

Medicaid Reimbursement Survey, 2001

Connecticut

 Division of
Health Policy Research

For more information contact:
Suk-fong Tang, PhD
Division of Health Policy Research
Department of Practice and Research
Phone: (847) 434-7622
Fax: (847) 228-9651
e-mail: stang@aap.org

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



AAP Medicaid Reimbursement Survey, 2001

	<u>Connecticut</u>	<u>New England Region*</u>	<u>US[~]</u>	<u>Medicare[#]</u>
EPSDT - Preventive Medicine Services				
99381 - New Patient, under 1 year	\$50.00	\$59.19	\$56.07	\$101.77
99382 - New Patient, 1 through 4 years	\$50.00	\$60.83	\$57.66	\$111.33
99383 - New Patient, 5 through 11 years	\$50.00	\$62.99	\$58.42	\$109.42
99384 - New Patient, 12 through 17 years	\$50.00	\$65.09	\$63.03	\$120.51
99385 - New Patient, 18 through 39 years	\$50.00	\$68.88	\$63.61	\$118.60
99391 - Established Patient, under 1 year	\$50.00	\$53.50	\$46.31	\$79.58
99392 - Established Patient, 1 to 4 years	\$50.00	\$54.04	\$48.39	\$90.29
99393 - Established Patient, 5 to 11 years	\$50.00	\$55.65	\$49.14	\$89.52
99394 - Established Patient, 12 to 17 years	\$50.00	\$57.79	\$53.34	\$100.24
99395 - Established Patient, 18 to 39 years	\$50.00	\$52.79	\$52.25	\$99.47
99401 - Individual Counseling, 15 min	\$15.39	\$19.08	\$23.38	\$40.55
99402 - Individual Counseling, 30 min	\$31.14	\$34.84	\$39.61	\$71.54
EPSDT - Evaluation and Management				
99201 - New Patient, office visit	\$40.13	\$29.75	\$29.20	\$35.58
99202 - New Patient, expanded office visit	\$62.07	\$44.00	\$42.09	\$61.98
99203 - New Patient, low complexity	\$87.78	\$60.67	\$56.58	\$91.44
99204 - New Patient, intermediate complexity	\$124.46	\$85.49	\$80.14	\$132.76
99205 - New Patient, high complexity	\$153.62	\$102.48	\$98.50	\$167.57
99211 - Established Patient, office visit	\$21.63	\$19.64	\$16.65	\$19.89
99212 - Established Patient, expanded office visit	\$33.23	\$31.34	\$25.98	\$35.96
99213 - Established Patient, low complexity	\$44.20	\$38.21	\$33.58	\$50.50
99214 - Established Patient, intermediate complexity	\$69.28	\$57.31	\$49.50	\$78.81
99215 - Established Patient, high complexity	\$99.07	\$84.98	\$72.48	\$117.07
92551 - Screening test, hearing evaluation	\$8.02	\$13.22	\$11.42	NA
92567 - Tympanometry, hearing evaluation	\$10.95	\$12.94	\$14.39	\$22.19

* Includes CT, MA, ME, NH, RI & VT. ~ Unweighted average of state Medicaid payments, reflects reimbursement for non-prepaid services. Percent enrollees in non-prepaid Medicaid plans are available by state in Appendix A of this report. ^ Data provided by state in 1998/99 Survey; not included in US and regional averages. 'NA' Not applicable. 'NC' Not covered. 'BR' By Report. 'OM' Other method. 'NP' Information not provided by state. 'na' Data unavailable. # Data from Medicare RBRVS: The Physicians' Guide, 2000, American Medical Association. National average, unadjusted for Geographic Practice Cost Indices(GPCI). Explanations of state and local Medicare rate variations are available at the AAP Website, at <http://www.aap.org/visit/2001RBRVS.pdf>.

