

5101:3-1-60.3

Primary Care Physician Rate Increase.

(A) For dates of service on or after January 1, 2013 through December 31, 2014 medicaid providers with the following specialty designations may receive increased reimbursement for rendering certain primary care services to medicaid-eligible individuals in both the fee for service and managed care populations:

(1) Family practice,

(2) General internal medicine,

(3) Pediatric medicine, or

(4) A subspecialty recognized by the American board of medical specialties within family practice, general internal medicine, or pediatric medicine.

(B) The primary care services subject to the increased payment are represented by current procedural terminology (CPT) evaluation and management procedure codes 99201 to 99499; CPT vaccine administration codes 90460, 90461, and 90471 to 90474; and their successor codes.

(C) Except for circumstances described in paragraph (D) of this rule, the reimbursement to be paid to a qualified provider specified in paragraph (A) of this rule for rendering a service specified in paragraph (B) of this rule shall be the greater of two amounts:

(1) The allowed amount applicable to the site of service that is derived from the "Medicare Part B Physician Fee Schedule" for the calendar year in which the service was rendered (www.cms.gov); or

(2) The same allowed amount calculated with the conversion factor (CF) for calendar year 2009 in place of the CF for the calendar year in which the service was rendered.

(D) If the provider's billed charge is less than the amount described in paragraph (C) of this rule, the reimbursement to be paid to a qualified provider shall be the billed charge.

Effective:

R.C. 119.032 review dates:

Certification

Date

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