

## **Table of Contents**

**State/Territory Name: Maryland**

**State Plan Amendment (SPA) MD-22-0023**

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



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**Financial Management Group**

December 20, 2022

Steven Schuh  
Medicaid Director  
201 W. Preston St. 5<sup>th</sup> Floor  
Baltimore, MD 21201

RE: TN 22-0023

Dear Medicaid Director:

We have reviewed the proposed Maryland State Plan Amendment (SPA) to Attachment 4.19-B MD 22-0023, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30, 2022. For dates of service beginning August 1, 2022, the Department is establishing reimbursement methods for vaccine administration for federally purchased vaccines to adults (e.g. COVID-19). MDH is providing payment for administration of monkeypox and/or smallpox vaccinations at a rate of \$23.28 per dose.

Based upon the information provided by the State, we have approved the amendment with an effective date of August 01, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Monica Neiman via email at [monica.neiman@cms.hhs.gov](mailto:monica.neiman@cms.hhs.gov)

Sincerely,



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 2 — 0 0 2 3

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

August 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.201

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 74,205  
b. FFY 2023 \$ 371,025

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Att. 4.19B page 5, 6B-1, 6B-2, 7, 7A, 8, 33-E (22-0023)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Att. 4.19B page 5, 7, 8, 33-E (20-0014)  
Att. 4.19B page 6B-1, 6B-2 (18-0002)

Att. 4.19-B page 7A- NEW

9. SUBJECT OF AMENDMENT

Effective for dates on or after August 1, 2022, the Department is establishing ~~permanent coverage and~~ reimbursement methods for vaccine administration for federally purchased vaccines to adults (e.g. COVID-19). At this time, MDH is specifically proposing to provide coverage for administration of monkeypox and/or smallpox vaccinations at a rate of \$23.28 per dose.

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

12. TYPED NAME

Tricia Roddy

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

September 30, 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

September 30, 2022

17. DATE APPROVED

December 20, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

August 01, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

Pen and Ink changes processed by CMS and approved by the State:  
Box 8: The addition of the following language: Att. 4.19-B page 7A- NEW  
Box 9: The removal of the following language: "permanent coverage and"  
Box 14: Addition of date submitted: September 30, 2022.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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**Physician and Osteopath Rates**

5.a All providers described in 5.b, both government and non-government, are reimbursed pursuant to the same fee schedule. Providers are paid by CPT codes which are based on a percentage of Medicare reimbursement. For dates of service between January 1, 2013 and December 30, 2014, provider rates for covered Evaluation and Management (E&M) procedure codes within the range of 99201-99499 were set at 100 percent using rates from the March 2013 Deloitte release, an agency contracted by CMS to determine the rates.

5.b The Department's original reimbursement methodology for professional services rendered by a physician or osteopath was set July 1st, 2015 and is effective for services rendered on or after that date. All providers must be licensed in the jurisdiction in which they provide services. Services are limited to those outlined in 3.1A of the Maryland State Plan. Providers will be paid the lower of either the provider's customary fee schedule to the general public or the published Medicaid fee schedule. The average Maryland Medicaid payment rate is approximately 79.5 percent of 2017 Medicare fees. In addition, the State will pay the federally calculated VFC administration charge. The current fee schedule is published on the Department's website at:

[health.maryland.gov/providerinfo](http://health.maryland.gov/providerinfo)

5.c Effective for dates of services on or after December 18, 2020 and continuing through the last day the federal government coverage the vaccine's ingredient cost, payments for the administration of COVID-19 vaccinations, based on the national Medicare rates without geographic adjustment in effect when the service is provided, are equivalent to the Medicare rate for any single dose vaccine; and equivalent to the Medicare rate for any vaccine requiring two or more doses.

Effective August 1, 2022, when the federal government covers 100% of a vaccine's ingredient cost and where the Program has not established separate administration rate(s) for specific vaccines (e.g. monkeypox), the Program will provide reimbursement for vaccine administration for federally purchased vaccines to adults at the higher of:

- (1) The VFC administration rate; or
- (2) If applicable, 100% of the Medicare rate for the CMS-designated vaccine administration code for that vaccine.

5.d Professional services rendered by physicians to a trauma patient on the State Trauma Registry, who is receiving emergency room or inpatient services in a state designated trauma center, reimbursement will be 100 percent of the Baltimore City and surrounding area Title XVIII Medicare physician fee schedule facility fee rate. All providers must be licensed in the jurisdiction in which they provide services and must be providing services within a state designated trauma center. Services are limited to those outlined in 3.1A of the Maryland State Plan. The provider will be paid the lower of either the provider's customary fee schedule to the general public or the fee methodology described above.

