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State/Territory Name: Kentucky

State Plan Amendment (SPA) #:14-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

May 18, 2015

Ms. Lisa Lee, Commissioner
Department for Medicaid Services
275 East Main Street, 6WA
Frankfort, KY 40621-0001

Re: Kentucky State Plan Amendment 14-0009

Dear Ms. Lee:

We have reviewed the proposed Kentucky state plan amendment, KY 14-0009, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 19, 2014. This amendment extends, in part, the enhanced payment for primary care physician services that were authorized under Section 1202 of the Affordable Care Act (ACA).

Based on the information provided, the Medicaid State Plan Amendment KY 14-0009 was approved on May 18, 2015. The effective date of this amendment is January 1, 2015 and this reimbursement methodology will end on June 30, 2016. We are enclosing the approved HCFA-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Darlene Noonan at (404) 562-2707 or Darlene.Noonan@cms.hhs.gov.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 14-009	2. STATE Kentucky
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2015

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

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$4,609,000 b. FFY 2016 \$4,609,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 4.19-B, Page 20.5(2) – Att. 4.19-B, Page 20.5(15)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Att. 4.19-B, Page 20.5(2) – 20.5(6) – Same Att. 4.19-B, Page 20.5(7) – 20.5(15) - New

10. SUBJECT OF AMENDMENT:
The purpose of this SPA is to extend, in part, some of the enhanced Primary Care Services that were enacted as result Of the Affordable Care Act (ACA)

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Review delegated to Commissioner, Department for Medicaid Services

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//	16. RETURN TO: Department for Medicaid Services 275 East Main Street 6W-A Frankfort, Kentucky 40621
13. TYPED NAME: Lawrence Kissner	
14. TITLE: Commissioner, Department for Medicaid Services	
15. DATE SUBMITTED: 12/19/14	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 12-19-14	18. DATE APPROVED: 05-18-15

PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01-01-15	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:
Approved with the following changes to block 7, 8 and 9 as authorized by state agency on e-mails dated 2-25-15 and 05-05-15.

Block # 7a changed to read: FFY 2015 \$625,000 and FFY 2016 \$675,000.

Block # 8 changed to read: Attachment 4.19-B, pages 20.5(2), 20.5(3), 20.5(4), 20.5(5), 20.5(6) and 20.5(7)

Block #9 changed to read: Attachment 4.19-B, pages 20.5(2), 20.5(3), 20.5(4), 20.5(5), 20.5(6) and 20.5(7)-new

Physician Services - Wellness Incentive

Method of Payment

- The state has adjusted its fee schedule to make payment at the higher rate for each CPT Code the State has included in the Enhanced Wellness Fee Schedule.

Primary Care Services Affected by this Payment Methodology

- This payment applies to all billing codes listed below. Multiple services performed on the same day by the same provider will be processed using Modifier 1 and Modifier 2. Multiple enhanced payments may be paid for same day/same provider up to the Medicare Allowed Amount for the CPT Code listed. The State has included quantity limits that apply to the number of enhanced payments a provider will receive per year for each CPT code listed.

Providers Eligible for Enhanced Wellness Methodology

Provider Type 64 and 65, including all specialties and subspecialties and Provider Type 78 (APRN) and 95 (Physician Assistant) are eligible for the enhanced Wellness reimbursement.

Physician Services - Wellness Incentive (cont.)

Primary Care Services Affected by this Payment Methodology

The Wellness Enhanced Rate is the lesser of the modified rate and the 2014 Medicare Rate.

Modifier Descriptions	
33/U5 identifies vaccine administration	33/UA identifies well child visits first 15 months of life
33/U7 identifies screenings	33/UB identifies BMI/Weight Counseling
33/U8 identifies after hours	33/UD identifies controlling BP

