

## Medicaid Reimbursement Survey, 2001

# Idaho

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	<u>Idaho</u>	<u>Mountain Region*</u>	<u>US<sup>~</sup></u>	<u>Medicare<sup>#</sup></u>
<b>EPSDT - Preventive Medicine Services</b>				
99381 - New Patient, under 1 year	\$59.20	\$66.37	\$56.07	\$101.77
99382 - New Patient, 1 through 4 years	\$59.20	\$69.35	\$57.66	\$111.33
99383 - New Patient, 5 through 11 years	\$59.20	\$69.30	\$58.42	\$109.42
99384 - New Patient, 12 through 17 years	\$72.93	\$76.56	\$63.03	\$120.51
99385 - New Patient, 18 through 39 years	\$59.48	\$71.46	\$63.61	\$118.60
99391 - Established Patient, under 1 year	\$40.95	\$52.12	\$46.31	\$79.58
99392 - Established Patient, 1 to 4 years	\$40.95	\$55.14	\$48.39	\$90.29
99393 - Established Patient, 5 to 11 years	\$44.69	\$55.58	\$49.14	\$89.52
99394 - Established Patient, 12 to 17 years	\$59.71	\$60.77	\$53.34	\$100.24
99395 - Established Patient, 18 to 39 years	\$45.84	\$57.76	\$52.25	\$99.47
99401 - Individual Counseling, 15 min	\$11.17	\$21.42	\$23.38	\$40.55
99402 - Individual Counseling, 30 min	\$22.32	\$36.22	\$39.61	\$71.54
<b>EPSDT - Evaluation and Management</b>				
99201 - New Patient, office visit	\$31.18	\$30.99	\$29.20	\$35.58
99202 - New Patient, expanded office visit	\$41.82	\$47.27	\$42.09	\$61.98
99203 - New Patient, low complexity	\$54.14	\$64.22	\$56.58	\$91.44
99204 - New Patient, intermediate complexity	\$72.86	\$92.55	\$80.14	\$132.76
99205 - New Patient, high complexity	\$85.00	\$117.36	\$98.50	\$167.57
99211 - Established Patient, office visit	\$24.30	\$16.17	\$16.65	\$19.89
99212 - Established Patient, expanded office visit	\$31.18	\$27.69	\$25.98	\$35.96
99213 - Established Patient, low complexity	\$36.42	\$36.07	\$33.58	\$50.50
99214 - Established Patient, intermediate complexity	\$48.57	\$54.31	\$49.50	\$78.81
99215 - Established Patient, high complexity	\$72.86	\$83.82	\$72.48	\$117.07
92551 - Screening test, hearing evaluation	\$13.00	\$11.80	\$11.42	NA
92567 - Tympanometry, hearing evaluation	\$13.00	\$14.88	\$14.39	\$22.19

\* Includes AZ, CO, ID, MT, NV, NM, UT & WY. ~ 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>.

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<b>EPSDT - Newborn Care</b>				
99431 - Initial newborn care	\$81.48	\$72.43	\$62.07	\$69.25
99433 - Subsequent newborn care	\$51.37	\$41.42	\$32.41	\$36.73
99435 - Admit and discharge on same day	\$104.55	\$87.75	\$85.01	\$91.82
<b>Immunizations</b>				
	State did not indicate provision of vaccines through a universal immunization program.			
90471 - One vaccine administration	\$6.00	\$6.58	\$7.10	NA
90472 - Each additional vaccine administration	\$2.00	\$5.39	\$6.85	NA
90647 - Hemophilus Influenza B	\$19.00	\$12.11	\$17.69	NA
90657 - Influenza virus (6-35 months)	\$2.54	\$6.37	\$6.43	NA
90658 - Influenza virus (3+ years)	\$5.09	\$7.68	\$7.32	NA
90669 - Pneumococcal conjugate vaccine	\$58.75	\$34.00	\$37.59	NA
90701 - DPT	\$17.23	\$13.32	\$11.48	NA
90702 - DT (< 7 years)	\$6.33	\$6.46	\$7.64	NA
90707 - Measles, mumps, rubella	\$30.00	\$19.63	\$20.79	NA
90713 - IPV	\$18.00	\$11.32	\$16.70	NA
90716 - Varicella	\$46.00	\$24.79	\$29.45	NA
90718 - Td (>= 7 years)	\$4.00	\$6.07	\$7.13	NA
90721 - DTaP, HIB	\$45.00	\$22.38	\$24.53	NA
90744 - Hepatitis B (pediatric/adolescent age)	\$24.01	\$18.78	\$23.25	NA
90749 - Unlisted immunization procedure	BR	na	\$5.89	NA
90782 - Therapeutic or diagnostic injection	\$5.26	\$5.10	\$4.45	\$4.59
<b>Evaluation and Management</b>				
99173 - Visual acuity screening, quant, bilateral	BR	\$65.13	\$24.55	NA
99217 - Observation care discharge	\$41.08	\$51.85	\$39.65	\$69.25
99218 - Initial care, low severity	\$45.43	\$50.89	\$46.56	\$70.78
99219 - Initial care, intermediate severity	\$64.68	\$82.39	\$71.47	\$117.07
99220 - Initial care, high severity	\$76.35	\$105.44	\$93.10	\$160.68
99354 - Prolonged service, 1 hr, face-to-face	\$69.23	\$77.47	\$72.18	\$118.98

