

MARYLAND MEDICAL ASSISTANCE PROGRAM

**OFFICE OF HEALTH SERVICES
DIVISION OF OUTREACH AND
CARE COORDINATION**

**OB/GYN/FAMILY PLANNING SERVICES
PROVIDER MANUAL**

July 2009



STATE OF MARYLAND
DHMH

MARYLAND DEPARTMENT OF HEALTH & MENTAL HYGIENE

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Section I

INTRODUCTION

A. PURPOSE

The primary purpose of this manual is to provide administrative guidance to providers rendering OB/GYN and family planning services to women enrolled in Maryland Medicaid. The manual provides policy and billing information on services covered under Maryland Medicaid's "fee-for-service" and "HealthChoice" programs. The billing information contained within is pertinent to specific services provided in private practices. Please note that clinics and hospital outpatient departments have different billing codes and forms than those outlined in this manual. **NOTE:** The current version of the OB/GYN/Family Planning Services Provider Manual can be obtained from the Department of Health and Mental Hygiene's web site at www.dhmh.state.md.us/mma/providerinfo/.

This manual supplements the *Maryland Medical Assistance Physicians' Services Provider Fee Manual* and the *CMS-1500 Billing Instructions*. Physicians, Certified Nurse Midwives, and Certified Nurse Practitioners may submit their claims electronically or use the *CMS-1500* to bill Maryland Medicaid. Providers desiring additional information regarding electronic billing should contact the Systems Liaison Unit at 410-767-6940.

CMS-1500 claims should be mailed to:
Medical Assistance Program - Claims
P.O. Box 1935
Baltimore, MD 21203-1935

B. HIPAA PRIVACY

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (*HIPAA*) of 1996 require the use of standard electronic health transactions by health insurance plans; including private, commercial, Medicaid and Medicare; healthcare clearinghouses and healthcare providers. The primary intent of the law is to allow providers to meet the data needs of every insurer electronically with one billing format using standardized healthcare industry data and code sets. *HCPCS* is the specified code set for procedures and services. Additional information on *HIPAA* can be obtained from the Department's web site at www.dhmh.state.md.us/hipaa.

C. NATIONAL PROVIDER IDENTIFIER (NPI)

The Health Insurance Portability and Accountability Act of 1996 (*HIPAA*) included a requirement to adopt standard unique identifiers for health care providers. Providers that conduct any of the *HIPAA* standard transactions, including electronic claims, eligibility, claim status, or remittance, must obtain an NPI. The NPI is a 10-digit, intelligence-free number that will replace all existing provider identifiers. To obtain an NPI, organizational and individual providers can submit an NPI application either online or by mail. To apply online go to: <https://nppes.cms.hhs.gov>, or call 1-800-465-3203 to request an application by mail. For more information see www.dhmh.state.md.us/html/hot_issues_npi.htm.

Maryland Medicaid is currently collecting provider NPI numbers. Please send a copy of the CMS NPI notification letter to:

Maryland Medical Assistance - Provider Enrollment
201 W. Preston Street, LL3
Baltimore, MD 21201

A copy of the CMS NPI notification letter may also be faxed to the Provider Enrollment department at 410-333-5341.

NOTE: Effective July 30, 2007, providers will use the NPI as the primary identifier when billing Maryland Medicaid. For questions or additional information, contact Provider Enrollment at 410-767-5340.

D. THIRD PARTY RECOVERIES

In general, the Medical Assistance Program is always the payer of last resort. If a recipient is covered by insurance or other third-party benefits, the provider must seek payment from that source first. The only exception to the Medicaid as payer of last resort rule is for the provision of well child (Healthy Kids services) and prenatal care.

E. OVERVIEW

The Maryland Department of Health and Mental Hygiene is committed to ensuring that all women have access to quality obstetrical, gynecological, and family planning services. Over the past several years, the state has greatly expanded Medicaid eligibility for pregnant women through the **Maryland Children's Health Program (MCHP)** and the **Medicaid For Families Program**. Improved communication between local health departments (LHD), managed care organizations (MCO), and private providers are facilitated by the Administrative Care Coordination/Ombudsman Program, which has reduced some of the barriers to care encountered by pregnant women and women seeking family planning services. The strengthening of established public and private sector partnerships will further reduce access to care barriers for this population.

One of Maryland's goals is to assure that all women have access to high quality prenatal and family planning services regardless of their family income. Your participation in the Medicaid Program is critical to ensuring that all women have access to comprehensive services.

Medicaid, also known as Medical Assistance (MA) is a joint federal and state program authorized under Title XIX of the Social Security Act to provide health and long-term care coverage to low-income individuals and persons in certain categories. The Maryland Department of Health and Mental Hygiene (DHMH) provides Medicaid coverage to individuals determined to be categorically eligible or medically needy.

Medicaid coverage is automatically granted to persons receiving certain other public assistance, such as Supplemental Security Income (SSI), Temporary Cash Assistance (TCA), or Foster Care. Maryland Medicaid also provides similar coverage for moderate to low-income children and pregnant women under the **Maryland Children's Health Program (MCHP)** and **MCHP Premium Program**.

Women in need of medical services and treatment may also be eligible under or the **Women's Breast and Cervical Cancer Health Program** (*Appendix, page 46*). **The MA 4 Families Program** will provide women with the full range of Medicaid services, if they meet certain income requirements and have children. Those in need of primary care, prescription

medications and family planning services may be eligible for the **Primary Adult Care Program (PAC)** or at Federally Qualified Health Centers (*Appendix, page 49*).

Most pregnant women in Medicaid/MCHP receive health care services through Maryland's **HealthChoice Program**. **HealthChoice** is Maryland's statewide mandatory managed care program, which began in 1997. HealthChoice beneficiaries enroll in a managed care organization (MCO) of their choice and select a primary care provider (PCP) to manage their medical care. MCO's participating in the HealthChoice program are responsible for providing the full range of health care services covered by the Medicaid "fee-for-service" program, except for certain Medicaid-covered benefits that are "carved out" and available to enrollees outside the MCO.

The following managed care organizations currently serve Maryland's Medicaid recipients:

- *AMERIGROUP Community Care.*
- *Diamond Plan from Coventry Health Care*
- *Jai Medical Systems*
- *Maryland Physicians Care*
- *MedStar Family Choice*
- *Priority Partners*
- *UnitedHealthcare*

F. PROGRAMS ADMINISTRATION

Under Medicaid's HealthChoice and Acute Care Administration (HCACA), the *Division of Outreach and Care Coordination* manages the following programs and services:

- ❖ Administrative Care Coordination/Ombudsman Program
- ❖ Medicaid Policy for Obstetrical and Family Planning Services
- ❖ Medicaid Family Planning Services Waiver Program
- ❖ Primary Adult Care Program
- ❖ Complaints/Appeals

The *Division of Outreach and Care Coordination* has a team of nurses who serve as regional consultants to local health departments (LHD), managed care organizations (MCO), and providers. Nurse consultant services include:

- ✓ Distribution of applicable administrative manuals/resources
- ✓ Interpretation of Medicaid health policies and federal/state regulations
- ✓ Staff training on Medicaid standards and procedures
- ✓ Assistance with Medicaid/HealthChoice billing
- ✓ Education of providers about various aspects of HealthChoice and fee-for-service issues
- ✓ HealthChoice Appeals

A nurse consultant can be reached by calling 410-767-6750 or 1-800-456-8900.

LHD Administrative Care Coordination Units (ACCU)

The Administrative Care Coordination Unit (ACCU) serves as the single point of entry for referrals to the LHD. The ACCU provides care coordination, information, and awareness activities to certain low-income and vulnerable populations. The purpose of these activities is to ensure that persons who are eligible for Medicaid or HealthChoice access needed health care and health-related services and that they use the services appropriately.

The ACCU accepts referrals from primary care providers and MCOs for assistance with bringing non-compliant and high-risk recipients, as defined in the Medicaid regulations, into care. The *Local Health Services Request Form* (DHMH 4582) should be used to refer pregnant/postpartum women and children in need of follow-up to the ACCU of the LHD in the recipient's county of residence.

Medicaid providers should refer to their MCO provider manuals for specific instructions regarding the referral process. In general, providers should initially contact the MCO outreach and/or case management department to obtain follow-up and outreach assistance.

LHD Ombudsman Program

The HealthChoice Program is required to provide an Ombudsman to assist members who are experiencing a dispute or dissatisfaction with their MCO regarding adverse actions. The local Ombudsman Program operates under the direction of the HealthChoice and Acute Care Administration's *Complaint Resolution Unit (CRU)*. Providers are asked to respond promptly to the CRU staff or LHD Ombudsman when contacted for information about a specific issue. The **Enrollee Action Line (1-800-284-4510)** is available for recipients with inquiries or to request assistance with problems with their MCO. Providers may call the **Provider Hotline (1-800-766-8692)** for assistance with resolving problems related to care access on behalf of recipients.

Transportation Services

The Medicaid Program provides transportation grants to each local jurisdiction to assist clients with transportation to Medicaid covered services. (*Appendix, page 45*). The MCO may also provide limited transportation assistance.

Interpretation Services

An MCO shall, on request, make interpretation services available free of charge to each enrollee who does not speak English or is hearing impaired.

G. APPEAL PROCESS

Enrollees or someone on behalf of the enrollee can Appeal to the State a denial, reduction or termination of medical services by the MCO:

- A HealthChoice Enrollee should contact the Enrollee Action Line at the State at 1-800-284-4510 between 7:30 A.M. and 5:30 P.M.
- A PAC enrollee should contact the Enrollee Action Line at the State at 1-800-754-0095 between 7:30 A.M. and 5:30 P.M.
- Providers should contact the Provider Hotline at 1-800-766-8692 between 8:00 A.M. and 5 P.M.
- The Action line will provide information on how to request an appeal through the State's Complaint Resolution Unit.
- The Complaint Resolution Unit will attempt to resolve the appeal with the MCO in 10 business days. If it cannot be resolved in 10 business days, a notice will be sent that gives the enrollee a choice to request a fair hearing or wait until the Complaint Resolution Unit has finished its review of the appeal. When the review is finished, if the enrollee does not agree with the decision that he/she will receive in writing, another notice will again be sent to the enrollee to request a fair hearing.

The State's Decision on the Appeal

When all of the facts about the MCO appeal have been reviewed by the State, the State will take one of the actions below:

- If the State thinks the MCO should provide the benefit or service, it can order the MCO to do so right away, and the MCO will give the enrollee the benefit or service.
- If the State thinks that the MCO does not have to provide the benefit or service, they will inform the enrollee and the doctor in writing that the State agrees with the MCO.

What Kind of Decisions Can Be Appealed

Below are examples of decisions made by the State that can be appealed. An enrollee, provider, or representative on behalf of the enrollee can appeal a decision when the State:

- Agrees with the MCO that a benefit or service that the enrollee is receiving should be denied or reduced;
- Agrees with the MCO that a benefit or service is not medically necessary;
- Agrees with the MCO that a benefit or service is not covered by the MCO.

Fair Hearings

To appeal one of the State's decisions, a request is made for the State to file a notice of appeal with the Office of Administrative Hearings on behalf of the enrollee. This will be the appeal against the State. The MCO may appear as witness for the State at the appeal hearing.

The Office of Administrative Hearings will set a date for the hearing based on the type of decision being appealed.

- If the appeal is about the MCO reducing or not giving the enrollee a benefit or service because it (and the State) thinks there is not a medical need for the benefit or service, the Office of Administrative Hearings will set a hearing date from the date the request is filed with the Office of Administrative Hearings. The Office of Administrative Hearings will make its decision on the case, usually within 30 days of the date of the hearing.
- If the appeal is about current ongoing services that are being denied or reduced, the Office of Administrative Hearings may set an expedited hearing date within 3 days from the date the request is filed with the Office of Administrative Hearings. The Office of Administrative Hearings will usually make its decision on the case within 3 days of the date of the hearing.
- For all other appeals, the Office of Administrative Hearings will set a hearing date within 30 days of the date the request is filed with the Office of Administrative Hearings. The Office of Administrative Hearings will usually make its decision on the case within 30 days of the date of the hearing.

The Board of Review

If the Office of Administrative Hearings decides against the enrollee, they may appeal to the State's Board of Review. They will get the information on how to appeal to the Board of Review with the decision from the Office of Administrative Hearings.

Judicial Appeal

If the Board of Review decides against the enrollee, they may appeal to the Circuit Court.

Section II

MEDICAID ELIGIBILITY

Most women who receive Medicaid are in one of four eligibility categories: **general Medicaid**, the **Maryland Children's Health Program (MCHP)**, the **MA 4 Families Program** or the **Primary Adult Care Program (PAC)**. Women are eligible for medical assistance coverage and full health benefits based on qualifying income. The qualifying income amounts change annually based on changes to federal poverty level (FPL) standards.

A. GENERAL MEDICAID

Women whose family income is at or below 45% of the FPL may apply for general Medicaid. Women who receive benefits under general Medicaid will continue to have their eligibility reviewed every six months, irrespective of pregnancy. These women should be encouraged to contact their local department of social services (LDSS) case worker to ensure that their eligibility is not interrupted during pregnancy and full MA coverage, including family planning services, continues beyond the postpartum period.

B. THE MARYLAND CHILDREN'S HEALTH PROGRAM (MCHP)

The Maryland Children's Health Program (MCHP) provides full health benefits for children under the age of 19 and pregnant women. Currently, pregnant women whose family income is at or below 250% of the FPL are eligible for health care coverage through MCHP. To check the income guidelines, go to www.dhmh.state.md.us/mma/mchp/pdf/2009/MCHP_Income_Guidelines_3-09.pdf

Once a pregnant woman is determined eligible for MCHP, she has coverage through the duration of her pregnancy and two months postpartum. Each woman will have a primary care physician. MCHP covers the same services as general Medicaid with the exception of abortions, which, are not covered for pregnant women who enrolled for coverage under MCHP.

