

PROVIDER BULLETIN

Volume 35 Number 31

<http://dss.mo.gov/mhd/>

May 7, 2013

PHYSICIAN PRIMARY CARE RATE INCREASE FOR CERTAIN SERVICES

CONTENTS

- **UPDATE**
 - **VACCINES FOR CHILDREN (VFC) PROGRAM**
 - **PROVIDER ENROLLMENT**
-

UPDATE

As announced in the July 31, 2012 provider information bulletin, Volume 35, No. 3 http://dss.mo.gov/mhd/providers/pdf/bulletin35-03_2012jul31.pdf, federal law requires state Medicaid agencies to increase payments to certain physician specialties for primary care Evaluation and Management (E/M) Healthcare Common Procedure Coding System (HCPCS) codes 99201-99499, as well as services related to immunization administration for vaccines and toxoids Current Procedural Terminology (CPT) codes 90465, 90466, 90467, 90468, 90471, 90472, 90473, 90474, or their successor codes, for dates of service on or after January 1, 2013 through December 31, 2014. Additional information on this topic can be accessed via these provider bulletins found at the following web links:

http://dss.mo.gov/mhd/providers/pdf/bulletin35-08_2012nov15.pdf

http://dss.mo.gov/mhd/providers/pdf/bulletin35-15_2012dec20.pdf

The MO HealthNet Division's (MHD) reimbursement rates for the identified services will be the lower of the provider's usual and customary charges to the general public or MHD's allowable amount based upon Medicare Part B rates for office site of service using the mean value over all counties. The rates are shown in [Attachment A](#).

Missouri has received approval to implement the fee increases. The system work will be implemented on May 1, 2013. The first payments for the fee increases will be reflected on the May 10, 2013 remittance advice. Claims for eligible providers will be systematically adjusted based upon the date of attestation. These adjustments will appear on future remittance advices.

VACCINES FOR CHILDREN (VFC) PROGRAM

Providers should continue to bill the VFC administration codes as they currently do. An additional payment will be made to eligible providers to bring the reimbursement amount up to Missouri's regional maximum fee of \$21.53. Any VFC administration code that currently reimburses more than Missouri's regional maximum fee will not receive an additional payment.

PROVIDER ENROLLMENT

Providers who currently have a provider participation agreement on file with the Missouri Medicaid Audit & Compliance (MMAC) Unit, Provider Enrollment Section, must attest they meet the eligibility requirements for the primary care rate increase before receiving the fee increases. The application is found on the MMAC web site at <http://mmac.mo.gov/providers/provider-enrollment/provider-enrollment-forms/> by clicking on "Primary Care Physicians Rate Certification-Attestation". Providers will need to complete the form and submit it to the address or fax number listed. The applications will be verified and validated by MMAC Provider Enrollment Section.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD web site at <http://dss.mo.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline
573-751-2896**

ATTACHMENT A

Procedure Code	Description	MO HealthNet Rate	Mean Average among all Medicare Regions	Payment Add-on
90460	Immunization admin 1st/only component	\$12.84	\$21.53	\$8.69
90461	Immunization admin each addl component	\$6.28	\$12.04	\$5.76
90471	Immunization admin (includes percutaneous, intradermal, subcutaneous, or intramuscular injections, single or combination vaccine	\$12.34	\$24.16	\$11.82
90472	Immunization admin each additional vaccine	\$6.25	\$12.04	\$5.79
90473	Immunization administration by intranasal or oral route; one vaccine	\$7.85	\$24.16	\$16.31
90474	Immunization administration by intranasal or oral route; each additional vaccine	\$5.36	\$12.04	\$6.68

