

STATE: MINNESOTA

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Approved:

Supersedes: 11-02 (09-25, 07-08, 97-21, 97-05)

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2.a. Outpatient hospital services, (cont.)

Outpatient chemical abuse programs services are paid using the same methodology in item 13.d., Rehabilitative services.

The base rates as described in this item are adjusted by the following clauses of Supplement 2 of this Attachment:

- A. IHS/638 Facilities
- B. Critical Access Hospitals paid on a cost-payment system
- C. TPL
- D. MinnesotaCare tax rate adjustment
- E. Modifiers subject to an increase in base payment rate
- J. Copay converted to \$2.50 provider rate reduction
- M. Rate decrease effective 01/01/02
- N. Rate decrease effective 03/01/03
- R. Professional services rate decrease effective 7/1/09.
- S. Professional services rate decrease effective 7/1/10.
- U. Facility services decrease 07/01/09
- Z. Outpatient hospital facility rate decrease 2011
- aa. Renal dialysis rates are adjusted by miscellaneous services and materials rate decrease 2011

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3. Other laboratory and x-ray services (continued).

Department of Health is \$21.00.

The base rate as described in this item is adjusted by the following clauses of Supplement 2 of this Attachment.

A. IHS/638 Facilities

B. Critical Access Hospitals

C. TPL

D. MinnesotaCare Tax Rate Adjustment

E. Modifiers

H. Medicare Cap

I. Exceptions to payment methodology and reconstructing a rate

U. Facility services 2009 rate decrease

W. Radiology rates are adjusted by the professional services rate decrease 2011.

aa. Laboratory rates are adjusted by the miscellaneous services and materials rate decrease 2011

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4.b. Early and periodic screening, diagnosis, and treatment services.

EPSDT (in Minnesota, Child & Teen Checkup) services are paid the lower of the submitted charge or the 75th percentile of ~~all~~ screening charges submitted by providers of the service during the ~~previous 12-month~~ period of July 1 to June 30, 2010. The adjustment necessary to reflect the 75th percentile is effective ~~annually~~ on October 1, 2010.

Effective January 1, 2002, provider travel time is covered if a recipient's individual treatment plan requires the provision of mental health services outside of the provider's normal place of business. Travel time is paid as a supplement to the payment for the associated covered service. Travel time is paid at the lower of the submitted charge or 45 cents per minute. This does not include travel time included in other billable services.

- A. With the exceptions listed below, children's therapeutic services and supports not provided by IHS/638 facilities are paid the lower of the submitted charge or the Resource Based Relative Value Scale rate.

The children's therapeutic services and supports below are paid the lower of the submitted charge or the listed rate.

90853 UA CTSS Group Psychotherapy: \$42.52 per session

90857 UA CTSS Interactive Group Psychotherapy: \$68.04 per session

H2012 UA CTSS Therapeutic Components of Preschool: \$28.61 per 60
minute unit

H2014 UA CTSS Skills Training, Individual: \$12.80 per 15 minute unit

H2014 UA HQ CTSS Skills Training, Group: \$8.60 per 15 minute unit

H2014 UA HR CTSS Skills Training, Family: \$16.67 per 15 minute unit

H2015 UA CTSS Crisis Assistance: \$13.65 per 15 minute unit

H2019 UA CTSS Mental Health Behavioral Aide-level 1: \$6.03 per 15
minute unit

H2019 UA HE CTSS Direction of Mental Health Behavioral Aide by Mental
Health Professional or Mental Health Practitioner: \$8.80 per 15
minute unit

H2019 UA HM CTSS Mental Health Behavioral Aide-level 2: \$7.89 per 15
minute unit

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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).

payers will be averaged to determine the average commercial payer rate for each HCPCS code.

4. For each of the two physician practice group data sets, the average commercial payer rate is multiplied by the Medicaid frequency for the HCPCS codes for that physician practice group.
5. For each of the two physician practice group data sets, the Medicaid payment amount is subtracted from the result in paragraph 4 for each HCPCS code.
6. The final payment amount for each of the two physician practice groups is equal to the sum of the amounts in paragraph 5.

Laboratory services are paid using the same methodology as item 3, Other lab and x-ray services.

With the exception of pediatric vaccines in item 2.a., Outpatient hospital services, covering the Minnesota Vaccines for Children program, **vaccines** are paid using the same methodology as item 2.a., Outpatient hospital services.

All other injectables are paid using the same methodology as item 2.a.

