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State Territory Name: GEORGIA

State Plan Amendment (SPA) #: 22-0008

This file contains the following documents in the order

listed:1) Approval Letter

2) CMS 179 Form/Summary Form (with 179-like data)

3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

July 12, 2023

Lynette Rhodes, Esq.
Executive Director, Medical Assistance Plans
Department of Community Health
2 Peachtree Street, NW, Suite 36-450
Atlanta, Georgia 30303

RE: SPA 22-0008

Dear Director Rhodes:

We have reviewed the proposed Georgia State Plan Amendment (SPA) 22-0008, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 23, 2022. This plan amendment eliminates attestation requirements and increases rates for Obstetrics/Gynecology (OB/GYN).

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Debi Benson at 312-886-0360 or Deborah.Benson@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of 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 2 — 0 0 0 8

2. STATE

GA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.201(b)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 22 \$64,819,654

b. FFY 23 \$194,458,964

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Page 4.007 - 4.008(i) ,4.008

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment 4.19-B, Page 4.007 - 4.008(i) ,4.008

9. SUBJECT OF AMENDMENT

Eliminate attestation requirements and reimburse all eligible providers at the enhanced rates for claims with dates of service beginning July 1, 2022. Increase the following OBGYN Codes to 100% of the 2020 Medicare Rates: 59400, 59510, 59610, and 59618.

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

[Redacted Signature]

12. TYPED NAME

Lynnette R. Rhodes

13. TITLE

Executive Director, Medical Assistance Plans Division

14. DATE SUBMITTED

9/23/2022

15. RETURN TO

Lynnette R. Rhodes
Executive Director, Medical Assistance Plans Division
Georgia Department of Community Health
2 Peachtree St., 36th Floor
Atlanta, Georgia 30303

FOR CMS USE ONLY

16. DATE RECEIVED

September 23, 2022

17. DATE APPROVED

July 12, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

Pen and Ink change authorized by the state

Increased Primary Care Service Payment 42 CFR 447.00

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 447.00 remain in effect. The rates will be 100 percent of those in effect for these services and providers during CY 2014. 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.

Method of Payment

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

TN: 22-0008
Supersedes
TN: 21-0006

Approval Date: July 12, 2023

Effective Date: July 1, 2022

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, 99469, 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.

Physician Services – Vaccine Administration

The state reimburses vaccine administration furnished by physicians meeting the requirements of 42 CFR 447.00 (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, 2022, unless otherwise noted herein.

All rates are published at:

[https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/FEE%20SCHEDULES/Schedule%20of%20Maximum%20Allw%20Pymt%20Physician%20-%20April%202023%20\(1\)%2020230427133247.pdf](https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/FEE%20SCHEDULES/Schedule%20of%20Maximum%20Allw%20Pymt%20Physician%20-%20April%202023%20(1)%2020230427133247.pdf)

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