



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

*Larry Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Dennis R. Schrader, Secretary*

**MARYLAND MEDICAL ASSISTANCE PROGRAM**

**General Provider Transmittal No. 84**

**June 29, 2017**

**TO:** Dental Providers  
Federally Qualified Health Centers  
General Clinics  
Hospitals  
Local Health Departments  
Managed Care Organizations  
Nurse Midwives  
Nurse Practitioners  
Physicians  
Physician Assistants

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

**RE:** Medicaid Program Updates for Spring 2017

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

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**Provider Enrollment Effective Date – No Backdating**

Effective immediately, Maryland Medicaid will not backdate enrollment for new providers and practice locations or re-enrollment for terminated providers. Federal regulations (42 CFR Part 455) require State Medicaid agencies to screen all initial applications for Medicaid provider enrollment, including applications for a new practice location, and re-enrollment of terminated providers, based on a provider's categorical risk level. CMS guidance on these regulations provides that in the absence of exceptional circumstances, such as a medical emergency, the date of initial enrollment or re-enrollment must be on or after the date that Maryland Medicaid has completed all appropriate screening.

Accordingly, in the absence of a documented emergency, Maryland Medicaid will not reimburse providers for services rendered to Maryland Medicaid participants prior to receiving an enrollment letter.

If you have questions regarding this memorandum, please contact [dhmh.providerenrollment@maryland.gov](mailto:dhmh.providerenrollment@maryland.gov)

## **2017 Physician Updates**

Effective January 1, 2017, the Maryland Medical Assistance Program (Maryland Medicaid) updated the Professional Services Fee Schedule (formerly The Physicians' Services Fee Schedule). To view the 2017 Professional Services Fee Schedule and Manual, please go to: [dhmh.maryland.gov/providerinfo](http://dhmh.maryland.gov/providerinfo). In addition to the changes made above, the Professional Services Fee Schedule also includes new CPT codes for 2017, as well as a separate section for injectable/provider administered drugs (J codes) and their rate of reimbursement.

**NOTE:** Please be aware that Maryland Medicaid will not reimburse for injectable/provider administered drugs that are obtained from manufacturers that do not participate in the federal Drug Rebate Program. Maryland Medicaid will **deny** claims for drugs if the National Drug Code (NDC) is not rebatable. To avoid denied claims, please identify whether the NDC associated with the J Code is able to be rebated by going to the National Drug Code (NDC) Unit of Measure Listing on the eMedicaid site at: <http://encrypt.emdhealthchoice.org/emedicaid/>.

The listing can be accessed via the "NDC Unit of Measure List" link on the left menu of the first screen that you will be presented with after you have successfully logged into the system. If the NDC is not found in this list it is not available for rebate. This list is updated monthly.

## **Preauthorizations for Physician's Services**

Effective June 15, 2017, all preauthorizations that are approved for physician's services will be valid for 90 days, rather than 60 days as previously authorized.

## **Developmental and Behavioral Health Screening Guidance**

Maryland Medicaid requires that primary care providers conduct a variety of developmental and mental health screenings for children as a part of the Healthy Kids Preventive Health Schedule and recommends as best practice certain mental health screenings for children, pregnant women, and other adults. In order for primary care providers to better understand the requirements associated with billing for these screenings, Maryland Medicaid has developed a resource entitled, "Billing Guidelines for Developmental and Mental Health Assessment in Primary Care" that can be viewed at the following site: <https://mmcp.dhmh.maryland.gov/epsdt/healthykids/AppendixSection6/Coding-Guidelines-for-Screening-Tools-Primary-Care-final.pdf>

## **Maryland Prenatal Risk Assessment**

Maryland Medicaid would like to remind Maryland HealthChoice and fee-for-service prenatal care providers about the importance of completing the Maryland Prenatal Risk Assessment (MPRA) form-DHMH 4850. COMAR 10.09.65.08C requires providers to complete the MPRA for all pregnant women who are Maryland Medicaid participants during the first prenatal care visit. The billing code for the completion of the MPRA and development of the plan of care is H1000. The MPRA links pregnant women to important health-related resources in their communities by referring them to the local health department Administrative Care Coordination Unit (ACCU). The referral process also



strengthens partnerships between patients, providers, MCOs, and local health departments to assure that pregnant women get the complete care they need.

If you have any questions about the MPRA process, please contact the Division of Care Coordination at 410-767-6750.