AAP Medicaid Reimbursement Survey, 2001

	<u>Connecticut</u>	<u>New England Region*</u>	<u>US ~</u>	<u>Medicare #</u>
EPSDT - Newborn Care				
99431 - Initial newborn care	\$64.73	\$67.32	\$62.07	\$69.25
99433 - Subsequent newborn care	\$18.70	\$26.33	\$32.41	\$36.73
99435 - Admit and discharge on same day	\$35.20	\$66.81	\$85.01	\$91.82
Immunizations				
	State provides vaccines through a universal immunization program.			
90471 - One vaccine administration	NP	\$4.57	\$7.10	NA
90472 - Each additional vaccine administration	NP	\$6.65	\$6.85	NA
90647 - Hemophilus Influenza B	\$2.00	\$17.55	\$17.69	NA
90657 - Influenza virus (6-35 months)	NP	\$4.17	\$6.43	NA
90658 - Influenza virus (3+ years)	NP	\$4.92	\$7.32	NA
90669 - Pneumococcal conjugate vaccine	NP	\$53.92	\$37.59	NA
90701 - DPT	\$2.00	\$8.92	\$11.48	NA
90702 - DT (< 7 years)	\$18.20^	\$4.94	\$7.64	NA
90707 - Measles, mumps, rubella	\$2.00	\$30.10	\$20.79	NA
90713 - IPV	NP	\$48.46	\$16.70	NA
90716 - Varicella	\$18.20^	\$57.12	\$29.45	NA
90718 - Td (>= 7 years)	\$18.20^	\$6.74	\$7.13	NA
90721 - DTaP, HIB	NC^	\$19.06	\$24.53	NA
90744 - Hepatitis B (pediatric/adolescent age)	\$2.00	\$37.95	\$23.25	NA
90749 - Unlisted immunization procedure	NC^	na	\$5.89	NA
90782 - Therapeutic or diagnostic injection	\$7.28^	\$5.04	\$4.45	\$4.59
Evaluation and Management				
99173 - Visual acuity screening, quant, bilateral	OM	\$5.03	\$24.55	NA
99217 - Observation care discharge	\$30.61	\$27.83	\$39.65	\$69.25
99218 - Initial care, low severity	\$32.25	\$33.84	\$46.56	\$70.78
99219 - Initial care, intermediate severity	\$51.24	\$54.28	\$71.47	\$117.07
99220 - Initial care, high severity	\$70.72	\$72.73	\$93.10	\$160.68
99354 - Prolonged service, 1 hr, face-to-face	\$48.29	\$54.69	\$72.18	\$118.98

* Includes CT, MA, ME, NH, RI & VT. ~ Unweighted average of state Medicaid payments, reflects reimbursement for non-prepaid services. Percent enrollees in non-prepaid Medicaid plans are available by state in Appendix A of this report. ^ Data provided by state in 1998/99 Survey; not included in US and regional averages. 'NA' Not applicable. 'NC' Not covered. 'BR' By Report. 'BO' Bundled with other services. 'SP' State provides Vaccine. 'OM' Other method. 'NP' Information not provided by state. 'na' Data unavailable. # Data from Medicare RBRVS: The Physicians' Guide, 2000, American Medical Association. National average, unadjusted for Geographic Practice Cost Indices(GPCI). Explanations of state and local Medicare rate variations are available at the AAP Website, at <http://www.aap.org/visit/2001RBRVS.pdf>.

AAP Medicaid Reimbursement Survey, 2001

	<u>Connecticut</u>	<u>New England Region*</u>	<u>US ~</u>	<u>Medicare #</u>
Evaluation and Management, cont.				
99358 - Prolonged service, 1 hr, no face-to-face	NA	\$33.70	\$52.48	NA
99361 - Team medical conference	NA	\$23.13	\$29.57	NA
99371 - Telephone call for consultation	NA	\$5.00	\$6.64	NA
99372 - Telephone call - intermediate	NA	\$10.00	\$14.32	NA
99373 - Telephone call - complex or lengthy	NA	\$15.00	\$20.82	NA
99374 - Supervision of home health care patient	\$35.36	\$35.36	\$40.64	\$89.52
Newborn Care				
99436 - Physician attendance at delivery	\$36.51	\$44.28	\$73.87	92.58
99440 - Newborn resuscitation	\$44.30	\$69.19	\$119.61	172.54
54150 - Circumcision	\$70.18	\$59.19	\$85.19	299.18
Hospital Care				
99221 - Initial hospitalization, low complexity	\$72.19	\$52.39	\$47.91	\$71.54
99222 - Initial hospitalization, moderate complexity	\$51.40	\$67.09	\$75.08	\$117.45
99223 - Initial hospitalization, high complexity	\$70.39	\$82.11	\$97.28	\$160.68
99231 - Subsequent hospitalization, low complexity	\$18.67	\$22.90	\$25.56	\$35.96
99232 - Subsequent hospitalization, moderate complexity	\$24.56	\$33.71	\$37.01	\$57.39
99233 - Subsequent hospitalization, high complexity	\$31.81	\$49.97	\$52.71	\$81.49
99238 - Hospital discharge, under 30 min	\$30.78	\$31.57	\$42.65	\$68.86
Consultations				
99242 - Office visit, straightforward decision	\$42.89	\$49.75	\$59.28	\$89.52
99243 - Office visit, low complexity	\$54.51	\$65.51	\$74.80	\$118.22
99244 - Office visit, moderate complexity	\$75.14	\$84.28	\$101.31	\$167.57
99245 - Office visit, high complexity	\$79.75	\$108.50	\$129.06	\$219.22
99254 - Initial inpatient visit, moderate complexity	\$65.32	\$73.05	\$94.20	\$148.44
99255 - Initial inpatient visit, high complexity	\$79.72	\$94.95	\$122.84	\$203.15