ATTACHMENT A

Current VFC Administration Procedure Code	Description	MO HealthNet Rate	Missouri Maximum VFC amount	VFC Adjusted Payment Add-on
90633 SL	Hep A	\$5.00	\$21.53	\$16.53
90647 SL	HIB	\$5.00	\$21.53	\$16.53
90648 SL	HIB	\$5.00	\$21.53	\$16.53
90649 SL	HPV Vaccine	\$5.00	\$21.53	\$16.53
90650 SL	HPV Vaccine	\$5.00	\$21.53	\$16.53
90655 SL	Flu Vaccine	\$5.00	\$21.53	\$16.53
90656 SL	Flu Vaccine	\$5.00	\$21.53	\$16.53
90658 SL	Influenza	\$5.00	\$21.53	\$16.53
90660 SL	Influenza	\$5.00	\$21.53	\$16.53
90669 SL	Pneumococcal Conjugate Vaccine	\$5.00	\$21.53	\$16.53
90670 SL	Pneumococcal Conjugate Vaccine	\$5.00	\$21.53	\$16.53
90680 SL	Rotavirus	\$5.00	\$21.53	\$16.53
90681 SL	Rotavirus	\$5.00	\$21.53	\$16.53
90696 SL	Dtap/IPV	\$20.00	\$21.53	\$1.53
90698 SL	Dtap/Hep B/IPV	\$25.00	\$21.53	No additional reimbursement
90700 SL	Dtap	\$15.00	\$21.53	\$6.53
90702 SL	DT	\$10.00	\$21.53	\$11.53
90707 SL	MMR	\$15.00	\$21.53	\$6.53
90710 SL	MMRV	\$20.00	\$21.53	\$1.53
90713 SL	IPV (poliovirus)	\$5.00	\$21.53	\$16.53
90714 SL	TD	\$10.00	\$21.53	\$11.53
90715 SL	TDAP vaccine	\$15.00	\$21.53	\$6.53
90716 SL	Chicken Pox Vaccine	\$5.00	\$21.53	\$16.53
90718 SL	TD	\$10.00	\$21.53	\$11.53
90723 SL	Diphtheria, Tetanus Toxoids, Acellular Pertussis, Hepatitis B, Poliovirus Vaccine	\$25.00	\$21.53	No additional reimbursement
90732 SL	Pneumococcal Conjugate Vaccine	\$5.00	\$21.53	\$16.53
90734 SL	Meningococcal	\$5.00	\$21.53	\$16.53
90744 SL	Hep B	\$5.00	\$21.53	\$16.53
90748 SL	Hep B/Hib	\$10.00	\$21.53	\$11.53

ATTACHMENT A

Procedure Code	Modifier 1	Modifier 2	Category	Description	MO HealthNet Rate	Mean Average Over all Counties	Payment Add-on
99201			Medical Services	Office/outpatient visit new	\$23.67	\$41.85	\$18.18
99201	EP		Medical Services	Office/outpatient visit new	\$25.30	\$41.85	\$16.55
99201	GE		Medical Services	Office/outpatient visit new	\$23.67	\$41.85	\$18.18
99201	GE	EP	Medical Services	Office/outpatient visit new	\$25.30	\$41.85	\$16.55
99201	GT		Medical Services	Office/outpatient visit new	\$23.67	\$41.85	\$18.18
99201	GT	EP	Medical Services	Office/outpatient visit new	\$25.30	\$41.85	\$16.55
99201			Other Medical	Office/outpatient visit new	\$21.65	\$41.85	\$20.20
99201	EP		Other Medical	Office/outpatient visit new	\$23.00	\$41.85	\$18.85
99201	GE		Other Medical	Office/outpatient visit new	\$21.65	\$41.85	\$20.20
99201	GE	EP	Other Medical	Office/outpatient visit new	\$23.00	\$41.85	\$18.85
99202			Medical Services	Office/outpatient visit new	\$42.05	\$71.48	\$29.43
99202	EP		Medical Services	Office/outpatient visit new	\$42.05	\$71.48	\$29.43
99202	GE		Medical Services	Office/outpatient visit new	\$42.05	\$71.48	\$29.43
99202	GE	EP	Medical Services	Office/outpatient visit new	\$42.05	\$71.48	\$29.43
99202	GT		Medical Services	Office/outpatient visit new	\$42.05	\$71.48	\$29.43
99202	GT	EP	Medical Services	Office/outpatient visit new	\$42.05	\$71.48	\$29.43
99202			Other Medical	Office/outpatient visit new	\$42.05	\$71.48	\$29.43
99202	EP		Other Medical	Office/outpatient visit new	\$42.05	\$71.48	\$29.43
99202	GE		Other Medical	Office/outpatient visit new	\$42.05	\$71.48	\$29.43
99202	GE	EP	Other Medical	Office/outpatient visit new	\$42.05	\$71.48	\$29.43
99203			Medical Services	Office/outpatient visit new	\$62.62	\$103.98	\$41.36
99203	EP		Medical Services	Office/outpatient visit new	\$62.62	\$103.98	\$41.36
99203	GE		Medical Services	Office/outpatient visit new	\$62.62	\$103.98	\$41.36
99203	GE	EP	Medical Services	Office/outpatient visit new	\$62.62	\$103.98	\$41.36
99203	GT		Medical Services	Office/outpatient visit new	\$62.62	\$103.98	\$41.36
99203	GT	EP	Medical Services	Office/outpatient visit new	\$62.62	\$103.98	\$41.36

