

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES.

III. Physician Services (cont)

42 CFR 447.405, 447.410, 447.415 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:
Washington State uses rates that differentiate based on the site of service (facility vs. non-facility), but will not differentiate based on locality (rates are mean across all counties).

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).

99288, 99318, 99358, 99359, 99366, 99368, 99374, 99377, 99379, 99386, 99387,
99396, 99397, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412,
99420, 99429, 99444, 99450, 99455, 99456, 99485, 99486, 99487, 99488, 99489,
99495, 99496
90460, 90461, 90473, 90474.

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III. Physician Services (cont)

X 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).

E&M codes:

99224, 99225, 99226 – added in January 2011.

Vaccine administration codes:

90650 SL – Added in July 2011

90672 SL – Added in 2013

90670 SL – Added in 2010

90681 SL – Added in July 2011

90696 SL – Added in July 2011

90748 SL – Added in July 2011

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

X 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: _____.

X Alternative methodology to calculate the vaccine administration rate in effect 7/1/09:

The state used a flat rate of \$5.96 to reimburse administration of all VFC vaccines. Please see Supplement 2 to Attachment 4.19-B "Explanation of Vaccine Administration and Crosswalk."

TN# 13-001

Supersedes

TN# -----

Approval Date

May 20, 2013

Effective Date 01/01/2013

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES.

III. Physician Services (cont)

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 the Agency's website at <http://www.hca.wa.gov/acarates/index.html>

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 the Agency's website at <http://www.hca.wa.gov/acarates/index.html>

The State is using the second (corrected) version of the Deloitte fee schedule (which was based on the November 2012 Medicare release and the 2009 conversion factor). The state will not adjust the fee schedule to account for any changes in Medicare rates throughout the year.

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Explanation of Vaccine Administration and Cross-Walk

In Washington State, the administration of VFC vaccines is reported using the product (CPT) code for that vaccine and the modifier SL (state-supplied vaccine). To the state's claims processing system, this indicates that providers obtaining the VFC vaccines free of charge from the Department of Health (DOH) are billing for the administration service only. Providers receive a flat fee of \$5.96 per administration for any VFC vaccine administered. For example, if a provider administered the MMR vaccine to a child, the provider would bill 90707 SL and get reimbursed \$5.96.

If a vaccine is not available through the VFC program or if a vaccine is administered to an adult, the administration is reported using CPT codes 90471 and 90472 and the CPT code for the actual vaccine. In the same example, if the MMR vaccine is administered to an adult, the provider would bill 90471 to report the administration service in addition to the code for the MMR vaccine, 90707.

Presently, the Medicaid Agency is using 90471 and 90472 to report the administration of vaccines to adults and children if the vaccine is not available through the VFC program. When codes 90465, 90466, 90467 and 90468 were discontinued in 2011 and new codes 90460 and 90461 were introduced, the Agency made the decision to not cover these new codes. The decision was based on the fact that all vaccine administration services were already being reported accurately with either the product code in combination with the SL modifier for VFC vaccines, or with 90471/90472 in all other billing scenarios.

TN# 13-001
Supersedes
TN# -----

Approval Date
May 20, 2013

Effective Date 01/01/2013