

PRIMARY CARE REIMBURSEMENT

Health Plus pays a single, all-inclusive monthly capitation rate to primary care physicians (PCPs) serving Health Care Plus (HCP, Medicaid), Child Health Plus (CHP), and Family Health Plus (FHP) members. As PCPs are responsible for collecting co-payments from their FHP members age 21 and above, the capitation rate for these members has been adjusted accordingly (see below).

Please see pages 2-9 of this booklet for a list of services reimbursed outside of capitation (flat fee and bill above codes). Any primary care service or procedure that is not included on the following pages is covered under the capitation rates listed below. Health Plus reserves the right to change the bill above list at any time and will send prior written notice of these changes in addition to posting them on our web site: www.healthplus-ny.org (click “*Providers*”).

Capitation Rates

PROGRAM	AGE COVERED	MONTHLY CAPITATION
Child Health Plus and Health Care Plus	Newborn - 12 months	\$61.00
Child Health Plus and Health Care Plus	1 year - 5 years	\$27.00
Child Health Plus and Health Care Plus	6 years - 11 years	\$19.50
Child Health Plus Health Care Plus	12 years - 18 years 12 years - 20 years	\$18.00 \$18.00
Health Care Plus	21 years and above	\$25.00
*Family Health Plus	19 years and above	*\$23.75

***Assumes collection of co-payments from members age 21 and above according to the FHP co-pay schedule.**

PAYMENT FOR SERVICES NOT COVERED BY CAPITATION*

SERVICE	RATE
Services specified in the Health Plus Bill Above List in effect (pages 3-9 of this booklet), and as published on the Health Plus website	80% of the current year Medicare RBRVS
Routine Inpatient Well-Newborn Evaluation (CPT 99460)	\$120.00
Outpatient Well-Newborn Evaluation (CPT 99461)	\$120.00
Well-Newborn Assessed/Discharged Same Day (CPT 99463)	\$120.00
Annual Gynecological Exam and Pap Smear	Part of Bill Above list. See page 9 for correct codes.
Immunization Administration, newborn-8 years; By Injection; First Single/Combination Vaccine/Toxoid Percutaneous, Intradermal, Subcutaneous, Intramuscular (CPT 90465)	\$12.00
Immunization Administration, newborn-8 years; By Injection; Each Additional Single/Combination Vaccine/Toxoid Percutaneous, Intradermal, Subcutaneous, Intramuscular (CPT 90466)	\$12.00
Immunization Administration; newborn-8 years Intranasal or Oral, First Single/Combination Vaccine/ Toxoid (CPT 90467)	\$12.00
Immunization Administration; newborn-8 years Intranasal or Oral, Each Additional Single/Combination Vaccine/Toxoid (CPT 90468)	\$12.00
Immunization Administration; By Injection; First Single/Combination Vaccine/Toxoid (CPT 90471)	\$12.00
Immunization Administration; By Injection; Each Additional Single/Combination Vaccine/Toxoid (CPT 90472)	\$12.00
Immunization Administration; Intranasal or Oral, First Single/Combination Vaccine/ Toxoid (CPT 90473)	\$12.00
Immunization Administration; Intranasal or Oral, Each Additional Single/Combination Vaccine/Toxoid (CPT 90474)	\$12.00

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SURGICAL	CPT CODE
Incision & Drainage, Abscess; Simple/Single	10060
Incision & Drainage, Abscess; Complicated/Multiple	10061
Incision & Drainage, Pilonidal Cyst; Simple	10080
Incision & Drainage, Pilonidal Cyst; Complicated	10081
Incision & Removal of Foreign Body, Subcutaneous Tissues; Simple	10120
Bx, Skin, Subq/Mucous Membrane; Single Lesion	11100
Excise, Benign Skin Lesion, Incl Margins, Except Skin Tag, Trunk/Arms/Legs; Excised Diam 0.5 Cm/<	11400
Excise, Benign Skin Lesion, Incl Margins, Except Skin Tag, Trunk/Arms/Legs; Excised Diam 0.6-1.0 Cm	11401
Excise, Benign Skin Lesion, Incl Margins, Except Skin Tag, Trunk/Arms/Legs; Excised Diam 1.1-2.0 Cm	11402
Excise Benign Skin Lesion W/Marg, Excpt Skin Tag Scalp/Neck/Hands/Feet/Genital; Excise Diam 0.5cm/<	11420
Excise Ben Skin Lesion W/Marg, Except Skin Tag Scalp/Neck/Hands/Feet/Genital; Excise Diam 0.6-1.0cm	11421
Excise, Benign Skin Lesion, Incl Margins, Face/Ears/Eyelids/Nose/Lips/Muco; Excised Diam 0.5 Cm/<	11440
Excise, Benign Skin Lesion, Incl Margins, Face/Ears/Eyelids/Nose/Lips/Muco; Excised Diam 0.6-1.0 Cm	11441
Excise, Benign Skin Lesion, Incl Margins, Face/Ears/Eyelids/Nose/Lips/Muco; Excised Diam 1.1-2.0 Cm	11442
Avulsion, Nail Plate, Partial/Complete, Simple; Single	11730
Excision, Nail/Nail Matrix, Permanent Removal	11750
Insertion, Implantable Contraceptive Capsules	11975