* Includes CT, MA, ME, NH, RI & VT. ~ Unweighted average of state Medicaid payments, reflects reimbursement for non-prepaid services. Percent enrollees in non-prepaid Medicaid plans are available by state in Appendix A of this report. ^ Data provided by state in 1998/99 Survey; not included in U and regional averages. 'NA' Not applicable. 'NC' Not covered. 'BR' By Report. 'OM' Other method. 'NP' Information not provided by state. 'na' Data unavailable. # Data from Medicare RBRVS: The Physicians' Guide, 2000, American Medical Association. National average, unadjusted for Geographic Practice Cost Indices(GPCI). Explanations of state and local Medicare rate variations are available at the AAP Website, at <http://www.aap.org/visit/2001RBRVS.pdf>.

AAP Medicaid Reimbursement Survey, 2001

	<u>Connecticut</u>	<u>New England Region*</u>	<u>US[~]</u>	<u>Medicare[#]</u>
Pathology and Laboratory				
81000 - Urinalysis, non-automated	\$3.76	\$3.45	\$3.93	NA
81001 - Urinalysis, automated	\$3.76	\$3.37	\$4.02	NA
85095 - Bone marrow aspiration	\$81.49	\$44.35	\$62.86	\$177.90
86580 - Tuberculosis, intradermal	\$5.87	\$5.56	\$6.94	\$10.33
87060 - Throat or nose culture	\$5.54	\$8.21	\$9.32	NA
87430 - Streptococcus screen	\$14.28	\$13.95	\$15.28	NA
Psychiatry				
90801 - Diagnostic interview examination	\$64.17	\$58.22	\$85.19	\$149.59
90804 - Individual psychotherapy, 20-30 min	\$28.65	\$35.30	\$42.53	\$66.57
90806 - Individual psychotherapy, 45-50 min	\$50.00	\$63.71	\$68.24	\$100.62
90808 - Individual psychotherapy, 75-80 min	\$65.48	\$82.24	\$104.06	\$151.50
90862 - Pharmacologic management	\$27.39	\$26.96	\$32.47	\$53.56
Allergy/Immunology				
95004 - Percutaneous tests with allergenic extracts	\$1.81	\$2.01	\$2.52	\$4.21
95010 - Percutaneous tests, sequential and incremental	\$8.02	\$5.00	\$7.51	\$20.28
95015 - Intracutaneous tests, with biologicals	\$7.48	\$4.42	\$7.91	\$21.42
95024 - Intracutaneous tests with allergenic extracts	\$2.59	\$2.58	\$3.84	\$5.74
95115 - Allergenic immunotherapy, single injection	\$6.88	\$7.00	\$8.77	\$15.69
95117 - Allergen immunotherapy, two or more injections	\$8.84	\$9.24	\$11.80	\$20.28
Cardiology				
32020 - Thoracostomy tube	\$138.13	\$148.60	\$165.92	\$239.11
92950 - Cardiopulmonary resuscitation	\$89.38	\$116.25	\$142.99	\$216.54
93303 - Transthoracic echocardiography	\$84.55	\$81.48	\$152.73	\$231.46
93307 - Echocardiography, real-time with image documentation	\$80.21	\$66.52	\$141.84	\$213.48
93320 - Doppler echocardiography	\$40.76	\$45.56	\$79.96	\$93.73
93501 - Right heart catheterization	\$332.07	\$208.73	\$494.75	\$861.19
93510 - Left heart catheterization	\$172.11	\$390.41	\$889.40	\$1721.61

* Includes CT, MA, ME, NH, RI & VT. ~ Unweighted average of state Medicaid payments, reflects reimbursement for non-prepaid services. Percent enrollees in non-prepaid Medicaid plans are available by state in Appendix A of this report. ^ Data provided by state in 1998/99 Survey; not included in US and regional averages. 'NA' Not applicable. 'NC' Not covered. 'BR' By Report. 'OM' Other method. 'NP' Information not provided by state. 'na' Data unavailable. # Data from Medicare RBRVS: The Physicians' Guide, 2000, American Medical Association. National average, unadjusted for Geographic Practice Cost Indices(GPCI). Explanations of state and local Medicare rate variations are available at the AAP Website, at <http://www.aap.org/visit/2001RBRVS.pdf>.