ATTACHMENT A

Procedure Code	Modifier 1	Modifier 2	Category	Description	MO HealthNet Rate	Mean Average Over all Counties	Payment Add-on
99203			Other Medical	Office/outpatient visit new	\$62.62	\$103.98	\$41.36
99203	EP		Other Medical	Office/outpatient visit new	\$62.62	\$103.98	\$41.36
99203	GE		Other Medical	Office/outpatient visit new	\$62.62	\$103.98	\$41.36
99203	GE	EP	Other Medical	Office/outpatient visit new	\$62.62	\$103.98	\$41.36
99204			Medical Services	Office/outpatient visit new	\$88.68	\$159.82	\$71.14
99204	EP		Medical Services	Office/outpatient visit new	\$88.68	\$159.82	\$71.14
99204	GT		Medical Services	Office/outpatient visit new	\$88.68	\$159.82	\$71.14
99204	GT	EP	Medical Services	Office/outpatient visit new	\$88.68	\$159.82	\$71.14
99204			Other Medical	Office/outpatient visit new	\$88.68	\$159.82	\$71.14
99204	EP		Other Medical	Office/outpatient visit new	\$88.68	\$159.82	\$71.14
99205			Medical Services	Office/outpatient visit new	\$112.84	\$198.29	\$85.45
99205	EP		Medical Services	Office/outpatient visit new	\$112.84	\$198.29	\$85.45
99205	GT		Medical Services	Office/outpatient visit new	\$112.84	\$198.29	\$85.45
99205	GT	EP	Medical Services	Office/outpatient visit new	\$112.84	\$198.29	\$85.45
99205	UB		Medical Services	Office/outpatient visit new	\$106.38	\$198.29	\$91.91
99205	U7		Medical Services	Office/outpatient visit new	\$187.50	\$198.29	\$10.79
99205	U9		Medical Services	Office/outpatient visit new	\$106.38	\$198.29	\$91.91
99205	U9	UB	Medical Services	Office/outpatient visit new	\$106.38	\$198.29	\$91.91
99205	52	U7	Medical Services	Office/outpatient visit new	\$106.38	\$198.29	\$91.91
99205			Other Medical	Office/outpatient visit new	\$112.84	\$198.29	\$85.45
99205	EP		Other Medical	Office/outpatient visit new	\$112.84	\$198.29	\$85.45
99205	UB		Other Medical	Office/outpatient visit new	\$112.84	\$198.29	\$85.45
99211			Medical Services	Office/outpatient visit est	\$14.31	\$19.26	\$4.95
99211	EP		Medical Services	Office/outpatient visit est	\$16.50	\$19.26	\$2.76
99211	GE		Medical Services	Office/outpatient visit est	\$13.81	\$19.26	\$5.45
99211	GE	EP	Medical Services	Office/outpatient visit est	\$16.50	\$19.26	\$2.76

