

## **State Fiscal Year 2017 HB 751 – PCP Attestation Rate Increase (Fee-For-Service [FFS] and CMO Providers)**

The Georgia Department of Community Health (DCH) provides below an update to the pending PCP rate increases for thirty-two (32) procedure codes that were approved by the Georgia General Assembly in 2016. The rate tables also established the reinstatement of differential pricing between office and non-office based sites for primary care providers (PCP) and Obstetrical and Gynecological (OB/GYN) practitioners. This rate increase must be reviewed and approved by the Centers for Medicare and Medicaid (CMS) before the Georgia Medicaid Management Information System (GAMMIS) is configured for payments.

The enhanced reimbursement under HB 751 applies only to the following enrolled providers:

- Eligible physicians and physician extenders that had successfully attested and received the Affordable Care Act (ACA) PCP rate increase for primary care services rendered between 01/01/2013 through 12/31/2014;
- Eligible physicians and physician extenders that previously attested and are enrolled in the following GA Medicaid programs and Categories of Service (COS): Physician (COS 430), Physician Assistant (COS 431), Nurse Midwifery (COS 480), Health Check (COS 600), and Nurse Practitioner (COS 740); and
- New physician graduates or newly enrolled providers in GA Medicaid as of 01/01/2015 who complete the same attestation process used previously.

Additionally:

- Eligible providers serving members in the Refugees Aid Category will receive the HB 751 rate increase.
- Eligible providers serving Peach Care for Kids (PCK) members will receive the rate increase for CPT codes 99244 and 99391- 99395; procedure code 99213 is excluded.
- Providers enrolled in FQHC/RHCs, public health departments, nursing homes, and practitioners participating in the Physician Upper Limit (UPL) program do not qualify for the HB 751 – SFY 2017 PCP rate increases.
- FFS physicians (COS 430) will be reimbursed at 100 percent of the SFY 2017 approved PCP rates and the physician extenders (COS 430, 431, 480, 740) will be reimbursed at 90 percent. Physician extenders enrolled in the Health Check Program (COS 600) will be reimbursed at 100 percent for their approved procedure codes.
- Eligible Obstetrical and Gynecological practitioners who are able to bill under the following Specialty Codes: Specialty Code 146 to 148 – Physicians OB GYN; Specialty 136 and 137 – Nurse Midwifery; Specialty Code 142 – Nurse Practitioners OB GYN; and Specialty 203 – Physician Assistants OB GYN will receive the HB 751 rate increase.

NOTE: For purposes of tracking and categorizing the year-over-year increases, DCH uses specialty category of service codes to identify eligible providers. Please note the specialty code may appear on future communications, providers' Remittance Advices or on the provider's web portal record. Providers eligible for the HB 751 PCP rate increase will be identified by the Specialty Code 554. The previous specialty codes for the rate increases are listed below:

2013-2014 ACA Medicare PCP Rate Increase – Specialty Codes 550, 551

HB 76 – Enhanced PCP Rate Increase – Specialty Codes 552, 553

The Enhanced Fee Schedules and the Enhanced Non-Office Site of Service Differential for Outpatient Services for both PCPs and OB/GYNs can be found below.

Primary Care Practitioner Enhanced Fee Schedule (Effective July 1, 2016)*					
Code	Code Description	Office Rate***	Non-Office Site of Service Rate***	CHIP Office Rate***	CHIP Non-Office Site of Service Rate***
90460	Vaccine admin, 1-18 years w/ counseling	\$21.93		\$21.93	
90471	Vaccine Admin	\$23.54		\$23.54	
90472	Vaccine Admin, each Add component	\$11.98		\$18.50	
99202	Office/outpatient visit, New Patient	\$71.33	\$50.55	\$71.33	\$50.55
99203	Sick Visit, New Patient	\$103.80	\$77.03	\$103.80	\$77.03
99204	Sick Visit, New Patient	\$160.29	\$131.86	\$160.29	\$131.86
99205	Sick Visit, New Patient	\$200.13	\$170.24	\$200.13	\$170.24
99212	Office/outpatient visit, Established Patient	\$41.63	\$25.44	\$41.63	\$25.44
99213	Office Visit, Established Patient	\$70.15	\$51.63	\$70.15	\$51.63
99214	Office/outpatient visit, Established Patient	\$103.72	\$79.25	\$103.72	\$79.25
99215	Office/outpatient visit, Established Patient	\$139.20	\$111.54	\$139.20	\$111.54
99217	Observation care discharge	\$70.82		\$70.82	
99218	Observation care	\$97.53		\$97.53	
99221	Initial hospital care	\$99.85		\$99.85	
99222	Initial hospital care	\$135.59		\$135.59	
99231	Subsequent hospital care	\$38.59		\$38.59	
99232	Subsequent hospital care	\$70.85		\$70.85	
99233	Subsequent hospital care	\$102.06		\$102.06	
99238	Hospital discharge day	\$70.82		\$70.82	
99239	Hospital discharge day	\$104.69		\$104.69	
99244	Office Consultation	\$180.26	\$141.66	\$180.26	\$141.66
99381**	Initial Preventive Visit, New Patient, Infant	\$106.68		\$106.68	
99460	Initial Newborn, E/M per day, hospital	\$93.25		\$93.25	
99462	Subsequent Newborn, E/M per day, hospital	\$41.48		\$41.48	
99468	Neonatal Critical Care, Initial	\$919.17		\$919.17	
99469	Neonatal Critical Care, Subsequent	\$390.13		\$390.13	
99477	Initial Neonate, E/M per day, hospital	\$342.26		\$346.12	
99391**	Preventive Visit, Established Patient, Infant	\$96.08		\$96.08	
99392**	Preventive Visit, Established Patient, Age 1-4	\$102.74		\$102.74	
99393**	Preventive Visit, Established Patient, Age 5-11	\$102.41		\$102.41	
99394**	Preventive Visit, Established Patient, Age 12-17	\$112.25		\$112.25	
99395**	Preventive Visit, Established Patient, Age 18-39	\$114.71		\$114.71	
<b>*Eligible Physician Extenders are reimbursed 90% of the new physician rate.</b>					
<b>**For Well-Child Visit Codes 99391- 99395, Eligible Physician Extenders are reimbursed 100% of the new physician rate.</b>					
<b>***A site of service differential is applied for services rendered in a facility setting.</b>					

**Enhanced Non-Office Site of Service Differential for Outpatient Service  
for Eligible Primary Care Practitioners  
Effective July 1, 2016**

<b>Code</b>	<b>Code Description</b>	<b>Max Allowable</b>
99202	Office/outpatient visit, New Patient	\$50.55
99203	Sick Visit, New Patient	\$77.03
99204	Sick Visit, New Patient	\$131.86
99205	Sick Visit, New Patient	\$170.24
99212	Office/outpatient visit, Established Patient	\$25.44
99213	Office Visit, Established Patient	\$51.63
99214	Office/outpatient visit, Established Patient	\$79.25
99215	Office/outpatient visit, Established Patient	\$111.54
99244	Office Consultation	\$141.66
Increase is available only to attested PCP practitioners.		