STATE OF MARYLAND
DHMH
Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein M.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Physicians Transmittal No. 136
Managed Care Organizations Transmittal No. 93
Nurse Practitioners Transmittal No. 17
Nurse Midwives Transmittal No. 24
Clinics Transmittal No. 63
February 21, 2013

To: Physicians
Managed Care Organizations
Nurse Practitioners
Nurse Midwives
General Clinics
Local Health Departments
Family Planning Clinics

From: Susan J. Tucker, Executive Director
Office of Health Services

Re: **Primary Care Fee Increase and Changes to Billing Codes for Vaccines for Children Administration (VFC) on January 1, 2013**

Note: Please ensure that appropriate staff members in your organizations are informed of the contents of this transmittal.

The Medical Assistance Program (the Department) has increased payment rates for certain Evaluation and Management (E&M) services to 100% of the 2013 Maryland Medicare rate, calculated by the Centers for Medicare and Medicaid Services (CMS), in accordance with 42 CFR Part 438, 441, and 447. In addition, we have increased the payment rate for the administration of vaccines under the Vaccines for Children (VFC) program. The Federal and State government increased rates to encourage provider participation in the Medicaid program to prepare for Medicaid expansion on January 1, 2014. **Providers must continue to bill their usual and customary charge, which may be less than the updated Medicare rates.** Providers paid by ValueOptions are excluded from the fee increase.

For dates of service between January 1, 2013 and December 31, 2014:

- The Department and managed care organizations (MCOs) will pay increased rates for E&M CPT codes 99201 – 99499. The Department and MCOs will not cover previously uncovered services within the stipulated code range, and will not cover new codes not in compliance with current payment methodology.

- The Department will pay primary care and specialty providers the increased rate for services. Within the next few weeks, the Department will request that primary care providers attest to their PCP status. Completing this forthcoming attestation will allow the Department to claim increased Federal funds.

- MCOs will pay in-network primary care providers, out-of-network primary care providers, in-network specialty providers, and out-of-network self-referred providers the increased rate; MCOs are not required to pay out-of-network specialty providers the increased rate.

- The Department and MCOs will pay the lower of either the usual and customary rate or the increased administration rate of $23.28 for vaccines provided through the Vaccines For Children (VFC) program. Providers must continue to use the Department's current billing methodology for VFC administration, using the product CPT code with an -SE modifier. The Department will not pay for vaccine administration codes 90460-90474.

The Department and MCOs will readjudicate any claims for dates of service on or after January 1, 2013 that require retroactive adjustment.

Enclosed are the new rates for facility and non-facility providers. The list only includes rates for services covered by the Program.

For more information on Physicians' Services billing, including E&M and VFC codes, please consult the 2013 Physicians' Services Provider Fee Manual via:

http://mmcp.dhmh.maryland.gov/SitePages/Provider%20Information.aspx

Questions regarding rates or the updated Provider Fee Manual may be directed to David Wertheimer at david.wertheimer@maryland.gov. Other questions regarding the Primary Care Fee Increase policy may be directed to Maureen Regan at maureen.regan@maryland.gov .

E&M Codes Subject to PCP Fee Increase Effective January 1, 2013

Code	Identification	Non Facility	Facility
99201	OFFICE/OUTPATIENT VISIT NEW	$50.24	$29.02
99202	OFFICE/OUTPATIENT VISIT NEW	$84.95	$54.93
99203	OFFICE/OUTPATIENT VISIT NEW	$122.75	$83.91
99204	OFFICE/OUTPATIENT VISIT NEW	$186.65	$143.40
99205	OFFICE/OUTPATIENT VISIT NEW	$230.52	$184.07
99211	OFFICE/OUTPATIENT VISIT EST	$23.49	$9.88
99212	OFFICE/OUTPATIENT VISIT EST	$50.24	$27.42
99213	OFFICE/OUTPATIENT VISIT EST	$82.43	$55.61
99214	OFFICE/OUTPATIENT VISIT EST	$120.92	$85.70
99215	OFFICE/OUTPATIENT VISIT EST	$161.97	$120.73
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMENT	N/A	$79.52
99218	INITIAL OBSERVATION CAREE	N/A	$108.08
99219	INITIAL OBSERVATION CARE	N/A	$147.32
99220	INITIAL OBSERVATION CARE	N/A	$201.76
99221	INITIAL HOSP VISIT MINIMAL	N/A	$110.87
99222	INITIAL HOSP VISIT MODERATE	N/A	$150.49
99223	INITIAL HOSP VISIT COMPREHENSIVE	N/A	$221.30
99224	SUBSEQUENT OBSERVATION CARE	N/A	$43.41
99225	SUBSEQUENT OBSERVATION CARE	N/A	$78.40
99226	SUBSEQUENT OBSERVATION CARE	N/A	$113.05
99231	HOSP VISIT SUBSEQUENT MINIMAL	N/A	$42.61
99232	HOSP VISIT SUBSEQUENT MODERATE	N/A	$78.40
99233	HOSP VISIT SUBSEQUENT COMPREHENSIVE	N/A	$113.05
99234	OBSERV/HOSP SAME DATE	N/A	$147.03
99235	OBSERV/HOSP SAME DATE	N/A	$183.88
99236	OBSERV/HOSP SAME DATE	N/A	$237.52
99238	HOSP DISCHARGE DAY	N/A	$79.53
99239	HOSPITAL DISCHARGE DAY	N/A	$117.34
99241	CONSULT OFFICE LIMITED	$52.97	$36.16
99242	CONSULT OFFICE INTERMEDIATE	$99.36	$75.74
99243	CONSULT OFFICE EXTENDED	$135.41	$105.39
99244	CONSULT OFFICE COMPREHENSIVE	$199.34	$166.51
99245	CONSULT OFFICE COMPLEX	$243.58	$206.75
99251	CONSULT IN-HOSP INITIAL	$52.72	$52.72
99252	CONSULT IN-HOSP INITIAL	N/A	$81.28
99253	CONSULT IN-HOSP INITIAL	N/A	$123.87
99254	CONSULT IN-HOSP INITIAL	N/A	$178.53
99255	CONSULT IN-HOSP INITIAL	N/A	$222.49
99281	EMERG DEPT VISIT MINIMAL	N/A	$22.70
99282	EMERG DEPT VISIT LIMITED	N/A	$44.66
99283	EMERG DEPT VISIT INTERMEDIATE	N/A	$66.54
99284	EMERG DEPT VISIT EXTENDED	N/A	$127.02
99285	EMERG DEPT VISIT COMPREHENSIVE	N/A	$186.24

