



Medicaid

Published for the Medicaid Providers of Hawaii.

Provider Bulletin

In This Issue

Claims Tips

Page 2

MQD PAs

Page 3

DHS Medicaid Online

Page 4

Good to Know ...

Page 5

Rollout Schedule

Page 6

Trivia

Page 7

Notification Alert

Page 7

DHS Medicaid Online Coming Soon!

DHS Medicaid Online is an Internet Web-based eligibility and claim status verification system that will allow providers to inquire on a recipient's eligibility, enrollment and the status of a claim submitted to fee-for-service Medicaid. Please note that this is a different Web site than our general information Web site at www.med-quest.us. With this service, providers will receive an immediate response to real-time (up-to-date) information.

There is no cost to use this service; however, you do need access to the Internet. DHS Medicaid Online will be available 24 hours a day, 7 days a week with the exception of some minimal system downtimes.

Med-QUEST is scheduled to launch DHS Medicaid Online mid-February 2003. Due to the large volume of providers anticipated to sign-up for the service, DHS will be staggering the rollout of this service to providers.

Continued Page 5

Volume 2, Issue 1

1

Feb. 2003

Claims Submission News

Your claims will be returned if you do not submit valid HPMMIS provider numbers and valid Medicaid recipient ID numbers. Providers must bill using their new eight-character HPMMIS provider ID numbers (six-digit base with two-digit location code). Providers must accurately submit the recipient ID number which is 10 characters in length. Please verify the recipient ID number by referring to the recipient Medicaid ID card or utilizing AVRS.

Important Contact Information

Provider Inquiry Unit (Call Center):

Oahu: 952-5570

Neighbor Islands: 1-800-235-4378

Eligibility Line (AVRS): 1-800-882-4608

Email Provider Inquiries to:

hi.providerrelations@acs-inc.com

Fax Provider Inquiries to: (808) 952-5595

Fax Urgent Prior Auth Requests to: (808) 952-5562

(Not Applicable To Medicaid Waiver Program)

Mail Prior Auth Requests to: *(Not Applicable to Medicaid Waiver Program)*

ACS

P.O. Box 2561

Honolulu, HI 96804-2561

Mail Returned Checks to:

ACS

P.O. Box 1206

Honolulu, HI 96807-1206

Mail MQD Claims to:

ACS

P.O. Box 1220

Honolulu, HI 96807-1220

Mail SSD Medicaid Waiver Claims to:

ACS

P.O. Box 4631

Honolulu, HI 96812-4631



Provider Bulletin

Published for the Medicaid Providers of Hawaii.

Medicare Crossover Claims Provider ID Not Found

- Currently, many Medicare Crossover Claims are denied because the provider cannot be identified in the HPMMIS system. If you do not see your Medicare Crossover Claims on your RA, please resubmit.

Medicare's Provider Tax ID Differs from What Is in HPMMIS

- Many Medicare Crossover Claims are pended because the Tax ID number on your claim from Medicare does not match the Provider Tax ID number in the HPMMIS system. To rectify this, you may need to do the following:
 - verify your Tax ID number with us
 - correct your Tax ID number with Medicare
 - submit a letter to ACS authorizing them to change the Tax ID number if incorrectly submitted to us on the Medicare Crossover Claim.

Medicaid Provider ID Format

- When submitting hardcopy claims, please use a dash to separate the first six digits of the provider ID number from the last two digits that identify the location, i.e. 754242-01.

Check Digit

- Do not use a recipient's HAWI ID number with a check digit. This will delay processing of the claim.

Dental Providers

- For adult emergency services, remember to submit the diagnosis code 525.9 in FL 58 on the ADA 1999 version 2000 form. Failure to use the code will cause the claim to deny.

SSD Medicaid Waiver Providers

- To expedite processing of claims, please make sure to submit procedure codes and modifiers as stated in your contracted rate schedule.

Claims Tips

UB92 Claims

- Non-covered services should be reported in the non-covered charges column. Failure to report the service as a non-covered charge may cause the entire claim to deny.