ATTACHMENT A

Procedure Code	Modifier 1	Modifier 2	Category	Description	MO HealthNet Rate	Mean Average Over all Counties	Payment Add-on
99211	GT		Medical Services	Office/outpatient visit est	\$13.81	\$19.26	\$5.45
99211	GT	EP	Medical Services	Office/outpatient visit est	\$16.50	\$19.26	\$2.76
99211			Other Medical	Office/outpatient visit est	\$12.55	\$19.26	\$6.71
99211	EP		Other Medical	Office/outpatient visit est	\$15.00	\$19.26	\$4.26
99211	GE		Other Medical	Office/outpatient visit est	\$12.55	\$19.26	\$6.71
99211	GE	EP	Other Medical	Office/outpatient visit est	\$15.00	\$19.26	\$4.26
99212			Medical Services	Office/outpatient visit est	\$24.86	\$41.85	\$16.99
99212	EP		Medical Services	Office/outpatient visit est	\$27.50	\$41.85	\$14.35
99212	GE		Medical Services	Office/outpatient visit est	\$24.86	\$41.85	\$16.99
99212	GE	EP	Medical Services	Office/outpatient visit est	\$27.50	\$41.85	\$14.35
99212	GT		Medical Services	Office/outpatient visit est	\$24.86	\$41.85	\$16.99
99212	GT	EP	Medical Services	Office/outpatient visit est	\$27.50	\$41.85	\$14.35
99212			Other Medical	Office/outpatient visit est	\$22.60	\$41.85	\$19.25
99212	EP		Other Medical	Office/outpatient visit est	\$25.00	\$41.85	\$16.85
99212	GE		Other Medical	Office/outpatient visit est	\$22.60	\$41.85	\$19.25
99212	GE	EP	Other Medical	Office/outpatient visit est	\$25.00	\$41.85	\$16.85
99213			Medical Services	Office/outpatient visit est	\$36.38	\$69.78	\$33.40
99213	EP		Medical Services	Office/outpatient visit est	\$36.38	\$69.78	\$33.40
99213	GE		Medical Services	Office/outpatient visit est	\$36.38	\$69.78	\$33.40
99213	GE	EP	Medical Services	Office/outpatient visit est	\$36.38	\$69.78	\$33.40
99213	GT		Medical Services	Office/outpatient visit est	\$36.38	\$69.78	\$33.40
99213	GT	EP	Medical Services	Office/outpatient visit est	\$32.03	\$69.78	\$37.75
99213			Other Medical	Office/outpatient visit est	\$32.03	\$69.78	\$37.75
99213	EP		Other Medical	Office/outpatient visit est	\$36.38	\$69.78	\$33.40
99213	GE		Other Medical	Office/outpatient visit est	\$36.38	\$69.78	\$33.40

ATTACHMENT A

Procedure Code	Modifier 1	Modifier 2	Category	Description	MO HealthNet Rate	Mean Average Over all Counties	Payment Add-on
99213	GE	EP	Other Medical	Office/outpatient visit est	\$36.38	\$69.78	\$33.40
99214			Medical Services	Office/outpatient visit est	\$54.74	\$102.79	\$48.05
99214	EP		Medical Services	Office/outpatient visit est	\$54.74	\$102.79	\$48.05
99214	GT		Medical Services	Office/outpatient visit est	\$54.74	\$102.79	\$48.05
99214	GT	EP	Medical Services	Office/outpatient visit est	\$54.74	\$102.79	\$48.05
99214			Other Medical	Office/outpatient visit est	\$48.57	\$102.79	\$54.22
99214	EP		Other Medical	Office/outpatient visit est	\$54.74	\$102.79	\$48.05
99215			Medical Services	Office/outpatient visit est	\$77.69	\$138.27	\$60.58
99215	EP		Medical Services	Office/outpatient visit est	\$77.69	\$138.27	\$60.58
99215	GT		Medical Services	Office/outpatient visit est	\$77.69	\$138.27	\$60.58
99215	GT	EP	Medical Services	Office/outpatient visit est	\$77.69	\$138.27	\$60.58
99215			Other Medical	Office/outpatient visit est	\$77.69	\$138.27	\$60.58
99215	EP		Other Medical	Office/outpatient visit est	\$77.69	\$138.27	\$60.58
99217			Medical Services	Observation care discharge	\$39.78	\$69.42	\$29.64
99218			Medical Services	Initial observation care	\$37.53	\$95.48	\$57.95
99218			Other Medical	Initial observation care	\$37.53	\$95.48	\$57.95
99219			Medical Services	Initial observation care	\$61.73	\$130.09	\$68.36
99219			Other Medical	Initial observation care	\$61.73	\$130.09	\$68.36
99220			Medical Services	Initial observation care	\$86.82	\$178.20	\$91.38
99220			Other Medical	Initial observation care	\$86.82	\$178.20	\$91.38
99221			Medical Services	Initial hospital care	\$52.41	\$98.02	\$45.61
99222			Medical Services	Initial hospital care	\$72.11	\$132.91	\$60.80
99223			Medical Services	Initial hospital care	\$105.94	\$195.36	\$89.42
99231			Medical Services	Subsequent hospital care	\$27.50	\$37.68	\$10.18
99231	TG		Medical Services	Subsequent hospital care	\$37.50	\$37.68	\$0.18
99232			Medical Services	Subsequent hospital care	\$38.98	\$69.20	\$30.22

