

Hawaii Medicaid Codes and Rates 2018 PCP Enhancement

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

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	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
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 obseration; 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 rev	56.15	N/A

CASE MANAGEMENT				
Anticoagulation Management	99363	based on rev	137.34	N/A
	99364	based on rev	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

Description	Code	2018 Medicaid Physician Fee	2018 Enhanced Medicaid Physician Fee	
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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
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

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			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