

METHOD AND STANDARDS FOR ESTABLISHING PAYMENT RATES- OTHER TYPES OF CARE  
**Increased Primary Care Service Payment 42 CFR 447.405, 447.410, 447.415**

**Attachment 4.19-B: Physician Services 42 CFR 447.405 Amount of Minimum Payment**

The state reimburses for services provided by physicians meeting the requirements of 42 CFR 447.400(a) at the Medicare Part B fee schedule rate using the Medicare physician fee schedule rate in effect in calendar years 2013 and 2014 or, if greater, the payment rates that would be applicable in those years using the calendar year 2009 Medicare physician fee schedule conversion factor. If there is no applicable rate established by Medicare, the state uses the rate specified in a fee schedule established and announced by CMS.

- The rates reflect all Medicare site of service and locality adjustments.
- The rates do not reflect site of service adjustments, but reimburse at the Medicare rate applicable to the office setting.

The rates reflect all Medicare geographic/locality adjustments.

The rates are statewide and reflect the mean value over all counties for each of the specified evaluation and management and vaccine billing codes.

The following formula was used to determine the mean rate over all counties for each code:  $(5 \times \text{GPCI } 01 \text{ rate} + 62 \times \text{GPCI } 99 \text{ rate}) \div 67$

GPCI 01 is Pennsylvania Geographic Practice Cost Index for the Philadelphia region  
GPCI 99 is Pennsylvania Geographic Practice Cost Index for the rest of this Commonwealth

Pennsylvania is using the March 2013 Deloitte fee schedule. Pennsylvania will not adjust the fee schedule to account for any changes in Medicare rates throughout the year.

**Method of Payment**

The state has adjusted its fee schedule to make payment at the higher rate for each E&M and vaccine administration code.

The state reimburses a supplemental amount equal to the difference between the Medicaid rate in effect on July 1, 2009 and the minimum payment required at 42 CFR 447.405.

Supplemental payment is made:  monthly  quarterly

**Primary Care Services Affected by this Payment Methodology**

This payment applies to all Evaluation and Management (E&M) billing codes 99201 through 99499.

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The State did not make payment as of July 1, 2009 for the following codes and will not make payment for those codes under this SPA (specify codes).

90460	90461	90465	90466	90467
90468	90471	90472	90473	90474
99217	99218	99219	99220	99224
99225	99226	99234	99235	99236
99288	99339	99340	99344	99345
99354	99355	99356	99357	99358
99359	99363	99364	99366	99367
99368	99374	99375	99377	99378
99379	99380	99401	99402	99403
99404	99406	99408	99409	99411
99412	99420	99429	99441	99442
99443	99444	99450	99455	99456
99466	99467	99485	99486	99487
99488	99489	99495	99496	99499

The state will make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009 (specify code and date added).

	Procedure code	Effective Date		Procedure code	Effective Date
1	99477	7/13/2009	20	90636	8/30/2010
2	99315	6/14/2010	21	90650	8/30/2010
3	99316	6/14/2010	22	90654	12/15/2012
4	99460	6/14/2010	23	90661	5/28/2013
5	99461	6/14/2010	24	90670	8/30/2010
6	99462	6/14/2010	25	90672	6/24/2013
7	99463	6/14/2010	26	90681	7/13/2009
8	99465	6/14/2010	27	90686	6/24/2013
9	99468	6/14/2010	28	90696	7/13/2009
10	99469	6/14/2010	29	90743	8/30/2010
11	99471	6/14/2010			
12	99472	6/14/2010			
13	99475	6/14/2010			
14	99476	6/14/2010			
15	99478	6/14/2010			
16	99479	6/14/2010			
17	99480	6/14/2010			
18	99464	1/03/2011			
19	99407	6/25/2012			

TN# 13-004  
 Supersedes  
 TN None

Approval Date APR 30 2013

Effective Date 1-1 -2013

**Physician Services – Vaccine Administration**

For calendar years (CYs) 2013 and 2014, the state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 CFR 447.400(a) at the lesser of the state regional maximum administration fee set by the Vaccines for Children (VFC) program or the Medicare rate in effect in CYs 2013 and 2014 or, if higher, the rate using the CY 2009 conversion factor.

Medicare Physician Fee Schedule rate

State regional maximum administration fee set by the Vaccines for Children program

Rate using the CY 2009 conversion factor

**Documentation of Vaccine Administration Rates in Effect 7/1/09**

The state uses one of the following methodologies to impute the payment rate in effect at 7/1/09 for code 90460, which was introduced in 2011 as a successor billing code for billing codes 90465 and 90471.