HCPCS on UB92 Claims

- When applicable, HCPCS must be provided with the corresponding Revenue Code. For example, HCPCS are required on outpatient emergency room claims except on revenue codes 25x and 63x.

Tax Line Item

- Do not submit a tax line on the UB92. Tax is no longer reimbursed as a separate line item. Submitting a separate tax line on the UB92 form will cause the entire claim to deny.

J-codes

- J-codes are not reimbursed by Medicaid, unless these codes are on claims that crossed over from Medicare.

Outlier Claims

- Hospitals submitting adjustments to Outlier claims previously paid by HMSA must enter a condition code of "61" in form locator block 24 or the claims will deny.

Billing for Administration of Vaccines/Toxoids

- Providers must bill for the administration of the vaccines using procedure codes 90476-90479. While these codes are used to indicate the specific vaccine/toxoid product, Hawaii Medicaid also recognizes these codes for the administration of the vaccine.
- If the vaccine/toxoid is covered by the Vaccines for Children (VFC) Program, Hawaii Medicaid will only reimburse the administration fee.
- If the vaccine is administered to an adult or is not covered through the VFC Program, please submit a 204 claim form using the NDC number on the vial to the ACS Pharmacy Benefits Manager (PBM) in Atlanta.
- Administration codes 90471-90474, G0008-G0010, and 90782 will be denied. Bill using 90476-90479 to receive reimbursement for the administration of the vaccine.

Provider Bulletin

(N/A for SSD MW Providers)

- If a claim denied because a prior authorization is required and there is no prior authorization on file in HPMMIS; and you have a hard copy of the prior authorization approval, please do the following:
 - 1) Resubmit a hard copy claim
 - 2) Attach a copy of the approved authorization
 - 3) Mail to:
 - P.O. Box 3707
 - Honolulu, HI 96811-3707
- Providers must use the revised 1144 form. If you do not have a copy of the 1144 form, you can download the form from the Med-QUEST Web site at www.med-quest.us.

Prior Auths

- Prior authorization letters are mailed only to the correspondence address for each provider. Each provider has only one correspondence address in the system. Unfortunately, our prior authorization system is not able to determine which service location a provider is requesting for prior authorization. This means that if a provider has multiple service locations, and a patient is seen only at one of the locations, the letter will only be mailed to the correspondence address which might not be the same as the service location address. Med-QUEST is aware of this problem so please do not return the letter with an indication that the patient was not seen at this location. If possible, please forward the letter to the correct service location for the provider.

Correction to last month's Provider Bulletin, Volume 1, Issue 7

The following supersedes information disseminated in past provider bulletins and in the provider manual.

Billing for Room Charges and Ancillary Charges

Level of Care	Ancillary Bill Type	R&B Bill Type	Room & Board Rev Code
Subacute	17x or 27x	17x or 27x	19x
			Note: Hospitals should use Revenue Code 190, Nursing Homes should use Revenue Code 191 and 192
ICF	61x	61x	1xx
ICF MR	65x	65x	1xx
SNF	21x	21x	1xx
Swing Bed SNF	28x	28x	1xx
Swing Bed ICF	68x	68x	1xx
Hospital waitlisted Subacute	17x	17x	190
Waitlisted ICF	63x with occurrence code 74	11x or 21x	11x with occurrence span code 74
Waitlisted SNF	23x with occurrence code 75	11x	11x with occurrence span code 75

Anesthesia

- Indicate in FL 24G the number of minutes. Do **not** submit units.

Provider Bulletin

Published for the Medicaid Providers of Hawaii.

Volume 2, Issue 1

4

Feb. 2003

DHS Medicaid Online

Q How much does it cost?

A There is no cost to use this service.

Q Is the denial reason or date of denial going to be available online?

A It is not available for the initial rollout. This information is on the remittance advice. Future system enhancements including this information will be considered.

Q Can providers find out what payment amounts are for the week?

A This is not available on the Web site.

Q Will prior authorization information be available online?

A It is not available for the initial rollout. Future system enhancements including this information will be considered.

Q Will the recipient's cost share information be available online?

