

## 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 PHYSICIAN RATE INCREASE FOR OBSTETICAL-GYNOCOLOGICAL CARE

Pending Centers for Medicare and Medicaid Services (CMS) approval, and subject to payment at fee for service rates, the Department is proposing to increase certain obstetrical and gynecological care service codes to 100% of the Calendar Year 2014 Medicare fee schedule. The rate increase is effective for dates of service on or after July 1, 2016.

The services eligible for the payment increase are billed under the Healthcare Common Procedure Coding System (HCPCS) Evaluation and Management codes 90460, 90471, 99472, 99203 – 99205, 99212-99215, 99217, 99218, 99221, 99222, 99231-99233, 99238, 99239, 99244, 99381, 99394, 99395, 99460, and 99462. The proposed rates are presented on the following page.

These changes are estimated to increase Medicaid physician expenditures for SFY 2017 as follows:

<u>Program</u>	<u>Total</u>	<u>Federal</u>	<u>State</u>
Aged, Blind and Disabled Medicaid	\$3,809,457	\$2,582,812	\$1,226,645
Low Income Medicaid	\$6,948,075	\$4,710,795	\$2,237,280
Total	\$10,757,532	\$7,293,607	\$3,463,925

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 19, 2016** at 3:00 p.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 26, 2016** to the Board of Community Health, Post Office Box 1966, Atlanta, Georgia 30301-1966.

Comments submitted will be available for review by the public at the Department of Community Health, Monday – Friday, 9:00 a.m. to 4:30 p.m., in Room 4074, 2 Peachtree Street, N.W., Atlanta, Georgia 30303. Comments from written and public testimony will be provided to the Board of Community Health prior to the **May 12, 2016**, 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 14<sup>th</sup> DAY OF APRIL, 2016**

**Clyde L. Reese III, Esq., Commissioner**

**OB-GYN Primary Care Rate Increase for FY 2017\***

CODE	Description of Service	OB-GYN Practitioner Rate		
		Current Medicaid	100% of CY14 Medicare Effective 7/1/2016	Change
90460	Vaccine admin, 1-18 years w/ counseling	\$10.00	\$21.93	119%
90471	Vaccine Admin	\$10.00	\$23.54	135%
90472	Vaccine Admin, each Add component	\$10.00	\$11.98	20%
99203	Sick Visit, New Patient	\$76.53	\$103.80	36%
99204	Sick Visit, New Patient	\$110.51	\$160.29	45%
99205	Sick Visit, New Patient	\$137.12	\$200.13	46%
99212	Office/outpatient visit, Established Patient	\$29.67	\$41.63	40%
99213	Office Visit, Established Patient	\$63.14	\$70.15	11%
99214	Office/outpatient visit, Established Patient	\$62.71	\$103.72	65%
99215	Office/outpatient visit, Established Patient	\$93.46	\$139.20	49%
99217	Observation care discharge	\$57.41	\$70.82	23%
99218	Observation care	\$60.29	\$97.53	62%
99221	Initial hospital care	\$60.29	\$99.85	66%
99222	Initial hospital care	\$99.20	\$135.59	37%
99231	Subsequent hospital care	\$30.80	\$38.59	25%
99232	Subsequent hospital care	\$48.02	\$70.85	48%
99233	Subsequent hospital care	\$67.47	\$102.06	51%
99238	Hospital discharge day	\$57.11	\$70.82	24%
99239	Hospital discharge day	\$79.92	\$104.69	31%
99381	Initial PM E/M, New Patient, Infant	\$67.38	\$106.68	58%
99460	Initial Newborn, E/M per day, hospital	\$64.89	\$93.25	44%
99462	Subsequent Newborn, E/M per day, hospital	\$34.66	\$41.48	20%
99394	Preventive Visit, Established Patient, Age 12-17	\$101.03	\$112.25	11%
99395	Preventive Visit, Established Patient, Age 18-39	\$103.24	\$114.71	11%

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