

House Bill 751 Primary Care Practitioner (PCP) Enhanced Fee Schedule (Effective July 1, 2016)

Enhanced reimbursement is available to primary care practitioners who successfully attested to and received the federal Patient Protection and Affordable Care Act (ACA) PCP increase between 1/1/2013 through 12/31/2014.

- FQHC, RHC, public health departments and nursing homes do not get the increase.
- Practitioners participating in the Physician Upper Payment Limit (UPL) Program do not get the increase.
- Providers eligible for the rate increase will be identified by the Specialty Codes 552 and 553.

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Code	Code Description	Office Rate**	Medicaid Office Rate Physician Extenders at 90%	Non-Office Site of Service	CHIP Office Rate**	Peachcare Office Rate Physician Extenders at 90%	CHIP Non-Office Site of Service
				Rate**			Rate**
90460	Vaccine admin, 1-18 years w/ counseling	\$21.93	\$19.74		\$21.93	\$19.74	
90471	Vaccine Admin	\$23.54	\$21.19		\$23.54	\$21.19	
90472	Vaccine Admin, each Add component	\$11.98	\$10.78		\$18.50	\$16.65	
99202	Office/outpatient visit, New Patient	\$71.33	\$64.20	\$50.55	\$71.33	\$64.20	\$50.55
99203	Sick Visit, New Patient	\$103.80	\$93.42	\$77.03	\$103.80	\$93.42	\$77.03
99204	Sick Visit, New Patient	\$160.29	\$144.26	\$131.86	\$160.29	\$144.26	\$131.86
99205	Sick Visit, New Patient	\$200.13	\$180.12	\$170.24	\$200.13	\$180.12	\$170.24
99212	Office/outpatient visit, Established Patient	\$41.63	\$37.47	\$25.44	\$41.63	\$37.47	\$25.44
99213	Office Visit, Established Patient	\$70.15	\$63.14	\$51.63	\$70.15	\$63.14	\$51.63
99214	Office/outpatient visit, Established Patient	\$103.72	\$93.35	\$79.25	\$103.72	\$93.35	\$79.25
99215	Office/outpatient visit, Established Patient	\$139.20	\$125.28	\$111.54	\$139.20	\$125.28	\$111.54
99217	Observation care discharge	\$70.82	\$63.74		\$70.82	\$63.74	
99218	Observation care	\$97.53	\$87.78		\$97.53	\$87.78	
99221	Initial hospital care	\$99.85	\$89.87		\$99.85	\$89.87	
99222	Initial hospital care	\$135.59	\$122.03		\$135.59	\$122.03	
99231	Subsequent hospital care	\$38.59	\$34.73		\$38.59	\$34.73	
99232	Subsequent hospital care	\$70.85	\$63.77		\$70.85	\$63.77	
99233	Subsequent hospital care	\$102.06	\$91.85		\$102.06	\$91.85	
99238	Hospital discharge day	\$70.82	\$63.74		\$70.82	\$63.74	
99239	Hospital discharge day	\$104.69	\$94.22		\$104.69	\$94.22	
99244	Office Consultation	\$180.26	\$162.23	\$141.66	\$180.26	\$162.23	\$141.66
99381**	Initial Preventive Visit, New Patient, Infant	\$106.68	\$96.01		\$106.68	\$96.01	
99460	Initial Newborn, E/M per day, hospital	\$93.25	\$83.93		\$93.25	\$83.93	
99462	Subsequent Newborn, E/M per day, hospital	\$41.48	\$37.33		\$41.48	\$37.33	
99468	Neonatal Critical Care, Initial	\$919.17	\$827.25		\$919.17	\$827.25	
99469	Neonatal Critical Care, Subsequent	\$390.13	\$351.12		\$390.13	\$351.12	
99477	Initial Neonate, E/M per day, hospital	\$342.26	\$308.03		\$346.12	\$311.51	
99391**	Preventive Visit, Established Patient, Infant	\$96.08	\$86.47		\$96.08	\$86.47	
99392**	Preventive Visit, Established Patient, Age 1-4	\$102.74	\$92.47		\$102.74	\$92.47	
99393**	Preventive Visit, Established Patient, Age 5-11	\$102.41	\$92.17		\$102.41	\$92.17	
99394**	Preventive Visit, Established Patient, Age 12-17	\$112.25	\$101.03		\$112.25	\$101.03	
99395**	Preventive Visit, Established Patient, Age 18-39	\$114.71	\$103.24		\$114.71	\$103.24	

*Eligible Physician Extenders are reimbursed 90% of the new physician rate.

**For Well-Child Visit Codes 99391- 99395, Eligible Physician Extenders are reimbursed 100% of the new physician rate.

***A site of service differential is applied for services rendered in a facility setting. There is a reduction in payment as expenses of rent, supplies, labor and equipment are part of the cost of the facility where the service is being rendered.