A It is not available for the initial rollout. Future system enhancements including this information will be considered.

Q What is required for a provider to access DHS Medicaid Online?

A A provider needs Internet access, a valid HPMMIS Provider ID number and a Federal Tax ID number.

Q When will the system be available for providers to use?

A DHS Medicaid Online will begin rollout to the provider community mid-February 2003. The system is available to users 24 hours a day/seven days a week. The system provides real-time (up-to-date) information. Due to the anticipated large volume of providers interested in this service, it will be rolled out on a staggered

basis. See the accompanying chart on Page 6 for a list of dates.

Q Where is the data coming from?

A The data source for the eligibility, enrollment and claims information comes from the Hawaii Prepaid Medical Management System (HPMMIS). The system provides you real-time information.

Q Who do I call if I have questions regarding a claim?

A You may call the ACS Call Center at: (808) 952-5570 or 1-800-235-4378.

Q Who do I call if I have questions regarding a recipient's eligibility or enrollment?

A You may call the Med-QUEST Provider Hotline at (808) 692-7360.

Q Who do I call if I have questions regarding my provider registration status?

A You may call the Health Coverage Management Branch (HCMB) Provider Registration at (808) 692-8099.

Q How do I update my Tax ID number or other demographic information?

A* Please complete a Provider Registration change form and submit to:

MQD/HCMB
PO Box 700190
Kapolei, HI 96709-0190

The form is available on the MQD Web site.

***SSD MW Providers**

Complete a Medicaid Waiver Provider Application and submit to:

Medicaid Waiver Action Center
Attn: Provider
810 Richards St., Suite 501
Honolulu, HI 96813

Call the Medicaid Waiver Action Center at (808) 586-5540.

Q & A

We've Come a Long Way

ACS, MQD and SSD personnel understand that this transition has, at times, been difficult for providers. Many impacts were the result of the change from a 20-year-old system and from a long-term fiscal agent partnership with HMSA to the new claims system and fiscal agent. Tremendous progress has been made over the past three months and current payment levels meet or exceed those prior to the transition. We appreciate your patience and comments as we continue to address issues.

Number of Paid Claims:

November – 40,000

December – 80,000

January – 173,000

Automated Voice Response System (AVRS)

We are pleased to announce that improvements were recently made to the AVRS, the system you can use to obtain recipient eligibility information over the phone. The modifications will enable you to cut the time spent on AVRS by 50 percent. Try out the new improved AVRS and let us know how you like it!

New MQD Web site!

The new Med-QUEST Web site is now available. You can access the Web site at www.med-quest.us.

Good to Know ...

ACS Provider Call Center

To shorten your wait time to reach an ACS Provider Inquiry Associate, we have hired four new associates. While we expect the added staff will improve provider access to the call center, also consider the following actions:

- When you need eligibility information, utilize the enhanced AVRS.
- When reviewing your Remittance Advice, if you detect a data entry error, circle the error with comments on the RA and fax to: **952-5595**.
- The form locator 10c on the HCFA 1500 should be checked only if the patient's condition is related to an accident and there is a third party payer or worker's compensation available.

Volume 2, Issue 1

5

Feb. 2003

Online Coming

Continued from Front

DHS Medicaid Online can be accessed at <https://hiweb.statemedicaid.us>. To obtain a user manual for DHS Medicaid online, please visit the Med-QUEST Web site at www.med-quest.us. Registration is required.

We have been actively testing this Web site since November 2002. MQD recognizes that there may be other pertinent information that would be useful on the Web site and is looking into making future enhancements to this service.

Provider Bulletin

Published for the Medicaid Providers of Hawaii.

