Maryland
DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
General Provider Transmittal No. 87
September 16, 2019

To: Behavioral Health Providers
Clinics
Dentists
Disposable Medical Supplies (DMS) Providers
Durable Medical Equipment (DME) Providers
Federally Qualified Health Centers (FQHCs)
Hospice Providers
Hospitals
Local Health Departments
Managed Care Organizations
Nurse Anesthetists
Nurse Midwives
Nurse Practitioners
Nursing Facilities
Oxygen Providers
Pharmacies
Physician Assistants
Physicians

From: Jill Spector, Director
Medical Benefits Management

Re: Medicaid Program Updates for Fall 2019

Note: **Please ensure that the appropriate staff members of your organization are informed of the contents of this memorandum.**

Preauthorization Requests for Professional Services

Effective January 1, 2019, Maryland Medicaid requires all requests for preauthorization for Professional Services to be faxed to 410-767-6034. Information related to services requiring preauthorization can be found on the Professional Services Preauthorization Information webpage at https://mmcp.health.maryland.gov/Pages/Preauthorization-Information.aspx. The webpage includes updated request forms for physician services (including transplants), physician-administered drugs, and labs; lists of services requiring preauthorization; and medical

necessity criteria. Providers are responsible for determining if a CPT or HCPCS code requires preauthorization prior to the service being rendered.

Providers must continue to follow the preauthorization decision procedures, found in the Professional Services Billing Manual (Chapter 2, p. 29), when submitting preauthorization requests. Laboratory providers should follow the procedures specifically outlined for labs at https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx.

Please direct questions regarding preauthorization to Christa Smith, Health Policy Analyst for Professional Services at 410-767-1462 or at christa.smith@maryland.gov.

Modifier 62

Effective January 1, 2019, Modifier 62 must be appended to surgical procedure codes in cases of co-surgery.

Co-surgery billing is appropriate when the:

- Individual skills of two or more surgeons are required to perform surgery on the same patient during the same operative session because of the complex nature of the procedure(s) and/or the patient's condition; and
- Two surgeons are from different specialties; and
- Two surgeons are working together simultaneously as primary co-surgeons, and the second surgeon is not simply acting as an assistant surgeon.

Documentation of the medical necessity of two or more surgeons is required for certain services.

When co-surgery is appropriate for a particular procedure, the Program will pay 62.5% of the Medicaid fee to each co-surgeon.

Refer to the Professional Services Billing Manual, (Chapter 3, p. 39) for additional guidance.

Identification of Rendering Providers on Claims

All rendering providers who provide services for Maryland Medicaid recipients must be enrolled in the Program and bill under their own NPI as the renderer and Maryland Medical Assistance provider number. Services billed under a different provider's number as rendering the services are considered fraudulent and will not be paid. As stated in the Professional Services Billing Manual (Chapter 2, p. 16), the Program does NOT cover services rendered by an employed non-physician extender under a supervising physician's provider number. All providers, whether physicians, nurse practitioners, or physician assistants, must bill the Program for services provided under their own provider number.

Payment Error Rate Measurement (PERM) Medical Record Review

The Centers for Medicare & Medicaid Services (CMS) is conducting its Payment Error Rate Measurement (PERM) review of Maryland Medicaid payments from FY2019 (July 1, 2018 – June 30, 2019). PERM is a triennial audit that measures improper payments in Medicaid and the Children's Health Insurance Programs, as required by the Improper Payments Information Act of 2002 (as amended by the Improper Payments Elimination and Recovery Act of 2010).

PERM includes a Medical Record Review (MRR) of Medicaid paid services to determine that the services were performed, documented, and reimbursed in compliance with state and federal policy. Not all Medicaid participating providers will receive an MRR request. PERM selects claims for review via random sampling.

Medicaid participating providers must respond to PERM MRR requests. Providers in receipt of a PERM MRR request should send all requested documentation to the PERM review contractor. Instructions are included in the MRR letters for electronic, fax, and mail submission methods. Please include all requested records pertaining to the service listed, including clinical notes, treatment plans, and any other documents itemized on the request.