### **Non-Invasive Prenatal Testing for Fetal Aneuploidy**

Maryland Medicaid will cover non-invasive prenatal testing for fetal aneuploidy using cell-free DNA (NIPT) for eligible participants when determined to be medically necessary. NIPT must be preauthorized by Maryland Medicaid. The preauthorization requirements and medical necessity criteria can be found in the Dental and Laboratory Information section at [dhmh.maryland.gov/providerinfo](http://dhmh.maryland.gov/providerinfo)

### **Self-Referral Fact Sheet**

A self-referral service is a health care service for which, under specified circumstances, Managed Care Organizations (MCOs) are required to pay an out-of-network provider without a referral or authorization by the primary care provider (PCP). MCOs are required to pay for self-referral services at the Maryland Medicaid fee-for-service rate. For more information about self-referral provisions for HealthChoice members, please review Factsheet #1 under “Reproductive Health Provider Resources” at [dhmh.maryland.gov/providerinfo](http://dhmh.maryland.gov/providerinfo).

### **Provider Enrollment Vendor**

Maryland Medicaid will launch a new Electronic Provider Revalidation and Enrollment Portal (ePREP) in late Fall 2017. ePREP will be the one-stop shop for enrollment, re-enrollment, re-validation, provider updates, and demographic changes. Maryland Medicaid will also launch a call center to coincide with ePREP’s go-live date. Stay tuned for links and more information in the coming months.

### **Prescriber Enrollment**

The Centers for Medicare and Medicaid Services (CMS) require State Medicaid agencies to enroll providers who prescribe medications to Medicaid participants (see Code of Federal Regulations, Title 42 Public Health, Part 455). Effective June 6, 2017, prescriptions written by unenrolled prescribers will deny at the point of sale. If rendering practitioners at your organization are prescribing to Maryland Medicaid participants and are not enrolled in Maryland Medicaid, please make sure they enroll as the provider type affiliated with their medical license. If the renderer is a resident or intern, they may enroll as Provider Type 92 (prescribing only). Providers enrolling for the first time can apply via Maryland’s eMedicaid portal at <http://encrypt.emdhealthchoice.org/emedicaid/>

Providers who are unable to enroll via eMedicaid, can download the application for their provider type from this webpage: [dhmh.maryland.gov/providerinfo](http://dhmh.maryland.gov/providerinfo)

We appreciate your cooperation to meet Maryland Medicaid’s federal mandates associated with prescriber enrollment.

## **Ordering/Referring**

The Affordable Care Act (ACA) requires State Medicaid agencies to enroll all ordering/referring professionals who provide services to Maryland Medicaid participants. All billing providers must identify the ordering/referring provider on applicable claims by reporting the valid ten-digit NPI of an individual ordering/referring provider in the designated field within the claim form. Maryland Medicaid will be monitoring providers to ensure that claims include ordering/referring NPIs in the coming months. Claims for an ordered/referred service without a valid ordering/referring NPI will be subject to denial.

If you have professionals within your practice who order/refer services please ensure that they are enrolled with Maryland Medicaid. To enroll, providers should submit an individual application, available at: [dhmh.maryland.gov/providerinfo](http://dhmh.maryland.gov/providerinfo).

Please ensure that all claims submitted to Maryland Medicaid for ordered/referred services include a valid NPI for the ordering/referring provider.

## **Hospital Presumptive Eligibility (HPE) EVS Change & Reminder**

### *Electronic Verification System (EVS) Message Change as of July 1, 2017*

Currently, the EVS message for HPE enrollees states: "Recipient eligible. Full fee-for-service benefits: Hospital Presumptive Eligibility." Because Maryland Medicaid is adding a new Presumptive Eligibility program which has the same coverage span rules as HPE, Maryland Medicaid has changed the EVS message to identify an individual as a Presumptive Eligibility enrollee generally. As of July 1, 2017, the message for HPE and other Presumptive Eligibility enrollees will say: "Recipient eligible. Full fee-for-service benefits: Presumptive Eligibility."

### *EVS Update Schedule Reminder*

While HPE eligibility determinations are immediate, records in the Eligibility Verification System (EVS) are updated only once per day. Applicants enrolled in HPE Monday-Friday will appear in EVS the following day. Applicants enrolled in HPE on the weekend will not appear in EVS until Tuesday morning. Therefore, pharmacies checking EVS cannot fill prescriptions immediately, because HPE participants do not show in the system. To help ensure HPE participants have access to necessary medication, Maryland Medicaid requests that hospitals provide, when possible, take-home supplies of necessary medication. Hospitals should provide a three-day supply of medications for HPE-approved individuals. Hospitals should provide a five-day supply of medications for applicants whose HPE application is "Under Review".