The base rates as described in this item are adjusted by the following clauses of Supplement 2 of this Attachment:

- A. IHS/638 Facilities
- B. Critical Access Hospitals
- C. TPL
- D. MinnesotaCare Tax Rate Adjustment
- E. Modifiers
- F. Family Planning
- G. Community and Public Health Clinics
- H. Medicare Cap
- I. Exceptions to payment methodology and reconstructing a rate
- J. Copay converted to \$3.00 provider rate reduction
- P. Rate increase effective 07/01/07
- R. Professional services decrease effective July 1, 2009.
- S. Professional services decrease effective January 1, 2010
- T. Rate increase July 1, 2010
- V. Facility and professional services rate decrease 2010
- W. Physician and physician assistant rates are adjusted by the professional services rate decrease 2011
- aa. Anesthesia service rates are adjusted by the miscellaneous services and material rate decrease 2011.

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Supersede 97-21 (92-40)

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6.a. Podiatrists' services.

Podiatrists are paid using the same methodology as item 5.a.,
Physicians' services.

The base rate as referenced in this item is adjusted by the
following clause of Supplement 2 of this Attachment:

W. Professional services rate decrease 2011.

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6.b. Optometrists' services.

Optometrists are paid using the same methodology as item 5.a.,
Physicians' services.

The base rate as referenced in this item is adjusted by the
following clause of Supplement 2 of this Attachment:

W. Professional services rate decrease 2011.

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Supersedes: 07-12, (04-15(a), 97-21)

6.c. Chiropractors' services.

Chiropractors are paid using the same methodology as item 5.a., Physicians' services. As provided for in item 5.a., Medical Assistance provides for an additional annual payment—for: 1) State Fiscal Year 2006 (July 1, 2005 through June 30, 2006), which includes a Department payment made for that state fiscal year and distributed by a sponsoring institution prior to October 1, 2006; ~~and~~ 2) State Fiscal Year 2007 (July 1, 2006 through June 30, 2007), which includes a Department payment made for that state fiscal year and distributed by a sponsoring institution prior to October 1, 2007; and 3) for state fiscal year 2008 and thereafter, which includes a Department medical education payment made for each fiscal year and distributed by a sponsoring institution prior to October 1 of each year for the previous fiscal year, to Medical Assistance-enrolled chiropractors.

The base rates as described in this item are adjusted by the following clauses of Supplement 2 of this Attachment:

W. Professional services rate decrease 2011

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6.d. Other practitioners' services. (continued)

B. Effective for services provided on or after July 1, 1991,
Public health nursing services are paid the lower of:

- 1) submitted charge; or
- 2) State agency established rates based on comparable rates for services provided by a nurse practitioner in an office setting, or by a home health nurse in a home setting or by a nurse providing perinatal high risk services under item 20, Extended services to pregnant women.

Effective 7/1/08, services provided by a community health worker, are paid using the same methodology that applies to community health workers in item 5.a., Physicians' services.

Public health nurses who administer pediatric vaccines in item 2.a., Outpatient hospital services, available through the Minnesota Vaccines for Children Program pursuant to §1928 of the Act, are paid using the same methodology in item 2.a. for these vaccines.

The base rate as described in this item is adjusted by the following clauses of Supplement 2 of this Attachment:

- A. IHS/638 Facilities
- B. Critical Access Hospitals
- C. TPL
- D. MinnesotaCare Tax Rate Adjustment
- E. Modifiers
- F. Family Planning
- G. Community and Public Health Clinic
- H. Medicare Cap
- I. Exceptions to payment methodology and reconstructing a rate
- J. Copay converted to \$3.00 provider rate reduction
- U. Facility services rate decrease 2009
- aa. Miscellaneous services and materials rate decrease 2011

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6.d. Other practitioners' services. (continued)

If the services are paid through the payment for inpatient services, the nurse practitioner cannot separately bill for payment.

Laboratory, radiology, immunization, injection and allergy services are paid using the same methodology set forth elsewhere in this Attachment. EPSDT invoices are paid using the same methodology as item 4.b., Early and periodic screening, diagnosis, and treatment services.

With the exception noted below, mental health services are paid using the same methodology as item, 6.d.A, Mental Health services.

Nurse practitioners who administer pediatric vaccines in item 2.a., Outpatient hospital services, available through the Minnesota Vaccines for Children Program pursuant to §1928 of the Act, are paid using the same methodology in item 2.a. for these vaccines.

