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State/Territory Name: GEORGIA

State Plan Amendment (SPA) #: GA-24-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

August 23, 2024

Stuart Portman
Executive Director
Medical Assistance Plans Division
Georgia Department of Community Health
2 Martin Luther King Jr. Drive, 19th Floor
Atlanta, Georgia 30334

RE: TN 24-0007

Dear Executive Director Portman,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Georgia State Plan Amendment (SPA) to Attachment 4.19-B GA-24-0007, which was submitted to CMS on July 31, 2024. This plan amendment updates the reimbursement rates for select Occupational Therapy codes, Physical Therapy codes, Speech Language Pathology codes and Audiology codes.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Ysabel Gavino via email at maria.gavino@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 4 — 0 0 0 7</u>	2. STATE <u>GA</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447.252

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 2,356,521
b. FFY 2025 \$ 7,069,564

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, Page 13.1 and 13.2

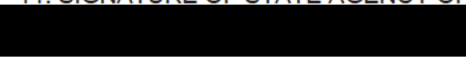
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B, Page 13.1 and 13.2

9. SUBJECT OF AMENDMENT
This State Plan Amendment seeks to increase the reimbursement rates for select Occupational Therapy codes, Physical Therapy codes, Speech Language Pathology codes, and Audiology codes.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Lynnette R. Rhodes

13. TITLE
Chief Health Policy Officer

14. DATE SUBMITTED
July 31, 2024

15. RETURN TO
Stuart Portman
Executive Director
Medical Assistance Plans Division
Georgia Department of Community Health
2 Martin Luther King Jr. Drive, 19th Floor
Atlanta, Georgia 30334
Email: stuart.portman@dch.ga.gov


FOR CMS USE ONLY

16. DATE RECEIVED
July 31, 2024

17. DATE APPROVED
August 23, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR OTHER
TYPES OF CARE OR SERVICE**

V. Therapy Services (includes physical, occupational, speech pathology, nursing services, counseling services, nutrition services and audiology services)

1. Reimbursement to therapy service providers under the Children’s Intervention Services program is based on the lower of submitted charges or the state’s maximum allowable rate as listed in the Part II, Policies and Procedures for Children’s Intervention Services. Effective for dates of service on or after July 1, 2020, the state’s maximum allowable rate is 84.65% of Medicare’s Resource Based Relative Value Scale (RBRVS) for 2020 for Region IV (Atlanta). The CIS rates utilized for each state fiscal year are those rates are in effect on July 1st, the start of the state fiscal year. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of therapy services and the fee schedule is published in the Georgia Department of Community Health’s Policies and Procedures Manual for Children’s Intervention Services.
2. Effective for dates of service on or after July 1, 2020, the state’s maximum allowable rate for codes 97110, 97112, 97116, 97140, 97530 and 97535 will be based on 80% of Medicare’s Resource Based Relative Value Scale (RBRVS) for 2020 for Region IV (Atlanta). The CIS rates utilized for each state fiscal year are those rates that are in effect on July 1st, the start of the state fiscal year.
3. Effective for dates of service on or after July 1, 2024, the state will reimburse the following CPT codes at eighty five percent (85%) of the 2023 Medicare Part B Fee Schedule.

Current Procedural Terminology (CPT) Codes						
10060	90791	92523	92546	92556	92584	92604
20560	92507	92524	92550	92565	92597	92607
31237	92520	92526	92552	92579	92601	92608
31579	92521	92538	92553	92582	92602	92609
73630	92522	92540	92555	92583	92603	92610
92612	96125	97116	97164	97533	97760	99203
92626	97022	97124	97165	97535	97761	99204
95851	97035	97140	97166	97537	97763	99211
95852	97110	97161	97167	97542	98966	99212
95909	97112	97162	97168	97597	98980	99213
95910	97113	97163	97530	97750	99202	99214

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR OTHER
TYPES OF CARE OR SERVICE

4. Children’s Intervention School Services – School Based Reimbursement Program

Reimbursement to Local Education Agencies (LEAs) under the Children’s Intervention School Services (CISS) program is based on a cost-based methodology. Medicaid services provided under the Children’s Intervention School Services program are services that are medically necessary and provided to Medicaid recipients by LEAs in accordance with an Individualized Education Program (IEP) under the Individuals with Disabilities Education Act (IDEA). For nursing services, medical necessity can be documented in an Individual Education Program (IEP), Individual Family Service Plan (IFSP), other medical plans of care, or where medical necessity has otherwise been established and defined in Attachment 3.1-A pages 1k-1o:

- A. Audiology services performed by Licensed Audiologists
- B. Counseling services performed by Licensed Clinical Social Workers
- C. Nursing services performed by Licensed Registered Professional Nurses or Licensed Practical Nurses/Licensed Vocational Nurses
- D. Nutrition services performed by Licensed Dietitians
- E. Occupational therapy services performed by Licensed Occupational Therapists and/or Occupational Therapists Assistants
- F. Physical therapy services performed by Licensed Physical Therapists and/or Physical Therapists Assistants
- G. Speech-Language Pathology services performed by Licensed Speech Language Pathologists and/or masters level Speech Language Pathologists (with professional certificate from the GA Department of Education or Certificate of Clinical Competence in Speech Language Pathology by ASHA).

Effective for dates of service on or after July 1, 2024, the state will reimburse the following CPT codes at eighty five percent (85%) of the 2023 Medicare Part B Fee Schedule.

Current Procedural Terminology (CPT) Codes						
10060	90791	92523	92546	92556	92584	92604
20560	92507	92524	92550	92565	92597	92607
31237	92520	92526	92552	92579	92601	92608
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92626	97022	97124	97165	97535	97761	99204
95851	97035	97140	97166	97537	97763	99211
95852	97110	97161	97167	97542	98966	99212
95909	97112	97162	97168	97597	98980	99213
95910	97113	97163	97530	97750	99202	99214

T.N. No. 24-0007

Supersedes

T.N. No. 17-014

Approval Date: August 23, 2024

Effective Date: July 1, 2024