C. THE MEDICAID 4 FAMILIES PROGRAM

Beginning in July, 2008, Medical Assistance provided health insurance for families. Parents or other family members caring for children with incomes below about \$20,000 annually, depending on family size, may apply for quality health services that cover doctor's visits, hospital stays and offers lower co-pays for prescription drugs.

D. THE PRIMARY ADULT CARE PROGRAM (PAC)

The Primary Adult Care (PAC) program, which began July 2006, is a new health care program that covers pharmacy, primary health care, mental health care, and some limited additional health services. PAC also covers all family planning methods **except sterilization** because surgery and hospital services are not covered. Women can self-refer to any participating family planning provider as long as the provider agrees to bill the MCO. Additionally, under PAC the MCO must provide routine gynecologic care. PAC covers screening mammograms and pap smears; however, visits to the GYN for diagnostic tests and specialty care are not covered. PAC replaced the Maryland Pharmacy Assistance and Maryland Primary Care programs. Any Maryland resident over age 19 with very limited income and assets who does not have Medicare may be eligible. PAC services are delivered by participating primary care providers who are enrolled in managed care organizations (MCO). Call 1-800-284-4510 to get a list of the MCOs that participate in the PAC program.

PAC does not cover services such as in-patient hospital stays, outpatient hospital care, emergency room visits or visits to a specialist.

E. EMERGENCY MEDICAL ASSISTANCE

Ineligible or unqualified immigrants who are Maryland residents may qualify for coverage of “emergency” medical services for hospital inpatient and related services. This emergency coverage includes labor and delivery, but not routine prenatal or postpartum services for the mother. Women seeking coverage for delivery related services under the emergency provision must provide a copy of their hospital discharge summary to their local department of social services (LDSS) or health department (LHD). Pregnant women who receive medical assistance benefits under the emergency provision are ineligible for enrollment into HealthChoice. **Newborns of women covered under the emergency provision must apply for coverage by completing a MCHP application.**

F. NEWBORN ELIGIBILITY and CLAIMS

All infants born to women with Medicaid are eligible for Medicaid coverage. Infants born to women enrolled in MCHP are eligible through their first birthday. If a pregnant woman is in an MCO at the time of delivery, her newborn is automatically enrolled in the same MCO. Women should be encouraged to choose a provider for their newborn by the eighth month of pregnancy. Please encourage her to call the Member Services Department of her MCO immediately after delivery to inform them of the provider’s name. The hospital must complete a *Hospital Report of Newborn (DHMH 1184)* and fax it to the Department of Health and Mental Hygiene, Recipient Master File Unit at 410-333-7012. Once the Department receives this form, the newborn’s temporary Medical Assistance number will be sent to the birth hospital, mother’s MCO, and the client’s designated eligibility office at either the local health department or local department of social services. The local eligibility unit will then activate the newborn’s case in the *Client Automated Resource & Eligibility System* or “CARES”, which will generate a permanent Medical Assistance number for the newborn.

NOTE: When submitting claims for services rendered to newborns, providers must use the newborn’s name and unique medical assistance number. **Do not use the mother’s MA#.**

Each managed care organization is required to have a **Newborn Coordinator**. This individual serves as the point of contact for providers who have questions or concerns related to eligibility and the provision of services to newborns within the first 60 days of birth.

Listed below is the newborn coordinator contact information for each MCO:

MCO	Newborn Coordinator’s #
AMERIGROUP Community Care	410-981-4085 Fax: 410-981-4599
Diamond Plan from Coventry Health Care	410-910-7118 Fax: 410-910-6980
Jai Medical Systems	410-433-2200 Fax: 410-433-4615
Maryland Physicians Care	410-401-9532 Fax: 410-609-1915
MedStar Family Choice	410-933-3002 Fax: 410-933-2264
Priority Partners	410-424-4960 Fax: 410-424-4991
UnitedHealthcare	410-540-4312 Fax: 410-540-5977

Section III

MEDICAID APPLICATION PROCESS

A. CITIZENSHIP AND IDENTITY DOCUMENTATION

Effective July 1, 2006, federal law requires verification of citizenship and identity as a condition for Medical Assistance eligibility. The Maryland Department of Health and Mental Hygiene began implementing this new federal law on September 1, 2006. *New* recipients must provide documentation to prove citizenship and identity. **NOTE:** Documentation is not required for newborns whose mother was enrolled in MA or MCHP on the date of delivery, *unless* the mother was an undocumented alien and only covered for emergency medical services. Applicants and recipients who have questions about the new requirements can call 1-866-676-5880 for additional information and assistance. Further information can also be found at www.dhmh.state.md.us by clicking on the link to *Proof of Citizenship and Identity*.

Timeliness is critical to the provision of health care to pregnant women. Questions regarding MCHP or Accelerated Certification of Eligibility (ACE) can be directed to the Maternal-Child Health Information Line at 1-800-456-8900.

B. MCHP

- Refer all uninsured women to the local health department (LHD) eligibility unit (*Appendix, page 44*) or the Maryland Children's Health Program through the Maternal-Child Health Information Line at 1-800-456-8900.
- Effective July 1, 2001, a pregnant woman applying for coverage through MCHP will not be required to provide written proof of pregnancy. The pregnant woman's declaration that she has verified her pregnancy is acceptable.
- A pregnant woman may mail or bring her signed application, including her expected date of delivery, to the LHD in her county of residence. Faxed copies are accepted at any of the LHD eligibility units; however the original application must be delivered with an original signature before it can be processed.
- The LHD processes MCHP applications and in most cases eligibility is determined within ten days of receipt of a completed application.
- Most women will be required to enroll in a managed care organization (MCO).
- Women have 21 days from the date eligibility notification and MCO information is mailed from the Department to choose an MCO; if they fail to do so, they will be auto-assigned.

C. ACCELERATED CERTIFICATION OF ELIGIBILITY (ACE)

- Allows the LHD to process MCHP applications for eligible pregnant women, who are also receiving social service benefits such as food stamps or cash assistance, within two working days of receipt of the application.
- The LHD can process MCHP eligibility for a 3-month period until the LDSS renders a final determination of eligibility.

- ACE allows pregnant women, who are also receiving social service benefits, to receive coverage of medical services while a final review is completed to determine eligibility for continuing benefits.
- Pregnant women certified under ACE will be enrolled in the MCO of their choice.
- Benefits will begin back to the first day of the month in which the application is received by the LHD.
- Most bills for services provided in the month prior to the patient applying for MCHP through ACE can be submitted to Medicaid for payment on a fee-for-service basis.

Section IV

ELIGIBILITY VERIFICATION SYSTEM

INTRODUCTION

The Maryland Medicaid Eligibility Verification System (EVS) is a telephone inquiry system that enables health-care providers to quickly and efficiently verify a Medicaid recipient's current eligibility status.

A Medical Assistance card alone does not guarantee that a recipient is currently eligible for Medicaid benefits. You can use EVS to quickly verify a recipient's eligibility status. **To ensure recipient eligibility for a specific date of service, you must use EVS prior to rendering service.**

EVS is fast and easy to use, and is available 24 hours a day, 7 days a week. EVS requires only seconds to verify eligibility and during each call you can verify as many recipients as you like. EVS is an invaluable tool to Medicaid providers for ensuring accurate and timely eligibility information for claim submissions.

EVS provides you with the capability of verifying past dates of eligibility for services rendered up to one year. Additionally, if the Medical Assistance number is not available, you can use the recipient's Social Security number and name code to obtain the ID number.

For providers enrolled in **eMedicaid**, "**WebEVS**", a web-based eligibility application, is available. Providers must be enrolled in eMedicaid in order to access EVS. To enroll and access "WebEVS" go to www.emdhealthchoice.org and select "Services for Medical Care Providers" and follow the login instructions. If you need information, please visit the website or for provider application support call 410-767-5340. For questions about the new EVS, please contact Provider Relations at 410-767-5503 or 1-800-445-1159.

WHAT YOU NEED

- A touchtone phone
- The EVS access telephone number
- Your Medicaid provider number (NPI after July 30, 2007)
- The recipient Medicaid number and name code or social security number and name code
- Date of service, if other than current date

HELPFUL TIPS

- You must press the pound key **once** (#) after entering data requested in each prompt.
- If you make a mistake, press the asterisk (*) key once. EVS disregards the incorrect information and repeats the prompt.
- If you do not enter data within a predetermined time period after a prompt, EVS re-prompts you. If you fail to enter data after the second prompt, EVS will disconnect the call.
- To end the call press the pound key twice (##) at any prompt prior to entering data. The system responds "Have a good day" and disconnects your call.

- EVS provides current information up to the previous business day. **Please listen closely to the entire EVS message before ending the call** so that you don't miss important eligibility information.
- The EVS message will give you the name and phone number of the woman's managed care organization (MCO), if she is enrolled in "HealthChoice". Providers can press "3" and the call will be transferred directly to the MCO's call center to verify primary care physician (PCP) assignment.
- The EVS message for women that have Medicaid and are "fee-for-service" (not enrolled in HealthChoice) is "**eligible, federal**".
- The EVS message for women in the Family Planning Program is "**eligible, recipient has family planning coverage only, abortion and infertility services not covered**".
- The EVS message for women in the Primary Adult Care Program under "fee-for-service" (not enrolled in an MCO) will indicate, "**recipient has pharmacy and outpatient mental health coverage only**".
- The EVS message for women in the Primary Adult Care Program (enrolled in an MCO), will indicate, "**recipient is eligible and is enrolled in a PAC MCO**" (**identifies MCO and phone #**)
- If you have questions about the different types of eligibility, call the Maternal-Child Health Information Line at 800-456-8900.
- If you need further assistance with EVS, call Provider Relations Monday – Friday between 8:00 a.m. and 5:00 p.m. at 410-767-5503 or 800-445-1159.

D. HOW TO USE EVS

- Call the EVS access telephone number:
1-866-710-1447 (State-wide)
- Enter your 9 digit provider number (10 digit NPI after July 30, 2007) and press the pound key once (#)
Example: 012345678#
- For **current eligibility** enter the 11-digit recipient number and the 2-digit name code (the first two letters of the last name converted into numeric touchtone numbers) and press the pound key once (#).
Example: For recipient Mary Stern, you would enter: 11223344556 (recipient ID number) and 78# (7 is for "S" in Stern and 8 is for "T" in Stern)

NOTE: Since the characters Q and Z are not available on all touchtone phones, enter the digit **7** for the letter **Q** and digit **9** for the letter **Z**. Use a zero (0) for space if recipient has only one letter in last name. ***Example: Malcolm X; name code =X0***

- EVS will respond with current eligibility information or an error message if incorrect information has been entered.

- For **past eligibility** you can search a recipient's past eligibility status for up to one year. To do a search of past eligibility, enter a date of up to one year using the format **MMDDCCYY**
Example: For recipient Mary Stern, where the date of service was January 1, 1995, you would enter: 11223344556 (recipient ID#) and 78 (last name code) and 01011995# (service date)

- EVS will respond with eligibility information for the date of service requested or an error message if incorrect information was entered.

NOTE: Should you enter the date incorrectly, EVS re-prompts you to re-enter **only the date**; however, at the prompt, you can return to the "ENTER RECIPIENT NUMBER AND NAME CODE" prompt by pressing "9" and the pound key twice (##).

- **If the recipient number is not available:** At the recipient number prompt, press zero (0) and the pound key twice (##). EVS prompts you with the following: "ENTER SOCIAL SECURITY NUMBER AND NAME CODE". Using a recipient's SSN and name code, you may search current eligibility or optionally search past eligibility up to one year. To search past eligibility, follow the name code data entry with the date of service in MMDDCCYY format.
Example: 111223334(SSN) and 78# (last name code)

NOTE: Social Security Numbers are not on file for all recipients. If you have entered a valid SSN, which is on file, and the recipient is currently eligible for Medical Assistance, EVS will provide you with the current eligibility status and a valid recipient number. You should record this information.

- To repeat the eligibility status, press "1"; to enter the next recipient, press "2"; to end the call, press the pound key twice (##).
- It is important to end the call by pressing the pound key twice (##) to free both your phone line and the EVS line for the next caller.

If you need further assistance with EVS, call Provider Relations Monday – Friday between 8:00 a.m. and 5:00 p.m. at 410-767-5503 or 800-445-1159.

Section V

HEALTHCHOICE PREGNANCY RELATED SERVICES

All pregnant women must have access to early prenatal care. When a HealthChoice member suspects she is pregnant she should contact her MCO/PCP. MCOs are responsible for scheduling an appointment for the first prenatal visit and seeing the woman within 10 days of the enrollee's request.

A. PRENATAL SERVICES PRIOR TO MCO ENROLLMENT

❖ SELF-REFERRAL SERVICES (*HealthChoice Self-Referral Manual*)

If a newly enrolled pregnant woman has already established care with an out-of-network provider and that care included a full prenatal examination, risk assessment, and appropriate laboratory tests, the MCO must pay the provider. In the event that an out-of-network provider has provided pre-enrollment care and initiated prenatal care **prior** to the pregnant woman's enrollment in an MCO, the prenatal care **provider may choose** to continue rendering out-of-network prenatal care under these self-referral provisions.

OB Providers can assist in assuring continuity of prenatal care by following the steps outlined below:

- You are encouraged to provide care to pregnant women who are in the Medical Assistance application and MCO selection process.
- If you participate in HealthChoice, let potential HealthChoice members know which MCO(s) your practice participates in and whether you will accept women for out-of-network prenatal care.
- If you participate in one or more MCO(s) and have initiated prenatal care for a pregnant woman who has Medical Assistance, but is not in an MCO, encourage her to select an MCO in which you participate. She should call the enrollment broker at 1-800-977-7388 to choose an MCO.
- You are not required to continue providing prenatal care to a pregnant woman who subsequently enrolls in an MCO in which you do not participate.
- You are encouraged to continue to see these women under the self-referral option.
- If a pregnant woman is auto-assigned to an MCO in which you do not participate, tell her to call the enrollment broker at 1-800-977-7388; she may be able to change MCOs.
- The MCO is responsible for the payment of comprehensive prenatal care for a **normal** pregnancy, including prenatal, intrapartum, and postpartum care at the established Medicaid rate and without preauthorization.

