

Maryland

1998 reimbursement rates for commonly used CPT™ codes

| | <u>Maryland</u> | <u>South Atlantic</u> | <u>US</u> | <u>Medicare</u> |
|--|-----------------|-----------------------|-----------|-----------------|
| EPSTD - Preventive Medicine Services | | | | |
| 99381 - New Patient, under 1 year | \$37.00 | \$57.40 | \$45.87 | \$88.09 |
| 99382 - New Patient, 1 through 4 years | \$37.00 | \$53.83 | \$47.32 | \$100.78 |
| 99383 - New Patient, 5 through 11 years | \$37.00 | \$54.23 | \$48.58 | \$100.78 |
| 99384 - New Patient, 12 through 17 years | \$37.00 | \$60.31 | \$52.48 | \$113.47 |
| 99385 - New Patient, 18 through 39 years | \$37.00 | \$68.15 | \$53.58 | \$106.14 |
| 99391 - Established Patient, under 1 year | \$32.00 | \$50.78 | \$40.08 | \$75.77 |
| 99392 - Established Patient, 1 to 4 yrs | \$32.00 | \$52.08 | \$42.10 | \$88.09 |
| 99393 - Established Patient, 5 to 11 yrs | \$32.00 | \$53.01 | \$43.41 | \$88.09 |
| 99394 - Established Patient, 12 to 17 yrs | \$32.00 | \$59.88 | \$47.01 | \$100.78 |
| 99395 - Established Patient, 18 to 39 yrs | \$32.00 | \$63.40 | \$47.15 | \$94.55 |
| 99401 - Individual Counseling, 15 min | NC | NE | \$23.93 | \$33.76 |
| 99402 - Individual Counseling, 30 min | NC | NE | \$37.07 | \$67.46 |
| EPSTD - Evaluation and Management | | | | |
| 99201 - New Patient, office visit | \$25.00 | \$26.67 | \$25.68 | \$32.02 |
| 99202 - New Patient, expanded office visit | \$33.00 | \$36.28 | \$35.89 | \$50.15 |
| 99203 - New Patient, low complexity | \$37.00 | \$46.35 | \$46.87 | \$68.93 |
| 99204 - New Patient, intermediate complexity | \$48.00 | \$67.44 | \$66.06 | \$102.50 |
| 99205 - New Patient, high complexity | \$50.00 | \$83.64 | \$94.53 | \$128.35 |
| 99211 - Established Patient, office visit | \$10.00 | \$11.14 | \$14.26 | \$14.16 |
| 99212 - Established Patient, expanded office visit | \$20.00 | \$21.33 | \$23.18 | \$27.61 |
| 99213 - Established Patient, low complexity | \$31.00 | \$28.11 | \$31.00 | \$39.42 |
| 99214 - Established Patient, intermediate complexity | \$38.00 | \$57.40 | \$43.54 | \$59.39 |
| 99215 - Established Patient, high complexity | \$45.00 | \$61.07 | \$63.20 | \$93.67 |
| 92551 - Screening test, hearing evaluation | \$4.00 | \$10.02 | \$12.12 | NA |
| 92567 - Tympanometry, hearing evaluation | \$4.50 | \$12.10 | \$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>Maryland</u> | <u>South Atlantic</u> | <u>US</u> | <u>Medicare</u> |
|---|-----------------|-----------------------|-----------|-----------------|
| <i>EPSDT - Newborn Care</i> | | | | |
| 99431 - Initial newborn care | \$25.00 | \$60.77 | \$63.90 | \$86.69 |
| 99433 - Subsequent newborn care | \$20.00 | \$31.17 | \$32.47 | \$45.81 |
| 99435 - Admit and discharge on same day | \$25.00 | \$69.76 | \$74.90 | \$111.00 |
| <i>Immunizations</i> | | | | |
| 90701 - DPT | \$10.00 | \$12.88 | \$15.21 | NA |
| 90702 - DT | \$10.00 | \$9.00 | \$18.84 | NA |
| 90707 - Measles, mumps, rubella | \$10.00 | \$17.86 | \$16.74 | NA |
| 90712 - Oral polio | \$10.00 | \$11.39 | \$10.01 | NA |
