OFFICIAL



## Increased Primary Care Service Payment 42 CFR 447.405, 447.410, 447.415

### 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. (refer to Addendum)

☐ 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:_____

### 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. (refer to Addendum)

☐ 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.

☒ 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). (refer to Addendum)

99288, 99318, 99339, 99340, 99358, 99359, 99360, 99363, 99364, 99366, 66367, 99368, 99374, 99375, 99377, 99378, 99379, 99380, 99401, 99402, 99403, 99404, 99408, 99409, 99411, 99412, 99420, 99429, 99441, 99442, 99443, 99444, 99450, 99455, 99456, 99461, 99464, 99499, 90461



New

OFFICIAL



**(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 (4/1/11), 99225 (4/1/11), 99226 (4/1/11), 90460 (1/1/13), 90471 (1/1/13), 90472 (1/1/13), 90473 (1/1/13) & 90474 (1/1/13)

**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: $17.85.

☒ Alternative methodology to calculate the vaccine administration rate in effect 7/1/09:
For VFC vaccines the vaccine product was billed with the "SL" modifier. The VFC administration fee was reimbursed.

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



New

OFFICIAL

**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.emedny.org/ProviderManuals/Physician/index.aspx

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.emedny.org/ProviderManuals/Physician/index.aspx

(refer to Addendum)

OFFICIAL



## Addendum
## Increased Primary Care Service Payment 42 CFR 447.405, 447.410, 447.415

### 1. Attachment 4.19-B: Physician Services 42 CFR 447.405 Amount of Minimum Payment

New York's rates will reflect all Medicare site of service and locality adjustments. The Deloitte rates provided by CMS in the file *CMS New York – Primary Care Payment Rates for EM vaccine administration ser.xlsx* provided on March 28, 2013 and the 2014 file will be used. New York will not update the rates throughout the year.

### 2. Method of Payment

New York's MMIS is being modified to make payment at the higher rate to each E&M and vaccine administration code.

### 3. Primary Care Services Affected by this Payment Methodology

This section contains a description of New York's methodology and specifies the affected billing codes. New York will not make payment under this SPA for certain listed codes, as described in this section, for which it did not make payment for as of 7/1/09. New York will make payment under this SPA for the following codes (as described in this section) which have been added to the fee schedule since 7/1/09:

- **Subsequent observation care services** were covered and reimbursed by New York State Medicaid as of 7/1/09. Provider Manual Reference for: New York State Medicaid Program Physician – Procedure Codes Section 2 – Medicine, Drugs and Drug Administration (Revised 4/1/09), p 20: *"The following codes are used to report the encounter(s) by the supervising practitioner with the patient when designated as "observation status." This refers to the initiation of observation status, supervision of the care plan for observation and* ***performance of periodic reassessments.****"*(emphasis added).

  https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician%20Procedure%20Codes%20Sect2_2009-1.pdf

  **Vaccine administration services** were covered and reimbursed by New York State Medicaid as of 7/1/09. Refer to item #5 of the Addendum, Documentation of Vaccine Administration Rates in Effect 7/1/09, for more details.

### 4. Physician Services – Vaccine Administration

Since the VFC Regional Maximum is the "lesser of" rate for children, New York will reimburse $25.10 to qualified physicians.



