

Idaho

1998 reimbursement rates for commonly used CPT™ codes

	<u>Idaho</u>	<u>Mountain</u>	<u>US</u>	<u>Medicare</u>
<i>EPSDT - Preventive Medicine Services</i>				
99381 - New Patient, under 1 year	\$55.30	\$51.23	\$45.87	\$88.09
99382 - New Patient, 1 through 4 years	\$55.30	\$53.71	\$47.32	\$100.78
99383 - New Patient, 5 through 11 years	\$55.30	\$54.34	\$48.58	\$100.78
99384 - New Patient, 12 through 17 years	\$68.12	\$59.13	\$52.48	\$113.47
99385 - New Patient, 18 through 39 years	\$55.56	\$58.63	\$53.58	\$106.14
99391 - Established Patient, under 1 year	\$38.25	\$44.53	\$40.08	\$75.77
99392 - Established Patient, 1 to 4 yrs	\$38.25	\$47.66	\$42.10	\$88.09
99393 - Established Patient, 5 to 11 yrs	\$41.75	\$49.48	\$43.41	\$88.09
99394 - Established Patient, 12 to 17 yrs	\$55.78	\$51.40	\$47.01	\$100.78
99395 - Established Patient, 18 to 39 yrs	\$42.82	\$50.43	\$47.15	\$94.55
99401 - Individual Counseling, 15 min	\$10.43	\$24.34	\$23.93	\$33.76
99402 - Individual Counseling, 30 min	\$20.85	\$34.69	\$37.07	\$67.46
<i>EPSDT - Evaluation and Management</i>				
99201 - New Patient, office visit	\$28.27	\$26.33	\$25.68	\$32.02
99202 - New Patient, expanded office visit	\$39.07	\$39.96	\$35.89	\$50.15
99203 - New Patient, low complexity	\$50.57	\$54.31	\$46.87	\$68.93
99204 - New Patient, intermediate complexity	\$68.05	\$78.52	\$66.06	\$102.50
99205 - New Patient, high complexity	\$79.40	\$98.93	\$94.53	\$128.35
99211 - Established Patient, office visit	\$22.69	\$14.09	\$14.26	\$14.16
99212 - Established Patient, expanded office visit	\$29.12	\$23.89	\$23.18	\$27.61
99213 - Established Patient, low complexity	\$34.02	\$31.92	\$34.02	\$39.42
99214 - Established Patient, intermediate complexity	\$45.37	\$51.23	\$43.54	\$59.39
99215 - Established Patient, high complexity	\$68.05	\$74.16	\$63.20	\$93.67
92551 - Screening test, hearing evaluation	\$12.14	\$12.07	\$12.12	NA
92567 - Tympanometry, hearing evaluation	\$12.14	\$13.80	\$12.75	\$20.54

'OM' Other method, 'NC' Not covered, 'NA' Not applicable, 'NP' not provided by state.

Source: American Academy of Pediatrics Division of Health Policy Analysis of Medicaid Reimbursement Survey - 1998/1999.