Maryland Medicaid will recoup payment for any claims for which a provider fails to respond to a PERM MRR request, or supplies inadequate documentation after multiple follow ups. Medicaid may suspend providers from participation and payment if they ignore repeated MRR requests. The CMS review contractor will send follow up letters for any initial requests that do not receive a response, or when additional documentation is needed after an initial response.

A video overview of the PERM MRR process for providers is available at: http://youtu.be/9uZZM6OQIuQ.

Providers may contact CMS with PERM program questions at: PERMProviders@cms.hhs.gov. Providers may direct questions to the PERM review contractor Medical Records Manager, Dorothy Foster, at (804) 888-8341, or to the state PERM representative, Ben Wolff, at benjamin.wolff@maryland.gov.

Adult Dental Pilot Program

Effective June 1, 2019, Maryland Medicaid launched an Adult Dental Pilot Program which covers limited dental benefits for adults aged 21 through 64 who are eligible for full Medicare and Medicaid benefits. The Pilot program will be administered by SKYGEN USA, the Department's Dental Benefits Administrator, and utilizes the existing Maryland Healthy Smiles Dental Program provider network. There will be an annual maximum benefit allowance of $800 per member, which will reset at the beginning of each calendar year. To ensure reimbursement of dental services, providers must submit claims immediately after the services have been rendered.

For more information about the Pilot program, please review Dental Transmittal No. 49 and Federally Qualified Health Centers (FQHC) Transmittal No. 14. Additional information and FAQs can also be found on the Department's website at: https://mmcp.health.maryland.gov/Pages/maryland-healthy-smiles-dental-program.aspx.

Telehealth

Effective October 7, 2019, Maryland Medicaid will expand the Telehealth Program by permitting all distant site provider types to render services via telehealth as allowable under the provider's scope of practice. The Department will remove registration requirements for originating and distant site providers. To align services delivered via telehealth with those

delivered in-person, the Department will discontinue the transmission fee, or Q-code payment. The Q-code primarily functions as an enhancement for providers operating as both the originating and distant site within their telehealth staffing model. Additionally, the intended purpose of the transmission fee is outdated, as synchronous audio-video technology has become more accessible and affordable.

Maryland Medicaid Managed Care Program Regulation Recodification

Effective November 1, 2019, the Maryland Department of Health will recodify the Maryland Medicaid Managed Care Program (MMMCP) regulations under a new subtitle. The MMMCP regulations are currently codified under Code of Maryland Regulations (COMAR) Title 10, Subtitle 09 Medical Care Programs, Chapters .62—.68, .70—.71, .73—.75, and .86. The chapters and regulations will be removed from Subtitle 09 Medical Care Programs and recodified under a new Subtitle 67 Maryland HealthChoice Program.

The table below delineates the MMMCP chapters as they are currently codified (left) and the MMMCP chapters as they will be codified under the new subtitle.

As-Is	**To-Be**
Subtitle 09 Medical Care Programs	**Subtitle 67 Maryland HealthChoice Program**
10.09.62 Definitions	10.67.01 Definitions
10.09.63 Eligibility and Enrollment	10.67.02 Eligibility and Enrollment
10.09.64 MCO Application	10.67.03 MCO Application
10.09.65 Managed Care Organizations	10.67.04 Managed Care Organizations
10.09.66 Access	10.67.05 Access
10.09.67 Benefits	10.67.06 Benefits
10.09.68 Program Integrity	10.67.07 Program Integrity
10.09.70 Non-Capitated Covered Services	10.67.08 Non-Capitated Covered Services
10.09.71 MCO Dispute Resolution Procedures	10.67.09 MCO Dispute Resolution Procedures
10.09.73 Sanctions	10.67.10 Sanctions
10.09.74 Contribution to Graduate Medical Education Costs	10.67.11 Contribution to Graduate Medical Education Costs
10.09.75 Corrective Managed Care	10.67.12 Corrective Managed Care
10.09.86 Independent Review Organization (IRO)	10.67.13 Independent Review Organization (IRO)