

Medicaid, Medicare and Commercial Payments for Commonly Reported Pediatric Services, 2004/05

North Carolina

IMPORTANT NOTICE AND ANTITRUST WARNING

The data in this study reflects aggregated historical information. It is designed to assist both providers and purchasers of health care services in making independent decisions regarding practice management and the provision and purchase of health care services. This study is being offered for these informational purposes only. It does not reflect the official position of the American Academy of Pediatrics on issues relating to costs, reimbursement or other fee-related information. Study data must not be used for the purpose of fixing prices, fees or other charges, boycotting providers or purchasers of health care services, or to limit competition or restrain trade in any other manner. This or any other improper use of the study data is prohibited by federal and state antitrust laws and is subject to severe penalties. The American Academy of Pediatrics recommends that the user consult with competent legal counsel about any questions the user has regarding the use of the study data.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Sources:

Medicaid payments were provided by states in response to the Medicaid Reimbursement Survey conducted by the American Academy of Pediatrics for 2004-2005. Medicare payments represent geographically adjusted 2004 rates published by CMS. Commercial payments, by region, are based on median fee-for-service payment according to the MarketScan database published by Medstat for 2004. MarketScan consists of mainly claims submitted to self-insured plans by large employers in 50 states and DC.

Notes:

(1) CPT® is a trademark of the American Medical Association. (2) MarketScan: Copyright © 2004, the MEDSTAT Group, Inc. All Rights Reserved. (3) Unless otherwise noted, the highest non-facility Medicaid payment rate is presented in this report when multiple rates are used by the state. (4) Medicare rates are GPCI-adjusted for geographic variation in medical care cost. Medicare rates may vary by region in states with multiple Medicare carriers. Fees are reported as ranges in states where Medicare rates vary by region or carrier.

Abbreviations:

BO: Bundled with other services, i.e., Payment for covered services is always bundled into payment for other services not specified. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident.

BR: By Report (same as **MP:** Manually priced) i.e., Carrier will establish payment amounts for these services, generally on a case-by-case basis following review of documentation, such as an operative report.

LFS: National limit amount per Clinical and Diagnostic Lab Fee Schedule.

na: Unavailable.

NA: Not applicable.

NC: Not covered.

NIS: RVUs for code not included in RBRVS schedule.

NL: Information not provided by state, nor found on Medicaid fee schedule posted on state's web site.

NP: Information not provided by state.

OM: Other method(s).

SSV: State-supplied vaccine. MNVP: Minnesota's Vaccine Program.

VAFAC: Vaccine Assurance for All Children Program of South Carolina.

VFC: Vaccine for Children program.

Contact Suk-fong Tang, Department of Practice, for questions and comments about this report. Contact Dan Walter, Division of State Government Affairs, for Medicaid questions and advocacy advice. Contact Lou Terranova, Division of Division of Health Care Finance and Quality Improvement, for private health insurance questions and advocacy advice.

