

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

October 7, 2024

Stuart Portman
Executive Director
Medical Assistance Plans Division
2 Martin Luther King Jr. Drive SE
East Tower, 19th Floor
Atlanta, Georgia 30334

RE: TN GA-24-0006

Dear Director Portman:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Georgia state plan amendment (SPA) to Attachments 4.19-A and 4.19-B, GA-24-0006, which was submitted to CMS on July 15, 2024. This plan amendment increases the reimbursement rates for two optometric codes (92004 and 92014) by 10%, increases the reimbursement rates for two primary care codes (99213 and 99214) to 90% of the 2024 Medicare rate, and increases the reimbursement rate for four OB/GYN codes (59400, 59510, 59610, and 59618) to the 2024 Medicare rate, and allows for an add-on payment for long-acting antipsychotic drugs.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2) of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact James Francis at 857-357-6378 or via email at James.Francis@cms.hhs.gov, or Ysabel Gavino at 667-290-8856 or via email at Maria.Gavino@cms.hhs.gov.

Sincerely,

A handwritten signature in cursive script that reads "Rory Howe".

Rory Howe
Director
Financial Management Group

Enclosures

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
INPATIENT HOSPITAL SERVICES**

Citation

42 CFR 447, 434,438, and 1902(a)(4), 1902(a)(6), and 1903

Payment Adjustment for Provider Preventable Conditions (PPC)

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4),1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

Other Provider-Preventable Conditions

The State identifies the following Other Provider-Preventable Conditions for non-payment under Section(s) 4.19(A)

 X Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

Add on Payment for Long-Acting Injectable Atypical Antipsychotics (LAI).

Effective for dates of services on or after July 1, 2024, inpatient hospital services may elect to receive additional reimbursement as an add on payment for select LAI Atypical Antipsychotics. Reimbursement shall be made at the Practitioner Fee Schedule rate (Unit Price multiplied by the units billed) for select LAI atypical antipsychotic drugs administered in the hospital inpatient setting for a mental health disorder.

The maximum allowable reimbursement for LAI Atypical Antipsychotic be will the Average Sales Price (ASP) plus 3%. Covered provider administered drugs for which CMS does not publish an ASP price will be reimbursed in accordance with the Georgia Estimated Actual Acquisition Cost (GEAC).

Increased Primary Care Services Payment

Physician Services-Primary Care Payment

The state will continue to reimburse for services provided by physicians with a primary specialty designation of family medicine, pediatric medicine or internal medicine as if the requirements of 42 CFR 447.400 remain in effect. The rates will be 100 percent of those in effect for these services and providers during CY 2014 unless otherwise noted. A provider must meet one of the following requirements listed below to qualify for the enhanced payment.

- a. A provider must be Board certified with a specialty or subspecialty designation in family medicine, general internal medicine or pediatrics that is recognized by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA), and must actually practice their specialty.
- b. A non-board-certified provider who practices in the field of family medicine, general internal medicine, or pediatrics or a subspecialty under one of the these specialties, is eligible if he/she can attest that 60 percent of their paid Medicaid procedures billed are for certain specified procedure codes for evaluation and management services and certain vaccines for children administration codes.
- c. Physician extenders (physician assistants, nurse practitioners and nurse midwives) are also eligible for increased payment for designated services as long as they practice under the supervision of an eligible physician with professional responsibility for the provision of care.

Physicians and physician extenders who are reimbursed through Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), public health departments, nursing homes or a facility's encounter (visit, or per diem rate) or who are not practicing in one of the designated primary care specialties are not eligible for increased rates.

Effective with payments made after October 1, 2021, eligible primary care physicians who receive the Medicare enhanced rate are eligible to receive supplemental reimbursement via the Physician Upper Payment Limit (UPL) Program.

The state will also reimburse at the above-mentioned CY 2014 rates for services provided by physicians and physician extenders with an obstetrical and/or gynecological specialty designation unless otherwise noted.

Method of Payment

The state has adjusted its fee schedule to make payment at the higher rate for each E&M code.

Primary Care Services Affected by this Payment Methodology

This payment applies to Evaluation and Management (E&M) billing codes 99202-99205, 99212- 99215, 99217, 99218, 99221, 99222, 99231-99233, 99238, 99239, 99244, 99381, 99460, 99462, 99468, 99469, 99477, and 99391-99395.

Starting July 1, 2017, this payment will also apply to E&M billing codes 99201, 99211, 99219, 99220, 99223 – 99226, 99234 – 99236, 99241, 99242, 99243, 99245, 99251 – 99255, 99281 – 99285, 99291, 99292, 99304 – 99310, 99318, 99324 – 99328, 99334 – 99337, 99341 – 99345, 99347 – 99350, 99354 – 99357, 99382, 99383, 99384, 99385, 99406, 99407, 99412, 99461, 99463 – 99465, 99471, 99472, 99475, 99476, 99478, 99479, and 99480.

Effective with dates of service beginning July 1, 2020 and thereafter, the rate for the following codes will increase by one percent (1%): 90460, 90471-90474, 99201-99205, 99211-99215, 99217-99226, 99231-99236, 99238-99245, 99251-99255, 99281-99285, 99291-99292, 99304-99310, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99354-99357, 99381-99385, 99391-99395, 99406-99407, 99412, 99460-99465, 99468-99469, 99471-99472, 99475-99480.

Effective with dates of service beginning July 1, 2021 and thereafter, the rates for the following codes will increase to the Medicare 2020 levels: 90472, 99203, 99204, 99212-99215, 99223, 99232, 99233, 99238, 99284, 99285, 99391-99394, 99480.

Effective with dates of services beginning July 1, 2024, the following primary care codes will be reimbursed at ninety percent (90%) of 2024 Medicare rates: 99213 and 99214.

Effective with dates of services beginning July 1, 2024, the following obstetrics and gynecology codes will be reimbursed at the 2024 Medicare rate: 59400, 59510, 59610, and 59618.

Effective with dates of services beginning July 1, 2024, the reimbursement rates for the following optometric codes will increase by ten percent (10%): 92004 and 92014.

Physician Services – Vaccine Administration

The state reimburses vaccine administration furnished by physicians meeting the requirements of 42 CFR 447.400 (a) at the regional maximum administration fee set by the Vaccines for Children Program in 2014 for code 90460. Codes 90471 and 90472 are reimbursed at the Medicare fee schedule in effect for the CY 2014 under the Patient Protection and Affordable Care Act rate increase for Medicaid primary care and vaccine administration.

Starting July 1, 2017, codes 90473 and 90474 are reimbursed at the Medicare fee schedule in effect for CY 2014.

Starting July 1, 2020 and thereafter, the rate for the following codes will increase by one percent (1%): 90460 and 90471-90474.

Starting July 1, 2022 and thereafter, codes 59400, 59510, 59610, and 59618 are reimbursed at the 2020 Medicare reimbursement rate.

Effective for dates of service beginning July 1, 2022 and after, eligible providers are no longer required to self-attest that they are board certified with the required specialty or subspecialty described above, or that they have furnished evaluation and management (E&M) and/or vaccine services that equal at least 60% of the Medicaid codes billed during the most recent completed calendar year.

Primary Care Services Affected by this Payment Methodology

This payment applies to vaccine administration billing codes 90460, 90471 and 90472.

Effective Date of Payment

E&M Services and Vaccine Administration

This reimbursement methodology applies to services delivered on and after July 1, 2024, unless otherwise noted herein.

All rates are published at:

<https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Fee%20Schedules/tabId/20/Default.aspx>