

Family Care Pricing Administration Guide

Version 4.5
Date Last Updated: January 16, 2019



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Madison, WI 53784

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TABLE OF CONTENTS

1	Introduction	3
1.1	Introduction	3
2	Max Fee Extract Field Layout	3
2.1	Field Layout.....	3
3	Max Fee Extract Code Values and Descriptions.....	10
3.1	Contract Codes	10
3.2	Provider Type and Specialty Codes	12
3.3	Pricing Indicator Codes	18
3.4	Rate Type Codes	19
3.5	Benefit Adjustment Factor (BAF) Codes.....	20
3.6	Place of Service (POS) Codes.....	21
4	Nursing Home Extract Field Layout.....	22
4.1	Field Layout.....	22
5	Outpatient Extract Field Layout.....	23
5.1	Field Layout.....	23
6	Professional Pricing.....	24
6.1	Max Fee Pricing.....	24
6.2	Benefit Adjustment Factor Pricing.....	25
6.3	Contracted Rate Pricing.....	26
6.4	UCC Pricing	26
6.5	Manual Pricing	26
6.6	Pay as Billed	27
6.7	Birth to Three (B-3).....	27
6.8	Professional Medicare Crossover Pricing	27
7	Institutional Pricing	28
7.1	Outpatient Pricing	28
7.2	Nursing Home Pricing	28
7.3	Institutional Medicare Crossover Pricing	29
8	Procured Services.....	32
8.1	Procured Services Policy for Family Care and PACE/Partnership.....	32
9	Care Management	34
9.1	Care Management For Family Care members Enrolled In A Non-Nursing Home Level Of Care (LOC)	34

1 Introduction

1.1 Introduction

This guide was developed to help interpret the Family Care rate extracts and to be used for supplemental ForwardHealth pricing documentation. Due to new code and policy releases, the information in this guide has the potential to change. If so, an updated guide will be distributed. The current version of this document is also available on the Forward Health Portal under the [Comprehensive HMO Report Matrix](#) at:

https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/reports_data/hmomatrix.htm.spage

Click on the link for "Max Fee Schedules – LTC"

All inquiries regarding the max fee extracts or pricing/policy inquiries related to Family Care coverage of a service should be directed to the ForwardHealth HMO Support team at: VEDSHMOSupport@wisconsin.gov

Whenever possible, please reference the specific claim form (CMS 1500/837P, UB92/UB04/837I, ADA06/ADA12/837D, or Pharmacy/NCPDP) in order to receive a more timely response.

This document is not intended to serve as a reference for *all* Family Care-covered services; the scope of services documented herein only pertains to those covered under the Medicaid State Plan. The full array of Family Care covered services (including those under the Home And Community-Based Waiver) are supplied within the Family Care MCO contract, which can be viewed at the Wisconsin Department of Health Services (DHS) [Family Care website](#):

<https://www.dhs.wisconsin.gov/familycare/mcos/contract.htm>

2 Max Fee Extract Field Layout

2.1 Field Layout

Below is the field layout for the max fee rate extract. Record sort order will be Contract Code, Procedure Code, Rate Type, Effective and End Date.

Field	Data Type	Max Length	Max Recursions	Description
Contract Code	Character	5	1	Code used to uniquely identify a Provider Contract.
Contract Name	Character	20	1	Provider Contract Name.
Procedure Code	Character	5	1	HCPCS or CPT Procedure Code.

Field	Data Type	Max Length	Max Recursions	Description
BC+ BM/Core Billing Indicator (NOT USED)	Character	1	1	Indicates whether the service is billable for the Benchmark and/or Core Plans. N = Not a billable Benchmark or Core service. Y = Billable Benchmark and Core service. B = Billable Benchmark service only. C = Billable Core service only.
BP List (NOT USED)	Character	8	Unlimited	List of Benefit Plans (BP) that are included or excluded from the reimbursement record, if applicable. For example: I~BCBP = Includes BC+ Benchmark E~BCBP = Excludes BC+ Benchmark
PT/PS List	Character	8	Unlimited	List of Provider Types (PT) and Provider Specialties (PS) that are included or from the reimbursement record, if applicable. For example: I~77/000 = Includes Providers with PT 77, regardless of specialty.
Pricing Indicator	Character	6	1	Code that identifies the reimbursement/pricing methodology: MAXFEE, MAXOUT, SYSMAN, or BILLED.
Rate Type	Character	3	1	Code that identifies the type of rate.
Max Fee Modifiers 1-4	Character	2	4	Max Fee and Reimbursement rule modifiers, if applicable.
Rate	Number	10	1	Max fee rate for the procedure/service. Format is 9999999.99.
RVS Units	Number	5	1	Applicable relative value unit (RVU). Format is 999.9.
BAF Codes	Character	11	Unlimited	Benefit Adjustment Factor (BAF) codes, if applicable.
Effective Date	Date	8	1	First date of service the rate is effective. Format is CCYYMMDD.
End Date	Date	8	1	Last date of service the rate is effective. Format is CCYYMMDD.
Medicare Coverage Indicator	Character	1	1	C = Carrier judgment D = Special coverage instructions apply I = Not payable by Medicare M = Non-covered by Medicare S = Non-covered by Medicare statute

Field	Data Type	Max Length	Max Recursions	Description
POS List	Character	2	Unlimited	List of Places of Service (POS) that are included from the reimbursement record, if applicable. For example: I~08 = Includes Place of Service with 08

Additional Extract Information:

File Format: Text Delimited

Field Delimiter: Vertical Bar -> |

Sub-field Delimiter for recursive fields: Semi-colon -> ;

Max Data Length per field recursion including special characters such as decimals.

End of Record: Each record is terminated by a Line Feed (LF) character.

Frequency: First of every month.

Records included: The date of extract run is within the effective date and end date of the active rate record.

Record field order:

Contract Code|Contract Name|Procedure Code|BC+ BM Billing Indicator|BP List|PT/PS|Pricing Method|Rate Type|Modifiers|Rate|RVS|BAF Code|Effective|End|Medicare|POS

Record examples:

Example 1

MHAOD|Mntl Hlth-
MH/AODA|H0022|Y||I~10/000;11/080;11/112;11/122;11/123;11/124;11/125;11/801;11/802;11/803;11/900;31/000;33/000;58/000|MAXFEE|C32|HN|32.28|0.0||20080701|22991231|I|I~01;03;04;05;06;07;08;09;11;15;20;21;22;23;25;26;31;32;33;49;50;51;54;56;57;60;61;71;72;99

MHAOD|Mntl Hlth-
MH/AODA|H0022|Y||I~10/000;11/080;11/112;11/122;11/123;11/124;11/125;11/801;11/802;11/803;11/900;31/000;33/000;58/000|MAXFEE|C32|HO|55.55|0.0||20080701|22991231|I|I~01;03;04;05;06;07;08;09;11;15;20;21;22;23;25;26;31;32;33;49;50;51;54;56;57;60;61;71;72;99

MHAOD|Mntl Hlth-
MH/AODA|H0022|Y||I~10/000;11/080;11/112;11/122;11/123;11/124;11/125;11/801;11/802;11/803;11/900;31/000;33/000;58/000|MAXFEE|C32|HP|65.65|0.0||20080701|22991231|I|I~01;03;04;05;06;07;08;09;11;15;20;21;22;23;25;26;31;32;33;49;50;51;54;56;57;60;61;71;72;99

MHAOD|Mntl Hlth-
MH/AODA|H0022|Y||I~10/000;11/080;11/112;11/122;11/123;11/124;11/125;11/801;11/802;11/803;11/900;31/000;33/000;58/000|MAXFEE|C32|UA|80.93|0.0||20080701|22991231|I|I~01;03;04;05;06;07;08;09;11;15;20;21;22;23;25;26;31;32;33;49;50;51;54;56;57;60;61;71;72;99

MHAOD|Mntl Hlth-
MH/AODA|H0022|Y||I~10/000;11/080;11/112;11/122;11/123;11/124;11/125;11/801;11/802;11/803;11/
900;31/000;33/000;58/000|MAXFEE|C32|UB|80.93|0.0||20080701|22991231|I|I~01;03;04;05;06;07;08;
09;11;15;20;21;22;23;25;26;31;32;33;49;50;51;54;56;57;60;61;71;72;99

MHAOD|Mntl Hlth-
MH/AODA|H0022|Y||I~11/125;11/801;11/802;11/803;31/339;33/339;58/000|MAXFEE|C32|HN|32.28|0.0|
|20080701|22991231|I|I~01;03;04;05;06;07;08;09;11;15;20;21;22;23;25;26;31;32;33;49;50;51;54;56
;57;60;61;71;72;99

MHAOD|Mntl Hlth-
MH/AODA|H0022|Y||I~11/125;11/801;11/802;11/803;31/339;33/339;58/000|MAXFEE|C32|HO|55.55|0.0|
|20080701|22991231|I|I~01;03;04;05;06;07;08;09;11;15;20;21;22;23;25;26;31;32;33;49;50;51;54;56
;57;60;61;71;72;99

MHAOD|Mntl Hlth-
MH/AODA|H0022|Y||I~11/125;11/801;11/802;11/803;31/339;33/339;58/000|MAXFEE|C32|HP|65.65|0.0|
|20080701|22991231|I|I~01;03;04;05;06;07;08;09;11;15;20;21;22;23;25;26;31;32;33;49;50;51;54;56
;57;60;61;71;72;99

MHAOD|Mntl Hlth-
MH/AODA|H0022|Y||I~11/125;11/801;11/802;11/803;31/339;33/339;58/000|MAXFEE|C32|UA|80.93|0.0|
|20080701|22991231|I|I~01;03;04;05;06;07;08;09;11;15;20;21;22;23;25;26;31;32;33;49;50;51;54;56
;57;60;61;71;72;99

MHAOD|Mntl Hlth-
MH/AODA|H0022|Y||I~11/125;11/801;11/802;11/803;31/339;33/339;58/000|MAXFEE|C32|UB|80.93|0.0|
|20080701|22991231|I|I~01;03;04;05;06;07;08;09;11;15;20;21;22;23;25;26;31;32;33;49;50;51;54;56
;57;60;61;71;72;99

Example 2

MHHC|Mntl Hlth-
Home/Comm|H0022|N||I~11/112;11/122;11/123;11/124;11/125;11/801;11/802;11/803;31/000|MAXFEE|
C36|HN|60.00|0.0|FFPMH6016|20040101|22991231|I|I~03;04;12;13;14;15;34;56;99

MHHC|Mntl Hlth-
Home/Comm|H0022|N||I~11/112;11/122;11/123;11/124;11/125;11/801;11/802;11/803;31/000|MAXFEE|
C36|HO|90.04|0.0|FFPMH6016|20040101|22991231|I|I~03;04;12;13;14;15;34;56;99

MHHC|Mntl Hlth-
Home/Comm|H0022|N||I~11/112;11/122;11/123;11/124;11/125;11/801;11/802;11/803;31/000|MAXFEE|
C36|HP|112.53|0.0|FFPMH6016|20040101|22991231|I|I~03;04;12;13;14;15;34;56;99

MHHC|Mntl Hlth-
Home/Comm|H0022|N||I~11/112;11/122;11/123;11/124;11/125;11/801;11/802;11/803;31/000|MAXFEE|
C36|UA|150.04|0.0|FFPMH6016|20040101|22991231|I|I~03;04;12;13;14;15;34;56;99

MHHC|Mntl Hlth-
Home/Comm|T1006|N||I~11/112;11/122;11/123;11/124;11/125;11/801;11/802;11/803;31/000|MAXFEE|
C36|HN|60.00|0.0|FFPMH6016|20040101|22991231|I|I~03;04;12;13;14;15;34;56;99

Example 3

DME|Durable Med
Equip|E1226|Y||I~05/000;24/000;25/000;53/000|MAXFEE|C11||468.44|0.0||20080701|22991231|S|I~01
;05;06;07;08;09;11;12;13;14;20;26;31;32;33;34;49;50;54;57;60;71;72

DME|Durable Med
Equip|E1226|Y||I~05/000;24/000;25/000;53/000|MAXFEE|RTL|RR|1.62|0.0||20080701|22991231|S|I~01
;05;06;07;08;09;11;12;13;14;20;26;31;32;33;34;49;50;54;57;60;71;72

Example 4

THERP|Therapy-
OT/PT/Speech|97116|Y||I~01/000;58/000|MAXFEE|PT1||29.12|0.0||20080701|22991231|C|I~01;03
;04;05;06;07;08;09;11;12;13;14;15;20;22;23;26;31;32;33;34;49;50;54;56;57;60;71;72;99

THERP|Therapy-
OT/PT/Speech|97116|Y||I~01/000;58/000|MAXFEE|PT1|TF|29.12|0.0|90|20080701|22991231|C|I~0
1;03;04;05;06;07;08;09;11;12;13;14;15;20;22;23;26;31;32;33;34;49;50;54;56;57;60;71;72;99

THERP|Therapy-
OT/PT/Speech|97116|Y||I~09/000;14/000;31/000;33/000|MAXFEE|C49||16.47|0.0||20080701|2299
1231|C|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;22;23;26;31;32;33;34;49;50;54;56;57;60;
71;72;99

THERP|Therapy-
OT/PT/Speech|97116|Y||I~09/000;14/000;31/000;33/000|MAXFEE|C49|TF|16.47|0.0|90|20080701|
22991231|C|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;22;23;26;31;32;33;34;49;50;54;56;5
7;60;71;72;99

THERP|Therapy-
OT/PT/Speech|97116|Y||I~09/000;14/000;31/000;33/000|MAXFEE|C49|TF;TL|16.47|0.0|90|200811
10|22991231|C|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;22;23;26;31;32;33;34;49;50;54;5
6;57;60;71;72;99

THERP|Therapy-
OT/PT/Speech|97116|Y||I~09/000;14/000;31/000;33/000|MAXFEE|C49|TL|16.47|0.0||20081110|22
991231|C|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;22;23;26;31;32;33;34;49;50;54;56;57;
60;71;72;99

THERP|Therapy-
OT/PT/Speech|97116|Y||I~10/100|MAXFEE|PT3||14.83|0.0||20080701|22991231|C|I~01;03;04;05;
06;07;08;09;11;12;13;14;15;20;22;23;26;31;32;33;34;49;50;54;56;57;60;71;72;99

THERP|Therapy-
OT/PT/Speech|97116|Y||I~10/100|MAXFEE|PT3|TF|14.83|0.0|90|20080701|22991231|C|I~01;03;04
;05;06;07;08;09;11;12;13;14;15;20;22;23;26;31;32;33;34;49;50;54;56;57;60;71;72;99

THERP|Therapy-
OT/PT/Speech|97116|Y||I~17/000;74/000;78/000;79/000|MAXFEE|C49||16.47|0.0||20080701|2299
1231|C|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;22;23;26;31;32;33;34;49;50;54;56;57;60;
71;72;99

THERP|Therapy-
OT/PT/Speech|97116|Y||I~17/000;74/000;78/000;79/000|MAXFEE|C49||16.47|0.0||20080701|2299
1231|C|I~04;12;99

THERP|Therapy-
OT/PT/Speech|97116|Y||I~17/000;74/000;78/000;79/000|MAXFEE|C49|TF|16.47|0.0|90|20080701|
22991231|C|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;22;23;26;31;32;33;34;49;50;54;56;5
7;60;71;72;99

THERP|Therapy-
OT/PT/Speech|97116|Y||I~17/000;74/000;78/000;79/000|MAXFEE|C49|TF|16.47|0.0|90|20080701|
22991231|C|I~04;12;99

THERP|Therapy-
OT/PT/Speech|97116|Y||I~17/000;74/000;78/000;79/000|MAXFEE|C49|TF;TL|16.47|0.0|90|200811
10|22991231|C|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;22;23;26;31;32;33;34;49;50;54;5
6;57;60;71;72;99

THERP|Therapy-
OT/PT/Speech|97116|Y||I~17/000;74/000;78/000;79/000|MAXFEE|C49|TF;TL|16.47|0.0|90|200811
10|22991231|C|I~04;12;99

THERP|Therapy-
OT/PT/Speech|97116|Y||I~17/000;74/000;78/000;79/000|MAXFEE|C49|TL|16.47|0.0||20081110|22
991231|C|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;22;23;26;31;32;33;34;49;50;54;56;57;
60;71;72;99