Prenatal care providers should follow these guidelines for the provision of **self-referral** pregnancy related services:

- Inform the member's MCO that you plan to continue to provide prenatal care to the member as an out-of-network provider.
- Refer the member to the MCO's OB case management services or special needs coordinator (MCOs are required to have these services for pregnant women). (*Appendix, page 47*).
- Screen the member for substance abuse using a screening instrument that is (1) appropriate for the detection of both alcohol and drug abuse (2) recommended by the Substance Abuse and Mental Health Services Administration (SAMSA) of the U.S. Department of Health and Human Services, and (3) appropriate for the age of the patient. Refer to the MCO's Behavioral Health Organization, if indicated. (*Appendix, page 48*).
- Complete the **Maryland Prenatal Risk Assessment Form (DHMH 4850)** (*Appendix, page 33*) and **promptly** forward the form to the appropriate local health department ACCU Program. (**Prior** to the pregnant woman's enrollment in an MCO, completion of the risk assessment is billed to MA using **billing code H1000**).
- Refer the member to the local health department for community resources, including nutritional counseling.
- Providers should document in the medical record that health education and counseling appropriate to the needs of the pregnant woman was provided. The provider may then bill the MCO for an "Enriched" maternity service at each visit using **billing code H1003**.
The "Enriched Maternity Services Record" form is used to record services rendered (*Appendix, page 36*).
- When consultation or referral for high-risk prenatal care is indicated, make referrals to the member's MCO network providers only.
- Bill the member's MCO for laboratory, radiology, and pharmacy services provided on-site in conjunction with pregnancy related services.
- When it is necessary to refer off-site for laboratory, radiology, and pharmacy services, use only those providers who are in the member's MCO network.
- Prior to the eighth month of pregnancy the prenatal care provider should instruct the pregnant woman to contact her MCO for assistance in choosing a provider for the newborn.
- For all non-pregnancy related medical services, refer pregnant women to their "**in network**" primary care provider (PCP).

B. BILLING/PROCEDURE CODES

Prenatal care providers typically bill MCOs using CPT evaluation and management codes (99201 – 99205 and 99211 – 99215) and two Healthy Start codes (H1000 and H1003). The most commonly used codes are:

CPT Code	Description	Rate
99201	Office visit, new patient, minimal	\$29.50
99202	Office visit, new patient, moderate	\$52.13
99203	Office visit, new patient, extended	\$77.42
99204	Office visit, new patient, comprehensive	\$113.05
99205	Office visit, new patient, complicated	\$141.64
99211	Office visit, established patient, minimal	\$17.61
99212	Office visit, established patient, moderate	\$31.08
99213	Office visit, established patient, extended	\$48.29
99214	Office visit, established patient, comprehensive	\$73.14
99215	Office visit, established patient, complicated	\$98.77
H1000	Prenatal care, at risk assessment (bill once)	\$40.00
H1003	Prenatal care, at risk enhanced service education	\$10.00
59410	Vaginal delivery, including postpartum care	\$941.93
59515	Cesarean delivery, including postpartum care	\$1124.12
59430	Postpartum care only	\$138.52

MCOs are responsible for payment of circumcisions performed by an obstetrician who provided delivery services for a woman under the self-referral provision. When billing for newborn circumcisions (CPT 54150 or 54160) you must use the newborn’s name and MA number. Contact the nurse consultant in the Division of Outreach and Care Coordination at (410) 767-6750 or 1-800-456-8900 for additional information.

C. PRENATAL SERVICES AFTER MCO ENROLLMENT

❖ **MCO SERVICES**

The MCO or its contracted provider has responsibility for assuring the following for pregnant and postpartum women:

- The MCO must provide easy access to prenatal care, including an appointment for the first visit within 10 days of request.
- The MCO must assure access to appropriate levels of care including inpatient, outpatient, and emergency services. This includes providing an adequate network of providers including obstetricians-gynecologists, perinatologists, pediatricians, neonatologists, anesthesiologists, dentists and other health care providers, in order to deal with complex maternal and infant health issues. The provision of appropriate emergency transfer of pregnant women and newborns to tertiary facilities, when necessary, is also required.
- The MCO must assure that the prenatal care provider completes the *Maryland Prenatal Risk Assessment (DHMH 4850)* at the first prenatal visit. The provider must fax the risk assessment, within 10 days after completion, to the LHD ACCU Program in the county in which the woman resides. **NOTE: Completion of the Maryland Prenatal Risk Assessment**

is required for all Medicaid patients including those enrolled in an MCO. Check with your MCO (s) about their reimbursement policy for completion of the risk assessment form, as the MCO may consider this service to be part of their fee. If you are uncertain about your MCO’s policies or have billing questions, contact the MCO’s Provider Relations Department. (*Appendix, page 47*).

- The ACCU must refer women identified as high risk, based on the risk assessment screening, to the MCO in which the woman is enrolled, so OB case management services can be offered.
- All pregnant recipients, identified by the Maryland Prenatal Risk Assessment, are referred to their MCO by DHMH for coordination of care.
- The MCO must assure that risk-related education is provided including smoking cessation education; nutrition education; drug and alcohol education; HIV/STI education, and contraceptive options counseling.
- The MCO must refer pregnant women to the WIC Program at 800-242-4WIC.
- The MCO must provide an appropriate level of substance abuse services, including comprehensive services, when indicated, for pregnant substance abusers. These services must include specialized intensive day treatment that allows for children to accompany their mother.
- The MCO must follow ACOG standards for determining frequency of visits, including care beginning in the first trimester with visits every four weeks for the first 28 weeks of pregnancy; every two weeks for the next eight weeks and weekly thereafter until delivery.
- The MCO must link the pregnant woman with a pediatric provider, prior to the eighth month of pregnancy.
- The MCO must ensure coordination of care or access to case management, as appropriate. Each MCO has prenatal programs available offering outreach and education to pregnant members, the goals of which are to encourage compliance, manage problems, and reduce negative outcomes. Additional information about MCO prenatal programs can be obtained by contacting the following:

MCO	Phone Number
AMERIGROUP Maryland, Inc.	800-964-2112
Diamond Plan	800-727-9951, ext.1730
MedStar Family Choice	410-933-2240
Jai Medical Systems	888-524-1999
Maryland Physicians Care	800-953-8854
Priority Partners	888-500-8786
UnitedHealthcare	800-487-7391, ext. 5997

- The MCO must provide postpartum care and access to all family planning options, including tubal ligations. A consent form must be signed at least 30 days prior to the sterilization. All providers are required to complete Maryland Medicaid’s ***Sterilization Consent Form (DHMH 2989)*** (*see Appendix, page 38*).

MCO Coverage of Lactation Consultants and Breast Pumps

WIC: will provide manual breast pumps for nursing moms on the WIC program.

Amerigroup: No coverage of lactation consultants, but will cover breast pumps for moms of pre-term NICU babies.

Diamond/Coventry: no coverage of a lactation counselor, but will cover a breast pump for the mom of a baby that is in the nursery or NICU after mom has been discharged.

Maryland Physicians Care: lactation consultants will be covered for moms in the hospital only; moms of NICU infants are given LaLeche League resource information. Breast pumps will be covered for moms of NICU babies only.

MedStar: no coverage for a lactation consultant. Coverage for manual breast pumps on request; electric pumps are covered if there is a physical limitation only.

Priority Partners: lactation consultants are not covered. Manual breast pumps are covered for all nursing moms, electric pumps will be covered with medical documentation.

UnitedHealthcare: breastfeeding classes are covered, but lactation counseling is not. Breast pumps will be provided for moms of preemies in the NICU.

Section VI

MEDICAID FEE-FOR-SERVICE PROCEDURES

A. PRENATAL CARE

Pregnant women, prior to enrollment in the MCO, or some populations not eligible for enrollment into HealthChoice, may access care on a “fee-for-service” basis.

PROCEDURES

- The Medicaid Program does not reimburse physicians for “global” maternity care services. Maryland Medicaid does not use CPT codes 59400, 59510 and 59610. Providers must bill deliveries separately from prenatal care. This is discussed on page 22 under Maternity and Postpartum Services.
- The Maryland Medical Assistance Program no longer uses antepartum codes 59425 and 59426. These codes were previously payable at the rate of \$32.00 per visit; they were used as separate encounters rather than as a group of visits as described in CPT. Under the Health Insurance Portability and Accountability Act (HIPAA) Maryland Medicaid is required to use nationally recognized procedure codes. Prenatal care providers should use the appropriate evaluation and management code for each prenatal visit. The evaluation and management codes with applicable rates are as follows:

CPT Code	Description	Rate
99201	Office visit, new patient, minimal	\$29.50
99202	Office visit, new patient, moderate	\$52.13
99203	Office visit, new patient, extended	\$77.42
99204	Office visit, new patient, comprehensive	\$113.05
99205	Office visit, new patient Complicated	\$141.64
99211	Office visit, established patient, minimal	\$17.61
99212	Office visit, established patient, moderate	\$31.08
99213	Office visit, established patient, extended	\$48.29
99214	Office visit, established patient, comprehensive	\$73.14
99215	Office visit, established patient, complicated	\$98.77

Indicate the appropriate diagnosis code: **V22** for normal pregnancy or **V23** for high-risk pregnancy on claims submitted related to prenatal care visits.

- Medicaid pays for medically necessary services related to prenatal care such as lab tests, prenatal vitamins and prescription drugs, sonograms, and non-stress tests. Use the appropriate CPT codes for ancillary services.

SERVICES

- ***Maryland Prenatal Risk Assessment***
Maryland Medicaid pays prenatal care providers \$40.00 in addition to the prenatal visit fee, for completion of the Maryland Prenatal Risk Assessment Form (*Appendix, page 33*). The billing code for this service is **H1000**. You may only bill for one risk assessment charge per pregnancy.
- Complete the Maryland Prenatal Risk Assessment Form at the initial prenatal visit. Within 10 days of this initial visit forward the form to the local health department (LHD) ACCU Program in the county where the pregnant woman resides (*Appendix, page 36*). Completion of the risk assessment is important because it assists in identifying women at risk for low birth weight or pre-term delivery. These women are given priority for care coordination services.
- ***Enriched Maternity Services***
Medicaid will pay providers an additional \$10.00 fee when “enriched” maternity services are provided at each office visit to an eligible recipient. These services may include:
 - *Counseling
 - *Health education
 - *Nutrition education
 - *Care coordination
 - *Contraceptive counseling
 - *Referrals to services such as WIC, smoking cessation, and alcohol or substance abuse treatment services.

All pregnant women with Medicaid can benefit from “enriched” maternity services regardless of risk status. We ask that you provide the scope of service appropriate to the woman’s individual level of need. Documentation must be noted in the medical record to support that health education and counseling appropriate to the needs of the pregnant woman was provided in order to bill for this service. We offer a format (*Appendix, page 36*) that can be photocopied for use to document these “enriched” maternity services. Providers may bill for an “enriched” maternity service at each visit using billing code **H1003**. For additional information call the Division of Outreach and Care Coordination at 410-767-6750 and ask to speak with a nurse consultant.

An example of a prenatal visit with a new patient:

Evaluation/Management (99202 – 99205)	\$52.13 to \$141.64
Prenatal care, at risk assessment (H1000)	\$40.00
Prenatal care, at risk enhanced service education (H1003)	\$10.00

An example of a prenatal visit with an established patient:

Evaluation/Management (99211 – 99215)	\$17.61 to \$98.77
Prenatal care, at risk enhanced service education (H1003)	\$10.00

- ***Substance Abuse Services***
Type of Provision: Self-Referral. The purpose of this provision is to remove barriers for MCO enrollees to access substance abuse treatment services. Enrollees may self-refer for an initial Comprehensive Substance Abuse Assessment (CSAA), if the following conditions are met:
 1. The recipient is not in substance abuse treatment
 2. The recipient has not received a self-referred CSAA that calendar year; and

3. The assessment provider as an ADAA-certified substance provider who is qualified to administer the ASI or POSIT, and the ASAM.

In addition to the CSAA, MCOs may allow enrollees to self-refer for additional substance abuse treatment under the voluntary substance abuse treatment initiative (the initiative is available at: www.dhmd.state.md.us/mma/healthchoice/html/subabuse.htm)

B. MATERNITY AND POSTPARTUM SERVICES

BILLING PROCEDURES

Vaginal Delivery

Maryland Medicaid will reimburse for vaginal delivery, including postpartum care as a separate procedure, CPT code **59410**. When you submit a CMS-1500 for a delivery which includes other procedures on the same date of service, make sure the CPT code for the delivery is listed on the first line of *Block 24* to ensure proper payment. Place a modifier in *column 24D*, for the second or subsequent procedure on the same date of service.

NOTE: Physicians and nurse midwives should bill for vaginal deliveries including postpartum care performed in a home or birthing center using CPT codes **59410** and **59614** with the appropriate place of service, **12** or **25**, indicated in *Block 24B* of the CMS-1500. The reimbursement rate for a vaginal delivery in a home setting is \$1054 and \$1395 in a birthing center. Providers should bill the unlisted maternity care and delivery code **59899** for supplies used during a vaginal delivery in a home or birthing center. The fee for delivery supplies is \$75. Refer to the *Medical Assistance Physicians Fee Manual and CMS-1500 Billing Instructions* or call **Provider Relations at 410-767-5503 or 800-445-1159 for additional billing information.**

Cesarean Delivery

Cesarean deliveries must be billed as a separate procedure, using CPT code **59515**. When you submit a CMS-1500 claim for a cesarean birth which includes other procedures on the same date of service, make sure the CPT code for the cesarean is listed on the first line of *Block 24*. Place a modifier in *column 24D* for the second or subsequent procedure.

