FR 5967, 433.133(g)(3)(i) and (iii), 52 FR 5967, 433.138(h)(4)(i) through (iii), 52 FR 5967

____ Attachment 4.22C Section 1906 of the Act

____ Attachment 4.26 1927(g) 42 CFR 456.700, 1927(g)(1)(A), 1927(g)(1)(a) 42 CFR 456.705(b) and 456.709(b), 1927(g)(1)(B) 42 CFR 456.703(d) and (f), 1927(g)(1)(D) 42 CFR 456.703(b), 1927(g)(2)(A) 42 CFR 456.705(b), 1927(g)(2)(A)(i) 42 CFR 456.705(b), 1927(g)(2)(A)(i) 42 CFR 456.705(b), (1)-(7), 1927(g)(2)(A)(ii) 42 CFR 456.705(c) and (d), 1927(g)(2)(B) 42 CFR 456.709(a), 1927(g)(2)(C) 42 CFR 456.709(b), 1927(g)(2)(D) 42 CFR 456.711, 1927 (g)(3)(A) 42 CFR 456.716(a), 1927 (g)(3)(B) 42 CFR 456.716 (A) and (B), 1927(g)(3)(C) 42 CFR456.716 (d) 1927(g)(3)(C) 42 CFR 456.711 (a)-(d), 1927 (g)(3)(D) 42 CFR 456.712 (A) and (B), 1927(b)(1) 42 CFR 456.722, 1927(g)(2)(A)(i) 42 CFR 456.705(b), 1927(j)(2) 42 CFR 456.703(c)

____ Attachment 4.32A (a) 435.940 through 435.960, 52 FR 5967

____ Attachment 4.33A (a) 1902(a)(48) of the Act, P.L. 99-570 (Section 11005), P.L. 100-93 (Section 6(a)(3))

____ Attachment 4.35A (a) 1919(b)(1) and (2) of the Act, P.L. 100-103 (Section 4212(a))

____ Attachment 4.35B (b) Same as above