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<b>Evaluation and Management, cont.</b>				
99358 - Prolonged service, 1 hr, no face-to-face	NC	\$60.00	\$52.48	NA
99361 - Team medical conference	NC	\$33.09	\$29.57	NA
99371 - Telephone call for consultation	NC	na	\$6.64	NA
99372 - Telephone call - intermediate	NC	na	\$14.32	NA
99373 - Telephone call - complex or lengthy	NC	na	\$20.82	NA
99374 - Supervision of home health care patient	NC	\$46.92	\$40.64	\$89.52
<b>Newborn Care</b>				
99436 - Physician attendance at delivery	\$104.27	\$92.71	\$73.87	92.58
99440 - Newborn resuscitation	\$243.42	\$161.17	\$119.61	172.54
54150 - Circumcision	\$93.65	\$85.92	\$85.19	299.18
<b>Hospital Care</b>				
99221 - Initial hospitalization, low complexity	\$45.43	\$57.04	\$47.91	\$71.54
99222 - Initial hospitalization, moderate complexity	\$117.35	\$98.46	\$75.08	\$117.45
99223 - Initial hospitalization, high complexity	\$149.38	\$129.09	\$97.28	\$160.68
99231 - Subsequent hospitalization, low complexity	\$36.36	\$31.02	\$25.56	\$35.96
99232 - Subsequent hospitalization, moderate complexity	\$37.63	\$45.01	\$37.01	\$57.39
99233 - Subsequent hospitalization, high complexity	\$56.25	\$63.27	\$52.71	\$81.49
99238 - Hospital discharge, under 30 min	\$37.63	\$53.24	\$42.65	\$68.86
<b>Consultations</b>				
99242 - Office visit, straightforward decision	\$56.25	\$68.52	\$59.28	\$89.52
99243 - Office visit, low complexity	\$67.08	\$87.47	\$74.80	\$118.22
99244 - Office visit, moderate complexity	\$95.18	\$119.53	\$101.31	\$167.57
99245 - Office visit, high complexity	\$125.49	\$161.29	\$129.06	\$219.22
99254 - Initial inpatient visit, moderate complexity	\$95.18	\$115.00	\$94.20	\$148.44
99255 - Initial inpatient visit, high complexity	\$125.49	\$154.80	\$122.84	\$203.15

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<b>Pathology and Laboratory</b>				
81000 - Urinalysis, non-automated	\$4.37	\$4.40	\$3.93	NA
81001 - Urinalysis, automated	\$4.37	\$4.39	\$4.02	NA
85095 - Bone marrow aspiration	\$29.16	\$63.42	\$62.86	\$177.90
86580 - Tuberculosis, intradermal	\$4.44	\$8.14	\$6.94	\$10.33
87060 - Throat or nose culture	\$10.68	\$10.00	\$9.32	NA
87430 - Streptococcus screen	\$16.10	\$16.48	\$15.28	NA
<b>Psychiatry</b>				
90801 - Diagnostic interview examination	\$92.68	\$97.01	\$85.19	\$149.59
90804 - Individual psychotherapy, 20-30 min	\$36.77	\$46.96	\$42.53	\$66.57
90806 - Individual psychotherapy, 45-50 min	\$57.54	\$73.75	\$68.24	\$100.62
90808 - Individual psychotherapy, 75-80 min	\$96.91	\$112.74	\$104.06	\$151.50
90862 - Pharmacologic management	\$31.85	\$32.21	\$32.47	\$53.56
<b>Allergy/Immunology</b>				
95004 - Percutaneous tests with allergenic extracts	\$1.94	\$2.85	\$2.52	\$4.21
95010 - Percutaneous tests, sequential and incremental	\$5.18	\$6.94	\$7.51	\$20.28
95015 - Intracutaneous tests, with biologicals	\$5.18	\$7.88	\$7.91	\$21.42
95024 - Intracutaneous tests with allergenic extracts	\$3.03	\$4.16	\$3.84	\$5.74
95115 - Allergenic immunotherapy, single injection	\$12.97	\$10.53	\$8.77	\$15.69
95117 - Allergen immunotherapy, two or more injections	\$20.14	\$14.62	\$11.80	\$20.28
<b>Cardiology</b>				
32020 - Thoracostomy tube	\$115.44	\$149.36	\$165.92	\$239.11
92950 - Cardiopulmonary resuscitation	\$232.29	\$149.77	\$142.99	\$216.54
93303 - Transthoracic echocardiography	\$195.23	\$174.72	\$152.73	\$231.46
93307 - Echocardiography, real-time with image documentation	\$188.10	\$178.89	\$141.84	\$213.48
93320 - Doppler echocardiography	\$133.70	\$116.36	\$79.96	\$93.73
93501 - Right heart catheterization	\$878.51	\$638.11	\$494.75	\$861.19
93510 - Left heart catheterization	\$1,644.41	\$1,105.08	\$889.40	\$1721.61