A tubal ligation performed at the time of a cesarean delivery must be billed separately using procedure code **58611** with a modifier -51 and include the *Sterilization Consent form (DHMH 2989)* (*Appendix, page 38*).

Postpartum Care

Maryland Medicaid will pay for postpartum care only using CPT code **59430**. Postpartum care includes all the visits after the delivery, in the hospital and the office. Postpartum care is not payable as a separate procedure, unless it is provided by a physician or group other than the one providing the delivery service.

C. HOSPITAL ADMISSIONS

Pre-authorization by Keystone Peer Review Organization, Inc. (KēPRO) the Program's Utilization Control Agent (UCA) is required for all elective hospital admissions for recipients covered under Medicaid's fee- for-service program. It is the hospital's responsibility to obtain pre-authorization by calling KēPRO at 866-581-6773. Questions concerning hospital services should be directed to 410-767-1722.

D. GYN SERVICES

Annual gynecologic exams for asymptomatic patients should be billed using preventive medicine codes **99383 – 99387** for new patients or **99393 – 99397** for established patients. Please note that the Pap smear is considered part of the office visit, and may only be billed by the laboratory that reads and interprets the test. The appropriate evaluation and management codes to be used for symptomatic patients are **99201 - 99205** for new patients or **99211- 99215** for established patients.

❖ *Women’s Breast and Cervical Cancer Health Program (WBCCHP)*

In April 2002 Maryland Medicaid implemented the *Women’s Breast and Cervical Cancer Health Program* to provide Medical Assistance coverage for **women who have been screened through the Breast and Cervical Cancer Program (BCCP) and diagnosed with breast or cervical cancer.** In order to qualify for the program, women must:

- Not be eligible for Medicaid or Medicare
- Be between the ages of 40 and 64 years old;
- Be a Maryland resident;
- Be uninsured, or have insurance that does not cover cancer treatment;
- Be in need of treatment and;

For additional information, you may contact the *Breast and Cervical Cancer Program* at your local health department (*Appendix, page 46*).

❖ *Hysterectomy Services*

Medicaid will reimburse for a hysterectomy under the following conditions:

- The physician who obtained authorization to perform the hysterectomy has **informed the individual** and her representative, if any, **orally and in writing**, that the **hysterectomy will render the individual permanently incapable of reproducing**, and
 - The **individual** or her representative, if any, **has signed a written acknowledgement of receipt of that information**, or
 - The individual was already sterile before the hysterectomy, or
 - The individual requires a hysterectomy because of a life threatening emergency and the physician determines that prior informing and acknowledgement are not possible, and
 - The physician who performs the hysterectomy (1) certifies, in writing via the ***Document for Hysterectomy (DHMH 2990)*** (*Appendix, page 40*) that the individual was already sterile at the time of the hysterectomy and states the cause of the sterility, or (2) certifies, in writing, that the hysterectomy was performed under a life-threatening emergency situation in which the physician determines that prior acknowledgement was not possible. The physician must also include a description of the nature of the emergency.
- **NOTE:** Regulations require the physician who performs the hysterectomy (not a secondary provider such as an assisting surgeon or anesthesiologist) to certify that the woman met one of the specified exemptions. Patient consent (signature) is not required if the patient is over age 55.

- **NOTE:** A separate CMS-1500 claim must be submitted accompanied by the *Document for Hysterectomy (DHMH 2990)*.

The following CPT codes should be used when billing Maryland Medicaid for hysterectomy procedures:

Procedure Code	Rate	Procedure Code	Rate	Procedure Code	Rate
51925	\$860.69	58267	\$1010.54	58550	\$847.76
58150	\$941.31	58270	\$847.69	58552	\$933.04
58152	\$1197.53	58275	\$940.13	58553	\$1092.19
58180	\$903.66	58280	\$1006.92	58554	\$1247.30
58200	\$1247.90	58285	\$1259.16	58951	\$1308.99
58210	\$1661.13	58290	\$1108.51	58953	\$1833.53
58240	\$2544.47	58291	\$1203.09	58954	\$1990.69
58260	\$790.48	58292	\$1270.33	59135	\$881.13
58262	\$883.04	58293	\$1320.31	59525	\$477.67
58263	\$451.08	58294	\$1167.72		

E. FAMILY PLANNING SERVICES

Women should be encouraged to choose a contraceptive method following their delivery. We encourage you to retain the women you have delivered, as patients, for contraceptive management. If you are unable to do so, please refer them to a Local Health Department, Planned Parenthood Clinic, or Community Health Center, also referred to as Federally Qualified Health Center “FQHC” (*Appendix, page 49*). Women can also obtain a list of family planning resources, by calling the Maternal-Child Health Information Line at 800-456-8900.

Community Health Centers provide primary healthcare and offer a range of services such as treatment of chronic conditions (i.e.: hypertension or diabetes), office visits for sick and well care, basic laboratory tests and x-rays, screenings and referrals to alcohol and drug addiction services, and referrals for mental health care. Providers are encouraged to refer women who have “family planning only” coverage in need of primary health services to one of these health centers.

Self Referral Services

Family planning services provide individuals with the information and means to prevent untimed pregnancy and maintain reproductive health, including medically necessary and appropriate office visits and the prescribing of contraceptive devices. Federal law permits Medicaid recipients to receive family planning services from any qualified provider. HealthChoice members may self-refer for family planning services without prior authorization or approval from their PCP, with the exception of permanent sterilization procedures (*HealthChoice Self-Referral Manual*).

The scope of services covered under the “self-referral” provision is limited to those services required for contraceptive management. The diagnosis code (**V25**) must be indicated on the claim form in order for the MCO to recognize that the preventive medicine or E&M code is related to a family planning service.

NOTE: Women enrolled in the Primary Adult Care Program (PAC) are eligible for all family planning options, except permanent sterilization. Those women desiring sterilization should call 1-800-456-8900.

Maryland Medicaid Family Planning Program

Maryland Medicaid currently has a family planning waiver (COMAR 10.09.58) which allows the state to provide a limited benefits package of family planning services to women who lose full medical assistance coverage following a pregnancy related period of eligibility. Pregnancy related coverage (MCHP) ends two months after delivery at which time she is no longer enrolled in the managed care organization (MCO). These women are automatically enrolled in the Maryland Medicaid **Family Planning** Program and issued a “purple and white” Medicaid card. This card covers contraceptive, family planning and sterilization services only.

Women who are covered under this program will have five years of continuous coverage unless they **1)** move out of the State of Maryland; **2)** change their eligibility status by obtaining coverage in another MA eligibility category; **3)** obtain permanent sterilization, **4)** report income over the eligibility requirement for the program; **5)** contact Maryland Medicaid and ask to be removed from the program.

Women obtaining coverage **on or after July 1, 2008** receive one year of continuous coverage and must complete a financial renewal process annually in order to continue receiving benefits under the **Family Planning** Program. Currently a renewal process must be completed annually until the women reach the end of their five-year eligibility period. Women can be cancelled prior to the end of their eligibility period for any of the reasons indicated above, or if they: exceed the qualifying family income level of 200% of the federal poverty level or fail to respond to written requests for income information.

SERVICES/SUPPLIES

Maryland Medicaid’s **Family Planning Program** covers services related to birth control only, including but not limited to medically necessary office visits, laboratory tests, all FDA-approved contraceptive devices, methods, and supplies and voluntary permanent sterilizations.

- Abortions and hysterectomies are not considered family planning services and are not covered for women with the “purple and white” card enrolled in only the **Family Planning Program**

The Program reimburses providers for family planning services, including office visits (CPT codes 99201 - 99205 and 99211 - 99215), preventative medicine office visits (CPT codes 99384 - 99386 and 99394 – 99396, when used in conjunction with a diagnosis code of V25), and all FDA-approved contraceptive devices, methods, and supplies, at the established Medicaid rates. Family planning services should be billed using a separate CMS-1500.

Commonly used family planning methods covered by the Program include:

Contraceptive creams, foams, and jellies - A prescription is required to obtain these products.

Condoms - Recipients can obtain 12 latex condoms from the pharmacy without a prescription.

Depo-Provera - CPT code **J1055** should be used for billing when the drug is supplied from the provider’s inventory. **NOTE:** The cost of administering the drug is included in the office visit; therefore a separate medication administration fee cannot be billed.

Oral Contraceptives - A maximum six-month supply may be dispensed per prescription. **Effective October 15, 2004** prescribers must complete a Food and Drug Administration (FDA) *MedWatch* form and forward a copy to the Maryland Pharmacy Program for review before the Program will reimburse at the “brand” rate for prescriptions dispensed as “brand medically necessary”. A copy of the *MedWatch* form can be obtained from the DHMH website at <http://dhmh.state.md.us/mma/mpap/fda.htm>.

Intrauterine Devices - Products should be billed using CPT code **J7300** or **J7302** for the copper IUD and Mirena®, respectively. CPT codes **58300-58301** should be billed for insertion and removal.

Diaphragm - CPT code **A4266** should be billed for the product and **57170** for fitting with instructions. A copy of the invoice must be attached to the claim.

Cervical Cap - CPT code **A4261** should be billed with a copy of the invoice attached to the claim.

Contraceptive Hormone devices – Use CPT code **J7303** for the contraceptive hormone vaginal ring and **J7304** for the contraceptive hormone patch. A copy of the invoice must be attached to the claim for these products.

NOTE: Contraceptive products not listed above should be billed using CPT code **99070**. A copy of the invoice must accompany the invoice for the following products: **99070, A4261, J7303, and J7304**.

Implanon™

In July 2006, the FDA approved Implanon™, a long-acting birth control method that is implanted in the upper arm. Implanon™, a single rod about the size of a matchstick is placed beneath the skin with a local anesthetic. *Organon*, the product’s manufacturer requires providers be trained in its’ insertion and removal before they can order the product for distribution. The product should be billed using CPT code **J7307**. **As of January 1, 2009, providers are no longer required to submit an invoice with the claim.** CPT codes **11981-11983** should be billed for the insertion, removal or removal with reinsertion.

Emergency Contraception - Plan B®

Emergency contraception is a second chance to help prevent an unplanned pregnancy following contraceptive failure, unprotected sex, or sexual assault. Plan B® was approved by the FDA for prescription use in July 1999. In August 2006, it was approved for over the counter (OTC) use. OTC sales are restricted to individuals age 18 or older. A valid government-issued ID must be presented for age verification. **Individuals age 17 and younger must have a valid prescription.**

Oral Prescriptions under Medicaid

Effective **October 1, 2006**, a new state law allows Maryland Medicaid pharmacists to accept oral prescriptions from prescribing providers over the phone for Medicaid recipients. All information required by federal and state law must be included on the prescription. **NOTE:** Phone-in prescriptions will not be allowed for Schedule II controlled substances. Any questions should be directed to the Division of Pharmacy Services at 410-767-1455.

Effective October 1, 2008, State Medicaid Programs must use tamper-resistant prescription pads with all of the following characteristics:

- one or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form;
- one or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber;
- one or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

For more information, see the Maryland Medical Assistance Program General Provider Transmittal Number 63 at www.dhmh.state.md.us/mma/trans/FY08/PT%205-08.pdf

- **Please note:** Medicaid's **Family Planning Program** covers services related to birth control only. Diagnostic and treatment services for infertility, gynecological, or HIV-AIDS related conditions or cancer are not covered under the **Family Planning Program**. Women in need of primary care services should be referred to a Federally Qualified Health Center (*Appendix, page 49*). Services are provided based on one's ability to pay. Women may also obtain information by calling the Maternal-Child Health information line at 1-800-456-8900.

Permanent Sterilizations/Tubal Ligations

1. The individual is at least 21 years old at the time consent is obtained,
2. The individual is not mentally incompetent,
3. The individual is not institutionalized,
4. The individual has voluntarily given informed consent as described in Part I of the consent document, ***Sterilization Consent Form (DHMH 2989)*** (*Appendix, page 38*), and
5. At least 30 days, but no more than 180 days, have passed between the date of informed consent and the date of sterilization, except in the case of premature delivery or emergency abdominal surgery. An individual may consent to be sterilized at the time of a premature delivery or emergency abdominal surgery, if at least 72 hours have passed since he or she gave informed consent for the sterilization.

In the case of premature delivery, the informed consent must have been given at least 30 days before the expected date of delivery. Providers **must obtain pre-authorization** from the MCO for HealthChoice members before any sterilization procedure is performed.

Sterilization/tubal ligation procedures must be billed on a separate CMS-1500. If the procedure was performed on the same date of service as another procedure, a modifier is required in *Block 24D* for the second or subsequent procedure. The ***Sterilization Consent Form- DHMH 2989*** (*Appendix, page 38*) must accompany all invoices for sterilization (CPT codes **58565, 58600-58615, 58670, and 58671**).

- **NOTE:** An individual is not eligible for the sterilization procedure until the 32nd day after giving consent (signature date). Women who obtain a tubal ligation are no longer eligible for any services under the family planning program.

Essure®

In November 1992, the FDA approved Essure® an alternative for women who desire permanent birth control (female sterilization) by bilateral occlusion of the fallopian tubes. The Essure® procedure requires no incisions and can be performed without general anesthesia.

Three months after the procedure, women must undergo a hysterosalpingogram to confirm the micro-inserts are properly placed and tubal occlusion has occurred.

