

PROVIDER BULLETIN

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PHYSICIAN PRIMARY CARE RATE INCREASE FOR CERTAIN SERVICES

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UPDATE

As announced in the July 31, 2012 provider information bulletin, Volume 35, No. 3 http://dss.mo.gov/mhd/providers/pdf/bulletin35-03_2012jul31.pdf, federal law requires state Medicaid agencies to increase payments to certain physician specialties for primary care Evaluation and Management (E/M) Healthcare Common Procedure Coding System (HCPCS) codes 99201-99499, as well as services related to immunization administration for vaccines and toxoids Current Procedural Terminology (CPT) codes 90465, 90466, 90467, 90468, 90471, 90472, 90473, 90474, or their successor codes, for dates of service on or after January 1, 2013 through December 31, 2014.

This notification is to clarify that, per federal law, services provided to participants with state funded Medical Eligibility (ME) codes 02, 08, 09, 52, 57, 59, 64, 65 or Children's Health Insurance Program (CHIP) ME codes 73, 74 and 75 are not eligible for the increased payments. CHIP ME Codes 71 and 72 are eligible for the increased payments because children in eligibility groups 71 and 72 are Medicaid –eligible. Physicians delivering primary care services at Federally Qualified Health Centers (FQHCs) or Rural Health Clinics (RHCs) are not eligible for increased payments under federal law.

The rate increases apply to primary care services provided by physicians with a specialty designation of family medicine, general internal medicine, or pediatric medicine. Sub-specialists within the specialty designations for physicians of family medicine, general internal medicine, and pediatric medicine as recognized by the American Board of Medical Specialties, the American Board of Physician Specialties, or the American Osteopathic Association may also be eligible for increased payment.

To be eligible:

1. The provider must be board certified in the above listed specialties; or
2. If not board certified, at least sixty percent (60%) of the Medicaid services billed by the physician for calendar year 2012 must be for primary care E/M codes 99201-99499 or their successor codes and vaccine administration codes 90465, 90466, 90467, 90468, 90471, 90472, 90473 and 90474. MHD claims data will be reviewed to ensure the sixty percent (60%) threshold is met.

3. For newly enrolled non-board certified physicians, Medicaid claims data from calendar year 2013 will be reviewed retrospectively to ensure eligibility criteria are met before continuing the rate increase for 2014. If the retrospective review indicates that eligibility criteria described in #2 above has not been met, the increased payments made during 2013 will be recouped.
4. If the condition of eligibility to receive the payment increase is not met, the payment will no longer be made.

Primary care services performed by a non-physician practitioner will be paid at the higher rates if properly billed under the provider number of a physician who is enrolled as one of the specified primary care specialists or subspecialists when provided under the physician's personal supervision as services of the supervising physician. There is no increase in payment rate for independently practicing non-physician practitioners.

PROVIDER ENROLLMENT

Providers who are currently enrolled in MO HealthNet, have a provider participation agreement on file with the Missouri Medicaid Audit & Compliance (MMAC) Unit, Provider Enrollment Section, and can attest they meet the eligibility requirements for the primary care rate increase must complete the Primary Care Physicians' Certification & Attestation application. The application is found on the MMAC Web site at <http://mmac.mo.gov/providers/provider-enrollment/provider-enrollment-forms/> by clicking on "Primary Care Physicians Rate Certification-Attestation". Providers will need to complete the form and submit it to the address or fax number listed. The applications will be verified and validated by MMAC Provider Enrollment Section.

ADDITIONAL INFORMATION

MHD will provide further details regarding the Primary Care Rate Increase in a future provider bulletin as information becomes available.

Provider Bulletins are available on the MO HealthNet Division (MHD) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896