



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES


Med-QUEST Division
Clinical Standards Office
P. O. Box 700190
Kapolei, Hawaii 96709-0190

February 8, 2018

MEMORANDUM

MEMO NO.
FFS M17-08A
[Replaces FFS M17-08]

TO: Managed Care Organizations (MCO) and Physicians

FROM:  Judy Mohr Peterson, PhD
Med-QUEST Division Administrator

SUBJECT: ENHANCED REIMBURSEMENT TO ELIGIBLE PRIMARY CARE PHYSICIANS AND OBSTETRICIANS FOR MANAGED CARE

This Med-QUEST Division (MQD) memorandum is an update to FFS M17-08 that was issued on September 15, 2017, for enhanced reimbursement to eligible primary care physicians and obstetricians for managed care. The purpose of this memorandum is to inform eligible primary care physicians (PCPs) that the enhanced reimbursement for Hawaii Medicaid PCPs will continue going forward. However, there will be some changes in how new providers to this program sign up for the enhanced reimbursement after January 1, 2018:

1. **Eligible Providers:** Providers and subspecialists of family medicine, internal medicine, pediatric medicine, and obstetrics and gynecology are eligible providers. In addition, general practice physicians and specialists in other fields of medicine may be considered for eligibility. A listing of the providers who already signed up for the PCP enhanced reimbursement by December 31, 2017, will be compiled by MQD and distributed to the Medicaid health plans. Providers who already signed up for the PCP enhanced reimbursement do not need to sign up again. Providers can also check their attestation status as of December 31, 2017, by going to the Department of Human Services (DHS) Medicaid Online website: <https://hiweb.statemedicaid.us>. However, after January 1, 2018, providers who have not yet signed up for the PCP bump will need to contact the Medicaid health plans to sign up for the program. The MQD will no longer be signing up providers for the PCP bump as the process will be delegated to the health plans after January 1, 2018. **Physicians who have not yet self-attested may do so immediately by contacting their Medicaid health plan's provider services group:**

- AlohaCare: (808) 973-1650
 - HMSA: (800) 440-0640
 - Kaiser: (808) 432-5222, ext. 1071
 - Ohana: (888) 846-4262
 - United: (888) 980-8728
2. **Eligible Codes:** The current evaluation and management eligible codes as outlined in the September 15, 2017, memo will continue to be paid at an enhanced rate. Refer to Attachment A for listing of codes and rates beginning January 1, 2018.
 3. **Reimbursement Rates:** The eligible codes have been reimbursed at the Medicare rates from the CMS website.
 4. **Payment Timing:** The MCOs have been paying the enhanced reimbursement on a quarterly basis after the quarter ends.

All eligible providers, including obstetrics and gynecology, who completed the self-attestation process by October 31, 2017, will receive the enhanced reimbursement for eligible services rendered beginning January 1, 2018. Physicians who self-attest after October 31, 2017, will receive enhanced reimbursement for eligible services beginning in the quarter of self-attestation.

Also, please refer to the MQD website link to view the most recent Attachment A and a copy of this memo: <https://medquest.hawaii.gov/en/plans-providers/provider-resources/pcp-reimbursement-enhancement.html>.

If you have questions, please contact Dr. Curtis Toma at (808) 692-8106 or at ctoma@dhs.hawaii.gov.

