Table of Contents

State/Territory Name: **Maryland**

State Plan Amendment (SPA) #: **22-0003**

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106

Medicaid and CHIP Operations Group

May 10. 2022

Ms. Tricia Roddy
Maryland Department of Health
201 W. Preston St., 5th Floor
Baltimore, MD 21201

Re: Maryland (MD) State Plan Amendment (SPA) 22-0003

Dear Ms. Roddy:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0003. This amendment proposes to update Maryland State Plan language to reflect current audiology prosthetic device coverage as outlined in the Code of Maryland Regulations (COMAR).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR §440.120. This letter is to inform you that Maryland Medicaid SPA 22-0003 was approved on May 9, 2022, with an effective date of January 1, 2022.

If you have any questions, please contact Talbatha Myatt at 215-861-4259 or via email at Talbatha.Myatt@cms.hhs.gov

Sincerely,

[redacted]

James G. Scott, Director
Division of Program Operations

cc: Alison Donley, Medicaid Provider Services Administration
Nina McHugh, Medicaid Provider Services Administration

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 22-0003

2. STATE: MD

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
CFR §440.120

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY_____ $_____
b. FFY_____ $_____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1A, pg. 28 & 28-A (22-0003)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 3.1A, pg. 28 & 28-A (18-0003)

9. SUBJECT OF AMENDMENT

This proposal updates State Plan language to reflect the current audiology prosthetic device coverage as outlined in the Code of Maryland Regulations.

This proposal updates State Plan language to reflect the current audiology prosthetic device coverage as outlined in the Code of M

10. GOVERNOR'S REVIEW *(Check One)*

( ) GOVERNOR'S OFFICE REPORTED NO COMMENT
( ) COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
( ) NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
( ) OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

12. TYPED NAME
Tricia Roddy

13. TITLE
Deputy Medicaid Director

14. DATE SUBMITTED
February 25, 2022

15. RETURN TO
Steven Schuh
Medicaid Director
Maryland Department of Health
201 W. Preston St., 5th Floor
Baltimore, MD 21201

FOR CMS USE ONLY

16. DATE RECEIVED
02/25/2022

17. DATE APPROVED
05/09/2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
01/01/2022

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

Instructions on Back

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

12 c. Prosthetic Devices (covered services)

Prosthetic devices as described in 42 CFR §440.120 are covered when medically necessary and furnished by Medicaid providers.

Prosthetic devices are replacement, corrective, or supportive devices prescribed by a physician to: artificially replace a missing portion of the body; prevent or correct physical deformity or malfunction; or support a weak or deformed portion of the body.

Devices covered include:

(a) Artificial eyes;
(b) Breast prostheses, including surgical brassiere;
(c) Upper and lower extremity, full and partial, to include stump cover or harnesses where necessary; and
(d) Replacement of prostheses;
(e) Cochlear implants; and
(f) Auditory osseointegrated devices.

Coverage of cochlear implants includes:

1. The initial implantation of:
   1) Bilateral cochlear implants for participants younger than 21 years of age;
   2) Unilateral cochlear implants for participants age 21 years old and older;
2. Post-operative evaluation and programming of the cochlear implant(s);
3. Aural rehabilitation services
4. A maximum of 238 disposable batteries for a unilateral cochlear implant per participant per 12-month period or 476 disposable batteries per 12-month period for a bilateral cochlear implant purchased not more frequently than every six months, and in quantities of 119 or fewer for a unilateral cochlear implant, or 238 or fewer for a bilateral cochlear implant;
5. Four replacement cochlear implant component rechargeable batteries per 12-month period for bilateral cochlear implants, and a maximum of two replacement rechargeable batteries for a unilateral cochlear implant per 12-month period;
6. Two cochlear implant replacement transmitter cables per 12-month period for bilateral cochlear implants and a maximum of one replacement transmitter cable for a unilateral cochlear implant;
7. Two cochlear implant replacement headset cables per 12-month period for bilateral cochlear implants and a maximum of one replacement headset cable for a unilateral cochlear implant;
8. Two replacement cochlear implant transmitting coils per 12- month period for bilateral cochlear implants, and a maximum of one replacement transmitting coil for a unilateral cochlear implant.
9. Cochlear implant audiology services and external components provided less than 90 days after the surgery or covered through initial reimbursement for the implant and the surgery;
10. Replacement of cochlear implants and device components that have been lost, stolen, or damaged beyond repair, after all warranties have expired;
11. Repairs and replacements that take place after all warranties have expired;
12. Additional cochlear implants, device components, or supplies determined to be medically necessary by the Department or its Designee.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

12 c. Prosthetic Devices (covered services continued)

Coverage of auditory osseointegrated devices includes:

1. The initial implantation of:
   1) Bilateral auditory osseointegrated devices for participants younger than 21 years of age;
   2) Unilateral auditory osseointegrated device for participants age 21 years old and older;
2. Non-implantable or softband device or devices that are medically necessary;
3. Evaluation and programming of the auditory osseointegrated device(s); and
4. A maximum of 76 disposable batteries per participant per 12-month period for a unilateral osseointegrated devices, or 152 batteries per participant per 12-month period for bilateral auditory osseointegrated devices purchased from the Department not more frequently than every six months, and in quantities of 38 or fewer for unilateral device, or 76 or fewer for a bilateral device;
5. Replacement of auditory osseointegrated device components that have been lost, stolen, or damaged beyond repair, after all warranties have expired;
6. Repairs and replacements that take place after all warranties have expired;
7. Additional auditory osseointegrated devices, device components, or supplies determined to be medically necessary by the Department or its Designee.

Preauthorization is required for the following:

1. Certain cochlear implant devices and replacement components;
2. All auditory osseointegrated devices; and
3. Repairs of cochlear implant devices and auditory osseointegrated devices exceeding $500.

Preauthorization is valid:

1. For services rendered or initiated six months from the date the preauthorization was issued; and
2. If the patient is an eligible participant at the time the service is rendered.

The following written documentation shall be submitted by the provider to the Department or its Designee with each request or preauthorization of cochlear implants, or auditory osseointegrated devices:

1. Audiology report documenting medical necessity of the cochlear implants, or auditory osseointegrated devices;
2. Interpretation of the audiogram; and
3. For initial hearing amplification device requests only, a medical evaluation by a physician supporting the medical necessity of the cochlear implants or auditory osseointegrated devices within six months of the preauthorization request.