

State:	HAWAII
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**NONINSTITUTIONAL ITEMS AND SERVICES:**

The State assures that the reimbursement to public and private providers of Medicaid services, products or items are the same and does not subdivide or subclassify its payment rates.

All payment rates and their effective dates shall be reflected in the Division's website at [www.med-quest.us](http://www.med-quest.us).

1. HAWAII MEDICAID FEE SCHEDULE:

The Hawaii Medicaid Fee Schedule was updated on January 1, 2013 and made effective for services rendered on or after that date. The current Hawaii Medicaid Fee Schedule is based on sixty percent of the 2006 Medicare Fee Schedule and it is located at <http://www.med-quest.us>.

Reimbursement rates, except as specified below and other parts of this Attachment, for providers of medical care who are individual practitioners and other providing non-institutional items and services shall not exceed the maximum permitted under federal laws and regulations and shall be the lower of the Medicare Fee Schedule, the State limits as provided by the Appropriation Act, the Hawaii Medicaid Fee Schedule or the provider's billed amount.

These services include:

- (a) Physician services;
  - (1) Payment shall be sixty per cent of the 2006 Medicare Fee Schedule for physician services. The rate was set and effective on or after January 1, 2013.
  - (2) For calendar years (CYs) 2013 and 2014, the methodology for the calculation of enhanced payments for primary care physician services delivered to Medicaid recipients is described in Supplement 2 to Attachment 4.19-B. The reimbursement rates are published and located at <http://www.med-quest.us>.
- (b) Podiatric services;
- (c) Optometric services;
- (d) Other practitioner services including nurse midwife, and pediatric nurse practitioner, advanced practice registered nurse in behavioral health are reimbursed at seventy-five per cent of the Medicaid reimbursement rate for a psychiatrist. Services provided by a licensed clinical social worker, marriage and family therapist, and licensed mental health counselor are reimbursed at seventy-five per cent of the Medicaid reimbursement rate for a psychologist;
- (e) Physical therapy;
- (f) Occupational therapy;
- (g) Services for persons with speech, language, and hearing disorders;

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**PHYSICIAN SERVICES**

The state reimburses for services provided by physicians meeting the requirements of 42 CFR 447.400(a) at the Medicare Part B fee schedule rate using the Medicare physician fee schedule rate in effect in calendar years 2013 and 2014 or, if greater, the payment rates that would be applicable in those years using the calendar year 2009 Medicare physician fee schedule conversion factor. If there is no applicable rate established by Medicare, the state uses the rate specified in a fee schedule established and announced by CMS.

Hawaii is using the Deloitte fee schedule and will not adjust rates throughout the year to account for changes in Medicare rates.

- The rates reflect all Medicare sites of service adjustments.
- The rates do not reflect site of service adjustments, but reimburse at the Medicare rate applicable to the office setting.
- The rates reflect all Medicare geographic/locality adjustments.
- The rates are statewide and reflect the mean value over all counties for each of the specified evaluation and management and vaccine billing codes.

The following formula was used to determine the mean rate over all counties for each code: \_\_\_\_\_

**Method of Payment**

- The state has adjusted its fee schedule to make payment at the higher rate for each E&M and vaccine administration code.
- The state reimburses a supplemental amount equal to the difference between the Medicaid rate in effect on July 1, 2009 and the minimum payment required at 42 CFR 447.405. The difference between the reimbursement rates as of July 1, 2009 and the minimum payment at 42CFR 447.405 will receive 100% FFP.

Supplemental payment is made:  monthly  quarterly

**Primary Care Services Affected by this Payment Methodology**

- This payment applies to all Evaluation and Management (E&M) billing codes 99201 through 99499.
- The State did not make payment as of July 1, 2009 for the following codes and will not make payment for those codes under this SPA (specify codes).

Description	Code
<b>Hospital Inpatient</b>	
Subsequent Observation Care, 15 minutes	99224
Subsequent Observation Care, 25 minutes	99225
Subsequent Observation Care, 35 minutes	99226
<b>Consultations* Eliminated by Medicaid on June 1, 2010</b>	
Office/Outpatient New or Established patients, 15 minutes	99241
Office/Outpatient New or Established patients, 30 minutes	99242
Office/Outpatient New or Established patients, 40 minutes	99243
Office/Outpatient New or Established patients, 60 minutes	99244
Office/Outpatient New or Established patients, 80 minutes	99245
Inpatient New or Established patients, 20 minutes	99251
Inpatient New or Established patients, 40 minutes	99252
Inpatient New or Established patients, 55 minutes	99253
Inpatient New or Established patients, 80 minutes	99254
Inpatient New or Established patients, 110 minutes	99254
<b>Standby Services</b>	
Stand-by service requiring prolonged attendance, each 30 minutes	99360

