

NYS Medicaid Physician Primary Care Rate Increase FS**Effective Date: January 1, 2013****Fees are service & locality specific per CMS**

CODE	DESCRIPTION	Manhatt (C) Non Instit	Manhatt (C) Instit	LI Grp (D) Non Instit	LI Grp (D) Instit	Hudson (E) Non Instit	Mid- Hudson (E) Instit	Queens (F) Non Instit	Queens (F) Instit	Upstate (G) Non Instit	Upstate (G) Instit
90460	IMMUNIZATION ADMINISTRATION THROUGH 18 Y	25.10		25.10		25.10		25.10		25.10	
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PE	31.28		32.30		28.87		32.05		25.90	
90472	IMMUNIZATION ADMINISTRATION (INCLUDES PE	15.00		15.37		13.93		15.33		12.65	
90473	IMMUNIZATION ADMINISTRATION BY INTRANASA	31.28		32.30		28.87		32.05		25.90	
90474	IMMUNIZATION ADMINISTRATION BY INTRANASA	15.00		15.37		13.93		15.33		12.65	
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	52.49	30.28	53.90	30.73	48.64	28.28	53.72	30.88	43.97	26.03
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	88.70	57.27	90.84	58.06	82.35	53.54	90.67	58.35	74.83	49.43
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	128.28	87.63	131.38	88.98	119.08	81.82	131.31	89.50	107.91	75.06
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	194.98	149.72	199.18	151.97	181.31	139.83	199.40	152.85	164.99	128.42
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	240.67	192.05	245.43	194.73	224.06	179.51	245.84	195.85	204.68	165.39
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	24.54	10.29	25.25	10.39	22.70	9.64	25.10	10.45	20.50	8.98
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	52.49	28.60	53.90	28.98	48.64	26.74	53.72	29.16	43.97	24.67
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	86.04	57.96	87.98	58.70	79.97	54.23	87.90	59.02	72.86	50.17
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	126.16	89.28	128.83	90.36	117.36	83.56	128.77	90.85	107.24	77.44
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	168.96	125.79	172.35	127.32	157.30	117.73	172.39	128.00	143.99	109.11
99217	OBSERVATION CARE DISCHARGE DAY MANAGE		82.87		84.06		77.45		84.36		71.57
99218	INITIAL OBSERVATION CARE, PER DAY, FOR T		112.57		113.85		105.42		114.47		97.87
99219	INITIAL OBSERVATION CARE, PER DAY, FOR T		153.48		155.29		143.68		156.14		133.25
99220	INITIAL OBSERVATION CARE, PER DAY, FOR T		210.22		212.73		196.78		213.91		182.39
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE		115.74		117.40		108.14		118.13		99.43
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE		156.99		159.14		146.77		160.07		135.30
99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE		230.71		233.67		215.82		234.99		199.50
99224	SUBSEQUENT OBSERVATION CARE, PER DAY		45.27		45.86		42.34		46.13		39.11
99225	SUBSEQUENT OBSERVATION CARE, PER DAY		81.60		82.45		76.46		82.86		71.22
99226	SUBSEQUENT OBSERVATION CARE, PER DAY		117.69		118.98		110.25		119.59		102.55
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR		44.39		44.90		41.57		45.16		38.57
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR		81.63		82.54		76.47		82.97		71.08
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR		117.73		119.06		110.25		119.69		102.41
99234	OBSERVATION OR INPATIENT HOSPITAL CARE,		153.40		155.50		143.41		156.43		132.17