Effective **January 1, 2005** the AMA has established a new level 1 CPT code for the procedure: **58565**-Hysteroscopy, surgical; bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants. CPT code **58340** should be used for HSG testing post procedure. The diagnosis code V25.40 should be indicated on the claim to denote the test is for proof of occlusion not fertilization.

Pregnancy Termination

The Program covers pregnancy termination; however Medicaid does restrict coverage, as required by state law. Under fee-for-service, Medicaid will reimburse providers if one of the conditions listed below exists:

- (1) A continuation of pregnancy is likely to result in the death of the woman;
- (2) The woman is a victim of rape, sexual offense, or incest.
- (3) It can be ascertained by the physician within a reasonable degree of medical certainty that the fetus is affected by genetic defect or serious deformity or abnormality.
- (4) It can be ascertained by the physician within a reasonable degree of medical certainty that termination of the pregnancy is medically necessary because there is a risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health.
- (5) Continuation of the pregnancy is creating a serious effect on the woman's present mental health and if carried to term a serious effect on the woman's future mental health.

- **NOTE:** Pregnancy terminations are not covered for women in the P02 and P11 categories, as specified in the EVS system.

The ***Certification of Abortion (DHMH 521)*** (*Appendix, page 41*) must be included with the invoice submitted to Medicaid by the provider, hospital, or clinic for services related to pregnancy termination (except spontaneous abortion or treatment of ectopic pregnancy) or for medical procedures necessary to voluntarily terminate a pregnancy for victims of rape or incest. These include surgical CPT codes **59840, 59841, 59850 - 59852, and 59855 – 59857, 59866.**

❖ *Medical Abortion: Termination of Early Pregnancy with Mifepristone (Mifeprex®)*

The Program covers on a fee-for-service basis, the administration of Mifepristone also known as "RU-486", as a medical termination procedure. CPT code **99199** "unlisted special service or procedure" should be used for billing purposes. The fee for this service is based upon three office or clinic visits over a two-week period for administration of the drug and appropriate follow-up, and the actual cost of the drugs. Physicians may not bill for office visits in addition to procedure code 99199.

"Medical Abortion" must be written on the CMS-1500 below the procedure code in *Block 24D*. Diagnosis code **635 "legally induced abortion"** or **638 "failed attempted abortion"** must be entered on *Line 1 of Block 21*. Coverage is limited to the same medical reasons as for surgical terminations and a completed *Certification of Abortion (DHMH 521)* must be

attached to the claim. The date of service on this form and the CMS-1500 is the date that the patient signs the required Patient Agreement and takes orally the 600 mg of mifepristone.

For recipients enrolled in an MCO, the Medicaid Program will provide coverage for:

- a. Pregnancy termination procedures
- b. Related services provided at a hospital on the day of the procedure or during an inpatient stay, or
- c. A pregnancy termination package as may be provided by a freestanding clinic.

The MCO, however, is financially responsible for any related services, not indicated above that may be performed as part of a medical evaluation prior to the actual performance of a pregnancy termination for which the physician who performs the procedure completes a *Certification for Abortion Form (DHMH 521)*.

The following CPT codes should be used when billing Maryland Medicaid for services related to pregnancy termination:

Procedure	Rate	Procedure	Rate
59840	\$213.30	59855	\$407.16
59841	\$370.93	59856	\$481.97
59850	\$366.11	59857	\$563.57
59851	\$392.96	59866	\$235.12
59852	\$529.44		

Section VII

ADMINISTRATIVE CARE COORDINATION SERVICES

The Administrative Care Coordination/Ombudsman (ACCU) program serves as a local resource for information and consultation for Medicaid and managed care recipients to enhance their access to Medicaid services and to perform ombudsman functions for Maryland's managed care program, HealthChoice. This grant funds local health department staff whose duties are to assist the Department of Health and Mental Hygiene's central office staff in the proper and efficient day-to-day operation/administration of the Maryland Medicaid Program. To effectively carry out the duties specified within this grant, the grantee must establish and maintain good working relationships with Managed Care Organizations (MCOs) and Medicaid providers.

One of the goals of the program is to improve birth outcomes for Medicaid eligible women and reduce infant mortality by identifying and addressing predictors of poor birth outcomes and poor child health. Early interventions are important to assure that pregnant recipients access timely care. Local health departments provide linkages to care, and care coordination services to "at risk" pregnant, postpartum, and child recipients to ameliorate problems and improve utilization of the health care system, and assist with adherence to the medical plan of care. ACCU staff assists participants to access and utilize the managed care system and other health-related services.

Prenatal Referral Sources:

The *Maryland Prenatal Risk Assessment Form (DHMH 4850)* is one referral source. Prenatal care providers must complete the *Maryland Prenatal Risk Assessment Form* during the initial prenatal visit. Other referral sources may include identification of potentially eligible women through community outreach efforts such as:

- *Local Health Services Request Form (DHMH 4582) from the MCO/Provider*
- *Self-referral*

Child Referral Sources:

Frequent referral sources for children under the age of two years include:

- *Infant Identification Referral Form (DHMH 4349) from hospitals*
- *Local Health Services Request Form (DHMH 4582) from the MCO/PCP*

Please contact your local health department ACCU Program to find out what services are available for the prenatal and child (less than two years of age) populations in your community. The list of ACCU contacts is located on page 43 of the Appendix located at the back of the manual.

Medical case management is the responsibility of the managed care organizations. The MCO retains full responsibility for the medical management of its HealthChoice enrollees. High-risk obstetrical home care for women with medical conditions/risks is the responsibility of the MCOs. These services, which are frequently ordered for pregnant women in need of hypertension, diabetes, and pre-term labor management, are the responsibility of the MCO.

ACCU staff work closely with medical providers, the MCO, and other health related and social service providers to ensure participants are linked with appropriate resources and to facilitate effective care coordination. The LHD collaborates with the MCO's high risk/special needs coordinator to coordinate services for program participants.

Effective coordination requires partnering with the medical providers, the MCO, and other health and social services providers.

The Program will focus on the following results:

1. Healthy mothers;
2. Babies born healthy;
3. Healthy families with access to health care;

Additional information, including referrals, can be obtained by contacting the local health department in your county (*Appendix, page43*) or Medicaid's Division of Outreach and Care Coordination at 410-767-6750.

Section VIII

APPENDIX

Patient Care

Forms

MARYLAND PRENATAL RISK ASSESSMENT

REFER TO INSTRUCTIONS BEFORE STARTING.

Today's Date ____/____/____

NPI #-10 digits _____

DEMOGRAPHIC INFORMATION

Provider Name: _____ Provider Phone Number: _____

Client Last Name: _____ Client First Name: _____

MI: _____

House Number: _____ Street Name: _____ Apt. Number: _____ City: _____

County (If patient lives in Baltimore City, leave blank.): _____ State: _____ Zip Code: _____

Home Phone # _____ - _____ - _____ Cell Phone # _____ - _____ - _____ Emergency Phone # _____ - _____ - _____

SSN _____ - _____ - _____ DOB ____/____/____ Name & Relationship of Emergency Contact _____

Race:	Educational Level:	Payment Status (Mark all that apply):
<input type="checkbox"/> African American or Black	Highest grade completed: _____	<input type="checkbox"/> Private Insurance,
Specify _____		
<input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian	Currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> MA/HealthChoice
<input type="checkbox"/> Asian <input type="checkbox"/> More than 1 Race	GED: <input type="checkbox"/> Yes <input type="checkbox"/> No	MA#: _____

<input type="checkbox"/> Native Hawaiian or other Pacific Islander		Name of MCO (if applicable): _____
<input type="checkbox"/> Unknown <input type="checkbox"/> White		<input type="checkbox"/> Applied for MA
Specify Date: ____/____/____		
<input type="checkbox"/> Language Barrier, Specify Primary Language _____		<input type="checkbox"/> Uninsured
Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Unknown
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Unknown		

ASSESSMENT INFORMATION

Date of initial prenatal visit: ____/____/____

apply.

of pre-term labor

Transferred from other source of prenatal care? Yes No

of fetal death (>20 wks)

If YES, date care began: ____/____/____

of /infant death-w/in 1 yr of age

of multiple gestation

Trimester of 1st prenatal visit 1st 2nd 3rd

of Infertility Trtmt.

LMP: _____

Initial EDC: ____/____/____

OB History:

Complete all that apply. Check all that

_____ # Full-term live births _____ History

_____ # Pre-term live births _____ History

_____ # Prior LBW births _____ History

_____ # Therapeutic Abortion _____ History

_____ # Ectopic pregnancies

_____ # Children now living

Psychosocial Risks: Check all that apply.

Medical Risks: Check all that apply.

Pregnancy:

- Current pregnancy intended
- Less than 1 year since last delivery
- Late registration (more than 20 weeks gestation)
- Disability (mental/physical/developmental), Specify _____
- Current history of abuse/violence
- Tobacco Use, Specify Amount _____
- Alcohol Use, Specify Amount _____

Yes

- Drug use (specify in comments box)
- Resides in home built prior to 1978, Rent Own
- Homelessness

Specify _____

- Lack of social/emotional support
- Exposure to long-term stress

Specify _____

- Lack of transportation

Specify _____

- Other psychosocial risk (specify in comments box)

Yes No

Comments on Psychosocial Risks:

comments box)

Additional Comments:

Form Completed By:

Date Form Completed: ____/____/____
DHMH Form 4580

Revised 3/14/07

Current Medical Conditions of this

- Age ≤ 15 or ≥ 45
- BMI < 18.5 or > 30
- Hypertension ($> 140/90$)
- Anemia (Hgb < 10 or Hct < 30)
- Asthma
- Sickle cell disease
- Diabetes; Insulin Dependent _____
- No
- Vaginal Bleeding (after 12 weeks)
- Genetic risk
- Sexually transmitted disease,

- Poor Oral Hygiene
- Prescription Drugs,

- History of depression/mental illness,

- Depression Assessment Completed,

- Other medical risk (specify in

Comments on Medical Risks:

DO NOT WRITE IN THIS SPACE

Maryland Prenatal Risk Assessment Form Instructions

Purpose of Form: Identifies pregnant woman who may benefit from local health department **Administrative Care Coordination (ACCU)** services and serves as the referral mechanism. ACCU services complement medical care and may be provided by public health nurses and social workers through the local health departments. Services may include resource linkage, psychosocial/environmental assessment, reinforcement of the medical plan of care, and other related services.

Form Instructions: On the initial visit the provider/staff will complete the demographic and assessment sections for ALL pregnant women enrolled in Medicaid at registration and those applying for Medicaid through the Maryland Children's Health Program (MCHP) at the initial visit.

- Print clearly; use black pen for all sections.
- Press firmly to imprint all copies.
- White-out previous entries on original and copies completely to make corrections.
- If recipient does not have a social security number, indicate zeroes.
- Indicate the person completing the form.
- Review for completeness and accuracy.

Faxing and Handling Instructions:

- Do not fold, bend, or staple forms. ONLY PUNCH HOLES AT TOP OF FORM IF NECESSARY.
- Store forms in a dry area.
- **Fax the MPRAF to the local health department in the patient's county of residence.**
- To reorder forms call the local ACCU.

Definitions (selected): Data may come from self-report, medical records, provider observation or other sources.

DEFINITIONS	
Alcohol use	Is a "risk-drinker" as determined by a screening tool such as MAST, CAGE, TACE OR 4Ps
Current history of abuse/violence	Includes physical, psychological abuse or violence within the client's environment within the past year
Exposure to long-term stress	For example: partner-related, financial, safety, emotional
Genetic risk	At risk for a genetic or hereditary condition
Drug use	Used illegal substances within the past month (e.g. cocaine, heroin, marijuana, PCP) or is taking methadone/buprenorphine
Lack of social/emotional support	Absence of support from family/friends. Isolated
Language barrier	In need of interpreter, e.g. Non-English speaking, auditory processing disability, deaf
Oral Hygiene	Presence of dental caries, gingivitis, tooth loss
Preterm live birth	History of preterm birth (prior to the 37 th gestational week)
Prior LBW birth	Low birth weight birth (under 2,500 grams)
Sickle cell disease	Documented by medical records
Tobacco use	Used any type of tobacco products within the past month

Client's Local Health Department Addresses

Mailing Address	Phone Number
Allegany County ACCU 12501 Willowbrook Rd S.E. Cumberland, MD 21502	301-759-5094 Fax: 301-777-2401
Anne Arundel County ACCU 1 Harry S. Truman Parkway, Ste 200 Annapolis, MD 21401	410-222-7541 Fax: 410-222-4140
Baltimore HealthCare Access 201 E. Baltimore St, Ste. 1000 Baltimore, MD 21202	410-649-0526 Fax: 1-877-657-8712
Baltimore County ACCU 8601 LaSalle Rd., Ste. 103 Towson, MD 21286	410-887-8632 Fax: 410-828-8346
Calvert County ACCU 975 N. Solomon's Island Rd, P.O. Box 980 Prince Frederick, MD 20678	410-535-5400 Fax: 410-535-1955
Caroline County ACCU 403 S. 7 th St., P.O. Box 10 Denton, MD 21629	410-479-8023 Fax: 410-479-4871
Carroll County ACCU 290 S. Center St, P. O. Box 845 Westminster, MD 21158-0845	410-876-4954 Fax: 410-876-4959
Cecil County ACCU 401 Bow Street Elkton, MD 21921	410-996-5145 Fax: 410-996-5121
Charles County ACCU 4545 Crain Highway, P.O. Box 1050 White Plains, MD 20695	301-609-6803 Fax: 301-934-7048
Dorchester County ACCU 503 B Muir Street Cambridge, MD 21613	410-228-3294 Fax: 410-228-8976
Frederick County ACCU 350 Montevue Lane Frederick, MD 21702	301-600-3348 Fax: 301-600-3302
Garrett County ACCU 1025 Memorial Drive Oakland, MD 21550	301-334-7777 Fax: 301-334-7771
Harford County ACCU 34 N. Philadelphia Blvd. Aberdeen, MD 21001	410-273-5626 Fax: 410-272-5467
Howard County ACCU 7180 Columbia Gateway Dr. Columbia, MD 21044	410-313-7323 Fax: 410-313-5838
Kent County ACCU 125 S. Lynchburg Street Chestertown, MD 21620	410-778-7023 Fax: 410-778-7019
Montgomery County ACCU 1335 Piccard Drive, 2 nd Floor Rockville, MD 20850	240-777-1616 Fax: 240-777-1604
Prince George's County ACCU 9201 Basil Court, Room 403 Largo, MD 20774	301-883-7231 Fax: 301-883-7572
Queen Anne's County ACCU 206 N. Commerce Street Centreville, MD 21617	443-262-4424 Fax: 443-262-9357
St Mary's County ACCU 21580 Peabody St., P.O. Box 316 Leonardtown, MD 20650-0316	301-475-4951 Fax: 301-475-4110
Somerset County ACCU 7920 Crisfield Highway Westover, MD 21871	443-523-1723 Fax: 410-651-2572
Talbot County ACCU 100 S. Hanson Street Easton, MD 21601	410-819-5600 Fax: 410-819-5691
Washington County ACCU 1302 Pennsylvania Avenue Hagerstown, MD 21742	240-313-3229 Fax: 240-313-3222
Wicomico County ACCU 108 E. Main Street Salisbury, MD 21801	410-543-6942 Fax: 410-543-6568
Worcester County ACCU 9730 Healthway Dr. ; Berlin, MD 21811	410-629-0164 Fax: 410-629-0185