THERP|Therapy-
OT/PT/Speech|97116|Y||I~17/000;74/000;78/000;79/000|MAXFEE|C49|TL|16.47|0.0||20081110|22
991231|C|I~04;12;99

THERP|Therapy-
OT/PT/Speech|97116|Y||I~77/000|MAXFEE|PT2||19.13|0.0||20080701|22991231|C|I~01;03;04;05;
06;07;08;09;11;12;13;14;15;20;22;23;26;31;32;33;34;49;50;54;56;57;60;71;72;99

THERP|Therapy-
OT/PT/Speech|97116|Y||I~77/000|MAXFEE|PT2||19.13|0.0||20080701|22991231|C|I~04;12;99

THERP|Therapy-
OT/PT/Speech|97116|Y||I~77/000|MAXFEE|PT2|TF|19.13|0.0|90|20080701|22991231|C|I~01;03;04
;05;06;07;08;09;11;12;13;14;15;20;22;23;26;31;32;33;34;49;50;54;56;57;60;71;72;99

THERP|Therapy-
OT/PT/Speech|97116|Y||I~77/000|MAXFEE|PT2|TF|19.13|0.0|90|20080701|22991231|C|I~04;12;99

THERP|Therapy-
OT/PT/Speech|97116|Y||I~77/000|MAXFEE|PT2|TF;TL|19.13|0.0|90|20081110|22991231|C|I~01;03
;04;05;06;07;08;09;11;12;13;14;15;20;22;23;26;31;32;33;34;49;50;54;56;57;60;71;72;99

THERP|Therapy-
OT/PT/Speech|97116|Y||I~77/000|MAXFEE|PT2|TF;TL|19.13|0.0|90|20081110|22991231|C|I~04;12
;99

THERP|Therapy-
OT/PT/Speech|97116|Y||I~77/000|MAXFEE|PT2|TL|19.13|0.0||20081110|22991231|C|I~01;03;04;0
5;06;07;08;09;11;12;13;14;15;20;22;23;26;31;32;33;34;49;50;54;56;57;60;71;72;99

THERP|Therapy-
OT/PT/Speech|97116|Y||I~77/000|MAXFEE|PT2|TL|19.13|0.0||20081110|22991231|C|I~04;12;99

Example 5

DME|Durable Med Equip|L8692|Y||I~25/000|SYSMAN|DEF|||||S|I~22;23;24

3 Max Fee Extract Code Values and Descriptions

3.1 Contract Codes

The contract code value identifies the policy area for the displayed record. When a procedure code is present in multiple contracts, the rate data will be different depending on the contract code. Where applicable, there may be contract specific criteria which will help determine the contract rate to use.

Contract code values, contract descriptions, and contract determining criteria.

Provider Contract Code	Description	Contract Criteria PT/PS or Modifier(s)	Specific Rate Types used in contract*
AUDHA	Hearing Services - Hearing Aid and Audiology	N/A	C05 RNT – Modifier RR
CCO	Community Care Organizations	PT/PS 69/000	PT1 – LaCrosse County PT2 – Barron County PT3 – Milwaukee County
CSMGT	Case Management	PT/PS 21/000 NOTE: Targeted Case Management provided by tribes to their members are eligible for full federal/state reimbursement instead of federal share reimbursement only.	C09 – Non-tribal Case Management T09 - Tribal Case Management
DME	Durable Medical Equipment	N/A	C11 RTL – Modifier RR
DMS	Supplies - Disposable Medical Supplies	All provider types/specialties except 25/251	C12
DMSJB	Supplies-Disposable Medical Supplies (incontinence and ostomy) for single vendor J&B Medical Supply.	PT/PS 25/251	C54
DTAOD	Day Treatment for Alcohol and Other Drug Addiction	Modifier HF	C13
DTCHD	Day Treatment for Children	Modifier HA	C14
DTMED	Day Treatment Medical	Modifier HE	Provider specific rates
HIVHH	Health Home for Individuals with HIV/AIDS	N/A NOTE: This service is NOT a Family Care covered benefit. See Appendix 1 for more information)	C57

Provider Contract Code	Description	Contract Criteria PT/PS or Modifier(s)	Specific Rate Types used in contract*
HCRS	Home Care - Respiratory Care Services	N/A	C21
HHPC	Home Care - Home Health and Personal Care	N/A	C22 HPC-PT 16
HOSPC	Hospice	PT/PS 06/000	005-096 05A-96A, RWA, and RWI – rates by county
LTC	Long Term Care	PT/PS 03/000, 57/000	C55 – Ambulance codes Daily rates – Rate by facility
MEDSV	Medical - Medical Services	Not modifier 80,81,82 or PT /PS 02/000	C30 – Global surgical codes TEC – Modifier TC PRO – Modifier 26 CG1 – Global PT 10 TE1 – Modifier TC and PT 10 PR1 – Modifier 26 and PT 10 FAP – PT 71 GFP – Global PT 71 MED – non surgical odes FAP – PT 71 HLK- PT 72
MHADDC	Mental Health Autism Diagnostic Confirmation <i>Obsolete for dates of service on and after January 1st, 2016.</i>	N/A	C31 MED – Procedure codes added effective 09/22/2014.
MHAOD	Mental Health - Mental Health and Mental Health for Alcohol and Other Drug Addictions		C32
MHCSP	Mental Health - Community Support Program	PT/PS 80/651, 80/653, (Specialties 655/656 removed as these are obsolete, effective July 1, 2014)	C35
MHHC	Mental Health - Mental Health and Substance Abuse Services in the Home or Community for Adults	Modifier UC	C36
MHIHP	Mental Health - In Home Psychotherapy	Modifier HA	C37
MHPW	Mental Health – Screening, Brief Intervention, and	N/A	N/A

Provider Contract Code	Description	Contract Criteria PT/PS or Modifier(s)	Specific Rate Types used in contract*
	Referral To treatment (SBIRT)		
NDC	National Drug Codes	PT/PS - 24/000, 25/000, 31/000, 33/000, 53/000, 75/000	N/A
OUTPA	Outpatient Hospital	PT/PS 01/000, 58/000	LAC
REHAB	Therapy - Rehabilitation Centers - Occupational, Physical and Speech Therapy	PT/PS 04/000	C45 Provider specific rates
SMV	Transportation - Specialized Medical Vehicle	PT/PS 51/000	C47
THERP	Therapy - Occupational, Physical and Speech Therapy	N/A	C49

3.2 Provider Type and Specialty Codes

The Provider Type (PT) / Specialty (PS) pricing determines a rate specific to the provider type and specialty of the performing provider. If there is no performing provider on the claim, the billing provider type and specialty is used.

Provider type and specialty values and the descriptions.

PT Code	Type Description	PS Code	Specialty Description
XX	A specific provider type	000	All Provider Specialties (under the specific provider type)
01	Hospital	010	Inpatient/Outpatient Hospital
02	Ambulatory Surgical Center (ASC)	020	Ambulatory Surgical Center (ASC)
03	Nursing Facility	035	Skilled Nursing Facility
04	Rehabilitation Agency	040	Restorative Care/Therapy
04	Rehabilitation Agency	080	FQHC Tribal
05	Home Health/Personal Care Agency	050	Home Health Agency
05	Home Health/Personal Care Agency	052	Personal Care Agency
05	Home Health/Personal Care Agency	053	Home Health/Personal Care Agency
05	Home Health/Personal Care Agency	080	FQHC Tribal
06	Hospice	050	Home Health Agency
06	Hospice	061	Hospital
06	Hospice	063	Free Standing
06	Hospice	064	Nursing Home
06	Hospice	080	FQHC Tribal

PT Code	Type Description	PS Code	Specialty Description
09	Nurse Practitioner	090	Certified Pediatric Nurse Practitioner
09	Nurse Practitioner	092	Certified Family Nurse Practitioner
09	Nurse Practitioner	093	Other Nurse Practitioner
09	Nurse Practitioner	095	Nurse Practitioner/Nurse Midwife
09	Nurse Practitioner	900	Group
10	Physician Assistant	100	Physician Assistant
11	Mental Health and Substance Abuse Services	080	FQHC Tribal
11	Mental Health and Substance Abuse Services	112	Licensed Psychologist (PhD)
11	Mental Health and Substance Abuse Services	117	Psychiatric Nurse
11	Mental Health and Substance Abuse Services	120	Licensed Psychotherapist
11	Mental Health and Substance Abuse Services	121	Licensed Psychotherapist with SAC
11	Mental Health and Substance Abuse Services	122	Alcohol and Other Drug Abuse Counselor
11	Mental Health and Substance Abuse Services	123	Certified Psychotherapist with SAC
11	Mental Health and Substance Abuse Services	124	Certified Psychotherapist
11	Mental Health and Substance Abuse Services	125	Advanced Practice Nurse Prescriber
11	Mental Health and Substance Abuse Services	126	Qualified Treatment Trainee
11	Mental Health and Substance Abuse Services	801	Mental Health Agency
11	Mental Health and Substance Abuse Services	802	Substance Abuse Agency
11	Mental Health and Substance Abuse Services	803	MH/SA Agency
11	Mental Health and Substance Abuse Services	900	Group
12	School Based Services	770	CESA
12	School Based Services	771	School District
13	Community Recovery Services	130	Community Recovery Services
14	Podiatrist	140	Podiatrist
14	Podiatrist	900	Group
15	Chiropractor	150	Chiropractor
15	Chiropractor	900	Group
16	Nurse Service	160	Registered Nurse
16	Nurse Service	161	Licensed Practical Nurse
16	Nurse Service	208	LPN/RCS
16	Nurse Service	209	RN/RCS
16	Nurse Service	212	Nurse Midwife
16	Nurse Service	900	Group

PT Code	Type Description	PS Code	Specialty Description
17	Therapy Group	900	Group
18	Optometrist	180	Optometrist
18	Optometrist	192	Therapeutic Pharmaceutical Agents
18	Optometrist	900	Group
19	Optician	190	Optician
19	Optician	191	SPEC Contractor
20	Audiologist	200	Audiologist
20	Audiologist	900	Group
21	Case Management	080	FQHC Tribal
21	Case Management	751	Public Sector
21	Case Management	752	Private Sector
22	Hearing Instrument Specialist	220	Hearing Instrument Specialist
22	Hearing Instrument Specialist	900	Group
24	Pharmacy	240	Pharmacy
25	Medical Equipment Vendor	080	FQHC Tribal
25	Medical Equipment Vendor	250	Medical Equipment Vendor
25	Medical Equipment Vendor	251	Medical Supply Contractor
26	Ambulance	080	FQHC Tribal
26	Ambulance	261	Air Ambulance
26	Ambulance	268	Water Ambulance
26	Ambulance	510	Basic Life Support Statewide
26	Ambulance	511	Advanced Life Support Statewide
26	Ambulance	512	Basic Life Support Metro
26	Ambulance	513	Advanced Life Support Metro
26	Ambulance	514	Basic Life Support Milwaukee County
26	Ambulance	515	Advanced Life Support Milwaukee County
27	Dentist	270	Endodontics
27	Dentist	271	General Practice
27	Dentist	272	Oral Surgery
27	Dentist	273	Orthodontics
27	Dentist	274	Pediatric Dentist
27	Dentist	275	Periodontics
27	Dentist	276	Oral Pathology
27	Dentist	277	Prosthodontics
27	Dentist	289	Dental Hygienist
27	Dentist	900	Group
28	Independent Lab	280	Independent Lab
28	Independent Lab	283	Blood Bank
29	Portable X-Ray	291	Portable X-Ray
30	End Stage Renal Disease	080	FQHC Tribal
30	End Stage Renal Disease	300	Free Standing
30	End Stage Renal Disease	301	Hospital Affiliated
31	Physician	310	Allergy & Immunology
31	Physician	311	Anesthesiology
31	Physician	312	Cardiovascular Disease
31	Physician	314	Dermatology
31	Physician	315	Emergency Medicine
31	Physician	316	Family Practice

PT Code	Type Description	PS Code	Specialty Description
31	Physician	317	Gastroenterology
31	Physician	318	General Practice
31	Physician	319	General Surgery
31	Physician	320	Geriatrics
31	Physician	322	Internal Medicine
31	Physician	324	Nephrology
31	Physician	325	Neurological Surgery
31	Physician	326	Neurology
31	Physician	327	Nuclear Medicine
31	Physician	328	Obstetrics and Gynecology
31	Physician	329	Oncology and Hematology
31	Physician	330	Ophthalmology
31	Physician	331	Orthopedic Surgery
31	Physician	332	Otolaryngology
31	Physician	333	Pathology
31	Physician	336	Physical Medicine and Rehab
31	Physician	337	Plastic Surgery
31	Physician	338	Proctology
31	Physician	339	Psychiatry
31	Physician	340	Pulmonary Disease
31	Physician	341	Radiology
31	Physician	342	Thoracic and Cardiovascular Surgery
31	Physician	343	Urology
31	Physician	345	Pediatrician
31	Physician	354	Preventative Medicine
32	Anesthetist	094	CRNA
32	Anesthetist	101	Anesthesiologist Assistant
32	Anesthetist	900	Group
33	Physician Group	310	Allergy & Immunology
33	Physician Group	311	Anesthesiology
33	Physician Group	312	Cardiovascular Disease
33	Physician Group	314	Dermatology
33	Physician Group	315	Emergency Medicine
33	Physician Group	316	Family Practice
33	Physician Group	317	Gastroenterology
33	Physician Group	318	General Practice
33	Physician Group	319	General Surgery
33	Physician Group	320	Geriatrics
33	Physician Group	322	Internal Medicine
33	Physician Group	324	Nephrology
33	Physician Group	325	Neurological Surgery
33	Physician Group	326	Neurology
33	Physician Group	327	Nuclear Medicine
33	Physician Group	328	Obstetrics and Gynecology
33	Physician Group	329	Oncology and Hematology
33	Physician Group	330	Ophthalmology
33	Physician Group	331	Orthopedic Surgery
33	Physician Group	332	Otolaryngology

PT Code	Type Description	PS Code	Specialty Description
33	Physician Group	333	Pathology
33	Physician Group	336	Physical Medicine and Rehab
33	Physician Group	337	Plastic Surgery
33	Physician Group	338	Proctology
33	Physician Group	339	Psychiatry
33	Physician Group	340	Pulmonary Disease
33	Physician Group	341	Radiology
33	Physician Group	342	Thoracic and Cardiovascular Surgery
33	Physician Group	343	Urology
33	Physician Group	345	Pediatrician
33	Physician Group	354	Preventative Medicine
33	Physician Group	900	Group
34	Behavioral Treatment	400	Behavioral Treatment Licensed Supervisor
34	Behavioral Treatment	401	Behavioral Treatment Therapist
34	Behavioral Treatment	402	Behavioral Treatment Technician
34	Behavioral Treatment	403	Focused Treatment Licensed Supervisor
34	Behavioral Treatment	404	Focused Treatment Therapist
35	Licensed Midwife	350	Licensed Midwife (See ForwardHealth <i>Update 2016-51</i> regarding this new provider/benefit)
51	Transportation	080	FQHC Tribal
51	Transportation	520	Specialized Medical Vehicle
52	Narcotic Treatment Service	160	Registered Nurse
52	Narcotic Treatment Service	161	Licensed Practical Nurse
52	Narcotic Treatment Service	532	Registered Alcohol and Drug Counselor (RADC)/NTS
52	Narcotic Treatment Service	900	Group
53	Individual Medical Supply	080	FQHC Tribal
53	Individual Medical Supply	540	Individual Orthotist
53	Individual Medical Supply	541	Individual Prosthetist
53	Individual Medical Supply	542	Individual Orthotist/Prosthetist
53	Individual Medical Supply	543	Other Individual Medical Supply
57	Facility for the Developmentally Disabled (FDD)	700	SNF/ICF/FDD
57	Facility for the Developmentally Disabled (FDD)	702	Centers
58	Institution for Mental Disease	010	Inpatient/Outpatient Hospital
58	Institution for Mental Disease	712	AODA General Hospital
58	Institution for Mental Disease	713	Psychiatric Hospital
61	Prenatal Care Coordination	080	FQHC Tribal
61	Prenatal Care Coordination	751	Public Sector
61	Prenatal Care Coordination	752	Private Sector
63	High Cost Medically Complex Recipient - Case Management	765	High Cost Case Management
65	HMOs & Other Managed Care Programs	780	Managed Care Payee Provider
65	HMOs & Other Managed Care Programs	781	Managed Care Assigned Provider