c: QUEST Integration Health Plans

Attachment

Hawaii Medicaid Codes and Rates 2018 PCP Enhancement

ATTACHMENT A

| Description | Code | 2018 Medicaid Physician Fee | 2018 Enhanced Medicaid Physician Fee | |
|--|-------|-----------------------------|--------------------------------------|----------|
| | | | Non-Facility | Facility |
| Office/Outpatient - New Patient | | | | |
| | 99201 | 24.13 | 47.77 | N/A |
| | 99202 | 48.03 | 80.77 | N/A |
| | 99203 | 68.82 | 115.68 | N/A |
| | 99204 | 99.17 | 174.25 | N/A |
| | 99205 | 122.28 | 218.56 | N/A |
| Office/Outpatient - Established Patient | | | | |
| | 99211 | 9.17 | 22.43 | N/A |
| | 99212 | 24.13 | 47.55 | N/A |
| | 99213 | 36.31 | 78.67 | N/A |
| | 99214 | 56.46 | 115.38 | N/A |
| | 99215 | 83.57 | 154.57 | N/A |
| Hospital Observation New or Established Patient | | | | |
| | 99217 | 50.53 | N/A | 76.60 |
| | 99218 | 53.33 | N/A | 103.42 |
| | 99219 | 87.31 | N/A | 141.38 |
| | 99220 | 116.67 | N/A | 193.38 |
| Hospital Inpatient | | | | |
| Initial Hospital Care New or Established Patient | 99221 | 53.33 | N/A | 104.72 |
| | 99222 | 87.63 | N/A | 141.99 |
| | 99223 | 116.67 | N/A | 210.66 |
| Subsequent Hospital Care | 99231 | 27.32 | N/A | 40.67 |
| | 99232 | 42.31 | N/A | 75.17 |
| | 99233 | 59.39 | N/A | 108.56 |
| Observation or Inpatient care (includes admission & discharge services) - patient admitted and discharge on same day | 99234 | 95.13 | N/A | 138.31 |
| | 99235 | 128.86 | N/A | 175.85 |
| | 99236 | 157.96 | N/A | 226.61 |
| Discharge management 30 min or less | 99238 | 50.28 | N/A | 76.37 |
| Discharge management more than 30 min | 99239 | 65.64 | N/A | 113.22 |
| Consultations | | | | |
| First 30-74 min | 99291 | 144.08 | 288.89 | N/A |
| Each additional 30 min | 99292 | 71.82 | 127.58 | N/A |
| NF Services, Dom Services | | | | |
| Initial NF(99304-99306) | 99304 | 46.61 | 95.78 | N/A |
| | 99305 | 60.71 | 136.69 | N/A |
| | 99306 | 74.08 | 174.71 | N/A |
| Subsequent NF (99307-99310) | 99307 | 23.47 | 47.07 | N/A |
| | 99308 | 39.23 | 72.89 | N/A |
| | 99309 | 53.90 | 96.47 | N/A |
| | 99310 | 68.61 | 143.13 | N/A |
| NF Discharge (99315-99316) | 99315 | 45.08 | 77.20 | N/A |
| | 99316 | 57.25 | 110.96 | N/A |
| Other NF | 99318 | 45.34 | 101.20 | N/A |
| Dom New Patient (99324-99328) | 99324 | 36.37 | 57.75 | N/A |
| | 99325 | 53.19 | 83.79 | N/A |
| | 99326 | 76.94 | 145.55 | N/A |
| | 99327 | 109.29 | 194.31 | N/A |
| | 99328 | 139.40 | 227.18 | N/A |
| Dom Established Patient (99334-99337) | 99334 | 28.20 | 63.22 | N/A |

| Description | Code | 2018 Medicaid Physician Fee | 2018 Enhanced Medicaid Physician Fee | |
|--|-------|-----------------------------|--------------------------------------|----------|
| | | | Non-Facility | Facility |
| | 99335 | 44.54 | 99.49 | N/A |
| | 99336 | 68.51 | 141.28 | N/A |
| | 99337 | 107.32 | 201.55 | N/A |
| Dom, Home Care plan oversight (99339-99340) | 99339 | | 82.12 | N/A |
| | 99340 | | 114.79 | N/A |
| Home Services | | | | |
| New Patient | 99341 | 44.73 | 57.33 | N/A |
| | 99342 | 63.95 | 82.55 | N/A |
| | 99343 | 93.85 | 135.33 | N/A |
| | 99344 | 119.66 | 190.83 | N/A |
| | 99345 | 140.70 | 230.94 | N/A |
| Established Patient | 99347 | 35.41 | 57.80 | N/A |
| | 99348 | 53.81 | 87.94 | N/A |
| | 99349 | 80.79 | 134.54 | N/A |
| | 99350 | 116.22 | 185.99 | N/A |
| Prolonged Services with patient contact; office/outpatient | | | | |
| First hr | 99354 | 66.64 | 135.78 | N/A |
| Each additional 30 min | 99355 | 66.34 | 102.33 | N/A |
| Inpatient or observation; first hr | 99356 | 68.89 | N/A | 96.23 |
| | 99357 | 56.45 | N/A | 96.23 |
| Prolonged Services without patient contact; office/outpatient | | | | |
| First hr | 99358 | 38.23 | 116.52 | N/A |
| Each additional 30 min | 99359 | based on review | 56.15 | N/A |

| CASE MANAGEMENT | | | | |
|------------------------------------|-------|-----------------|--------|-----|
| Anticoagulation Management | 99363 | based on review | 137.34 | N/A |
| | 99364 | based on review | 46.32 | N/A |
| Care Plan Oversight* | | | | |
| In HHA, care home - 30 min or more | 99375 | 92.25 | 110.81 | N/A |
| In hospice 30 min or more | 99378 | 103.97 | 110.81 | N/A |

*Some plans may require provider to bill G0181 for 99375 and G0182 for 99378.

