

STATE: MINNESOTA
Effective: July 1, 2012
TN: 12-16
Approved: 2/25/13
Supersedes: 09-24 (08-16, 07-08, 06-02, 03-35, 01-21)

ATTACHMENT 3.1-A
Page 19e

5.a. Physicians' services (continued):

Community Paramedic Services:

Services provided by medical directors of ambulance services include supervision of a community paramedic who provides services to recipients who have received hospital emergency department services three or more times in a period of four consecutive months in the past 12 months, or an individual who has been identified by the individual's primary health care provider for whom community paramedic services would likely prevent admission to or would allow discharge from a nursing facility or would likely prevent readmission to a hospital or nursing facility. Services provided by a community paramedic are based on a care plan created by the primary care provider (a physician, physician's assistant, or a nurse practitioner) in consultation with the medical director of the ambulance service and may include health assessments, chronic disease monitoring and education, medication compliance, immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up care, and minor medical procedures. Services provided by the community paramedic under the care plan must be coordinated with care received by the recipient from other community providers in order to prevent duplication of services.

A community paramedic must be certified in accordance with Minnesota Statutes, section 144E.28.

The services specified below are **not** covered services for purposes of medical assistance payment:

1. Surgery performed on the wrong patient;
2. Surgery performed on the wrong body part that is not consistent with the documented informed consent for that patient;
3. Performing the wrong surgical procedure on a patient that is not consistent with the documented informed consent for that patient; or
4. Physicians' services related to hospital-acquired conditions or treatment as defined in Attachment 4.19-A, Sections 2.0 and 12.3, for which hospital reimbursement is prohibited, if the physicians' services were provided by a physician who delivered care that contributed to or caused the adverse health care event or hospital-acquired condition.

STATE: MINNESOTA
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ATTACHMENT 3.1-B
Page 18e

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5.a. Physicians' services (continued):

Community Paramedic Services:

Services provided by medical directors of ambulance services include supervision of a community paramedic who provides services to recipients who have received hospital emergency department services three or more times in a period of four consecutive months in the past 12 months, or an individual who has been identified by the individual's primary health care provider for whom community paramedic services would likely prevent admission to or would allow discharge from a nursing facility or would likely prevent readmission to a hospital or nursing facility. Services provided by a community paramedic are based on a care plan created by the primary care provider (a physician, physician's assistant, or a nurse practitioner) in consultation with the medical director of the ambulance service and may include health assessments, chronic disease monitoring and education, medication compliance, immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up care, and minor medical procedures. Services provided by the community paramedic under the care plan must be coordinated with care received by the recipient from other community providers in order to prevent duplication of services.

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ATTACHMENT 4.19-B
Page 10i

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5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere (continued).

(2)(a) Primary care component is provided by a ~~non-psychiatrist~~ physician:

- CPT code 99499 HE AG facility component \$24.39
- CPT code 99499 HE AG non-facility component \$35.77

(b) Psychiatric consultation component provided by a psychiatrist:

- 99499 HE AM Facility component \$51.03
- 99499 HE AM Non-facility component \$67.91

In-reach care coordination services shall be paid the lower of:

- Submitted charge; or
- \$9.54 per 15 minute unit

Community paramedic services shall be paid the lower of:

- Submitted charge; or
- \$15.00 per 15 minute unit

Effective July 1, 2010, one one-month payment per recipient with 1-3 major chronic conditions receiving Group 1 health care home services, is the lower of:

- Submitted charge; or
- \$10.14.

Effective July 1, 2010, one one-month payment per recipient with 4-6 major chronic conditions receiving Group 2 health care home services, is the lower of:

- Submitted charge; or
- \$20.27.

Effective July 1, 2010, one one-month payment per recipient with 7-9 major chronic conditions receiving Group 3 health care home services is the lower of:

- Submitted charge; or
- \$40.54

Effective July 1, 2010, one one-month payment per recipient with 10 or more major chronic conditions receiving Group 4 health care home services is the lower of:

- Submitted charge; or
- \$60.81.

For each of the Groups 1-4 above, the payment rates listed will be increased by 15% if either of the following apply to the recipient:

- The recipient (or caregiver of a dependent recipient) uses a primary language other than English to communicate about their