Bonus Fee Code	Modifier 1	Modifier 2	Medicare Rate	Medicaid P40/ P41	Add-On	Modified Rate	Modified Rate/Medicare	Rate Description
90460	33	U5	\$0.00	\$3.30	\$12.00	\$15.30	\$15.30	Modified Rate
90471	33	U5	\$0.00	\$3.30	\$12.00	\$15.30	\$15.30	Modified Rate
90472	33	U5	\$0.00	\$3.30	\$10.00	\$13.30	\$13.30	Modified Rate
90473	33	U5	\$0.00	\$3.30	\$12.00	\$15.30	\$15.30	Modified Rate
90474	33	U5	\$0.00	\$3.30	\$10.00	\$13.30	\$13.30	Modified Rate
83655	33	U7	\$0.00	\$17.13	\$16.00	\$33.13	\$33.13	Modified Rate
99381	33	UA	\$103.36	\$78.58	\$16.00	\$94.58	\$94.58	Modified Rate
99382	33	UA	\$107.92	\$89.90	\$16.00	\$105.90	\$105.90	Modified Rate
99391	33	UA	\$93.12	\$67.57	\$16.00	\$83.57	\$83.57	Modified Rate
99392	33	UA	\$99.61	\$78.58	\$16.00	\$94.58	\$94.58	Modified Rate
99461	33	UA	\$91.40	\$75.36	\$16.00	\$91.36	\$91.36	Modified Rate
99201	33	UA	\$39.86	\$29.66	\$16.00	\$45.66	\$39.86	Medicare Rate
99202	33	UA	\$68.99	\$53.00	\$16.00	\$69.00	\$68.99	Medicare Rate
99203	33	UA	\$100.39	\$79.04	\$16.00	\$95.04	\$95.04	Modified Rate
99204	33	UA	\$155.31	\$112.27	\$16.00	\$128.27	\$128.27	Modified Rate
99205	33	UA	\$194.18	\$143.29	\$16.00	\$159.29	\$159.29	Modified Rate
99211	33	UA	\$18.28	\$16.98	\$16.00	\$32.98	\$18.28	Medicare Rate
99212	33	UA	\$40.17	\$31.08	\$16.00	\$47.08	\$40.17	Medicare Rate
99213	33	UA	\$67.93	\$42.63	\$16.00	\$58.63	\$58.63	Modified Rate
99214	33	UA	\$100.55	\$67.10	\$16.00	\$83.10	\$83.10	Modified Rate
99215	33	UA	\$135.11	\$98.39	\$16.00	\$114.39	\$114.39	Modified Rate
77055	33	U7	\$81.75	\$56.43	\$17.00	\$73.43	\$73.43	Modified Rate
77056	33	U7	\$104.99	\$70.46	\$17.00	\$87.46	\$87.46	Modified Rate
77057	33	U7	\$75.19	\$58.97	\$17.00	\$75.97	\$75.19	Medicare Rate

Physician Services - Wellness Incentive (cont.)

Bonus Fee Code	Modifier 1	Modifier 2	Medicare Rate	Medicaid P40/ P41	Add-On	Modified Rate	Modified Rate/Medicare	Rate Description
G0202	33	U7	\$120.80	\$91.56	\$17.00	\$108.56	\$108.56	Modified Rate
G0204	33	U7	\$147.47	\$99.65	\$17.00	\$116.65	\$116.65	Modified Rate
G0206	33	U7	\$116.11	\$80.34	\$17.00	\$97.34	\$97.34	Modified Rate
88141	33	U7	\$29.62	\$18.02	\$13.00	\$31.02	\$29.62	Medicare Rate
88142	33	U7	\$0.00	\$27.64	\$13.00	\$40.64	\$40.64	Modified Rate
88143	33	U7	\$0.00	\$27.64	\$13.00	\$40.64	\$40.64	Modified Rate
88147	33	U7	\$0.00	\$14.42	\$13.00	\$27.42	\$27.42	Modified Rate
88148	33	U7	\$0.00	\$14.42	\$13.00	\$27.42	\$27.42	Modified Rate
88150	33	U7	\$0.00	\$14.42	\$13.00	\$27.42	\$27.42	Modified Rate
88160	33	U7	\$58.45	\$36.56	\$13.00	\$49.56	\$49.56	Modified Rate
88161	33	U7	\$53.45	\$36.81	\$13.00	\$49.81	\$49.81	Modified Rate
88162	33	U7	\$87.37	\$45.06	\$13.00	\$58.06	\$58.06	Modified Rate
G0123	33	U7	\$0.00	\$27.64	\$13.00	\$40.64	\$40.64	Modified Rate
G0144	33	U7	\$0.00	\$29.15	\$13.00	\$42.15	\$42.15	Modified Rate
G0145	33	U7	\$0.00	\$35.04	\$13.00	\$48.04	\$48.04	Modified Rate
P3000	33	U7	\$0.00	\$14.42	\$13.00	\$27.42	\$27.42	Modified Rate
Q0091	33	U7	\$40.64	\$33.66	\$13.00	\$46.66	\$40.64	Medicare Rate
44388	33	U7	\$322.86	\$191.73	\$15.00	\$206.73	\$206.73	Modified Rate
44389	33	U7	\$362.87	\$210.07	\$15.00	\$225.07	\$225.07	Modified Rate
44391	33	U7	\$457.41	\$280.73	\$15.00	\$295.73	\$295.73	Modified Rate
44392	33	U7	\$404.58	\$267.50	\$15.00	\$282.50	\$282.50	Modified Rate
44394	33	U7	\$457.15	\$285.40	\$15.00	\$300.40	\$300.40	Modified Rate
45330	33	U7	\$124.52	\$64.08	\$15.00	\$79.08	\$79.08	Modified Rate
45331	33	U7	\$148.99	\$83.80	\$15.00	\$98.80	\$98.80	Modified Rate
45332	33	U7	\$265.56	\$108.61	\$15.00	\$123.61	\$123.61	Modified Rate
45341	33	U7	\$150.29	\$148.42	\$15.00	\$163.42	\$150.29	Medicare Rate
45342	33	U7	\$228.98	\$171.39	\$15.00	\$186.39	\$186.39	Modified Rate
45345	33	U7	\$167.48	\$142.59	\$15.00	\$157.59	\$157.59	Modified Rate
45355	33	U7	\$198.12	\$137.10	\$15.00	\$152.10	\$152.10	Modified Rate
45378	33	U7	\$359.50	\$228.82	\$15.00	\$243.82	\$243.82	Modified Rate
45379	33	U7	\$461.67	\$292.40	\$15.00	\$307.40	\$307.40	Modified Rate
45380	33	U7	\$428.21	\$255.86	\$15.00	\$270.86	\$270.86	Modified Rate
45381	33	U7	\$428.82	\$284.36	\$15.00	\$299.36	\$299.36	Modified Rate
45382	33	U7	\$556.15	\$335.55	\$15.00	\$350.55	\$350.55	Modified Rate