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99235	OBSERVATION OR INPATIENT HOSPITAL CARE,		191.60		193.90		179.34		194.98		166.19
99236	OBSERVATION OR INPATIENT HOSPITAL CARE,		247.51		250.47		231.67		251.89		214.66
99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MI		82.83		83.98		77.44		84.25		71.71
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MOR		122.24		123.94		114.28		124.38		105.76
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLI	55.38	37.78	56.70	38.34	51.42	35.28	56.72	38.62	46.55	32.33
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLI	103.84	79.12	106.06	80.27	96.57	73.91	106.26	80.83	87.79	67.81
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLI	141.45	110.02	144.30	111.52	131.65	102.84	144.61	112.29	120.02	94.62
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLI	207.90	173.54	211.37	175.52	193.98	162.49	211.98	176.64	178.34	150.57
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLI	254.09	215.53	258.24	218.03	237.12	201.78	259.13	219.47	217.97	186.82
99251	INPATIENT CONSULTATION FOR A NEW OR ESTA		54.92		55.46		51.48		55.86		47.85
99252	INPATIENT CONSULTATION FOR A NEW OR ESTA		84.75		85.72		79.35		86.32		73.44
99253	INPATIENT CONSULTATION FOR A NEW OR ESTA		129.03		130.40		120.89		131.22		112.30
99254	INPATIENT CONSULTATION FOR A NEW OR ESTA		185.82		187.60		174.23		188.71		162.42
99255	INPATIENT CONSULTATION FOR A NEW OR ESTA		231.69		234.19		217.05		235.51		201.78
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVAL		23.64		23.83		22.19		24.02		20.69
99282	EMERGENCY DEPARTMENT VISIT FOR THE EVAL		46.55		46.99		43.65		47.38		40.53
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVAL		69.32		69.88		65.05		70.50		60.57
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVAL		132.45		133.64		124.20		134.88		115.23
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVAL		194.09		195.64		182.14		197.46		169.46
99291	CRITICAL CARE, EVALUATION AND MANAGEMEN	319.96	253.33	325.62	256.11	298.34	237.26	326.41	257.88	273.76	219.91
99292	CRITICAL CARE, EVALUATION AND MANAGEMEN	141.37	127.54	143.44	129.01	132.08	119.40	144.13	129.91	121.67	110.50
99304	INITIAL NURSING FACILITY CARE, PER DAY,	107.37	107.37	109.10	109.10	100.21	100.21	109.57	109.57	92.04	92.04
99305	INITIAL NURSING FACILITY CARE, PER DAY,	152.40	152.40	154.82	154.82	142.27	142.27	155.50	155.50	130.72	130.72
99306	INITIAL NURSING FACILITY CARE, PER DAY,	191.87	191.87	194.61	194.61	179.31	179.31	195.52	195.52	165.41	165.41
99307	SUBSEQUENT NURSING FACILITY CARE, PER DA	51.06	51.06	51.81	51.81	47.71	47.71	51.95	51.95	44.12	44.12
99308	SUBSEQUENT NURSING FACILITY CARE, PER DA	79.49	79.49	80.75	80.75	74.22	74.22	80.95	80.95	68.45	68.45
99309	SUBSEQUENT NURSING FACILITY CARE, PER DA	104.11	104.11	105.64	105.64	97.28	97.28	105.91	105.91	89.99	89.99
99310	SUBSEQUENT NURSING FACILITY CARE, PER DA	154.68	154.68	156.95	156.95	144.54	144.54	157.45	157.45	133.57	133.57
99315	NURSING FACILITY DISCHARGE DAY MANAGEME	83.71	83.71	84.93	84.93	78.22	78.22	85.22	85.22	72.25	72.25

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99316	NURSING FACILITY DISCHARGE DAY MANAGEME	119.69	119.69	121.23	121.23	111.97	111.97	121.68	121.68	103.87	103.87
99324	DOMICILIARY OR REST HOME VISIT FOR THE E	63.69		64.58		59.53		64.86		54.98	
99325	DOMICILIARY OR REST HOME VISIT FOR THE E	91.30		92.43		85.44		92.91		79.16	
99326	DOMICILIARY OR REST HOME VISIT FOR THE E	158.36		160.27		148.23		161.06		137.50	
99327	DOMICILIARY OR REST HOME VISIT FOR THE E	212.18		214.90		198.50		215.90		183.85	
99328	DOMICILIARY OR REST HOME VISIT FOR THE E	245.61		248.52		229.94		249.73		213.45	
99334	DOMICILIARY OR REST HOME VISIT FOR THE E	69.34		70.35		64.79		70.61		59.83	
99335	DOMICILIARY OR REST HOME VISIT FOR THE E	108.18		109.61		101.19		110.05		93.73	
99336	DOMICILIARY OR REST HOME VISIT FOR THE E	153.03		154.99		143.17		155.63		132.74	
99337	DOMICILIARY OR REST HOME VISIT FOR THE E	219.75		222.58		205.57		223.62		190.35	
99341	HOME VISIT FOR THE EVALUATION AND MANAGE	63.27		64.14		59.15		64.43		54.64	
99342	HOME VISIT FOR THE EVALUATION AND MANAGE	90.50		91.64		84.68		92.15		78.35	
99343	HOME VISIT FOR THE EVALUATION AND MANAGE	149.16		150.97		139.60		151.84		129.27	
99344	HOME VISIT FOR THE EVALUATION AND MANAGE	207.86		210.56		194.43		211.55		179.98	
99345	HOME VISIT FOR THE EVALUATION AND MANAGE	249.88		253.06		233.79		254.25		216.57	
99347	HOME VISIT FOR THE EVALUATION AND MANAGE	63.72		64.64		59.55		64.91		54.97	
99348	HOME VISIT FOR THE EVALUATION AND MANAGE	96.19		97.44		89.97		97.89		83.30	
99349	HOME VISIT FOR THE EVALUATION AND MANAGE	145.95		147.88		136.51		148.49		126.42	
99350	HOME VISIT FOR THE EVALUATION AND MANAGE	202.77		205.47		189.63		206.42		175.41	
99354	PROLONGED SERVICE IN THE OFFICE OR OTHER	113.91	104.69	115.52	105.90	106.47	98.02	115.95	106.47	98.43	90.98
99355	PROLONGED SERVICE IN THE OFFICE OR OTHER	110.98	101.76	112.46	102.84	103.78	95.33	112.93	103.45	96.06	88.61
99356	PROLONGED SERVICE IN THE INPATIENT OR OB		104.49		105.82		97.75		106.32		90.53
99357	PROLONGED SERVICE IN THE INPATIENT OR OB		103.65		104.95		96.99		105.46		89.86
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	130.35	87.18	133.20	88.18	121.20	81.64	133.08	88.69	110.63	75.74
99382	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	135.40	92.65	138.21	93.62	126.00	86.82	138.10	94.14	115.34	80.79
99383	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	140.94	98.62	143.83	99.68	131.19	92.39	143.76	100.23	120.12	85.91
99384	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	158.84	116.51	161.98	117.83	147.90	109.11	162.04	118.51	135.47	101.26
99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	154.52	111.77	157.64	113.06	143.83	104.65	157.68	113.72	131.60	97.06
99386	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	177.84	135.52	181.19	137.04	165.71	126.91	181.36	137.83	152.02	117.82