PT Code	Type Description	PS Code	Specialty Description
65	HMOs & Other Managed Care Programs	782	Transportation Manager Payee
65	HMOs & Other Managed Care Programs	783	Transportation Manager Assigned
65	HMOs & Other Managed Care Programs	784	PIHP (Prepaid Inpatient Health Plans)
67	Day Treatment	010	Inpatient/Outpatient Hospital
67	Day Treatment	080	FQHC Tribal
67	Day Treatment	801	Mental Health Agency
67	Day Treatment	802	Substance Abuse Agency
67	Day Treatment	803	MH/SA Agency
69	Community Care Organization	831	Barron Co.
69	Community Care Organization	832	Lacrosse Co.
69	Community Care Organization	833	Milwaukee Co.
70	Rural Health Clinic	184	Hospital Affiliated Clinic
70	Rural Health Clinic	185	Free Standing Clinic
71	Family Planning Clinic	080	FQHC Tribal
71	Family Planning Clinic	083	Family Planning
72	HealthCheck	080	FQHC Tribal
72	HealthCheck	733	Case Management Only
72	HealthCheck	734	Screeener
72	HealthCheck	735	Screeener Case Management
73	HealthCheck "Other Services"	740	Mental Health
73	HealthCheck "Other Services"	741	Residential Care Center for Children/Group Home
73	HealthCheck "Other Services"	742	WIC Agency
73	HealthCheck "Other Services"	743	Pediatric Community Care
73	HealthCheck "Other Services"	744	Other
74	Speech & Hearing Clinic	182	Speech and Hearing
75	Federally Qualified Health Clinic (FQHC)	080	FQHC Tribal
75	Federally Qualified Health Clinic (FQHC)	081	FQHC Non-Tribal (CHC)
77	Physical Therapy	170	Physical Therapist
77	Physical Therapy	175	Physical Therapy Assistant
77	Physical Therapy	900	Group
78	Occupational Therapist	171	Occupational Therapist
78	Occupational Therapist	174	Occupational Therapy Assistant
78	Occupational Therapist	900	Group
79	Speech-Language Pathology	173	SLP Master Level
79	Speech-Language Pathology	176	SLP Bachelor Level
79	Speech-Language Pathology	900	Group
80	Crisis Intervention/CSP	080	FQHC Tribal
80	Crisis Intervention/CSP	650	Crisis Intervention
80	Crisis Intervention/CSP	651	Community Support Program (CSP)

PT Code	Type Description	PS Code	Specialty Description
80	Crisis Intervention/CSP	652	Comprehensive Community Services (CCS) (No longer in use as of July 1, 2014 – See new Provider Type 82)
80	Crisis Intervention/CSP	653	Crisis Intervention & CSP
80	Crisis Intervention/CSP	654	Crisis Intervention & CCS (No longer in use as of July 1, 2014 – See new Provider Type 82)
80	Crisis Intervention/CSP	655	CSP & CCS (No longer in use as of July 1, 2014 – See new Provider Type 82)
80	Crisis Intervention/CSP	656	Crisis Intervention/CSP/CCS (No longer in use as of July 1, 2014 – See new Provider Type 82)
81	WPI “Other” (Wisconsin Provider Index use only)	810	WPI “Other”
82	Comprehensive Community Services (CCS)	850	Regional Lead (refer to ForwardHealth <i>Update 2014-42</i> for more information)
82	Comprehensive Community Services (CCS)	851	Regional Non-Lead (refer to ForwardHealth <i>Update 2014-42</i> for more information)
82	Comprehensive Community Services (CCS)	852	Regional Pop/Shared/51.42 (refer to ForwardHealth <i>Update 2014-42</i> for more information)
82	Comprehensive Community Services (CCS)	853	Non-Regional Matching Funds (refer to ForwardHealth <i>Update 2014-42</i> for more information)
82	Comprehensive Community Services (CCS)	854	Non-Regional DQA (refer to ForwardHealth <i>Update 2014-42</i> for more information)
82	Comprehensive Community Services (CCS)	855	Non-Regional Both (refer to ForwardHealth <i>Update 2014-42</i> for more information)
83	WIMCR (Wisconsin Medicaid Cost Reporting) Regionalization	842	WIMCR Lead 2
83	WIMCR (Wisconsin Medicaid Cost Reporting) Regionalization	843	WIMCR Non-Lead 2

3.3 Pricing Indicator Codes

The pricing indicator dictates the method utilized for pricing.

Pricing Indicator Code	Description
MAXFEE	The system utilizes the procedure max fee rate on file.

Pricing Indicator Code	Description
SYSMAN	The system suspends the claim for manual pricing.
MAXOUT	The system utilizes the procedure max fee rate on file for outpatient claims.
BILLED	The system prices utilizes the billed amount on the claim detail.

3.4 Rate Type Codes

A rate type is used in conjunction with the pricing indicator and contract to identify the rate to be utilized to calculate the allowable amount for the service. The rate type allows the same pricing methodologies, however may have a different rate for the same procedure code. There are specific rate types for every contract and additional rate types will be added as needed.

Rate types and the description:

Rate type	Description
C05	AUDIO - PURCH AID
C09	CASEMGT
C11	PURCHASE DME
C12	DISP MED SUPPLY
C13	DAY TRTMT AODA
C14	DAY TRTMT CHILD
C21	RESP CARE
C22	HM HLTH PERS CARE
C30	MED SERVICE
C32	MH AODA
C35	MH COMM SUPRT
C36	MH HOME COMM
C37	MH HOME PSYCH
C45	REHABILITATION
C47	SPECL MED VECH
C49	THERAPY
C52	MISCELLANEOUS
C53	MHSA-PREGNANT WMN
C54	DISP MED SUPPLY JB
C55	LTC TRANSPORT
DEF	DEFAULT
FAP	GEN PT-FAMILY PLAN
HPC	PERSONAL CARE
MED	MEDICAL
OTH	OTHER
PE1	MEDSV PEDIATRIC PT
PEO	MEDSV PEDIATRIC OTH

Rate type	Description
PT1	1 PTPS SPECIFIC
PT2	2 PTPS SPECIFIC
PT3	3 PTPS SPECIFIC
PT4	4 PTPS SPECIFIC
PT5	5 PTPS SPECIFIC
PT6	6 PTPS SPECIFIC
QTT	QUALIFIED TREATMENT TRAINEE
RTL	RENTAL DME (MODIFIER RR)
T09	TRIBAL CASE MNGMNT

3.5 Benefit Adjustment Factor (BAF) Codes

The Benefit Adjustment Factor (BAF) provides the ability to alter an existing allowed amount by a rate, percentage or a series of a rate and percentages to increase or reduce the allowed amount. Please see section 6.2 for additional details and pricing calculations.

BAF code, description and the adjustment factor.

BAF Code	BAF Description	Rate	Percent in decimal	Calculate Code (Before/After)
50	Adjustment of 50% (AMBUL Modifier GM, DME Modifier TW)		.50	Before
60	Adjustment of 60% (DME, MEDSV)		.60	After
80	Adjustment of 80% (MEDSV Modifier 54, DME Modifier RA)		.80	Before
90	Adjustment of 90%		.900	Before
80DME	Adjustment of 80% of the billed amount.		.80	After
80HOSPL	Adjustment of 80% of the maximum allowable fee, when service rendered in a hospital or ambulatory surgical place of service (21, 22, 24) Applicable Contracts: MEDSV Refer to Provider <i>Update</i> 2012-13 for more information on this policy, including the list of procedure codes impacted.		.800	Before
FFPMH5877	Federal share percentage for Mental Health (Home/Community, Crisis Intervention, Community Support Program) for dates of process on/after 10/1/17		.5877	After

BAF Code	BAF Description	Rate	Percent in decimal	Calculate Code (Before/After)
FFPMH5937	Federal share percentage for Mental Health (Home/Community, Crisis Intervention, Community Support Program) for dates of process on/after 10/1/18		.5937	After
FFPCSMG17	Federal share percentage for Targeted Case Management (T1017) for dates of process on/after 10/1/17		.5877	Before
FFPCSMG18	Federal share percentage for Targeted Case Management (T1017) for dates of process on/after 10/1/18		.5937	Before
FFPCMKID17	Federal share percentage for Case Management - Kids In Substitute Care (T2023) for dates of process on/after 10/1/17		.5877	Before
FFPCMKID18	Federal share percentage for Case Management - Kids In Substitute Care (T2023) for dates of process on/after 10/1/18		.5937	Before

3.6 Place of Service (POS) Codes

The Place of Service (POS) code submitted with a procedure code indicates the location at which the service was rendered. POS codes are only used on professional claim forms.

Place of Service	Description
01	Pharmacy
02	Telehealth
03	School
04	Homeless Shelter
05	Indian Health Service Free-standing Facility
06	Indian Health Service Provider-based Facility
07	Tribal 638 Free-standing Facility
08	Tribal 638 Provider-based Facility
09	Prison-Correctional Facility
11	Office
12	Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
16	Temporary Lodging
17	Walk-In Retail Health Clinic
18	Place Of Employment-Worksite
19	Off Campus – Outpatient Hospital

Place of Service	Description
20	Urgent Care Facility
21	Inpatient Hospital
22	On Campus - Outpatient Hospital
23	Emergency Room - Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
41	Ambulance - Land
42	Ambulance - Air or Water
49	Independent Clinic
50	Federally Qualified Health Center
51	Inpatient Psychiatric Facility
52	Psychiatric Facility-Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/Mentally Retarded
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
57	Non-residential Substance Abuse Treatment Facility
60	Mass Immunization Center
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
65	End-Stage Renal Disease Treatment Facility
71	Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
99	Other Place of Service

4 Nursing Home Extract Field Layout

4.1 Field Layout

Below is the field layout for the nursing home rate extract. Record sort order will be by county code and provider ID.

Field	Data Type	Max Length*	Description
County Code	Character	10	County code used to identify a geographical/political area in the state.

County Name	Character	12	Name of the specific county.
Provider ID	Character	10	Provider identification number.
Provider ID Type	Character	3	Identifies type of provider ID value, either NPI for National Provider Identifier or MCD for a proprietary provider ID if no NPI is on file for provider.
Proprietary Provider ID	Character	9	Proprietary provider ID.
Provider Name	Character	50	Provider's business or personal name. Personal names will be in format of LASTNAME (25 characters) FIRSTNAME (13 characters) MIDDLEINITIAL (1 character).
Revenue Code	Character	4	Code that identifies a specific accommodation or ancillary service.
Condition Code	Character	2	Code that identifies conditions relating to an institutional claim that may affect payer processing.
Rate	Number	8	Nursing home rate amount. Format is 999999.99.
Effective Date	Date	8	First date of service the rate is effective. Format is CCYMMDD.
End Date	Date	8	Last date of service the rate is effective. Format is CCYMMDD.

*Max Data Length including special characters such as decimals.

File Format: Text Delimited

Field Delimiter: Vertical Bar -> |

Frequency: First of every month.

Records included: The date of extract run is within the effective date and end date of an active provider rate record.

Record field order:

County Code|County Name|Provider ID|Provider ID Type|Proprietary Provider ID|Provider Name|Revenue Code|Condition Code|Rate|Effective|End

5 Outpatient Extract Field Layout

5.1 Field Layout

Below is the field layout for the outpatient rate extract. Record sort order will be by county code and provider ID.

Field	Data Type	Max Length*	Description
County Code	Character	10	County code used to identify a geographical/political area in the state.
County Name	Character	12	Name of the specific county.
Provider ID	Character	10	Provider identification number.
Provider ID Type	Character	3	Identifies type of provider ID value, either NPI for National Provider Identifier or MCD for a proprietary provider ID if no NPI is on file for provider.
Proprietary Provider ID	Character	9	Proprietary provider ID.
Provider Name	Character	50	Provider's business or personal name. Personal names will be in format of LASTNAME (25 characters) FIRSTNAME (13 characters) MIDDLEINITIAL (1 character).
Rate Amount	Number	10	Rate amount. Format is 99999999.99.
Effective Date	Date	8	First date of service the rate is effective. Format is CCYYMMDD.
End Date	Date	8	Last date of service the rate is effective. Format is CCYYMMDD.

File Format: Text Delimited

Field Delimiter: Vertical Bar -> |

Frequency: First of every month.

Records included: The date of extract run is within the effective date and end date of an active provider rate record.

Record field order:

County Code|County Name|Provider ID|Provider ID Type|Proprietary Provider ID|Provider Name|Rate|Effective|End

6 Professional Pricing

6.1 Max Fee Pricing

This method is identified by the pricing indicator MAXFEE. The max fee is a standard, statewide, maximum rate that can be paid for a procedure. The following calculation is used:

Allowed Amount (1) = (Max Fee Rate * Units Allowed)

Allowed Amount (2) = Lesser of Billed Amount or Allowed Amount (1)

6.2 Benefit Adjustment Factor Pricing

The Benefit Adjustment Factor (BAF) provides the ability to alter an existing allowed amount by a percentage or a series of percentages to increase the allowed amount or reduce it. This type of adjustment works in conjunction with pricing methodologies to apply a percentage to the allowed amount.

The BAFs can also be used to pay additional set amounts that are not service related. The set amount for a BAF is added or subtracted from the calculated allowed amount after the specific pricing methodology was applied.

The combination of percentages and incentive amounts are allowable as well as applying multiple BAFs per single pricing methodology. The BAF provides a before/after flag that controls whether the BAF is applied before the allowed amount is compared to the billed amount. If the flag is set to "after", the BAF is applied to the allowed amount after the allowed amount is set to the lesser of the billed or allowed amount where applicable. The following calculation is used.

Allowed Amount (1) = (Max Fee Rate * Units Allowed)

If Benefit Adjustment Factor Before/After flag is set to **Before**:

Allowed Amount (2) = ((Allowed Amount (1) * BAF Percentage) + BAF Incentive Amount)

Allowed amount (3) = Lesser of Billed amount or Allowed Amount (2)

Example:

CSMGT|Case

Management|T1017|B||I~21/000|MAXFEE|C09|U1|10.82|0.0|FFPCSMG10|20040101|2299
1231|I|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;21;22;23;25;26;31;32;33;34;49;
50;51;54;56;57;60;61;71;72;99

Claim billed amount: \$20.00

Claim billed quantity: 1.0

Modifier billed: U1

Calculation:

1. Allowed Amount \$10.82 = (\$10.82 * 1.0)
2. Allowed Amount \$6.51 = (\$10.82 * .6016)
3. Allowed Amount \$6.51 = (Lesser of \$20.00 or \$6.51)

If Benefit Adjustment Factor Before/After flag is set to **After**:

Allowed Amount (2) = Lesser of Billed Amount or Allowed Amount (1).

Allowed amount (3) = ((Allowed Amount (2) * BAF Percentage) + BAF incentive Amount)

Example:

MHCSP|Mntl Hlth-Comm

Sprt|H0039|B||I~80/651;80/653;80/655;80/656||MAXFEE|C35|HM|5.63|0.0|FFPMH6016|2

0040101|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;22;23;26;34;49;50;
56;57;60;71;72;99

Claim billed amount: \$5.00

Claim quantity billed: 1.0

Modifier billed: HM

Calculation:

1. Allowed Amount \$5.63 = $(5.63 * 1.0)$
2. Allowed Amount \$5.00 = (lesser of \$5.00 or \$5.63)
3. Allowed Amount \$3.01 = $(\$5.00 * .6016)$

Note: Each BAF code can only be assigned either a percentage or an incentive amount. The calculation above is used accordingly.