Medicaid Online Rollout Schedule

Volume 2, Issue 1

6

Feb. 2003

Rollout #	Provider Type	Provider Type Desc.	Island(s)	Count	Provider Status	Rollout Date
1	02	Hospital	All	42	All	2/24/03
1	22	Nursing Home	All	69	All	2/24/03
1	35	Hospice	All	7	All	2/24/03
		Group Total		118		
2	05	Clinic	All	429	All	3/3/03
2	06	Emergency Transportation	All	8	All	3/3/03
		Group Total		437		
3	01	Groups	All	1247	All	3/10/03
		Group Total		1247		
4	03	Pharmacy	All	380	All	3/17/03
4	04	Laboratory	All	115	All	3/17/03
		Group Total		495		
5	30	DME Supplier	All	239	All	3/24/03
5	33	Rehabilitation Center	All	19	All	3/24/03
5	29	Community/Rural Health Center	All	3	All	3/24/03
5	41	Dialysis Clinic	All	28	All	3/24/03
5	42	Hospital Affiliated Clinic	All	0	All	3/24/03
5	43	Ambulatory Surgical Center	All	7	All	3/24/03
5	52	Mental Health Clinic	All	65	All	3/24/03
5	71	Psychiatric Hospital	All	2	All	3/24/03
5	C2	FQHC	All	9	All	3/24/03
		Group Total		372		
6	08	MD-Physician	Oahu	2591	Active	3/31/03
6	08	MD-Physician	Oahu	1192	Non-Active	3/31/03
6	08	MD-Physician	Big Island	456	All	3/31/03
6	08	MD-Physician	Maui	387	All	3/31/03
6	08	MD-Physician	Kauai	285	All	3/31/03
6	08	MD-Physician	Molokai	47	All	3/31/03
6	08	MD-Physician	Lanai	6	All	3/31/03
		Group Total		4964		
7	07	Dentist	All	1201	All	4/7/03
7	D1	Dentist-Endodontist	All	12	All	4/7/03
7	D2	Dentist-Pedodontist	All	13	All	4/7/03
7	D3	Dentist-Oral Surgeon	All	13	All	4/7/03
7	D4	Clinic-Dental Services	All	1	All	4/7/03
		Group Total		1240		
8	All Others	All Others	All		All	4/14/03

Notification Alerts –

Modifier 32

Effective April 1, 2003:

Like Medicare, the Medicaid fee schedule has two distinct rates for certain procedures: (1) when performed in facility settings and (2) when performed in settings other than facilities. Codes subject to rates applicable when performed in facilities are identified in the Medicare fee schedule with an asterisk (*). To expedite claims processing for these asterisked procedures, please enter the modifier -32 when asterisked procedures are performed in non-facility settings.

Fee Schedule Update

MQD has changed the allowed amounts for certain procedure codes to comply with Medicaid rules. On pages 8–10 is a list of affected procedure codes. These changes are retroactively effective to 11-1-02. Claims paid since 11-1-02 for the attached list of procedures will be adjusted and additional payment/recoupment will be applied as appropriate.

Trivia

- Did you know that ACS Hawaii Medicaid fiscal agent associates reside exclusively on Oahu?
- Did you know that the most common billing mistake occurs when billing with the HMSA Medicaid number instead of the new Medicaid Provider ID number?
- Did you know that the state of Hawaii saved state taxpayers' money by partnering with Arizona to develop the new Medicaid claims system? Ninety percent of the cost of the system was obtained from the federal government because of this partnership.
- Did you know that the best time to call the Provider Call Center is from 7:30 a.m. to 8:00 a.m.?

(N/A for SSD Medicaid Waiver Providers)

