



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES


Med-QUEST Division
Clinical Standards Office
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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
	59510	1,500.00	2,402.15	N/A
Cesarean delivery	59514	930.03	936.18	N/A
	59515	1,000.00	1,293.62	N/A