The base rate as described in this item is adjusted by the following clauses of Supplement 2 of this Attachment:

- A. IHS/638 Facilities
- B. Critical Access Hospitals
- C. TPL
- D. MinnesotaCare Tax Rate Adjustment
- E. Modifiers
- F. Family Planning
- G. Community and Public Health Clinics
- H. Medicare cap
- I. Exceptions to payment methodology and reconstructing a rate
- J. Copay converted to \$3.00 provider rate reduction
- P. Rate increase effective July 1, 2007
- R. Professional services rate decrease 2009
- S. Professional services rate decrease 2010
- T. Rate increase effective July 1, 2010
- W. Professional services rate decrease 2011

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6.d. Other practitioners' services. (continued)

Laboratory, radiology, immunization, injection and allergy services are paid using the same methodology set forth elsewhere in this Attachment. EPSDT invoices are paid using the same methodology as item 4.b., Early and periodic screening, diagnosis, and treatment services.

Clinical nurse specialists who administer pediatric vaccines in item 2.a., Outpatient hospital services, available through the Minnesota Vaccines for Children Program pursuant to §1928 of the Act, are paid using the same methodology in item 2.a. for these vaccines.

The base rate as described in this item is adjusted by the following clauses of Supplement 2 of this Attachment:

- A. IHS/638 Facilities
- B. Critical Access Hospitals
- C. TPL
- D. MinnesotaCare Tax
- E. Modifiers
- F. Family Planning
- G. Community and Public Health Centers
- H. Medicare cap
- I. Exceptions to payment methodology and reconstructing a rate
- J. Copay converted to \$3.00 provider rate reduction
- P. Rate increase effective July 1, 2007
- R. Professional services rate decrease 2009
- S. Professional services rate decrease 2010
- T. Rate increase effective July 1, 2010
- W. Professional services rate decrease 2011

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6.d. Other practitioners' services. (continued)

I. **Medication therapy management services.**

Medication therapy management services are paid the lower of submitted charges or:

A. for the first encounter, \$52.00 for the first 15 minutes, then \$24.00 for each additional 15-minute unit

1. for each provider a recipient visits, the first encounter is limited to one every 365 days

2. for each additional 15-minute unit, a maximum of four per encounter

B. for subsequent encounters, \$34.00 for the first 15 minutes, then \$24.00 for each additional 15-minute unit

1. for each subsequent encounter, a maximum of seven per recipient, every 365 days

2. for each additional 15-minute unit, a maximum of four per encounter.

The base rate as described in this item is adjusted by the following clauses of Supplement 2 of this Attachment:

A. IHS/638 Facilities

B. Critical Access Hospitals

C. TPL

I. Exceptions to payment methodology and reconstructing a rate

R. Professional services rate decrease 2009

S. Professional services rate decrease 2010

W. Professional services rate decrease 2011

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7.c. Medical supplies, equipment, and appliances suitable for use in the home.

Hearing aids, eyeglasses and oxygen are purchased on a volume basis through competitive bidding.

Medical supplies and equipment that are not purchased on a volume basis are paid the lower of:

- (1) submitted charge;
- (2) Medicare fee schedule amount for medical supplies and equipment; or
- (3) if Medicare has not established a payment amount for the medical supply or equipment, an amount determined using one of the following methodologies:
 - (a) 50th percentile of the usual and customary charges submitted for the previous two calendar years minus 20 percent, plus current calendar year Medicare inflation factors for the medical supply or equipment;
 - (b) if no information about usual and customary charges exists, payment is based upon the manufacturer's suggested retail price minus 20 percent; or
 - (c) if no information exists about manufacturer's suggested retail price, payment is based on cost (wholesale) plus 20 percent.

Effective for services provided on or after July 1, 2010, medical supplies and equipment manufactured for pediatric patients, medical supplies and equipment manufactured for bariatric patients, and HCPCS codes A7520, A7521, B4088, and E0202, are paid the lower of:

- (1) submitted charge; or
- (2) a payment amount determined by using one of the following methodologies:
 - (a) 50th percentile of the usual and customary charges submitted for the previous two calendar years minus 20 percent, plus current calendar year Medicare inflation factors for the medical supply or equipment;
 - (b) if no information about usual and customary charges exists, payment is based upon the manufacturer's suggested retail price minus 20 percent; or
 - (c) if no information exists about manufacturer's suggested retail price, payment is based on cost (wholesale) plus 20 percent.