AAP Medicaid Reimbursement Survey, 2001

	<u>Connecticut</u>	<u>New England Region*</u>	<u>US ~</u>	<u>Medicare #</u>
Critical Care				
31500 - Intubation, endotracheal	\$73.26	\$65.16	\$82.49	\$125.87
36488 - Place catheter, percutaneous, < 2yrs old	\$51.24	\$52.64	\$77.79	\$86.85
36489 - Place catheter, percutaneous, > 2yrs old	\$87.44	\$70.46	\$93.40	\$156.09
36600 - Arterial puncture, diagnostic	\$16.70	\$14.87	\$19.33	\$27.55
36620 - Arterial line placement	\$36.74	\$43.34	\$52.72	\$60.45
99291 - Evaluation and management, first hour	\$47.65	\$76.54	\$128.27	\$218.45
99292 - Evaluation and management, add'l. 30 minutes	\$23.68	\$38.22	\$64.97	\$110.18
Emergency Care				
10120 - Simple surgical removal of foreign body	\$40.00	\$31.39	\$49.43	\$105.59
12015 - Simple surgical repair of facial wound	\$92.06	\$75.76	\$130.39	\$242.94
36400 - Venipuncture, under 2 years	\$18.67	\$12.67	\$15.89	\$26.02
36410 - Venipuncture, over 2 years	\$21.69	\$22.77	\$16.06	\$23.34
36415 - Venipuncture for specimen collection	OM	\$2.31	\$3.43	NA
62270 - Lumbar puncture, diagnostic	\$69.36	\$49.49	\$68.30	\$153.03
99282 - Visit, low complexity decision	\$14.54	\$19.42	\$25.85	\$30.61
99283 - Visit, intermediate complexity decision	\$26.52	\$29.60	\$41.68	\$64.66
99284 - Visit, high complexity decision	\$41.25	\$41.09	\$61.28	\$100.62
Gastrointestinal				
43239 - Upper gastrointestinal endoscopy with biopsy	\$161.36	\$166.42	\$204.69	\$286.17
44389 - Colonoscopy with biopsy	\$205.41	\$156.34	\$216.47	\$324.43
45331 - Sigmoidoscopy with biopsy	\$84.79	\$79.72	\$100.61	\$120.13
Ophthalmology				
67311 - Strabismus surgery, horizontal	\$367.53	\$377.97	\$464.71	\$523.37
67314 - Strabismus surgery, vertical	\$396.85	\$417.45	\$467.65	\$581.91
68810 - Nasolacrimal probing	\$253.29	\$101.87	\$119.33	\$313.72
Otolaryngology				
42820 - Tonsillectomy/adenoidectomy, under 12 years	\$184.10	\$171.08	\$222.10	\$304.53
42821 - Tonsillectomy/adenoidectomy, over 12 years	\$199.42	\$202.68	\$250.07	\$335.14
69436 - Tympanostomy and tubes	\$92.17	\$104.18	\$141.75	\$159.15

* Includes CT, MA, ME, NH, RI & VT. ~ Unweighted average of state Medicaid payments, reflects reimbursement for non-prepaid services. Percent enrollees in non-prepaid Medicaid plans are available by state in Appendix A of this report. ^ Data provided by state in 1998/99 Survey; not included in US and regional averages. 'NA' Not applicable. 'NC' Not covered. 'BR' By Report. 'OM' Other method. 'NP' Information not provided by state. 'na' Data unavailable. # Data from Medicare RBRVS: The Physicians' Guide, 2000, American Medical Association. National average, unadjusted for Geographic Practice Cost Indices(GPCI). Explanations of state and local Medicare rate variations are available at the AAP Website, at <http://www.aap.org/visit/2001RBRVS.pdf>.

