

Medicaid Codes

Independent
Practices

(A)

(B)

(A) + (B)

PROCEDURE CODE	DESCRIPTION	INDEPENDENT OFFICE MEDICAID FEE SCHEDULE (02/01/2016)	HOSPITAL OWNED PRACTICE PROFESSIONAL FEE SCHEDULE	OUTPATIENT FACILITY FEE SCHEDULE	TOTAL PAYMENT FOR SERVICE @ UVMC PHYSICIAN'S OFFICE	Notes
G0121	COLONOSCOPY (for pt. not considered high risk)	If billed in this setting • \$305.91	\$ 156.31	\$ 525.43	\$ 681.74	checked all colonoscopies but then settled on the most common. UVMC does not bill for outpatient clinic site of service just outpatient hospital. It looks like most of these are done at the outpatient hospital. This code qualifies for a multiple service reduction as in Medicare. If multiple procedures are billed at the same visit, the outpatient facility fee is reduced by 50%. I've provided the maximum rate.
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING)	If billed in this setting - \$437.84	\$ 437.84	\$ 1,672.12	\$ 2,109.96	UVMC does not bill for outpatient clinic site of service just outpatient hospital OR. This code qualifies for a multiple service reduction as in Medicare. If multiple procedures are billed at the same visit, the outpatient facility fee is reduced by 50%. I've provided the maximum rate.
99213	OFFICE/OUTPT. E+M, ESTABLISHED PT; EXPANDED HISTORY +OR EXAM +/-OR MEDICAL DECISION MAKING OF LOW COMPLEXITY	\$ 58.33	\$ 40.75	\$ 88.47	\$ 129.22	UVMC bills the 99213 on the professional claim and the G0463 for the hosp facility side. This is reimbursed \$88.47 rather than 99213's \$67.16.
99214	OFFICE/OUTPT. E+M, ESTABLISHED PT; DETAILED HISTORY +OR EXAM +/-OR MED. DECISION MAKING OF MOD. COMPLEXITY	\$ 85.95	\$ 62.61	\$ 88.47	\$ 151.08	UVMC bills the 99214 on the professional claim and the G0463 for the hosp facility side. This is reimbursed \$88.47 rather than 99214's \$67.16.