PROVIDER ALERT

EVALUATION AND MANAGEMENT (E&M) RATE CODE CHANGES EFFECTIVE JANUARY 1, 2014

JUNE 3, 2014

In a series of Transmittals dated May 15, 2014, Maryland Medicaid advised providers that there will be a change in pricing for E&M codes retroactive to January 1, 2014. The Calendar Year (CY) 2014 rates are slightly lower than the CY 2013 rates (approximately 2 to 4% depending on the procedure code).

Maryland Medicaid has further advised the Public Mental Health System (PMHS) that we need to differentiate E&M code rates based on the provider's place of service. The new rate schedule for E&M codes for the PMHS will have rates for non-facility based providers and facility-based providers. Facility-based providers are those that bill with the following place of service code on their billing:

    21—Inpatient Hospital
    22—Outpatient Hospital
    31—Skilled Nursing Facility
    32—Nursing Facility
    51—Inpatient Psychiatric Facility
    52—Psychiatric Facility—Partial Hospitalization

All other places of service will be paid at the non-facility based rate.

Due to this change, ValueOptions Maryland will have to do a two-phase approach to this rate change, as we do not currently process claims based on place of service. ValueOptions Maryland will be adjusting the non-facility based providers fee schedule effective on June 17th, 2014. Adjustments for all providers will then be processed on the check run of June 24th, 2014. We will be working with providers that may be seriously financially impacted by this change.

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Our information systems should be updated to process the facility based rate changes at the end of July/beginning of August. We will at that time send out another Provider Alert with the rate change schedule.

Attached is the new rate schedule for both the non-facility based and facility-based rates that will be retroactive to January 1, 2014. If you have any questions, please contact Provider Relations at marylandproviderrelations@valueoptions.com .