Medicaid, Medicare and Commercial Payments: North Carolina

2004/05 Payments for Commonly Reported Pediatric CPT® Codes

<u>Preventive Medicine Services</u>	Medicaid	Medicare	Commercial		
			<i>25th %tile</i>	<i>median</i>	<i>75th %tile</i>
99381 - New Patient, under 1 year	\$80.33	\$97.73	\$85.70	\$105.28	\$138.00
99382 - New Patient, 1 through 4 years	\$80.33	\$105.46	\$98.44	\$115.35	\$151.13
99383 - New Patient, 5 through 11 years	\$80.33	\$103.38	\$98.69	\$113.39	\$147.01
99384 - New Patient, 12 through 17 years	\$80.33	\$112.39	\$97.00	\$121.88	\$151.99
99385 - New Patient, 18 through 39 years	\$80.33	\$112.39	\$110.00	\$134.08	\$156.00
99391 - Established Patient, under 1 year	\$80.33	\$74.46	\$74.31	\$84.80	\$105.89
99392 - Established Patient, 1 through 4 years	\$80.33	\$83.47	\$82.00	\$93.58	\$118.70
99393 - Established Patient, 5 through 11 years	\$80.33	\$82.43	\$81.00	\$95.00	\$118.13
99394 - Established Patient, 12 through 17 years	\$80.33	\$91.21	\$89.03	\$105.47	\$129.70
99395 - Established Patient, 18 through 39 years	\$80.33	\$92.26	\$90.00	\$112.64	\$126.72
99401 - Individual Counseling, 15 min	NC	\$41.78	\$25.00	\$25.00	\$50.00
99402 - Individual Counseling, 30 min	NC	\$67.29	\$40.00	\$60.00	\$76.40*
<u>Office and Other Outpatient Services</u>					
99201 - New Patient, office visit	\$33.21	\$34.64	\$36.77	\$40.00	\$47.50
99202 - New Patient, expanded office visit	\$59.14	\$61.70	\$56.20	\$65.00	\$78.48
99203 - New Patient, low complexity	\$87.95	\$91.62	\$80.00	\$95.00	\$115.00
99204 - New Patient, moderate complexity	\$124.72	\$129.93	\$122.39	\$137.39	\$162.37
99205 - New Patient, high complexity	\$158.30	\$165.49	\$153.00	\$173.78	\$198.63
99211 - Established Patient, office visit	\$19.34	\$20.13	\$20.00	\$22.00	\$25.64
99212 - Established Patient, expanded office visit	\$34.88	\$36.03	\$35.20	\$37.77	\$43.92
99213 - Established Patient, low complexity	\$47.79	\$50.27	\$49.85	\$54.52	\$65.12
99214 - Established Patient, moderate complexity	\$75.06	\$78.72	\$75.00	\$85.43	\$104.00
99215 - Established Patient, high complexity	\$109.53	\$114.51	\$111.10	\$121.99	\$148.00
92551 - Screening test, hearing evaluation	\$9.31	NIS	\$12.23	\$13.65	\$16.00
92567 - Tympanometry, hearing evaluation	\$18.70	\$19.46	\$22.82	\$26.00	\$28.11
99173 - Screening test, visual acuity	NC	NIS	\$11.00	\$13.26	\$16.00

Notes: FFS Medicaid payment (rates included in this report) may not apply to some or all services used by children in capitated plans. According to FFY2002 MSIS reports published by CMS, 3% of North Carolina children (under age 19) enrolled in Medicaid were in capitated plans. * average payment for South region (AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA and WV). ** national average. Regional or national averages are reported where data is insufficient at the state or regional level.

	Medicaid	Medicare	Commercial		
			25th %tile	median	75th %tile
<u>Newborn Care</u>					
99431 - Initial newborn care	\$55.93	\$58.05	\$74.37	\$89.01	\$102.00
99433 - Subsequent newborn care	\$29.44	\$30.56	\$39.21	\$46.46	\$53.20
99435 - Admit and discharge on same day	\$75.03	\$74.77	\$95.54	\$97.13	\$113.35
99436 - Physician attendance at delivery	\$71.04	\$73.38	\$98.84	\$106.34	\$135.00
99440 - Newborn resuscitation	\$139.22	\$145.07	\$161.00	\$212.30	\$294.00*
54150 - Circumcision; newborn	\$213.72	\$106.14	\$135.00	\$207.51	\$300.00
<u>Immunizations:</u> <i>Does North Carolina provide vaccines through a universal immunization program? Yes</i>					
90471 - One immunization administration	\$13.71	\$7.53	\$9.00	\$11.00	\$13.71
90472 - Each additional immunization administration	\$13.71	\$5.10	\$7.84	\$8.27	\$13.71
90473 - One immunization administration, oral or intranasal	NC		\$4.10	\$6.45	\$14.00
90645 - []			\$6.17	\$11.67	\$13.71~
90646 - [] Hemophilus Influenza B	NA		\$9.14	\$13.50	\$26.00~
90647 - []			\$9.00	\$13.71	\$13.71~
90648 - []			\$6.28	\$9.14	\$13.71~
90657 - Influenza virus (6-35 months)	NA	Medicare	\$5.04	\$5.31	\$13.71~
90658 - Influenza virus (3+ years)	NA	reimburses	\$10.00	\$13.00	\$13.36~
90660 - Influenza virus, intranasal use	NA	for vaccine	\$25.00	\$28.13	\$35.00~
90669 - Pneumococcal conjugate vaccine	NA	products	\$72.32	\$76.13	\$76.13~
90700 - DTaP (< 7 years)	NA	using 106%	\$9.14	\$13.71	\$13.71~
90701 - DTP	NA	of the	\$8.00	\$13.71	\$15.00~
90702 - DT (< 7 years)	NA	product's	\$9.07	\$13.71	\$13.71~
90707 - Measles, mumps, rubella	NA	average sale	\$6.86	\$13.71	\$13.71~
90713 - IPV	NA	price (ASP)	\$6.85	\$9.14	\$13.71~
90716 - Varicella	NA		\$1.00	\$13.71	\$13.71~
90718 - Td (>= 7 years)	NA		\$12.13	\$13.71	\$16.57~
90721 - DTaP, HIB	NA		\$13.71	\$26.00	\$51.41~
90744 - Hepatitis B, (pediatric/adolescent age)	NA		\$6.86	\$13.71	\$13.71~
<u>Evaluation and Management</u>					
99217 - Observation care discharge, day management	\$65.12	\$67.60	\$72.13	\$81.96	\$95.00
99218 - Initial observation care, low severity	\$62.12	\$64.12	\$76.95	\$84.00	\$97.13
99219 - Initial observation care, intermediate severity	\$103.33	\$107.24	\$123.00	\$133.05	\$151.00
99220 - Initial observation care, high severity	\$145.18	\$150.44	\$167.50	\$182.72	\$213.93
99354 - Prolonged service, outpatient, 1st hour, face-to-face	\$91.21	\$93.77	\$112.49	\$123.57	\$137.32
99355 - Same as 99354, each additional 30 min	\$90.31	\$93.08	\$60.00	\$78.50	\$117.72
99356 - Prolonged service, inpatient, 1st hour, face-to-face	\$83.82	\$87.01	\$90.52	\$108.00	\$128.66*
99357 - Same as 99356, each additional 30 min	\$84.39	\$87.36	\$90.00	\$100.00	\$115.00**

