

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

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: _____.

Alternative methodology to calculate the vaccine administration rate in effect 7/1/09: Vaccine administration codes 90460, 90465 and 90471 were not in effect on 07/01/2009. Two rates were used for vaccine administration services according to the following current procedural terminology codes and diagnosis codes:

1. Single Antigen Vaccine Rate of \$8.00 for the following combination: 90633/V053, 90634/V053, 90647/V0381, 90648/V0381, 90649/V0489, 90650/V0481, 90655/V0481, 90656/V0481, 90657/V0481, 90658/V0481, 90660/V0481, 90670/V0382, 90680/V0489, 90681/V0489, 90713/V040, 90716/V054, 90732/V0382, 90734/V0389, 90744/V053, 90746/V053, 90747/V053.
2. Multiple Antigen Vaccine Rate of \$10.00 for the following combination: 90636/V053, 90698/V068, 90700/V061, 90707/V064, 90714/V065, 90715/V061, 90723/V068, 90748/V068.

The vaccine rate in effect for 07/01/2009 was calculated using the codes and rates specified above times their respective claims volume which encompasses 07/01/2009 and is \$8.60.

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Addendum to SPA: Increased Primary Care Service Payment 42 CFR 447.405, 447.410, 447.415

Method of Payment

The Department's intent is to make a payment at the higher rate for each Evaluation and Management and vaccine administration code using an adjusted fee schedule. However, the Department will make at least quarterly supplemental payments in lieu of the Medicaid Management Information System (MMIS) being configured to reflect the adjusted fee schedule. The state will not adjust the fee schedule to account for any changes in Medicare rates throughout the year.

Physician Services – Vaccine Administration

For procedure 90460 the Department used the state regional maximum administration fee set by the Vaccines for Children program.

For procedures 90471, 90472, 90473, and 90474 the Department used the CY 2009 conversion factor (from the CMS Deloitte Primary Care Excel Enhanced payment tool).

Note: This section contains a description of the state's methodology and specifies the affected billing codes. Effective January 1, 2013, Georgia Medicaid EPSDT providers can bill the vaccine administration codes 90460, 90471, 90472, 90473 and 90474 (for members up to age 19 years) and, 90471-90474 (for members aged 19-20 years) for vaccines administered. Each of these codes pays \$10.00. Effective January 1, 2013, for providers under the Patient Protection and Affordable Care Act, the vaccine administration codes will pay the following amounts for providers using VFC vaccines for members 18 years of age and younger: 90460, 90471 and 90473-the VFC Regional rate. The rate for code 90472 and 90474 will be the Medicare fee schedule rate. Effective January 1, 2013, for providers under the Patient Protection and Affordable Care Act, the vaccine administration code for providers using their private stock for members 19-20 years of age will reimburse codes 90471-90474 at the Medicare fee schedule rate.

Effective Date of Payment

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:
<https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Fee%20Schedules/tabId/56/Default.aspx>.

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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: The Mean value is derived from the CMS Deloitte Primary Care Excel Enhanced payment tool provided to states in January 2013, but later updated in March 2013 per CMS guidance. The state will not adjust the fee schedule to account for any changes in Medicare rates throughout the year.

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, 99315, 99316, 99339, 99340, 99358, 99359, 99360, 99363, 99364, 99366-99368, 99374, 99375, 99377-99380, 99386, 99387, 99396, 99397, 99401-99408, 99409, 99411, 99412, 99420, 99429, 99441-99444, 99455, 99456, 99467, 99485-99489, 99495, 99496, 99499.

(Primary Care Services Affected by this Payment Methodology – continued)

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).

99224, 99225, and 99226 --all added 01/01/2011; 99239 --added 11/01/2010; and 99406 and 99407 -- both added 10/01/2010

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: <https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Fee%20Schedules/tabId/56/Default.aspx>.