Table of Contents

State/Territory Name: Maryland

State Plan Amendment (SPA) #: 15-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 150 S. Independence Mall West Suite 216, The Public Ledger Building Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT # 072820154011

OCT 0 6 2015

Shannon McMahon, Deputy Secretary
Health Care Financing
Maryland Department of Health and Mental Hygiene
201 West Preston Street, Room 525
Baltimore, MD 21201

Dear Ms. McMahon:

Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 15-0008. This SPA adds new pages to the Maryland State Plan allowing physician assistants to enroll, and be reimbursed, as Medicaid Providers.

The effective date for this amendment is July 1, 2015. The CMS 179 form and the Approved State Plan pages are attached.

If you have questions about this SPA, please contact Lieutenant Commander Andrea Cunningham of my staff at 215-861-4325.

Sincerely. M_{\sim}

Associate Regional Administrator

Enclosures

| | FORM APPROVED OMB NO. 0938-0193 | | |
|---|--|----------------|-------|
| I. TRANSMITTAL NUMBER: 15-0008 | 2. STATE Maryland | | |
| | | | |
| 4. PROPOSED EFFECTIVE DATE | | | |
| July 1, 2015 | | | |
| A) | C | | |
| | ENDMENT | | |
| | | | |
| | T: | | |
| | | | |
| | | | |
| | | | |
| es to allow Physician Assistants to | o enroll as Medicaid | | |
| ○ OTHER, AS SPECIFIED: Susan J. Tucker, Executive Di Office of Health Services | rector | | |
| 16. RETURN TO: Susan J. Tucker, Executive Director OHS – DHMH 201 W. Preston St., 1 st floor Baltimore, MD 21201 | | | |
| | | | |
| | | FFICE USE ONLY | CONTE |
| | 0 2013 | | |
| 20. SIGNATURE OF RIGIONAL C | while it | | |
| of models and a second | inistrator | | |
| officials, pen & ink changes not an amendment. | s were made to box ! | | |
| | 3. PROGRAM IDENTIFICATION: SOCIAL SECURITY ACT (MEDI 4. PROPOSED EFFECTIVE DATE July 1, 2015 A) RED AS NEW PLAN NDMENT (Separate Transmittal for ea 7. FEDERAL BUDGET IMPAC a. FFY 2015: \$ 0 b. FFY 2016: \$ 0 9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable) es to allow Physician Assistants to OTHER, AS SPECIFIED: Susan J. Tucker, Executive Di Office of Health Services 16. RETURN TO: Susan J. Tucker, Executive OHS - DHMH 201 W. Preston St., 1st floo Baltimore, MD 21201 REICE USE ONLY 18. DATE APPROVED: OCT COPY ATTACHED 20. SIGNATURE OF REGIONAL OF STICLES O | | |

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

STATE OF MARYLAND

- 6. Medical care and any other type of remedial care recognized under State law, furnished by a licensed practitioners within the scope of their practice as defined by State law.
 - h. Physician Assistant Services

Physician Assistant Services

The Program reimburses physician assistants directly for medically necessary services rendered to recipients in accordance with the functions allowed under COMAR 10.09.55 and the delegation agreement with a licensed physician. If out of State, the Program reimburses only in accordance with the scope of practice allowed by the licensing authority in the state in which services are provided. These services shall be clearly related to the recipient's medical needs and described in the recipient's medical record in sufficient detail to support the invoice submitted for those services.

Physician assistants may practice in Maryland only if:

- 1) They are licensed to practice as a physician assistant in Maryland;
- 2) They are in compliance with COMAR 10.32.03;
- 3) They have a delegation agreement with a supervising physician that outlines the physician assistant's duties with the medical practice or facility which has been filed with and approved by the Board of Physicians; and
- 4) They have a delegation agreement to perform advanced duties with a supervising physician that documents any specialized training, education and experience of the physician assistant.

Limitations:

Services which are not covered are:

- 1. Services not encompassed by the delegation agreement with a supervising physician that outlines the physician assistant's duties with the medical practice or facility which has been filed with and approved by the Board of Physicians;
- 2. Services not medically necessary;
- 3. Services prohibited by COMAR 10.09.55;
- 4. Services prohibited in the state in which services are provided;
- 5. Physician Assistant services included as part of the cost of an inpatient facility, hospital outpatient department, or free-standing clinic;
- 6. Visits solely to accomplish one or more of the following:
 - a. Prescription, drug or food supplement pick-up, collection of specimens for laboratory procedures;
 - b. Recording of an electrocardiogram;
 - c. Ascertaining the patient's weight; and
 - d. Interpretation of laboratory tests or panels which are considered to be part of the office visit and may not be billed separately;
- 7. Drugs and supplies dispensed by the physician assistant which are acquired at no cost;

| TN No. 15-0008 | Approval Date: OCT 0 6 201 | 5 Effective Date: 07/01/2015 |
|-------------------------------|----------------------------|------------------------------|
| Supercedes TN No.: <u>NEW</u> | | |

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

STATE OF MARYLAND

6. Medical care and any other type of remedial care recognized under State law, furnished by a licensed practitioners within the scope of their practice as defined by State law.

h. Physician Assistant Services (cont'd)

<u>Limitations</u> (cont'd)

- 8. Payment to physician assistants for specimen collection, except by venipuncture and capillary or arterial puncture;
- 9. Injections and visits solely for the administration of injections, unless medical necessity and the patient's inability to take appropriate oral medications are documented in the patient's medical record:
- 10. More than one visit per day unless adequately documented as an emergency situation;
- 11. Services paid under COMAR 10.09.22, Free-Standing Dialysis Facility Services;
- 12. Audiometric tests for adults for the sole purpose of prescribing hearing aids since hearing aids are not covered for adults;
- 13. Immunizations required for travel outside the continental United States;
- 14. Services which are investigational or experimental;
- 15. Services which are provided outside of the United States.

Approval Date: 0CT 0 6 2015

TN No. <u>15-0008</u> Supercedes TN No.: NEW Effective Date: <u>07/01/2015</u>

Physician Assistant Rates

- The Agency's rates for professional services rendered by physician assistants were set as of July 8a. 1, 2015 and are effective for services on or after that date. All physician assistants must be licensed in the jurisdiction in which they provide services. Services are limited to those allowed under their scope of practice in Maryland. The physician assistant will be paid the lower of the provider's customary fee schedule to the general public or the published fee schedule.
- 8b. Both government and non-government physician assistants are reimbursed pursuant to the same fee schedule. All physician assistants are paid by CPT codes which are based on a percentage of Medicare reimbursement. The average Maryland Medicaid payment rate is approximately 88% of 2015 Medicare fees. In addition, the state will pay the federally calculated VFC vaccine administration charge. All rates are published on the Agency's website accessed by the following link and selecting the most recent year:

dhmh.maryland.gov/providerinfo

8c. Payment limitations:

- The Department will not pay for physician assistant administered drugs obtained from manufacturers which do not participate in the federal Drug Rebate Program.
- The Department will not pay for disposable medical supplies usually included with the office visit.
- The Department will not pay for services which do not involve direct, face-to-face, patient contact.
- The Department will not pay a provider for those laboratory or x-ray services performed by another facility, but will instead pay the facility performing the procedure directly.
- The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - Professional services rendered by mail or telephone; and
 - o Providing a copy of a recipient's medical record when requested by another licensed provider on behalf of a recipient.

TN No. <u>15-0008</u> Supercedes TN No.: NEW

Approval Date: OCT 0 6 2015

Effective Date: <u>07/01/2015</u>