5.1 The Role of the Primary Care Provider

A primary care provider (PCP) is a licensed physician or other licensed medical practitioner practicing in the area of Family Practice, General Practice, Internal Medicine, Geriatric Medicine or Pediatric Medicine.

The PCP has the responsibility of contacting each new member to schedule an appointment for a complete age/sex-specified baseline physical. This should be completed no later than 90 days after the effective date of enrollment for children under 21 years of age and no later than 180 days after initial enrollment for adults.

The PCP is responsible for notifying members of laboratory and radiology results within 24 hours of receipt of results in urgent or emergent cases by telephoning, or by arranging an appointment to discuss the result when it is deemed a face-to-face discussion may be necessary. Within 10 business days of receipt of the results, the PCP must notify members of non-urgent or non-emergent laboratory and radiology results.

The PCP is responsible for supervising, coordinating and managing member health care by providing or authorizing the services needed to ensure positive health outcomes for each member on the panel. This includes:

- Periodic communication with the member
- Providing health education and information
- Arranging for 24 hours a day, seven days a week, practice coverage
- Maintaining comprehensive medical records documenting all services provided to the enrollee, including specialty referrals, periodic preventive and well-care services and providing appropriate and timely notice to members
- Delivering direct primary care services, as needed by the member
- Compliance with all adult and pediatric care protocols
- Education on the appropriate use of emergency services
- Initiating referrals for specialty care
- Maintaining continuity of members’ health care

Members with Special Needs

The PCP supervising the care of those members with special needs has the additional responsibility to ensure a team approach to their care, when required, with an emphasis on the continuity and integration of medical care and, as needed, participating with Horizon NJ Health care management and specialty care management teams. This includes methods for well-child care, health promotion, disease prevention and specialty care.

The PCP is responsible for determining the urgency of a consultation with a specialist and, if urgent, shall arrange for the consultation appointment.

The PCP is responsible for providing or authorizing the services needed to ensure positive health outcomes for those members with special needs on their panel. This includes:

- Overall clinical direction
- Serving as a central point of integration and coordination of covered services
- Providing health counseling and advice
- Diagnosing and treating covered conditions that do not require a referral to and services of a specialist
- Arranging for inpatient care, consultations and laboratory and radiological services
- Coordinating the findings of laboratories and consultants
- Interpreting such findings to the enrollee and the enrollee’s family (or, where applicable, an authorized person)
- Upon enrollment, each member selects a PCP. Members with special needs may select a PCP or request a specialist. The name and phone number of the PCP will appear on the member’s Horizon NJ Health ID card.

Encounter Submission

PCPs must submit a CMS 1500 (HCFA 1500) form or HIPAA-compliant 837 transaction for electronic submitters to the plan for each member encounter or office service, even if the service is capitated. On a monthly basis, Horizon NJ Health is required to report all encounters to the State of New Jersey.
Horizon NJ Health is required by the State of New Jersey to report encounter data for all services rendered to our members, including capitated and fee-for-service activities. Refer to Section 9.8 - Risk Assessment Program for more information.

All encounters must be received within 180 days of the date of service. PCP claims that are eligible for reimbursement will be denied for untimely filing if they are received after 180 days of the date of service.

Claims/encounters should be submitted to Horizon NJ Health at the following address.

Horizon NJ Health
Claims Processing Department
P.O. Box 7117
London, KY 40742
Phone: 1-800-682-9091

5.2 PCP Reimbursement

5.2.1 Capitation

PCPs reimbursed via capitation will receive a fixed monthly payment (capitation), which is based on the age and gender of enrollees assigned to their panel. This payment is assigned on a per member/per month (pm/pm) basis and is calculated according to the number of days a member is assigned to the PCP during that month. With each capitation payment, Horizon NJ Health shall provide the provider with a list of members who have selected the physician as their PCP.

Capitated services include all examination, administrative and medical procedures performed by the PCP that are not specifically defined as reimbursed above capitation.

These services include, but are not limited to:

- Venipuncture
- X-ray services
- Laboratory services (including pregnancy testing)
- Gynecological examinations
- Family planning services

On or about the 15th of each month, Horizon NJ Health will issue a capitation check and capitation summary report of the amount of payment per member to the PCP. Adjustments to capitation payments for members shall be subject to termination and eligibility requirements contained in the Medicaid contract. Horizon NJ Health shall limit capitation payment adjustments associated with retroactive terminations of members to two months’ capitation payments.

If a member is added to a panel after the first of the month, Horizon NJ Health will prorate the capitation payment for that member and include the partial payment with the next capitation.

If a member is dual eligible (Medicare and Medicaid), the PCP will be paid on a fee-for-service basis in accordance with coordination of benefits rules.

5.2.2 Primary Care Billable Services

In addition to the monthly capitation, Horizon NJ Health will reimburse the PCP on a NJ Medicaid Fee-for-Service basis for the following:

- Immunizations (only the administration fee will be paid for standard immunizations provided by the VFC program)
- Inpatient hospital care
- Routine newborn care
- Simple repair of superficial wounds to scalp, neck, axillae, external genitalia, trunk and/or extremities
- Sigmoidoscopy
- Colposcopy
- Treatment of nail conditions
- Venipuncture services for lead screening
- Capillary blood specimen
- Nebulizer therapy
- Lead screening
- EPSDT services

5.2.3 Fee-for-Service

Horizon NJ Health will reimburse the PCP each time a panel member is seen. PCPs who are reimbursed on a fee-for-service basis will receive monthly member panel listings.

Services eligible for reimbursement are listed below.

