



STATE OF MARYLAND  
**DHMH**

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, M.D., Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM**  
**EPSDT: Nursing Services Transmittal No. 21**  
**April 1, 2014**

**TO:** EPSDT Nursing Providers (Type 53)

*Susan J. Tucker*

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

**RE:** EPSDT Nursing Services Regulation Changes and Rates Effective April 1, 2014

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

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This transmittal serves as notice of the changes to the regulations governing the EPSDT Nursing Services under COMAR 10.09.53. These regulation changes will help alleviate demand for nursing services when services can be delegated to a certified nursing assistant (CNA) or home health aide (HHA) who is also certified as a medication technician (CMT). The amendments will clarify required clinical experience, specify documentation requirements, limit the total number of hours a nurse may be scheduled to work, and establish payment for supervisory visits. Separate rates for registered nurses and licensed practical nurses will be paid based on scope of practice and the level of skill required to provide care to a specific participant. The proposed changes are effective April 1, 2014.

The Maryland Medical Assistance Program will modify the reimbursement for services rendered to Medicaid clients under COMAR 10.09.53 effective April 1, 2014. Attached is a chart of the revised fee schedule for the remainder of Fiscal Year 2014. **Please note that future requests for authorization of services require supporting documentation to substantiate the participant's need for these services and the level of staff required.** Please contact the Division of Nursing Services (DONS) for all new preauthorization requests.

Questions regarding this transmittal should be directed to the Division of Nursing Services staff at 410-767-1448.

cc: Model Waiver Providers  
Rare and Expensive Case Management (REM) Providers

Attachment (1)

**Nursing/Certified Nursing Assistant/Home Health Aide Services****Fee Schedule**  
**Effective 04/01/14**

<b>Service</b>	<b>Procedure Code</b>	<b>New Payment Rate*</b>
Assessment	T1001	\$150
Registered nurse supervisory visit	W1002	\$50 per visit
Registered nurse/ 1 recipient	T1002	\$12.50 per unit (\$50 per hour)
Registered nurse/ 2 or more recipients	T1030	\$8.63 per unit (\$34.52 per hour)
Licensed practical nurse/ 1 recipient	T1003	\$8.11 per unit (\$32.44 per hour)
Licensed practical nurse/ 2 or more recipients	T1031	\$5.60 per unit (\$22.40 per hour)
Certified nursing assistant or Home health aide/ 1 recipient <b>(EPSDT: must also be a Certified Medicine Technician)</b>	W1000	\$4.28 per unit (\$17.12 per hour)
Certified nursing assistant or Home health aide/ 2 or more recipients <b>(EPSDT: must also be a Certified Medicine Technician)</b>	T1021	\$2.95 per unit (\$11.80 Per hour)
Certified nursing assistant or Home health aide/ 1 recipient <b>(Model Waiver and REM)</b>	T1004	\$3.56 per unit (\$14.24 per hour)
Certified nursing assistant or Home health aide/ 2 or more recipients <b>(Model Waiver and REM)</b>	T1004 (TT Modifier)	\$2.47 per unit (\$9.88 per hour)

\*1 unit = up to 15 minutes of service