2.a. Outpatient hospital services.

Effective January 1, 2012, ~~V~~**vaccines** are paid the lower of:
(1) submitted charge; or
(2) Medicare's Average Sales Price (ASP) plus 6%; or
(3) the wholesale acquisition cost.

Vaccines available through the Minnesota Vaccines for Children Program pursuant to §1928 of the Act, are paid the appropriate administration fee only.

Effective January 1, 2012, ~~V~~vaccine administration is paid the lower of:
(1) Submitted charge; or
(2)

Vaccine Administration		
CPT Code	**MnVFC Rate**	**Non MnVFC Rate**
90460 (initial)	$14.69	$~~16.40~~ 19.24
90461 (additional)	$0	$0
90471 (initial)	$14.69	$~~18.13~~ 18.97
90472 (additional)	$7.35	$~~8.97~~ 9.21
90473 (initial)	$14.69	$~~18.13~~ 17.34
90474 (additional)	$7.35	$~~8.97~~ 8.94
G0008 (flu)	$14.69	$~~18.13~~ 17.34
G0009 (PPV)	$14.69	$~~18.13~~ 17.34
G0010 (Hep B)	$14.69	$~~18.13~~ 17.34

Effective January 1, 2012, ~~A~~all other injectables are paid the lower of:
(1) submitted charge; or
(2) ~~the average wholesale price.~~the wholesale acquisition cost

Additional payment adjustment for Hennepin County Medical Center and Regions Hospital Effective for services delivered on or after July 1, 2009, in recognition of the services provided by the two largest safety net hospitals, an additional adjustment will be made annually, within two years of the close of the federal fiscal year, that is the difference between the Medicaid costs for outpatient
~~Costs for outpatient~~

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 screening charges submitted by providers of the service during the period of July 1 to June 30, 2010. The adjustment necessary to reflect the 75th percentile is effective 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.

Effective January 1, 2012, ~~T~~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 HK Behavioral Health Day Treatment: $48.30 per one hour unit
H2012 UA U6 HK Behavioral Health Day Treatment(Interactive):$56.81 per one hour unit
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

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

The Resource Based Relative Value Scale calculated values(as published by the Centers for Medicare & Medicaid Services November ~~2010~~2011); or

(b) State agency established rate; or
(c) For delivery services, including cesarean delivery services that are not complicated:
59400, 59510, 59610: $1387.89
59409, 59514, 59612: $540.00
59410, 59515, 59614: $696.73

The Resource Based Relative Value Scale conversion factors are:
Evaluation and Management services: $27.10
Obstetric services: $27.10
Psychiatric services: ~~$31.56~~ $32.49
All other physician services: $24.52

Effective January 1, 2012, procedure code 58565 pays the lower of:

1) Submitted charge; or
2) $1847.43

Effective July 1, 2007, through June 30, 2009, eligible providers are paid an additional $125 every six months for each recipient for whom the provider demonstrates optimal diabetic and/or cardiovascular care which includes:

- Blood pressure less than 140/90; and
- Lipids less than 100; and

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

If the service is provided by a **community health worker**, the service is paid the lower of:

1) submitted charge; or

2) The Resource Based Relative Value Scale calculated rate

~~**Procedure Code Rate**~~

~~98960 $18.59 per 30 minutes for an individual patient;~~

~~98961 $9.07 per 30 minutes for groups of 2-4 patients;~~

~~98962 $6.65 per 30 minutes for groups of 5-8 patients.~~

~~With the exception listed below,~~ Effective January 1, 2012, **psychotherapy services** are paid the lower of:

(1) submitted charge; or

(2) (a) the Resource Based Relative Value Scale calculated rate; or

(b) State agency established rate.

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

services delivered by psychiatrists, community mental health centers and essential community providers. For each state fiscal year a Department medical education payment will be paid to a sponsoring institution prior to April 30 of each year for the previous state fiscal year for distribution to teaching sites providing physician services. Effective July 1, 2007 the payment will be increased in an amount equal to:

(1) $7,575,000 multiplied by a proportion equal to the physician's public program revenue divided by the total amount of public program revenue of all eligible training sites. Public program revenue is the sum of a provider's revenue from medical assistance, prepaid medical assistance, general assistance medical care and, prepaid general assistance medical care.
(2) For physicians with public program revenue equal to or greater than 0.98 percent of the total public program revenue of all eligible training sites, payments are increased by 20 percent.
(3) Payments to training sites with public program revenue less than 0.98 percent of the total public program revenue of all training eligible sites are reduced proportionately to fund the payment increases described in sub-item (2).
(4) Training sites with no public program revenue are not eligible for increased payments.

Psychiatric consultations provided on or after April 1, 2012, ~~October 1, 2006~~, are paid through ~~rates representing three levels of service complexity and substance, assigning a value to both the primary care physician and the psychiatrist's component of the consultation and combining them to create a single payment rate for each level of psychiatric consultation. Medical Assistance payment is made to the primary care physician who, in turn, is responsible for paying the consulting psychiatrist pursuant to a contract~~ separate rates for the primary care physician and the psychiatrist's components of the consultation.

Medical Assistance will pay for this service at the lower of:
(1) the submitted charge; or ~~the rate below in (2).~~

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 ~~plus the psychiatrist component~~:

CPT code 99499 HE AG facility component ~~$80.85~~ $24.39
CPT code 99499 HE ~~TF~~ AG non-facility component ~~$159.69~~$35.77
~~CPT code 99499 HE TG $201.10~~

(b) Psychiatric consultation component provided by a psychiatrist:

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

~~Primary care component provided by a physician assistant, nurse practitioner, or clinical nurse specialist plus the psychiatrist component:~~

~~CPT code 99499 HE $78.79~~
~~CPT code 99499 HE TF $155.07~~
~~CPT code 99499 NE TG $194.50~~

~~(c) Primary care component provided by a physician extender plus the psychiatrist component:~~

~~CPT code 99499 HE U7 $ 73.64~~
~~CPT code 99499 HE TF U7 $143.54~~
~~CPT code 99499 HE TG U7 $178.02~~

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

1. Submitted charge; or
2. 9.54 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