| 90716 - Varicella | \$10.00 | \$19.73 | \$23.22 | NA |
| 90718 - Td | \$10.00 | \$9.23 | \$7.76 | NA |
| 90724 - Influenza virus | \$10.00 | \$10.60 | \$9.11 | NA |
| 90737 - Hemophilus Influenza B | \$10.00 | \$15.31 | \$12.92 | NA |
| 90721 - DTaP, HIB | \$10.00 | \$9.76 | \$13.87 | NA |
| 90744 - Hepatitis B, under 11 years | \$10.00 | \$16.92 | \$15.64 | NA |
| 90745 - Hepatitis B, 11 through 19 years | \$10.00 | \$17.99 | \$17.78 | NA |
| 90749 - Unlisted immunization procedure | OM | \$19.33 | \$9.01 | NA |
| 90782 - Therapeutic or diagnostic injection | NC | \$7.15 | \$5.04 | \$4.04 |
| <i>Evaluation and Management</i> | | | | |
| 99217 - Observation care discharge | NC | \$44.51 | \$40.23 | \$63.61 |
| 99218 - Initial care, low severity | NC | \$49.14 | \$45.54 | \$70.21 |
| 99219 - Initial care, intermediate severity | NC | \$78.25 | \$70.01 | \$113.82 |
| 99220 - Initial care, high severity | NC | \$101.06 | \$88.96 | \$145.72 |
| 99354 - Prolonged service, 1 hr, face-to-face | OM | \$63.02 | \$61.43 | \$90.00 |
| 99361 - Team medical conference | NC | \$26.89 | \$27.96 | NA |
| 99371 - Telephone call for consultation | NC | \$4.75 | \$5.09 | NA |
| 99374 - Supervision of home health care patient | NC | \$44.36 | \$50.82 | NA |
| <i>Newborn Care</i> | | | | |
| 99436 - Physician attendance at delivery | \$29.00 | \$70.60 | \$79.18 | 110.00 |
| 99440 - Newborn resuscitation | \$29.00 | \$130.34 | \$117.86 | 217.07 |
| 54150 - Circumcision | \$18.00 | \$61.50 | \$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>Maryland</u> | <u>South Atlantic</u> | <u>US</u> | <u>Medicare</u> |
|--|-----------------|-----------------------|-----------|-----------------|
| Hospital Care | | | | |
| 99219 - Initial observation, moderate complexity | NC | \$78.25 | \$68.97 | \$113.82 |
| 99220 - Initial observation, high complexity | NC | \$101.04 | \$89.40 | \$145.72 |
| 99221 - Initial hospitalization, low complexity | \$21.00 | \$45.75 | \$45.10 | \$69.84 |
| 99222 - Initial hospitalization, intermediate complexity | \$24.50 | \$70.57 | \$70.04 | \$113.45 |
| 99223 - Initial hospitalization, high complexity | \$25.00 | \$89.54 | \$87.14 | \$144.98 |
| 99231 - Subsequent hospitalization, low complexity | \$14.50 | \$23.80 | \$25.42 | \$36.57 |
| 99232 - Subsequent hospitalization, intermediate | \$16.00 | \$33.62 | \$34.51 | \$53.64 |
| 99233 - Subsequent hospitalization, high complexity | \$20.00 | \$48.27 | \$50.31 | \$74.65 |
| 99238 - Hospital discharge, under 30 min | \$20.00 | \$40.85 | \$38.75 | \$63.24 |
| Consultations | | | | |
| 99242 - Office visit, straightforward decision | \$37.00 | \$50.42 | \$51.46 | \$74.95 |
| 99243 - Office visit, low complexity | \$43.00 | \$63.86 | \$65.66 | \$97.12 |
| 99244 - Office visit, intermediate complexity | \$50.00 | \$89.38 | \$87.76 | \$135.96 |
| 99245 - Office visit, high complexity | \$50.00 | \$114.56 | \$111.37 | \$183.26 |
| 99254 - Initial inpatient visit, moderate complexity | \$50.00 | \$88.43 | \$87.42 | \$136.88 |
| 99255 - Initial inpatient visit, high complexity | \$50.00 | \$116.39 | \$111.95 | \$185.53 |
