



STATE OF HAWAII  
**DEPARTMENT OF HUMAN SERVICES**

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

July 19, 2019

MEMORANDUM

MEMO NO.

QI-1918

[Supersedes QI-1916]

TO: QUEST Integration (QI) Health Plans

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

SUBJECT: PRIMARY CARE PHYSICIANS (PCP) MANAGED CARE ENHANCED  
REIMBURSEMENT

**This memo is being issued to replace the QI-1916 memo that was issued on July 3, 2019.**

The purpose of this memorandum is to outline further updates to the Hawaii Medicaid primary care physician (PCPs) enhanced reimbursements. The original intent of the Increased Medicaid Payments for Primary Care was to reimburse PCP services at the prevailing Medicare rate. MQD agrees with this intent, and to that end has included specific funding beginning with the 2019 QI capitation rates to allow for these payments. This memorandum describes how this funding was developed.

The general principles used to develop these rates are the following:

1. **Providers:** Providers and subspecialists of family medicine, internal medicine, pediatric medicine, and obstetrics and gynecology were the providers included as the targeted providers. In addition, general practice physicians and specialists in other fields of medicine may be considered for eligibility. Both existing/established providers as well as providers brand new to the Hawaii Medicaid market may be eligible for PCP enhanced reimbursements. The MQD will no longer be maintaining a provider 'attestation' list, nor are MCOs required to maintain an 'attestation' list.
2. **Codes:** The current evaluation and management eligible codes as outlined in Attachment A.
3. **Reimbursement Rates:** Attachment A was the 2018 Medicare rates from the CMS

website. These have been built into the calculation of the 2019 QI Capitation Rates.

4. **Payment Timing:** The MCOs have been paying the enhanced reimbursement on a quarterly basis after the quarter ends, and the expectation is that this timing will continue unchanged.

A quarterly detailed report to MQD containing the paid PCP enhanced reimbursements will be required, using the same format and detail as the existing PCP Enhancement 'PCPE-C' report as described in the QI-1826A memorandum.

MQD expects the PCP enhanced reimbursements to be no less than the actual funding in the capitation rate for this program.

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](mailto:ctoma@dhs.hawaii.gov).

Attachment A

## Hawaii Medicaid Codes and Rates 2018 PCP Enhancement

| Description  | Code  | 2018<br>Medicaid<br>Physician<br>Fee | 2018 Enhanced Medicaid<br>Physician Fee |          |
|--|-------|--------------------------------------|---|----------|
|  |       |                                      | Non-Facility                            | Facility |
| <b>Office/Outpatient - New Patient</b>   |       |                                      |   |          |
|  | 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      |
| <b>Office/Outpatient - Established Patient</b>   |       |                                      |   |          |
|  | 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      |
| <b>Hospital Observation New or Established Patient</b>   |       |                                      |   |          |
|  | 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   |
| <b>Hospital Inpatient</b>  |       |                                      |   |          |
| 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   |
| <b>Consultations</b>   |       |                                      |   |          |
| First 30-74 min  | 99291 | 144.08                               | 288.89                                  | N/A      |
| Each additional 30 min   | 99292 | 71.82                                | 127.58                                  | N/A      |
| <b>NF Services, Dom Services</b>   |       |                                      |   |          |
| 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      |

| Description  | Code  | 2018<br>Medicaid<br>Physician<br>Fee | 2018 Enhanced Medicaid<br>Physician Fee |          |
|--|-------|--------------------------------------|---|----------|
|  |       |                                      | Non-Facility                            | Facility |
|  | 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      |
|  | 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      |
| <b>Home Services</b>   |       |                                      |   |          |
| 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      |
| <b>Prolonged Services with patient contact; office/outpatient</b>    |       |                                      |   |          |
| First hr   | 99354 | 66.64                                | 135.78                                  | N/A      |
| Each additional 30 min   | 99355 | 66.34                                | 102.33                                  | N/A      |
| Inpatient or obseration; first hr                                    | 99356 | 68.89                                | N/A                                     | 96.23    |
|  | 99357 | 56.45                                | N/A                                     | 96.23    |
| <b>Prolonged Services without patient contact; office/outpatient</b> |       |                                      |   |          |
| First hr   | 99358 | 38.23                                | 116.52                                  | N/A      |
| Each additional 30 min   | 99359 | based on re                          | 56.15                                   | N/A      |

| <b>CASE MANAGEMENT</b>             |       |             |        |     |
|------------------------------------|-------|-------------|--------|-----|
| Anticoagulation Management         | 99363 | based on re | 137.34 | N/A |
|                                    | 99364 | based on re | 46.32  | N/A |
| <b>Care Plan Oversight*</b>        |       |             |        |     |
| 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.

| <b>PREVENTIVE MEDICINE</b> |       |       |        |     |
|----------------------------|-------|-------|--------|-----|
| <b>New Patient</b>         |       |       |        |     |
| 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 |
| <b>Established Patient</b> |       |       |        |     |
| 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 |

| Description   | Code  | 2018<br>Medicaid<br>Physician<br>Fee | 2018 Enhanced Medicaid<br>Physician Fee |          |
|---|-------|--------------------------------------|---|----------|
|   |       |                                      | Non-Facility                            | Facility |
| <b>Counseling &amp; Risk Factor Reduction/Behavior Change Intervention</b>                      |       |                                      |   |          |
| 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      |
| <b>Evaluation and Management services for Age 28 days or less</b>                               |       |                                      |   |          |
| 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   |
| <b>NEWBORN</b>  |       |                                      |   |          |
| Attendance at delivery  | 99464 | 62.60                                | N/A                                     | 80.37    |
| Delivery resuscitation  | 99465 | 122.74                               | N/A                                     | 159.46   |
| <b>PEDIATRIC CRITICAL CARE TRANSPORT</b>  |       |                                      |   |          |
| 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   |
| <b>PEDIATRIC CRITICAL CARE</b>  |       |                                      |   |          |
| 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   |
| <b>INITIAL AND CONTINUING INTENSIVE CARE</b>  |       |                                      |   |          |
| 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      |
| <b>IMMUNIZATION ADMINISTRATION</b>  |       |                                      |   |          |
| 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      |
| <b>PERINATAL SERVICES</b>   |       |                                      |   |          |
| 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      |

| Description       | Code  | 2018<br>Medicaid<br>Physician<br>Fee | 2018 Enhanced Medicaid<br>Physician Fee |          |
|-------------------|-------|--------------------------------------|---|----------|
|                   |       |                                      | Non-Facility                            | Facility |
|                   | 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      |