See Attached page 4.19B Page 6B-3

**(Primary Care Services Affected by the Payment Methodology – continued)**

- The State will make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009 (specify code and date added)  
See Attached page 4.19B Page 6B-3

**Physician Services – Vaccine Administration**

For calendar years (CYs) 2013 and 2014 the state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 CFR 447.400 (a) at the lesser of the state regional maximum administration fee set by the Vaccines for Children (VFC) program or the Medicare rate in effect in CYs 2013 and 2014 or, if higher, the rate using the CY 2009 conversion factor.

- Medicare Physician Fee Schedule rate
- State Regional maximum administration fee set by the Vaccines for Children program
- Rate using the CY 2009 conversion factor

Effective for dates of services on or after December 18, 2020 and continuing through the last day the federal government coverage the vaccine's ingredient cost, payments for the administration of COVID-19 vaccinations, based on the national Medicare rates without geographic adjustment in effect when the service is provided, are equivalent to the Medicare rate for any single dose vaccine; and equivalent to the Medicare rate for any vaccine requiring two or more doses.

Effective August 1, 2022, when the federal government covers 100% of a vaccine's ingredient cost and where the Program has not established separate administration rate(s) for specific vaccines (e.g. monkeypox), the Program will provide reimbursement for vaccine administration for federally purchased vaccines to adults at the higher of:

- (1) The VFC administration rate; or
- (2) If applicable, 100% of the Medicare rate for the CMS-designated vaccine administration code for that vaccine.

**Documentation of Vaccine Administration Rates in Effect 7/1/09**

The state uses one of the following methodologies to impute the payment rate in effect at 7/1/09 for code 90460, which was introduced in 2011 as a successor billing code for billing codes 90465 and 90471.

- The inputted rates in effect at 7/1/09 for code 90460 equals the rate in effect at 7/1/09 for billing codes 90465 and 90471 times their respective claims volume for a 12 month period which encompasses July 1, 2009. Using this methodology, the imputed rate in effect for code 90460 at 7/1/09 is: \_\_\_\_\_.
- A single rate was in effect on 7/1/09 for all vaccine administration services, regardless of billing code.

The current fee schedule is published on the Department's website at:  
[health.maryland.gov/providerinfo](http://health.maryland.gov/providerinfo)

- Alternative methodology to calculate the vaccine administration rate in effect 7/1/09: Maryland only pays a separate administration fee for VFC vaccines. It is our position that the provider is paid for non VFC vaccine administration through the appropriate office medical visit. Attached is a crosswalk of the appropriate VFC product codes (Attachment 4.19B: page 6B-4).

Note: The above section contains a description of the state's methodology and specifics on the affected billing codes.

**Effective Date of Payment****E&M Services**

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014 but not prior to December 31, 2014. The current fee schedule is published on the Department's website at:

[health.maryland.gov/providerinfo](http://health.maryland.gov/providerinfo)

**Vaccine Administration**

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014 but not prior to December 31, 2014.

Effective for dates of services on or after December 18, 2020 and continuing through the last day the federal government coverage the vaccine's ingredient cost, payments for the administration of COVID-19 vaccinations, based on the national Medicare rates without geographic adjustment in effect when the service is provided, are equivalent to the Medicare rate for any single dose vaccine; and equivalent to the Medicare rate for any vaccine requiring two or more doses.

Effective August 1, 2022, when the federal government covers 100% of a vaccine's ingredient cost and where the Program has not established separate administration rate(s) for specific vaccines (e.g. monkeypox), the Program will provide reimbursement for vaccine administration for federally purchased vaccines to adults at the higher of:

- (1) The VFC administration rate; or
- (2) If applicable, 100% of the Medicare rate for the CMS-designated vaccine administration code for that vaccine.

The current fee schedule is published on the Department's website at:

[health.maryland.gov/providerinfo](http://health.maryland.gov/providerinfo)

**PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 48 hours per response, including time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN#: 22-0023

Approval Date: December 20, 2022 Effective Date: 8/1/2022

Supersedes TN#: 18-0002

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

State of Maryland

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**Advanced Practice nursing reimbursement**

6.a. Both government and non-government practitioners are reimbursed pursuant to the same fee schedule. All practitioners are paid by CPT codes which are based on a percentage of Medicare reimbursement.

6.b. The Agency's rates for professional services rendered by nurse practitioners, nurse midwives, and nurse anesthetists were set as of 7/1/2017 and are effective for services on or after that date. All practitioners 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 practitioner will be paid the lower of the provider's customary fee schedule to the general public or the published fee schedule, except as provided in 6.c. The average Maryland Medicaid payment rate is approximately 88 percent of Medicare 2015 fees. All rates are published on the Department's link below:

<https://health.maryland.gov/providerinfo>

6.c. Effective for dates of services on or after December 18, 2020 and continuing through the last day the federal government coverage the vaccine's ingredient cost, payments for the administration of COVID-19 vaccinations, based on the national Medicare rates without geographic adjustment in effect when the service is provided, are equivalent to the Medicare rate for any single dose vaccine; and equivalent to the Medicare rate for any vaccine requiring two or more doses.

