

STATE: MINNESOTA
Effective: January 1, 2024
TN: 23-18
Approved:

ATTACHMENT 3.1-A
Page 11a

Supersedes: 08-06, 01-23 (01-21)

1. Inpatient hospital services. (continued)

- Abortion related services are covered when the abortion is medically necessary to prevent the death of a pregnant ~~woman~~ person when such pregnant ~~woman~~ person suffers from a physical disorder, injury or illness, and in cases where the pregnancy is the result of rape ~~and~~ or incest. ~~Cases of rape and incest must be reported to legal authorities unless the treating physician documents that the woman was physically or psychologically unable to report.~~
- Laboratory, x-ray, and any additional services provided as a result of a recipient's scheduled visit that immediately precedes hospital admission as an inpatient are not covered as separate services.
- Providers who administer pediatric vaccines as noted in item 5.a., Physicians' services within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program,

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2.a. Outpatient hospital services. (continued)

- Abortion related services are covered when the abortion is medically necessary to prevent the death of a pregnant ~~woman~~ person, when such pregnant ~~woman~~ person suffers from a physical disorder, injury or illness, and in cases where the pregnancy is the result of rape ~~and~~ or incest. ~~Cases of rape and incest must be reported to legal authorities unless the treating physician documents that the woman was physically or psychologically unable to report,~~
- Coverage of physical therapy, occupational therapy, audiology, and speech language pathology is limited to services within the limitations provided under items 11.a. to 11.c., physical therapy and related services.
- Providers who administer pediatric vaccines as noted in item 5.ai, Physician ' services within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program.

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02,03- 35,01-21)

5.a. Physicians' services:

- **Psychiatric services** may require prior authorization as specified in the Minnesota Health Care Program Provider Manual and on the agency's website. Coverage includes: diagnostic assessment, psychological testing, neuropsychological services, individual psychotherapy, family psychotherapy, multiple family group psychotherapy, group psychotherapy, medication management, electroconvulsive therapy single seizure, explanation of findings, unlisted psychiatric service or procedure, and biofeedback training.
- **Sterilization procedures:** Physicians must comply with all requirements of 42 CFR Part 441, Subpart F concerning informed consent for voluntary sterilization procedures.
- **Abortion services:** These services are covered when due to a physical condition, the abortion is medically necessary to prevent death of a pregnant person ~~woman~~, and in cases where the pregnancy is the result of rape or incest. ~~Cases of rape and incest must be reported to legal authorities unless the treating physician documents that the woman was physically or psychologically unable to report.~~
- **Psychiatric consultations:** Consultations with psychiatrists, psychologists, licensed independent clinical social workers, licensed marriage and family therapists, and advanced practice registered nurses certified in psychiatric mental health by primary care physicians and other providers authorized to bill for physician services are covered services. If the recipient consents, consultation may occur without the recipient present. Payment for the consultation is made pursuant to Attachment 4.19-B, item 5.a.
- **Optometry services:** Physician services include services of the type which an optometrist is also legally authorized to perform and such services re reimbursed whether furnished by a physician or an optometrist.
- **Early Intensive Developmental and Behavioral Intervention (EIDBI) services:** A physician with a specialty in developmental or behavioral pediatrics and with at least 2,000 hours of experience and/or training in the examination and/or treatment of children with autism spectrum disorder (ASD) or a related condition, or equivalent documented coursework at the graduate level by an accredited university in the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies and typical child development may act as the qualified supervising professional and provide EIDBI services as described in item 4.b.

20.a. Pregnancy-Related and Post Partum Services for 60 Days After the Pregnancy Ends. (continued)

- (6) Parenting sick/preterm infant, if indicated
 - (a) Follow-up on "risk" factors and conditions
- (7) Assessment of infant's health
 - (a) Infant weight/growth
 - (b) Infant development and abilities
- (8) Infant care
 - (a) Feeding and infant nutritional needs
 - (b) Recognition of illness in the newborn
 - (c) Accident prevention
 - (d) Immunizations and pediatric care
- (9) Identification of community health resources for mother and infant.
- (10) Referral to appropriate community health resources for mother and infant.