AAP Medicaid Reimbursement Survey, 2001

	<u>Connecticut</u>	<u>New England Region*</u>	<u>US ~</u>	<u>Medicare #</u>
Perinatal Pediatrics (neonatal intensive care)				
36510 - Umbilical vein catheterization	\$29.01	\$32.24	\$46.90	\$65.04
36660 - Umbilical artery catheterization	\$45.96	\$48.16	\$63.13	\$74.99
99295 - Initial NICU care	\$375.20	\$272.63	\$507.18	\$830.97
99296 - Subsequent NICU, unstable neonate	\$212.97	\$190.32	\$275.07	\$415.48
99297 - Subsequent NICU, stable neonate	\$139.97	\$85.64	\$149.76	\$208.12
99298 - Subsequent NICU, recovering VLBW infant	\$65.32	\$66.17	\$103.67	\$145.76
Plastic Surgery				
40700 - Cleft lip repair	\$548.70	\$463.19	\$650.69	\$910.16
42200 - Cleft palate repair	\$530.75	\$481.15	\$656.73	\$855.45
Pulmonology				
31622 - Bronchoscopy	\$152.83	\$139.71	\$194.02	\$235.67
32000 - Thoracentesis	\$94.08	\$58.71	\$81.52	\$155.71
94010 - Spirometry, including graphic record	\$20.05	\$16.99	\$24.94	\$37.11
Radiology				
71010 - Frontal chest x-ray	\$17.70	\$12.08	\$19.74	\$29.08
Surgery				
28262 - Extensive clubfoot release	\$758.90	\$565.26	\$784.66	\$1300.78
44950 - Appendectomy	\$374.70	\$338.29	\$417.04	\$558.95
49500 - Bilateral inguinal hernia, under 5 years	\$369.71	\$286.22	\$322.60	\$338.20
49505 - Bilateral inguinal hernia, over 5 years	\$324.05	\$312.73	\$359.36	\$439.59
Urology and Dialysis				
50200 - Renal biopsy	\$85.71	\$79.61	\$128.50	\$159.15
90918 - ESRD (end stage renal disease), under 2	\$370.50	\$242.04	\$342.08	\$614.04
90919 - ESRD, 2 through 11 years	\$370.50	\$226.06	\$269.41	\$482.82
90920 - ESRD, 12 through 19 years	\$370.50	\$217.86	\$253.45	\$416.25
90945 - Peritoneal dialysis	\$51.24	\$52.77	\$67.69	\$86.85

* Includes CT, MA, ME, NH, RI & VT. ~ Unweighted average of state Medicaid payments, reflects reimbursement for non-prepaid services. Percent enrollees in non-prepaid Medicaid plans are available by state in Appendix A of this report. ^ Data provided by state in 1998/99 Survey; not included in US and regional averages. 'NA' Not applicable. 'NC' Not covered. 'BR' By Report. 'OM' Other method. 'NP' Information not provided by state. 'na' Data unavailable. # Data from Medicare RBRVS: The Physicians' Guide, 2000, American Medical Association. National average, unadjusted for Geographic Practice Cost Indices(GPCI). Explanations of state and local Medicare rate variations are available at the AAP Website, at <http://www.aap.org/visit/2001RBRVS.pdf>.

Appendix A. Percent Non-prepaid* Medicaid Enrollees under Age 21, by State, FY 1998

US	50.0%
Alabama	NA
Alaska	NA
Arizona	NA
Arkansas	39.6%
California	3.7%
Colorado	7.2%
Connecticut	7.3%
Delaware	9.5%
Dist of Columbia	39.4%
Florida	51.6%
Georgia	92.5%
Hawaii	NA
Idaho	NA
Illinois	89.6%
Indiana	62.9%
Iowa	9.9%
Kansas	75.2%
Kentucky	66.0%
Louisiana	NA
Maine	92.8%
Maryland	11.6%
Massachusetts	20.5%
Michigan	37.7%
Minnesota	32.8%
Mississippi	96.3%
Missouri	41.7%
Montana	0.0%
Nebraska	NA
Nevada	46.0%
New Hampshire	84.5%
New Jersey	20.0%
New Mexico	11.7%
New York	64.2%
North Carolina	69.0%
North Dakota	96.4%
Ohio	57.1%
Oklahoma	NA
Oregon	10.2%
Pennsylvania	39.1%
Rhode Island	12.5%
South Carolina	96.1%
South Dakota	0.0%
Tennessee	1.8%
Texas	NA
Utah	19.7%
Vermont	40.9%
Virginia	71.3%
Washington	17.9%
West Virginia	NA
Wisconsin	26.1%
Wyoming	NA

* Percent Medicaid enrollees in non-prepaid plans. All services to these enrollees are reimbursed on a fee-for-service basis by the state. In addition, providers to enrollees in some prepaid plans may receive fee-for-service payments from the state through carve-outs. 'NA' Not applicable, or data unavailable.