



Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – Nelson J. Sabatini, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM  
Clinic Transmittal No. 57  
June 19, 2003

TO: Federally Qualified Health Centers  
Maryland Qualified Health Centers  
Family Planning Clinics  
Children and Youth Clinics  
Rural Health Clinics  
Managed Care Organizations

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

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

RE: New Procedure Code for Billing Medical Assistance

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The purpose of this transmittal is to advise the above named clinic providers that one of the procedure codes used to bill Medical Assistance is changing. This is being done to comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, that requires the use of standard procedure codes nationwide. A discussion of the change for each clinic type follows.

Federally Qualified Health Centers

For fee-for-service visits and MCO visits performed on or after July 1, 2003, use the new procedure code T1015 to bill for services that now are being billed using procedure code M0008. The per-visit reimbursement rate for T1015 will be the same as that for M0008. For fee-for-service visits and MCO visits performed before July 1, 2003, continue to use M0008. However, M0008 will end as an active Medicaid code for services performed after June 30, 2003. No other codes are changing.



### Maryland Qualified Health Centers

For fee-for-services visits and MCO visits performed on or after July 1, 2003, use new procedure code T1015 to bill for services that are now being billed using procedure code W9941. The per-visit reimbursement rate for T1015 will be the same as that for W9941. For fee-for-service visits and MCO visits performed before July 1, 2003, continue to use W9941. However, W9941 will end as an active Medicaid code for services performed after June 30, 2003. No other codes are changing.

### Family Planning Clinics

For fee-for-service visits and MCO visits performed on or after July 1, 2003, use new procedure code T1015 to bill for services that are now billed using procedure code W9994. The per-visit reimbursement rate for T1015 will be the same as that for W9994. For fee-for-service visits and MCO visits performed before July 1, 2003, continue to use W9994. However, W9994 will end as an active Medicaid code for services performed after June 30, 2003. No other codes are changing.

### Children and Youth Clinics

For fee-for-service and MCO visits performed on or after July 1, 2003, use the new procedure code T1015 to bill for services that are now billed using procedure code W9940. The per-visit reimbursement rate for T1015 will be the same as that for W9940. For fee-for-service visits and MCO visits performed before July 1, 2003, continue to use W9940. However, W9940 will end as an active Medicaid code for services performed on June 30, 2003. No other codes are changing.

### Rural Health Clinics

For fee-for service visits and MCO visits performed on or after July 1, 2003, use procedure code T1015 to bill for services. Please ensure that the appropriate staff members in your organization are informed of the contents of this transmittal.

If you have any questions, regarding this transmittal, please call the Staff Specialist for Free-Standing Clinics at 410-767-1489.

cc: Diane Herr  
Jeff Gruel  
Shelly Lehner