

Primary Care Practitioner Rate Increase for FY 2018 (Effective July 1, 2017)*				
CODE	Description of Service	Current Medicaid	100% of CY14 Medicare (Effective 7/1/2017)	
			Medicaid	PeachCare
90473	Immune admin oral/nasal	\$10.00	\$23.54	\$23.54
90474	Immune admin oral/nasal additional	\$10.00	\$11.98	\$18.50
99201	Office/outpatient visit new	\$35.13	\$41.30	\$41.30
99211	Office/outpatient visit established	\$17.46	\$18.97	\$19.79
99219	Initial observation care	\$98.89	\$133.24	\$133.24
99220	Initial observation care	\$132.67	\$182.34	\$182.34
99223	Initial hospital care	\$132.67	\$199.74	\$199.74
99224	Subsequent observation care	\$23.59	\$39.25	\$39.25
99225	Subsequent observation care	\$41.78	\$71.18	\$71.18
99226	Subsequent observation care	\$62.52	\$102.72	\$102.72
99234	Observation/hospital same date	\$108.72	\$132.80	\$132.80
99235	Observation/hospital same date	\$147.02	\$166.19	\$172.39
99236	Observation/hospital same date	\$180.51	\$214.63	\$214.63
99241	Office consultation	\$48.05	\$48.05	\$48.05
99242	Office consultation	\$78.78	\$88.77	\$88.77
99243	Office consultation	\$100.50	\$121.39	\$121.39
99245	Office consultation	\$180.61	\$220.80	\$220.80
99251	Inpatient consultation	\$38.10	\$48.90	\$48.90
99252	Inpatient consultation	\$65.63	\$74.83	\$74.83
99253	Inpatient consultation	\$87.91	\$114.11	\$114.11
99254	Inpatient consultation	\$123.04	\$164.70	\$164.70
99255	Inpatient consultation	\$167.90	\$199.19	\$199.19
99281	Emergency department visit	\$17.28	\$20.84	\$20.84
99282	Emergency department visit	\$27.00	\$40.96	\$40.96
99283	Emergency department visit	\$54.80	\$61.17	\$61.17
99284	Emergency department visit	\$84.21	\$116.71	\$116.71
99285	Emergency department visit	\$132.41	\$171.64	\$171.64
99291	Critical care first hour	\$163.48	\$266.52	\$266.52
99292	Critical care additional 30 min	\$81.55	\$120.29	\$120.29
99304	Nursing facility care initial	\$54.93	\$91.05	\$91.05
99305	Nursing facility care initial	\$72.87	\$129.81	\$129.81
99306	Nursing facility care initial	\$89.84	\$164.63	\$164.63
99307	Nursing facility care subsequent	\$28.45	\$43.52	\$43.52
99308	Nursing facility care subsequent	\$47.12	\$67.15	\$67.15
99309	Nursing facility care subsequent	\$66.37	\$88.44	\$88.44
99310	Nursing facility care subsequent	\$83.12	\$131.77	\$131.77
99318	Annual nursing facility assessment	\$54.93	\$93.89	\$93.89
99324	Domiciliary-home visit new patient	\$49.06	\$54.51	\$54.51
99325	Domiciliary-home visit new patient	\$71.76	\$79.49	\$79.49

Primary Care Practitioner Rate Increase for FY 2018 (Effective July 1, 2017)*				
CODE	Description of Service	Current Medicaid	100% of CY14 Medicare (Effective 7/1/2017)	
			Medicaid	PeachCare
99326	Domiciliary-home visit new patient	\$103.84	\$136.95	\$136.95
99327	Domiciliary-home visit new patient	\$136.57	\$182.67	\$182.67
99328	Domiciliary-home visit new patient	\$168.99	\$211.96	\$211.96
99334	Domiciliary-home visit established	\$38.03	\$59.31	\$59.31
99335	Domiciliary-home visit established	\$60.09	\$92.94	\$92.94
99336	Domiciliary-home visit established	\$92.48	\$131.14	\$131.14
99337	Domiciliary-home visit established	\$135.91	\$189.30	\$189.30
99341	Home visit new patient	\$50.30	\$54.19	\$54.19
99342	Home visit new patient	\$72.23	\$78.51	\$79.55
99343	Home visit new patient	\$106.14	\$128.42	\$129.86
99344	Home visit new patient	\$135.87	\$178.79	\$178.79
99345	Home visit new patient	\$147.25	\$215.58	\$215.58
99347	Home visit established patient	\$39.65	\$54.48	\$54.48
99348	Home visit established patient	\$60.65	\$82.57	\$82.57
99349	Home visit established patient	\$91.64	\$124.80	\$124.80
99350	Home visit established patient	\$132.35	\$174.20	\$174.20
99354	Prolonged service office	\$90.61	\$97.70	\$97.70
99355	Prolonged service office	\$88.37	\$95.73	\$95.73
99356	Prolonged service inpatient	\$79.12	\$90.28	\$90.28
99357	Prolonged service inpatient	\$79.72	\$89.63	\$89.63
99382	Initial Preventative new pat 1-4 yrs	\$67.38	\$111.27	\$111.27
99383	Preventative visit new age 5-11	\$67.38	\$116.19	\$116.19
99384	Preventative visit new age 12-17	\$75.38	\$131.62	\$131.62
99385	Preventative visit new age 18-39	\$75.38	\$127.75	\$127.75
99406	Behavior change smoking 3-10 min	\$10.51	\$13.59	\$13.59
99407	Behavior change smoking > 10 min	\$20.71	\$26.91	\$26.91
99412	Preventive counseling group	\$9.45	\$20.51	\$20.51
99461	Initial newborn em per day non-facility	\$71.86	\$94.40	\$94.40
99463	Same day newborn discharge	\$83.17	\$112.33	\$112.33
99464	Attendance at delivery	\$82.53	\$70.22	\$70.22
99465	Newborn resuscitation	\$162.57	\$145.49	\$145.49
99471	Pediatric critical care initial	\$690.72	\$838.06	\$838.06
99472	Pediatric critical care subsequent	\$342.03	\$396.06	\$396.06
99475	Pediatric critical care age 2-5 initial	\$454.31	\$567.29	\$567.29
99476	Pediatric critical care age 2-5 subsq	\$270.25	\$342.80	\$342.80
99478	Ic lbw inf < 1500 gm subsq	\$118.51	\$135.70	\$135.70
99479	Ic lbw inf 1500-2500 g subsq	\$113.54	\$123.06	\$123.06
99480	Ic inf pbw 2501-5000 g subsq	\$111.75	\$118.47	\$118.47
59400	Obstetrical Care	\$1,644.08	\$2,175.58	\$2,175.58
59510	Cesarean Delivery	\$1,640.22	\$2,405.21	\$2,405.21
59610	VBAC Delivery	\$1,687.15	\$2,280.40	\$2,280.40
59618	Attempted VBAC Delivery	\$1,868.88	\$2,437.78	\$2,437.78
*Eligible Physician Extenders are reimbursed 90% of the new physician rate.				