ATTACHMENT A

Procedure Code	Modifier 1	Modifier 2	Category	Description	MO HealthNet Rate	Mean Average Over all Counties	Payment Add-on
99232	TG		Medical Services	Subsequent hospital care	\$49.50	\$69.20	\$19.70
99233			Medical Services	Subsequent hospital care	\$55.89	\$99.79	\$43.90
99233	TG		Medical Services	Subsequent hospital care	\$57.75	\$99.79	\$42.04
99234			Medical Services	Observ/hosp same date	\$75.29	\$129.95	\$54.66
99234			Other Medical	Observ/hosp same date	\$75.29	\$129.95	\$54.66
99235			Medical Services	Observ/hosp same date	\$99.24	\$162.39	\$63.15
99235			Other Medical	Observ/hosp same date	\$99.24	\$162.39	\$63.15
99236			Medical Services	Observ/hosp same date	\$123.43	\$209.88	\$86.45
99236			Other Medical	Observ/hosp same date	\$123.43	\$209.88	\$86.45
99238			Medical Services	Hospital discharge day management; 30 minutes or less	\$39.76	\$69.36	\$29.60
99238			Other Medical	Hospital discharge day management; 30 minutes or less	\$39.76	\$69.36	\$29.60
99239			Medical Services	Hospital discharge day management; more than 30 minutes	\$57.14	\$102.45	\$45.31
99239			Other Medical	Hospital discharge day management; more than 30 minutes	\$57.14	\$102.45	\$45.31
99241			Medical Services	Office consultation	\$29.11	\$45.09	\$15.98
99241	GT		Medical Services	Office consultation	\$29.11	\$45.09	\$15.98
99242			Medical Services	Office consultation	\$54.27	\$85.46	\$31.19
99242	GT		Medical Services	Office consultation	\$54.27	\$85.46	\$31.19

ATTACHMENT A

Procedure Code	Modifier 1	Modifier 2	Category	Description	MO HealthNet Rate	Mean Average Over all Counties	Payment Add-on
99243			Medical Services	Office consultation	\$74.49	\$116.72	\$42.23
99243	GT		Medical Services	Office consultation	\$74.49	\$116.72	\$42.23
99244			Medical Services	Office consultation	\$109.33	\$173.02	\$63.69
99244	GT		Medical Services	Office consultation	\$109.33	\$173.02	\$63.69
99245			Medical Services	Office consultation	\$134.99	\$212.03	\$77.04
99245	GT		Medical Services	Office consultation	\$134.99	\$212.03	\$77.04
99251			Medical Services	Inpatient consultation	\$28.20	\$47.02	\$18.82
99251	GT		Medical Services	Inpatient consultation	\$28.20	\$47.02	\$18.82
99252			Medical Services	Inpatient consultation	\$44.79	\$72.32	\$27.53
99252	GT		Medical Services	Inpatient consultation	\$44.79	\$72.32	\$27.53
99253			Medical Services	Inpatient consultation	\$66.84	\$109.92	\$43.08
99253	GT		Medical Services	Inpatient consultation	\$66.84	\$109.92	\$43.08
99254			Medical Services	Inpatient consultation	\$96.38	\$158.31	\$61.93
99254	GT		Medical Services	Inpatient consultation	\$96.38	\$158.31	\$61.93
99255			Medical Services	Inpatient consultation	\$118.83	\$196.79	\$77.96
99255	GT		Medical Services	Inpatient consultation	\$118.83	\$196.79	\$77.96
99281			Medical Services	Emergency dept visit	\$17.60	\$20.36	\$2.76
99282			Medical Services	Emergency dept visit	\$22.65	\$40.10	\$17.45
99283			Medical Services	Emergency dept visit	\$36.52	\$59.88	\$23.36
99284			Medical Services	Emergency dept visit	\$67.44	\$114.50	\$47.06
99285			Medical Services	Emergency dept visit	\$100.71	\$168.02	\$67.31
99291			Medical Services	Critical care first hour	\$165.00	\$265.36	\$100.36
99292			Medical Services	Critical care first hour	\$82.50	\$118.99	\$36.49
99304			Medical Services	Nursing facility care init	\$60.07	\$89.95	\$29.88
99305			Medical Services	Nursing facility care init	\$65.26	\$127.82	\$62.56
99306			Medical Services	Nursing facility care init	\$83.62	\$161.49	\$77.87