The imputed rate in effect at 7/1/09 for code 90460 equals the rate in effect at 7/1/09 for billing codes 90465 and 90471 times their respective claims volume for a 12 month period which encompasses July 1, 2009. Using this methodology, the imputed rate in effect for code 90460 at 7/1/09 is: \_\_\_\_\_.

A single rate was in effect on 7/1/09 for all vaccine administration services, regardless of billing code. This 2009 rate is: **\$10.00.**

Alternative methodology to calculate the vaccine administration rate in effect 7/1/09:

Note: This section contains a description of the state's methodology and specifies the affected billing codes.

**Effective Date of Payment**

**E & M Services**

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014, but not prior to December 31, 2014. All rates are published at <http://www.dpw.state.pa.us/provider/index.htm>.

**Vaccine Administration**

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014, but not prior to December 31, 2014. All rates are published at <http://www.dpw.state.pa.us/provider/index.htm>.

**Pennsylvania Vaccine Product Code to Vaccine Administration Code Crosswalk**

VACCINE PRODUCT CODE	NATIONAL VACCINE ADMINISTRATION CODE *	RATE
90585	90460	\$23.14
90632	90460	\$23.14
90633	90460	\$23.14
90634	90460	\$23.14
90636	90460	\$23.14
90645	90460	\$23.14
90646	90460	\$23.14
90647	90460	\$23.14
90648	90460	\$23.14
90649	90460	\$23.14
90650	90460	\$23.14
90654	90460	\$23.14
90655	90460	\$23.14
90656	90460	\$23.14
90657	90460	\$23.14
90658	90460	\$23.14
90660	90460	\$23.14
90661	90460	\$23.14
90669	90460	\$23.14
90670	90460	\$23.14
90672	90460	\$23.14
90675	90460	\$23.14
90676	90460	\$23.14
90680	90460	\$23.14
90681	90460	\$23.14
90686	90460	\$23.14
90690	90460	\$23.14
90691	90460	\$23.14
90692	90460	\$23.14
90693	90460	\$23.14
90696	90460	\$23.14
90698	90460	\$23.14
90700	90460	\$23.14

VACCINE PRODUCT CODE	NATIONAL VACCINE ADMINISTRATION CODE *	RATE
90702	90460	\$23.14
90703	90460	\$23.14
90704	90460	\$23.14
90705	90460	\$23.14
90706	90460	\$23.14
90707	90460	\$23.14
90708	90460	\$23.14
90710	90460	\$23.14
90713	90460	\$23.14
90714	90460	\$23.14
90715	90460	\$23.14
90716	90460	\$23.14
90717	90460	\$23.14
90718	90460	\$23.14
90719	90460	\$23.14
90721	90460	\$23.14
90723	90460	\$23.14
90725	90460	\$23.14
90727	90460	\$23.14
90732	90460	\$23.14
90733	90460	\$23.14
90734	90460	\$23.14
90735	90460	\$23.14
90736	90460	\$23.14
90743	90460	\$23.14
90744	90460	\$23.14
90746	90460	\$23.14
90747	90460	\$23.14
90748	90460	\$23.14
90749	90460	\$23.14
G0008	90460	\$23.14
G0009	90460	\$23.14

**\*Pennsylvania does not cover procedure code 90460.  
 Procedure code 90460 is used only for crosswalk purposes for this SPA.**

TN# 13-004  
 Supersedes  
 TN None

Approval Date APR 30 2013

Effective Date 1-1 -2013

Effective: 1/1/2013; Rvd 1/31/13  
2013 \$50,963,636 2014 \$46,334,512  
4.19-B pages 4c 4d and 4e

### General Comments

1. The state indicated that payment will be made under the submitted SPA for code 90661 effective 5/28/2013 and 90672 and 90686 effective 6/17/2013. Please provide assurances that these codes are available for use by all enrolled providers and not just those receiving higher payment under this SPA. If the code(s) is/are covered for other providers then the state would also need to submit a separate SPA to change its fee schedule effective date language.

**PA Response:** Yes, these 3 codes are available for use by all enrolled providers (who are authorized to administer vaccines), not just those receiving the higher payments. The state acknowledges your comment about fee schedule effective date language for other providers. The state previously received a companion letter from CMS on March 19, 2013, which pertains to rate method language and other issues related to individual practitioner services, and will address our resolution of the issue in the required Corrective Action Plan due as part of our response to that companion letter.

2. PA indicated that the formula for calculating the statewide mean rate across all counties was corrected using the revised March 2013 Deloitte rate model.

Please indicate **on the preprint** that the state is using the March 2013 Deloitte fee schedule. Also, please indicate on the preprint whether or not the state will adjust the fee schedule to account for any changes in Medicare rates throughout the year.

**PA Response:** The state has updated the preprint page to include the additional information as CMS requested.