Code	Identification	Non Facility	Facility
99288	ADVANCED LIFE SUPPORT	$7.50	$7.50
99291	CRITICAL CARE FIRST HOUR	$306.70	$243.03
99292	CRITICAL CARE ADDL 30 MIN	$135.53	$122.32
99304	NURSING FACILITY CARE INIT	$102.89	$102.89
99305	NURSING FACILITY CARE INIT	$146.05	$146.05
99306	NURSING FACILITY CARE INIT	$184.00	$184.00
99307	NURSING FAC CARE SUBSEQ	$49.02	$49.02
99308	NURSING FAC CARE SUBSEQ	$76.27	$76.27
99309	NURSING FAC CARE SUBSEQ	$99.95	$99.95
99310	NURSING FAC CARE SUBSEQ	$148.45	$148.45
99315	NURSING FAC DISCHARGE DAY	$80.33	$80.33
99316	NURSING FAC DISCHARGE DAY	$114.94	$114.94
99318	OTHER NURSING FACILITY SERVICES	$105.08	$105.09
99324	DOMICILIARY OR REST HOME VISIT	$61.10	N/A
99325	DOMICILIARY OR REST HOME VISIT	$87.63	N/A
99326	DOMICILIARY OR REST HOME VISIT	$152.04	N/A
99327	DOMICILIARY OR RST HOME VISIT	$203.65	N/A
99328	DOMICILIARY OR REST HOME VISIT	$235.84	N/A
99334	DOMICILIARY OR REST HOME VISIT	$66.53	N/A
99335	DOMICILIARY OR REST HOME VISIT	$103.86	N/A
99336	DOMICILIARY OR REST HOME VISIT	$146.93	N/A
99337	DOMICILIARY OR REST HOME VISIT	$210.91	N/A
99341	HOME VISIT NEW PATIENT	$60.70	N/A
99342	HOME VISIT NEW PATIENT	$86.83	N/A
99343	HOME VISIT NEW PATIENT	$143.12	N/A
99344	HOME VISIT NEW PATIENT	$199.48	N/A
99345	HOME VISIT NEW PATIENT	$239.84	N/A
99347	HOME VISIT EST PATIENT	$61.13	N/A
99348	HOME VISIT EST PATIENT	$92.32	N/A
99349	HOME VISIT EST PATIENT	$140.11	N/A
99350	HOME VISIT EST PATIENT	$194.57	N/A
99354	PROLONGED SERVICE OFFICE	$109.32	N/A
99355	PROLONGED SERVICE OFFICE	$106.51	$97.71
99356	PROLONGED SERVICE INPATIENT	N/A	$100.28
99357	PROLONGED SERVICE INPATIENT	N/A	$99.48
99381	INIT PM E/M NEW PAT INF	$124.92	$83.68
99382	INIT PM E/M NEW PAT 1-4 YRS	$129.83	$89.00
99383	PREV VISIT NEW AGE 5-11	$135.14	$94.71
99384	PREV VISIT NEW AGE 12-17	$152.28	$111.85
99385	PREV VISIT NEW AGE 18-39	$148.11	$107.28
99386	PREV VISIT NEW AGE 40-64	$170.53	$130.10
99387	INIT PM E/M NEW PAT 65+ YRS	$185.65	$140.02
99391	PER PM REEVAL EST PAT INF	$112.09	$76.46
99392	PREV VISIT EST AGE 1-4	$119.31	$83.68
99393	PREV VISIT EST AGE 5-11	$118.91	$83.68
99394	PREV VISIT EST AGE 12-17	$129.94	$94.71
99395	PREV VISIT EST AGE 18-39	$132.60	$97.37
99396	PREV VISIT EST AGE 40-64	$141.36	$106.13