ATTACHMENT A

Procedure Code	Modifier 1	Modifier 2	Category	Description	MO HealthNet Rate	Mean Average Over all Counties	Payment Add-on
99307			Medical Services	Nursing fac care subseq	\$23.18	\$42.56	\$19.38
99308			Medical Services	Nursing fac care subseq	\$35.56	\$66.14	\$30.58
99309			Medical Services	Nursing fac care subseq	\$47.49	\$86.78	\$39.29
99310			Medical Services	Nursing fac care subseq	\$69.59	\$129.30	\$59.71
99315			Medical Services	Nursing facility discharge day management; 30 minutes or less	\$34.65	\$70.04	\$35.39
99316			Medical Services	Nursing facility discharge day management; more than 30 minutes	\$45.20	\$100.54	\$55.34
99318			Medical Services	Annual nursing fac assessmnt	\$33.04	\$91.81	\$58.77
99324			Medical Services	Domicil/r-home visit new pat	\$32.71	\$53.55	\$20.84
99325			Medical Services	Domicil/r-home visit new pat	\$47.48	\$77.22	\$29.74
99326			Medical Services	Domicil/r-home visit new pat	\$77.14	\$133.84	\$56.70
99327			Medical Services	Domicil/r-home visit new pat	\$100.17	\$178.95	\$78.78
99328			Medical Services	Domicil/r-home visit new pat	\$118.46	\$207.63	\$89.17
99334			Medical Services	Domicil/r-home visit est pat	\$32.76	\$58.09	\$25.33
99335			Medical Services	Domicil/r-home visit est pat	\$50.39	\$90.92	\$40.53
99336			Medical Services	Domicil/r-home visit est pat	\$71.53	\$128.78	\$57.25

ATTACHMENT A

Procedure Code	Modifier 1	Modifier 2	Category	Description	MO HealthNet Rate	Mean Average Over all Counties	Payment Add-on
99337			Medical Services	Domicil/r-home visit est pat	\$102.55	\$185.32	\$82.77
99341			Medical Services	Home visit new patient	\$32.48	\$53.24	\$20.76
99342			Medical Services	Home visit new patient	\$47.48	\$76.66	\$29.18
99343			Medical Services	Home visit new patient	\$75.22	\$126.50	\$51.28
99344			Medical Services	Home visit new patient	\$98.50	\$175.26	\$76.76
99345			Medical Services	Home visit new patient	\$118.46	\$210.84	\$92.38
99347			Medical Services	Home visit est patient	\$31.11	\$53.51	\$22.40
99348			Medical Services	Home visit est patient	\$35.87	\$81.07	\$45.20
99349			Medical Services	Home visit est patient	\$55.41	\$122.74	\$67.33
99350			Medical Services	Home visit est patient	\$81.73	\$170.88	\$89.15
99354			Medical Services	Prolonged service office	\$100.00	\$95.49	No additional payment
99355			Medical Services	Prolonged service office	\$55.00	\$93.33	\$38.33
99356			Medical Services	Prolonged service inpatient	\$100.00	\$88.17	No additional payment
99357			Medical Services	Prolonged service inpatient	\$55.00	\$87.55	\$32.55
99360			Medical Services	Physician standby services	\$50.00	\$59.24	\$9.24
99366			Medical Services	Team conf w/pat by hc prof	\$10.00	\$40.99	\$30.99
99381			Medical Services	Init pm e/m new pat infant	\$23.00	\$105.88	\$82.88
99381	EP		Medical Services	Init pm e/m new pat infant	\$60.00	\$105.88	\$45.88
99381	52	EP	Medical Services	Init pm e/m new pat infant	\$20.00	\$105.88	\$85.88
99381			Other Medical	Init pm e/m new pat infant	\$23.00	\$105.88	\$82.88
99381	EP		Other Medical	Init pm e/m new pat infant	\$60.00	\$105.88	\$45.88