| PREVENTIVE MEDICINE | | | | |
|--|-------|-------|--------|-----|
| New Patient | | | | |
| Less than one year | 99381 | 48.67 | 118.88 | N/A |
| 1-4 yrs | 99382 | 66.86 | 124.13 | N/A |
| 5-11 yrs | 99383 | 65.52 | 129.19 | N/A |
| 12-17 yrs | 99384 | 59.27 | 144.57 | N/A |
| 18-39 yrs | 99385 | 61.58 | 140.23 | N/A |
| 40-64 yrs | 99386 | 59.80 | 162.26 | N/A |
| 65 and up | 99387 | 51.38 | 176.05 | N/A |
| Established Patient | | | | |
| Less than one year | 99391 | 34.35 | 106.53 | N/A |
| 1-4 yrs | 99392 | 33.27 | 113.50 | N/A |
| 5-11 yrs | 99393 | 40.89 | 113.08 | N/A |
| 12-17 yrs | 99394 | 45.94 | 123.81 | N/A |
| 18-39 yrs | 99395 | 53.86 | 126.44 | N/A |
| 40-64 yrs | 99396 | 55.27 | 134.54 | N/A |
| 65 and up | 99397 | 50.97 | 144.98 | N/A |
| Counseling & Risk Factor Reduction/Behavior Change Intervention | | | | |
| Smoking and tobacco use cessation, greater than 3 minutes up to 10 minutes | 99406 | 9.63 | 15.28 | N/A |
| Smoking and tobacco use cessation, greater than 10 minutes | 99407 | 19.82 | 29.22 | N/A |

| Description | Code | 2018 Medicaid Physician Fee | 2018 Enhanced Medicaid Physician Fee | |
|---|-------|-----------------------------|--------------------------------------|----------|
| | | | Non-Facility | Facility |
| Evaluation and Management services for Age 28 days or less | | | | |
| Initial, per day, newborn, hospital or birthing center | 99460 | 57.63 | N/A | 104.42 |
| Initial, per day, newborn, in other than hospital or birthing center | 99461 | 48.69 | 100.50 | N/A |
| Subsequent hospital care | 99462 | 30.80 | N/A | 46.64 |
| Initial, per day, newborn, hospital or birthing center, admitted and discharged on the same day | 99463 | 74.71 | N/A | 125.66 |

| NEWBORN | | | | |
|------------------------|-------|--------|-----|--------|
| Attendance at delivery | 99464 | 62.60 | N/A | 80.37 |
| Delivery resuscitation | 99465 | 122.74 | N/A | 159.46 |

| PEDIATRIC CRITICAL CARE TRANSPORT | | | | |
|--|-------|--------|-----|--------|
| 24 months or less, first 30-74 min | 99466 | 199.35 | N/A | 253.24 |
| Each additional 30 min | 99467 | 102.67 | N/A | 127.50 |

| PEDIATRIC CRITICAL CARE | | | | |
|---------------------------------|-------|--------|-----|----------|
| Initial, less than 28 days old | 99468 | 300.00 | N/A | 1,027.55 |
| Subsequent less than 28 days | 99469 | 144.00 | N/A | 414.18 |
| Initial, 29 days to 24 months | 99471 | 168.72 | N/A | 894.13 |
| Subsequent 29 days to 24 months | 99472 | 144.00 | N/A | 426.38 |
| Initial 2-5 yrs | 99475 | 300.00 | N/A | 597.51 |
| Subsequent 2-5 years | 99476 | 144.00 | N/A | 356.33 |

| INITIAL AND CONTINUING INTENSIVE CARE | | | | |
|--|-------|-----------|------|--------|
| Initial, less than 28 days old | 99477 | 144.08 | N/A | 367.47 |
| Subsequent Wt. less than 1500 gms | 99478 | 118.49 | N/A | 146.33 |
| Subsequent Wt. 1500-2500 gms | 99479 | 108.34 | N/A | 129.47 |
| Subsequent Wt. less than 2501-5000 gms | 99480 | 104.40 | N/A | 125.05 |
| Unlisted E&M service | 99499 | by report | 0.00 | N/A |

| IMMUNIZATION ADMINISTRATION | | | | |
|--|-------|------|-------|-----|
| 18 years or less, first vaccine, any route | 90460 | 4.00 | 28.70 | N/A |
| Injectible, first vaccine | 90471 | 4.00 | 28.70 | N/A |
| Injectible, each additional vaccine | 90472 | 4.00 | 13.90 | N/A |
| Intranasal, oral, first vaccine | 90473 | 4.00 | 28.70 | N/A |
| Intranasal, oral each additional vaccine | 90474 | 4.00 | 13.90 | N/A |

| PERINATAL SERVICES | | | | |
|---------------------------|-------|----------|----------|-----|
| Vaginal delivery | 59400 | 1,113.88 | 2,172.62 | N/A |
| | 59409 | 620.40 | 832.54 | N/A |
| | 59410 | 684.96 | 1,065.14 | N/A |
| Antepartum care | 59425 | 256.60 | 478.72 | N/A |
| | 59426 | 397.16 | 860.03 | N/A |
| | 59430 | 84.38 | 195.44 | N/A |
| Cesarean delivery | 59510 | 1,500.00 | 2,402.15 | N/A |
| | 59514 | 930.03 | 936.18 | N/A |
| | 59515 | 1,000.00 | 1,293.62 | N/A |