

State of Mississippi
Methods and Standards for Establishing Payment Rates – Other Types of Care

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 <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>.

Primary Care Physician Payment:

The Division of Medicaid will continue to reimburse for services provided by physicians who self-attest as having 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 long as authorized by state law, formerly authorized by 42 C.F.R. § 447.400(a). 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.

Effective July 1, 2016, and as long as authorized by state law, the Division of Medicaid will reimburse for services provided by obstetricians and gynecologists (OB/GYNs) with a primary specialty/subspecialty designation in obstetric/gynecologic medicine who attest to one (1) of the following:

- 1) Physician is board certified by the American Congress of Obstetricians and Gynecologists (ACOG) as a specialist or subspecialist in obstetric/gynecologic medicine, or
- 2) Physician with a primary specialty/subspecialty designation in obstetric/gynecologic medicine and has furnished the evaluation and management services and vaccines administration services listed below that equal at least sixty percent (60%) of the Medicaid codes they have billed during the most recently completed calendar year but does not have an ACOG certification, or
- 3) Physician, newly enrolled as a Medicaid provider, with a primary specialty/subspecialty designation in obstetric/gynecologic medicine and attests that the evaluation and management services and vaccines administration services listed below will equal at least sixty percent (60%) of the Medicaid codes they will bill during the attestation period, or
- 4) Non-physician practitioner providing primary care services in a Practice Agreement with a qualified physician enrolled for increased primary care services.

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,

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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.

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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 (VFC) program for self-attested primary care physicians and self-attested primary care OB/GYN physicians. To receive reimbursement for vaccine administration to a VFC-eligible beneficiary, a self-attested primary care physician or self-attested primary care OB/GYN physician provider must also be enrolled as a VFC provider.

~~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 <https://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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Primary Care Physician Payment:

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