

**Question: Why are some E&M codes not on the fee schedule? For example, 99211,99212,99213,99214 and 99201,99202,99203, 99204 are not there.**

Regarding the relatively few evaluation and management (E/M) codes with a reduction for 8/1/2016, the reason is that many of those codes are currently paid below 90% of the current Medicare rate.

- The original recommendation was to apply a 2% reduction to codes currently being paid at less than 90% of the Medicare rate. However, that part of the payment reduction was not retained in the final decision.
- Rather, if the current rate is less than 90% of the Medicare rate, there was no reduction. The rationale considered that many of these codes received enhanced PCP payments which has now ended; and that many of these codes are among the most commonly billed by the rural practitioners, pediatricians, and family practitioners. Also, to reduce payment on codes paid at less than 90% of Medicare rates would move us further away from the longer term goal of trying to move closer toward a consistent rate for Medicaid when compared to Medicare.
- Many of the common E/M office visits you cite are not on the list of reductions because they are reimbursed at less than 90% of Medicare.

**Question: Is HSD eliminating the site of service differential, the 0.6 modifier?**

Regarding the reduction of payment for certain services to 60% of the fee schedule ("the hospital based" reduction), that provision is being implemented. Medicare pays a facility-based rate when a service that is typically performed in a practitioner's office is provided in an outpatient hospital, inpatient hospital, emergency room or a nursing facility. Medicaid uses the same codes that Medicare identifies as "typically performed in a practitioner's office" but had failed to implement a change when Medicare changed and began to apply the reduction in a broader range of sites of service.

That change was kept in the final decision and is more intended to align Medicare with Medicaid and the MCOs. Some MCOs were following the Medicare model, one was not. The change is not as significant in financial impact as it may first seem. This change does not mean nursing home visits or inpatient hospital visits or emergency room visits will be reduced to 60%, because those are NOT services typically performed in a practitioner's office.

**Question: Where can I find the Medical Assistance Program Supplement and final fee schedule on the NMMS website?**

<http://www.nmms.org/md-practice-information> Under the NM Medicaid section.