

July 25, 2016

Dear Healthcare Practitioner and Staff Members:

UPDATED INFORMATION – MEDICAID PROFESSIONAL FEE SCHEDULE

Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. (Presbyterian) are dedicated to providing updated information to our network as soon as it is available. This communication is intended to provide you with additional details of the impending reductions in the fee schedule for Medicaid, which impacts reimbursement for Presbyterian Centennial Care claims with dates of service on or after August 1, 2016.

The New Mexico Human Services Department (HSD) has released the final segment of the reductions which directly impact professional service codes which may be billed by physical and behavioral health providers. The Medicaid fee schedule was reduced depending on the type of service, and how the current Medicaid allowable compared to the current Medicare allowable as follows:

- Any code that had a current Medicaid allowable that was between 90 and 99 percent of current Medicare allowable was reduced by four percent (4%). This reduction excludes obstetric codes, family planning codes, and Early and Periodic Screening, Diagnostic and Testing (EPSDT) Well Child screenings.
- Any code that had a current Medicaid allowable that was equal to one hundred percent of the current Medicare was reduced by six percent (6%). This reduction excludes obstetric codes, family planning codes, and EPSDT Well Child screenings.
- Any **non-radiology** code that had a current Medicaid allowable that was greater than 110 percent of the current Medicare allowable was reduced to 110 percent of the current Medicare allowable. The same exclusions noted above apply.
- Any **radiology** code that had a current Medicaid allowable that was greater than 130 percent of the current Medicare allowable was reduced to 130 percent of current Medicare allowable. The same exclusions noted above apply.
- EPSDT Well Child screening codes will be increased by five percent (5%). This includes new patient Current Procedural Terminology (CPT) codes 99381, 99382, 99383, 99384, 99385, and established patient CPT codes 99391, 99392, 99393, 99394, and 99395.
- Any code where the Medicaid allowable is above 100 percent of current Medicare allowable will be reduced to 94 percent of the Medicare allowable. However, the reduction will not be implemented until January 1, 2017, at the direction of HSD.

- Behavioral Health CPT codes will be reduced as follows:

CPT Code	Allowable	Modifier	MD/DO	PHD	PHD with Rx	Masters	Clinical Psych Nurse specialist or NP	Notes
H2010	\$30.00	U8						Payment does not vary by type or specialty but must be an MD/DO, PhD with Rx authority, Clinical Psych Nurse specialist, NP or RN.
90838			\$98.78		\$98.78		\$98.78	
90838		U8	\$98.78		\$98.78		\$98.78	
90846			\$91.45	\$65.18	\$65.18	\$64.25	\$64.25	
90846		HK	\$91.45	\$65.18	\$65.18	\$64.25	\$64.25	
90847			\$117.12	\$73.31	\$73.31	\$69.01	\$69.01	
90847		HK	\$117.12	\$73.31	\$73.31	\$69.01	\$69.01	
90849			\$29.28	\$23.20	\$23.20	\$23.20	\$23.20	
90853			\$28.15	\$23.46	\$23.46	\$23.46	\$23.46	
90870	\$164.88							Payment level does not vary by type or specialty.
96103			\$26.17	\$26.17	\$26.17			This code is primarily a neurological central nervous system assessment billed by neurologists and other practitioners but may also be billed by psychologists.
96120			\$43.81	\$43.81	\$43.81			This code is primarily a neurological central nervous system assessment billed by neurologists and other practitioners but may also be billed by psychologists.

If you have any questions regarding this notification, please feel free to contact me at the phone number or email address listed below, or you can contact your Provider Network Management relationship executive at www.phs.org/ContactGuide.

We appreciate your commitment to providing excellent care and services to our members. Thank you for partnering with us to improve the health of individuals, families, and communities.

Sincerely,



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