

## **Table of Contents**

**State/Territory Name: Maryland**

**State Plan Amendment (SPA) #: MD-23-0002**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 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**

June 9, 2023

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

RE: MD-23-0002

Dear Acting Medicaid Director Roddy,

We have reviewed the proposed Maryland State Plan Amendment (SPA) to Attachment 4.19B pg. 6, 6A, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 28, 2023. This plan amendment will allow treatment in place and mobile integrated health services to be provided by emergency services transporters under the supervision of a physician. Treatment in place will reimburse at a rate of \$150 and mobile integrated health services will reimburse at a rate of \$150 per event.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2023. 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 Ysabel Gavino at [maria.gavino@cms.hhs.gov](mailto:maria.gavino@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 3 — 0 0 0 2

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, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.201

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 235,744  
b. FFY 2024 \$ 235,744

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19B pg. 6, 6A (23-0002)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19B pg. 6 (10-04)

9. SUBJECT OF AMENDMENT

For dates of service beginning January 1, 2023, Maryland Medicaid will allow treatment in place and mobile integrated health services to be provided by emergency services transporters under the supervision of a physician. Treatment in place will reimburse at a rate of \$150 and mobile integrated health services will reimburse at a rate of \$150 per event.

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  
Acting Medicaid Director

14. DATE SUBMITTED

15. RETURN TO

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

**FOR CMS USE ONLY**

16. DATE RECEIVED  
March 28, 2023

17. DATE APPROVED  
June 9, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
January 1, 2023

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

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- 5.e. The Agency reimburses schools for psychiatric evaluations when required under an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) and when provided by a licensed psychiatrist. For all dates beginning January 1, 2010, the State will reimburse for this service at the same rate that it reimburses all other non-governmental providers as described in 5.b.
- 5.f. Effective January 1, 2023, the reimbursement rate for treatment in place and mobile integrated health is set at \$150 per event. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of treatment in place and mobile integrated health services. These services are provided by emergency service transporters under supervision of a physician:

**Treatment in Place:**

Emergency service transport providers may be reimbursed for medically necessary services rendered to an individual without subsequent transportation when:

1. the emergency response system (9-1-1) is activated;
2. an ambulance is dispatched; and
3. at a minimum the provider administers a patient assessment

**Mobile Integrated Health:**

Emergency service transport providers will be reimbursed for medically necessary community-based preventative, primary, chronic, preadmission, or postadmission health care services provided to a participant when the services are:

1. within the scope of practice of the emergency medical services provider;
2. provided in a home or another community-based setting to a program recipient who does not require emergency medical transport; and
3. consistent with the protocols issued by the emergency medical services board.

- 5.g. Payment limitations:
- Preoperative evaluations for anesthesia are included in the fee for administration of anesthesia and the provider may not bill them as consultants.
  - Referrals from one physician to another for treatment of specific patient problems may not be billed as consultations.
  - The operating surgeon may not bill for the administration of anesthesia or for an assistant surgeon who is not in his employ.
  - Payment for consultations provided in a multi-specialty setting is limited by criteria established by the Department.
  - 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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

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- The Department will not pay physicians under their physician's provider number for services rendered by an employed non-physician extender, such as, a physical therapist, an occupational therapist, a speech language pathologist, an audiologist or a nutritionist.
- The Department will not pay for physician-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 provider may not bill the Program or the recipient for:
  - o Completion of forms and reports;
  - o Broken or missed appointments;
  - o Professional services rendered by mail;
  - o Services which are provided at no charge to the general public;
  - o Providing a copy of a recipient's medical record when requested by another licensed provider on behalf of a recipient.