

APPENDIX E – REENTRY PROGRAM RATES, BILLING CODES, AND OTHER GUIDANCE

This appendix describes how Medicaid Reentry Program services are billed and reimbursed. It summarizes the methodology Hawai'i Med-QUEST Division (MQD) used to establish Reentry Program rates and outlines claim submission requirements for Medicaid Reentry Program providers and QUEST Integration (QI) Health Plans. This appendix supplements and should be read together with the [Medicaid Reentry Program Policy and Operational Guidance](#) and related appendices.

As needed, MQD will adjust or amend this billing guidance and rates. Providers and QI Health Plans should refer to MQD's website to confirm they are using the most current version.

I. REENTRY PROGRAM RATE APPROACH

Reimbursement rates for Medicaid Reentry Program services were established using one of three methodologies, depending on the service.¹ **Table 1** summarizes this rate approach by service.

- **New Reentry-Specific Rates:** Reentry Targeted Case Management (rTCM) is a new service with no comparable existing Hawai'i Medicaid rate. rTCM rates were established based on a benchmarking analysis of reimbursement levels for comparable services in other states under approved Reentry demonstrations. Specified billing codes and rates were established for key rTCM activities, including program intake and care plan development, warm handoff meetings, and ongoing provision of case management (per 15-minute increment).
- **Modified Reentry-Specific Rates:** MQD has identified specific services and billing codes to reimburse at a modified, higher level within the Medicaid Reentry Program, reflective of the higher levels of operational complexity to provide them within a carceral setting. These services and associated billing codes are those that MQD expects to be most commonly used within the Medicaid Reentry Program. Rates are based on Hawai'i's existing Medicaid fee schedule (generally aligns with the previous year's Medicare Physician Fee Schedule) and increased by a 5% "operational factor."
- **Unmodified Hawai'i Medicaid Fee Schedule or QI Health Plan Rates:** For other Reentry Program services, reimbursement aligns with the Hawai'i Medicaid fee schedule with no adjustment. Where no Hawai'i Medicaid fee schedule benchmark is available for a covered code, reimbursement defaults to QI Health Plan-established rates.

Where a Reentry Program rate is derived from the Hawai'i Medicaid fee schedule, the Reentry Program rate is automatically updated based on the underlying Hawai'i Medicaid fee schedule changes, without requiring a separate rate-setting action specific to the Medicaid Reentry Program.

¹ Medications at Release and Medical Equipment and Supplies are not part of the non-risk payment approach for other Reentry Program services. As such, these services are paid for by QI Health Plans out of capitation at negotiated rates.

Given the above structure, this appendix does not include an exhaustive list of allowable billing codes. Instead, it specifies only New Reentry-Specific and Modified Reentry-Specific billing codes and rates. Beyond these, other billing codes that fall within the allowable Medicaid Reentry Program scope of services and consistent with Hawai'i State Plan coverage may be eligible for reimbursement under the Medicaid Reentry Program. To illustrate this, [Section III. Representative Billing Codes](#) outlines a non-comprehensive set of example codes that may be commonly used within this program.

Table 1. Reentry Program Rate Approach by Service

Rate Approach	Applicable Services	Basis for Rate
New Reentry-Specific Rates <i>(Specified billing codes only)</i>	Reentry Targeted Case Management (rTCM) (select billing codes only)	Rated established based on a benchmarking analysis of reimbursement levels for comparable services in other states under approved Reentry demonstrations; no comparable existing Hawai'i Medicaid rate
Modified Reentry-Specific Rates <i>(Specified billing codes only)</i>	- Practitioner Office Visits – Reentry Wellness Exam (select billing codes only) - Practitioner Office Visits – Other (select billing codes only) - Medication for Addiction Treatment (MAT) (select billing codes only) - Peer Support Services (single billing code)	Hawai'i Medicaid fee schedule, increased by a 5% operational factor
Unmodified Hawai'i Medicaid Fee Schedule or QI Health Plan Rates <i>(Billing codes not specified above for allowable services)</i>	- MAT (any codes not specified below) - Practitioner Office Visits – Reentry Wellness Exam (any codes not specified below) - Practitioner Office Visits – Other (any codes not specified below) - Diagnostics	Hawai'i Medicaid fee schedule or (when not available) QI Health Plan rates, consistent with the State Plan coverage and allowable within the Medicaid Reentry Program scope of each service type