PROCEDURE	MOD	ALLOWABLE	PROCEDURE	MOD	ALLOWABLE	PROCEDURE	MOD	ALLOWABLE	PROCEDURE	MOD	ALLOWABLE	PROCEDURE	MOD	ALLOWABLE
12017		260.29	33518		259.37	67340		281.72	73525	26	28.53	73525	26	28.53
12018		302.17	33519		380.67	67500		68.37	73530	26	14.84	73530	26	14.84
16035		209.68	33521		503.04	67500	32	37.86	73562	26	9.54	73562	26	9.54
17340		44.50	33522		624.95	67505		69.46	73630	26	8.88	73630	26	8.88
20501		163.42	33523		745.59	67515		57.61	73701	26	60.06	73701	26	60.06
21462		786.80	33530		313.28	68200		49.21	74010	26	11.86	74010	26	11.86
22830		852.73	33851		1382.12	68801	70.94		74020	26	13.71	74020	26	13.71
22840		792.17	33970		361.17	68810		171.89	74022	26	16.33	74022	26	16.33
22846		789.08	33975		1096.27	68840		112.54	74181	26	74.65	74181	26	74.65
27822		972.21	33976		1231.77	69990		218.23	74210	26	18.89	74210	26	18.89
27823		1104.49	35516		846.75	70100		9.24	74230	26	27.46	74230	26	27.46
27826		827.51	35681		85.96	70110		12.99	74246	26	35.57	74246	26	35.57
27827		1176.93	35682		387.04	70120		34.15	74247	26	35.57	74247	26	35.57
27828		1265.82	35700		165.56	70120		9.24	74250	26	24.08	74250	26	24.08
27829		574.15	38792		27.71	70130		17.46	74280	TC	89.58	74280	TC	89.58
28465		614.94	41822	32	130.49	70150		13.35	74290	26	16.33	74290	26	16.33
28485		562.24	42280		83.62	70160		8.88	74301	26	10.73	74301	26	10.73
29000		200.53	44364	32	214.56	70200		14.48	74305	26	21.87	74305	26	21.87
29010		203.75	44365		193.25	70210		8.88	74320	26	27.82	74320	26	27.82
29015		222.30	44366		249.21	70220		12.99	74327	26	35.93	74327	26	35.93
29020		216.47	44369		253.48	70260		17.46	74340	26	27.82	74340	26	27.82
29025		229.55	44372		250.31	70330		12.22	74350	26	39.32	74350	26	39.32
29035		195.22	44380		72.45	70543	TC	983.00	74363	26	45.58	74363	26	45.58
29040		194.03	44382		85.17	70544		61.91	74485	26	28.13	74485	26	28.13
29044		215.47	45300	32	24.58	70545		61.91	75676	TC	502.93	75676	TC	502.93
29046		231.92	45303		28.68	70546		93.01	75722	26	60.15	75722	26	60.15
29049		79.28	45307	32	56.36	70547		61.91	75809	26	24.48	75809	26	24.48
29055		169.14	45308	32	49.75	70548		61.91	75900	26	25.21	75900	26	25.21
29058		105.62	45315	32	80.98	70549		93.01	75964	26	18.89	75964	26	18.89
29065		79.78	45317	32	85.81	71015		10.73	75984	26	37.06	75984	26	37.06
29075		73.83	45320		139.55	71021		13.71	76001	26	34.85	76001	26	34.85
29085		79.48	45320	32	90.73	71023		20.01	76005	TC	52.26	76005	TC	52.26
29105		77.44	45321		68.52	71030		15.97	76012	26	75.38	76012	26	75.38
29125		58.91	45331	32	65.59	71100		11.50	76062	TC	27.82	76062	TC	27.82
29305		193.50	45333		99.55	71101		13.71	76090	TC	42.20	76090	TC	42.20
29325		217.19	45335	32	145.52	71110		13.71	76096	TC	52.26	76096	TC	52.26
29345		117.70	50394		134.43	71111		16.33	76098	TC	16.47	76098	TC	16.47
29355		121.07	52234		243.61	71120		10.37	76100	TC	49.82	76100	TC	49.82
29358		127.33	52235		286.61	71550		74.65	76375	26	149.76	76375	26	149.76
29365		103.87	52240		507.87	72020		7.75	76390	26	72.68	76390	26	72.68
29405		76.57	52310		263.20	72147		99.68	76536	26	28.95	76536	26	28.95
29425		83.40	53600		94.20	72149		93.00	76604	26	28.18	76604	26	28.18
29435		102.65	53620		139.20	72190		10.73	76770	26	38.19	76770	26	38.19
29440		47.50	53660		76.47	72220		8.88	76805	26	51.58	76805	26	51.58
29445		135.77	53661		76.43	72240		46.66	76831	26	98.58	76831	26	98.58
29505		71.47	59514		930.03	72255		46.26	76856	26	35.57	76856	26	35.57
29515		60.20	64550	32	9.65	72265		42.56	76857	26	19.61	76857	26	19.61
29715		76.21	65205		52.16	73010		8.88	76870	26	32.96	76870	26	32.96
29720		66.21	65210		62.96	73020		7.75	76872	26	35.88	76872	26	35.88
29880		706.85	65222		67.32	73060		8.88	76942	26	34.75	76942	26	34.75
31605		189.62	67320		246.44	73070		7.75	76965	26	291.68	76965	26	291.68
33514		2005.59	67331		233.85	73120		28.24	76965	26	69.19	76965	26	69.19
33516		2124.45	67332		255.37	73130		8.88	76977	26	35.86	76977	26	35.86
33517		137.41	67334		225.78	73223	TC	983.00	77285	26	54.56	77285	26	54.56