Code	Identification	Non Facility	Facility
99397	ADULT ESTAB VISIT	$152.68	$111.85
99406	BEHAV CHNG SMOKING 3-10 MIN	$15.31	$13.31
99407	BEHAV CHNG SMOKING > 10 MIN	$30.16	$27.76
99408	AUDIT/DAST 15-30 MIN	$38.53	$36.13
99409	AUDIT/DAST OVER 30 MIN	$74.66	$72.26
99429	UNLISTED PREVENT HEALTH SERV	REPORT	REPORT
99460	INIT NB EM PER DAY HOSP	N/A	$98.47
99461	INIT NB EM PER DAY NON-FAC	$113.61	$70.78
99462	SBSQ NB EM PER DAY HOSP	N/A	$45.18
99463	SAME DAY NB DISCHARGE	N/A	$126.28
99464	ATTENDANCE AT DELIVERY	N/A	$83.29
99465	NB RESUSCITATION	N/A	$159.96
99466	PED CRIT CARE TRANSPORT	N/A	$295.78
99467	PED CRIT CARE TRANSPORT ADDL	N/A	$133.50
99468	NEONATE CRIT CARE INITIAL	N/A	$1,044.07
99469	NEONATE CRIT CARE SUBSQ	N/A	$428.61
99471	PED CRITICAL CARE INITIAL	N/A	$934.07
99472	PED CRITICAL CARE SUBSQ	N/A	$443.01
99475	PED CRIT CARE AGE 2-5 INIT	N/A	$614.41
99476	PED CRIT CARE AGE 2-5 SUBSQ	N/A	$381.38
99477	INIT DAY HOSP NEONATE CARE	N/A	$381.86
99478	IC LBW INF < 1500 GM SUBSQ	N/A	$153.69
99479	IC LBW INF 1500-2500 G SUBSQ	N/A	$139.61
99480	IC INF PBW 2501-5000 G SUBSQ	N/A	$130.29
99485	SUPRV INTERFACILITY TRANSPORT	N/A	$82.89
99486	SUPRV INTERFAC TRANSPORT ADDL	N/A	$72.26
99495	TRANS CARE MGMT 14 DAY DISCH	$186.79	$152.36
99496	TRANS CARE MGMT 7 DAY DISCH	$262.90	$223.68
99499	UNLISTED EVAL-MANAGE SERVICE	REPORT	REPORT

VFC Administration Codes Subject to Rate Increase Effective January 1, 2013

Code	Identification	Admin Rate
90371	HEP B IMMUNE GLOBULIN	$23.28
90663	HEP A, PEDIATRIC/ADOLESCENT	$23.28
90645	HEMOPHILUS FLU B	$23.28
90647	HEMOPHILUS FLU B, 3 DOSE	$23.28
90648	HEMOPHILUS FLU B, 4 DOSE	$23.28
90649	HPV, 4 VALENT, 3 DOSE	$23.28
90650	HPV, 2 VALENT, 3 DOSE	$23.28
90655	FLU, AGE 6-35 MONTHS, NO PRESERVE	$23.28
90656	FLU, AGE 3+, NO PRESERVE	$23.28

Code	Identification	Admin Rate
90657	FLU, AGE 6-35 MONTHS	$23.28
90658	FLU, AGE 3+	$23.28
90660	FLU, NASAL	$23.28
90669	PNEUMOCOCCAL, 7 VALENT	$23.28
90670	PNEUMOCOCCAL, 13 VALENT	$23.28
90680	ROTAVIRUS, 3 DOES, ORAL	$23.28
90681	ROTAVIRUS, 2 DOSE, ORAL	$23.28
90696	DTAP-IPV, 4-6 IM	$23.28
90698	DTAP-HIB-IPV	$23.28
90700	DTAP, UNDER AGE 7	$23.28
90702	DT, UNDER AGE 7	$23.28
90707	MMC, SUBCUTANEOUS (SC)	$23.28
90710	MMRV, SC	$23.28
90713	POLIOVIRUS IPV, SC, OR INTRAMUSCULAR (IM)	$23.28
90714	TETANUS/DIPTHERIA TOXOID, ABS,AGE 7+, NO PRESERVE	$23.28
90715	TDAP, AGE 7+	$23.28
90716	CHICKEN POX, SC	$23.28
90718	TD, AGE 7+	$23.28
90721	DTAP/HEMOPHILUS FLU B	$23.28
90723	DTAP-HEP B-IPV	$23.28
90732	PNEUMOCOCCAL, 23 VALENT, .05mL	$23.28
90734	MENINGOCOCCAL, TETRAVALENT	$23.28
90743	HEP B, ADOLESCENT, 2 DOSE	$23.28
90744	HEP B/PEDIATRIC/ADOLESCENT, 3 DOSE	$23.28
90748	HEP B/HEMOPHILUS FLU B	$23.28