Effective September 1, 2011, Augmentative and alternative communication device manufacturers and vendors must be paid the lower of the: ~~are paid the manufacturer's suggested retail price.~~

- (1) submitted charge; or
- (2) (a) manufacturer's suggested retail price minus 20 percent for providers that are manufacturers of augmentative and alternative communication systems; or
(b) manufacturer's invoice charge plus 20 percent for providers that are not manufacturers of augmentative and alternative communication systems.

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7.c. Medical supplies, equipment, and appliances suitable for use in the home. (continued)

Enteral products are paid the lower of:

- (1) submitted charge; or
- (2) Medicare fee schedule amount for enteral products.
 - Pediatric enteral products may be paid at the average wholesale price.

Parental products are paid using the methodology in items 12.a., Prescribed drugs, for drugs dispensed by a pharmacy.

Effective for services provided on or after October 1, 2011, home infusion therapy services provided by home infusion pharmacies are paid the lower of:

- 1) the submitted charge; or
- 2) a per diem amount for home infusion therapy services as defined in home infusion HCPCS codes. The per diem rate is equal to the combined payment rates for the component services which include, but are not limited to, medical supplies and equipment, professional pharmacy services, care coordination, delivery and shipping and products used in a standard total parental nutrition formula.

No dispensing fee is paid for home infusion therapies when dispensed by home infusion pharmacies.

The base rates as described in this item are adjusted by the following clauses of Supplement 2 of this Attachment:

U. Facility services rate decrease 2009.

aa. Hearing aid rates not subject to a volume purchase contract and medical supplies and durable medical equipment are adjusted by the miscellaneous services and material rate decrease 2011.

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9. Clinic services

Clinic services are paid using the same methodology as item 5.a., Physicians' services, except:

dental services provided by clinics are paid using the same methodology as item 10, Dental services

end-stage renal disease hemodialysis provided by renal dialysis clinics is paid using the same methodology as item 2.a., Outpatient hospital services

As provided for in item 5.a., Medical Assistance provides for an additional annual payment for: 1) State Fiscal Year 2006 (July 1, 2005 through June 30, 2006), which includes a Department payment made for that state fiscal year and distributed by a sponsoring institution prior to October 1, 2006; 2) State Fiscal Year 2007 (July 1, 2006 through June 30, 2007), which includes a Department payment made for that state fiscal year and distributed by a sponsoring institution prior to October 1, 2007; and 3) for state fiscal year 2008 and thereafter, which includes a Department medical education payment for each state fiscal year and distributed by a sponsoring institution prior to October 1 of each year for the previous state fiscal year, to Medical Assistance-enrolled physician and chiropractic clinics. In accordance with Code of Federal Regulations, title 42, section 447.321(b)(2), this payment will not exceed the Medicare upper payment and charge limits.

Freestanding ambulatory surgical centers:

Payment for facility services or facility component is the lower of:

- (1) submitted charge; or
- (2) (a) Medicare rates; or
(b) if there is not a Medicare rate, effective October 1, 1992, payment is at 105.6% of the 1990 average submitted charge; or
(c) if there is not a Medicare rate and there is not a 105.6% of the 1990 average submitted charge, effective October 1, 1992, payment is at the State agency established rate, which is derived by backing down the submitted charge to 1990 (by using the CPI) and increasing this amount by 5.6%.

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9. Clinic services, continued.

The base rate as described in the item is adjusted by the following clauses of Supplement 2 of this Attachment:

- A. IHS/638 Facilities
- B. Critical Access Hospitals
- C. TPL
- D. MinnesotaCare Tax rate adjustment
- E. Modifiers subject to an increase in base payment rate
- U. Facility services decrease effective July 1, 2009
- aa. Ambulatory surgery centers facility fees are adjusted by the miscellaneous services and materials rate decrease 2011

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10. Dental services (continued):

- (1) Training sites with no public program revenue are not eligible for increased payments.

X-ray services are paid according to the dental services methodology listed above. Effective January 1, 2002, payment for x-ray services provided to recipients under age 21 are paid the lower of:

- (1) the submitted charge; or
- (2) 85% of the median charges submitted in 1999.

Diagnostic examinations are paid according to the dental services methodology listed above. Effective January 1, 2002, payment for diagnostic examinations provided to recipients under age 21 are paid the lower of:

- (1) the submitted charge; or
- (2) 85% of the median charges submitted in 1999.

Effective for services provided on or after October 1, 1999, **tooth sealants** and **fluoride treatments** are paid at the lower of:

- (1) submitted charge; or
- (2) 80% of the median charges submitted in 1997.