Physician Services - Wellness Incentive (cont.)

Bonus Fee Code	Modifier 1	Modifier 2	Medicare Rate	Medicaid P40/ P41	Add-On	Modified Rate	Modified Rate/Medicare	Rate Description
45383	33	U7	\$522.37	\$343.18	\$15.00	\$358.18	\$358.18	Modified Rate
45386	33	U7	\$607.98	\$530.14	\$15.00	\$545.14	\$545.14	Modified Rate
45387	33	U7	\$332.42	\$232.95	\$15.00	\$247.95	\$247.95	Modified Rate
45391	33	U7	\$283.59	\$212.17	\$15.00	\$227.17	\$227.17	Modified Rate
45392	33	U7	\$364.54	\$268.20	\$15.00	\$283.20	\$283.20	Modified Rate
82270	33	U7	\$0.00	\$4.44	\$15.00	\$19.44	\$19.44	Modified Rate
82274	33	U7	\$0.00	\$21.70	\$15.00	\$36.70	\$36.70	Modified Rate
G0105	33	U7	\$359.50	\$255.86	\$15.00	\$270.86	\$270.86	Modified Rate
G0121	33	U7	\$359.50	\$297.76	\$15.00	\$312.76	\$312.76	Modified Rate
G0328	33	U7	\$0.00	\$21.70	\$15.00	\$36.70	\$36.70	Modified Rate
99050	33	U8	\$0.00	\$10.00	\$15.00	\$25.00	\$25.00	Modified Rate
94010	33	U7	\$32.26	\$24.44	\$12.00	\$36.44	\$32.26	Medicare Rate
94014	33	U7	\$47.92	\$12.62	\$12.00	\$24.62	\$24.62	Modified Rate
94016	33	U7	\$24.53	\$4.89	\$12.00	\$16.89	\$16.89	Modified Rate
94060	33	U7	\$54.27	\$45.35	\$12.00	\$57.35	\$54.27	Medicare Rate
94375	33	U7	\$35.71	\$28.04	\$12.00	\$40.04	\$35.71	Medicare Rate
99201	33	UB	\$39.86	\$29.66	\$10.00	\$39.66	\$39.66	Modified Rate
99202	33	UB	\$68.99	\$53.00	\$10.00	\$63.00	\$63.00	Modified Rate
99203	33	UB	\$100.39	\$79.04	\$10.00	\$89.04	\$89.04	Modified Rate
99204	33	UB	\$155.31	\$112.27	\$10.00	\$122.27	\$122.27	Modified Rate
99211	33	UB	\$18.28	\$16.98	\$10.00	\$26.98	\$18.28	Medicare Rate
99212	33	UB	\$40.17	\$31.08	\$10.00	\$41.08	\$40.17	Medicare Rate
99213	33	UB	\$67.93	\$42.63	\$10.00	\$52.63	\$52.63	Modified Rate
99214	33	UB	\$100.55	\$67.10	\$10.00	\$77.10	\$77.10	Modified Rate
99215	33	UB	\$135.11	\$98.39	\$10.00	\$108.39	\$108.39	Modified Rate
99382	33	UB	\$107.92	\$89.90	\$10.00	\$99.90	\$99.90	Modified Rate
99383	33	UB	\$112.71	\$89.90	\$10.00	\$99.90	\$99.90	Modified Rate
99384	33	UB	\$127.76	\$101.22	\$10.00	\$111.22	\$111.22	Modified Rate
99385	33	UB	\$123.96	\$95.21	\$10.00	\$105.21	\$105.21	Modified Rate
99386	33	UB	\$143.58	\$116.70	\$10.00	\$126.70	\$126.70	Modified Rate
99387	33	UB	\$155.84	\$127.40	\$10.00	\$137.40	\$137.40	Modified Rate
99392	33	UB	\$99.61	\$78.58	\$10.00	\$88.58	\$88.58	Modified Rate
99393	33	UB	\$99.30	\$78.58	\$10.00	\$88.58	\$88.58	Modified Rate

