

HIV ENHANCED FEES FOR PHYSICIANS PROGRAM
(HIV-EFP)

REIMBURSEMENT METHODOLOGY

This information and Medical Fee Schedule applies to physicians enrolled in HIV-EFP, rendered with HIV disease.

Medicaid fees have been established for groups of ambulatory visits that require a physician's time to care for the patient. These groups are called PACs. The adjudicated amount is based on the PAC. A claim will be assigned to a PAC based upon the recipient's diagnosis, level of care and location.

A regional adjustment is made upon payment of the claim based on the service location where the care is rendered. For purposes of this program, counties are categorized as follows:

County Group A

Bronx
Kings
Queens
New York
Richmond
Nassau
Putnam
Rockland
Suffolk
Westchester

County Group B

All other New York State Counties

The type of patient, type of service and fee associated with each PAC including PACS are presented on the following set of charts:

PAC	"TYPE OF PATIENT	"TYPE OF SERVICE	199 COUNTY / FI
#2 WELL CHILD	HEALTHY NEWBORNS AND CHILDREN UNDER 18 YEARS.	WELL CARE EXAMINATION INCLUDING PHYSICAL EXAMINATIONS, DEVELOPMENTAL CHECKS, HEALTH EDUCATION FOR THE PARENT, AS WARRANTED, AND SELECTED LAB TESTS AND SCREENING PROCEDURES, NUTRITIONAL ASSESSMENT, HEARING AND VISION SCREENING	\$44.
#4 MANAGEMENT OF CLASS I PROBLEM	CHILDREN UNDER 18 WITH PROBLEMS IN THE FOLLOWING AREAS: MUSCLE, SKELETAL, NUTRITIONAL, EAR, NASOPHARYNX, RESPIRATORY, GASTROINTESTINAL, SKIN, INFECTIONS, AND INJURIES.	PHYSICAL EXAM AND HISTORY WITH APPROPRIATE TREATMENT AND DIAGNOSTIC MEASURES.	\$39.
#5 MEDICATION ADMINISTRATION	ANY PATIENT	VISITS WHERE THE SOLE PURPOSE IS TO ADMINISTER A DRUG (E.G., VACCINATION, INHALANTS, ALLERGY SHOTS, ETC., EXCEPT CHEMOTHERAPY) OR RENEW A PRESCRIPTION WITH A CONCOMITANT BRIEF PROVIDER ASSESSMENT.	\$37.

PAC	"TYPE OF PATIENT	"TYPE OF SERVICE	COUNTY / FI
#8 MANAGEMENT CLASS II	PATIENTS OVER 18 WITH PROBLEMS IN THE FOLLOWING AREAS: MUSCLE, SKELETAL, NUTRITIONAL, EAR, NASOPHARYNX, RESPIRATORY, GASTROINTESTINAL, SKIN, INFECTIONS AND INJURIES.	PHYSICAL EXAMS AND HISTORY WITH APPROPRIATE TREATMENT AND DIAGNOSTIC MEASURES.	\$44.
#9 1ST PRENATAL* EVALUATION	FEMALES UNDER 21 YEARS WITH A CONFIRMED PREGNANCY	VISITS BY WOMEN WITH A CONFIRMED PREGNANCY FOR THE PURPOSE OF BEGINNING PRENATAL CARE INCLUDING COMPLETE PHYSICAL EXAM AND HISTORY, NUTRITIONAL COUNSELING, HEALTH EDUCATION AND APPROPRIATE TREATMENT MEASURES INCLUDING LABORATORY ANCILLARIES AND THE USE OF DIAGNOSTIC TECHNOLOGIES.	\$83.
#10 PRENATAL REVISIT	FEMALES UNDER 21 YEARS WITH A CONFIRMED PREGNANCY	REVISITS BY WOMEN WITH A CONFIRMED PREGNANCY FOR THE PURPOSE OF ONGOING PRENATAL CARE INCLUDING COMPLETE PHYSICAL EXAM AND HISTORY, NUTRITIONAL COUNSELING, HEALTH EDUCATION AND APPROPRIATE TREATMENT MEASURES INCLUDING LABORATORY ANCILLARIES AND THE USE OF DIAGNOSTIC TECHNOLOGIES.	\$48.
#12 GYNECOLOGICAL EXAM	ALL FEMALES UNDER 21 YEARS	VISITS BY WOMEN FOR ANNUAL GYN EXAMINATION INCLUDING PHYSICAL EXAM AND HISTORY, HEALTH EDUCATION AND PELVIC EXAMINATION WITH APPROPRIATE LABORATORY ANCILLARIES.	\$45.

