Physicians' services – Fees for Medicaid physician services are updated July 1 of each year and are reimbursed at ninety percent (90%) of the Medicare Physician Fee Schedule in effect as of January 1 of each year. All rates are published at <a href="www.medicaid.ms.gov/providers/">www.medicaid.ms.gov/providers/</a> feeschedules-and-rates/#.

### Primary Care Physician Payment:

The Division of Medicaid 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 C.F.R. § 447.400(a) remain in effect. The calendar year 2014 rates will be in effect for services and providers with dates of service between January 1, 2015, through June 30, 2015.

Primary Care Services' reimbursement applies to the Evaluation and Management (E&M) codes 99201 through 99499 except: 99224, 99225, 99226, 99239, 99288, 99316, 99339, 99340, 99358, 99359, 99360, 99363, 99364, 99366, 99367, 99368, 99374, 99375, 99377, 99378, 99379, 99380, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99420, 99429, 99441, 99442, 99443, 99444, 99450, 99455, 99456, 99466, 99467, 99485, 99486, 99487, 99488, 99489, 99495, 99496. Primary Care Services' reimbursement applies to the following Vaccine Administration Codes: 90460 and 90471 through 90474. The state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 C.F.R. § 447.400(a) at the Mississippi regional maximum administration fee set by the Vaccines for Children program.

Effective July 1, 2015, Primary Care Services' fees are updated July 1 of each year and are reimbursed at one hundred percent (100%) of the Medicare Physician Fee Schedule in effect as of January 1 of each year and are reimbursed to physicians who meet the requirements of 42 CFR § 447.400(a). All rates are published at www.medicaid.ms.gov/providers/fee-schedules-and-rates/#.

Physician services not otherwise covered by the State Plan but determined to be medically necessary for EPSDT beneficiaries are reimbursed according to the methodology described above.

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