A. Reentry Targeted Case Management (rTCM)

The rTCM service is reimbursed using New Reentry-Specific rates. The rTCM rates and billing codes are defined in **Table 2**. No other billing codes may be used for rTCM. rTCM rates will be adjusted by the percentage change to the Medicare Economic Index (MEI) annually, beginning January 1, 2028.

Table 2. rTCM Billing Codes and Rates

rTCM Service Component	Billing Code	Billing Code Description	Unit	Rate
rTCM intake and care plan development	T2024	Service assessment / care plan development	Per completed intake and care plan	\$256.00
rTCM pre- and post-release case management	T1017	Targeted case management, per 15 minutes	Per 15 minutes	\$28.00
Warm handoff meeting	G9012	Other specified case management	Per meeting	\$175.00

Additionally, the following billing parameters apply to rTCM:

- **Service limits and frequency.** The following unit limits apply to rTCM billing codes:
 - **T2024 (rTCM Intake and Care Plan Development)** may be billed once per period of incarceration during the 90-day pre-release window.
 - **G9012 (Warm Handoff Meeting)** may be billed up to 2 units per warm handoff event (i.e., two rTCM providers may bill G9012 concurrently if the meeting is to transition rTCM responsibilities from one rTCM provider to another). If multiple warm handoffs are needed, such as due to facility transfer, G9012 may be billed up to 2 units per day.
 - MQD will evaluate utilization and experience for **T1017 (rTCM Pre- and Post-Release Case Management)** and may institute utilization limits in a future edition of this Billing Guidance.

B. Practitioner Office Visit – Reentry Wellness Exam

Reentry Wellness Exam services are reimbursed using both Modified Reentry-Specific rates and Unmodified rates (Hawai'i Medicaid fee schedule or QI Health Plan rates). Reentry Wellness Exam billing codes with a Modified Reentry-Specific rate are defined in Table 3. Other Reentry Wellness Exam billing codes with Unmodified rates, such as vaccine administration billing codes, are not listed here; a non-comprehensive set of example billing codes that may be commonly used within the Medicaid Reentry Program is provided in [Section III. Representative Billing Codes](#).

Table 3. Reentry Wellness Exam Billing Codes with Modified Reentry-Specific Rates

Billing Code	Billing Code Description	5% Operational Factor Applied
Preventive Medicine Visit – New Patient		
99384	Preventive visit, new patient, age 12–17	Yes
99385	Preventive visit, new patient, age 18–39	Yes
99386	Preventive visit, new patient, age 40–64	Yes
99387	Initial preventive evaluation and management, new patient, age 65+	Yes
Preventive Medicine Visit – Established Patient		
99394	Preventive visit, established patient, age 12–17	Yes
99395	Preventive visit, established patient, age 18–39	Yes
99396	Preventive visit, established patient, age 40–64	Yes
99397	Periodic preventive reevaluation, established patient, age 65+	Yes
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)		
S0302	Completed EPSDT visit	Yes

1. Dental Screenings

Dental Screenings are reimbursed using both Modified Reentry-Specific rates and Unmodified rates (Hawai'i Medicaid fee schedule or QI Health Plan rates). Dental Screening billing codes with a Modified Reentry-Specific rate are defined in **Table 4**. Dental Screening billing codes with Unmodified rates are not listed here; a non-comprehensive set of example billing codes that may be commonly used within the Medicaid Reentry Program is provided in [Section III. Representative Billing Codes](#).