| Pathology and Laboratory | | | | |
| 81000 - Urinalysis, non-automated | \$4.00 | \$3.69 | \$4.03 | NA |
| 81001 - Urinalysis, automated | \$4.00 | \$3.75 | \$5.23 | NA |
| 85095 - Bone marrow aspiration | \$22.00 | \$46.62 | \$43.58 | \$62.75 |
| 86580 - Tuberculosis, intradermal | \$1.15 | \$5.55 | \$7.34 | \$9.52 |
| 86588 - Streptococcus screen | \$13.00 | \$11.67 | \$11.64 | NA |
| 87060 - Throat or nose culture | \$8.50 | \$8.62 | \$9.39 | NA |
| Psychiatry | | | | |
| 90801 - Diagnostic interview examination | \$40.50 | \$79.28 | \$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>Maryland</u> | <u>South Atlantic</u> | <u>US</u> | <u>Medicare</u> |
|--|-----------------|-----------------------|-----------|-----------------|
| Allergy/Immunology | | | | |
| 95004 - Percutaneous tests with allergenic extracts | \$0.35 | \$2.23 | \$2.28 | \$3.67 |
| 95010 - Percutaneous tests, sequential and incremental | \$2.30 | \$6.25 | \$5.31 | \$9.45 |
| 95015 - Intracutaneous tests, with biologicals | \$2.30 | \$6.38 | \$5.26 | \$9.45 |
| 95024 - Intracutaneous tests with allergenic extracts | \$2.30 | \$3.58 | \$3.42 | \$5.50 |
| 95115 - Allergenic immunotherapy, single injection | \$6.50 | \$8.71 | \$7.60 | \$14.31 |
| 95117 - Allergen immunotherapy, two or more injections | \$6.50 | \$11.47 | \$10.31 | \$18.34 |
| Cardiology | | | | |
| 32020 - Thoracostomy tube | \$42.00 | \$172.72 | \$168.15 | \$246.16 |
| 92950 - Cardiopulmonary resuscitation | \$32.00 | \$135.38 | \$135.20 | \$217.36 |
| 93303 - Transthoracic echocardiography | \$38.00 | \$147.96 | \$152.20 | \$228.64 |
| 93307 - Echocardiography, real-time with image documentation | \$34.00 | \$132.25 | \$149.54 | \$215.85 |
| 93320 - Doppler echocardiography | \$52.00 | \$63.22 | \$81.89 | \$94.60 |
| 93501 - Right heart catheterization | \$144.00 | \$426.81 | \$455.79 | \$870.93 |
| 93510 - Left heart catheterization | \$80.00 | \$749.69 | \$785.16 | \$1654.99 |
| Critical Care | | | | |
| 31500 - Intubation, endotracheal | \$31.00 | \$85.07 | \$81.47 | \$125.35 |
| 36488 - Place catheter, percutaneous, < 2yrs old | \$36.00 | \$59.94 | \$80.01 | \$86.14 |
| 36489 - Place catheter, percutaneous, > 2yrs old | \$36.00 | \$64.11 | \$79.24 | \$88.37 |
| 36600 - Arterial puncture, diagnostic | \$10.00 | \$15.41 | \$17.72 | \$21.77 |
| 36620 - Arterial line placement | \$21.00 | \$46.69 | \$53.58 | \$68.04 |
| 99291 - Evaluation and management, first hour | \$32.00 | \$117.06 | \$116.62 | \$191.07 |
| 99292 - Evaluation and management, add. 30 minutes | \$16.00 | \$56.53 | \$57.52 | \$91.86 |
| Emergency Care | | | | |
| 10120 - Simple surgical removal of foreign body | \$15.00 | \$42.81 | \$40.62 | \$131.59 |
| 12015 - Simple surgical repair of facial wound | \$50.00 | \$118.18 | \$107.56 | \$171.89 |
| 36400 - Venipuncture, under 2 years | \$15.00 | \$8.90 | \$13.49 | \$9.72 |
| 36410 - Venipuncture, over 2 years | \$14.00 | \$11.80 | \$15.36 | \$14.86 |
| 36415 - Venipuncture for specimen collection | \$1.50 | \$2.41 | \$6.78 | NA |
