



January 7, 2013

Announcement 552

Increased Payment for Certain Primary Care Physicians for 2013 and 2014 as Part of the Affordable Care Act

As part of the Affordable Care Act (ACA), the Centers for Medicare & Medicaid Services (CMS) has implemented a rate increase for certain Primary Care Physicians (PCPs) and their associated subspecialties. This increased rate is effective for calendar years 2013 and 2014. The increased rate only applies to Medicaid recipients. Per CMS, Stand Alone CHIP programs are not eligible. The State of Nevada has a Stand Alone CHIP program.

Specialties that qualify for the enhanced PCP rate:

The final rule applies to services furnished by a physician or “under the personal supervision of a physician who self-attests to a specialty designation of:

- Family medicine,
- General internal medicine, or
- Pediatric medicine or a subspecialty recognized by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS) or the American Osteopathic Association (AOA).”

The subspecialties within the three specialties that are included can be found on the American Board of Medical Specialties website at http://www.abms.org/who_we_help/physicians/specialties.aspx.

A physician must self-attest that he or she:

1. is board certified with such a specialty or subspecialty; OR
2. has furnished evaluation and management services and vaccine administration services under specific HCPCS codes (described below) that equal at least 60 percent of the Medicaid codes he or she has billed during the most recently completed calendar year or, for newly eligible physicians, the prior month.

The increased payment is not available to physicians who are reimbursed through a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or health department encounter or visit rate or as part of a nursing facility per diem payment rate. Additionally increased payment is not available for OB/GYN providers per CMS.

Codes/services that qualify for the enhanced rate:

Those services (as designated in HCPCS) are:

1. Evaluation and Management (E&M) codes 99201 through 99499
2. Current Procedural Terminology (CPT) vaccine administration codes 90460, 90461, 90471, 90472, 90473 and 90474, or their successor code.

Please note: The codes and provider specialties affected are subject to change if CMS issues further instruction. Additionally CMS has ruled that if the service/code is not currently covered by Medicaid, that Medicaid is not required to now cover the service.

Further information and clarification can be located on the DHCFP Rates and Cost Containment website at <https://dhcfp.nv.gov/ratesUnit.htm>. Use the attached [Certification and Attestation for Primary Care Rate Increase form NMO-3539](#) to submit attestations.

Providers must submit the self-attestation form to DHCFP by March 15, 2013, in order to be considered eligible for any retroactive rate increase. Providers submitting their forms after that date will only be eligible for the increased rate going forward.