

Primary Care Practitioner Enhanced Fee Schedule (Effective July 1, 2016)*					
Code	Code Description	Office Rate***	Non-Office Site of Service Rate***	CHIP Office Rate***	CHIP Non-Office Site of Service Rate***
90460	Vaccine admin, 1-18 years w/ counseling	\$21.93		\$21.93	
90471	Vaccine Admin	\$23.54		\$23.54	
90472	Vaccine Admin, each Add component	\$11.98		\$18.50	
99202	Office/outpatient visit, New Patient	\$71.33	\$50.55	\$71.33	\$50.55
99203	Sick Visit, New Patient	\$103.80	\$77.03	\$103.80	\$77.03
99204	Sick Visit, New Patient	\$160.29	\$131.86	\$160.29	\$131.86
99205	Sick Visit, New Patient	\$200.13	\$170.24	\$200.13	\$170.24
99212	Office/outpatient visit, Established Patient	\$41.63	\$25.44	\$41.63	\$25.44
99213	Office Visit, Established Patient	\$70.15	\$51.63	\$70.15	\$51.63
99214	Office/outpatient visit, Established Patient	\$103.72	\$79.25	\$103.72	\$79.25
99215	Office/outpatient visit, Established Patient	\$139.20	\$111.54	\$139.20	\$111.54
99217	Observation care discharge	\$70.82		\$70.82	
99218	Observation care	\$97.53		\$97.53	
99221	Initial hospital care	\$99.85		\$99.85	
99222	Initial hospital care	\$135.59		\$135.59	
99231	Subsequent hospital care	\$38.59		\$38.59	
99232	Subsequent hospital care	\$70.85		\$70.85	
99233	Subsequent hospital care	\$102.06		\$102.06	
99238	Hospital discharge day	\$70.82		\$70.82	
99239	Hospital discharge day	\$104.69		\$104.69	
99244	Office Consultation	\$180.26	\$141.66	\$180.26	\$141.66
99381**	Initial Preventive Visit, New Patient, Infant	\$106.68		\$106.68	
99460	Initial Newborn, E/M per day, hospital	\$93.25		\$93.25	
99462	Subsequent Newborn, E/M per day, hospital	\$41.48		\$41.48	
99468	Neonatal Critical Care, Initial	\$919.17		\$919.17	
99469	Neonatal Critical Care, Subsequent	\$390.13		\$390.13	
99477	Initial Neonate, E/M per day, hospital	\$342.26		\$346.12	
99391**	Preventive Visit, Established Patient, Infant	\$96.08		\$96.08	
99392**	Preventive Visit, Established Patient, Age 1-4	\$102.74		\$102.74	
99393**	Preventive Visit, Established Patient, Age 5-11	\$102.41		\$102.41	
99394**	Preventive Visit, Established Patient, Age 12-17	\$112.25		\$112.25	
99395**	Preventive Visit, Established Patient, Age 18-39	\$114.71		\$114.71	
*Eligible Physician Extenders are reimbursed 90% of the new physician rate.					
**For Well-Child Visit Codes 99391- 99395, Eligible Physician Extenders are reimbursed 100% of the new physician rate.					
***A site of service differential is applied for services rendered in a facility setting.					

**Enhanced Non-Office Site of Service Differential for Outpatient Service
for Eligible Primary Care Practitioners
Effective July 1, 2016**

Code	Code Description	Max Allowable
99202	Office/outpatient visit, New Patient	\$50.55
99203	Sick Visit, New Patient	\$77.03
99204	Sick Visit, New Patient	\$131.86
99205	Sick Visit, New Patient	\$170.24
99212	Office/outpatient visit, Established Patient	\$25.44
99213	Office Visit, Established Patient	\$51.63
99214	Office/outpatient visit, Established Patient	\$79.25
99215	Office/outpatient visit, Established Patient	\$111.54
99244	Office Consultation	\$141.66
Increase is available only to attested PCP practitioners.		