

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

September 4, 2025

Stuart Portman
Executive Director
Medical Assistance Plans Division
Georgia Department of Community Health
2 Martin Luther King Jr. Drive, 19th Floor
Atlanta, Georgia 30334

RE: GA-25-0003

Dear Executive Director Portman,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Georgia State Plan Amendment (SPA) to Attachment 4.19-B, GA-25-0003, which was submitted to CMS on June 24, 2025. This plan amendment updates the rates for two primary care codes (99213 and 99214) to 2.154%.

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, 2025. 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 Ysabel Gavino via email at maria.gavino@cms.hhs.gov.

Sincerely,

Todd McMillion

Todd McMillion
Director
Division of Reimbursement Review

Enclosures


**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

	1. TRANSMITTAL NUMBER _____	2. STATE _____
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI	
5. FEDERAL STATUTE/REGULATION CITATION 1905(a)(2), 1905(a)(5), and 1905(a)(6)	4. PROPOSED EFFECTIVE DATE	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY _____ \$ _____ b. FFY _____ \$ _____	
9. SUBJECT OF AMENDMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL


OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO
12. TYPED NAME	
13. TITLE	
14. DATE SUBMITTED	

FOR CMS USE ONLY

16. DATE RECEIVED June 24, 2025	17. DATE APPROVED September 4, 2025
------------------------------------	--

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2025	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, FMG Division of Reimbursement Review

22. REMARKS
The State authorizes a pen and ink change to add 1905(a)(2), 1905(a)(5), and 1905(a)(6) benefit on Block 5 of the CMS form 179 - MYLG 8/1/2025

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 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.

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, 2025, the reimbursement rates for the following Evaluation and Management (E&M) codes will increase by 2.154%: 99213 and 99214.

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

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of E&M Services and Vaccine Administration. The agency's fee schedule rate was revised with new fees for E&M Services as of July 1, 2025, and is effective for services provided on or after that date. All rates are published at:

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