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State/Territory Name: MN

State Plan Amendment (SPA) #: MN-13-017

This file contains the following documents in the order listed:

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519

December 24, 2013

James Golden, State Medicaid Director
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN 55164-0983

Dear Mr. Golden:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #13-017 - Expansion of Psychiatric Consultation Definition
--Effective Date: July 1, 2013

If you have any additional questions, please have a member of your staff contact Courtenay Savage at (312) 353-3721 or via e-mail at Courtenay.Savage@cms.hhs.gov.

Sincerely,

/s/ Mara Siler-Price, acting
Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: Ann Berg, MDHS
Sean Barrett, MDHS

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 13-17	2. STATE Minnesota
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2013	

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN X AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §440.50 and 42 CFR Part 441, Subpart F	7. FEDERAL BUDGET IMPACT: a. FFY '14 $23,000 b. FFY '15 $45,500
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 19 Attachment 3.1-B, page 18 Attachment 4.19-B, page 10h and 10i Attachment 4.19-B, Supplement 2, pages 6 and 7	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Same

10. SUBJECT OF AMENDMENT:
Psychiatric Consult

11. GOVERNOR'S REVIEW *(Check One)*:
x GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL: [redacted]	16. RETURN TO: Sean Barrett Minnesota Department of Human Services Federal Relations Unit PO Box 64983 St. Paul, MN 55164-0983
13. TYPED NAME: Ann Berg	
14. TITLE: Deputy Medicaid Director	
15. DATE SUBMITTED: September 25, 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 25, 2013	18. DATE APPROVED: December 24, 2013
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Mara Siler-Price	22. TITLE: Acting Associate Regional Administrator
23. REMARKS:	

FORM CMS-179 (07-92)

5.a. Physicians' services:

- **Psychiatric services** may require prior authorization as specified in the Minnesota Health Care Program Provider Manual and on the agency's website. Coverage includes: diagnostic assessment, psychological testing, neuropsychological services, individual psychotherapy, family psychotherapy, multiple family group psychotherapy, group psychotherapy, medication management, electroconvulsive therapy single seizure, explanation of findings, unlisted psychiatric service or procedure, and biofeedback training.

- **Sterilization procedures:** Physicians must comply with all requirements of 42 CFR Part 441, Subpart F ~~regulations~~ concerning informed consent for voluntary sterilization procedures.

- **Abortion services:** These services are covered when due to a physical condition, the abortion is medically necessary to prevent death of a pregnant woman, and in cases where the pregnancy is the result of rape or incest. Cases of rape and incest must be reported to legal authorities unless the treating physician documents that the woman was physically or psychologically unable to report.

- **Telemedicine consultation services:** These services must be made via two-way, interactive video or store-and-forward technology. The patient record must include a written opinion from the consulting physician providing the telemedicine consultation. Coverage is limited to three consultations per recipient per calendar week. Consultations made between psychiatrists and primary care physicians and other providers authorized to bill for physician services via two-way, interactive video or store-and-forward technology are covered under physician services as psychiatric consultations.

- **Psychiatric consultations:** Consultations with psychiatrists, psychologists, and advanced practice registered nurses certified in psychiatric mental health by primary care physicians and other providers authorized to bill for physician services are covered services. If the recipient consents, consultation may occur without the recipient present. Payment for the consultation is made pursuant to Attachment 4.19-B, item 5.a.

- **Optometry services:** Physician services include services of the type which an optometrist is also legally authorized to perform and such services are reimbursed whether furnished by a physician or an optometrist.

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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).

Psychiatric consultations ~~provided on or after April 1, 2012,~~ are paid through separate rates for the primary care ~~physician~~ and the psychiatric~~st's~~ components of the consultation.

Medical Assistance will pay for this service at the lower of:
(1) the submitted charge; or

(2) (a) Primary care component ~~is provided by a 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

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

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

Ratable Increases and Decreases

The following rate increases or decreases are cumulative. They do not apply to cost based Federally Qualified Health Centers, Rural Health Centers, 638 facilities, Indian Health Services, or Medicare crossover claims.

M. **Rate Decrease Effective July 1, 2002:** Total payment paid to hospitals for outpatient hospital facility services provided on or after July 1, 2002, is decreased by .5 percent from current rates. (Item 2.a)

N. **Rate Decrease Effective March 1, 2003:** Total payment paid to hospitals for outpatient hospital facility services provided on or after March 1, 2003 and through June 30, 2003, is decreased by 5 percent from current rates. (Item 2.a).

O. **Rate Increase Effective October 1 2007 and July 1, 2008:** Payment rates for the psychotherapy components of children's therapeutic services and supports are increased by 2% effective with service date October 1, 2007, and an additional 2% effective with service date July 1, 2008. (item 4.b)

P. **Rate Increase Effective July 1, 2007:** Effective July 1, 2007, rates for the services below are increased 23.7% when provided by:

1) psychiatrists and advanced practice registered nurses with a psychiatric specialty;
2) community mental health centers described in Attachment 3.1-A and 3.1-B at item 6.d.A; or
3) essential community providers as designated under Minnesota Statutes §62Q.19,in mental health clinics and centers certified under Minnesota Rules, parts 9520.0750 to 9520.0870, or hospital outpatient psychiatric departments and other providers of children's therapeutic services and supports.

The rate increases for providers identified in clauses 1-3 above, are applied to the following procedure codes:

90785
90791 - 90792
90801 - 90829
90832 - 90840
90846 - 90847
90849
90853
90857
90862
90875 - 90876
90887
96101 - 96103
96116
96118 - 96120
97535 HE

99201 - 99285
99304 - 99364
99381 - 99412
H2012 HK
H2014 UA HQ
H2019 UA HE
M0064

(See items 4.b, 5.a, 6.d, 13.d)

Q.Rate Decrease Effective July 1, 2008: Total payment paid to hospitals for outpatient hospital facility services provided on or after July 1, 2008, before third party liability and spenddown, is decreased by 3 percent. This decrease does not include psychiatric diagnostic categories. (item 2.a)

R. Professional Services Rate Decrease 2009
Effective for services, except as noted in **R.1**, provided on or after July 1, 2009, the following services payment rates are reduced by 5 percent. Effective for services provided on or after July 1, 2009 and before July 1, 2010, the following services payment rates are reduced an additional one and one half percent:

Radiology (Item 3)
Physician (Item 5.a)
Physician assistant (Item 5.a)
Podiatry (Item 6.a)
Vision (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)
Physical therapy (Item 11.a.)
Speech therapy (Item 11.c)
Occupational therapy (Item 11.b)
Audiology (Item 11.c.)
Nurse midwife (Item 17)
Traditional midwife (Item 28)

R.1. Noted exceptions to clause R:

1. Procedure code 99000-99999 when performed by treating providers physician, nurse practitioner, nurse midwife, clinical nurse specialist, physician assistant and the pay-to-provider is a family planning agency.
2. Procedure code 99201-99215, 99381-99412 when performed by treating provider specialties general practitioner, geriatric nurse practitioner, family nurse practitioner, geriatrician, family practitioner, or primary care.
3. 90281-90399, 90476-90749, G9142 (vaccines), 90465-90474 when provided with MN Vaccines for Children, 96372-96379 when provided with MN vaccines for Children, G9141 (administration), A4641-A4642,