STATE PLAN UNDER TITLE XIX OF THE *SOCIAL SECURITY ACT*

State: **Illinois**

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT

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

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.

Response Choices:

☐ 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 department is using the rates developed on March 2013 by the CMS actuary. The state will not adjust the fee schedule to account for any changes in Medicare rates throughout the year.

Method of Payment

Response Choices:

☐ 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 on the department's fee schedule and described on Page 63 of this Attachment, and the minimum payment required at 42 CFR 447.405.

Supplemental payment is made: <u>X </u>monthly   __quarterly

Primary Care Services Affected by this Payment Methodology

Response Choices:

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

TN# **13-001**   Approval date: 6/26/13   Effective date: **01/01/2013**

Supersedes
TN# New page

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

☒ 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).

99217, 99224-99230, 99237, 99240, 99246-99250, 99256-99280, 99286-99288, 99289-99290, 99293-99294, 99295-99303, 99311-99314, 99317, 99319-99323, 99329-99333, 99338-99340, 99346, 99351-99353, 99358-99380, 99388-99390, 99398-99400, 99402-99419, 99421-99454, 99456-99459, 99470, 99473-99474, 99481-99498

☒ 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	**Effective Date**
99420	01/01/11
99401	10/01/12

Vaccine Codes	**Effective Date**
90650	10/19/09
90649	10/21/09
90670	03/19/10
Q2035	01/01/11
Q2036	01/01/11
Q2037	01/01/11
Q2038	01/01/11
Q2039	01/01/11
90715	03/01/11
90736	11/01/11
90654	02/01/12
90747	02/01/12

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.

Response Choices:

☐ Medicare Physician Fee Schedule rate as implemented by the state and using the 2009 conversion factor.

☒ State regional maximum administration fee set by the Vaccines for Children program

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OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT**

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.

Response choices:

☐ 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: $6.40. The state reimburses vaccine administration services using vaccine product codes. A crosswalk of the vaccine administration code to the applicable vaccine administration codes is provided on Page 64 of this Attachment.

☐ 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. A separate fee schedule for the two-year rate increase is published on the Department's website located at www.hfs.illinois.gov/reimbursement/.

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. A separate fee schedule for the two-year rate increase is published on the Department's website located at www.hfs.illinois.gov/reimbursement/.

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OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT**

VACCINE ADMINISTRATION FEE CROSSWALK

CROSSWALK TO	PRODUCT CODE
90460	90632
	90633
	90634
	90636
	90645
	90646
	90647
	90648
	90649
	90650
	90655
	90656
	90657
	90658
	90660
	90669
	90670
	90680
	90681
	90696
	90698
	90700
	90707
	90710
	90713
	90714
	90715
	90716
	90723
	90732
	90734
	90744
	90748
	Q2034
	Q2035
	Q2036
	Q2037
	Q2038
	Q2039