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OTHER SURGICAL	CPT CODE
Removal, Implantable Contraceptive Capsules	11976
Removal W/Reinsertion, Implantable Contraceptive Capsules	11977
Treatment, Superficial Wound Dehiscence; Simple Closure	12020
Treatment, Superficial Wound Dehiscence; W/Packing	12021
Destruction, Benign/Premalig Lesions, Except Skin Tags/Cutaneous Vasc Proliferat Lesions; 1st Lesion	17000
Destruction, Benign/Premalig Lesions, Except Skin Tags/Cutaneous Vasc Proliferat Lesions; 2-14, Each	17003
Incision, Soft Tissue Abscess; Superficial	20000
Arthrocentesis, Aspiration &/Or Injection; Small Joint/Bursa	20600
Arthrocentesis, Aspiration &/Or Injection; Intermediate Joint/Bursa	20605
Closed Treatment, Radial Head Subluxation In Child, Nursemaid Elbow, W/Manipulation	24640
Removal Fb, Intranasal; Office Type Proc	30300
Control Nasal Hemorrhage, Anterior, Simple (Limited Cautery &/Or Packing) Any Method	30901
Sigmoidoscopy, Flexible; Dx, W/Wo Specimens, Brushing/Washing (Sep Proc)	45330
Sigmoidoscopy, Flexible; W/Bx, Single/Multiple	45331
Sigmoidoscopy, Flexible; W/Removal, Foreign body	45332
Sigmoidoscopy, Flexible; W/Removal, Lesion, Hot Forceps/Cautery	45333
Incision & Drainage, Ischiorectal &/Or Perirectal Abscess (Sep Proc)	46040

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BILL ABOVE LIST*

SURGICAL	CPT CODE
Anoscopy; Dx W/Wo Specimens (Sep Proc)	46600
Incision & Drainage, Vulva/Perineal Abscess	56405
Incision & Drainage, Bartholin's Gland Abscess	56420
Insertion, Intrauterine Device	58300
Removal, Intrauterine Device	58301
Removal, Foreign Body, Ext Eye; Conjunctival Superficial	65205
Removal Foreign Body, Ext Auditory Canal; W/O General Anesthesia	69200
RADIOLOGY	CPT CODE
Radiologic Exam, Chest, 2 Views, Frontal & Lateral	71020
Radiologic Exam, Chest, 2 Views, Frontal & Lateral; W/ Oblique Projections	71022
Radiologic Exam; Clavicle, Complete	73000
Radiologic Exam, Shoulder; Complete, 2+ Views	73030
Radiologic Exam; Humerus, 2+ Views	73060
Radiologic Exam, Elbow; 2 Views	73070
Radiologic Exam; Forearm, 2 Views	73090
Radiologic Exam, Wrist; Complete, 3+ Views	73110
Radiologic Exam, Hand; 2 Views	73120

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RADIOLOGY	CPT CODE
Radiologic Exam, Hand; 3+ Views	73130
Radiologic Exam, Finger(S), 2+ Views	73140
Radiologic Exam, Femur, 2 Views	73550
Radiologic Exam, Knee; 1/2 Views	73560
Radiologic Exam; Tibia & Fibula, Two Views	73590
Radiologic Exam, Ankle; 2 Views	73600
Radiologic Exam, Ankle; Complete, 3+ Views	73610
Radiologic Exam, Foot; 2 Views	73620
Radiologic Exam; Calcaneus, 2+ Views	73650
Radiologic Exam; Toe (S), 2+ Views	73660
Radiologic Exam, Abdomen; Complete, W/ Decubitus &/Or Erect Views	74020
URINALYSIS	CPT CODE
Urinalysis, Dip Stick/Tablet Reagent; Non-Automated W/Microscopy	81000
Urinalysis, Dip Stick/Tablet Reagent; Automated W/ Microscopy	81001
Urinalysis, Dip Stick/Tablet Reagent; Automated, W/O Microscopy	81003
Urine Pregnancy Test, Visual Color Comparison Methods	81025
Urine, Albumin; Microalbumin, Semiquantitative	82044, 82044QW

