

**Reimbursement Template -Physician Services**

**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 methodology recognizes that Kansas only has one geographic locality.
    - The January 2013 release was used to develop the fee schedule.
    - The State will **not** be changing rates with Medicare updates.
  - 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: \_\_\_\_\_

**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  semi-annually  annually

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

- This payment applies to all Evaluation and Management (E&M) billing codes 99201 through 99499.
- 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). 99241 – 99245, 99251 – 99255, 99315 – 99316, 99339 – 99340, 99358 – 99359, 99374 – 99375, 99377 – 99380, 99401, 99403, 99406 – 99409, 99420, 99429, 99441 – 99444, 99450, 99455, 99467, 99485 – 99489, 99495 – 99496, 99499

**(Primary Care Services Affected by this Payment Methodology – continued)**

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).

99224 – 99226 Added January 1, 2011

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The specific rate calculation methodology for each eligible procedure code was as follows (using the 2009 conversion factor):

2013 Non-Facility Pricing Amount =  
(2013 Work RVU \* Work GPCI of 0.962) +  
(2013 Non-Facility PE RVU \* PE GPCI of 0.894) +  
(2013 MP RVU \* MP GPCI of .0957) \* 2009 Conversion Factor of \$36.0666

**Physician Services – Vaccine Administration within the VFC Program**

For calendar years (CYs) 2013 and 2014, the state reimburses VFC 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 as implemented by the state in CYs 2013 and 2014.

Identify one of the following options:

- Medicare Physician Fee Schedule rate as implemented by the state and using the 2009 conversion factor
- State regional maximum administration fee set by the Vaccines for Children program

**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: \$14.17.

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

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 <https://www.kmap-state-ks.us/Public/Provider.asp>.

#### 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 <https://www.kmap-state-ks.us/Public/Provider.asp>.

#### PRA Disclosure Statement

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