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99387	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	193.65	145.88	197.40	147.57	180.37	136.58	197.56	148.43	165.25	126.65
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDIC	116.95	79.65	119.46	80.55	108.78	74.59	119.38	81.02	99.36	69.22
99392	PERIODIC COMPREHENSIVE PREVENTIVE MEDIC	124.48	87.18	127.08	88.18	115.83	81.64	127.05	88.69	105.88	75.74
99393	PERIODIC COMPREHENSIVE PREVENTIVE MEDIC	124.06	87.18	126.64	88.18	115.44	81.64	126.62	88.69	105.55	75.74
99394	PERIODIC COMPREHENSIVE PREVENTIVE MEDIC	135.50	98.62	138.14	99.68	126.19	92.39	138.16	100.23	115.71	85.91
99395	PERIODIC COMPREHENSIVE PREVENTIVE MEDIC	138.25	101.37	140.91	102.44	128.78	94.98	140.94	103.01	118.17	88.37
99396	PERIODIC COMPREHENSIVE PREVENTIVE MEDIC	147.43	110.55	150.25	111.78	137.34	103.54	150.34	112.41	125.95	96.15
99397	PERIODIC COMPREHENSIVE PREVENTIVE MEDIC	159.26	116.51	162.42	117.83	148.29	109.11	162.47	118.51	135.81	101.26
99406	SMOKING AND TOBACCO USE CESSATION COUN	15.94	13.84	16.16	13.97	14.90	12.98	16.20	14.04	13.83	12.13
99407	SMOKING AND TOBACCO USE CESSATION COUN	31.42	28.91	31.84	29.22	29.39	27.08	31.97	29.38	27.21	25.18
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE		102.35		103.03		96.18		103.70		90.29
99462	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR E		47.04		47.49		44.10		47.79		41.08
99463	INITIAL HOSPITAL OR BIRTHING CENTER CARE		131.47		133.08		123.06		133.62		114.29
99465	DELIVERY/BIRTHING ROOM RESUSCITATION, PR		166.74		168.62		156.13		169.74		144.66
99466	CRITICAL CARE SERVICES DELIVERED BY A PH		311.11		318.60		288.56		321.50		256.55
99467	CRITICAL CARE SERVICES DELIVERED BY A PH		139.00		140.48		130.23		141.26		121.12
99468	INITIAL INPATIENT NEONATAL CRITICAL CARE		1,088.97		1,103.07		1,018.54		1,109.90		940.25
99469	SUBSEQUENT INPATIENT NEONATAL CRITICAL C		445.99		450.01		418.34		452.75		390.47
99471	INITIAL INPATIENT PEDIATRIC CRITICAL CAR		972.57		984.20		910.45		988.57		845.57
99472	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL		461.31		466.25		432.20		468.91		401.85
99475	INITIAL INPATIENT PEDIATRIC CRITICAL CARE,		640.48		647.80		599.69		652.14		555.40
99476	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL		397.63		402.61		372.03		405.03		343.96
99477	INITIAL HOSPITAL CARE, PER DAY, FOR THE		397.44		401.30		372.62		403.63		347.31
99478	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR		160.10		161.92		149.93		162.85		139.13
99479	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR		145.42		147.05		136.19		147.89		126.44
99480	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR		135.72		137.15		127.17		138.03		118.14