Eligible Providers: The follow-up home visit must be performed by the recipient's primary care physician, physician assistant, certified nurse midwife, clinical nurse specialist, licensed registered nurse, or nurse practitioner who is able to provide and anticipate needs for guidance. The provider must be able to provide the necessary follow-up and referrals to appropriate medical assistance eligible providers and social service agencies.

Doula Services

Services are limited to childbirth education and support services, which includes emotional and physical support, provided during pregnancy, labor, birth, and postpartum.

~~Eligible providers: Doula services must be provided under the supervision of a physician, nurse practitioner, or nurse midwife by a~~
Doulas must be certified by one of the following organizations:

- International Childbirth Education Association;
- Doulas of North America (DONA);
- Association of Labor Assistants and Childbirth Educators (ALACE);
- Birthworks;
- Childbirth and Postpartum Professional Association (CAPPA);
- Childbirth International;
- International Center for Traditional Childbearing; ~~or~~
- Commonsense Childbirth Inc.;
- Modern Doula Education (MDE); or
- Organization designated by the Commissioner of Health

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Supersedes: 09-04 (01-21, 01-14)

2.a. Outpatient hospital services. (continued)

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20.a. Pregnancy-Related and Post Partum Services for 60 Days After the Pregnancy Ends. (continued)

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- Childbirth International;
- International Center for Traditional Childbearing; or
- Commonsense Childbirth Inc. ;
- Modern Doula Education (MDE); or
- Organization designated by the Commissioner of Health

20.a. Pregnancy-related and postpartum services for 60 days after the pregnancy ends.

Payment was derived from the additional costs of delivering these services above and beyond the global prenatal care package.

Procedure Code (s)	Component	Base Rate: 1/1/02
H1001	At Risk Antepartum Management	\$64.89
H1002	Care Coordination	\$25.95
H1003	Prenatal Education	\$38.92
H1004	At Risk Post-Partum Follow-Up Home Visit	\$52.79

Effective for services on or after July 1, ~~2019~~2024, antepartum and postpartum doula services are paid at the lower of:

1. The submitted charge, or
2. ~~47.00~~ \$100 per session

Effective for services on or after July 1, ~~2019~~2024, doula services provided during labor and delivery are paid at the lower of:

1. The submitted charge, or
2. ~~488.00~~ \$1400 per session

The base rates as described in this item are adjusted by the following clauses of Supplement 2 of this Attachment:

- A. IHS/638 Facilities
- B. Critical Access Hospitals
- C. TPL
- D. MinnesotaCare Tax Rate Adjustment
- E. Modifiers
- G. Community and Public Health Clinics increase
- I. Exceptions to payment methodology and reconstructing a rate
- F. Professional Services Rate Decrease July 2009
- G. Professional Services Rate Decrease July 2010

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and specialized maintenance physical therapy, occupational therapy, and speech, language and hearing therapy services, and respiratory therapy services (Item 13.d)

- services for individuals age 65 or older in institutions for mental diseases (Item 14)
- inpatient psychiatric facility services for individuals under 22 years of age (Item 16)
- nurse midwife services (Item 17)
- pregnancy-related and postpartum services for 60 days after the pregnancy ends (Item 20.a)
- services for any other medical condition that may complicate pregnancy (Item 20.b)
- certified pediatric or family nurse practitioner services (Item 23)
- licensed ambulance services, excluding volunteer ambulance services (Item 24.a)
- emergency hospital services (Item 24.e)
- the drug ingredient component of pharmacy services (item 12.a, effective July 1, 2019, at 1.8 percent.
- Services of rural health clinics (item 2.b.), for health care home services, behavioral health home services, and alternative payment methodologies II and III.
- Services of federally qualified health centers (FQHCs) (item 2.c), for health care home services, behavioral health home services, and alternative payment methodologies II and III.