~ Commercial rates should not be compared directly to Medicaid rates where states supply vaccines via universal immunization programs. * average payment for South region (AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA and WV). ** national average. Regional or national averages are reported where data is insufficient at the state or regional level.

	Medicaid	Medicare	Commercial		
			<u>25th %tile</u>	<u>median</u>	<u>75th %tile</u>
<u>Evaluation and Management, cont.</u>					
99358 - Prolonged service, 1st hour, not face-to-face	NC	NIS	\$100.00	\$100.00	\$136.80
99359 - Same as 99358, each additional 30 min	NC	NIS	\$52.00	\$75.00	\$85.66 *
99361 - Team medical conference, 30 min	\$31.03	NIS	\$23.00	\$45.32	\$50.00
99362 - Team medical conference, 60 min	\$62.04	NIS	\$110.00	\$179.44	\$185.91 *
99371 - Telephone call, simple or brief	NC	NIS	\$14.02	\$15.00	\$55.00
99372 - Telephone call, intermediate	NC	NIS	\$42.07	\$45.00	\$61.00 *
99373 - Telephone call - complex or lengthy	NC	NIS	\$50.00	\$77.92	\$110.00 *
99374 - Supervision of patient under home health agency care(15-29 min)	NC	\$66.56	\$78.00	\$90.00	\$110.00 *
99375 - Same as 99374, 30 min or more	\$115.52	\$120.20	\$100.00	\$120.00	\$150.00 *
<u>Hospital Care</u>					
99221 - Initial hospitalization, per day, low complexity	\$62.68	\$64.82	\$80.62	\$86.15	\$103.96
99222 - Initial hospitalization, per day, moderate complexity	\$103.99	\$107.93	\$122.36	\$133.48	\$160.00
99223 - Initial hospitalization, per day, high complexity	\$144.94	\$150.56	\$151.00	\$174.00	\$208.13
99231 - Subsequent hospitalization, per day, low complexity	\$31.39	\$32.35	\$32.35	\$40.92	\$50.00
99232 - Subsequent hospitalization, per day, moderate complexity	\$51.41	\$53.36	\$53.36	\$63.70	\$80.71
99233 - Subsequent hospitalization, per day, high complexity	\$73.06	\$75.84	\$75.84	\$89.50	\$111.00
99238 - Hospital discharge, day management, 30 min or under	\$65.22	\$67.72	\$71.90	\$81.57	\$97.74
<u>Consultations</u>					
99241 - Office consultation, problem focused	\$45.51	\$47.64	\$53.00	\$58.36	\$72.42
99242 - Office consultation, straightforward decision	\$83.38	\$87.20	\$83.00	\$97.77	\$112.00
99243 - Office consultation, low complexity	\$111.21	\$115.31	\$107.00	\$128.00	\$149.80
99244 - Office consultation, moderate complexity	\$157.18	\$163.64	\$150.00	\$176.65	\$205.00
99245 - Office consultation, high complexity	\$203.56	\$211.68	\$202.18	\$237.00	\$283.00
99254 - Initial inpatient consultation, moderate complexity	\$130.68	\$135.98	\$145.00	\$164.13	\$181.35
99255 - Initial inpatient consultation, high complexity	\$180.16	\$186.99	\$198.30	\$223.00	\$250.00
<u>Pathology and Laboratory</u>					
81000 - Urinalysis, non-automated with microscopy	\$4.43	\$4.43 (LFS)	\$7.00	\$10.00	\$10.00
81002 - Urinalysis, non-automated without microscopy	\$3.57	\$3.57 (LFS)	\$5.60	\$7.00	\$7.00
86580 - Tuberculosis, intradermal	\$8.79	\$9.50	\$8.00	\$8.00	\$12.00
87081 - Throat culture	\$8.06	\$9.26 (LFS)	\$7.17	\$12.09	\$13.00
87880 - Rapid Streptococcus screen	\$16.01	\$16.76 (LFS)	\$20.00	\$29.00	\$31.50

