

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: _____

Notes: The Medicare rates used will only be updated for each January 1 to reflect the then current Medicare rates. The state uses the Deloitte Medicare fee schedule. Additionally, Utah has only one Medicare GPCI.

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 the date of service as published in the agency's fee schedule described in Attachment 4.19-B, Section D Physician Services, of the State Plan and the minimum payment required at 42 CFR 447.405.

Supplemental payment is made: monthly quarterly

The supplemental calculation is made as follows for each qualifying provider after the end of each quarter and excludes the University of Utah Medical Group providers that are paid at the Average Commercial Rate:

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1. By servicing provider, by claim line for qualifying billing codes, identify allowed units and allowed amounts through the claim system for qualifying E&M billing codes paid during the quarter.
2. By servicing provider, by claim line for qualifying billing codes, calculate the sum of the payments that would have been paid for the qualifying codes and the Medicare rate effective as of January 1 of the calendar year in which the service was incurred (Total Allowed Units x Medicare Rate).
3. By servicing provider, by claim line for qualifying billing codes, calculate the difference between step 2 and step 1 (step 2 result less step 1 result).
4. By billing provider, the sum difference calculated in step 3 will be paid after the end of each quarter.

The calculation for the 100 percent federal match will be based on the difference between the Medicare rate effective as of January 1 of the calendar year in which the service was incurred and the Medicaid rates in effect on July 1, 2009. This calculation will exclude any FFP already claimed when the base payments were made to the provider; to the extent those base payments were greater than the July 1, 2009 rate. The 2009 base rate for codes not covered in 2009 but subsequently added will be \$0.

Primary Care Services Affected by this Payment Methodology

This payment applies to all Evaluation and Management (E&M) billing codes 99201 through 99499.

This payment applies to all covered Evaluation and Management (E&M) billing codes 99201 through 99499 except the following codes for which the State did not make payment as of July 1, 2009 and will not make enhanced payments under this SPA (with the exception of coverage of Medicare Crossover claims):

99224 (1/1/11)	99340	99386	99408	99455
99225 (1/1/11)	99360	99387	99409	99456
99226 (1/1/11)	99363	99396	99412	99485 (1/1/13)
99239	99364	99397	99420	99486 (1/1/13)
99288	99374	99401	99429	99487 (1/1/13)
99315	99375	99402	99441	99495 (1/1/13)
99316	99377	99403	99442	99496 (1/1/13)
99318	99378	99404	99443	
99339	99379	99406	99444	
	99380	99407	99450	

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The state will make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009:

90460 (1/1/11)	99359 (9/1/11)	99368 (9/1/11)	99488 (1/1/13)
90461 (1/1/11)	99366 (9/1/11)	99466 (9/1/11)	99489 (1/1/13)
99358 (9/1/11)	99367 (9/1/11)	99467 (9/1/11)	

Physician Services – Vaccine Administration Related to VFC

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

Method of Payment

The supplemental calculation is made as follows for each qualifying provider after the end of each quarter and excludes the University of Utah Medical Group providers that are paid at the Average Commercial Rate:

1. By servicing provider, by claim line for qualifying VFC billing codes, identify allowed units and allowed amounts through the claim system for qualifying VFC billing codes paid during the quarter.
2. By servicing provider, by claim line for qualifying VFC billing codes, calculate the sum of the payments that would have been paid for the qualifying codes during the covered quarter at the state regional maximum administration fee set by the VFC program (\$20.72 from the table in the final rule) (Total Allowed Units x Current Medicare Rate).
3. By servicing provider, by claim line for qualifying VFC billing codes, calculate the difference between step 2 and step 1 (step 2 result less step 1 result).
4. By billing provider, the sum difference calculated in step 3 will be paid to providers after the end of each quarter.

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The calculation for the 100 percent federal match will be based on the difference between the state regional maximum administrative fee, as noted above, effective for the service date and \$8.37 which is the imputed rate for code 90460. This calculation will exclude any FFP already claimed when the base payments were made to the provider; to the extent those base payments were greater than the July 1, 2009 rate. The 2009 base rate for codes not covered in 2009 but subsequently added will be \$0.

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: \$8.37.

A single rate was in effect on 7/1/09 for all vaccine administration services, regardless of billing code. This 2009 rate is: _____.

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.

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. Payments will continue while timely filing applies for all services rendered during the time period noted above.

All rates are published at:

<http://health.utah.gov/medicaid/stplan/physician.htm>.

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. Payments will continue while timely filing applies for all services rendered during the time period noted above.

All rates are published at:

<http://health.utah.gov/medicaid/stplan/physician.htm>.

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