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OTHER DIAGNOSTICS	CPT CODE
Blood, Occult, By Peroxidase Activity, Qualitative; Feces, 1-3 Simultaneous Determinations	82270
Creatinine; Other Source Creatinine, Urine	82570 82570QW
Glucose; Quantitative, Blood (Except Reagent Strip)	82947
Glucose; Blood, Reagent Strip	82948
Glucose, Blood, Glucose Monitoring Device(S) Cleared By Fda Specifically For Home Use	82962
Lead	83655
Potassium; Serum	84132
Gonadotropin, Chorionic (Hcg); Quantitative	84702
Clotting; Factor II, Prothrombin, Specific	85210
Prothrombin Time	85610
Prothrombin Time; Substitution, Plasma Fractions, Each	85611
Skin Test; Tuberculosis, Intradermal	86580
Culture, bacterial, aerobic (other than blood, urine or stool)	87070
Culture, Chlamydia, any source (use for urine NAAT test)	87110
Smear, Primary Source W/Interpretation; Gram Or Giemsa Stain, Bacteria/Fungi/Cell Types	87205
Smear, Primary Source W/Interpretation; Wet Mount, For Infectious Agents	87210
Enzyme Immunoassay (Eia) Qualitative/Semiquantitative, Multiple Step; Streptococcus, Group A	87430
Infectious Agent, Nucleic Acid (Dna/Rna); Chlamydia Trachomatis, Amplified Probe	87491
Immunoassay, Direct Observation; Streptococcus Group A Streptococcus Group A, Rapid Test	87880 87880QW

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THERAPEUTIC INJECTIONS	CPT CODE
Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	96372
Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intra-arterial	96373
Intravenous Push –single or initial substance/drug	96374
Therapeutic, prophylactic or diagnostic injection; ea addl sequential iv push of a new substance/drug (list separately)	96375
OTHER MEDICAL	CPT CODE
Comprehensive audiometry	92557
Electrocardiogram w/at least 12 leads	93000
Spirometry; incl graphic record, total/timed vital capacity, expiratory flow, w/wo max volunt ventil	94010
Spirometric Recording, Patient Initiated, 30 Day Period; incl reinf educ, spirom tracing, data capture, analysis, period recalib, w/Physician Review /interpretation	94014
Spirometric Recording, Patient Initiated, 30 Day Period w/hook-up, reinf educ, data capture, data transmission, trend analysis & period recalib	94015
Spirometric Recording, Patient Initiated, 30 Day Period; Physician Review & Interpretation Only	94016
Spirometry, Eval Bronchospasm, Before/After Bronchodilator	94060
Spirometry, Eval Bronchospasm, Prolonged Postexposure W/Multiple Determinations	94070
Pulmonary Stress Testing; Simple	94620

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OTHER MEDICAL	CPT CODE
Pressurized or non-pressurized inhalation treatment	94640
Demonstration and/or evaluation patient utilization of aerosol, nebulizer, metered dose inhaler or IPPB device	94664
Allergen immunotherapy professional services including administration of allergenic extract or antigen	95115-95199
NEWBORN CARE	CPT CODE
Attendance at Delivery Upon Request of Delivering Physician and Stabilization of Newborn	99464
Newborn Resuscitation	99465
WOMEN'S WELLNESS	HCPCS CODE
Pelvic/Breast Exam	G0101
Pap Smear	Q0091

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PRIMARY CARE INCENTIVE PROGRAM

Health Plus requires primary care physicians (PCPs) to educate members and conduct preventive care visits. In support of PCP efforts to bolster preventive care, Health Plus offers a \$25 fee-for-service incentive for preventive visits on the following schedule. *

AGE	COVERED VISITS PER MEMBER PER CALENDAR YEAR	CPT CODE (NEW/ESTABLISHED)
Newborn - 12 months	5	99381 / 99391
13 - 23 months	3	99382 / 99392
2 years - 4 years	1	99382 / 99392
5 years - 11 years	1	99383 / 99393
12 years - 17 years	1	99384 / 99394
18 years – 20 years	1	99385 / 99395

*To receive the fee-for-service reimbursement, please submit a CMS 1500 claim form or 837p electronic transmission using the above codes within 120 days of the date of service (unless otherwise specified in your contract). Payments are based on member eligibility on the date of service, member benefit plan and submission of the age appropriate CPT code(s).

Health Plus also reimburses \$1.50 for each encounter claim submitted (CMS 1500 or 837 p) for services covered under capitation.

PLEASE NOTE:

HEALTH PLUS RESERVES THE RIGHT TO WITHDRAW OR REPLACE THE PREVENTIVE CARE