

PUBLIC NOTICE

Pursuant to 42 C.F.R. § 447.205, the Georgia Department of Community Health is required to give public notice of any significant proposed change in its methods and standards for setting payment rates for services.

MEDICAID AND PEACHCARE PHYSICIAN RATE INCREASE FOR PRIMARY CARE

Pending CMS approval and effective for dates of service on or after July 1, 2017, and subject to payment at fee for service rates, the Department is proposing to increase certain medical service codes to 100% of the Calendar Year 2014 Medicare fee schedule for attested primary care physicians and physician extenders.

The services eligible for the payment increase are billed under the Healthcare Common Procedure Coding System (HCPCS) Evaluation and Management codes: 90473, 90474, 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, 99480.

These changes are estimated to increase Medicaid and Peachcare physician expenditures for SFY 2018 as follows:

<u>Program</u>	<u>Total</u>	<u>Federal</u>	<u>State</u>
Aged, Blind and Disabled Medicaid	\$8,111,434	\$5,542,035	\$2,569,399
Low Income Medicaid	\$14,794,456	\$10,108,124	\$4,686,332
PeachCare	\$ 370,036	\$370,036	\$0
Total	\$23,275,926	\$16,020,195	\$7,255,731

This public notice is available for review at each county Division of Family and Children Services office. An opportunity for public comment will be held on **April 18, 2017** at 10:00 a.m. at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room. Individuals who are disabled and need assistance to participate during this meeting should call (404) 656-4479. Citizens wishing to comment in writing on any of the proposed changes should do so on or before **April 25, 2017**, to the Board of Community Health, Post Office Box 1966, Atlanta, Georgia 30301-1966. You may also email comments to Danisha Williams, danwilliams@dch.ga.gov or fax to 404-651-6880.

Comments submitted will be available for review by submitting a request via email to Danisha Williams, danwilliams@dch.ga.gov. Comments from written and public testimony will be provided to the Board of Community Health prior to the **May 11, 2017** Board meeting. The Board will vote on the proposed changes at the Board meeting to be held at 10:30 a.m. at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room.

NOTICE IS HEREBY GIVEN THIS 13th DAY OF APRIL, 2017

Frank W. Berry, Commissioner

Primary Care Practitioner Rate Increase for FY 2018 (Effective July 1, 2017)*

CODE	Description of Service	Current Medicaid	100% of CY14 Medicare (Effective 7/1/2017)	
			Medicaid	PeachCare
90473	Immune admin oral/nasal	\$10.00	\$23.54	\$23.54
90474	Immune admin oral/nasal additional	\$10.00	\$11.98	\$18.50
99201	Office/outpatient visit new	\$35.13	\$41.30	\$41.30
99211	Office/outpatient visit established	\$17.46	\$18.97	\$19.79
99219	Initial observation care	\$98.89	\$133.24	\$133.24
99220	Initial observation care	\$132.67	\$182.34	\$182.34
99223	Initial hospital care	\$132.67	\$199.74	\$199.74
99224	Subsequent observation care	\$23.59	\$39.25	\$39.25
99225	Subsequent observation care	\$41.78	\$71.18	\$71.18
99226	Subsequent observation care	\$62.52	\$102.72	\$102.72
99234	Observation/hospital same date	\$108.72	\$132.80	\$132.80
99235	Observation/hospital same date	\$147.02	\$166.19	\$172.39
99236	Observation/hospital same date	\$180.51	\$214.63	\$214.63
99241	Office consultation	\$48.05	\$48.05	\$48.05
99242	Office consultation	\$78.78	\$88.77	\$88.77
99243	Office consultation	\$100.50	\$121.39	\$121.39
99245	Office consultation	\$180.61	\$220.80	\$220.80
99251	Inpatient consultation	\$38.10	\$48.90	\$48.90
99252	Inpatient consultation	\$65.63	\$74.83	\$74.83
99253	Inpatient consultation	\$87.91	\$114.11	\$114.11
99254	Inpatient consultation	\$123.04	\$164.70	\$164.70
99255	Inpatient consultation	\$167.90	\$199.19	\$199.19
99281	Emergency department visit	\$17.28	\$20.84	\$20.84
99282	Emergency department visit	\$27.00	\$40.96	\$40.96
99283	Emergency department visit	\$54.80	\$61.17	\$61.17
99284	Emergency department visit	\$84.21	\$116.71	\$116.71
99285	Emergency department visit	\$132.41	\$171.64	\$171.64
99291	Critical care first hour	\$163.48	\$266.52	\$266.52
99292	Critical care additional 30 min	\$81.55	\$120.29	\$120.29
99304	Nursing facility care initial	\$54.93	\$91.05	\$91.05
99305	Nursing facility care initial	\$72.87	\$129.81	\$129.81
99306	Nursing facility care initial	\$89.84	\$164.63	\$164.63
99307	Nursing facility care subsequent	\$28.45	\$43.52	\$43.52
99308	Nursing facility care subsequent	\$47.12	\$67.15	\$67.15
99309	Nursing facility care subsequent	\$66.37	\$88.44	\$88.44
99310	Nursing facility care subsequent	\$83.12	\$131.77	\$131.77
99318	Annual nursing facility assessment	\$54.93	\$93.89	\$93.89
99324	Domiciliary-home visit new patient	\$49.06	\$54.51	\$54.51
99325	Domiciliary-home visit new patient	\$71.76	\$79.49	\$79.49