* average payment for South region (AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA and WV). ** national average. Regional or national averages are reported where data is insufficient at the state or regional level.

	Medicaid	Medicare	Commercial		
			25th %tile	median	75th %tile
<u>Mental Health</u>					
90801 - Psychiatric diagnostic interview examination	\$141.38	\$146.83	\$92.00	\$114.00	\$140.00
90804 - Individual psychotherapy, 20-30 min face-to-face	\$60.57	\$63.13	\$48.00	\$56.64	\$63.00
90806 - Individual psychotherapy, 45-50 min face-to-face	\$91.43	\$94.93	\$70.00	\$88.15	\$100.00
90808 - Individual psychotherapy, 75-80 min face-to-face	\$136.36	\$141.82	\$90.00	\$117.00	\$160.00
90862 - Pharmacological management	\$47.98	\$49.84	\$52.00	\$55.00	\$65.63
90887 - Interpretation or explanation of results	NC	\$86.55	\$70.00	\$100.00	\$150.00 *
96110 - Developmental testing, limited	\$10.14	\$10.76	\$15.30	\$30.00	\$60.00
96111 - Developmental testing, extended	\$132.72	\$138.43	\$88.37	\$113.50	\$174.15
<u>Specialty Care Codes</u>					
<u>Allergy/Immunology</u>					
95004 - Percutaneous tests with allergenic extracts	\$3.56	\$3.71	\$118.60	\$195.00 [#]	\$270.00
95010 - Percutaneous tests, sequential and incremental	\$16.29	\$17.30	\$32.00	\$56.00 [#]	\$81.50
95015 - Intracutaneous tests, with biologicals	\$10.29	\$11.05	\$40.00	\$116.68 [#]	\$206.97
95024 - Intracutaneous tests with allergenic extracts	\$5.23	\$5.44	\$32.58	\$66.30 [#]	\$134.60
95115 - Allergenic immunotherapy, single injection	\$13.45	\$13.67	\$12.00	\$13.23	\$15.00
95117 - Allergen immunotherapy, two or more injections	\$17.11	\$17.84	\$18.51	\$21.00	\$25.00
<u>Cardiology</u>					
92950 - Cardiopulmonary resuscitation	\$282.31	\$181.34	\$239.55	\$263.00	\$403.93
93303 - Transthoracic echocardiography	\$197.56	\$206.21	\$267.12	\$277.00	\$310.00
93307 - Echocardiography, real-time with image documentation	\$179.32	\$187.62	\$225.11	\$255.00	\$290.00
93320 - Doppler echocardiograph	\$78.63	\$82.19	\$102.65	\$117.00	\$133.10
93501 - Right heart catheterization	\$738.87	\$770.90	Facility: \$1498.36; Professional: \$273.95 ~		
93510 - Left heart catheterization	\$1,518.20	\$1,585.32	Facility: \$2336.25; Professional: \$344.00 ~		
<u>Critical Care / Neonatal and Pediatric Critical Care</u>					
31500 - Intubation, endotracheal	\$106.58	\$110.27	\$110.27	\$159.74	\$166.00
31622 - Bronchoscopy	\$292.85	\$252.67	\$243.10	\$281.86	\$401.51
32000 - Thoracentesis	\$159.09	\$168.15	\$173.04	\$185.07	\$250.00
32020 - Thoracostomy tube	\$197.57	\$208.56	\$278.89	\$352.00	\$419.97 *
36555 - Insertion of non-tunneled CVC~ ; <5 yrs old	\$290.74	\$313.48	\$152.00	\$233.30	\$376.00 *
36568 - Insertion of peripherally inserted CVC~; <5 yrs old	\$322.66	\$361.23	\$146.75	\$198.00	\$384.00 **
36600 - Arterial puncture, diagnostic	\$28.30	\$29.09	\$25.00	\$32.75	\$36.31
36620 - Arterial line placement	\$50.91	\$52.90	\$79.00	\$162.47	\$291.60
99291 - Critical care, first hour	\$234.08	\$234.24	\$226.92	\$248.73	\$331.27
99292 - Critical care, additional 30 minutes	\$104.28	\$104.68	\$106.00	\$125.00	\$190.00

