FEDERAL REGULATION CITATIONS: **SPA 11-03**

___ 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

___ Attachment 4.44 Section 1902(a)(80) of the Act, P.L. 111-148 (Section 6505)

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

STATE OF MARYLAND

PROGRAM	LIMITATIONS
5. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.	A. The Physician Program covers medically necessary physician services when the services are provided by licensed physicians. When a service is provided as part of a health-related service in schools or in the child's home, it must be determined necessary and included as part of a child's IEP or IFSP. B. Physician Services which are not covered are: 1. Services not medically necessary; 2. Physician services (other than those for pregnant women and children) denied by Medicare as not medically necessary. For pregnant women and children, the state will review for medical necessity even if Medicare has denied the coverage; 3. Nonemergency dialysis services related to chronic kidney disorders unless they are provided in a Medicare-certified facility; 4. Services which are investigational or experimental; 5. Autopsies; 6. Physician services included as part of the cost of an inpatient facility, hospital outpatient department, or free-standing clinic; 7. Payment to physicians for specimen collection, except by venipuncture and capillary or

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

STATE OF MARYLAND

PROGRAM	LIMITATIONS
5. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.	2. Cosmetic surgery - Preauthorization will determine whether there is medical documentation that the physical anomaly being addressed by the surgery represents a significant deviation from the normal state and affects the patient's health to a degree that it impairs his or her ability to function in society; 3. Consultations provided by physicians specializing in radiology or pathology; 4. Lipectomy and panniculectomy - Preauthorization will determine whether there is an abnormal amount of redundant skin and subcutaneous tissue which is causing significant health problems for the patient; 5. Transplantation of vital organs; 6. Surgical procedures for the treatment of morbid obesity; and 7. Elective services from a non-contiguous state. 8. Telemental Health Services – Services for telemental health services are subject to identical preauthorization requirements as face-to-face services. An individual is eligible for services through the public mental health system (PMHS) if the services are preauthorized, if required, by the Administration's administrative services organization (ASO).

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

STATE OF MARYLAND

PROGRAM	LIMITATIONS
5. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.	E. Certain surgical procedures identified under "Inpatient Services" (Attachment 3.1A page 12B number 11) must be preauthorized when performed on a hospital inpatient basis unless: 1. The patient is already a hospital inpatient for a medically necessary condition unrelated to the surgical procedure requiring preauthorization, or 2. An unrelated procedure which requires hospitalization is being performed simultaneously. F. Telemental health, as defined in COMAR 10.21.30 provides an alternate method of delivering psychiatric consultation, evaluation, and ongoing treatment to improve access for eligible individuals requiring outpatient psychiatric care in an approved distance format to improve capacity and choice for ongoing psychiatric treatment. Telemental Health service delivery requires the following provisions to be met: 1. Providers must: a. be a Maryland-licensed psychiatrist and have a Medicaid provider number or be practicing in an Outpatient Mental Health Clinic (OMHC) or Federally Qualified Health Center (FQHC). b. submit an application to MHA that describes how the originating site and distant site will comply with the regulations including any and all contractual relationships and billing procedures for this service: Telemed services are covered in COMAR 10.21.30 and accessible through the following link: http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.21.30. 2. Telemental health must be delivered via a live interactive audiovisual communication video method limited to a telehealth health originating site that is an OMHC or FQHC that provides live, audiovisual communication between the provider and client.

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

STATE OF MARYLAND

	3. Telemental health services are limited to residents in designated rural geographic areas. 4. The telemental health originating site is limited to the designated rural geographic areas; the distant site may be located anywhere within the State of Maryland. 5. Telemental health services will be billed to Medicaid in the same way as face-to-face mental health services are billed except that the distant site psychiatrist will add the "GT" modifier to the mental health procedure code indicating the delivery mode (Telehealth). 6. Telemental health services are limited to individual psychotherapy, pharmacologic management, and a psychiatric diagnostic interview examination provided by a distant site psychiatrist. 7. The originating site may bill only for a licensed mental health professional "telepresenter" if the distant site psychiatrist documents in the individual's medical record the medical necessity for the direct face-to-face participation of the telepresenter. 8. The originating site will bill Medicaid using the Q3014 facility fee code. 9. All preauthorization requirements for mental health services must be met before engaging in the provision of telemental health services.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

5A. Reimbursement for Telemental Health Services:

5A-a. Reimbursement for Telemental health services delivered in accordance with services described in Attachment 3.1-A pages 17C through 17E as distant site practitioners, including physicians, are paid using the fee schedule through the link to Value Options, Maryland's Behavioral Health Provider:

http://maryland.valueoptions.com/provider/cliams_finance/PMHS_Reimbursement_Schedule.pdf

The agency's fee schedule rate was set as of July 1, 2011 and is effective for services provided on or after that date. Except as otherwise noted in the Plan, State developed fee schedule rates are the same for both governmental and private individual practitioners.

5A-b. Reimbursement for Telemental Health is limited to individual psychotherapy, pharmacologic management, and a psychiatric diagnostic interview examination. These services are provided in increments of 20-30 or 45-50 minutes. The unit of service is the same for the distant site and the originating site.

5A-c. Services for Telemental Health must be provided by a Maryland-licensed psychiatrist.

5A-d. The distant site psychiatrist will bill using an allowable billing code with the GT ("telehealth service") modifier. The physician and originating site fee may be located through the link referenced in 5A-a through Value Options.

5A-e. Originating or Spoke Site or Location of Medicaid Recipient:

e-i. The originating site must be an OMHC or an FQHC located in a designated rural geographic area.

e-ii. Reimbursement for Telemental health transmission costs is set at the current Medicare rate for the originating site facility fee and is set based on the Medicare Economic Index (MEI) at 80% of the lesser or actual charge.

e-iii. The originating site will bill using the HCPCS Level II code Q3014, telemedicine facility fee."

e-iv. The originating site may not be reimbursed for the services of the distant site provider.

e-v. The originating site may only be reimbursed for the services of a licensed independent practitioner if the distant site psychiatrist documents in the individual's medical record the medical necessity for the direct face to face participation of the telepresenter at each session. Only when the medical necessity has been determined and documented may the telepresenter bill the applicable CPT code for the service rendered.