



2010 Provider Pay for Performance (P4P) Program

	PROGRAM	DESCRIPTION	CODES	AMOUNT	ELIGIBLE PROVIDERS
1.	Adolescent Well Care Visits Ages: 12-21 years of age	Documented physical assessment, anticipatory guidance, health education, developmental history and mental assessment	Must bill using the appropriate age CPT code for a new or established patient – ages 12-21 years – 99384, 99385, 99394, 99395 Code must be accompanied by the “ EP ” modifier	\$50.00 1x per member per year	FP, PED
2.	Adolescent Well Care Visits Ages: 12-21 years of age Effective 3/1/10	Documented physical assessment, anticipatory guidance, health education, developmental and history and mental assessment	Must bill using the appropriate age CPT code for a new or established patient – ages 12-21 years – 99384, 99385, 99394, 99395 Code must be accompanied by the “ HD ” modifier	\$50.00 1x per member per year	OB/GYN
3.	EPSDT visits ** Ages: under 21 years of age	Documented physical assessment, anticipatory guidance, health education, developmental and history and mental assessment	Must bill using the appropriate age CPT code for a new or established patient. Code must be accompanied by the “ EP ” modifier	\$30.00 Please refer to the EPSDT Periodicity Schedule for requirements	FP, PED
4.	Lead screening Ages: up to 3 years of age	Provider must order and/or perform a blood draw or capillary stick for lead testing	Must bill using the CPT code 83655 (lead testing) Code must be accompanied by the “ U1 ” modifier	\$50.00 Please refer to the EPSDT Periodicity Schedule for requirements	FP, PED
5.	Mammogram/PAP Testing Ages: 40 years and over	Provider must perform a PAP testing and clinical breast exam and provide the member with a script to receive a mammogram	Must bill using HCPCS code G0101 (cervical and vaginal cancer screening; pelvic exam and clinical breast exam) Code must be accompanied by the “ HD ” modifier	\$60.00 1x per member per year	FP, IM, OB/GYN

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6.	Dental Sealants/ Fluoride Varnish Ages: 0-20 years of age	Providers who have been certified to apply the varnish: Members 0-6 years are eligible to receive fluoride treatments up to four times per calendar year. Members 7-20 years are eligible to receive fluoride treatments two times per calendar year.	Must bill using one of the following codes: D1203 – Topical Application of Fluoride (Prophylaxis not included) – up to 18 years of age D1204 – Topical Application of Fluoride (Prophylaxis not included) – 18 through 20 years of age D1206 – Topical Fluoride Varnish, therapeutic application for moderate to high caries risk patients up to 21 years of age – frequency age specific as noted above	\$25.00 Please refer to the EPSDT Periodicity Schedule for requirements	FP, PED
7.	Baby Partners Program – care for pregnant women	Provider must complete all portions of the OB forms and fax the completed forms to our Baby Partners Program at 215-967-4492. Providers may use ACOG or the ONAF (Obstetrical Needs Assessment Form) shared by all three MCOs in Southeastern PA	Must bill using the HCPCS code 0503F (postpartum visit care) Code must be accompanied by the “HD” modifier	\$250.00 1x per member per pregnancy	FP, IM, OB/GYN
8.	PEP – Patient Evaluation Program**	Provider must perform a comprehensive evaluation on eligible members with High Medical Needs up to two times per year.	Must bill using CPT code 99499 and submit the PEP form distributed twice per year.	\$60.00 Up to 2x per member per year	IM, FP, PED

** The EPSDT and PEP incentives are a Health Partners self-funded incentive and not a part of the Provider P4P Program funded by PA DPW.