	<u>Idaho</u>	<u>Mountain</u>	<u>US</u>	<u>Medicare</u>
<i>EPSDT - Newborn Care</i>				
99431 - Initial newborn care	\$76.12	\$74.39	\$63.90	\$86.69
99433 - Subsequent newborn care	\$47.98	\$39.31	\$32.47	\$45.81
99435 - Admit and discharge on same day	\$97.66	\$88.17	\$74.90	\$111.00
<i>Immunizations</i>				
90701 - DPT	\$17.23	\$17.21	\$15.21	NA
90702 - DT	\$6.33	\$9.15	\$18.84	NA
90707 - Measles, mumps, rubella	\$30.00	\$24.57	\$16.74	NA
90712 - Oral polio	\$16.22	\$13.63	\$10.01	NA
90716 - Varicella	\$46.00	\$30.56	\$23.22	NA
90718 - Td	\$4.00	\$8.79	\$7.76	NA
90724 - Influenza virus	\$4.81	\$11.14	\$9.11	NA
90737 - Hemophilus Influenza B	\$18.68	\$16.40	\$12.92	NA
90721 - DTaP, HIB	\$45.00	\$39.00	\$13.87	NA
90744 - Hepatitis B, under 11 years	\$26.00	\$15.18	\$15.64	NA
90745 - Hepatitis B, 11 through 19 years	\$42.00	\$19.84	\$17.78	NA
90749 - Unlisted immunization procedure	OM	NE	\$9.01	NA
90782 - Therapeutic or diagnostic injection	\$4.04	\$6.08	\$5.04	\$4.04
<i>Evaluation and Management</i>				
99217 - Observation care discharge	\$38.38	\$48.60	\$40.23	\$63.61
99218 - Initial care, low severity	\$42.44	\$48.23	\$45.54	\$70.21
99219 - Initial care, intermediate severity	\$60.41	\$78.52	\$70.01	\$113.82
99220 - Initial care, high severity	\$71.32	\$101.66	\$88.96	\$145.72
99354 - Prolonged service, 1 hr, face-to-face	\$64.67	\$64.02	\$61.43	\$90.00
99361 - Team medical conference	NC	\$33.09	\$27.96	NA
99371 - Telephone call for consultation	NC	NE	\$5.09	NA
99374 - Supervision of home health care patient	NC	\$46.50	\$50.82	NA
<i>Newborn Care</i>				
99436 - Physician attendance at delivery	\$97.39	\$95.00	\$79.18	110.00
99440 - Newborn resuscitation	\$227.37	\$147.81	\$117.86	217.07
54150 - Circumcision	\$87.48	\$57.44	\$55.92	82.54

'OM' Other method, 'NC' Not covered, 'NA' Not applicable, 'NP' not provided by state.

Source: American Academy of Pediatrics Division of Health Policy Analysis of Medicaid Reimbursement Survey - 1998/1999.

	<u>Idaho</u>	<u>Mountain</u>	<u>US</u>	<u>Medicare</u>
Hospital Care				
99219 - Initial observation, moderate complexity	\$60.41	\$78.53	\$68.97	\$113.82
99220 - Initial observation, high complexity	\$71.32	\$101.66	\$89.40	\$145.72
99221 - Initial hospitalization, low complexity	\$42.44	\$52.31	\$45.10	\$69.84
99222 - Initial hospitalization, intermediate complexity	\$109.62	\$90.64	\$70.04	\$113.45
99223 - Initial hospitalization, high complexity	\$139.53	\$114.77	\$87.14	\$144.98
99231 - Subsequent hospitalization, low complexity	\$33.96	\$29.23	\$25.42	\$36.57
99232 - Subsequent hospitalization, intermediate	\$35.15	\$39.46	\$34.51	\$53.64
99233 - Subsequent hospitalization, high complexity	\$52.54	\$64.42	\$50.31	\$74.65
99238 - Hospital discharge, under 30 min	\$35.15	\$47.89	\$38.75	\$63.24
Consultations				
99242 - Office visit, straightforward decision	\$52.54	\$57.94	\$51.46	\$74.95
99243 - Office visit, low complexity	\$62.65	\$74.11	\$65.66	\$97.12
99244 - Office visit, intermediate complexity	\$88.91	\$101.72	\$87.76	\$135.96
99245 - Office visit, high complexity	\$117.22	\$136.62	\$111.37	\$183.26
99254 - Initial inpatient visit, moderate complexity	\$88.91	\$103.43	\$87.42	\$136.88
99255 - Initial inpatient visit, high complexity	\$117.22	\$135.98	\$111.95	\$185.53
Pathology and Laboratory				
81000 - Urinalysis, non-automated	\$4.37	\$4.62	\$4.03	NA
81001 - Urinalysis, automated	\$4.37	\$11.20	\$5.23	NA
85095 - Bone marrow aspiration	\$27.24	\$38.52	\$43.58	\$62.75
86580 - Tuberculosis, intradermal	\$4.15	\$11.92	\$7.34	\$9.52
86588 - Streptococcus screen	\$7.74	\$12.26	\$11.64	NA
87060 - Throat or nose culture	\$10.68	\$10.15	\$9.39	NA
Psychiatry				
90801 - Diagnostic interview examination	\$86.56	\$71.06	\$71.13	\$122.08

