



STATE OF MARYLAND
DHMH

Office of Health Services
Medical Care Programs

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Home Health Transmittal No. 60
December 31, 2014

TO: Home Health Agency Administrators

FROM: *Susan J. Tucker*
Susan J. Tucker, Executive Director
Office of Health Services

RE: Revised Home Health Fee Schedule

NOTE: Please ensure that the appropriate staff members in your organization are informed of the content of this transmittal.

The intent of this transmittal is to inform home health agency providers of the revision of the Medicaid Program's fee schedule for home health services rendered to Medicaid recipients via fee-for-service. These rates, which are effective January 1, 2015, are reflected on the enclosed document.

The rates are established in accordance with COMAR 10.09.04.07D(5) which requires the fee schedule to be adjusted annually by the same rate used by the Centers for Medicare and Medicaid Services (CMS) in updating Medicare's prospective payment rates. The rate change is limited to a maximum of 5 percent and is effective the date on which Medicare's rate changes are implemented. Thus the rate change is effective January 1, 2015 and reflects a 2.1 percent increase. Payments for medical and other supplies used during a covered home health visit as part of the treatment ordered by the recipient's attending physician are established and made in accordance with COMAR 10.09.04.07D(4) which requires the Program to pay for these items at a rate that is the lesser of the home health agency's customary charge to the general public or the Medicaid rate for the supply or pharmaceutical as established pursuant to COMAR 10.09.12 and 10.09.03.

Questions regarding the revised fee schedule may be addressed to the Division of Nursing Services' staff at 410-767-1448. If you would like to request a copy of the Disposable Medical Supplies/Durable Medical Equipment Approved List of Items, please call the Division of Community Support Services' staff at 410-767-1739.

Enclosure

**MARYLAND MEDICAID'S HOME HEALTH SERVICES
FEE SCHEDULE
EFFECTIVE 01/01/15**

	551	571	421	431	441
COUNTY	SKN	HHA	PT	OT	SP
Allegany	\$105.65	\$51.26	\$114.27	\$114.32	\$114.76
Anne Arundel	\$113.54	\$55.09	\$122.77	\$125.42	\$123.29
Baltimore	\$113.54	\$55.09	\$122.77	\$125.42	\$123.29
Calvert	\$124.64	\$60.48	\$134.79	\$134.79	\$135.31
Caroline	\$135.86	\$58.65	\$138.87	\$139.71	\$143.41
Carroll	\$113.54	\$55.09	\$122.77	\$125.42	\$123.29
Cecil	\$130.33	\$63.23	\$140.94	\$140.93	\$141.48
Charles	\$124.64	\$60.48	\$134.79	\$134.79	\$135.31
Dorchester	\$135.86	\$58.65	\$138.87	\$139.71	\$143.41
Frederick	\$124.64	\$60.48	\$134.79	\$134.79	\$135.31
Garrett	\$131.39	\$66.25	\$112.72	\$110.29	\$120.75
Harford	\$113.54	\$55.09	\$122.77	\$125.42	\$123.29
Howard	\$113.54	\$55.09	\$122.77	\$125.42	\$123.29
Kent	\$135.86	\$58.65	\$138.87	\$139.71	\$143.41
Montgomery	\$124.64	\$60.48	\$134.79	\$134.79	\$135.31
Prince George's	\$124.64	\$60.48	\$134.79	\$134.79	\$135.31
Queen Anne's	\$113.54	\$55.09	\$122.77	\$125.42	\$123.29
St. Mary's	\$135.86	\$58.65	\$138.87	\$139.71	\$143.41
Somerset	\$135.86	\$58.65	\$127.60	\$88.66	\$143.41
Talbot	\$135.86	\$58.65	\$138.87	\$139.71	\$143.41
Washington	\$131.39	\$68.71	\$112.72	\$110.29	\$120.75
Wicomico	\$135.86	\$58.65	\$127.60	\$88.66	\$143.41
Worcester	\$135.86	\$58.65	\$127.60	\$88.66	\$143.41
CITY	SKN	HHA	PT	OT	SP
Baltimore	\$113.54	\$55.09	\$122.77	\$125.42	\$123.29
Washington, D.C.	\$124.64	\$60.48	\$134.79	\$134.79	\$135.31

The Maryland Home Health reimbursement rates are set based on the county where the home health agency's home office is located.

SKN = Skilled Nursing (0551)
HHA = Home Health Aide (0571)
PT = Physical Therapy (0421)
OT = Occupational Therapy (0431)
SP = Speech Pathology (0441)
DMS/DME = Disposable Medical Supplies (0273)
and Durable Medical Equipment

**Note = All home health aide services are to be billed using procedure code 0571.
All disposable medical supplies and durable medical equipment are to be billed using procedure code 0273.**

For out-of-state providers, rates will be paid at the lower of the following:

1. The home state's Medicaid rate for the same service rendered by the same provider if the provider participates in its home state Medicaid Program; or
2. The rate paid for the same service rendered by a provider in the nearest Maryland County.