(N/A for SSD Medicaid Waiver Providers)

PROCEDURE	MOD	ALLOWABLE	PROCEDURE	MOD	ALLOWABLE	PROCEDURE	MOD	ALLOWABLE	PROCEDURE	MOD	ALLOWABLE	PROCEDURE	MOD	ALLOWABLE
77333	TC	75.96	90844		78.00	94375	TC	15.25	A4381		4.98	A4381		4.98
77404		71.07	90853		27.20	94400	TC	20.03	A4382		26.59	A4382		26.59
77409		83.58	90871		122.66	94620	26	32.25	A4383		30.47	A4383		30.47
77431		97.14	90901	32	22.32	94621	TC	34.15	A4384		10.41	A4384		10.41
77778		786.81	90911	32	49.20	94725	TC	41.59	A4385		5.49	A4385		5.49
77781	26	86.44	91060	26	28.84	94725	TC	28.65	A4386		7.28	A4386		7.28
77783	26	193.67	91060	26	22.95	94750	26	11.45	A4388		4.71	A4388		4.71
78001	26	13.35	91060	TC	5.89	94760		4.67	A4389		6.70	A4389		6.70
78007	26	25.97	91065	26	10.37	94760		7.21	A4390		10.40	A4390		10.40
78018	26	44.96	92019	TC	73.00	94761		67.74	A4394		2.76	A4394		2.76
78185	26	21.14	92060		17.80	95075			A4396		40.48	A4396		40.48
78185	TC	94.46	92225		23.37	95145	32	3.69	A4396		40.48	A4396		40.48
78195	TC	162.90	92226		21.16	95146	32	3.69	A4397		1.83	A4397		1.83
78205	26	37.11	92260		17.29	95147	32	3.69	A4399		10.31	A4399		10.31
78264	26	40.45	92260	32	11.59	95148	32	3.69	A4400		63.84	A4400		63.84
78264	TC	164.93	92284	26	12.63	95149	32	3.69	A4402		4.00	A4402		4.00
78278	26	51.18	92285	26	40.37	95170	32	3.28	A4404		1.83	A4404		1.83
78290	26	35.21	92285	TC	29.19	95805	TC	219.62	A4454		0.86	A4454		0.86
78300	26	32.23	92335	TC	56.82	95806	26	84.91	A4455		1.70	A4455		1.70
78305	26	43.07	92335	32	23.46	95807	26	84.21	A4621		1.39	A4621		1.39
78315	26	53.07	92546	26	16.46	95822	TC	55.81	A4636		4.94	A4636		4.94
78445	26	25.61	92585	26	102.83	95930	26	19.44	A5053		2.14	A5053		2.14
78466	26	36.39	92585	26	28.01	95956	TC	460.06	A5055		1.46	A5055		1.46
78472	26	51.63	92980	26	812.21	96571	TC	29.40	A5062		2.27	A5062		2.27
78588		184.94	92981		228.04	97016		12.49	A5072		4.24	A5072		4.24
78588	TC	128.22	92982		600.24	97016		7.35	A5072		3.89	A5072		3.89
78596	26	66.06	92984		162.47	97020		4.50	A5081		10.62	A5081		10.62
78630	26	35.21	92984		661.24	97020	32	4.50	A5093		2.09	A5093		2.09
78650	26	31.57	92996		178.53	97024	32	4.50	A5102		24.21	A5102		24.21
78704	26	38.60	92997		637.24	97024	32	4.50	A5119		12.56	A5119		12.56
78707	26	50.10	93536		262.13	97026	32	4.50	A5121		9.11	A5121		9.11
