### **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. Kentucky only has one Medicare Geographic Practice Cost Index. Kentucky is using the Deloitte fee schedule and will not make changes to rates throughout the year.
- 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:

# 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, which can be found at <a href="http://www.chfs.ky.gov/dms/fee.htm">http://www.chfs.ky.gov/dms/fee.htm</a>. Physician Services of the State plan and the minimum payment required at 42 CFR 447.405.

Supplemental payment is made:  $\Box$  monthly  $\boxtimes$  quarterly

The Department for Medicaid Services will track the codes and eligible providers, which you must do regardless of the method of payment. DMS will calculate the supplemental payment based on actual services rendered. DMS will then make the supplemental payments to the provider.

#### **Primary Care Services Affected by this Payment Methodology**

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

# (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).

Code	Code
99339	99402
99340	99403
99358	99404
99359	99406
99360	99408
99363	99409
99364	99411
99366	99412
99367	99420
99368	99441
99374	99442
99375	99443
99377	99444
99378	99450
99379	99455
99380	99456
99401	99481 Thru 99499

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, 99226, 99407, added in 2011 and 99307 added in 2012

# **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 http://chfs.ky.gov/dms/fee.htm.

#### **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:\_\_\_\_\_.
- $\boxtimes$  A single rate was in effect on 7/1/09 for all vaccine administration services, regardless of billing code. This 2009 rate is: <u>\$3.30</u>.
- $\Box$  Alternative methodology to calculate the vaccine administration rate in effect 7/1/09:

Physician Services – Vaccine Administration (continued) Note: This section contains a description of the state's methodology and specifies the affected billing codes.

Ky DMS Proc. Code	Vaccine Name	CMS Code
90632	HEP A-AD (HEPATITIS A/ADULT/IM)	90460
90633	Hep A (HEPATITIS A/PED/ADOL/2 DOSE/IM)	90460
90634	HEP A VACC PED/ADOL/3 DOSE	90460
90636	HEP AB18 (HEP A & HEP B VACCINE/ADULT/IM	90460
90645	HIB(HEMOPHILUS INFLUENZA B VACCINE/ HBOC CONJUGATE/4 DOSE/IM)	90460
90646	HIB /HEMOPHILUS INFLUENZA B VACCINE(HIB) PRP-D CONJUGATE/BOOSTER/HIGH RISK	90460
90647	HIB/HEMOPHILUS INFLUENZA B VACCINE(HIB) PRP-OMP CONJUGATE/3 DOSE/IM	90460
90648	HIB/HEMOPHILUS INFLUENZA B VACCINE(HIB) PRP-T CONJUGATE/4 DOSE/IM	90460
90649	HPV/ HUMAN PAPILLOMA VIRUS /TYPES 6, 11,16 &18/ QUADRIVALENT/3 DOSE/IM	90460
90655	FLU VACCINE/NO PRESER/6-35 MONTHS/IM	90460
90656	FLU VACCINE/NO PRESER/3 YEARS >/IM	90460
90658	FLU(Fluvirin) 3 yrs> IM	90460
90660	FLUMIST (FLU VACCINE, NASAL)	90460
90669	PNU 7	90460
90670	PNEUMOCCOCCAL VACC, PED<5 (PNE 7)	90460
90680	ROTA (3dose)	90460
90681	TORARIX	90460
90696	KINRIX DTAP-IPV VACCINE 4-6 YR IM	90460
90698	PENTACEL DTAP-HIB-IP VACCINE, IM	90460
90700	DTAP <7 YRS, IM	90460
90702	DT VACCINE < IM	90460
90707	MMR VACCINE, SC	90460
90710	MMR-V VACCINE, SC	90460
90713	EIPV POLIOVIRUS, IPV, SC/IM	90460
90714	TD VACCINE, NO PRESERVATIBE>/=7IM	90460
90715	TDAP VACCINE $> 7$ IM	90460
90716	VAR CHICKEN POX VACCINE, SC	90460
90718	TD VACCINE >7, IM	90460
90723	DTAP-HEPB-IPV VACCINE	90460
90732	PNEUMOCOCCAL VACCINE	90460
90733	MPSV	90460
90734	MCV4-MENINGOCOCCAL VACCINE, IM	90460
90744	HEP B-PF PED/ADOL 3 DOSE IM	90460
90746	HEP B-A	90460
90748	HEPB-HIB	90460

# **Physician Services – Vaccine Administration (continued)**

# **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 http://chfs.ky.gov/dms/fee.htm.