Enriched Maternity Services Record Form

Name: _____ **MA#:** _____

Date Risk Assessment Completed: _____

I. Counseling Topics

Dates & Initials of Provider

1. Benefits and recommended schedule of prenatal care, preventive dental care; and safety measures;						
2. Normal changes and minor discomforts of pregnancy;						
3. Preterm labor education;						
4. Preparation for labor and delivery;						
5. Risks of using alcohol, tobacco, drugs (OTC & Rx), and illegal substance;						
6. Importance of postpartum care and family planning;						
7. Need for arranging pediatric care and use of infant care seat;						
8. Nutrition education to include:						
a. Relation of proper nutrition to a healthy pregnancy;						
b. Benefits of WIC;						
c. Nutrition requirements during pregnancy and postpartum;						
d. Appropriate weight gain during pregnancy;						
e. Benefits of, and preparation for, breastfeeding;						

**II. Care coordination and referral to support and specialty services.
(Document in progress notes)**

**MARYLAND MEDICAL ASSISTANCE PROGRAM
STERILIZATION CONSENT FORM**

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

■ **CONSENT TO STERILIZATION** ■

I have asked for and received information about sterilization from _____ (doctor or clinic). When I first asked for

the information I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as A.F.D.C. or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a _____. The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on _____
Month Day Year

I, _____, hereby consent of my own free will to be sterilized by _____ (doctor)

by a method called _____. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health, Education, and Welfare or

Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

Signature _____ Date: _____
Month Day Year

You are requested to supply the following information, but it is not required:

Race and ethnicity designation (please check)

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black (not of Hispanic origin) |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Hispanic |
| | <input type="checkbox"/> White (not of Hispanic origin) |

■ **INTERPRETER'S STATEMENT** ■

If an interpreter is provided to assist the individual to be sterilized:

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I

have also read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

Interpreter _____ Date _____

DHMH-2989

■ **STATEMENT OF PERSON OBTAINING CONSENT** ■

Before _____ signed the consent form, I explained to him/her the nature of the sterilization operation _____ the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.

Signature of person obtaining consent _____ Date _____

Facility _____

Address _____

■ **PHYSICIAN'S STATEMENT** ■

Shortly before I performed a sterilization operation upon

Name of individual to be sterilized _____ On _____ Date of sterilization _____

_____, I explained to him/her the nature of the sterilization operation _____ the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- Premature delivery
- Individual's expected date of delivery:
- Emergency abdominal surgery:

(describe circumstances): _____

Physician _____

Date _____

Ejemplo de forma de consentimiento

AVISO: LA DECISION DE NO HACERSE LA CIUGIA U OPERACION PARA LA ESTERILIZACION QUE USTED PUEDE TOMAR EN CUALQUIER MOMENTO, NO VA A RESULTAR EN LA REVOCACION O EL RHUSO DE BENEFICIOS PROPORCIONADOS POR PROGRAMAS O PROYECTOS PATROCINADOS CON FONDOS FEDERALES

CONSENTIMIENTO PARA LA ESTERILIZACION

Yo he solicitado y recibido información sobre la esterilización de _____ . Cuando _____

(Médico o clínica)

Recibí la información inicialmente, me dijeron que la decisión de ser esterilizado(a) es completamente mía. Me dijeron que podía decidir no recibir tratamiento o cuidado médico. No voy a perder ningún tipo de asistencia o beneficios de programas patrocinados con fondos federales, tales como A.F.D.C. o Medicaid que recibo actualmente o que pudiera recibir en el futuro. ENTIENDO QUE LA ESTERILIZACION ES UNA OPERACION QUE SE CONSIDERA PERMANENTE Y CUYOS RESULTADOS SON IRREVERSIBLES. HE DECIDIDO QUE NO QUIERO QUEDAR EMBARAZADA, TENER HIJOS (MUJER) O PROCREARLOS (HOMBRE).

Se me ha informado sobre los métodos anticonceptivos temporales disponibles que me podrían proporcionar y que me permitirían quedar embarazada o procrear hijos EN EL FUTURO. Yo he rechazado estas alternativas y he elegido ser esterilizado(a). Entiendo que seré esterilizado(a) por medio de una operación

recibida como _____. Me han explicado las molestias, riesgos y beneficios asociados con la operación. Yo he respondido satisfactoriamente a todas mis preguntas. Entiendo que la operación no se realizará hasta que hayan pasado los menos treinta días desde la fecha en la que firme esta forma. Entiendo que puedo cambiar mi decisión en cualquier momento y que mi decisión de no ser esterilizado(a), en cualquier punto, no resultará en la pérdida de cualquier beneficio o servicio médico proporcionado a través de programas patrocinados con fondos del gobierno federal. Tengo por lo menos 21 años de edad y nací el _____

(mes, día, año)

Yo, _____, por medio de la presente doy mi consentimiento (permiso) libremente y por mi

propiedad para ser esterilizado(a) por _____ (nombre del médico)

antes de un método llamado _____. Mi consentimiento se vence 180 días después de la fecha en la que firme este documento.

También doy permiso para que se presente esta forma y otros documentos médicos sobre la operación a: representantes del Departamento de Salud y Servicios Sociales, o empleados de programas o proyectos patrocinados por ese departamento, pero sólo para que puedan determinar si se han cumplido las leyes federales. He recibido una copia de esta forma.

(firma)

ha: _____ (mes, día, año)

Yo pido que proporcione la siguiente información pero no es obligatorio:

- Indicación de raza y origen étnico (por favor marcar el grupo apropiado)
- Indígena americano o indígena de Alaska Negro (de origen no hispano)
- Asiático o de las islas del Pacífico Hispano Blanco (de origen no hispano)

DECLARACION DEL INTERPRETE

Yo he contratado a un intérprete para asistir al individuo que será esterilizado. He traducido la información y los consejos que se han presentado verbalmente al individuo que desea ser esterilizado(a) or la persona que ha obtenido esta forma de consentimiento. También le he leído a él/ella esta forma de consentimiento (permiso) en el idioma _____ y le he explicado su contenido. Según mi mejor entender, creo que él/ella ha entendido esta explicación.

(Interprete)

-697-1 (10/00)

DECLARACION DE LA PERSONA QUE OBTIENE ESTA FORMA DE CONSENTIMIENTO

Antes de que _____ Firmara _____ (nombre del individuo)

esta forma de consentimiento (permiso), le expliqué a él/ella los detalles de la operación para la esterilización

_____, el hecho que la intención del procedimiento es permanente e irreversible, y las molestias, riesgos y beneficios asociados con este procedimiento.

Le ofrecí información y asistencia al individuo que desea ser esterilizado(a) sobre la alternativa disponible métodos temporales de control de la natalidad. Le expliqué que la esterilización es diferente porque es permanente.

Le expliqué al individuo que desea esterilizarse que pueda retirar su consentimiento en cualquier momento y que él/ella no perderá ningún servicio de salud o cualquier otro beneficio proporcionado con el patrocinio de fondos federales.

Según mi mejor entender, creo que el individuo que desea esterilizarse tiene por lo menos 21 años de edad y parece ser mentalmente competente. El/ella ha solicitado con conocimiento de causa y voluntariamente el ser esterilizado(a) y parece entender el procedimiento y las consecuencias del procedimiento.

(Firma de la persona que obtiene este consentimiento) _____ (Fecha) _____

(Establecimiento) _____

(Dirección) _____

DECLARACION DEL MEDICO

Previamente a realizar la operación para la esterilización en _____ en _____

(Nombre del individuo que será esterilizado(a)) _____ Le _____

Fecha de la operación para la esterilización) explique a él/ella el procedimiento de la operación para la esterilización _____

_____, el hecho _____

(Especifique el tipo de cirugía)

que la intención del procedimiento es permanente e irreversible, y las molestias, riesgos y beneficios asociados con el procedimiento.

Le ofrecí al individuo que desea ser esterilizado(a) información y asistencia sobre la alternativa disponible de otros métodos temporales de control de la natalidad. Le expliqué que la esterilización es diferente porque es permanente.

Le expliqué al individuo que desea esterilizarse que pueda retirar su consentimiento en cualquier momento y que él/ella no perderá ningún servicio de salud o cualquier otro beneficio proporcionado con el patrocinio de fondos federales.

Según mi mejor entender, creo que el individuo que desea esterilizarse tiene por lo menos 21 años de edad y parece ser mentalmente competente. El/ella ha solicitado con conocimiento de causa y voluntariamente el ser esterilizado(a) y parece entender el procedimiento y las consecuencias del procedimiento.

(Instrucciones para el uso de los párrafos finales alternativos: Use el primer párrafo que se presenta a continuación a excepción de los casos de parto prematuro y cirugía abdominal de emergencia durante los cuales se realizó la esterilización antes de los 30 días después de la fecha en la que el individuo firmó esta forma de consentimiento. En esos casos, se debe usar el segundo párrafo a continuación. Tache el párrafo que no use.)

(1) Han transcurrido por lo menos 30 días entre la fecha en la que el individuo firmó esta forma de consentimiento y la fecha en la que se realizó la esterilización.

(2) La operación para la esterilización se realizó menos de 30 días, pero más de 72 horas, después de que el individuo firmó esta forma de consentimiento debido a las siguientes circunstancias (marque la respuesta apropiada y escriba la información requerida):

- Parto prematuro
- Fecha en la que se esperaba el parto: _____
- Cirugía abdominal de emergencia:
- (Describa las circunstancias): _____

(Médico) _____

(Fecha) _____

EF

**MARYLAND MEDICAL ASSISTANCE PROGRAM
DOCUMENT FOR HYSTERECTOMY**

COPY OF THIS FORM MUST BE ATTACHED TO ALL INVOICES FOR HYSTERECTOMIES.

Please Print or Type

PATIENT'S NAME	PHYSICIAN COMPLETING FORM											
PATIENT'S ADDRESS	PHYSICIAN'S MEDICAL ASSISTANCE NUMBER											
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>												PLACE OF SERVICE
PATIENT'S MEDICAL ASSISTANCE NUMBER	DATE OF SERVICE											

SECTION I - To be signed by physician and patient or patient's representative when patient has been informed of the service.

I have performed a hysterectomy on _____, I hereby certify that the following conditions do not apply to this hysterectomy. (NAME OF PATIENT)

1. It was performed solely for the purpose of rendering the individual permanently incapable of reproducing; or
2. If there was more than one purpose to the procedure, it would not have been performed but for the purpose of rendering the individual permanently incapable of reproducing.

I have informed the patient and her representative, if any, orally and in writing, that the hysterectomy will make the patient permanently incapable of reproducing.

DATE SIGNATURE OF PHYSICIAN

I. Receipt of Hysterectomy Information

I, _____, have been informed by _____, that the hysterectomy to be performed will render me permanently incapable of reproducing. (NAME OF PATIENT) (NAME OF PHYSICIAN)

DATE SIGNATURE OF PATIENT OR REPRESENTATIVE

SECTION II - To be signed by physician. No patient signature is needed because the individual:

1. Was already sterile before the hysterectomy due to _____; or (CAUSE OF STERILITY)
2. Required a hysterectomy performed under a life-threatening emergency situation in which prior acknowledgement was not possible. (Describe the nature of the emergency.)

DATE SIGNATURE OF PHYSICIAN

HMH 2990 (Rev. 10/82)
(10/82/10,000)

MARYLAND MEDICAL ASSISTANCE PROGRAM
CERTIFICATION FOR ABORTION

COPY OF THIS FORM MUST BE ATTACHED TO ALL INVOICES FOR ABORTION SERVICES.

Please Print or Type

CLIENT'S NAME	PHYSICIAN COMPLETING FORM
CLIENT'S ADDRESS	PHYSICIAN'S MEDICAL ASSISTANCE PROVIDER NUMBER
CLIENT'S ADDRESS	PLACE OF SERVICE
CLIENT'S MEDICAL ASSISTANCE NUMBER	DATE OF SERVICE

RT I - Check one of the blocks if applicable and sign the certification.

G. I certify that this abortion is necessary because the life of the mother would be endangered if the fetus were carried to term.