The following operational billing requirements apply to dental screenings:

- **Eligibility for Dental Screenings:** Dental Screenings during the pre-release period may only be billed for CAA-eligible individuals.

- **Dental Billing Process:** Dental screenings must be billed to Hawaii Dental Service (HDS), MQD's Third-Party Administrator for dental services, rather than to the member's QI Health Plan.

Table 4. Dental Screening Billing Codes

Category	Representative Codes	5% Operational Factor Applied
Oral evaluation	D0120; D0140; D0150; D0160; D0170- D0171; D0180	Yes

C. Practitioner Office Visit – Other

Practitioner Office Visit – Other services are reimbursed using both Modified Reentry-Specific rates and Unmodified rates (Hawai'i Medicaid fee schedule or QI Health Plan rates). Practitioner Office Visit – Other billing codes with a Modified Reentry-Specific rate are defined in **Table 5**. Practitioner Office Visit – Other billing codes with Unmodified rates are not listed here; a non-comprehensive set of example billing codes that may be commonly used within the Medicaid Reentry Program is provided in [Section III. Representative Billing Codes](#).

Table 5. Other Practitioner Office Visits Billing Codes

Category	Representative Codes	5% Operational Factor Applied
Office visits – new and established patient	99202–99205; 99211–99215	Yes
Clinical consultation	99242–99245	Yes
Psychiatric diagnostic evaluation and psychotherapy	90785; 90791–90792; 90832–90838	Yes
Vision examinations (other than preventive screenings)	92002; 92004; 92012; 92014; 99172	Yes
Hearing and speech examinations (other than preventive screenings)	92521–92524; 92550–92597; V5010	Yes

D. Diagnostic Services

Diagnostic Service billing codes are reimbursed using Unmodified rates (Hawai'i Medicaid fee schedule or QI Health Plan rates). A non-comprehensive set of example laboratory, radiology, and diagnostic service billing codes that may be commonly used within the Medicaid Reentry Program is provided in [Section III. Representative Billing Codes](#). Allowable billing codes must align with Medicaid State Plan coverage and fall within the Medicaid Reentry Program scope of services.

E. Medication for Addiction Treatment (MAT)

MAT services are reimbursed using both Modified Reentry-Specific rates and Unmodified rates (Hawai'i Medicaid fee schedule or QI Health Plan rates). MAT billing codes with a Modified Reentry-Specific Rate are defined in **Table 6**. Other MAT billing codes with unmodified rates, such as MAT medications, are not listed here; a non-comprehensive set of example billing codes that may be commonly used within the Medicaid Reentry Program is provided in [Section III. Representative Billing Codes](#). MAT medications may be billed either as a physician-administered drug on a professional claim or through the pharmacy point of sale, depending on how the medication is dispensed and administered.

Note: [Section III. Representative Billing Codes](#) defines MQD's minimum required coverage of MAT medications by Generic Code Number (GCN). Other medications, including opioid antagonists, such as naloxone, and off-label and supportive medications for withdrawal management may also be covered and prescribed in accordance with each QI Health Plan's formulary.

Table 6. MAT Billing Codes

Service Category	Representative Codes	5% Operational Factor Applied
Assessment and diagnostic evaluation	90791–90792	Yes
Psychiatric diagnostic evaluation and psychotherapy	90785; 90832–90838	Yes

F. Peer Support Services

Peer Support Services are reimbursed using a Modified Reentry-Specific Rate. The Peer Support Services billing code is defined in **Table 7**.

Table 7. Peer Support Services Billing Code

Code	Code Description	5% Operational Factor Applied
H0038	Peer recovery support services, each 15 minutes	Yes

G. Medications at Release

Medications at Release are reimbursed using Unmodified rates (Hawai'i Medicaid fee schedule or QI Health Plan rates). Medications at Release are dispensed and reimbursed consistent with Medicaid State Plan pharmacy coverage, including for prescribed over-the-counter medications, MAT medications, and single-use pharmacy supplies.