Effective January 1, 2000, the rate is increased by three percent.

Medical and surgical services (as defined by the Department) furnished by dentists are paid using the same methodology as item 5.a., Physicians' services.

Community health worker services educating patients to promote good oral health and self-management of dental conditions when supervised by a dentist are paid using the same methodology that applies to community health workers in item 5.a., Physicians' services.

The base rates as described in this item, except for those that apply to state operated dental clinics, are adjusted by the following clauses of Supplement 2 of this Attachment:

X. Dental Services rate decrease 2011

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11.a. Physical therapy.

Physical therapy services are paid using the same methodology as item 5.a., Physicians' services.

Effective for services provided on or after January 1, 2012,
~~Physical therapy assistants are paid the lower of:~~

- (1) submitted charge; or
- (2) 100% of the fee schedule rate if the services are provided under the direction of the physical therapist who is on the premises; or
- (3) 65% of the fee schedule rate if the services are provided when the physical therapist is not on the premises.

The base rates as described in this item are adjusted by the following clauses of Supplement 2 of this Attachment:

aa. Miscellaneous services and materials rate decrease 2011

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11.b. Occupational therapy.

Occupational therapy services are paid using the same methodology as item 5.a., Physicians' services.

Effective for services provided on or after January 1, 1997,
Occupational therapy assistants are paid the lower of:

- (1) submitted charge; or
- (2) 100% of the fee schedule rate if the services are provided under the direction of the occupational therapist who is on the premises; or
- (3) 65% of the fee schedule rate if the services are provided when the occupational therapist is not on the premises.

The base rates as described in this item are adjusted by the following clauses of Supplement 2 of this Attachment:

aa. the miscellaneous services and materials rate decrease 2011.

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11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist).

Speech, language, and hearing therapy services are paid using the same methodology as item 5.a., Physicians' services.

The base rates as described in this item are adjusted by the following clauses of Supplement 2 of this Attachment:

W. Professional services rate decrease 2011

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12.c. Prosthetic devices.

Payment the lower of:

- (1) submitted charge;
- (2) Medicare fee schedule amount; or
- (3) if Medicare has not established a payment amount for the prosthetic or orthotic device, an amount determined using one of the following methodologies:
 - (a) 50th percentile of the usual and customary charges submitted for the prosthetic or orthotic device for the previous calendar year minus 20 percent;
 - (b) if no information about usual and customary charges exists for the previous calendar year, payment is based upon the manufacturer's suggested retail price minus 20 percent; or
 - (c) if no information exists about the manufacturer's suggested retail price, payment is based upon the wholesale cost plus 20 percent.

The base rates as described in this item, except for those that apply to state operated dental clinics, are adjusted by the following clauses of Supplement 2 of this Attachment:

U. Facility services rate decrease 2009.

aa. Miscellaneous services and materials rate decrease 2011

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12.d. Eyeglasses.

Effective March 2, 2010, payment for eyeglasses is based on volume purchase contracting established through the competitive bidding process.

For ophthalmic materials not covered by the volume purchase contract, is the lower of:

- 1) submitted charge; or
- 2) a) .481 of the July 2001 Medicare rate; or
b) state agency established rate.

Ophthalmologists, optometrists and opticians are paid for dispensing eyeglasses using the same methodology as item 5.a, Physicians' services.

The base rate as described in this item for non-volume purchase contract materials is adjusted by the following clauses of Supplement 2 of this Attachment:

A, IHS/638 Facilities

B. TPL

D. MinnesotaCare Tax Rate Adjustment

E. Modifiers

H. Medicare Cap

I. Exceptions to payment methodology and reconstructing a rate

J. Copay converted to \$3.00 provider rate reduction

U. Facility Services rate decrease 2009

aa. Eyeglass rates not subject to a volume purchase contract are adjusted by miscellaneous services and materials rate decrease 2011.

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17. Nurse -midwife services.

Nurse-midwife services are paid using the same methodology as item 5.a., Physicians' services.

The base rates as described in this item are adjusted by the following clauses of Supplement 2 of this Attachment:

W. Professional Services rate decrease 2011

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24.a. Transportation.(continued)

Final Rate Formula:

1. total district special transportation costs (salaries of drivers only, fringe benefits, gas, oil, insurance, maintenance) divided by the total number of days eligible children are enrolled in the district = per child daily costs
2. per child daily cost divided by 2 = trip cost per child
3. trip cost per child multiplied by the cognizant agency's unrestricted indirect cost percentage for the school district
4. item 2 + item 3 = final rate

The base rates as described in this item are adjusted by the following clauses of Supplement 2 of this Attachment:

Y. Ambulance services rate decrease 2011

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28. Freestanding birth center services.