- Office visits
- Immunizations (only the administration fee
will be paid for standard immunizations provided by the VFC program)

- Inpatient hospital care
- Routine newborn care
- Simple repair of superficial wounds to scalp, neck, axillae, external genitalia, truck and/or extremities
- Sigmoidoscopy
- Colposcopy
- Nebulizer therapy
- Treatment of nail conditions
- Intramuscular injection of antibiotics
- Electrocardiogram
- Venipuncture
- Allergy injections
- Maternity services (family practice physicians)

To ensure prompt reimbursement of your claim, be sure to:

- Submit a completed CMS 1500 (HCFA 1500) form or HIPAA-compliant 837 transaction for electronic submitters.
- Submit EPSDT services on a CMS 1500 (HCFA 1500) form with EPSDT codes. Refer to Section 9.7 Early and Periodic Screening Diagnosis and Treatment (EPSDT) Information Missing or Incomplete for coding procedures.
- Verify that the standard CMS 1500 (HCFA 1500) form contains the following information:
  - Member’s full name
  - Member’s address
  - Member’s date of birth
  - Horizon NJ Health ID number
  - Diagnosis
  - Date of service
  - Physician’s Employer Identification Number
  - Physician’s signature and physician/vendor number
  - Procedure code(s) - Current Procedural Terminology (CPT) and/or HCPCS
  - Non-emergent outpatient service invoices (except for the professional component) must have a referral form attached or include the referral number in field #22

PCPs must submit a CMS 1500 (HCFA 1500) form or HIPAA-compliant 837 transaction for electronic submitters to the plan for each member encounter or office service, even if the service is capitated. On a monthly basis, Horizon NJ Health is required to report all encounters to the State of New Jersey.

All claims must be received within 180 days of the date of service. If received after 180 days of the date of service, PCP claims eligible for reimbursement will be denied for untimely filing.

Claims should be submitted to Horizon NJ Health at the following address.

**Horizon NJ Health**
**Claims Processing Department**
**P.O. Box 7117**
**London, KY 40742**
**Phone: 1-800-682-9091**

Family planning claims should include the member’s Social Security Number.

### Member Copayments for Primary Care Provider and Specialty Office Visits

Refer to Section 3 Benefit Overview of this Manual for member copayments specific to certain benefits.

#### 5.3 EPSDT Coding and Reimbursement

The New Jersey Division of Health Services, Division of Medical Assistance and Health Services (DMAHS) will pay a $10 incentive payment to Horizon NJ Health for a pass through to PCPs when an encounter record has a procedure code and diagnosis code as set forth below.

EPSDT covers children from birth to their 21st birthday.

Important: Preventive visits are evaluation and management services. Physicians and health care professions should not use additional evaluation and management codes in conjunction with these services.

Please add an EP modifier for all codes used for EPSDT services, including venipuncture for lead testing.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99460</td>
<td>Normal Newborn, Inpatient Care; History and Examination</td>
</tr>
<tr>
<td>99581</td>
<td>New Patient, Initial Preventive Medicine; infant (age under 1 year)</td>
</tr>
</tbody>
</table>
### Procedure Code Description

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99382</td>
<td>New Patient, Initial Preventive Medicine; early childhood (age 1 - 4 years)</td>
</tr>
<tr>
<td>99383</td>
<td>New Patient, Initial Preventive Medicine; late childhood (age 5 - 11 years)</td>
</tr>
<tr>
<td>99384</td>
<td>New Patient, Initial Preventive Medicine; adolescent (age 12 - 17 years)</td>
</tr>
<tr>
<td>99385</td>
<td>New Patient, Initial Preventive Medicine; (age 18 – 39 years)*</td>
</tr>
<tr>
<td>99391</td>
<td>Established Patient, Periodic Preventive Medicine; infant (age under 1 year)</td>
</tr>
<tr>
<td>99392</td>
<td>Established Patient, Periodic Preventive Medicine; early childhood (age 1 - 4 years)</td>
</tr>
<tr>
<td>99393</td>
<td>Established Patient, Periodic Preventive Medicine; late childhood (age 5 – 11 years)</td>
</tr>
<tr>
<td>99394</td>
<td>Established Patient, Periodic Preventive Medicine; adolescent (age 12 – 17 years)</td>
</tr>
<tr>
<td>99395</td>
<td>Established Patient, Periodic Preventive Medicine; (age 18 – 39 years)*</td>
</tr>
</tbody>
</table>

### Code ICD-9 Diagnosis

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V20.0</td>
<td>Foundling</td>
</tr>
<tr>
<td>V20.1</td>
<td>Other healthy infant or child receiving care</td>
</tr>
<tr>
<td>V20.2</td>
<td>Routine infant or child health check</td>
</tr>
<tr>
<td>36406</td>
<td>EP (lead screen only) venipuncture, needle or catheter for diagnostic study or intravenous therapy, percutaneous – other vein (venous), under age 5</td>
</tr>
<tr>
<td>36413</td>
<td>EP (lead screen only) venipuncture, needle or catheter for study or intravenous therapy, percutaneous, age 5 and older</td>
</tr>
<tr>
<td>36416</td>
<td>EP (lead screen only) capillary blood specimen (e.g., finger, heel, ear stick)</td>
</tr>
</tbody>
</table>

### 5.3.1 EPSDT Worksheets

Horizon NJ Health, along with the other Medicaid health maintenance organizations (HMOs) in New Jersey and the New Jersey DMAHS, developed age-appropriate medical record tools for physicians to use for EPSDT visits.

These medical record tools are free of copyright and can be used by all Medicaid HMOs. The use of the medical record tools is not mandatory. It is up to each physician’s office whether to use the age-appropriate forms.

A copy of the forms can be printed from the Horizon NJ-Health website at www.horizonNJhealth.com.