The following operational billing requirements apply to Medications at Release:

- **Claim submission method.** Because Medications at Release is administered and reimbursed by QI Health Plans under capitation rather than the non-risk payment approach used for other Reentry Program services, medications dispensed under this benefit are billed through the member's QI Health Plan's pharmacy benefit manager (PBM) at the pharmacy point of sale (NCPDP transaction), consistent with the Health Plan's standard outpatient pharmacy claims process. Each QI Health Plan's PBM is responsible for adjudicating and paying pharmacy claims for its enrolled members consistent with the plan's standard pharmacy benefit administration. Physician-administered medications dispensed as part of Medications at Release (e.g., long-acting injectables) are billed as a professional claim (837P/CMS-1500) to the QI Health Plan, consistent with the plan's medical benefit billing requirements.
- **Date of service for medications dispensed pre-release.** Facility-based and in-reach pharmacies should document the dispensing date as the date of release.

H. Medical Equipment and Supplies

Medical Equipment and Supplies (durable medical equipment, prosthetics, orthotics, and supplies [DMEPOS]) are reimbursed using Unmodified rates (Hawai'i Medicaid fee schedule or QI Health Plan rates). Medical Equipment and Supplies are reimbursed consistent with Medicaid State Plan coverage.

Medical Equipment and Supplies provided to a member prior to a member's enrollment in Reentry Program coverage are not billable to Medicaid. Medical Equipment and Supplies provided to a member during the 90-day pre-release window may be billed under the Medicaid Reentry Program, so long as the member departs the facility with the equipment.

The following operational billing requirement applies to Medical Equipment and Supplies:

- **Date of service.** Consistent with the requirement that the member depart the facility with the equipment for it to be billable, the date of service on claims for Medical Equipment and Supplies should reflect the member's date of release when ownership of the DME is taken, not the date the equipment was ordered or procured. DME must have been provided during the 90-day pre-release period.

II. CLAIM SUBMISSION REQUIREMENTS

All Medicaid Reentry Program claims must be submitted directly to the member's assigned QI Health Plan, in accordance with that QI Health Plan's claims submission requirements and standard Medicaid billing practices. The only exception is pre-release dental screenings for CAA-eligible individuals, which must be billed to HDS.

A. Billing Party

Carceral facilities will determine the appropriate billing approach for their internal, contracted, and partner providers. The specific billing approach may vary based on facility or provider, so long as the process complies with the requirements identified in Guidance for providers and billing (see Section V. Provider Requirements and Section VI. Billing and Reimbursement).

- **Carceral facility-based providers.** Claims are generally submitted by the carceral agency (DCR or HYCF) as the enrolled Group Biller, using the agency's entity-level NPI, with the affiliated facility location and the individual rendering provider identified on the claim.
- **Community-based providers.** Community-based providers bill QI Health Plans directly using their organization's normal billing structure.

B. Required Claim Elements

Medicaid Reentry Program claims must adhere to the requirements identified in **Table 8**.

Table 8. Required and Applicable Claim Elements

Element	Requirement	Status
Claim Format	Professional claim (837P / CMS-1500) for professional services; pharmacy point of sale for pharmacy-dispensed medications.	Required
Billing and Rendering Provider NPI	All billing, rendering, referring, ordering, prescribing, and attending providers (ROPA) on the claim must be enrolled as active Hawai'i Medicaid providers on the date of service. Claims will be denied if this requirement is not met.	Required
Place of Service Code	All services rendered within a carceral facility must use Place of Service (POS) Code 09 (prison/correctional facility). Services rendered outside of the carceral facility should use the applicable POS code.	Required

