

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

METHODS AND STANDARD FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF
CARE

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

5.c. 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: Tennessee has only 1 geographical/locality adjustment

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

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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).

Non Reimbursable Codes by ALL TennCare Managed Care Organizations (MCO): 99288, 99339, 99358, 99359, 99363, 99364, 99366, 99367, 99368, 99374, 99377, 99379, 99444, 99450, 99455, 99456, 99485, 99486, 99487, 99488, 99489

Non Reimbursable Codes Specific to TennCare MCO:

AmeriGroup - 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99340, 99380

UnitedHealthcare - 99360

Volunteer State Health Plan - 99340, 99380, 99441, 99442, 99443

Medicare/Medicaid Crossover Payments made by TennCare:

For the dates of service and specified E&M codes described in this SPA, TennCare will reimburse Medicare/Medicaid crossover claims at 100% of the Medicare designated Coinsurance and Deductible amounts.

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).

All TennCare Managed Care Organizations (MCO) -- 99224 (1/1/11), 99225 (1/1/11), 99226 (1/1/11), 99495 (1/1/13), 99496 (1/1/13)

Codes Specific by MCO:

AmeriGroup -- 99441 (9/1/10), 99442 (9/1/10), 99443 (9/1/10)

Medicare/Medicaid Crossover Payments made by TennCare:

For the dates of service and specified E&M codes described in this SPA, TennCare will reimburse Medicare/Medicaid crossover claims at 100% of the Medicare designated Coinsurance and Deductible amounts.

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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: AmeriGroup – \$13.70 UnitedHealthcare -\$13.12 to \$15.93 depending on Contracted Fee Schedule; Volunteer State Health Plan - \$10.25.

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.

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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.tn.gov/tenncare/providers.shtml>.

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.tn.gov/tenncare/providers.shtml>.

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