

INCREASES IN PRACTITIONER FEES AND PAYMENT ENHANCEMENTS

Effective for dates of service on and after **January 1, 2009**, Medicaid fees for physicians and other practitioners will be indexed to the 2008 Medicare Physician Fee Schedule.

Effective January 1, 2009, to expand access to primary and preventive care services in health professional shortage areas (HPSAs), physician offices that serve Medicaid patients in these areas will receive an additional 10% enhancement to their reimbursement.

Also, effective **January 1, 2009**, Medicaid will pay an add-on for weekend and after hour appointments.

Consistent with Medicare, there are separate fees for certain procedure codes depending on whether the service was rendered in a provider's office or in a facility. If a provider reports a Place of Service that corresponds to a non-facility setting (e.g. "Office"), he or she will be reimbursed the non-facility fee for that service. Providers that report a Place of Service that corresponds to a facility setting (e.g. "Outpatient Hospital"), will be reimbursed the facility fee for that service.

The facility fee and non-facility fee for each procedure is available for download at <http://www.emedny.org/>. Below is a snapshot of the new Medicaid Physician Fee Schedule for commonly billed services.

There are specific fees for the global, professional and technical components of certain services (e.g. radiology services). Professional services will continue to be payable with the use of Modifier 26 and will be reimbursed at 75% of Medicare's professional component fee. The Global fee for these services will be payable without a modifier.

Physician Fees (<http://eMedNY.org/ProviderManuals/Physician/index.html>)

Effective January 1, 2009, physician fees will be increased on average almost 40% above their current levels. The following chart shows updated fees for commonly billed services:

Procedure Codes	Procedure Description	Clinician Fee Facility Setting		Clinician Fee Non-Facility Setting	
		Current	New	Current	New
99213	Office / outpatient visit	\$5.00	\$21.54	\$30.00	\$37.41
99214	Office / outpatient visit	\$5.00	\$33.69	\$30.00	\$56.18
99232	Subsequent hospital care	\$5.00	\$26.01	N/A	N/A
99283	Emergency department visit	\$6.50	\$24.17	N/A	N/A
71010	Chest x-ray (single view)	\$10.00	\$20.24	\$10.00	\$20.24
71020	Chest x-ray (two views)	\$15.00	\$26.29	\$15.00	\$26.29
90935	Hemodialysis, one evaluation	\$7.50	\$33.72	\$7.50	\$40.46
43239	Upper GI endoscopy	\$100.00	\$100.00	\$100.00	\$208.53
45378	Diagnostic colonoscopy	\$80.00	\$102.22	\$80.00	\$236.36

Nurse Practitioner Fees

(<http://www.eMedNY.org/ProviderManuals/NursePractitioner/index.html>)

Effective January 1, 2009, Nurse Practitioner fees will be increased on average more than 43% above their current levels. The following chart shows updated fees for commonly billed services:

Procedure Codes	Procedure Description	Clinician Fee Facility Setting		Clinician Fee Non-Facility Setting	
		Current	New	Current	New
99212	Office / outpatient visit	\$5.00	\$9.66	\$30.00	\$19.96
99213	Office / outpatient visit	\$5.00	\$18.31	\$30.00	\$31.80
99214	Office / outpatient visit	\$5.00	\$28.64	\$30.00	\$47.75
99308	Nursing facility care	\$7.00	\$20.32	N/A	N/A
99283	Emergency department visit	\$6.50	\$20.54	N/A	N/A
43760	Change gastrostomy tube	\$20.00	\$21.20	\$20.00	\$101.80
12001	Repair superficial wound(s)	\$8.00	\$40.25	\$8.00	\$71.52

Midwife Fees

(<http://www.eMedNY.org/ProviderManuals/Midwife/index.html>)

Effective January 1, 2009, Midwife fees will be increased on average almost 20% above their current levels. The following chart shows updated fees for commonly billed services:

Procedure Codes	Procedure Description	Clinician Fee Facility Setting		Clinician Fee Non-Facility Setting	
		Current	New	Current	New
99212	Office / outpatient visit	\$5.00	\$9.66	\$30.00	\$19.96
99213	Office / outpatient visit	\$5.00	\$18.31	\$30.00	\$31.80
59400	Routine obstetrical care	\$1,037.00	\$1,462.64	\$1,037.00	\$1,462.64
59409	Vaginal delivery only	\$630.00	\$649.38	\$630.00	\$649.38
58301	Removal of IUD	\$36.00	\$30.60	\$36.00	\$49.61
54150	Circumcision	\$20.00	\$42.69	\$20.00	\$101.43

Clinical Psychology Fees

(<http://www.eMedNY.org/ProviderManuals/ClinicalPsych/index.html>)

Effective January 1, 2009, Clinical Psychology fees will be increased on average more than 50% above their current levels. The following chart shows updated fees for commonly billed services:

Procedure Codes	Procedure Description	Clinician Fee Facility Setting		Clinician Fee Non-Facility Setting	
		Current	New	Current	New
90806	Individual psychotherapy	\$36.00	\$54.00	\$36.00	\$54.00
90818	Individual psychotherapy	\$36.00	\$45.00	\$36.00	\$53.15
80853	Group psychotherapy	\$9.00	\$14.54	\$9.00	\$18.67

Eyeglass Dispensing Fees

Eyeglass dispensing fees will be increased, independent of the Medicare Fee Schedule, as follows:

Procedure Codes	Procedure Description	Clinician Fee Facility Setting		Clinician Fee Non-Facility Setting	
		Current	New	Current	New
92340	Fitting of spectacles (monofocal)	\$10.00	\$15.00	\$10.00	\$15.00
92341	Fitting of spectacles (bifocal)	\$10.00	\$15.00	\$10.00	\$15.00
92342	Fitting of spectacles (multifocal)	\$15.00	\$20.00	\$15.00	\$20.00
92352	Special spectacles fitting (monofocal)	\$10.00	\$15.00	\$10.00	\$15.00
92353	Special spectacles fitting (multifocal)	\$15.00	\$20.00	\$15.00	\$20.00
92354	Special spectacles fitting (single element)	\$8.00	\$20.00	\$8.00	\$20.00
92355	Special spectacles fitting (compound system)	\$8.00	\$20.00	\$8.00	\$20.00
92370	Repair & adjust spectacles (except aphakia)	\$4.00	\$7.00	\$4.00	\$7.00
92371	Repair & adjust spectacles (for aphakia)	\$4.00	\$7.00	\$4.00	\$7.00

Increases for other Practitioner Types

The new Hearing Services/Audiology and Vision Care fee schedules (now available for download at www.eMedNY.org) will be increased on average almost 20% above their current levels.

Indexing to Medicare Fees

New fees will be increased on average more than 40% above their current levels. For most services the non-facility fee has been indexed to 60% of the Medicare Fee Schedule and the facility fee has been indexed to 50% of the Medicare Fee Schedule. For some services, however, the current Medicaid fee may be higher than the indexed Medicare fee. In most of these cases the new fee will be held constant (protected from a decrease) and set to the current Medicaid payment amount. However, fees for some services (e.g. select Evaluation & Management and Radiology services) do decrease.

Providers participating in the following specialty programs will receive the higher of their current enhanced specialty payment or the new fee schedule amount:

SPECIALTY PROGRAM
Medicaid Obstetric and Maternal Services ("MOMS") Program
Preferred Physicians and Children ("PPAC") Program
HIV Specialty Program
Broome County Fee Enhancement

Health Professional Shortage Area (“HPSA”) Physician Enhanced Payment

There will be a 10% enhancement paid to physicians for office-based professional services performed in federally-designated Geographic Primary Care HPSAs.

Zip Code Specific HPSAs:

Providers should access the following Website to determine if they are located in a “zip code specific” Geographic Primary Care HPSA:

<http://www.cms.hhs.gov/hpsapsaphysicianbonuses/>

Scroll to the “Downloads” section and download the file titled: “2009 Primary Care HPSA.” When this file has been unzipped, open the excel file titled “HPSA_2009_WEBPC.xls.” If the physician’s reported zip code matches one of the zip codes in this file the 10% enhancement will be paid automatically by eMedNY.

Non-Zip Code Specific HPSAs:

Offices located in zip codes that are only partially Geographic Primary Care HPSAs will not match the “zip code specific” file above. Instead, these providers should use the following Website to determine the HPSA status of their office’s address: <http://datawarehouse.hrsa.gov/geoHPSAAdvisor/>

After entering their service address into this online tool some physicians will be informed that their office is located in a non-zip code specific Geographic Primary Care HPSA. These physicians should report modifier AQ on their claims to receive the 10% enhancement because eMedNY will not automatically pay their enhancement.

Expanded ‘After Hours’ Access

Effective January 1, 2009, an add-on payment is available for visits which are scheduled and occur on evenings, weekends and holidays as defined by the Department of Health. An evening visit is one which is scheduled for and occurs after 6:00 p.m. A weekend visit is one which is scheduled for and occurs on Saturday and Sunday. A holiday visit is one which is scheduled for and occurs on a designated national holiday.

Procedure Codes	Procedure Description
99050	Services provided in the office at times <u>other than regularly scheduled office hours</u> , or days when the office is normally closed (e.g., holidays, Saturday or Sunday), in addition to basic service.
99051	Services provided in the office during <u>regularly scheduled</u> evening, weekend, or holiday office hours, in addition to basic service.

These CPT codes are not payable if they are the only CPT procedure(s) listed on the claim. They are reimbursed only when accompanied by a valid CPT code that represents a medical service/procedure.

Questions? Please contact the Bureau of Policy Development and Coverage at (518) 473-2160.