PAC	"TYPE OF PATIENT	"TYPE OF SERVICE	199 COUNTY / FI
#14 MANAGEMENT REPRODUCTIVE	ALL PATIENTS WITH REPRODUCTIVE PROBLEMS (MALES OR FEMALES)	VISITS BY MEN AND WOMEN WITH REPRODUCTIVE PROBLEMS INCLUDING PHYSICAL EXAM AND HISTORY WITH APPROPRIATE DIAGNOSTIC AND TREATMENT MEASURES.	\$44.
#16 MANAGEMENT OF CLASS III PROBLEMS	ALL PATIENTS WITH PROBLEMS IN THE FOLLOWING AREAS: ADULT DIGESTIVE HEPATOBILIARY, NERVOUS SYSTEM, CIRCULATORY AND UROLOGICAL SYSTEMS, ARTHRITIS, RHEUMATISM, OTHER INFLAMMATORY/ DEGENERATIVE DISEASE OF JOINTS/ BONES, DIABETES, OTHER METABOLIC PROBLEMS, DISEASES OF ENDOCRINE, PANCREAS SYSTEM, CONGENITAL DISORDERS, NEWBORNS WITH PROBLEMS, PATIENTS WITH MEDICAL PROBLEMS ATTENDANT TO MENTAL ILLNESS, ALCOHOL/DRUG ABUSE, SOCIAL PROBLEMS AND PHYSICAL MEDICINE.	VISITS INCLUDE A PHYSICAL EXAMINATION AND HISTORY WITH APPROPRIATE TREATMENT AND DIAGNOSTIC MEASURES.	\$45.
#18 MANAGEMENT OF RADIOTHERAPY TREATMET	ALL PATIENTS WITH MALIGNANCIES (EXCLUDING BENIGN TUMORS AND MALIGNANCIES OF SKIN), MYELOPROLIFERATIVE DISEASES OF THE BLOOD AND BLOOD FORMING ORGANS (EXCEPT SIMPLE ANEMIAS).	VISITS INCLUDE PATIENTS CURRENTLY UNDERGOING A THERAPEUTIC REGIME TO AMELIORATE SYMTOMS OR REVERSE OR CURE THESE PROBLEMS.	\$83.