'OM' Other method, 'NC' Not covered, 'NA' Not applicable, 'NP' not provided by state.

Source: American Academy of Pediatrics Division of Health Policy Analysis of Medicaid Reimbursement Survey - 1998/1999.

	<u>Idaho</u>	<u>Mountain</u>	<u>US</u>	<u>Medicare</u>
Allergy/Immunology				
95004 - Percutaneous tests with allergenic extracts	\$1.81	\$2.60	\$2.28	\$3.67
95010 - Percutaneous tests, sequential and incremental	\$4.84	\$5.49	\$5.31	\$9.45
95015 - Intracutaneous tests, with biologicals	\$4.84	\$5.48	\$5.26	\$9.45
95024 - Intracutaneous tests with allergenic extracts	\$2.83	\$3.91	\$3.42	\$5.50
95115 - Allergenic immunotherapy, single injection	\$12.11	\$9.58	\$7.60	\$14.31
95117 - Allergen immunotherapy, two or more injections	\$18.81	\$12.89	\$10.31	\$18.34
Cardiology				
32020 - Thoracostomy tube	\$107.83	\$155.93	\$168.15	\$246.16
92950 - Cardiopulmonary resuscitation	\$216.97	\$153.21	\$135.20	\$217.36
93303 - Transthoracic echocardiography	\$182.36	\$158.91	\$152.20	\$228.64
93307 - Echocardiography, real-time with image documentation	\$175.69	\$187.44	\$149.54	\$215.85
93320 - Doppler echocardiography	\$124.89	\$124.14	\$81.89	\$94.60
93501 - Right heart catheterization	\$820.60	\$688.24	\$455.79	\$870.93
93510 - Left heart catheterization	\$1,536.01	\$1,140.08	\$785.16	\$1654.99
Critical Care				
31500 - Intubation, endotracheal	\$76.39	\$85.43	\$81.47	\$125.35
36488 - Place catheter, percutaneous, < 2yrs old	\$116.90	\$84.99	\$80.01	\$86.14
36489 - Place catheter, percutaneous, > 2yrs old	\$152.86	\$88.60	\$79.24	\$88.37
36600 - Arterial puncture, diagnostic	\$22.47	\$18.94	\$17.72	\$21.77
36620 - Arterial line placement	\$53.93	\$58.54	\$53.58	\$68.04
99291 - Evaluation and management, first hour	\$101.06	\$142.64	\$116.62	\$191.07
99292 - Evaluation and management, add. 30 minutes	\$50.52	\$69.75	\$57.52	\$91.86
Emergency Care				
10120 - Simple surgical removal of foreign body	\$22.47	\$38.14	\$40.62	\$131.59
12015 - Simple surgical repair of facial wound	\$125.79	\$128.70	\$107.56	\$171.89
36400 - Venipuncture, under 2 years	\$22.47	\$18.67	\$13.49	\$9.72
36410 - Venipuncture, over 2 years	\$13.47	\$14.51	\$15.36	\$14.86
36415 - Venipuncture for specimen collection	\$3.00	\$24.43	\$6.78	NA
62270 - Lumbar puncture, diagnostic	\$70.13	\$61.81	\$51.02	\$66.26

'OM' Other method, 'NC' Not covered, 'NA' Not applicable, 'NP' not provided by state.

Source: American Academy of Pediatrics Division of Health Policy Analysis of Medicaid Reimbursement Survey - 1998/1999.