6.3 Contracted Rate Pricing

The pricing indicator code is MAXFEE. The contracted max fee allowed amount is always paid, even if it is greater than the billed amount. The following is the calculation used for this pricing:

Allowed Amount (1) = (Max Fee Rate * Units Allowed)

The following contracts are applicable to this pricing:

- MHCSP - Mental Health Community Support Program
- MHHC - Mental Health - Mental Health and Substance Abuse Services in the Home or Community for Adults
- CSMGT - Case Management

6.4 UCC Pricing

This method is referred to as Usual and Customary Charge pricing. The rates will be provided separately from the rate extract file. Locate the provider's number and procedure code/modifier max fee rate, and then apply the following calculation for this method:

Allowed Amount (1) = (UCC Rate * Units Allowed)

Allowed Amount (2) = Lesser of Billed Amount or Allowed Amount (1)

The following contracts are applicable to this method:

- DTMED - Day Treatment Medical
- REHAB - Therapy - Rehabilitation Centers - Occupational, Physical and Speech Therapy

6.5 Manual Pricing

This method is identified by the pricing indicator code SYSMAN. Manual pricing is utilized when the procedure code is new and/or does not have enough charge history to permit determining a reimbursement rate. This method is also utilized for non-service specific

"unlisted" procedure code that requiring a review of claim narratives to appropriately reimburse the provider for the services. The following calculation for this method is used:

Allowed Amount (1) = allowed amount as determined

6.6 Pay as Billed

This method is identified by the pricing indicator code BILLED. Pay as billed pricing is utilized when the procedure code is new and/or does not have enough charge history to permit determining a reimbursement rate. This method is usually accompanied by a Benefit Adjustment Factor (BAF) that calculates a percentage of the billed amount. The following calculation for this method is used:

Allowed Amount = pay as billed

6.7 Birth to Three (B-3)

This method is an incentive for providers to render therapeutic services for children under the age of three who meet criteria and are enrolled in the Wisconsin Birth to 3 program. Birth to 3 services are identified by the presence of modifier TL within the THERP and REHAB contracts. Procedures listed with an entry for the TL modifier will receive an additional incentive amount of \$21.50, once per date of service, per member, per discipline (Occupational therapy, Physical therapy, Speech and language pathology), when all of the following criteria is met:

- ❖ Procedure code listed in extract with entry for TL modifier
- ❖ Modifier TL submitted on claim detail containing the procedure code
- ❖ Place of service on detail equals one of the following:
 - 04 (Homeless Shelter)
 - 12 (Home)
 - 99 (Other Place of Service)
- ❖ The rendering provider type is one of the following:
 - 04 (Rehabilitation Agency)
 - 17 (Therapy Group)
 - 74 (Speech & Hearing Clinic)
 - 77 (Physical Therapy)
 - 78 (Occupational Therapist)
 - 79 (Speech-Language Pathology)

6.8 Professional Medicare Crossover Pricing

NOTES:

- Not all reimbursement amounts may appear in the max fee extracts/schedules. For procedure codes not listed and other pricing inquiries, please contact the HMO Support Help Desk at: VEDSHMOSupport@wisconsin.gov.

- Medicare Sequestration amounts are based on their inclusion on the Explanation Of Medicare Benefits (EOMB) using Claim Adjustment Reason Code (CARC) 253. Refer to the CMS website (<https://www.cms.gov>) for more information on the Medicare Sequestration.

PROFESSIONAL CROSSOVER CLAIMS (Claim Type B)

1. Determine the max fee on file for the procedure code.
2. Combine the coinsurance or co-payment, and psychiatric reduction amounts on that detail.
3. Determine the amount that Medicare paid on that detail plus the Medicare Sequestration.
4. Subtract the Medicare Paid amount and Sequestration from the Max Fee.
 - a. If the number is negative, then the claim will pay zero coinsurance, co-payment, and psychiatric reduction. Set the allowed amount to zero. Go to step 6.
 - b. If the number is positive, go to step 5.
5. Compare the positive number from step 4 to the sum in step 2. Set the allowed amount to the lesser of these amounts.
6. Add the detail deductible to the allowed amount.
7. Subtract cost share amounts (i.e. Medicaid co-payment, spend down).
8. Add all detail allowed amounts to the header deductible amount (if applicable). The allowed amount should now be the paid amount on the claim.

PROFESSIONAL CROSSOVER CLAIM EXEMPTIONS

Crossover claims are sometimes exempt from part b cutback. In this case, professional claims will pay the full coinsurance, co-payment, psychiatric reduction, and deductible. Professional crossover claims are exempt under the following conditions:

- a. The pricing indicator is "BILLED", "SYSMAN", or "MANUAL".
- b. The detail modifier is QX, QZ, QS, QK, AA, or AD for Anesthesia.
- c. The detail modifier is RR for DME rental.

7 Institutional Pricing

7.1 Outpatient Pricing

The following calculations are used depending on the provider's rate:

Allowed Amount (1) = (PerDiem Rate * Detail unduplicated dates)

The provider rates can be located on the ForwardHealth Website. A file can be downloaded and contains the following information for locating the rate:

Hospital name, city, rate per visit, % of charges paid, effective date, end date.

7.2 Nursing Home Pricing

Nursing home stays are priced using individual nursing home provider rates. The rates per nursing home will be available for download through the portal in a separate file. The following is the calculation used for this pricing:

Allowed Amount (1) = (Units Allowed * Provider's Rate)

7.3 Institutional Medicare Crossover Pricing

NOTES:

- Not all reimbursement amounts may appear in the max fee extracts/schedules. For procedure codes not listed and other pricing inquiries, please contact the HMO Support Help Desk at: VEDSHMOSupport@wisconsin.gov.
- Medicare Sequestration amounts are based on their inclusion on the Explanation Of Medicare Benefits (EOMB) using Claim Adjustment Reason Code (CARC) 253. Refer to the CMS website (<https://www.cms.gov>) for more information on the Medicare Sequestration.

EAPG Eligible Outpatient Crossovers (CT C)

For EAPG eligible crossover claims pricing and payment will occur at the detail. If the Medicare dollars are received at the claim header the system will automatically spread the dollars to the details using a percent of billed calculation prior to pricing. After the calculated claim detail Medicaid allowed amount is arrived at using one of the pricing methods below, Part B cutback will be performed.

The actual pricing method applied at the detail will be determined by the reimbursement rules, either at the procedure code level or the revenue code level. The pricing methods applied to outpatient crossovers other than EAPG on and EAPG eligible claim are MAXFEE and/or percent of BILLED.

The criteria used for determining if a claim is EAPG eligible follows. Claims matching all of the criteria below are considered EAPG Eligible. If the criteria is not met, the claims will be considered EAPG Exempt.

Billing Provider Type	"01" or "58"
Header From DOS	FDOS on or after 01/01/2015

EAPG Pricing Methodology

The EAPG pricing method calls the 3M EAPG grouper/pricer software to determine the allowed amount on each of the claim details that are to be priced under the EAPG pricing method. All the paid status details that are to be priced under EAPG are sent to the grouper at one time. The EAPG pricing method works the same for both straight outpatient claims (claim type = O) and outpatient crossovers (claim type = C).

1. The EAPG software will first edit the input and, if there are no major errors, group the details assigning an EAPG to each. Laboratory services are excluded from EAPG processing.
2. The software will determine if any of the details is to be packaged receiving a zero weight and a zero allowed and paid amount at the detail level.
3. The weight for each EAPG is retrieved and stored at the detail for processing.
4. The EAPG software will determine if any discounting (significant procedure, repeat ancillary, or bilateral) is to be applied to the weight at the detail.
5. After all calculations against the weights have been completed the allowed amount for the detail will be calculated by multiplying the weight by the provider EAPG rate (stored on the provider's EAPG schedule which is used by the EAPG software for processing).

MAXFEE Pricing Methodology

Under the MAXFEE pricing method the system will price the service using the max fee on file. See the Pricing Manual for more information on the MAXFEE pricing method and the

guidelines for applying this pricing method to outpatient and outpatient crossover claims and encounters.

BILLED Pricing Methodology

Under the BILLED pricing method the system will price the service using the billed amount on the detail. A Benefit Adjustment Factor (BAF) may also be configured to adjust the allowed amount up or down by some percentage (for example, most service priced in this manner are reimbursed 80% of the billed amount). See the Pricing Manual for more information on the Pay as Billed pricing method and the guidelines for applying this pricing method to outpatient and outpatient crossover claims and encounters.

Calculate Medicare Part B Cutback

There are a couple different outcomes to determining how Medicaid will pay the coinsurance or co-payment (outpatient claims do not have psychiatric reduction). Deductible and Blood Deductible (not likely to be present in production on outpatient claims) are always paid in full.

- Combine the detail Medicare coinsurance and co-payment amounts.
- Subtract the detail Medicare Paid and Sequestration amount from the allowed amount at the detail.
 - a. If the number is negative, then the detail will pay zero coinsurance or co-payment. Set the allowed amount to zero. Go to step 4.
 - b. If the number is positive, go to step 3.
- Compare the positive number from step 2 to the sum in step 1. Set the detail allowed amount to the lesser of these amounts.
- Add the detail Medicare deductible and blood deductible (if applicable) to the detail allowed amount.
- Subtract cost share amounts (i.e. Medicaid co-payment, spend down).
- The detail allowed amount should now be the paid amount on the claim.

Non-EAPG Eligible Outpatient Crossovers (CT C)

EAPG exempt outpatient crossover claims are priced at the detail level and paid at the header level using information summed from all claim details. The provider Hospital Outpatient Rate is used to compare to the Medicare Paid and Sequestration amount to determine part b cutback. There are different outcomes to determining how Medicaid will pay the coinsurance or co-payment (outpatient claims do not have psychiatric reduction). Deductible and Blood Deductible (not likely to be present in production on outpatient claims) are always paid in full.

1. Determine the price from the Provider file.
2. Combine the sum of all detail and header coinsurance or co-payment amounts. Note that if the provider has no applicable Hospital Outpatient Rate the sum of the detail and header coinsurance or copayment amounts will be the allowed amount – go to Step 5.
3. Sum the header and detail Medicare Paid amounts plus the Medicare Sequestration.
4. Subtract the Medicare Paid amount sum and Sequestration from the Provider's price¹.
 - a. If the number is negative, then the claim will pay zero coinsurance or co-payment. Set the allowed amount to zero. Go to step 6.
 - b. If the number is positive, go to step 5.

5. Compare the positive number from step 4 to the sum in step 2. Set the allowed amount to the lesser of these amounts.
6. Add the deductible and blood deductible (if applicable) to the allowed amount.
7. Subtract cost share amounts (i.e. Medicaid co-payment, spend down).
8. The allowed amount should now be the paid amount on the claim.

¹For ESRD claims (PT 30) where the dialysis revenue codes are denied for managed care there may be payable administrative drug procedure codes on certain details. If so the summed allowable maxfee amount for all of those details will be used in Step 4 instead of the Provider's price.

INPATIENT AND NURSING HOME CROSSOVER CLAIMS (Claim Type A)

Nursing Home Crossover claims (CT A) are not subject to part b cutback and will always pay the full coinsurance, co-payment, deductible, and blood deductible in full.

Effective for process dates after September 12, 2011, Inpatient Crossover claims (CT A, TOB '1xx') are processed through the DRG Grouper and then priced & paid at the header level using a 'Part A' cutback process. The provider DRG (or Inpatient) Rate is used to compare to the Medicare Paid plus the Medicare Sequestration amount to determine part A cutback. Unlike the part B cutback process, Medicare Deductible and Blood Deductible (if present) is not paid in full; rather it is included in the cutback comparison logic.

1. Determine the DRG rate (weight) from the provider file.
2. Determine rate information from the Provider file.
3. Subtract the (header) Medicare Paid and Sequestration amount from the Provider's price.
 - a. If the number is negative, then the claim will pay zero. Set the allowed amount to zero.
 - b. If the number is positive, go to step 4.
4. Compare the positive number from step 3 to the sum of the (header) Medicare coinsurance, copayment, deductible and blood deductible. Set the allowed amount to the lesser of these amounts.
5. Subtract cost share amounts (i.e. Medicaid co-payment, spend down).
6. The allowed amount should now be the paid amount on the claim.

INSTITUTIONAL CROSSOVER CLAIM EXEMPTIONS

Crossover claims are sometimes exempt from part b cutback. In this case, outpatient Claims will pay the full coinsurance, co-payment, and deductible. Outpatient crossover claims are exempt under the following conditions:

- a. The provider type/specialty is not one of the following:
PT 01/Spec 010, PT 30/Spec 080, PT 30/Spec 300, PT 30/Spec 301, PT 58/Spec 010, PT 58/Spec 712, PT 58/Spec 713, PT 67/Spec 010, PT 67/Spec 080, PT 67/Spec 801, PT 67/Spec 802, PT 67/Spec 803.
- b. The revenue code is 253, 820, or 821 and the provider has an "out of state" or "border" status.

8 Procured Services

8.1 Procured Services Policy for Family Care and PACE/Partnership

Effective in the 2015 Managed Care Organization (MCO) contracts for Family Care, Family Care Partnership, and the Program of All-Inclusive Care for the Elderly (PACE), Medicaid services defined as "procured services" are no longer required to be paid at the Medicaid allowable amounts. The following service areas are currently identified as "procured services:"

Incontinence and Urological Supplies:

Services identified as part of this benefit may be identified in the Disposable Medical Supply – Incontinence/Urological Supplies (DMSJB) Medicaid fee schedule, which is sent to both Family Care and PACE/Partnership MCOs as part of the Medicaid Max Fee Extract on a monthly basis.

Eyeglasses and Related Services:

Services identified as part of this benefit may be identified in the State Purchase Eyeglass Contract (SPEC) Medicaid fee schedule, which is sent to PACE/Partnership MCOs as part of the Medicaid Max Fee Extract on a monthly basis.

Hearing Aids Volume Contract:

Services identified as part of this benefit are outlined in ForwardHealth *Updates* for audiologist providers on the ForwardHealth Portal at:

<https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/Provider/Updates/audiologist.htm.spage>

Non-Emergency Medical Transportation (NEMT) Manager:

Services identified as part of this benefit are part of the Specialized Medical Vehicle (SMV) and Ambulance (AMBUL) Medicaid fee schedules:

- The SMV Medicaid fee schedule is sent to both Family Care and PACE/Partnership MCOs as part of the Medicaid Max Fee Extract on a monthly basis.
- The AMBUL Medicaid fee schedule is sent to PACE/Partnership MCOs as part of the Medicaid Max Fee Extract on a monthly basis.

NOTE: Certain services within these fee schedules are *NOT* considered a part of the NEMT Manager, and are outlined in ForwardHealth *Updates* for all providers on the ForwardHealth Portal at:

<https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/Provider/Updates/all-provider.htm.spage>

Diabetic Supplies

Services identified as part of this benefit may be identified in the ForwardHealth *Updates* for pharmacy providers on the ForwardHealth Portal at:

<https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/Provider/Updates/pharmacy.htm.spage>

The SPEC, SMV, and AMBUL Medicaid fee schedules can also be downloaded from the following location:

<https://www.forwardhealth.wi.gov/WIPortal/Max%20Fee%20Home/Max%20Fee%20Download/tabid/80/Default.aspx#spec?PopUp=N>

(NOTE: Do not use the link to the PDF-style versions of the files, as these are mostly archived files that are not kept up-to-date)

9 Care Management

9.1 Care Management For Family Care members Enrolled In A Non-Nursing Home Level Of Care (LOC)

Members who are enrolled in a non-nursing home level of care (LOC) for the Family Care Managed Care benefit are eligible for care management services as a part of their enrollment in the Family Care program, as outlined in section V of the Family Care Managed Care contract. The benefit is reimbursed at \$18.12 per unit of service authorized and rendered, and is billable under procedure codes T1016 and T1017.

Appendix 1 – Procedure/Revenue code ranges per contract:

Service Area: Community Care Organizations

Contract: CCO

Procedure/Revenue Code Range: G9002

Notes: Service is available only in Barron, LaCrosse, and Milwaukee counties

Service Area: Case Management

Contract: CSMGT

Procedure/Revenue Code Range: T1017

Notes: Pricing is based on modifiers billed (U1-U4)

Notes: Rate extracts will contain a few codes not in the FC benefit for CSMGT (i.e. G9012, T2023).

Service Area: Durable Medical Equipment

Contract: DME

Procedure/Revenue Code Range: A4210, A4224-A4225, A4565-A4570, A4611-A4613, A4630, A4635-A4637, A4639-A4640, A5500-A5514, A6501-A6551, A7020-A7026, A7047, A8000-A8004, A9279-A9284, A9900, B9000-B9006, E0100-E0144, E0147-E0236, E0238-E0297, E0300-E0450, E0454-E0607, E0610-E0615, E0617-E0619, E0621-E0676, E0691-E0749, E0755-E0758, E0760-E0765, E0769-E0782, E0784-E0942, E0944-E0974, E0977-E0978, E0980-E0992, E0994-E1060, E1070-E1090, E1092-E1220, E1223, E1225-E1372, E1390-E1399, E1405-E1406, E1700-E1841, E1902-E2633, E8000-E8002, K0001-K0007, K0009-K0012, K0014-K0020, K0022-K0025, K0028, K0030, K0035-K0047, K0050-K0081, K0090-K0100, K0102-K0108, K0114-K0116, K0195, K0268, K0452, K0455, K0460, K0462, K0531, K0533-K0534, K0541, K0543, K0544-K0547, K0549-K0550, K0552-K0555, K0600-K0609, K0618-K0620, K0627-K0669, K0671-K0730, K0733-K0902, L0100-L0220, L0430, L0450-L0472, L0476-L0861, L0960-L3217, L3219-L3222, L3224-L4130, L4205-L4210, L4350-L4398, L4631, L8100-L8230, L8608, L8698, Q0478-Q0505, S1030-S1031, S1040, S8270, S8420-S8429, S8450-S8452, S8460-S8470, T5001, 93268, 94760, 94762

Note: Rate extracts will contain a few codes not in the FC benefit for DME (i.e. A4300).

