

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

State of VIRGINIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—OTHER TYPES OF CARE

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.

- 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 rates reflect the March 2013 Deloitte fee schedule. 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 Medicaid rate in effect on the date of service as published in the agency's fee schedule, described in Supplement 4 of Attachment 4.19-B of the State Plan plus additional rates established for 99485 and 99486, and the minimum payment required at 42 CFR 447.405.

Supplemental payment is made:  monthly  quarterly

**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).

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90461, 90471, 90472, 90473, 90474, 99224, 99225, 99226, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99339, 99340, 99358, 99359, 99386, 99387, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99441, 99442, 99443, 99444, 99450, 99455, 99456, 99487, 99488, 99489, 99495, 99496.

**(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).

Procedure codes 99406, 99407 added effective October 1, 2010.

Procedure codes 99485, 99486 added effective January 1, 2013.

**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: \$11.00.

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.

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The state reimburses vaccine administration through vaccine product codes. Attached is a crosswalk of the vaccine administration procedure code to the applicable vaccine product codes.

**Effective Date of Payment**

E&amp;M Services

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014. All rates are published at [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov).

Vaccine Administration

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014. All rates are published at [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov).

**Additional Information**

Provider Attestation

All physicians who attest on or before March 31, 2013 will be eligible for higher payments for dates of service on or after January 1, 2013. After that date, physicians will be eligible for higher payments for dates of service on or after the beginning of the month of self-attestation.

Claims History and Audit Criteria

Medicaid and Medicaid expansion program claims in the fee-for service and managed care program

Eligible E&M procedure codes in the range 99201 to 99499

Eligible vaccine product codes defined as the vaccine product codes in effect for the VFC Program for members under 19 years old

Paid claims in latest calendar year from the practitioner and Medicare Part B crossover claims files

Claim count determined by individual claim line processed and paid

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## INCREASED PRIMARY CARE SERVICE PAYMENT

## VACCINE ADMINISTRATION FEE CROSSWALK

CALENDAR YEARS 2013 - 2014

VACCINE DESCRIPTION	VACCINE PRODUCT CODE	VACCINE ADMINISTRATION CODE
DT-Pediatric	90702	90460
DTAP	90700	90460
DTAP-Hib	90721	90460
DTAP-Hep B-IPV	90723	90460
DTaP-IPV-Hib	90698	90460
DTaP-IPV	90696	90460
Hep A	90633	90460
Hep B-2 (2 Dose Series)	90743	90460
Hep B-Hib	90748	90460
Hep B-Ped	90744	90460
HIB	90645, 90646, 90647, 90648	90460
HPV	90649, 90650	90460
Influenza-PF Pediatric	90655	90460
Influenza-PF	90656	90460
Influenza 5mL vial [.25mL dose]	90657	90460
Influenza 5mL vial [.5mL dose]	90658	90460
Influenza (INTRANASAL)	90660 <sup>1</sup>	90460
Influenza Intranasal (Quadrivalent)	90672 <sup>2</sup>	90460
Influenza .5mL syringe (Quadrivalent)	90686 <sup>2</sup>	90460
Influenza-PF Pediatric (Quadrivalent)	90685 <sup>3</sup>	90460
IPV	90713	90460
HIBMENCY	90644 <sup>4</sup>	90460
Meningococcal (Conjugate)	90734	90460
MMR	90707	90460
MMRV	90710	90460

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<b>VACCINE DESCRIPTION</b>	<b>VACCINE PRODUCT CODE</b>	<b>VACCINE ADMINISTRATION CODE</b>
Pneumococcal (Conjugate)	90670	90460
Pneumococcal (Polysaccharide)	90732	90460
Rotavirus	90680, 90681	90460
TD	90714, 90718 <sup>5</sup>	90460
TDAP	90715	90460
Varicella	90716	90460

<sup>1</sup>Vaccine Product Code 90660 deleted effective June 30, 2013.<sup>2</sup> Vaccine Product Codes 90672 and 90686 effective July 1, 2013.<sup>3</sup>Vaccine Product Code 90685 effective October 1, 2013.<sup>4</sup>Vaccine Product Code 90644 effective December 1, 2013.<sup>5</sup>Vaccine Product Code 90718 deleted effective December 31, 2012.TN No. 14-09Approval Date 05/27/2014Effective Date 04-01-14

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