TN #: 14-009
Supersedes
TN #: 13-003

Approval Date: 05-18-15

Effective Date: January 1, 2015

Physician Services - Wellness Incentive (cont.)

Bonus Fee Code	Modifier 1	Modifier 2	Medicare Rate	Medicaid P40/ P41	Add-On	Modified Rate	Modified Rate/Medicare	Rate Description
99394	33	UB	\$108.97	\$89.90	\$10.00	\$99.90	\$99.90	Modified Rate
99395	33	UB	\$111.38	\$84.80	\$10.00	\$94.80	\$94.80	Modified Rate
99396	33	UB	\$118.91	\$100.83	\$10.00	\$110.83	\$110.83	Modified Rate
99397	33	UB	\$127.76	\$106.26	\$10.00	\$116.26	\$116.26	Modified Rate
99201	33	UD	\$39.86	\$29.66	\$16.00	\$45.66	\$39.86	Medicare Rate
99202	33	UD	\$68.99	\$53.00	\$16.00	\$69.00	\$68.99	Medicare Rate
99203	33	UD	\$100.39	\$79.04	\$16.00	\$95.04	\$95.04	Modified Rate
99204	33	UD	\$155.31	\$112.27	\$16.00	\$128.27	\$128.27	Modified Rate
99205	33	UD	\$194.18	\$143.29	\$16.00	\$159.29	\$159.29	Modified Rate
99211	33	UD	\$18.28	\$16.98	\$16.00	\$32.98	\$18.28	Medicare Rate
99212	33	UD	\$40.17	\$31.08	\$16.00	\$47.08	\$40.17	Medicare Rate
99213	33	UD	\$67.93	\$42.63	\$16.00	\$58.63	\$58.63	Modified Rate
99214	33	UD	\$100.55	\$67.10	\$16.00	\$83.10	\$83.10	Modified Rate
99215	33	UD	\$135.11	\$98.39	\$16.00	\$114.39	\$114.39	Modified Rate
99241	33	UD	\$45.48	\$36.55	\$16.00	\$52.55	\$45.48	Medicare Rate
99242	33	UD	\$85.97	\$67.83	\$16.00	\$83.83	\$83.83	Modified Rate
99243	33	UD	\$117.67	\$90.43	\$16.00	\$106.43	\$106.43	Modified Rate
99245	33	UD	\$214.66	\$166.18	\$16.00	\$182.18	\$182.18	Modified Rate
99386	33	UD	\$143.58	\$116.70	\$16.00	\$132.70	\$132.70	Modified Rate
99387	33	UD	\$155.84	\$127.40	\$16.00	\$143.40	\$143.40	Modified Rate
99394	33	UD	\$108.97	\$89.90	\$16.00	\$105.90	\$105.90	Modified Rate
99395	33	UD	\$111.38	\$84.80	\$16.00	\$100.80	\$100.80	Modified Rate
99396	33	UD	\$118.91	\$100.83	\$16.00	\$116.83	\$116.83	Modified Rate
99397	33	UD	\$127.76	\$106.26	\$16.00	\$122.26	\$122.26	Modified Rate

TN #: 14-009
Supersedes
TN #: 13-003

Approval Date: 05-18-15

Effective Date: January 1, 2015

Physician Services - Wellness Incentive (cont.)

Effective Date of Payment

E & M Services

This reimbursement methodology applies to services delivered on and after January 1, 2015, ending on June 30, 2016. All rates are published at <http://chfs.ky.gov/dms/fee.htm>.