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#19 MANAGEMENT OF CLASS IV PROBLEMS	ALL PATIENTS WITH MALIGNANCIES (EXCLUDING BENIGN TUMORS AND MALIGNANCIES OF SKIN), MYELOPROLIFERATIVE DISEASES OF THE BLOOD AND BLOOD FORMING ORGANS (EXCEPT SIMPLE ANEMIAS), CURRENTLY UNDERGOING THERAPEUTIC REGIME TO AMELIORATE SYMPTOMS OR REVERSE/CURE THESE PROBLEMS.	VISITS INCLUDE A PHYSICAL EXAM AND HISTORY WITH APPROPRIATE TREATMENT DIAGNOSTIC MEASURES. THERAPIES MAY INCLUDE CHEMOTHERAPY AND RADIATION THERAPY OR HYPERTHERMIA AS AN ADJUNCT TO RADIATION THERAPY. THE PATIENT MUST NOT ACTUALLY RECEIVE THERAPY EVERY VISIT. DURING VISITS WHEN THE PATIENT DOES NOT ACTUALLY RECEIVE THERAPY, THE REASON FOR THE VISIT WILL BE OBSERVATION OF THE THERAPY'S EFFECTS AND THE USE OF LABORATORY ANCILLARIES NECESSARY FOR MANAGING AND ASSESSING THE COURSE OF THERAPY	\$53.
#20 MANAGEMENT OF CLASS V PROBLEMS	ALL PATIENTS WITH DIAGNOSED MENTAL ILLNESS OR SUBSTANCE ABUSE PROBLEMS.	VISITS WHERE PRIMARY PURPOSE IS TO PROVIDE SUPPORTIVE COUNSELING AND HEALTH EDUCATION TO PATIENTS WITH DIAGNOSED MENTAL ILLNESS OR SUBSTANCE ABUSE PROBLEMS. THESE ARE NOT VISITS IN WHICH A MEDICAL WORK UP TAKES PLACE; HOWEVER, SELECTED LABORATORY ANCILLARIES TO MONITOR THE PATIENT MAY OCCUR.	\$42.
#22 OPHTHALMOLOGICAL SERVICES	ALL PATIENTS	VISITS FOR OPHTHALMOLOGICAL SERVICES INCLUDING APPROPRIATE OPHTHALMOLOGICAL PROCEDURES AND LABORATORY AND DIAGNOSTIC MEASURES AS REQUIRED.	\$34.

PAC	"TYPE OF PATIENT	"TYPE OF SERVICE	199 COUNTY / FI
#25 POSTPARTUM CARE	PREGNANT FEMALES	VISITS BY WOMEN AFTER DELIVERY FOR THE PURPOSE OF POSTPARTUM CARE, I.E., PHYSICAL EXAM, NUTRITIONAL COUNSELING, HEALTH EDUCATION, FAMILY PLANNING ASSESSMENT, ETC.	\$50.
#26 HIV PRETEST COUNSELING	ALL PATIENTS SEEKING TESTING FOR THE PRESENCE OF HIV INFECTION	VISITS TO COUNSEL PATIENTS ABOUT THE PREVENTION AND TRANSMISSION OF HIV DISEASE AND MEDICAL TREATMENTS FOR HIV INFECTED INDIVIDUALS	\$45.
#27 HIV POST TEST COUNSELING POSITIVE	PATIENTS THAT HAVE TESTED POSITIVE FOR HIV INFECTION	VISITS TO INFORM PATIENTS OF POSITIVE TEST RESULTS AND ARRANGE FOR A COMPREHENSIVE MEDICAL EVALUATION	\$45.
#28 HIV POST TEST COUNSELING NEGATIVE	PATIENTS THAT HAVE TESTED NEGATIVE FOR HIV INFECTION	VISITS TO INFORM PATIENTS OF NEGATIVE TEST RESULTS AND COUNSEL THEM ON PREVENTION AND TRANSMISSION OF HIV DISEASE	\$25.

PAC	"TYPE OF PATIENT	"TYPE OF SERVICE	199 COUNTY FI
#29 HIV COMPREHEN- SIVE MEDICAL EVALUATION	PATIENTS WHO HAVE TESTED POSITIVE FOR HIV INFECTION	VISITS TO PROVIDE A COMPRE- HENSIVE MEDICAL EVALUATION INCLUDING COMPLETE HISTORY AND PHYSICAL EXAMINATION TO DETER- MINE THE EXTENT OF THE HIV INFECTION	\$84.
#30 HIV DRUGS AND IMMUNOTHERAPY VISITS	HIV INFECTED INDIVIDUAL AT RISK FOR PNEUMOSYSTIS CARINII PNEUMONIA (PCP)	VISITS FOR THE PROVISION OF AEROSOLIZED PENTAMIDINE	\$63.
#31 HIV MONITORING	ASYMPTOMATIC HIV INFECTED PATIENTS	PERIODIC MEDICAL EXAMINATION TO REEVALUATE THE PROGRESSION OF HIV INFECTION	\$47.