Note: Diabetic supply procedure codes E0607, E2100, and E2101 are now billed as National Drug Codes (NDCs) to Medicaid. See Appendix 2 for rate information for these HCPCS procedure codes, as they are no longer payable under Medicaid, and therefore do not appear in the monthly max fee extracts.

Note: Procedure code E0783 (Programmable Infusion Pump) has been carved out of the Family Care benefit, effective for dates of service on and after April 1st, 2014.

Service Area: Disposable Medical Supplies (includes incontinence/urological supplies)

Contract: DMS (DMSJB for incontinence/urological supplies)

Procedure/Revenue Code Range: A4206-A4209, A4211-A4256, A4258-A4260, A4262-A4263, A4265, A4270-A4290, A4305-A4328, A4330-A4340, A4344, A4346-A4349, A4351-A4367, A4369, A4371-A4385, A4387-A4435, A4450-A4452, A4455-A4460, A4462, A4465-A4558, A4560-A4562, A4575-A4580, A4590-A4608, A4614-A4629, A4632-A4634, A4638, A4641, A4860, A4927, A5051-A5057, A5062-A5063, A5071-A5073, A5081-A5122, A5126-A5131, A5200, A6000-A6011, A6021-A6264, A6266-A6404, A6407-A6412, A6441-A6457, A6460-A6461, A7000-A7018, A7027-A7046, A7520-A7527, A9272-A9278, B4034-B4162, S1015, S5560-S5561, S5565-S5566, S8095-S8097, S8100-S8101, S8120-S8121, S8181-S8189, S8400, S8430-S8431, S8490, S9001, S9007, S9061, S9434, T1500, T1999, T4521-T4545, T5999

Notes:

Rate extracts will contain a few codes not in the FC benefit for DMS (i.e. A4649).

Diabetic supply procedure codes A4215 (when not billed with modifier 59), A4252, A4253, A4256, A4258, A4259, and S8490 are now billed as National Drug Codes (NDCs) to Medicaid. See Appendix 2 for rate information for these HCPCS procedure codes, as they are no longer payable under Medicaid, and therefore do not appear in the monthly max fee extracts.

Certain incontinence/urological items are only covered for Medicaid members through J&B Medical. These items will appear in the max fee extracts under the contract DMSJB.

Service Area: Day Treatment (Medical, AODA, Child)

Contract: DTMED, DTAOD, DTCHD

Procedure/Revenue Code Range: H2012

Notes: Modifiers determine contract and reimbursement (HE – DTMED, HF – DTAOD, HA – DTCHD). DTMED procedure H2012 is reimbursed based on provider-specific rates, and is available in the provider Portal.

Service Area: Health Home for Individuals with HIV/AIDS

Contract: HIVHH

Procedure/Revenue Code Range: S0280, S0281

Notes: This service will deny Fee-For-Service for Family Care enrollees; however, this service is NOT included in the Family Care benefit. The Fee-For-Service denial serves as an indication that the member is enrolled in Managed Care, and will need to be dis-enrolled from Managed Care in order to receive this benefit Fee-For-Service. Refer to ForwardHealth *Update* 2012-52 for details of this program, including Managed Care enrollment policy (see page 5 under 'Members Not Eligible').

Service Area: Home Care – Respiratory Care

Contract: HCRS

Procedure/Revenue Code Range: 99504

Notes: Modifiers TD, TE, U1, and U2 determine pricing.

Service Area: Home Health – Personal Care

Contract: HHPC

Procedure/Revenue Code Range: 90782, 97802, 97803, 97804, 97810, 97811, 97813, 97814, 99509, 99600, G0151-G0164, G0299-G0300, G0490, G0493-G0496, S9097, S9123, S9124, T1001, T1019, T1021, T1502, T1503

Notes: Procedures 99401-99404, S9445, and G0101 are included in the contract associated with Medical Services and therefore do not appear in the rate extract. These procedures are located in appendix 2.

Service Area: Autism Diagnostic Confirmation

Contract: MHADC

Procedure/Revenue Code Range: H2000

Notes:

Service Area: Mental Health/Alcohol and Other Drug Abuse

Contract: MHAOD

Procedure/Revenue Code Range: 90785, 90791, 90792, 90801-90899, 96150-96155, 99354, 99355, G2011, H0005, H0022, H0046, H0047, T1006

Notes: Credential modifiers (HM, HN, HO, HP, U6) determine pricing. Refer to ForwardHealth *Update* 2012-64 for more information on new policy regarding Qualified Treatment Trainees (QTT) and the usage of modifiers U6 and U7 for these providers.

Service Area: Mental Health/Community Support Program

Contract: MHCSP

Procedure/Revenue Code Range: H0034, H0039

Notes:

Service Area: Mental Health/Home and Community

Contract: MHHC

Procedure/Revenue Code Range: 90785, 90791, 90792, 90801, 90802, 90804, 90806, 90808, 90810, 90812, 90814, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90857, 90862, 90863, 90875, 90876, 90880, 90887, 90899, 99199, 99354, 99355, G2011, H0005, H0022, T1006

Notes: Modifier UC distinguishes MHHC contract from MHAOD contract. Refer to ForwardHealth *Update* 2012-64 for more information on new policy regarding Qualified Treatment Trainees (QTT) and the usage of modifiers U6 and U7 for these providers.

Service Area: Mental Health/In Home Psychotherapy

Contract: MHIHP

Procedure/Revenue Code Range: H0004, H0022, T1006, 99082

Notes: Modifier UC distinguishes H0022 and T1006 in MHIHP contract from MHAOD contract. Refer to ForwardHealth *Update* 2012-64 for more information on new policy regarding Qualified Treatment Trainees (QTT) and the usage of modifiers U6 and U7 for these providers.

Service Area: Mental health/substance abuse screening, brief intervention and referral to treatment (SBIRT)

Contract: MHPW

Procedure/Revenue Code Range: H0002, H0004, H0049, H0050. Appendix 2 displays the procedures assigned to the MHPW contract that are currently covered by Family Care. Refer to ForwardHealth *Update* 2012-64 for more information on new policy regarding Qualified Treatment Trainees (QTT) and the usage of modifiers U6 and U7 for these providers.

Service Area: Drug (Diabetic Supplies only)

Contract: NDC

Procedure/Revenue Code Range: Items related to maintenance of diabetes are now billed a National Drug Codes. Providers may still bill equivalent HCPCS codes to Family Care, as rates will be maintained for that purpose. However, effective 6/1/10, drug claims for Diabetic supply NDCs will be denied FFS, and providers will seek payment from Family Care.

Service Area: Therapy/Rehabilitation Centers

Contract: THERP/REHAB

Procedure/Revenue Code Range:

Occupational Therapy – 97000-97799, 90901

Physical Therapy – 97000-97799, 90901, 93797, 93798, 94667, 94668, G0281-G0283

Speech and Language pathology - 31575,31579, 92506-92508, 92510-92512, 92516, 92520-92524, 92526, 92597, 92607-92612, 92614, 92700, 96105, S9152

Notes: Occupational therapy – Modifier GO; Physical therapy – GP modifier. Provider type 04 (Rehabilitation center) distinguished REHAB contract from THERP contract. Procedure code 97760 is included in the contract associated with Medical Services and therefore does not appear in the rate extract. This procedure is located in appendix 2, and is end-dated as of 01/01/2018.

Service Area: Specialized Medical Vehicles

Contract: SMV

Procedure/Revenue Code Range: A0021, A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0160, A0170, A0180, A0190, A0200, A0210, S0209, S0215, T2001, T2005, T2049

Notes: Billing provider type 51 determines assignment in SMV contract.

Service Area: Nursing Home/Long Term Care

Contract: LTC

Procedure/Revenue Code Range: 0183, 0185-0199, 0110, 0940, 0946, 0960, A0120, S0215

Notes: Revenue codes 0185-0199 are in the Nursing Home Provider Rate Extract available on the Portal. Revenue codes 0110, 0940, 0946, and 0960 (accommodations) are reimbursed as listed:

Revenue Code	Reimbursement Methodology
0110	- \$35.00 per day
0940	- If billed with bedhold (0183 or 0185), use revenue code 0199 for that nursing home on those dates of service times the number of bed hold days. - If billed with non-bedhold (0190-0199), pay up to \$150 per day including the amount paid under the accommodation/level of care revenue code.
0946	Dates of service between 01/01/2012 and 06/30/2012 - Pay up to \$500 per day including the amount paid under the accommodation/level of care revenue code. Dates of service between 07/01/2012 and 06/30/2013 - Pay up to \$550 per day including the amount paid under the accommodation/level of care revenue code. Dates of service on/after 07/01/2013 - Pay up to \$561 per day including the amount paid under the accommodation/level of care revenue code.
0960	Pay as billed

Service Area: Outpatient (per diem)

Contract: OUTPA

Procedure/Revenue Code Range: N/A

Notes: This is a per diem rate, per provider. Rates are available on the Portal.

Coverage of services is determined at a procedure/revenue code level. For outpatient hospital claim editing services under the Family Care benefit, fee-for-service claims are reviewed as follows:

- For therapy/rehab services, revenue codes in range 420-449, 977-979 along with a procedure code from the THERP/REHAB contract section above are considered covered.

- For DME services, revenue codes in range 290-299, regardless of allowable procedure code, are considered covered.

Service Area: Hospice Room and Board

Contract: HOSPC

Procedure/Revenue Code Range: T2046/0169

Notes: To determine rate, multiply the daily rate for the nursing home in which the member resides on the DOS by 95%. (Example: Daily rate = \$100.00, then hospice Room/Board per date is 95%, or \$95.00)

Service Area: Medical Services

Contract: MEDSV

Procedure/Revenue Code Range: H0033, S9445, 99401-99404, G0101, G0409-G0411, Q4117-Q4130, 90899, 97750, 97760, 97799, 96101-96103, 96105, 96110-96111, 96112-96113, 96116, 96118-96121, 96127, 96130-96146, G0442-G0447, G0449

Notes:

-Procedures that are typically physician services are assigned the MEDSV contract. Although Family Care does not cover physician-performed services, several procedures are identified as Family Care-covered, with restrictions applied to exclude physician provider types. Appendix 2 displays the procedures assigned to the MEDSV contract that are currently reimbursed by Medicaid. Codes in range above that are not listed in Appendix 2 are not Medicaid covered, other than for payment of coinsurance/deductible on Medicare 'crossover' claims.

-Procedure 90899 is only used in the MEDSV contract when modifier HK is present.

-Procedure 97799 is only used in the MEDSV contract when rendered by a provider other than home health.

-Procedure 96105 is only used in the MEDSV contract when rendered by a mental health provider.

Service Area: Audiology

Contract: AUDHA

Procedure/Revenue Code Range: 92516

Notes: Procedure code 92516 was considered a therapy code in the legacy system, but is assigned to the audiology contract in interchange. The procedure is still covered under Family Care, and is displayed in Appendix 2.

Appendix 2 - Miscellaneous Family Care Procedures Not Included In Rate Extracts

NOTE: Medicare disclaimer codes are not included in this listing. Also, there is an additional field (age) between the provider type/specialty field and the pricing indicator listing. There is also an additional “|” added after the place of service field in this listing.

Therapy Procedures in Medical Services Contract:

MEDSV|Medical-Medical

Serv|97750|Y||I~09/000;31/000;33/000||MAXFEE|MED||24.56|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;19;20;22;23;26;31;32;33;34;49;50;54;56;57;60;71;72;99|

MEDSV|Medical-Medical

Serv|97750|Y||I~10/100||MAXFEE|PT1||22.11|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;19;20;22;23;26;31;32;33;34;49;50;54;56;57;60;71;72;99|

MEDSV|Medical-Medical

Serv|97760|Y||I~09/000;31/000;33/000||MAXFEE|MED||25.85|0.0||20080701|20171231|I~01;05;06;07;08;09;11;19;20;21;22;23;25;26;31;32;33;49;50;51;54;57;60;61;71;72|

MEDSV|Medical-Medical

Serv|97760|Y||I~10/100||MAXFEE|PT1||23.26|0.0||20080701|20171231|I~01;05;06;07;08;09;11;19;20;21;22;23;25;26;31;32;33;49;50;51;54;57;60;61;71;72|

MEDSV|Medical-Medical

Serv|97799|Y||I~09/000;10/000;31/000;33/000||SYSMAN|DEF|||||I~01;03;04;05;06;07;08;09;11;15;19;20;26;31;32;33;49;50;54;56;57;60;71;72;81;99|

Home Health Procedures in Medical Services Contract:

MEDSV|Medical-Medical

Serv|H0033|Y||I~05/000;09/000;10/000;16/000;31/000;33/000;61/000;71/000;72/000||MAXFEE|MED||9.40|0.0||20110101|22991231|I~03;04;05;06;07;08;11;12;15;19;20;22;23;34;50;60;71;72;81;99|

MEDSV|Medical-Medical

Serv|H0033|Y||I~05/000;09/000;10/000;16/000;31/000;33/000;61/000;71/000;72/000||MAXFEE|MED||9.40|0.0||20110101|22991231||

MEDSV|Medical-Medical

Serv|S9445|N||I~05/000;09/000;10/000;16/000;31/000;33/000;61/000;72/000||MAXFEE|MED||37.95|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;19;20;22;23;26;34;49;50;56;57;60;71;72;99|

MEDSV|Medical-Medical

Serv|S9445|N||I~71/000||MAXFEE|FAP||37.57|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;19;20;22;23;26;34;49;50;56;57;60;71;72;99|

MEDSV|Medical-Medical

Serv|S9445|Y||I~05/000;09/000;10/000;16/000;31/000;33/000;61/000;72/000||MAXFEE|MED||37.95|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;19;20;22;23;26;34;49;50;56;57;60;71;72;99|

MEDSV|Medical-Medical

Serv|S9445|Y||I~05/000;09/000;10/000;16/000;31/000;33/000;61/000;72/000||MAXFEE|MED||37.95|0.0||20080701|22991231||

MEDSV|Medical-Medical

Serv|S9445|Y||I~71/000||MAXFEE|FAP||37.57|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;19;20;22;23;26;34;49;50;56;57;60;71;72;99|

MEDSV|Medical-Medical Serv|S9445|Y||I~71/000||MAXFEE|FAP||37.57|0.0||20080701|22991231||

MEDSV|Medical-Medical

Serv|99401|N||I~05/000;09/000;10/000;16/000;31/000;33/000;61/000;72/000||MAXFEE|MED||9.48|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;19;20;22;23;26;34;49;50;56;57;60;71;72;99|

Home Health Procedures in Medical Services Contract (continued):

MEDSV|Medical-Medical

Serv|99401|N||I~71/000||MAXFEE|FAP||9.39|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;19;20;22;23;26;34;49;50;56;57;60;71;72;99|

MEDSV|Medical-Medical

Serv|99401|Y||I~05/000;09/000;10/000;16/000;31/000;33/000;61/000;72/000||MAXFEE|MED||9.48|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;19;20;22;23;26;34;49;50;56;57;60;71;72;99|

MEDSV|Medical-Medical

Serv|99401|Y||I~05/000;09/000;10/000;16/000;31/000;33/000;61/000;72/000||MAXFEE|MED||9.48|0.0||20080701|22991231||

MEDSV|Medical-Medical

Serv|99401|Y||I~71/000||MAXFEE|FAP||9.39|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;19;20;22;23;26;34;49;50;56;57;60;71;72;99|

MEDSV|Medical-Medical Serv|99401|Y||I~71/000||MAXFEE|FAP||9.39|0.0||20080701|22991231||

MEDSV|Medical-Medical

Serv|99402|N||I~05/000;09/000;10/000;16/000;31/000;33/000;61/000;72/000||MAXFEE|MED||18.97|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;19;20;22;23;26;34;49;50;56;57;60;71;72;99|

