

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: January 1, 2013

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TN: 13-03

Approved: June 10, 2013

Supersedes: 12-07 (11-02,10-06,09-25,09-20,08-17,07-12,07-08,07-09,07-06,06-19,05-21)

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

The Resource Based Relative Value Scale calculated values(as published by the Centers for Medicare & Medicaid Services November ~~2011~~2012); or

- (b) State agency established rate; or
- (c) For delivery services, including cesarean delivery services that are not complicated:
 - 59400, 59510, 59610: \$1387.89
 - 59409, 59514, 59612: \$540.00
 - 59410, 59515, 59614: \$696.73

The Resource Based Relative Value Scale conversion factors are:

- Evaluation and Management services: \$27.10
- Obstetric services: \$27.10
- Psychiatric services: \$32.49
- All other physician services: \$24.52

Effective January 1, 2012, procedure code 58565 pays the lower of:

- 1) Submitted charge; or
- 2) \$1847.43

Effective July 1, 2007, through June 30, 2009, eligible providers are paid an additional \$125 every six months for each recipient for whom the provider demonstrates optimal diabetic and/or cardiovascular care which includes:

- Blood pressure less than 140/90; and
- Lipids less than 100; and

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Reimbursement Template -Physician Services

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

Attachment 4.19-B: 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:

Minnesota is using the Medicare fee schedule calculated using the "CMS PCP Enh Pmt Model Version1" tool developed by Deloitte. Rates were calculated using the tool on March 29, 2013. The rates do not include multiple locality adjustments because Medicare does not use multiple locality adjustments in this state. Minnesota will not adjust the fee schedule to account for any changes in Medicare rates throughout the year.

Minnesota calculated 2009 rates using the average payment to providers excluding any incentive, bonus, and performance based payments.

Minnesota calculated 2009 rates for services under the child and teen checkup program using the average payment to providers excluding any incentive, bonus, performance based, third party liability, and patient responsibility payments. We will compare this rate to the Medicare rate described above prior to any adjustment for third liability or patient responsibility payments when calculating FFP as described in 42 CFR § 447.415.

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).

99339, 99340, 99450, 99455

- 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).

<u>99224 added January 1, 2011</u>	<u>99225 added January 1, 2011</u>
<u>99226 added January 1, 2011</u>	<u>99488 added January 1, 2013</u>
<u>99489 added January 1, 2013</u>	<u>99495 added January 1, 2013</u>
<u>99496 added January 1, 2013</u>	

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:_____.

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(Documentation of Vaccine Administration Rates in Effect 7/1/09 – continued)

A single rate was in effect on 7/1/09 for all vaccine administration services, regardless of billing code. This 2009 rate is: \$8.50 for vaccines provided under the VFC program and \$1.50 for all other vaccines.

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

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 www.dhs.state.mn.us.

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 www.dhs.state.mn.us.