| 62270 - Lumbar puncture, diagnostic | \$18.00 | \$46.26 | \$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>Maryland</u> | <u>South Atlantic</u> | <u>US</u> | <u>Medicare</u> |
|--|-----------------|-----------------------|-----------|-----------------|
| <i>Emergency Care, cont.</i> | | | | |
| 99282 - Visit, low complexity | \$14.50 | \$24.63 | \$24.96 | \$33.55 |
| 99283 - Visit, intermediate complexity | \$18.50 | \$41.06 | \$38.28 | \$61.16 |
| 99284 - Visit, high complexity | \$22.50 | \$61.57 | \$55.32 | \$93.48 |
| <i>Gastrointestinal</i> | | | | |
| 43239 - Upper gastrointestinal endoscopy with biopsy | \$234.00 | \$184.55 | \$211.90 | \$228.81 |
| 43331 - Esophagomyotomy (Heller) –thoracic approach | \$426.00 | \$820.62 | \$789.60 | \$1168.60 |
| <i>Otolaryngology</i> | | | | |
| 42820 - Tonsillectomy/adenoidectomy, under 12 years | \$86.00 | \$186.79 | \$216.01 | \$258.85 |
| 42821 - Tonsillectomy/adenoidectomy, over 12 years | \$96.00 | \$221.45 | \$248.13 | \$305.38 |
| 69436 - Tympanostomy and tubes | \$83.00 | \$112.47 | \$136.98 | \$152.52 |
| <i>Perinatal Pediatrics (neonatal intensive care)</i> | | | | |
| 36510 - Umbilical vein catheterization | \$14.00 | \$35.07 | \$42.32 | \$49.88 |
| 36660 - Umbilical artery catheterization | \$24.00 | \$47.03 | \$60.60 | \$66.54 |
| 99295 - Initial NICU care | \$211.00 | \$471.85 | \$475.93 | \$781.51 |
| 99296 - Subsequent NICU, unstable neonate | \$105.00 | \$234.44 | \$257.05 | \$387.64 |
| 99297 - Subsequent NICU, stable | \$52.00 | \$120.39 | \$143.16 | \$193.64 |
| <i>Plastic Surgery</i> | | | | |
| 40700 - Cleft lip repair | \$348.00 | \$569.33 | \$618.59 | \$787.62 |
| 42200 - Cleft palate repair | \$356.00 | \$514.81 | \$604.42 | \$698.67 |
| <i>Pulmonology</i> | | | | |
| 31622 - Bronchoscopy | \$113.00 | \$159.36 | \$189.25 | \$219.67 |
| 32000 - Thoracentesis | \$17.00 | \$60.92 | \$65.99 | \$87.76 |
| 94010 - Spirometry, including graphic record | \$13.00 | \$21.74 | \$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>Maryland</u> | <u>South Atlantic</u> | <u>US</u> | <u>Medicare</u> |
|--|-----------------|-----------------------|-----------|-----------------|
| Radiology | | | | |
| 71010 - Frontal chest x-ray | \$9.50 | \$16.68 | \$18.98 | \$26.97 |
| Surgery | | | | |
| 28262 - Extensive clubfoot release | \$320.00 | \$704.56 | \$712.10 | \$1022.33 |
| 44950 - Appendectomy | \$206.00 | \$359.31 | \$391.78 | \$509.14 |
| 49500 - Bilateral inguinal hernia, under 5 years | \$175.00 | \$271.48 | \$325.81 | \$375.00 |
| 49505 - Bilateral inguinal hernia, over 5 years | \$170.00 | \$300.05 | \$347.19 | \$418.28 |
| Urology and Dialysis | | | | |
| 50200 - Renal biopsy | \$57.00 | \$134.23 | \$131.25 | \$192.30 |
| 90918 - ESRD (end stage renal dis | NC | \$337.83 | \$268.31 | \$461.60 |
| 90919 - ESRD, 2 through 11 years | NC | \$262.70 | \$223.58 | \$372.79 |
| 90920 - ESRD, 12 through 19 years | NC | \$241.38 | \$211.90 | \$330.06 |
| 90945 - Peritoneal dialysis | \$15.00 | \$64.55 | \$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.