	<u>Idaho</u>	<u>Mountain</u>	<u>US</u>	<u>Medicare</u>
Emergency Care, cont.				
99282 - Visit, low complexity	\$39.16	\$28.91	\$24.96	\$33.55
99283 - Visit, intermediate complexity	\$60.92	\$47.59	\$38.28	\$61.16
99284 - Visit, high complexity	\$84.33	\$72.75	\$55.32	\$93.48
Gastrointestinal				
43239 - Upper gastrointestinal endoscopy with biopsy	\$305.72	\$230.67	\$211.90	\$228.81
43331 - Esophagomyotomy (Heller) –thoracic approach	\$1,078.30	\$748.00	\$789.60	\$1168.60
Otolaryngology				
42820 - Tonsillectomy/adenoidectomy, under 12 years	\$215.66	\$246.85	\$216.01	\$258.85
42821 - Tonsillectomy/adenoidectomy, over 12 years	\$242.60	\$280.76	\$248.13	\$305.38
69436 - Tympanostomy and tubes	\$206.68	\$202.23	\$136.98	\$152.52
Perinatal Pediatrics (neonatal intensive care)				
36510 - Umbilical vein catheterization	\$53.51	\$43.79	\$42.32	\$49.88
36660 - Umbilical artery catheterization	\$58.41	\$68.68	\$60.60	\$66.54
99295 - Initial NICU care	\$518.24	\$632.29	\$475.93	\$781.51
99296 - Subsequent NICU, unstable neonate	\$256.51	\$371.29	\$257.05	\$387.64
99297 - Subsequent NICU, stable	\$127.65	\$217.67	\$143.16	\$193.64
Plastic Surgery				
40700 - Cleft lip repair	\$880.62	\$708.29	\$618.59	\$787.62
42200 - Cleft palate repair	\$898.58	\$775.32	\$604.42	\$698.67
Pulmonology				
31622 - Bronchoscopy	\$269.58	\$235.25	\$189.25	\$219.67
32000 - Thoracentesis	\$40.43	\$77.06	\$65.99	\$87.76
94010 - Spirometry, including graphic record	\$40.42	\$32.65	\$26.35	\$32.50

'OM' Other method, 'NC' Not covered, 'NA' Not applicable, 'NP' not provided by state.

Source: American Academy of Pediatrics Division of Health Policy Analysis of Medicaid Reimbursement Survey - 1998/1999.

	<u>Idaho</u>	<u>Mountain</u>	<u>US</u>	<u>Medicare</u>
<i>Radiology</i>				
71010 - Frontal chest x-ray	\$22.03	\$22.01	\$18.98	\$26.97
<i>Surgery</i>				
28262 - Extensive clubfoot release	\$835.70	\$1,037.11	\$712.10	\$1022.33
44950 - Appendectomy	\$521.18	\$488.90	\$391.78	\$509.14
49500 - Bilateral inguinal hernia, under 5 years	\$436.10	\$385.78	\$325.81	\$375.00
49505 - Bilateral inguinal hernia, over 5 years	\$427.10	\$427.04	\$347.19	\$418.28
<i>Urology and Dialysis</i>				
50200 - Renal biopsy	\$143.79	\$156.65	\$131.25	\$192.30
90918 - ESRD (end stage renal dis	\$315.61	\$335.47	\$268.31	\$461.60
90919 - ESRD, 2 through 11 years	\$253.99	\$252.77	\$223.58	\$372.79
90920 - ESRD, 12 through 19 years	\$224.36	\$252.49	\$211.90	\$330.06
90945 - Peritoneal dialysis	\$121.25	\$73.80	\$70.43	\$92.59

'OM' Other method, 'NC' Not covered, 'NA' Not applicable, 'NP' not provided by state.

Source: American Academy of Pediatrics Division of Health Policy Analysis of Medicaid Reimbursement Survey - 1998/1999.