Traditional midwives are paid the lower of the:

- 1) submitted charge; or
- 2) 100% of the rate paid to a physician performing the same services, using the same methodology as item 5.a., Physician services.

Effective for services provided on or after January 1, 2011, payment for birth center facility services is the lower of:

- (1) the submitted charge;
- (2) 70 percent of the statewide average for a facility payment rate made to a hospital for an uncomplicated vaginal birth as determined using the most recent calendar year for which complete claims data is available; or
- (3) 15 percent of the average facility payment made to a hospital for the services provided for an uncomplicated vaginal delivery as determined using the most recent calendar year for which complete claims data is available, when a recipient is transferred to a hospital prior to the delivery.

Effective for services provided on or after January 1, 2011, payment for nursery care facility services provided by a birth center is the lower of:

- (1) the submitted charge; or
- (2) 70 percent of the statewide average for a payment rate paid to a hospital for nursery care as determined using the most recent calendar year for which complete claims data is available.

The base rates as described in this item are adjusted by the following clauses of Supplement 2 of this Attachment:

W. Professional services rate decrease 2011

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Effective for services, except as noted in **V.1**, provided on or after July 1, 2010, the following services payment rates are increased by two percent:

Physical therapy (Item 11.a.),
Speech therapy (Item 11.c.),
Occupational therapy (Item 11.b.),

V.1. Noted exceptions to clause V:

1. For outpatient hospital exclude claim lines with [mental health] procedure codes 90800-90899, 96101-96103, 96118-96120, 97535 HE.
2. For medical supplies and durable medical equipment exclude procedure codes E0424, E0431, E0434, E0439, E1390, S8120, S8121, K0738 (volume purchase oxygen) and E1399 with modifier QH. Effective 02/01/10, E0441-E0444, E1392
3. For hearing aids, excluding claim lines priced using rates data and excluding procedure codes V5030, V5040, V5050, V5060, V5120, V5140, V5170, V5180, V5210, V5220, V5246, V5247, V5252, V5253, V5256, V5257, V5260, V5261 accompanied by a RB modifier.
4. Teaching sites

W. Professional services rate decrease 2011

Effective for services provided on or after September 1, 2011, through June 30, 2013, the following services payment rates are reduced by 3 percent:

Radiology (Item 3)
Physician (Item 5.a)
Physician assistant (Item 5.a)
Podiatry (Item 6.a)
Optometrists' services (Item 6.b)
Chiropractic (Item 6.c)
Nurse practitioner (Item 6.d.E.)
Clinical nurse specialist (6.d.H)
Medication therapy management (Item 6.d.I)
Audiology (Item 11.c.)
Nurse midwife (Item 17)
Traditional midwife (Item 28)

STATE: MINNESOTA
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TN: 11-19
Approved: JUN 20 2012
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X. Dental Services rate decrease 2011

Effective for services provided on or after September 1, 2011, through June 30, 2013, payment rates for dental services are reduced by 3% percent. (Item 10)

Y. Ambulance services rate decrease 2011

Effective for services provided on or after September 1, 2011, , payment rates for services are reduced by 4.5% percent. (Item 24.a.)

Z. Outpatient hospital facility rate decrease 2011

Effective for services provided on or after September 1, 2011, through June 30, 2013, payment rates for outpatient hospital facility fees are reduced by 5% percent. (item 2.a)

aa. Miscellaneous services and materials rate decrease 2011

Effective for services provided on or after September 1, 2011, through June 30, 2013, the following services payment rates are reduced by 3 percent:

ambulatory surgery centers facility fees (Item 9)
medical supplies and durable medical equipment not subject to a volume purchase contract (Item 7.c)
prosthetics and orthotics (Item 12.c)
renal dialysis services (Item 2.a)
laboratory services (Item 3)
public health nursing services (Item 6.d.B)
eyeglasses not subject to a volume purchase contract (Item 12.d)
hearing aids not subject to a volume purchase contract (Item 7.c.)
anesthesia services (Item 5.a)
Physical therapy (Item 11.a.)
Speech therapy (Item 11.c)
Occupational therapy (Item 11.b)