ATTACHMENT A

Procedure Code	Modifier 1	Modifier 2	Category	Description	MO HealthNet Rate	Mean Average Over all Counties	Payment Add-on
99381	52	EP	Other Medical	Init pm e/m new pat infant	\$20.00	\$105.88	\$85.88
99382			Medical Services	Init pm e/m new pat 1-4 yrs	\$23.00	\$110.20	\$87.20
99382	EP		Medical Services	Init pm e/m new pat 1-4 yrs	\$60.00	\$110.20	\$54.95
99382	52	EP	Medical Services	Init pm e/m new pat 1-4 yrs	\$20.00	\$110.20	\$106.44
99382			Other Medical	Init pm e/m new pat 1-4 yrs	\$23.00	\$110.20	\$123.28
99382	EP		Other Medical	Init pm e/m new pat 1-4 yrs	\$60.00	\$110.20	\$99.08
99382	52	EP	Other Medical	Init pm e/m new pat 1-4 yrs	\$20.00	\$110.20	\$139.08
99383			Medical Services	Prev visit new age 5-11	\$23.00	\$114.95	\$91.95
99383	EP		Medical Services	Prev visit new age 5-11	\$60.00	\$114.95	\$54.95
99383	52	EP	Medical Services	Prev visit new age 5-11	\$20.00	\$114.95	\$94.95
99383			Other Medical	Prev visit new age 5-11	\$23.00	\$114.95	\$91.95
99383	EP		Other Medical	Prev visit new age 5-11	\$60.00	\$114.95	\$54.95
99383	52	EP	Other Medical	Prev visit new age 5-11	\$20.00	\$114.95	\$94.95
99384			Medical Services	Prev visit new age 12-17	\$23.00	\$130.13	\$107.13
99384	EP		Medical Services	Prev visit new age 12-17	\$60.00	\$130.13	\$70.13
99384	52	EP	Medical Services	Prev visit new age 12-17	\$20.00	\$130.13	\$110.13
99384			Other Medical	Prev visit new age 12-17	\$23.00	\$130.13	\$107.13
99384	EP		Other Medical	Prev visit new age 12-17	\$60.00	\$130.13	\$70.13
99384	52	EP	Other Medical	Prev visit new age 12-17	\$20.00	\$130.13	\$110.13
99385			Medical Services	Prev visit new age 18-39	\$32.50	\$126.44	\$93.94
99385	EP		Medical Services	Prev visit new age 18-39	\$60.00	\$126.44	\$66.44
99385	52	EP	Medical Services	Prev visit new age 18-39	\$20.00	\$126.44	\$106.44

ATTACHMENT A

Procedure Code	Modifier 1	Modifier 2	Category	Description	MO HealthNet Rate	Mean Average Over all Counties	Payment Add-on
99385			Other Medical	Prev visit new age 18-39	\$23.00	\$126.44	\$103.44
99385	EP		Other Medical	Prev visit new age 18-39	\$60.00	\$126.44	\$66.44
99385	52	EP	Other Medical	Prev visit new age 18-39	\$20.00	\$126.44	\$106.44
99386			Medical Services	Prev visit new age 40-64	\$32.50	\$146.28	\$113.78
99387			Medical Services	Init pm e/m new pat 65+ yrs	\$32.50	\$159.08	\$126.58
99391			Medical Services	Per pm reeval est pat infant	\$15.00	\$95.15	\$80.15
99391	EP		Medical Services	Per pm reeval est pat infant	\$60.00	\$95.15	\$35.15
99391	52	EP	Medical Services	Per pm reeval est pat infant	\$20.00	\$95.15	\$75.15
99391			Other Medical	Per pm reeval est pat infant	\$15.00	\$95.15	\$80.15
99391	EP		Other Medical	Per pm reeval est pat infant	\$60.00	\$95.15	\$35.15
99391	52	EP	Other Medical	Per pm reeval est pat infant	\$20.00	\$95.15	\$75.15
99392			Medical Services	Prev visit est age 1-4	\$15.00	\$101.55	\$86.55
99392	EP		Medical Services	Prev visit est age 1-4	\$60.00	\$101.55	\$41.55
99392	52	EP	Medical Services	Prev visit est age 1-4	\$20.00	\$101.55	\$81.55
99392			Other Medical	Prev visit est age 1-4	\$15.00	\$101.55	\$86.55
99392	EP		Other Medical	Prev visit est age 1-4	\$60.00	\$101.55	\$41.55
99392	52	EP	Other Medical	Prev visit est age 1-4	\$20.00	\$101.55	\$81.55
99393			Medical Services	Prev visit est age 5-11	\$15.00	\$101.24	\$86.24
99393	EP		Medical Services	Prev visit est age 5-11	\$60.00	\$101.24	\$41.24
99393	52	EP	Medical Services	Prev visit est age 5-11	\$20.00	\$101.24	\$81.24
99393			Other Medical	Prev visit est age 5-11	\$15.00	\$101.24	\$86.24