Primary Care Practitioner Rate Increase for FY 2018 (Effective July 1, 2017)*

CODE	Description of Service	Current Medicaid	100% of CY14 Medicare (Effective 7/1/2017)	
			Medicaid	PeachCare
99326	Domiciliary-home visit new patient	\$103.84	\$136.95	\$136.95
99327	Domiciliary-home visit new patient	\$136.57	\$182.67	\$182.67
99328	Domiciliary-home visit new patient	\$168.99	\$211.96	\$211.96
99334	Domiciliary-home visit established	\$38.03	\$59.31	\$59.31
99335	Domiciliary-home visit established	\$60.09	\$92.94	\$92.94
99336	Domiciliary-home visit established	\$92.48	\$131.14	\$131.14
99337	Domiciliary-home visit established	\$135.91	\$189.30	\$189.30
99341	Home visit new patient	\$50.30	\$54.19	\$54.19
99342	Home visit new patient	\$72.23	\$78.51	\$79.55
99343	Home visit new patient	\$106.14	\$128.42	\$129.86
99344	Home visit new patient	\$135.87	\$178.79	\$178.79
99345	Home visit new patient	\$147.25	\$215.58	\$215.58
99347	Home visit established patient	\$39.65	\$54.48	\$54.48
99348	Home visit established patient	\$60.65	\$82.57	\$82.57
99349	Home visit established patient	\$91.64	\$124.80	\$124.80
99350	Home visit established patient	\$132.35	\$174.20	\$174.20
99354	Prolonged service office	\$90.61	\$97.70	\$97.70
99355	Prolonged service office	\$88.37	\$95.73	\$95.73
99356	Prolonged service inpatient	\$79.12	\$90.28	\$90.28
99357	Prolonged service inpatient	\$79.72	\$89.63	\$89.63
99382	Initial Preventative new pat 1-4 yrs	\$67.38	\$111.27	\$111.27
99383	Preventative visit new age 5-11	\$67.38	\$116.19	\$116.19
99384	Preventative visit new age 12-17	\$75.38	\$131.62	\$131.62
99385	Preventative visit new age 18-39	\$75.38	\$127.75	\$127.75
99406	Behavior change smoking 3-10 min	\$10.51	\$13.59	\$13.59
99407	Behavior change smoking > 10 min	\$20.71	\$26.91	\$26.91
99412	Preventive counseling group	\$9.45	\$20.51	\$20.51
99461	Initial newborn em per day non-facility	\$71.86	\$94.40	\$94.40
99463	Same day newborn discharge	\$83.17	\$112.33	\$112.33
99464	Attendance at delivery	\$82.53	\$70.22	\$70.22
99465	Newborn resuscitation	\$162.57	\$145.49	\$145.49
99471	Pediatric critical care initial	\$690.72	\$838.06	\$838.06
99472	Pediatric critical care subsequent	\$342.03	\$396.06	\$396.06
99475	Pediatric critical care age 2-5 initial	\$454.31	\$567.29	\$567.29
99476	Pediatric critical care age 2-5 subsq	\$270.25	\$342.80	\$342.80
99478	Ic lbw inf < 1500 gm subsq	\$118.51	\$135.70	\$135.70
99479	Ic lbw inf 1500-2500 g subsq	\$113.54	\$123.06	\$123.06
99480	Ic inf pbw 2501-5000 g subsq	\$111.75	\$118.47	\$118.47
59400	Obstetrical Care	\$1,644.08	\$2,175.58	\$2,175.58
59510	Cesarean Delivery	\$1,640.22	\$2,405.21	\$2,405.21
59610	VBAC Delivery	\$1,687.15	\$2,280.40	\$2,280.40
59618	Attempted VBAC Delivery	\$1,868.88	\$2,437.78	\$2,437.78

***Eligible Physician Extenders are reimbursed 90% of the new physician rate.**