Element	Requirement	Status
Pre-Release Modifier (QJ)	Modifier QJ must be appended to services delivered during the pre-release period. This allows MQD to distinguish pre-release from post-release expenditures.	Required for pre-release services
Telehealth Modifiers	When a Medicaid Reentry Program service is delivered via telehealth, providers must append the applicable telehealth modifier (95, GQ, or GT), consistent with MQD telehealth policy. Providers may append multiple modifiers (e.g., QJ and a telehealth modifier), as applicable.	Required for telehealth
Diagnosis Code	MQD recommends that the following incarceration-related diagnosis codes be used on Medicaid Reentry Program claims: • Pre-release services: Z65.1 (imprisonment and other incarceration) • Post-release services: Z65.2 (problems related to release from prison)	Recommended
Timely Filing	Claims must be submitted within 12 months from the date of service, with limited exceptions (i.e., retroactive eligibility, Medicare or third-party liability).	Required

III. REPRESENTATIVE BILLING CODES

As noted above, this appendix does not provide an exhaustive list of allowable billing codes; it focuses primarily on New Reentry-Specific and Modified Reentry-Specific billing codes. Other codes that fall within the Medicaid Reentry Program's scope of services and are consistent with Hawai'i State Plan coverage may also be eligible for reimbursement. To help providers and QI Health Plans identify these additional codes, **Table 9** offers an illustrative list of billing codes commonly used within the program, beyond the Modified Reentry-Specific codes subject to the 5% operational factor described above. These codes are reimbursed at Unmodified rates (Hawai'i Medicaid fee schedule or QI Health Plan rates).

Table 9. Reentry Program Representative Billing Codes

Service Category	Representative Codes
Practitioner Office Visit – Reentry Wellness Exam	

Service Category	Representative Codes
Vaccine administration	90460-90461; 90471-90474
Remote monitoring	99453–99458
Dental Imaging	
Radiographic imaging	D0210; D0220; D0230; D0240; D0270; D0272- D0274; D0330; D0340
Diagnostic Services	
Pathology and laboratory (specimen collection, chemistry panels, urinalysis, complete blood count)	36415; 36416; 80053; 80307; 81001; 85025
Depression screening	96127; G0136; G0444
Substance use screening and brief intervention	G0396–G0397; G0442–G0443; G2011; 99408– 99409
Tobacco use screening and counseling	99406–99407
Vision screening	99173; 99174; 99177
Hearing screening	92551–92553; 92558; 92567; 92579; 92582; 92587–92588; 92650–92651
Dental screening (fluoride varnish)	99188; D1206
Breast cancer screening	77063; 77065–77067
Cervical cancer screening	G0101; Q0091; and related pathology codes
Child screening (EPSDT-related laboratory and screening services)	82016–85660
Cholesterol screening	80061; 82465; 83718–84478
Colorectal cancer screening	45378–45398; G0104–G0121; 81528; 82270
Diabetes screening	82947–83036
Genetic counseling and testing	81162–81217; 96040–96041

Service Category	Representative Codes
High blood pressure screening	93784–93790; 99473–99474
HIV prevention and screening	80081; 81025; 82565; 86701–86703
Lead screening	83655
Lung cancer screening	G0296; 71271
Obesity screening and counseling	97802–97804; G0447; related codes
Osteoporosis screening	76977; 77080–77086
Sickle cell screening	83021–83051
Sexually transmitted infection screening	80055; 86592–87801; G0432–G0499
Tuberculosis screening	86480; 86580
MAT	
Screening and brief intervention	99408–99409; G0442–G0443; G2011; 96160
Assessment and diagnostic evaluation	96130–96131
SUD counseling and psychosocial services	H0004; H0015
MAT Prescriptions	Minimum Required Coverage (GCN): 17070; 27095; 36441; 2881; 16422; 16420; 16423; 16415; 16400; 16410; 64672–64673; 44186–44187; 18973–18974; 28958–28959; 33741; 33744 Note: Other medications, including opioid antagonists, such as naloxone, and off-label and supportive medications for withdrawal management may also be covered and prescribed in accordance with each QI Health Plan's formulary.
Methadone administration and injection administration	H0020; 96372
Toxicology and drug testing	80305–80307; G0480; G0483

Service Category	Representative Codes
Care coordination and behavioral health integration	99492–99494