* average payment for South region (AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA and WV). ** national average. Regional or national averages are reported where data is insufficient at the state or regional level. # Commercial payment may represent multiple services under same code reported per patient encounter. ~ national median only - state and regional data suppressed due to data irregularity.

<u>Critical Care/Neonatal and Pediatric Critical Care, contd.</u>	Medicaid	Medicare	Commercial		
			<i>25th %tile</i>	<i>median</i>	<i>75th %tile</i>
36510 - Umbilical vein catheterization	\$171.09	\$172.32	<i>na</i>	<i>na</i>	<i>na</i>
36660 - Umbilical artery catheterization	\$68.28	\$69.87	<i>\$69.00</i>	\$82.13	<i>\$95.73**</i>
99293 - Initial pediatric critical care	\$758.62	\$788.45	<i>\$142.50</i>	\$507.52	<i>\$1020.03*</i>
99294 - Subsequent pediatric critical care	\$377.96	\$391.34	<i>\$594.84</i>	\$594.84	<i>\$875.30</i>
99295 - Initial neonatal critical care	\$869.94	\$895.99	<i>\$862.00</i>	\$862.00	<i>\$1180.00*</i>
99296 - Subsequent neonatal critical care	\$379.62	\$393.43	<i>\$572.69</i>	\$598.01	<i>\$598.01</i>
<u>Intensive Low Birth Weight Services</u>					
99298 - Subseq intensive care, <1500gm present body weight	\$133.67	\$137.77	<i>\$153.00</i>	\$153.00	<i>\$161.00*</i>
99299 - Subseq intensive care, 1500-2500gm present body weight	\$122.33	\$129.14	<i>\$153.00</i>	\$153.00	<i>\$200.00*</i>
<u>Emergency Care</u>					
10120 - Simple surgical removal of foreign body	\$118.95	\$99.07	<i>\$80.00</i>	\$107.51	<i>\$132.99</i>
12015 - Simple surgical repair of facial wound(7.6-12.5cm)	\$226.00	\$236.69	<i>\$226.00</i>	\$277.10	<i>\$361.00*</i>
36400 - Venipuncture necessitating physician skill, < 3 yrs, femoral or jugular vein	\$23.70	\$24.50	<i>\$11.75</i>	\$20.00	<i>\$25.85*</i>
36410 - Venipuncture necessitating physician skill, >= 3 yrs	\$16.37	\$17.38	<i>\$19.00</i>	\$21.63	<i>\$28.31</i>
36415 - Routine venipuncture	\$3.00	NIS	<i>\$3.75</i>	\$6.00	<i>\$9.13</i>
36416 - Finger, heel, ear stick	NC	NIS	<i>\$4.65</i>	\$7.20	<i>\$12.00</i>
62270 - Lumbar puncture, diagnostic	\$142.10	\$150.87	<i>\$90.00</i>	\$160.16	<i>\$207.13</i>
99141 - Conscious sedation; IV/IM/inhalation	NC	BO	<i>\$36.03</i>	\$59.10	<i>\$116.24</i>
99142 - Conscious sedation; oral/rectal/intranasal	NC	BO	<i>\$55.00</i>	\$73.00	<i>\$108.00*</i>
99282 - ED visit, low complexity	\$25.39	\$26.67	<i>\$40.00</i>	\$42.00	<i>\$69.50</i>
99283 - ED visit, moderate complexity	\$57.04	\$59.38	<i>\$66.00</i>	\$84.06	<i>\$140.00</i>
99284 - ED visit, detailed	\$89.08	\$92.38	<i>\$99.00</i>	\$127.00	<i>\$198.00</i>
<u>Gastrointestinal</u>					
43239 - Upper gastrointestinal endoscopy with biopsy	\$298.55	\$305.05	<i>\$195.74</i>	\$287.19	<i>\$397.00</i>
44389 - Colonoscopy with biopsy	\$339.37	\$347.54	<i>\$373.71</i>	\$397.29	<i>\$532.27*</i>
45331 - Sigmoidoscopy with biopsy	\$145.72	\$145.94	<i>\$123.46</i>	\$159.95	<i>\$201.46</i>
<u>Ophthalmology</u>					
67311 - Strabismus surgery, horizontal	\$448.06	\$478.70	<i>\$418.50</i>	\$621.78	<i>\$869.00*</i>
67314 - Strabismus surgery, vertical	\$497.50	\$541.08	<i>\$599.77</i>	\$800.00	<i>\$964.01*</i>
68810 - Nasolacrimal probing	\$192.83	\$153.89	<i>\$150.00</i>	\$200.31	<i>\$287.88*</i>
<u>Otolaryngology</u>					
42820 - Tonsillectomy/adenoidectomy, under 12 years	\$257.12	\$274.08	<i>\$370.00</i>	\$398.00	<i>\$465.00</i>
42821 - Tonsillectomy/adenoidectomy, 12 years or over	\$278.21	\$296.03	<i>\$423.04</i>	\$445.00	<i>\$514.48</i>
69436 - Tympanostomy and tubes	\$151.21	\$154.27	<i>\$127.44</i>	\$212.00	<i>\$319.00</i>