DATE	PHYSICIAN'S SIGNATURE
I. Attached is a document submitted by an official of a law enforcement agency or public health service where the rape or incest was reported. The document includes the following information:	
1. Name and address of victim;	
2. Name and address of person making the report (if different from the victim);	
3. Date of the rape or incest incident;	
4. Date of the report (may not exceed 60 days after the incident);	
5. Statement that the report was signed by the person making it;	
6. Name and signature of person at law enforcement agency or public health service who took the rape or incest report.	

RT II - You must check one of the following blocks and sign the certificate, unless you have checked "I" in Part I, above.

R. I certify that this abortion is necessary because, based on my professional judgement, continuation of the pregnancy is likely to result in the death of the woman.

DATE	PHYSICIAN'S SIGNATURE
S. I certify that, within a reasonable degree of medical certainty, based on my professional judgement, termination of pregnancy is medically necessary because there is substantial risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health.	

T. I certify that, in my professional judgement, there exists medical evidence that continuation of the pregnancy is creating a serious effect on the woman's present mental health and, if carried to term, there is substantial risk of a serious or long lasting effect on the woman's future mental health.

DATE	PHYSICIAN'S SIGNATURE
V. I certify that, within a reasonable degree of medical certainty, based on my professional judgement, this abortion is necessary because the fetus is affected by genetic defect or serious deformity or abnormality.	

W. I certify that this procedure is necessary for a victim of rape, sexual offense, or incest, and the incident has been reported to a law enforcement agency or to a public health or social agency.

DATE	PHYSICIAN'S SIGNATURE
------	-----------------------

MMH 521 (9/80/25,000)

APPENDIX

Telephone

Resources

Local Health Department
Local Health Department
Administrative Care Coordinators

Allegany	Margaret Wright P.O. Box 1745 12501 Willowbrook Road S.E. Cumberland, MD 21502 Tel. (301) 777-2104 Email: MargaretWright@yahoo.com	Howard	Pat Nolin Howard Co. Health Dept. Columbia Health Center at Gateway ACCU 7178 Columbia Gateway Drive Columbia, MD 21046 Tel. (410) 313-7207 Email: PNolin@howardcountymd.gov
Anne Arundel	Becky Asher 1 Harry S. Truman Pkwy., Ste 200 Annapolis, MD 21401 Tel. (410) 222-4132 Email: hdrasher@aacounty.org	Kent	Karen Russum 125 S. Lynchburg Street Chestertown, MD 21620 Tel. (410) 778-1350 Email: Krussum@dhhm.state.md.us
Baltimore	Karen Bratton 8501 La Salle Road, Ste. 111 Towson, Maryland 21286 Tel. (410) 887-8741 Email: KBratton@baltimorecountymd.gov	Montgomery	Marylou Beane 1335 Piccard Drive, 2 nd fl Rockville, MD 20850 Tel. (240) 777-1616 Email: Mary.Beane@montgomerycountymd.gov
Calvert	Karen Brown 975 N. Solomon Islands Road P.O. Box 980 Prince Frederick, MD 20678 Tel. (410) 535-5400 ext.417 Email: KBrown@dhhm.state.md.us	Prince Georges'	Leslie Pelton 9314 Piscataway Road Clinton, MD 20735 Tel. (888) 561-4049 Email: Lapelton@co.pg.md.us
Caroline	Kathy Harvey 403 S. Seventh Street P.O. Box 10 Denton, MD 21629 Tel. (410) 479-8000 Email: Kathy@dhhm.state.md.us	Queen Anne's	Mary Ann Thompson 206 N. Commerce Street Centerville, MD 21617 Tel. (410)758-0720 ext. 324 Email: MAT@dhhm.state.md.us
Carroll	Terrie Coglianese 290 S. Center Street P.O. Box 845 Westminster, MD 21158-0845 Tel. (410) 876-4940 Email: TCoglianese@dhhm.state.md.us	St. Mary's	Libby Blair 21580 Peabody Street P.O. Box 316 Leonardtown, MD 20650-0316 Tel. (301) 475-4951 Email: blairl@smhd.com
Cecil	Sara Smith 401 Bow Street Elkton, MD 21921 Tel. (410) 996-5145 Email: sarsmith@dhhm.state.md.us	Somerset	Marion Ridge 7920 Crisfield Hwy Westover, MD 21871 Tel. (443) 523-1740 Email: Marian@dhhm.state.md.us
Charles	Lois Beverage 4545 Crain Hwy P.O. Box 1050 White Plains, MD 20695 Tel. (301) 609-6803 Email: LoisB@dhhm.state.md.us	Talbot	Linda Kohler 100 S. Hanson Street Easton, MD 21601-0480 Tel. (410) 819-5600 Email: lbkohler@dhhm.state.md.us
Dorchester	Belinda Kowitski 503 B Muir Street Cambridge, MD 21613 Tel. (410) 228-3294 Email: bkowitski@dhhm.state.md.us	Washington	Susan Parks 1302 Pennsylvania Avenue Hagerstown, MD 21742 Tel. (240) 313-3290 Email: Parkss@dhhm.state.md.us
Frederick	Gale Bard 350 Montevue Lane Frederick, MD 21702 Tel. (301) 600-3348 or 631-3348 Email: Gbard@fredco-md.net	Wicomico	JoAnn Waggoner 108 E. Main Street Salisbury, MD 21801 Tel. (410) 543-6944 ext. 1823 Email: Waggonerj@dhhm.state.md.us
Garrett	Christie Cameron 1025 Memorial Drive Oakland, MD 21550 Tel. (301) 334-7777 Email: Ccameron@dhhm.state.md.us	Worcester	Jimmy Banks 9730 Healthway Drive Berlin, MD 21811 Tel. (410) 629-0164 ext 149 Email: BanksJ@dhhm.state.md.us
Harford	Melinda Kreisel 34 N. Philadelphia Blvd Aberdeen, MD 21001 Tel. (410) 273-5626 Email: MKreisel@dhhm.state.md.us	Baltimore City	Lynell Torres 1 Calvert Plaza #1000, 201 E. Baltimore Street Baltimore, MD 21202 Tel. (410) 649-0507 Email: Lynell.Torres@baltimorecity.gov

Local Health Department

Eligibility Units

- Allegany**
P.O. Box 1745
12501 Williwbrook Rd. S.E.
Cumberland, MD 21502
Tel. 301-759-5076
Fax 301-777-2097
- Anne Arundel**
1 Harry S.Truman Pkwy.
Ste 200
Annapolis, MD 21401
Tel. 410-222-4792
Fax 410-222-4391
- Baltimore**
8501 LaSalle Rd., Ste. 103
Towson, MD 21286
Tel. 410-887-2957
Fax 410-887-8095
- Calvert**
P.O. Box 980
Prince Frederick, MD 20678
Tel. 410-535-5400
301-855-1353
Fax 410-535-1955
- Caroline**
403 S. Seventh Street
P.O. Box 10
Denton, MD 21629
Tel. 410-479-8004
Fax 410-479-0244
- Carroll**
290 S. Center Street
P.O. Box 845
Westminster, MD 21158
Tel. 410-876-4916
Fax 410-876-4905
- Cecil**
401 Bow Street
Elkton, MD 21921-5511
Tel. 410-996-5126
Fax 410-996-5124
- Charles**
P.O. Box 1050
White Plains, MD 20695-1050
Tel. 301-609-6869/70/71/37
Fax 301-609-6899
- Dorchester**
503 B Muir Street
Cambridge, MD 21613
Tel. 410-228-3294
Fax 410-228-8976
- Frederick**
350 Montevue Lane
Frederick, MD 21702
Tel. 301-600-1324
Fax 301-600-3111
- Garrett**
1025 Memorial Drive
Oakland, MD 21550
Tel. 301-334-7720
Fax 301-334-7771
- Harford**
119 S. Hays Street, POB 797
Bel Air, MD 21014
Tel. 443-643-0343
Fax 443-643-0344
- Howard**
7180 Columbia Gateway Drive
Columbia, MD 21046
Tel. 410-313-7500
Fax 410-313-7502
- Kent**
125 S. Lynchburg Street
Chestertown, MD 21620
Tel. 410-778-7023
Fax 410-778-7019
- Montgomery**
1335 Piccard Drive
Rockville, MD 20850
Tel. 240-777-3120
Fax 240-777-1013
- 8630 Fenton Street, 10th floor
Silver Spring, MD 20910
Tel. 240-777-3066
Fax 240-777-1307
- 12900 Middlebrook Road
Germantown, MD 20874
Tel. 240-777-3591
Fax 240-777-3563
- Prince George's**
425 Brightseat Road, Ste. 101
Landover, MD 20785
Tel. 888-561-4049
Fax 301-324-2809
- Queen Anne's**
206 N. Commerce Street
Centreville, MD 21617
Tel. 410-758-0720
Fax 443-262-9357
- St. Mary's**
21580 Peabody Street
P.O. Box 316
Leonardtown, MD 20650-0316
Tel. 301-475-4275
Fax 301-475-4350
- Somerset**
7920 Crisfield Highway
Westover, MD 21871
Tel. 443-523-1700
Fax 410-651-2572
- Talbot**
100 S. Hanson Street
Easton, MD 21601
Tel. 410-819-5670
Fax 410-819-5682
- Washington**
1302 Pennsylvania Ave.
Hagerstown, MD 21742
Tel. 240-313-3330
Fax 240-313-3334
- Wicomico**
300 W. Carroll Street
Salisbury, MD 21801
Tel. 410-543-6944
Fax 410-543-6568
- Worcester**
9730 Healthway Drive
Berlin, MD 21811
Tel. 410-629-0164
Fax 410-629-0185
- Baltimore City**
201 E. Baltimore Street, 9th floor
Baltimore, MD 21202
Tel. 410-649-0512
Fax 410-649-0533

Local Health Dept. Transportation Program Coordinators

Allegany

Telephone: 301-759-5004 or 5012
Fax: 301-777-5674

Anne Arundel

Telephone: 410-222-4134 or 7152
Fax: 410-222-4533

Baltimore City

Telephone: 410-396-7433
Fax: 410-889-7560

Baltimore County

Telephone: 410-887-2710
Fax: 410-377-8296

Calvert

Telephone: 410-535-5400 ext. 413
Fax: 410-535-5285

Caroline

Telephone: 410-479-8030
Fax: 410-479-0554

Carroll

Telephone: 410-876-4971
Fax: 410-876-4988

Cecil

Telephone: 410-996-5171
Fax: 410-996-5179

Charles

Telephone: 301-609-6908
Fax: 301-934-4632

Dorchester

Telephone: 410-901-2426
Fax: 410-901-8189

Frederick

Telephone: 301-600-3114 or 3197
Fax: 301-600-3111

Garrett

Telephone: 301-334-7703
Fax: 301-334-7701

Harford

Telephone: 443-643-0340 or 0345
Fax: 443-643-0344

Howard

Telephone: 410-313-6351
Fax: 410-313-6303 or 6315

Kent

Telephone: 410-778-7023
Fax: 410-778-7019

Montgomery

Telephone: 240-777-5895
Fax: 240-777-5891

Prince George's

Telephone: 301-856-9443
Fax: 301-856-4354

Queen Anne's

Telephone: 410-758-0720 ext 4463
Fax: 410-758-2838

St. Mary's

Telephone: 301-475-4328
Fax: 301-475-4350

Somerset

Telephone: 443-523-1703
Fax: 410-651-5680

Talbot

Telephone: 410-819-5668
Fax: 410-819-5690

Washington

Telephone: 240-313-3212 or 3264
Fax: 240-313-3396

Wicomico

Telephone: 410-548-5142
Fax: 410-219-2885

Worcester

Telephone: 410-632-1100, ext 1171
Fax: 410-632-0906

State MA Transportation Program
201 W. Preston St., Room 136

Baltimore, MD 21201
410-767-1739 Fax: 410-333-5052

**Women's Breast and Cervical Cancer
Program
1-800-477-9774
Local Health Department Coordinators**

<i>COUNTY</i>	<i>PHONE NUMBER</i>
Allegany	301-759-5083
Anne Arundel	410-222-6180
Baltimore County	410-877-3456
Calvert	410-286-7993
Caroline	410-479-8080
Carroll	410-876-4423
Cecil	410-996-5155
Charles	301-609-6816
Dorchester	410-228-3223
Frederick	301-631-3441
Garrett	301-334-7770
Harford	443-612-1780, ext.2405
Howard	410-313-4255
Kent	410-778-7970
Montgomery	240-777-1750
Prince George's	301-883-3525
Queen Anne's	410-758-0720, ext. 4509
St. Mary's	301-475-4395
Somerset	443-523-1752
Talbot	410-819-5630
Washington	240-313-3235
Wicomico	410-548-5175
Worcester	410-632-0056
Baltimore City	410-350-3560