D. Modifiers

22 modifier: unusual procedural services = additional reimbursement based on line description or claim attachment. This modifier specifies a ratio for twin delivery and VBAC delivery. All other services are priced according to the service rendered. (Item 5.a)

99 modifier: multiple modifier = may be an increase or a decrease to the reference file allowable depending on the modifiers represented within the 99. (Item 5.a)

E. Family Planning

Effective for services provided on or after July 1, 2007, **family planning services** provided by family planning clinics, public health clinics and community health clinics are paid 25% over the rate in effect on June 30, 2007. (Item 5.a.)

Effective for services provided on or after July 1, 2013, **family planning services** provided by family planning clinics, public health clinics and community health clinics are paid 20% over the rate in effect on June 30, 2013. (Item 5.a.)

Effective for services provided on or after January 1, 2024, **family planning services** provided by family planning clinics, public health clinics and community health clinics are paid 20% over the rate in effect on December 31, 2023. The increase does not apply to Federally Qualified Health Centers, Rural Health Centers, or Indian Health Services.

F. Community and Public Health Clinic

Effective July 1, 1989, rates for services provided by **community and public health** clinics are increased by 20%, except for laboratory services. Effective January 1, 2022, dental services are excluded from this increase.

G. Abortion

Effective for services provided on or after January 1, 2024, **abortion services** are paid 20% over the rate in effect on December 31, 2023. The increase does not apply to Federally Qualified Health Centers, Rural Health Centers, or Indian Health Services. (Item 5.a.)

2.b. Rural health clinic services and other ambulatory services that are covered under the plan and furnished by a rural health clinic.

A clinic receives payment based on payment methodology in effect on December 31, 2000 until its prospective payment system (PPS) rate(s) is/are determined in accordance with §1902(bb) of the Social Security Act. The Department will reconcile a clinic's payments back to January 1, 2001 when the clinic's PPS rate(s) is/are determined. The PPS and alternative payment methodology (APM I, APM II, and APM III) rates for clinics will include a rate for dental services, if provided, and a rate for all other rural health clinic services of the provider or provider group. Hereinafter, "all other rural health clinic services of the provider or provider group" will be referred to as "medical services."

Prospective Payment System (PPS) Methodology

Rates are computed using a clinic's fiscal year trended forward to December 31, 2000. For the purposes of compliance with §1902(bb)(6) of the Act, the inflation of the rate will occur each year on January 1. January 1 through December 31 will be the "fiscal year." If applicable, the clinic must provide information regarding changes in the scope of services, including the budgeted cost of providing new services and any projected increase or decrease in the number of encounters due to the change. Any adjustment to the clinic's rate for changes in the scope of services will be effective on the first day of the month following the scope of services change. When determination of the revised PPS rate occurs after the revised rate's effective date, retroactive claims adjustments to the revised rate will be made back to the effective date.

In order to comply with §1902(bb) of the Act, the Department utilizes a formula using a clinic's fiscal year 1999 and fiscal year 2000 cost report information trended forward to December 31, 2000. The trended costs for the two fiscal years are combined and divided by the combined encounter information for the two years, resulting in the average cost rate. Encounters include all face-to-face encounters provided by clinic professionals, including all encounters provided by clinic staff outside of the clinic to clinic patients. Telehealth visits provided through real-time interactive audio and video communication may be used to satisfy the face-to-face requirement.

In order to comply with §1902(bb)(4) of the Act, for a clinic that first qualifies as a clinic provider beginning on or after fiscal year 2000, the Department will compare the new clinic to other clinics in the same or adjacent areas with similar caseloads. If no comparable provider exists, the Department will compute a clinic-specific rate based upon the clinic's budget or historical costs adjusted for changes in the scope of services.