78800	26	34.08	93561	26	25.16	97026	32	4.50	A5122		15.22	A5122		15.22
78805	26	38.24	93562	26	8.11	97028		5.63	A5123		4.46	A5123		4.46
80500	26	22.20	93572		170.28	97028	32	5.63	A5126		1.16	A5126		1.16
80500	32	20.57	93572	TC	92.02	97039		10.37	A5131		17.83	A5131		17.83
85102	32	73.03	93609		380.28	A4232		2.61	A6265		0.13	A6265		0.13
86078	32	52.33	93609	26	271.08	A4265		3.39	E0105	UE	34.63	E0105	UE	34.63
88141	32	23.19	93621	26	116.12	A4351		1.20	E0424	RR	251.18	E0424	RR	251.18
88329	32	40.65	93622	26	185.00	A4357		10.81	E0441		198.12	E0441		198.12
88329	32	37.40	93722		8.88	A4361		28.88	E0607	RR	7.63	E0607	RR	7.63
89100	32	31.62	93736	26	8.16	A4362		3.65	E0607	KI	7.63	E0607	KI	7.63
89105	32	25.97	93741	TC	26.54	A4364		2.33	E0607	RR	7.63	E0607	RR	7.63
89130	32	22.13	93742	TC	26.54	A4365		12.23	E0660	RR	12.34	E0660	RR	12.34
89132	32	9.19	93743	TC	29.39	A4367		7.52	E0666	RR	9.84	E0666	RR	9.84
89135	32	39.59	93744	TC	26.54	A4368		0.27	E1400	RR	251.18	E1400	RR	251.18
89136	32	11.14	93922	26	13.29	A4369		1.79	E1401	RR	251.18	E1401	RR	251.18
89140	32	42.56	94010	26	8.88	A4372		4.52	E1402	RR	251.18	E1402	RR	251.18
89141	32	47.86	94015	26	12.10	A4373		6.77	E1403	RR	251.18	E1403	RR	251.18
90806	26	75.00	94060	26	15.56	A4374		9.10	E1404	RR	251.18	E1404	RR	251.18
90807	26	78.00	94260		21.36	A4375		18.54	E1405	RR	309.14	E1405	RR	309.14
90818	26	90.00	94260	26	6.62	A4376		51.39	E1406	RR	281.96	E1406	RR	281.96
90819	26	78.00	94260	TC	14.74	A4377		4.63	G0004	RR	321.24	G0004	RR	321.24
90841	26	25.36	94360	TC	31.54	A4378		33.18	G0101	32	23.87	G0101	32	23.87
90843	26	42.00	94360	TC	18.60	A4379		16.23	G0111	32	14.52	G0111	32	14.52
						A4380		40.31	G0112	32	91.66	G0112	32	91.66

(N/A for SSD Medicaid Waiver Providers)

PROCEDURE	MOD	ALLOWABLE
G0113	32	68.52
G0166	32	4.05
G0168	32	24.27
K0050	FR	3.18
L0140		44.98
L0920		137.69
L0960		50.14
L1630		149.29
L1825		37.95
L1906		208.61
L2415		95.43
L2627		1046.27
L3650		69.22
L4040		547.89
L4380		75.42
L5618		243.61
L5620		251.26
L5622		326.61
L5648		357.77
L5652		184.13
L5850		101.86
L6586		1641.09
L6588		2794.43
L6590		2461.44
L8020		175.95
L8490		99.66
V2020		15.00
V2219		17.78
V2319		20.10
V2500		76.22
V2510		97.91
V2520		83.88
V2530		104.88



State Healthcare
 1440 Kapiolani Boulevard, Suite 1400 • Honolulu, HI 96814