Effective August 1, 2022, when the federal government covers 100% of a vaccine's ingredient cost and where the Program has not established separate administration rate(s) for specific vaccines (e.g. monkeypox), the Program will provide reimbursement for vaccine administration for federally purchased vaccines to adults at the higher of:

- (1) The VFC administration rate; or
- (2) If applicable, 100% of the Medicare rate for the CMS-designated vaccine administration code for that vaccine.

6.d. Payment limitations:

- The Department will not pay for practitioner 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 a provider for

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those laboratory or x-ray services performed by another facility, but will instead pay the facility performing the procedures directly.

- In addition, for nurse anesthetists preoperative evaluations for anesthesia are included in the fee for administration of anesthesia and the nurse anesthetist may not bill them as consultants.
- The provider may not bill the Program for:
  - Completion of forms and reports;
  - Broken or missed appointments;
  - Professional services rendered by mail; and
  - Providing a copy of a recipient's medical record when requested by another licensed provider on behalf of a recipient.



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**Physician Assistant Rates**

- 8.a The Department's original reimbursement methodology for professional services rendered by physician assistants was developed as of July 1, 2015 and is effective for services rendered 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 either the provider's customary fee schedule to the general public or the published Medicaid fee schedule.
- 8.b Both government and non-government physician assistants are reimbursed pursuant to the same fee schedule. All physician assistants are paid using CPT codes which are based on a percentage of Medicare reimbursement. The average Maryland Medicaid payment rate is approximately 79.5 percent of 2017 Medicare fees. In addition, the state will pay the federally calculated VFC administration charge, except as provided in 8.c. The current fee schedule is published on the Department's website at:

[health.maryland.gov/providerinfo](http://health.maryland.gov/providerinfo)

- 8.c Effective for dates of services on or after December 18, 2020 and continuing through the last day the federal government coverage the vaccine's ingredient cost, payments for the administration of COVID-19 vaccinations, based on the national Medicare rates without geographic adjustment in effect when the service is provided, are equivalent to the Medicare rate for any single dose vaccine; and equivalent to the Medicare rate for any vaccine requiring two or more doses.

Effective August 1, 2022, when the federal government covers 100% of a vaccine's ingredient cost and where the Program has not established separate administration rate(s) for specific vaccines (e.g. monkeypox), the Program will provide reimbursement for vaccine administration for federally purchased vaccines to adults at the higher of:

- (1) The VFC administration rate; or
- (2) If applicable, 100% of the Medicare rate for the CMS-designated vaccine administration code for that vaccine.

- 8.d 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 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; and
  - Providing a copy of a recipient's medical record when requested by another licensed provider on behalf of a recipient.

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FQHCs/RHCs for an encounter. The amount in total paid to FQHC and RHC providers is at least their provider-specific PPS rate.

This APM was developed to support FQHCs/RHCs, as a key COVID-19 vaccine provider identified in the Maryland COVID-19 vaccination strategy. Payments under this APM are to cover the additional costs associated with the administration of the COVID-19 vaccines by FQHCs/RHCs during COVID-19 vaccine-only visits as the PPS cost base for FQHCs/RHCs did not include these costs. The supplemental amount paid under this APM is the Medicaid rate for the administration of COVID-19 vaccines, which is equivalent to the Medicare rate developed by CMS to account for the additional costs associated with the administration of COVID-19 vaccines. This rate is being used as FQHC/RHC cost data history is not available for rate development and is the same rate paid to other outpatient clinics that have comparable costs for the administration of COVID-19 vaccines. FQHCs/RHCs that opt-in to this APM must agree that the Medicaid rate covers their increased costs associated with COVID-19 vaccine only visits in supplement to the PPS rate.

FQHCs/RHCs will receive the Medicaid rate for each administration of a COVID-19 vaccine administered during a COVID-19 vaccine-only visit, effective for dates of service beginning December 18, 2020 and continuing through the last day the federal government coverage the vaccine's ingredient cost.

Effective August 1, 2022, when the federal government covers 100% of a vaccine's ingredient cost and where the Program has not established separate administration rate(s) for specific vaccines (e.g. monkeypox), the Program will provide reimbursement for vaccine administration for federally purchased vaccines to adults at the higher of:

- (1) The VFC administration rate; or
- (2) If applicable, 100% of the Medicare rate for the CMS-designated vaccine administration code for that vaccine.

The supplemental payments under this APM are only for COVID-19 or other federally purchased vaccine-only visits. If the federally purchased vaccine is administered as part of a billable encounter visit, then the FQHC/RHC will only receive their provider-specific PPS/APM rate. FQHCs/RHCs may not receive a supplemental payment under this APM and a PPS payment for encounters that include the administration of a federally purchased vaccine.