MEDSV|Medical-Medical

Serv|99402|N||I~71/000||MAXFEE|FAP||18.78|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;19;20;22;23;26;34;49;50;56;57;60;71;72;99|

MEDSV|Medical-Medical

Serv|99402|Y||I~05/000;09/000;10/000;16/000;31/000;33/000;61/000;72/000||MAXFEE|MED||18.97|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;19;20;22;23;26;34;49;50;56;57;60;71;72;99|

MEDSV|Medical-Medical

Serv|99402|Y||I~05/000;09/000;10/000;16/000;31/000;33/000;61/000;72/000||MAXFEE|MED||18.97|0.0||20080701|22991231||

Home Health Procedures in Medical Services Contract (continued):

MEDSV|Medical-Medical
Serv|99402|Y||I~71/000||MAXFEE|FAP||18.78|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;19;20
;22;23;26;34;49;50;56;57;60;71;72;99|

MEDSV|Medical-Medical Serv|99402|Y||I~71/000||MAXFEE|FAP||18.78|0.0||20080701|22991231||

MEDSV|Medical-Medical
Serv|99403|N||I~05/000;09/000;10/000;16/000;31/000;33/000;61/000;72/000||MAXFEE|MED||28.46|0.0||20080701|22991
231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;19;20;22;23;26;34;49;50;56;57;60;71;72;99|

MEDSV|Medical-Medical
Serv|99403|N||I~71/000||MAXFEE|FAP||28.18|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;19;20
;22;23;26;34;49;50;56;57;60;71;72;99|

MEDSV|Medical-Medical
Serv|99403|Y||I~05/000;09/000;10/000;16/000;31/000;33/000;61/000;72/000||MAXFEE|MED||28.46|0.0||20080701|22991
231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;19;20;22;23;26;34;49;50;56;57;60;71;72;99|

MEDSV|Medical-Medical
Serv|99403|Y||I~05/000;09/000;10/000;16/000;31/000;33/000;61/000;72/000||MAXFEE|MED||28.46|0.0||20080701|22991
231||

MEDSV|Medical-Medical
Serv|99403|Y||I~71/000||MAXFEE|FAP||28.18|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;19;20
;22;23;26;34;49;50;56;57;60;71;72;99|

MEDSV|Medical-Medical Serv|99403|Y||I~71/000||MAXFEE|FAP||28.18|0.0||20080701|22991231||

MEDSV|Medical-Medical
Serv|99404|N||I~05/000;09/000;10/000;16/000;31/000;33/000;61/000;72/000||MAXFEE|MED||37.95|0.0||20080701|22991
231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;19;20;22;23;26;34;49;50;56;57;60;71;72;99|

MEDSV|Medical-Medical
Serv|99404|N||I~71/000||MAXFEE|FAP||37.57|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;19;20
;22;23;26;34;49;50;56;57;60;71;72;99|

Home Health Procedures in Medical Services Contract (continued):

MEDSV|Medical-Medical

Serv|99404|Y||I~05/000;09/000;10/000;16/000;31/000;33/000;61/000;72/000||MAXFEE|MED||37.95|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;19;20;22;23;26;34;49;50;56;57;60;71;72;99|

MEDSV|Medical-Medical

Serv|99404|Y||I~05/000;09/000;10/000;16/000;31/000;33/000;61/000;72/000||MAXFEE|MED||37.95|0.0||20080701|22991231||

MEDSV|Medical-Medical

Serv|99404|Y||I~71/000||MAXFEE|FAP||37.57|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;19;20;22;23;26;34;49;50;56;57;60;71;72;99|

MEDSV|Medical-Medical Serv|99404|Y||I~71/000||MAXFEE|FAP||37.57|0.0||20080701|22991231||

MEDSV|Medical-Medical

Serv|G0101|Y||I~09/000;16/160;16/161;16/208;16/209;16/900;31/000;33/000||MAXFEE|MED||32.80|0.0||20091001|22991231|I~01;05;06;07;08;09;11;19;20;21;22;23;25;26;31;32;33;49;50;51;54;57;60;61;71;72|

MEDSV|Medical-Medical

Serv|G0101|Y||I~09/000;16/160;16/161;16/208;16/209;16/900;31/000;33/000||MAXFEE|MED||32.80|0.0||20091001|22991231||

MEDSV|Medical-Medical

Serv|G0101|Y||I~10/100||MAXFEE|PT1||29.52|0.0||20091001|22991231|I~01;05;06;07;08;09;11;19;20;21;22;23;25;26;31;32;33;49;50;51;54;57;60;61;71;72|

MEDSV|Medical-Medical Serv|G0101|Y||I~10/100||MAXFEE|PT1||29.52|0.0||20091001|22991231||

MEDSV|Medical-Medical

Serv|G0101|Y||I~16/212||MAXFEE|PT2||29.52|0.0||20091001|22991231|I~01;05;06;07;08;09;11;19;20;21;22;23;25;26;31;32;33;49;50;51;54;57;60;61;71;72|

MEDSV|Medical-Medical Serv|G0101|Y||I~16/212||MAXFEE|PT2||29.52|0.0||20091001|22991231||

Home Health Procedures in Medical Services Contract (continued):

MEDSV|Medical-Medical Serv|G0101|Y||I~71/000||MAXFEE|FAP||32.47|0.0||20091001|22991231||

Speech Therapy Procedures in Audiology Contract:

AUDHA|Hearing
Services|92516|B||I~09/000;10/000;20/000;31/000;33/000;74/000||MAXFEE|C05||26.33|0.0||20080701|22991231|I~01;03
;04;05;06;07;08;09;11;12;13;14;15;19;20;21;22;23;25;26;31;32;33;34;49;50;51;54;56;57;60;61;71;72;99|

Mental Health/Substance Abuse Procedures in Screening, Brief Intervention and Referral to Treatment (SBIRT) contract:

MHPW|MHPW, SBIRT & HC-
ED|H0002|B||I~09/090;09/092;09/093;09/095;10/000;11/112;11/120;11/121;11/122;11/123;11/124;11/125;16/212;21/00
0;31/000;61/000;72/080;72/734;72/735;80/000||MAXFEE|C53||35.35|0.0||20080701|22991231|I~03;04;05;06;07;08;11;1
2;13;14;15;19;20;21;22;23;25;26;49;50;51;56;57;60;61;71;72|

MHPW|MHPW, SBIRT & HC-
ED|H0002|B||I~09/090;09/092;09/093;09/095;10/100;11/112;11/120;11/123;11/124;11/125;11/126;16/212;21/000;31/00
0;61/000;72/080;72/734;72/735;80/000||MAXFEE|C53||35.35|0.0||20080701|22991231|I~03;04;05;06;07;08;11;12;13;14
;15;19;20;21;22;23;25;26;49;50;51;56;57;60;61;71;72|

MHPW|MHPW, SBIRT & HC-
ED|H0004|B||I~09/090;09/092;09/093;09/095;16/212;80/000||MAXFEE|PT4|HE|18.21|0.0||20080701|22991231|I~03;04;0
5;06;07;08;11;12;13;14;15;19;20;21;22;23;25;26;49;50;51;56;57;60;61;71;72|

MHPW|MHPW, SBIRT & HC-
ED|H0004|B||I~09/090;09/092;09/093;09/095;16/212;80/000||MAXFEE|PT4|HF|14.70|0.0||20080701|22991231|I~03;04;0
5;06;07;08;11;12;13;14;15;19;20;21;22;23;25;26;49;50;51;56;57;60;61;71;72|

MHPW|MHPW, SBIRT & HC-
ED|H0004|B||I~09/090;09/092;09/093;09/095;80/000||MAXFEE|PT3|HE|14.70|0.0||20080701|22991231|I~03;04;05;06;07
;08;11;12;13;14;15;19;20;21;22;23;25;26;49;50;51;56;57;60;61;71;72|

Mental Health/Substance Abuse Procedures in Screening, Brief Intervention and Referral to Treatment (SBIRT) contract (continued):

MHPW|MHPW, SBIRT & HC-
ED|H0004|B||I~09/090;09/092;09/093;09/095;80/000||MAXFEE|PT3|HF|13.89|0.0||20080701|22991231|I~03;04;05;06;07;08;11;12;13;14;15;19;20;21;22;23;25;26;49;50;51;56;57;60;61;71;72|

MHPW|MHPW, SBIRT & HC-
ED|H0004|B||I~10/100||MAXFEE|PT4|HE|18.21|0.0||20080701|22991231|I~03;04;05;06;07;08;11;12;13;14;15;19;20;21;22;23;25;26;49;50;51;56;57;60;61;71;72|

MHPW|MHPW, SBIRT & HC-
ED|H0004|B||I~10/100||MAXFEE|PT4|HF|14.70|0.0||20080701|22991231|I~03;04;05;06;07;08;11;12;13;14;15;19;20;21;22;23;25;26;49;50;51;56;57;60;61;71;72|

MHPW|MHPW, SBIRT & HC-
ED|H0004|B||I~10/100||MAXFEE|PT6|HF|18.21|0.0||20080701|22991231|I~03;04;05;06;07;08;11;12;13;14;15;19;20;21;22;23;25;26;49;50;51;56;57;60;61;71;72|

MHPW|MHPW, SBIRT & HC-
ED|H0004|B||I~11/112||MAXFEE|PT1|HE|16.41|0.0||20080701|22991231|I~03;04;05;06;07;08;11;12;13;14;15;19;20;21;22;23;25;26;49;50;51;56;57;60;61;71;72|

MHPW|MHPW, SBIRT & HC-
ED|H0004|B||I~11/112||MAXFEE|PT1|HF|8.07|0.0||20080701|22991231|I~03;04;05;06;07;08;11;12;13;14;15;19;20;21;22;23;25;26;49;50;51;56;57;60;61;71;72|

MHPW|MHPW, SBIRT & HC-
ED|H0004|B||I~11/112||MAXFEE|PT2|HE|13.89|0.0||20080701|22991231|I~03;04;05;06;07;08;11;12;13;14;15;19;20;21;22;23;25;26;49;50;51;56;57;60;61;71;72|

MHPW|MHPW, SBIRT & HC-
ED|H0004|B||I~11/112||MAXFEE|PT2|HF|16.41|0.0||20080701|22991231|I~03;04;05;06;07;08;11;12;13;14;15;19;20;21;22;23;25;26;49;50;51;56;57;60;61;71;72|

Mental Health/Substance Abuse Procedures in Screening, Brief Intervention and Referral to Treatment (SBIRT) contract (continued):

MHPW|MHPW, SBIRT & HC-
ED|H0004|B||I~11/120;11/121;11/125;31/000;72/080;72/734;72/735||MAXFEE|C53|HE|20.23|0.0||20080701|22991231|I~03;04;05;06;07;08;11;12;13;14;15;19;20;21;22;23;25;26;49;50;51;56;57;60;61;71;72|

MHPW|MHPW, SBIRT & HC-
ED|H0004|B||I~11/120;11/121;11/125;31/000;72/080;72/734;72/735||MAXFEE|C53|HF|20.23|0.0||20080701|22991231|I~03;04;05;06;07;08;11;12;13;14;15;19;20;21;22;23;25;26;49;50;51;56;57;60;61;71;72|

MHPW|MHPW, SBIRT & HC-
ED|H0004|B||I~11/120;11/121;11/125;31/000||MAXFEE|C53|HE|20.23|0.0||20080701|22991231|I~03;04;05;06;07;08;11;12;13;14;15;19;20;21;22;23;25;26;49;50;51;56;57;60;61;71;72|

MHPW|MHPW, SBIRT & HC-
ED|H0004|B||I~11/120;11/121;11/125;31/000||MAXFEE|C53|HF|20.23|0.0||20080701|22991231|I~03;04;05;06;07;08;11;12;13;14;15;19;20;21;22;23;25;26;49;50;51;56;57;60;61;71;72|

MHPW|MHPW, SBIRT & HC-
ED|H0004|B||I~11/122||MAXFEE|PT1|HE|16.41|0.0||20080701|22991231|I~03;04;05;06;07;08;11;12;13;14;15;19;20;21;22;23;25;26;49;50;51;56;57;60;61;71;72|

MHPW|MHPW, SBIRT & HC-
ED|H0004|B||I~11/122||MAXFEE|PT1|HF|8.07|0.0||20080701|22991231|I~03;04;05;06;07;08;11;12;13;14;15;19;20;21;22;23;25;26;49;50;51;56;57;60;61;71;72|

MHPW|MHPW, SBIRT & HC-
ED|H0004|B||I~11/123;11/124;11/126||MAXFEE|PT2|HE|13.89|0.0||20080701|22991231|I~03;04;05;06;07;08;11;12;13;14;15;19;20;21;22;23;25;26;49;50;51;56;57;60;61;71;72|

MHPW|MHPW, SBIRT & HC-
ED|H0004|B||I~11/123;11/124;11/126||MAXFEE|PT2|HF|16.41|0.0||20080701|22991231|I~03;04;05;06;07;08;11;12;13;14;15;19;20;21;22;23;25;26;49;50;51;56;57;60;61;71;72|

Mental Health/Substance Abuse Procedures in Screening, Brief Intervention and Referral to Treatment (SBIRT) contract (continued):

MHPW|MHPW, SBIRT & HC-
ED|H0004|B||I~11/123;11/124||MAXFEE|PT3|HE|14.70|0.0||20080701|22991231|I~03;04;05;06;07;08;11;12;13;14;15;19;
20;21;22;23;25;26;49;50;51;56;57;60;61;71;72|

MHPW|MHPW, SBIRT & HC-
ED|H0004|B||I~11/123;11/124||MAXFEE|PT3|HF|13.89|0.0||20080701|22991231|I~03;04;05;06;07;08;11;12;13;14;15;19;
20;21;22;23;25;26;49;50;51;56;57;60;61;71;72|

MHPW|MHPW, SBIRT & HC-
ED|H0004|B||I~21/000;61/080;61/751;61/752||MAXFEE|PT5|HF|12.20|0.0||20080701|22991231|I~03;04;05;06;07;08;11;1
2;13;14;15;19;20;21;22;23;25;26;49;50;51;56;57;60;61;71;72|

MHPW|MHPW, SBIRT & HC-
ED|H0049|Y||I~09/000;10/000;11/112;11/120;11/121;11/122;11/123;11/124;11/125;11/126;21/000;31/000;61/000;72/08
0;72/734;72/735;80/080;80/650;80/653||MAXFEE|C53||35.35|0.0||20100101|22991231|I~03;11;12;19;21;22;23;99|

MHPW|MHPW, SBIRT & HC-
ED|H0050|Y||I~09/000;11/125;31/000;33/000||MAXFEE|C53||20.23|0.0||20100101|22991231|I~03;11;12;19;21;22;23;99|

MHPW|MHPW, SBIRT & HC-
ED|H0050|Y||I~10/000||MAXFEE|PT1||18.21|0.0||20100101|22991231|I~03;11;12;19;21;22;23;99|

MHPW|MHPW, SBIRT & HC-
ED|H0050|Y||I~11/112||MAXFEE|PT2||16.41|0.0||20100101|22991231|I~03;11;12;19;21;22;23;99|

MHPW|MHPW, SBIRT & HC-
ED|H0050|Y||I~11/120;11/121;11/123;11/124||MAXFEE|PT4||13.89|0.0||20100101|22991231|I~03;11;12;19;21;22;23;99|

MHPW|MHPW, SBIRT & HC-
ED|H0050|Y||I~11/122||MAXFEE|PT3||8.07|0.0||20100101|22991231|I~03;11;12;19;21;22;23;99|

MHPW|MHPW, SBIRT & HC-
ED|H0050|Y||I~21/000;61/000;72/080;72/734;72/735||MAXFEE|PT5||12.20|0.0||20100101|22991231|I~03;11;12;19;21;22
;23;99|

Mental Health/Substance Abuse Procedures in Screening, Brief Intervention and Referral to Treatment (SBIRT) contract (continued):

MHPW|MHPW, SBIRT & HC-
ED|H0050|Y||I~80/080;80/650;80/653||MAXFEE|PT6||14.70|0.0||20100101|22991231|I~03;11;12;19;21;22;23;99|

Mental Health/Substance Abuse Procedures in MEDSV contract:

MEDSV|Medical-Medical
Serv|96101|Y||I~11/112;83/843||MAXFEE|OTH||65.65|0.0||20080701|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;
31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical
Serv|96101|Y||I~11/112;83/843||MAXFEE|OTH||80.93|0.0||20180101|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;
31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical
Serv|96101|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|HP|65.65|0.0||20080701|20171231|I~05;06;07;08;11;13;14;
;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical
Serv|96101|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|HP|82.55|0.0||20180101|20181231|I~05;06;07;08;11;13;14;
;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical
Serv|96101|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|UA|80.93|0.0||20080701|20171231|I~05;06;07;08;11;13;14;
;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical
Serv|96101|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|UA|82.55|0.0||20180101|20181231|I~05;06;07;08;11;13;14;
;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical
Serv|96101|Y||I~31/326;31/339||MAXFEE|MED||80.93|0.0||20080701|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;
31;32;34;49;50;51;54;57;61;71;72|

Mental Health/Substance Abuse Procedures in MEDSV contract (continued):

MEDSV|Medical-Medical

Serv|96102|Y||I~11/112;83/843||MAXFEE|OTH||39.27|0.0||20091001|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96102|Y||I~11/112;83/843||MAXFEE|OTH||60.29|0.0||20180101|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96102|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|HP|39.27|0.0||20091001|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96102|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|HP|60.29|0.0||20180101|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96102|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|UA|48.41|0.0||20091001|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96102|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|UA|60.29|0.0||20180101|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96102|Y||I~31/326;31/339;33/326;33/339||MAXFEE|MED||48.41|0.0||20091001|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96103|Y||I~11/112;83/843||MAXFEE|OTH||35.37|0.0||20091001|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96103|Y||I~11/112;83/843||MAXFEE|OTH||43.60|0.0||20180101|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

Mental Health/Substance Abuse Procedures in MEDSV contract (continued):

MEDSV|Medical-Medical

Serv|96103|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|HP|35.37|0.0||20091001|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96103|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|HP|44.47|0.0||20180101|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96103|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|UA|43.60|0.0||20091001|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96103|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|UA|44.47|0.0||20180101|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96103|Y||I~31/326;31/339;33/326;33/339||MAXFEE|MED||43.60|0.0||20091001|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96105|Y||I~11/080;11/112;83/843||MAXFEE|OTH||105.81|0.0||20180101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96105|Y||I~11/080;11/112;83/843||MAXFEE|OTH||65.65|0.0||20080701|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96105|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|HP|105.81|0.0||20180101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96105|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|HP|65.65|0.0||20080701|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

Mental Health/Substance Abuse Procedures in MEDSV contract (continued):

MEDSV|Medical-Medical

Serv|96105|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|UA|105.81|0.0||20180101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96105|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|UA|80.93|0.0||20080701|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96105|Y||I~31/326;31/339||MAXFEE|MED||80.93|0.0||20080701|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96110|Y||I~09/090;09/092;09/093;09/095;31/316;31/318;31/322;31/328;31/354||MAXFEE|MED||8.63|0.0||20091001|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96110|Y||I~09/090;09/092;09/093;09/095||MAXFEE|MED|AQ|8.63|0.0||20091001|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96110|Y||I~10/100||MAXFEE|PT4|AQ|7.77|0.0||20120101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96110|Y||I~10/100||MAXFEE|PT4||7.77|0.0||20120101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical Serv|96110|Y||I~11/112;83/843|0 -

18|MAXFEE|PEO||65.65|0.0||20091001|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical Serv|96110|Y||I~11/112;83/843|0 -

18|MAXFEE|PEO||9.08|0.0||20180101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

Mental Health/Substance Abuse Procedures in MEDSV contract (continued):

MEDSV|Medical-Medical Serv|96110|Y||I~11/112;83/843|19 -
999|MAXFEE|OTH||7.00|0.0||20091001|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical Serv|96110|Y||I~11/112;83/843|19 -
999|MAXFEE|OTH||9.08|0.0||20180101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical Serv|96110|Y||I~11/801;11/802;11/803;83/842|0 -
18|MAXFEE|PE1|HP|65.65|0.0||20091001|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical Serv|96110|Y||I~11/801;11/802;11/803;83/842|0 -
18|MAXFEE|PE1|HP|9.08|0.0||20180101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical Serv|96110|Y||I~11/801;11/802;11/803;83/842|0 -
18|MAXFEE|PE1|UA|80.93|0.0||20091001|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical Serv|96110|Y||I~11/801;11/802;11/803;83/842|0 -
18|MAXFEE|PE1|UA|9.08|0.0||20180101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical Serv|96110|Y||I~11/801;11/802;11/803;83/842|19 -
999|MAXFEE|PT1|HP|7.00|0.0||20091001|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical Serv|96110|Y||I~11/801;11/802;11/803;83/842|19 -
999|MAXFEE|PT1|HP|9.08|0.0||20180101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical Serv|96110|Y||I~11/801;11/802;11/803;83/842|19 -
999|MAXFEE|PT1|UA|8.63|0.0||20091001|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

Mental Health/Substance Abuse Procedures in MEDSV contract (continued):

MEDSV|Medical-Medical Serv|96110|Y||I~11/801;11/802;11/803;83/842|19 -
999|MAXFEE|PT1|UA|9.08|0.0||20180101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61
;71;72|

MEDSV|Medical-Medical
Serv|96110|Y||I~31/316;31/318;31/322;31/328;31/345;31/354||MAXFEE|MED|AQ|8.63|0.0|HPSA120|20091001|22991231|I~
05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical
Serv|96110|Y||I~31/316;31/318;31/322;31/328;31/345;31/354||MAXFEE|MED|AQ|8.63|0.0||20091001|22991231|I~05;06;
07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical Serv|96110|Y||I~31/326;31/336;31/339|0 -
18|MAXFEE|PT3|AQ|80.93|0.0||20120101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61
;71;72|

MEDSV|Medical-Medical Serv|96110|Y||I~31/326;31/336;31/339|0 -
18|MAXFEE|PT3||80.93|0.0||20120101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71
;72|

MEDSV|Medical-Medical Serv|96110|Y||I~31/326;31/336;31/339|19 -
999|MAXFEE|MED|AQ|8.63|0.0||20091001|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;6
1;71;72|

MEDSV|Medical-Medical Serv|96110|Y||I~31/326;31/336;31/339|19 -
999|MAXFEE|MED||8.63|0.0||20091001|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;7
1;72|

MEDSV|Medical-Medical
Serv|96110|Y||I~31/345||MAXFEE|MED||8.63|0.0||20091001|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34
;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical
Serv|96111|Y||I~11/112;83/843||MAXFEE|OTH||128.89|0.0||20180101|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23
;31;32;34;49;50;51;54;57;61;71;72|

Mental Health/Substance Abuse Procedures in MEDSV contract (continued):

MEDSV|Medical-Medical

Serv|96111|Y||I~11/112;83/843||MAXFEE|OTH||65.65|0.0||20080701|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96111|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|HP|128.89|0.0||20180101|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96111|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|HP|65.65|0.0||20080701|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96111|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|UA|128.89|0.0||20180101|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96111|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|UA|80.93|0.0||20080701|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96111|Y||I~31/326;31/336;31/339||MAXFEE|MED||80.93|0.0||20080701|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96111|Y||I~31/345||MAXFEE|PT2||63.99|0.0||20080701|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96112|Y||I~11/112;83/843||MAXFEE|C30||132.98|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96112|Y||I~11/801;11/802;11/803;83/842||MAXFEE|C30||132.98|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96112|Y||I~31/326;31/336;33/326;33/339||MAXFEE|C30||132.98|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96112|Y||I~31/345||MAXFEE|C30||132.98|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96113|Y||I~11/112;83/843||MAXFEE|C30||59.24|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96113|Y||I~11/801;11/802;11/803;83/842||MAXFEE|C30||59.24|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96113|Y||I~31/326;31/336;33/326;33/339||MAXFEE|C30||59.24|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96113|Y||I~31/345||MAXFEE|C30||59.24|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96116|Y||I~09/000;31/326;31/336;31/339;31/345||MAXFEE|MED||80.93|0.0||20080701|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96116|Y||I~09/000;31/326;31/336;31/339;31/345||MAXFEE|MED||94.05|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

Mental Health/Substance Abuse Procedures in MEDSV contract (continued):

MEDSV|Medical-Medical

Serv|96116|Y||I~11/112;83/843||MAXFEE|OTH||65.65|0.0||20080701|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96116|Y||I~11/112;83/843||MAXFEE|OTH||90.53|0.0||20180101|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96116|Y||I~11/112;83/843||MAXFEE|OTH||94.05|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96116|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|HP|65.65|0.0||20080701|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96116|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|HP|90.53|0.0||20180101|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96116|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|HP|94.05|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96116|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|UA|80.93|0.0||20080701|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96116|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|UA|90.53|0.0||20180101|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96116|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|UA|94.05|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

Mental Health/Substance Abuse Procedures in MEDSV contract (continued):

MEDSV|Medical-Medical

Serv|96118|Y||I~11/112;83/843||MAXFEE|OTH||65.65|0.0||20080701|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96118|Y||I~11/112;83/843||MAXFEE|OTH||96.03|0.0||20180101|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96118|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|HP|65.65|0.0||20080701|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96118|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|HP|96.03|0.0||20180101|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96118|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|UA|80.93|0.0||20080701|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96118|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|UA|96.03|0.0||20180101|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96118|Y||I~31/326;31/339||MAXFEE|MED||80.93|0.0||20080701|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96119|Y||I~11/112;83/843||MAXFEE|OTH||59.09|0.0||20080701|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96119|Y||I~11/112;83/843||MAXFEE|OTH||77.36|0.0||20180101|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

Mental Health/Substance Abuse Procedures in MEDSV contract (continued):

MEDSV|Medical-Medical

Serv|96119|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|HP|59.09|0.0||20080701|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96119|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|HP|77.36|0.0||20180101|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96119|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|UA|72.84|0.0||20080701|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96119|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|UA|77.36|0.0||20180101|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96119|Y||I~31/326;31/339;33/326;33/339||MAXFEE|MED||72.84|0.0||20080701|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96120|Y||I~09/000;31/310;31/311;31/312;31/314;31/315;31/316;31/317;31/318;31/319;31/320;31/322;31/324;31/325;31/327;31/328;31/329;31/330;31/331;31/332;31/333;31/336;31/337;31/338;31/340;31/341;31/342;31/343;31/345;31/354;33/310;33/311;33/312;33/314;33/315;33/316;33/317;33/318;33/319;33/320;33/322;33/324;33/325;33/327;33/328;33/329;33/330;33/331;33/332;33/333;33/336;33/337;33/338;33/340;33/341;33/342;33/343;33/345;33/354;33/900||MAXFEE|PT2||23.39|0.0||20110701|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96120|Y||I~10/000||MAXFEE|PT3||21.05|0.0||20110701|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96120|Y||I~11/112;83/843||MAXFEE|OTH||59.09|0.0||20080701|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96120|Y||I~11/112;83/843||MAXFEE|OTH||72.84|0.0||20180101|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96120|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|HP|59.09|0.0||20080701|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96120|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|HP|74.30|0.0||20180101|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96120|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|UA|72.84|0.0||20080701|20171231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96120|Y||I~11/801;11/802;11/803;83/842||MAXFEE|PT1|UA|74.30|0.0||20180101|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96120|Y||I~31/326;31/339;33/326;33/339||MAXFEE|MED||72.84|0.0||20080701|20181231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71;72|

MEDSV|Medical-Medical

Serv|96121|Y||I~09/000;31/326;31/336;31/345;33/339||MAXFEE|C30||80.91|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96121|Y||I~11/112;83/843||MAXFEE|C30||80.91|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96121|Y||I~11/801;11/802;11/803;83/842||MAXFEE|C30||80.91|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96127|Y||I~09/000;31/000;33/000||MAXFEE|C30||3.99|0.0||20150101|22991231|I~05;07;11;15;19;20;21;22;23;24;34;50;71;72|

MEDSV|Medical-Medical

Serv|96127|Y||I~10/100||MAXFEE|PT1||3.59|0.0||20150101|22991231|I~05;07;11;15;19;20;21;22;23;24;34;50;71;72|

MEDSV|Medical-Medical

Serv|96130|Y||I~11/112;83/843||MAXFEE|C30||115.58|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96130|Y||I~11/801;11/802;11/803;83/842||MAXFEE|C30||115.58|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96130|Y||I~31/326;31/336||MAXFEE|C30||115.58|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96131|Y||I~11/112;83/843||MAXFEE|C30||88.07|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96131|Y||I~11/801;11/802;11/803;83/842||MAXFEE|C30||88.07|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96131|Y||I~31/326;31/336||MAXFEE|C30||88.07|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96132|Y||I~11/112;83/843||MAXFEE|C30||129.94|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96132|Y||I~11/801;11/802;11/803;83/842||MAXFEE|C30||129.94|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96132|Y||I~31/326;31/339||MAXFEE|C30||129.94|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96133|Y||I~11/112;83/843||MAXFEE|C30||99.10|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96133|Y||I~11/801;11/802;11/803;83/842||MAXFEE|C30||99.10|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96133|Y||I~31/326;31/339||MAXFEE|C30||99.10|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96136|Y||I~11/112;83/843||MAXFEE|C30||46.06|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96136|Y||I~11/801;11/802;11/803;83/842||MAXFEE|C30||46.06|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96136|Y||I~31/326;31/336||MAXFEE|C30||46.06|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96137|Y||I~11/112;83/843||MAXFEE|C30||42.70|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96137|Y||I~11/801;11/802;11/803;83/842||MAXFEE|C30||42.70|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96137|Y||I~31/326;31/336||MAXFEE|C30||42.70|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96138|Y||I~11/112;83/843||MAXFEE|C30||37.03|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96138|Y||I~11/801;11/802;11/803;83/842||MAXFEE|C30||37.03|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96138|Y||I~31/326;31/336||MAXFEE|C30||37.03|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96139|Y||I~11/112;83/843||MAXFEE|C30||37.03|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96139|Y||I~11/801;11/802;11/803;83/842||MAXFEE|C30||37.03|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96139|Y||I~31/326;31/336||MAXFEE|C30||37.03|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96146|Y||I~09/000;31/310;31/311;31/312;31/314;31/315;31/316;31/317;31/318;31/319;31/320;31/322;31/324;31/325;31/327;31/328;31/329;31/330;31/331;31/332;31/333;31/336;31/337;31/338;31/340;31/341;31/342;31/343;31/345;31/354;33/310;33/311;33/312;33/314;33/315;33/316;33/317;33/318;33/319;33/320;33/322;33/324;33/325;33/327;33/328;33/329;33/330;33/331;33/332;33/333;33/336;33/337;33/338;33/340;33/341;33/342;33/343;33/345;33/354;33/900||MAXFEE|C30||1.85|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96146|Y||I~10/100||MAXFEE|PT1||1.67|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96146|Y||I~11/112;83/843||MAXFEE|C30||1.85|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96146|Y||I~11/801;11/802;11/803;83/842||MAXFEE|C30||1.85|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

MEDSV|Medical-Medical

Serv|96146|Y||I~31/326;31/339;33/326;33/339||MAXFEE|C30||1.85|0.0||20190101|22991231|I~05;06;07;08;11;13;14;19;20;21;22;23;31;32;34;49;50;51;54;57;61;71|

Diabetic Supplies no longer payable under Medicaid:

DME|Durable Med Equip|E0607|Y||I~05/000;24/000;25/000;53/000|MAXFEE|C11||60.52|0.0||20080701|22991231|D|

DME|Durable Med

Equip|E0607|Y||I~05/000;24/000;25/000;53/000|MAXFEE|C11||60.52|0.0||20080701|22991231|D|I~01;05;06;07;08;09;11;12;13;14;20;26;34;49;50;57;60;71;72

DME|Durable Med

Equip|E2100|Y||I~05/000;09/000;24/000;25/000;53/000|MAXFEE|C11||499.45|0.0||20080701|22991231|D|

DME|Durable Med

Equip|E2100|Y||I~05/000;09/000;24/000;25/000;53/000|MAXFEE|C11||499.45|0.0||20080701|22991231|D|I~01;05;06;07;08;09;11;12;13;14;20;26;34;49;50;57;60;71;72

DME|Durable Med

Equip|E2101|Y||I~05/000;09/000;24/000;25/000;53/000|MAXFEE|C11||143.93|0.0||20080701|22991231|D|