* average payment for South region (AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA and WV). ** national average. Regional or national averages are reported where data is insufficient at the state or regional level.

	Medicaid	Medicare	Commercial		
			25th %tile	median	75th %tile
<u>Plastic Surgery</u>					
40700 - Cleft lip repair	\$783.70	\$833.22	\$992.13	\$1228.52	\$1691.05**
42200 - Cleft palate repair	\$800.59	\$787.50	\$928.75	\$1225.87	\$1465.00**
<u>Pulmonology</u>					
94010 - Spirometry, including graphic record	\$29.12	\$30.33	\$35.39	\$39.00	\$46.00
94640 - Inhalation treatment	\$10.45	\$11.59	\$18.00	\$24.26	\$28.66
94664 - Demonstration/evaluation	\$11.25	\$12.05	\$20.59	\$20.59	\$24.00
<u>Radiology</u>					
71010 - Frontal chest x-ray	NP	\$25.84	\$18.00	\$24.00	\$30.47
<u>Surgery</u>					
28262 - Extensive clubfoot release	\$1079.60	\$1,149.92	\$1165.07	\$1481.84	\$1819.00**
44950 - Appendectomy	\$533.15	\$548.67	\$543.00	\$640.00	\$778.02
49500 - Bilateral inguinal hernia, 6 mos to under 5 yrs	\$316.86	\$326.42	\$418.69	\$557.00	\$757.06*
49505 - Bilateral inguinal hernia, 5 years or over	\$421.08	\$443.91	\$528.00	\$571.00	\$673.00
<u>Urology and Dialysis</u>					
50200 - Renal biopsy	\$141.33	\$132.71	\$222.00	\$251.00	\$390.77
90918 - ESRD (end stage renal disease) services, < 2 years	\$613.56	\$680.14	na	na	na
90919 - ESRD, 2 through 11 years	\$446.99	\$466.66	\$467.78	\$553.21	\$614.25**
90920 - ESRD, 12 through 19 years	\$391.56	\$408.82	\$410.00	\$456.00	\$840.60*
90945 - Peritoneal dialysis	\$69.98	\$73.28	\$55.76	\$77.53	\$145.00*
<u>Dental Services</u>					
D0120 - Periodic exam	\$23.07	NIS	na		
D1120 - Prophylaxis, child	NP		na		
D1203 - Topical fluoride treatment, child	\$15.44		na		
D2150 - Amalgam - two surfaces, primary or permanent	NP		na		
D2330 - Resin-based composite - one surface anterior	NP		na		
D1351 - Sealant, per tooth	NP		na		
D2930 - Stainless steel crown on a primary tooth	NP		na		
D3220 - Pulpotomy	NP		na		
D7140 - Extraction	NP	na			

* average payment for South region (AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA and WV). ** national average. Regional or national averages are reported where data is insufficient at the state or regional level.