New

# Crosswalk of Vaccine Product Codes to Administration Codes

OFFICIAL

| Vaccine Code | Administration Code |
|---|---|
| 90585 | 90471, 90472 |
| 90586 | 90471, 90472 |
| 90632 | 90460, 90471, 90472 |
| 90633 | 90460, 90471, 90472 |
| 90636 | 90460, 90471, 90472 |
| 90645 | 90471, 90472 |
| 90646 | 90471, 90472 |
| 90647 | 90460, 90471, 90472 |
| 90648 | 90460, 90471, 90472 |
| 90649 | 90460, 90471, 90472 |
| 90650 | 90460, 90471, 90472 |
| 90654 | 90471, 90472 |
| 90655 | 90460 |
| 90656 | 90460, 90471, 90472 |
| 90657 | 90460 |
| 90658 | 90460, 90471, 90472 |
| 90660 | 90460, 90473, 90474 |
| 90662 | 90471, 90472 |
| 90669 | 90460, 90471, 90472 |
| 90670 | 90460, 90471, 90472 |
| 90675 | 90471, 90472 |
| 90676 | 90471, 90472 |
| 90680 | 90460, 90473, 90474 |
| 90681 | 90460, 90473, 90474 |
| 90690 | 90473, 90474 |
| 90691 | 90471, 90472 |
| 90692 | 90471, 90472 |
| 90696 | 90460 |
| 90698 | 90460, 90471, 90472 |
| 90700 | 90460 |
| 90702 | 90471, 90472 |
| 90703 | 90471, 90472 |
| 90704 | 90471, 90472 |
| 90705 | 90471, 90472 |
| 90706 | 90471, 90472 |
| 90707 | 90460, 90471, 90472 |
| 90708 | 90471, 90472 |
| 90710 | 90460 |
| 90712 | 90473, 90474 |
| 90713 | 90460, 90471, 90472 |
| 90714 | 90460, 90471, 90472 |
| 90715 | 90460, 90471, 90472 |
| 90716 | 90460, 90471, 90472 |
| 90717 | 90471, 90472 |
| 90720 | 90471, 90472 |
| 90721 | 90460, 90471, 90472 |
| 90723 | 90460, 90471, 90472 |
| 90725 | 90471, 90472 |
| 90732 | 90460, 90471, 90472 |
| 90733 | 90471, 90472 |
| 90734 | 90460, 90471, 90472 |
| 90735 | 90471, 90472 |
| 90736 | 90471, 90472 |
| 90738 | 90471, 90472 |
| 90740 | 90471, 90472 |
| 90743 | 90460, 90471, 90472 |
| 90744 | 90460, 90471, 90472 |
| 90746 | 90460, 90471, 90472 |
| 90747 | 90471, 90472 |
| 90748 | 90460, 90471, 90472 |

OFFICIAL



**Addendum (continued)**
**Increased Primary Care Service Payment 42 CFR 447.405, 447.410, 447.415**

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

The documentation is available from the: New York State Medicaid Program Physician – Procedure Codes Section 3 Drugs and Drug Administration (Revised 4/1/09), page 5:

> **VFC:** *"For dates of service on or after 7/1/03 when immunization materials are supplied by the Vaccine for Children Program (VFC), bill using the procedure code that represents the immunization(s) administered and* ***append modifier –SL State Supplied Vaccine*** *to receive the VFC administration fee."*
>
> **Adults/non-VFC:** *"The maximum fees for immunization injection codes are adjusted periodically by the State to reflect the current acquisition cost of the antigen. For immunizations not supplied by the VFC Program insert acquisition cost per dose plus a two dollar ($2.00) administration fee in amount charged field on claim form."*
>
> https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician%20Procedure%20Codes%20Sect3_2009-1.pdf

For further illustration, the following crosswalk is provided for reference between vaccine immunization administration codes activated for 1/1/13 and New York State Medicaid **billing instructions for the service on 7/1/09**:

> *90460 Immunization administration through 18 years of age via any route:* Reported vaccine immunization code plus SL modifier for reimbursement of VFC supplied vaccine(s).
>
> 90471 *Percutaneous, intradermal, subcutaneous, intramuscular administration, one vaccine:* Included in payment for vaccine code for adults; add $2.00 administration fee to the charge for the vaccine immunization code.
>
> *90472 Percutaneous, intradermal, subcutaneous, intramuscular administration, each additional vaccine:* Included in payment for vaccine code for adults; add $2.00 administration fee to the charge for the vaccine immunization code.
>
> *90473 Oral or nasal administration; 1 vaccine:* Included in payment for vaccine code for adults; add $2.00 administration fee to the charge for the vaccine immunization code.
>
> *90474 Oral or nasal administration, each additional vaccine:* Included in payment for vaccine code for adults; add $2.00 administration fee to the charge for the vaccine immunization code.



New

OFFICIAL



**Addendum (continued)**
**Increased Primary Care Service Payment 42 CFR 447.405, 447.410, 447.415**

**6. Effective Date of Payment**

Physicians were notified of the effective date of the payment for the primary care rate increase in the December 2012 Medicaid Update, available at:

http://www.health.ny.gov/health_care/medicaid/program/update/2012/dec12mu.pdf

When the SPA is approved, the fee schedule for qualified physicians will be available at

https://www.emedny.org/ProviderManuals/Physician/index.aspx



New