ATTACHMENT A

Procedure Code	Modifier 1	Modifier 2	Category	Description	MO HealthNet Rate	Mean Average Over all Counties	Payment Add-on
99393	EP		Other Medical	Prev visit est age 5-11	\$60.00	\$101.24	\$41.24
99393	52	EP	Other Medical	Prev visit est age 5-11	\$20.00	\$101.24	\$81.24
99394			Medical Services	Prev visit est age 12-17	\$15.00	\$110.93	\$95.93
99394	EP		Medical Services	Prev visit est age 12-17	\$60.00	\$110.93	\$50.93
99394	52	EP	Medical Services	Prev visit est age 12-17	\$20.00	\$110.93	\$90.93
99394			Other Medical	Prev visit est age 12-17	\$15.00	\$110.93	\$95.93
99394	EP		Other Medical	Prev visit est age 12-17	\$60.00	\$110.93	\$50.93
99394	52	EP	Other Medical	Prev visit est age 12-17	\$20.00	\$110.93	\$90.93
99395			Medical Services	Prev visit est age 18-39	\$24.00	\$113.28	\$89.28
99395	EP		Medical Services	Prev visit est age 18-39	\$60.00	\$113.28	\$53.28
99395	52	EP	Medical Services	Prev visit est age 18-39	\$20.00	\$113.28	\$93.28
99395			Other Medical	Prev visit est age 18-39	\$15.00	\$113.28	\$98.28
99395	EP		Other Medical	Prev visit est age 18-39	\$60.00	\$113.28	\$53.28
99395	52	EP	Other Medical	Prev visit est age 18-39	\$20.00	\$113.28	\$93.28
99396			Medical Services	Prev visit est age 40-64	\$24.00	\$121.05	\$97.05
99397			Medical Services	Per pm reeval est pat 65+ yr	\$24.00	\$130.44	\$106.44
99402			Medical Services	Preventive counseling indiv	\$25.00	\$59.62	\$34.62
99404			Medical Services	Preventive counseling indiv	\$50.00	\$107.02	\$57.02
99406			Medical Services	Behav chng smoking 3-10 min	\$8.00	\$13.29	\$5.29
99406	AH		Medical Services	Behav chng smoking 3-10 min	\$8.00	\$13.29	\$5.29
99407			Medical Services	Behav chng smoking > 10 min	\$12.00	\$26.41	\$14.41
99407	AH		Medical Services	Behav chng smoking > 10 min	\$12.00	\$26.41	\$14.41

ATTACHMENT A

Procedure Code	Modifier 1	Modifier 2	Category	Description	MO HealthNet Rate	Mean Average Over all Counties	Payment Add-on
99460			Medical Services	Init nb em per day hosp	\$60.00	\$87.82	\$27.82
99461			Medical Services	Init nb em per day non-fac	\$51.29	\$95.61	\$44.32
99462			Medical Services	Sbsq nb em per day hosp	\$24.75	\$40.13	\$15.38
99463			Medical Services	Same day nb discharge	\$75.06	\$110.70	\$35.64
99464			Medical Services	Attendance at delivery	\$55.00	\$73.56	\$18.56
99465			Medical Services	NB resuscitation	\$150.00	\$142.11	No additional payment
99468			Medical Services	Neonate crit care initial	\$660.00	\$924.14	\$264.14
99469			Medical Services	Neonate crit care subsq	\$369.22	\$380.51	\$11.29
99471			Medical Services	Ped critical care initial	\$457.47	\$820.53	\$363.06
99472			Medical Services	Ped critical care subsq	\$223.88	\$392.01	\$168.13
99475			Medical Services	Ped crit care age 2-5 init	\$332.13	\$545.89	\$213.76
99476			Medical Services	Ped crit care age 2-5 subsq	\$197.04	\$337.39	\$140.35
99477			Medical Services	Init day hosp neonate care	\$174.86	\$338.35	\$163.49
99478			Medical Services	IC lbw inf < 1500 gm subsq	\$79.61	\$135.95	\$56.34
99479			Medical Services	IC lbw inf 1500-2500 g subsq	\$72.34	\$123.48	\$51.14
99480			Medical Services	IC inf pbw 2501-5000 g subsq	\$71.09	\$115.70	\$44.61