MCO CONTACT LIST

MCO	Provider Relations	Claims	Special Needs Coordinator	Newborn Coordinators
AMERIGROUP Community Care 857 Elkridge Landing Road, Suite 300 Linthicum, MD 21090 410-859-5800 1-800-964-2112	410-981-4004 Fax: 410-981-4070	Provider Relations Department 1-800-454-3730	Ornita Moore 410-981-4060 Fax: 410-981-4080 E-mail: OMOORE1@AMERIGROUPCORP.COM	410-981-4085 Fax: 877-855-7559
Diamond Plan from Coventry Health Care of Delaware, Inc. 6310 Hillside Court Suite 100 Columbia, MD 21046 410-910-7142	1-800-727-9981 ext. 1195 FAX: 1-866-602-1246	302-283-6564 FAX: 302-283-6787	Denise Tolbert 800-727-9951, X1551 FAX: 410-922-2987 E-MAIL: DLTOLBERT@CVTY.COM	410-910-7118 Fax 410-910-6980
MedStar Family Choice, Inc. 8094 Sandpiper Circle, Suite O Baltimore, MD 21236 410-933-3021	410-933-3069 Fax: 410-933-3077	Claims Department 1-800-261-3371	Blaine Willis 410-933-2226 FAX: 410-933-2209 EMAIL: BLAINE.WILLIS@MEDSTAR.NET	410-933-3002 Fax: 410-933-2264
JAI Medical System, Inc. 5010 York Road Baltimore, MD 21212 410-433-2200	410-433-2200 FAX: 410-433-4615	Provider Relations Department 410-433-2200	Susan Neall, RN 410-433-2200 FAX: 410-433-8500 E-MAIL: SUSAN@JAIMEDICAL.COM	410-433-2200 FAX: 410-433-4615
Maryland Physicians Care 509 Progress Drive Linthicum, MD 21090-2256 1-800-953-8854	410-401-9452 FAX: 410-609-1831	Claims Inquiry- Research 1-800-953-8854 All Authorizations FAX: 410-609-1854	Shannon Jones 1-800-953-8854 Option 2&5, ext.4019443 Fax: 410-609-1875 Email: SHANNON.JONES@MARYLANDPHYSICIANS CARE.COM	410-401-9532 FAX: 410-609-1915
Priority Partners MCO Baymeadow Industrial Park 6704 Curtis Court Glen Burnie, MD 21060 410-424-4500	410-424-4634 FAX: 410-424-4604	Provider Customer Service 410-424-4490 Fax: 410-424-4602	Michael Papi 800-261-2396 ext. 4906 FAX: 410-424-4887 SNC@JHHC.COM	410-424-4960 FAX: 410-424-4991
UnitedHealthcare Lyndwood Executive Center 6095 Marshalee Drive, Ste. 200 Elkridge MD 21075 1-800-487-7391 410-379-3400	410-379-3477 FAX: 410-540-5990	410-540-5985 Fax: 410-379-3480	Brenda McQuay 410-540-4326 FAX: 410-540-5977 EMAIL: Brenda_E_McQuay@UHC.COM	410-540-4312 FAX: 410-540-5977

MCO/BHO CONTACTS for
SUBSTANCE ABUSE TREATMENT SERVICES

Managed Care Organization	Authorization/Notification	Special Needs Coordinator
AMERIGROUP Community Care	Providers 800-454-3730 Fax: 800-505-1193	Ornita Moore 410-981-4060 Fax: 410-981-4080
Diamond Plan from Coventry Health Care	800-454-0740 Fax: 800-248-8994	Denise Tolbert 800-727-9951, x1551 Fax: 443-436-3123
JAI Medical Systems	410-327-5100 Fax: 410-327-0542	Susan Neall 410-433-2200 Fax: 410-433-8500
Maryland Physicians Care	800-953-8854, option 7 Fax: 410-609-1854	Shannon Jones 800-953-8854, option 2&5, x4019443
MedStarFamily Choice	800-496-5849 Fax: 800-248-8994	Blaine Willis 410-933-2226 Fax: 410-933-2209
Priority Partners	800-261-2429 Fax: 410-424-4891	Michael Papi 800-261-2396 x4906
UnitedHealthcare	888-291-2507 Fax: 800-248-8994	Brenda McQuay 410-379-3423 Fax: 410-540-5977

Federally Qualified Health Centers

Medical services are available at all listed sites.

◆Dental services available

Baltimore Metropolitan

BALTIMORE MEDICAL SYSTEM, INC.

Annapolis Road

4000 Annapolis Rd.
Suite 105
Baltimore, 21227
410-789-8399

Belair-Edison Family

3120 Erdman Ave.
Baltimore, 21213
410-558-4800

Falls Road

3612 Falls Rd.
Baltimore, 21211
410-558-4848

Highlandtown **Comm Health Ctr.**

3509 Eastern Ave.
Baltimore, 21224
410-558-4900
3701 Eastern Ave.
Baltimore, MD 21224
410-732-0202
*Specialty Care

Matilda Koval
2323 Orleans St.
Baltimore, 21224
410-558-4747

Middlesex Hlth.Ctr.

1245 Eastern Blvd.
Baltimore, 21221
410-558-4700

St. Agnes

900 Caton Ave.
Baltimore, 21229
443-703-3200

CHASE BREXTON HEALTH SERVICES

1001 Cathedral St.
Baltimore, 21201
410-837-2050

◆ DENTAL SERVICES

CHASE BREXTON (cont.)

8507 Liberty Rd.
Randallstown, 21133
410-496-6441

◆ DENTAL SERVICES

5500 Knoll North Drive
Suite 370
Columbia, 21045
410-884-7831

HEALTH CARE for the HOMELESS, INC.

111 Park Avenue
Baltimore, 21201
410-837-5533

9100 Franklin Square Drive
Baltimore, 21237
443-777-2000

9101 Franklin Sq Dr, #205
Baltimore, 21237
443-777-2057

520 Upper Chesapeake Dr.
Belair, 21214
443-643-4250

PARK WEST MEDICAL CENTER, INC.

3319 W. Belvedere Ave.
Baltimore, 21215
410-542-7800
◆ DENTAL SERVICES

Men & Family Center

4151 Park Heights Ave.
Baltimore, 21215
443-874-5502

Reisterstown Rd. Plaza

4120 Patterson Ave.
Baltimore, 21215
410-764-2266

Sinai Community Care

5101 Lanier Ave.
Baltimore, 21215
410-601-9300

PEOPLES' COMMUNITY HEALTH CTR, INC.

Anne Arundel Family
5517 Ritchie Hwy.
Brooklyn, 21225
410-467-6040

New Song Family
1300 N. Fulton Ave,
Rm.100
Baltimore, 21217
410-467-6040

Open Gates

1111 Washington Blvd.
Baltimore, 21230
410-467-6040

Greenmount Avenue
3028 Greenmount Ave.
Baltimore, 21218

◆ MEDICAL SERVICES

3011 Greenmount Ave.
Baltimore, 21218
◆ DENTAL ONLY
410-467-6040

Pioneer (Warfield Condo)

8341 Pioneer Dr.
Severn, 21144
410-467-6040

Yorkwood

5225 York Road
Baltimore, 21212
410-467-6040

FAMILY HEALTH CENTERS OF BALTIMORE, INC.

631 Cherry Hill Road
Baltimore, 21225
410-354-2000

**FAMILY HEALTH
CENTERS OF
BALTIMORE, INC**

301 St. Paul Pl, Suite 501
Baltimore, 21202
410-347-5700
* OB/GYN ONLY

4115 Ritchie Highway
Baltimore, 21225
410-355-0343

315 N. Calvert St.
Baltimore, 21202
410-659-5959

**TOTAL HEALTH
CARE, INC.**

Division St. Center
1501 Division St.
Baltimore, 21217
410-383-8300
♦ DENTAL SERVICES

Family Health Center
1940 W. Baltimore St.
Baltimore, 21223
410-383-8300
* OB/GYN ONLY

Frederick Avenue
2449 Frederick Ave.
Baltimore, 21223
410-383-8300

Kirk Avenue Center
2400 Kirk Avenue
Baltimore, 21218
410-383-8300
♦ DENTAL SERVICES

Men's Health Center
1515 W. North Ave.
Baltimore, 21217
440-383-8300

Mondawmin Center
2401 Liberty Heights Ave.
Suite 111-113
Baltimore, 21215
410-383-8300

Saratoga Center
1501 W. Saratoga St.
Baltimore, 21223
410-383-8300
True Health
922 W. North Ave.
Baltimore, 21217
410-383-8300

**OWENSVILLE
PRIMARY
CARE, INC.**

134 Owensville Rd.
West River, 20778
410-867-4700

**Washington, DC
Suburban Area**

**COMMUNITY CLINIC,
INC.**

Gaithersburg
17-E North Summit Ave.
Gaithersburg, 20877
301-216-0880

Silver Spring
8210 Colonial Lane.
Silver Spring, 20910
301-585-1250

Takoma Park
7676 New Hampshire Ave.,
Suite 220B
Takoma Park, 20912
301-431-2972

**GREATER
BADEN HEALTH
SERVICES, INC.**

Glenarden
3028 Brightseat Rd.
RM 104
Glenarden, 20706
301-772-6905

Greater Baden
13605 Baden Westwood Rd
Brandywine, 20613
301-888-2233
♦ DENTAL SERVICES

48

Nanjemoy
4375 Port Tobacco Rd
Suite 101
Nanjemoy, 20662
301-246-4031 or
301-753-4630
♦ DENTAL SERVICES
St. Mary's
23140 Moakley St, Suite 4
Leonardtown, 20650
301-997-1029

Suitland
5001 Silver Hill Rd, 2nd Flr.
Suitland, 20746
240-492-2500

Walkermill Health Center
1458 Addison Rd., South
Capitol Heights, 20743
301-324-1500

**LA CLINICA
DEL PUEBLO**
2831 15TH Street, NW
Washington, DC 2009
202-462-4788

**MARY'S CENTER –
MATERNAL & CHILD
CARE, INC.**
2333 Ontario Road, NW
Washington, DC 20009
202-483-8196

508 Kennedy St, NW
Washington, DC 20011
202-545-6600

**UNITY
HEALTH CARE**
3020 14TH Street, N.W.
Washington, DC 20009
202-518-6438

Eastern Shore

**CHASE BREXTON HEALTH
SERVICES**
300 Talbot Street
Easton, 21601
410-837-2050, ext 1461
1-866-260-0412

**CHOPTANK
COMMUNITY HEALTH.
SYSTEM, INC.**

Bay Hundred Center
1013 E. Talbot St., Unit L
St. Michaels, 21663

410-745-0200

CCHS Dental
417 Academy St, Suite A
Cambridge, 21613

410-228-9381

◆ DENTAL ONLY

CCHS Women's Center

100 Bramble St., Unit E
Cambridge, 21613

410-228-4023

Denton Center

609 Daffin Lane
Denton, 21629

410-479-2650

Fassett-Magee Center

503-A Muir St.
Cambridge, 21613

410-228-4045

Federalburg Center

215 Bloomingdale Ave
Federalburg, 21632

410-754-9021

410-754-7583 (dental)

◆ DENTAL SERVICES

Goldsboro Center

316 Railroad Ave.
Goldsboro, 21636

410-634-2380

Hurlock Center

302 Collins Ave,
Hurlock, 21643

410-943-8763

**WEST CECIL
HEALTH CENTER**

535 Rowlandsville Rd
Conowingo, 21918

410-378-9696

**THREE LOWER
COUNTIES COMM.
SERVICES, INC.**

305 Tenth St, Suite 104
Pocomoke, 21851

410-957-1852

12137 Elm St.
Princess Anne, 21853

410-651-1000

◆ DENTAL SERVICES

1104 Healthway Dr.
Salisbury, 21804

410-219-1100

223 Phillip Morris Dr
Salisbury, 21804

410-546-2424

* OB/GYN ONLY

560 Riverside Dr.
Suite A204

Salisbury, 21801

410-749-2922

Western Area

**TRI-STATE COMM.
HEALTH
HEALTH CTR. INC.**

621 Kelly Road
Cumberland, MD 21502
301-722-3270

600 Memorial Ave.

3rd Floor, Suite 302

Cumberland, 21502

301-723-3940

* OB/GYN ONLY

**WALNUT STREET
COMMUNITY HEALTH
CENTER**

24 N. Walnut St.
Hagerstown, 21740

301-745-3777

301-393-3450 (DENTAL)

**HYNDMAN HEALTH
CENTER**

144 Fifth Avenue
Hyndman, PA 15545

814-842-3206

◆ DENTAL SERVICES

**WESTERN MARYLAND
HEALTH CARE
CORPORATION**

**Mountain Laurel
Medical Center**

Hancock, 21750
888 Memorial Dr
SuiteC

Oakland, 21550

301-533-3300

**PRESTON TAYLOR
Community
HEALTH CENTER**

Eglon Clinic
Route 24
Eglon, WV 26716
304-735-3155

Mount Stohm Clinic
Route 50
Mt. Stohm, WV 26739
304-693-7616

MARYLAND MEDICAL ASSISTANCE PROGRAM

REFERRAL DIRECTORY

Division/Unit	Concern/Issue	Phone Number
Eligibility Verification System (EVS)	Recipient's Eligibility Status	866-710-1447
HealthChoice Customer Relations	Access and Denial of Service	800-284-4510 (Enrollees) 800-766-8692 (Providers)
HealthChoice Enrollment Broker	Initial Enrollment and "Annual Right To Change"	800-977-7388
Beneficiary Services	"Fee-for-service" Information and Assistance	800-492-5231 410-767-5800
Maryland Children's Health Program	MCHP/MCHP Premium Policy and Eligibility	410-767-3641 (MCHP) 866-269-5576 (Premium)
MAPS-Maryland	Specialty Mental Health System	800-888-1965
Maternal-Child Health Information Line	MCHP Applications/MCH and Family Planning Services	800-456-8900
Program Policy	Clinics/Dental/Laboratory	410-767-5706
	Durable Equipment/Medical Supplies	410-767-1739
	EPSDT/Children's Expanded Services (dental, hearing, speech, vision, OT/PT)	410-767-1903
	HealthChoice Network Management/Quality Assurance	410-767-1482
	Healthy Kids Program	410-767-1683
	Hospital/Professional Services	410-767-1722
	OB/Family Planning/Healthy Start and LHD ACCU/Ombudsman	410-767-6750
	Pharmacy	410-767-1455
Provider Relations	Claims: Billing and Payment Questions	800-445-1159 410-767-5503
	Electronic Billing	410-767-5863
	Lost or Stolen Check/Missing Payment Voucher	410-767-5344
	Recoveries	410-767-1783
	Third Party Liability	410-767-1771
Provider Liaison Unit	Provider Training	410-767-6024
Provider Master File	Enrollment as MA Provider	410-767-5340
Rare and Expensive Case Management Unit	REM Information/Referral	800-565-8190
WIC Program	Nutrition Information/Resources	800-242-4WIC