DME|Durable Med

Equip|E2101|Y||I~05/000;09/000;24/000;25/000;53/000|MAXFEE|C11||143.93|0.0||20080701|22991231|D|I~01;05;06;07;08;09;11;12;13;14;20;26;34;49;50;57;60;71;72

Diabetic Supplies no longer payable under Medicaid (Continued):

DMS|Supplies-DMS|A4215| |||MAXFEE|C12||0.08|0.0||20080701|22991231|C|

DMS|Supplies-DMS|A4215| |||MAXFEE|C12|22|0.26|0.0||20080701|22991231|C|

DMS|Supplies-
DMS|A4215|N| |||MAXFEE|C12|59|3.03|0.0||20080701|22991231|C|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;26;31;32;33;34;49;50;54;56;57;60;71;72;99

DMS|Supplies-
DMS|A4215|N| ||SYSMAN|DEF|SC| ||| ||C|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;26;31;32;33;34;49;50;54;56;57;60;71;72;99

DMS|Supplies-
DMS|A4252|Y| |||MAXFEE|C12||3.01|0.0||20090401|22991231|S|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;26;31;32;33;34;49;50;54;56;57;60;71;72;99

DMS|Supplies-
DMS|A4252|Y| ||SYSMAN|DEF|SC| ||| ||S|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;26;31;32;33;34;49;50;54;56;57;60;71;72;99

DMS|Supplies-
DMS|A4253|Y| |||MAXFEE|C12||36.69|0.0||20080701|22991231|D|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;26;31;32;33;34;49;50;54;56;57;60;71;72;99

DMS|Supplies-
DMS|A4253|Y| ||SYSMAN|DEF|SC| ||| ||D|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;26;31;32;33;34;49;50;54;56;57;60;71;72;99

DMS|Supplies-
DMS|A4256|Y| |||MAXFEE|C12||11.55|0.0||20080701|22991231|D|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;26;31;32;33;34;49;50;54;56;57;60;71;72;99

DMS|Supplies-

DMS|A4256|Y|||SYSMAN|DEF|SC|||||D|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;26;31;32;33;34;49;50;54;56;57;60;71;72;99

DMS|Supplies-

DMS|A4258|Y|||MAXFEE|C12||14.46|0.0||20080701|22991231|D|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;26;34;49;50;56;57;60;71;72;99

DMS|Supplies-

DMS|A4258|Y|||MAXFEE|C12|22|33.01|0.0||20080701|22991231|D|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;26;34;49;50;56;57;60;71;72;99

DMS|Supplies-

DMS|A4258|Y|||SYSMAN|DEF|SC|||||D|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;26;34;49;50;56;57;60;71;72;99

DMS|Supplies-

DMS|A4259|Y|||MAXFEE|C12||8.67|0.0||20080701|22991231|D|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;26;31;32;33;34;49;50;54;56;57;60;71;72;99

Diabetic Supplies no longer payable under Medicaid (Continued):

DMS|Supplies-

DMS|A4259|Y|||SYSMAN|DEF|SC|||||D|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;26;31;32;33;34;49;50;54;56;57;60;71;72;99

DMS|Supplies-

DMS|S8490|Y|||MAXFEE|C12||0.22|0.0||20040101|22991231|I|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;26;34;49;50;56;57;60;71;72;99

DMS|Supplies-

DMS|S8490|Y|||SYSMAN|DEF|SC|||||I|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;26;34;49;50;56;57;60;71;72;99

Change Log

Date / Version	Section	Edit
August 1, 2010 Version 1.4	Updates	<p>Page 5-6: Added/updated contracts omitted in previous versions.</p> <p>Page 9: Added/updated new provider type/specialty for J&B Medical</p> <p>Page 12-13: Added/updated rate types omitted in previous versions.</p> <p>Page 13-14: Added/updated Benefit Adjustment Factors omitted in previous versions.</p> <p>Page 22-24: Added/updated contracts to Appendix 1 omitted from previous versions.</p> <p>Page 25-27: Added/updated contracts to Appendix 2 omitted from previous versions.</p>
August 18, 2010 Version 1.5	Updates	<p>Page 14: Added two new Benefit Adjustment Factors (BAFs) for 2010.</p>
October 5, 2010 Version 1.6	Updates	<p>Page 3: Updated description and values for the BC+ BM/Core Billing Indicator</p> <p>Page 4: Updated Pricing Indicator to include BILLED</p> <p>Page 4: Updated Max Fee Modifier description</p> <p>Page 4: Added Place of Service (POS) Field and description</p> <p>Pages 5-8: Updated examples of various max fee entries to incorporate new extract format</p> <p>Page 16: Added BILLED indicator to Pricing Indicator section</p> <p>Page 17: Added 80DME to Benefit Adjustment Factor (BAF) section</p> <p>Page 18-19: Added POS code table</p> <p>Pages 22-23: Added examples of Before and After BAF calculation</p> <p>Page 24: Added Pay As Billed section</p> <p>Pages 30-42: Updated Appendix 1 to include new extract format</p>
November 12, 2010 Version 1.7	Updates	<p>Page 3: Added HMO Support desk contact information.</p>
January 3, 2011 Version 1.8	Updates	<p>Page 27: Removed procedures 94650-94652, 92525, and 92599 from Therapy/Rehab section. Codes not covered since 12/31/2002.</p> <p>Page 28: Added revenue code 0183 to LTC section. This code had been omitted in error</p> <p>Page 29: Added new MEDSV codes not covered by Medicaid except on crossovers.</p>

Date / Version	Section	Edit
February 1, 2011 Version 1.9	Updates	Page 4: Added Medicare Indicator S. Page 11: Added new mental health specialties 120 and 121.
March 1, 2011 Version 2.0	Updates	Page 4: Added RVS Units in extract layout (inadvertently omitted from previous versions)
April 1, 2011 Version 2.1	Updates	Pages 43-45: Added diabetic supply HCPCS codes, no longer covered by Medicaid (billed as NDCs instead) for use in Family Care reimbursement.
Jan. 3, 2012 Version 2.2	Updates	All pages – Reorganized/alphabetized tables as applicable, including the update of values to match those currently present in max fee extract. Page 29: Updated ancillary revenue code 0946 rate for dates on/after 1/1/2012. Pages 30-48 – Updated Appendix 2 covered procedures list to refresh pricing information.
April 19, 2012 Version 2.3	Updates	Pages 25-29 – Updated contract listings in Appendix A where code ranges were 'open.' Made updates to more specifically identify covered procedures by contract. Pages 48-49 – Updated max fee information for MEDSV contract procedure 96120.
July 16, 2012 Version 2.4	Updates	Cover – Updated ForwardHealth fiscal agent physical address Page 18– Added 80HOSPL BAF for hospital/ASC place of service-based reimbursement reduction Pages 37 – 47 – Updated Mental Health/Substance Abuse MEDSV contract procedure entries for codes 96101-96120 in Appendix 2. Page 48 – Added diabetic supply procedure code A4215, modifier 59 to Appendix 2.
October 12, 2012 Version 2.5	Updates	Page 18 – Added new Benefit Adjustment Factors for mental health and case management services for claims processed on/after 10/1/2012.

Date / Version	Section	Edit
January 7, 2013 Version 2.6	Updates	<p>Page 3 – Added reference to including applicable claim form(s) when sending inquiries to HMO Support Help Desk.</p> <p>Page 9 – Added HIVHH contract to contract listing.</p> <p>Page 17 – Added rate type QTT for Qualified Treatment Trainees.</p> <p>Page 27 – Added contract information for new HIV/AIDS Health Home benefit.</p> <p>Page 27 – Updated DMS contract procedure range to include new procedure code A4435.</p> <p>Page 28 – Updated MHAOD contract notes to include modifier U6 for Qualified Treatment Trainees. Included reference to new policy for Qualified Treatment Trainees.</p> <p>Page 28 – Updated MHC contract procedure range to include new mental health procedure codes 90785, 90791, 90792, 90832-90840, and 90863.</p> <p>Page 29 – Updated MHIHP contract notes to reference new policy for Qualified Treatment Trainees.</p> <p>Page 29 – Updated SBIRT contract notes to reference new policy for Qualified Treatment Trainees.</p> <p>Page 30 – Updated ancillary revenue code 0946 rate for dates on/after 7/1/2012.</p> <p>Page 36 – Update MHPW procedure code H0049 to include QTT provider type/specialty 11/126.</p>

Date / Version	Section	Edit
<p>Month DD, 2014 Version 2.7</p>	<p>Updates</p>	<p>Page 4 – Updated Medicare Coverage Indicator descriptions</p> <p>Page 15 – Added specialty 784 (PIHP) to PT 65 (HMO/MCO) provider type listing.</p> <p>Page 17 – Removed PEM from rate type listing.</p> <p>Page 18 – Added benefit adjustment factors (BAFs) for FY 2014 federal share programs (mental health/school based services). Removed obsolete BAFs.</p> <p>Page 19 – Updated place of service listing to include previously omitted values 16-18, 52, 53, and 55.</p> <p>Pages 26-27 – Updated Appendix A covered code listings for DME and DMS service areas based on new code additions for 2014.</p> <p>Page 30 – Updated ancillary revenue code 0946 rate for dates on/after 7/1/2013.</p> <p>Pages 40-43 – Updated MEDSV contract procedure code 96110 based on reimbursement updates.</p> <p>Pages 47-49 – Corrected Appendix 2 diabetic supply listing Medicare Coverage Indicators.</p>
<p>April 21, 2014 Version 2.8</p>	<p>Updates</p>	<p>Page 15 – Added new provider specialty for HealthCheck “Other”</p> <p>Pages 37-40 – Updated Appendix 2 to include recently added codes H0002/H0004, and updated allowable provider type/specialty listing for H0049/H0050.</p>
<p>August 20, 2014 Version 2.9</p>	<p>Updates</p>	<p>Pages 10, 16-17 – Added clarification regarding obsolete CSP provider specialties, and added new CCS provider type/specialties.</p> <p>Page 27 – Added statement regarding DME procedure code E0783 care out as of April 1, 2014.</p> <p>Page 37 – Update Appendix 2 max fee information for MEDSV procedure code G0101.</p> <p>Page 41 – Updated Appendix 2 max fee information for MHPW procedure codes H0049/H0050.</p>

Date / Version	Section	Edit
October 16, 2014 Version 3.0	Updates	<p>Page 16 – Updated description for provider type 80 to remove CCS (CCS is not certified under provider type 82).</p> <p>Page 19 – Update Benefit Adjustment Factors (BAFs) list to include new BAFs for FY 2015.</p> <p>Page 27 – Updated DME provider contract procedure code listing.</p> <p>Page 29 – Updated MHAOD and MHHC provider contract procedure code listings.</p> <p>Page 30 – Updated MHPW provider contract procedure code listing.</p> <p>Pages 41-52 – Updated Mental Health codes in MEDSV <i>listing (reflects updated place of service values for most codes)</i></p>
January 14, 2015 Version 3.1	Updates	<p>Page 10 – Added MED as rate type for MHADC provider contract.</p> <p>Page 18 – Added C30 Rate Type to listing.</p> <p>Pages 32, 51-52 - Added new procedure code 96127 to Appendices A and B under MEDSV provider contract.</p>
April 9, 2015 Version 3.2	Updates	<p>Pages ii, 27-28 – Added new section 8 regarding procured services under the Family Care MCO contract, effective January 1st, 2015.</p>
October 14, 2015 Version 3.3	Updates	<p>Cover – Updated Hewlett Packard Enterprise Logo/Company Name.</p> <p>Page 19 – Update Benefit Adjustment Factors (BAFs) list to include new BAFs for FY 2016.</p> <p>Pages 40-42 – Updated Appendix A for MHPW provider contract procedure codes H0002 and H0004 to reflect a change in allowable place of service (POOS) values.</p>

Date / Version	Section	Edit
January 13, 2016 Version 3.4	Updates	<p>Page 10 – Updated MHADC contract to indicate it is obsolete as of 2016.</p> <p>Page 15 – Added new behavioral treatment provider type 34 and specialties 400-404.</p> <p>Page 18 – Removed Rate Type C31 from list (used by obsolete MHADC provider contract)</p> <p>Page 20 – Added new place of service 19 and updated description of place of service 22.</p> <p>Page 31 – Updated HHPC contract procedure code listing with procedure codes G0299 and G0300.</p>
April 6, 2016 Version 3.5	Updates	<p>Page 9 – Added additional contract specific rate types for HOSPC provider contract.</p> <p>Page 18 – Added Miscellaneous service rate type C52.</p> <p>Pages 35-53 – Updated Appendix #2 to include updates to procedure codes not included in the Family Care max fee extract. Most updates due to addition of new place of service (POS) 19, additional field formatting, and some modifier-based reimbursement updates.</p>
October 12, 2016 Version 3.6	Updates	<p>Cover, Page Header/Footer – Updated Document to replace CMO (Care Management organization) with Family Care.</p> <p>Page 3 – Added statement of scope for this document in relation to the full Family Care program benefit.</p> <p>Page 20 – Updated Benefit Adjustment Factors (BAFs) list to include new BAFs for FY 2017.</p> <p>Page 32 – Added procedure code G0490 to Home Health/Personal Care (HHPC) service area coverage list.</p>

Date / Version	Section	Edit
January 4, 2017 Version 3.7	Updates	<p>Page 3 – Updated URL for location of the Family Care Administration Guide on the ForwardHealth Portal.</p> <p>Page 16 – Added new provider type 35 (Licensed Midwife) to provider type listing.</p> <p>Page 21 – Added new Place of Service 02 (Telehealth) to place of service listing.</p> <p>Pages 30, 32 – Updated Appendix 1 to include updated procedure code ranges as a result of the 2017 HCPCS/CPT codes set update.</p>
April 3, 2017 Version 3.8	Updates	<p>All – Revised document to replace HPE logo and verbiage with DXC Technology.</p> <p>Page 18 – Added new WIMCR provider type 83 to listing.</p> <p>Page 19 – Corrected spelling of ‘Miscellaneous’ in for rate type C52.</p> <p>Pages 30, 31 – Clarified coverage of procedure codes A9277 and A9278 under the DMS contract instead of DME.</p> <p>Page 34 – Clarified fee-for-service claim coverage criteria for outpatient hospital claims.</p> <p>Pages 45-50 – Appendix 2 for procedure codes 96101-96127 under the MEDSV contract due to the addition of new provider type 83.</p>
July 17, 2017 Version 3.9	Updates	<p>Page 20 – Added Benefit Adjustment Factor of 60.</p> <p>Pages 27-31 - Added Medicare crossover pricing information for professional and institutional claims.</p>
October 2, 2017 Version 4.0	Updates	<p>Pages 12-17 – Updated description of provider specialty 080.</p> <p>Page 20 – Updated Benefit Adjustment Factors (BAFs) list to include new BAFs for FY 2018.</p>

Date / Version	Section	Edit
January 8, 2018 Version 4.1	Updates	<p>Page 18 – Corrected specialty number for WIMCR Non-Lead 2 specialty.</p> <p>Page 37, 40 – Included clarification on end-dating of covered procedure code 97760.</p> <p>Pages 49-59 – Updated Appendix 2 for procedure codes 96101-96120 under the MEDSV contract due to updated max fees for several provider types, effective 01/01/2018.</p>
April 11, 2018 Version 4.2	Updates	<p>Page 17 - Added FQHC specialty 081 to provider type/specialty listing.</p> <p>Page 20 – Updated descriptions of BAFs 60 and 80 to incorporate MEDSV and DME provider contract use, respectively.</p> <p>Page 34 – Added new section regarding Care Management services provided under the Family Care benefit.</p> <p>Page 51 – Updated max fee for procedure code 96103, effective 01/01/2018.</p>
July 9, 2018 Version 4.3	N/A	No updates this quarter.
October 2, 2018 Version 4.4	Updates	<p>Page 10 – Updated CSMGT contract information to reflect changes for tribal case management reimbursement.</p> <p>Page 20 – Added new rate type T09 for tribal case management.</p> <p>Page 21 – Updated Benefit Adjustment Factors (BAFs) list to include new BAFs for FY 2019.</p>
January 16, 2019 Version 4.5	Updates	<p>Pages 35-40 – Updated Appendix 1 to include updated procedure code ranges as a result of the 2019 HCPCS/CPT codes set update.</p> <p>Pages 50-65 – Updated Appendix 2 for procedure codes 96101-96146 under the MEDSV contract due to updated max fees and new/end-dated procedures, effective 01/01/2019.</p>