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Description	Code
<b>Interdisciplinary Conferences</b>	
Medical team conference with interdisciplinary team (IDT) of health care professionals, face to face with patient or family, 30 minutes or more, participation by non-physician qualified health professional	99366
Medical team conference with interdisciplinary team (IDT) of health care professionals, patient or family not present, 30 minutes or more, participation by non-physician qualified health professional	99367
Participation by non-physician qualified health professional	99368
<b>Care Plan Oversight: Patient under care of Home Health Agency (HHA), Hospice, or Nursing Facility (NF)</b>	
Supervision of a patient under care of HHA; 15-29 min	99374
Supervision of a patient under care of hospice; 15-29 min	99377
Supervision of a patient under care of NF; 15-29 min	99379
Supervision of a patient under care of NF; 30 min or more	99380
<b>Counseling Services: Risk Factor and Behavior Change</b>	
Preventative medicine counseling and/or risk factor reduction intervention(s) provided to an individual: approximately 15 min	99401
Preventative medicine counseling and/or risk factor reduction intervention(s) provided to an individual: approximately 30 min	99402
Preventative medicine counseling and/or risk factor reduction intervention(s) provided to an individual: approximately 45 min	99403
Preventative medicine counseling and/or risk factor reduction intervention(s) provided to an individual: approximately 60 min	99404
Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT,DAST) and brief intervention; 15 to 30 min	99408
Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT,DAST) and brief intervention; greater than 30 min	99409
Preventative medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting; approximately 30 min	99411
Preventative medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting; approximately 60 min	99412
Administration and integration of health risk assessment instrument (e.g., health hazard appraisal)	99420
<b>Telephone calls for Patient Management</b>	
Telephone evaluation and management services; 5 to 10 minutes of medical discussion	99441
Telephone evaluation and management services; 11 to 20 minutes of medical discussion	99442
Telephone evaluation and management services; 21 to 30 minutes of medical discussion	99443
<b>Online Patient Management Services</b>	
Online evaluation and management services performed with an already established patient not originating from a previous E&M within the previous 7 days	99444
<b>Life/Disability Insurance Eligibility Visits</b>	
Basic Life/Disability examination	99450
Work Related/Medical Disability examination by a physician	99455
Work Related/Medical Disability examination by a non-physician	99456

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<b>Critical Care Transport Age 24 months or younger</b>	
Supervision by a control physician of interfacility transport care; first 30 minutes	99485
Supervision by a control physician of interfacility transport care; each additional 30 minutes	99486
<b>Coordination of Complex Services for Chronic Care</b>	
Complex chronic care coordination services, first hour of clinical staff time, directed by the physician or other qualified health care professional with no face-to-face visit, per calendar month	99487
Complex chronic care coordination services, first hour of clinical staff time, directed by the physician or other qualified health care professional with one face-to-face visit, per calendar month	99488
Complex chronic care coordination services, each additional 30 minutes of clinical staff time, directed by the physician or other qualified health care professional per calendar month	99489
<b>Management of Transitional Care Services</b>	
Transitional care management services with the patient or caregiver within two (2) business days of discharge. Medical decision making of at least moderate complexity during face-to-face visit within 14 calendar days of discharge	99495
Transitional care management services with the patient or caregiver within two (2) business days of discharge. Medical decision making of at least moderate complexity during face-to-face visit within 7 calendar days of discharge	99496

- The state will make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009 (specify code and date added).

N/A

**Physician Services - Vaccine Administration**

For calendar years (CYs) 2013 and 2014, the state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 CFR 447.400(a) at the lesser of the state regional maximum administration fee set by the Vaccines for Children (VFC) program or the Medicare rate in effect in CYs 2013 and 2014 or, if higher, the rate using the CY 2009 conversion factor.

- Medicare Physician Fee Schedule rate
- State regional maximum administration fee set by the Vaccines for Children program
- Rate using the CY 2009 conversion factor

**Documentation of Vaccine Administration Rates in Effect 7/1/09**

The state uses one of the following methodologies to impute the payment rate in effect at 7/1/09 for code 90460, which was introduced in 2011 as a successor billing code for billing codes 90465 and 90471.

- The imputed rate in effect at 7/1/09 for code 90460 equals the rate in effect at 7/1/09 for billing codes 90465 and 90471 times their respective claims volume for a 12 month period which encompasses July 1, 2009. Using this methodology, the imputed rate in effect for code 90460 at 7/1/09 is:
- A single rate was in effect on 7/1/09 for all vaccine administration services, regardless of billing code. This 2009 rate is: \$4.00.

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- Alternative methodology to calculate the vaccine administration rate in effect 7/1/09:

Note: This section contains a description of the state's methodology and specifies the affected billing codes.

Effective Date of Payment

E & M Services

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on 12/31/14 but not prior to December 31, 2014. All rates are published at [www-med-quest.us](http://www-med-quest.us).

Effective January 1, 2015, the reimbursement methodology will return to that in effect on December 31, 2012.

Vaccine Administration

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on 12/31/14 but not prior to December 31, 2014. All rates are published at [www-med-quest.us](http://www-med-quest.us).

Effective January 1, 2015, the reimbursement methodology will return to that in effect on December 31, 2012.

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