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<b>Critical Care</b>				
31500 - Intubation, endotracheal	\$81.78	\$91.89	\$82.49	\$125.87
36488 - Place catheter, percutaneous, < 2yrs old	\$125.15	\$86.99	\$77.79	\$86.85
36489 - Place catheter, percutaneous, > 2yrs old	\$163.65	\$95.90	\$93.40	\$156.09
36600 - Arterial puncture, diagnostic	\$24.05	\$20.70	\$19.33	\$27.55
36620 - Arterial line placement	\$57.74	\$57.89	\$52.72	\$60.45
99291 - Evaluation and management, first hour	\$108.19	\$155.41	\$128.27	\$218.45
99292 - Evaluation and management, add'l. 30 minutes	\$54.09	\$77.07	\$64.97	\$110.18
<b>Emergency Care</b>				
10120 - Simple surgical removal of foreign body	\$24.05	\$50.92	\$49.43	\$105.59
12015 - Simple surgical repair of facial wound	\$134.67	\$155.32	\$130.39	\$242.94
36400 - Venipuncture, under 2 years	\$24.05	\$19.68	\$15.89	\$26.02
36410 - Venipuncture, over 2 years	\$14.43	\$15.76	\$16.06	\$23.34
36415 - Venipuncture for specimen collection	\$3.00	\$4.53	\$3.43	NA
62270 - Lumbar puncture, diagnostic	\$75.07	\$77.46	\$68.30	\$153.03
99282 - Visit, low complexity decision	\$41.93	\$32.05	\$25.85	\$30.61
99283 - Visit, intermediate complexity decision	\$65.22	\$53.48	\$41.68	\$64.66
99284 - Visit, high complexity decision	\$90.28	\$82.14	\$61.28	\$100.62
<b>Gastrointestinal</b>				
43239 - Upper gastrointestinal endoscopy with biopsy	\$327.29	\$182.50	\$204.69	\$286.17
44389 - Colonoscopy with biopsy	\$346.55	\$234.79	\$216.47	\$324.43
45331 - Sigmoidoscopy with biopsy	\$85.57	\$90.14	\$100.61	\$120.13
<b>Ophthalmology</b>				
67311 - Strabismus surgery, horizontal	\$759.97	\$570.84	\$464.71	\$523.37
67314 - Strabismus surgery, vertical	\$760.51	\$569.38	\$467.65	\$581.91
68810 - Nasolacrimal probing	\$74.77	\$116.24	\$119.33	\$313.72
<b>Otolaryngology</b>				
42820 - Tonsillectomy/adenoidectomy, under 12 years	\$230.88	\$258.49	\$222.10	\$304.53
42821 - Tonsillectomy/adenoidectomy, over 12 years	\$259.71	\$289.87	\$250.07	\$335.14
69436 - Tympanostomy and tubes	\$221.26	\$202.90	\$141.75	\$159.15

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<b>Perinatal Pediatrics (neonatal intensive care)</b>				
36510 - Umbilical vein catheterization	\$57.28	\$46.74	\$46.90	\$65.04
36660 - Umbilical artery catheterization	\$62.52	\$70.07	\$63.13	\$74.99
99295 - Initial NICU care	\$554.81	\$639.17	\$507.18	\$830.97
99296 - Subsequent NICU, unstable neonate	\$274.61	\$374.70	\$275.07	\$415.48
99297 - Subsequent NICU, stable neonate	\$136.66	\$220.46	\$149.76	\$208.12
99298 - Subsequent NICU, recovering VLBW infant	\$84.57	\$143.96	\$103.67	\$145.76
<b>Plastic Surgery</b>				
40700 - Cleft lip repair	\$942.77	\$829.30	\$650.69	\$910.16
42200 - Cleft palate repair	\$962.00	\$813.14	\$656.73	\$855.45
<b>Pulmonology</b>				
31622 - Bronchoscopy	\$288.60	\$267.52	\$194.02	\$235.67
32000 - Thoracentesis	\$43.29	\$95.34	\$81.52	\$155.71
94010 - Spirometry, including graphic record	\$43.28	\$30.22	\$24.94	\$37.11
<b>Radiology</b>				
71010 - Frontal chest x-ray	\$23.58	\$22.51	\$19.74	\$29.08
<b>Surgery</b>				
28262 - Extensive clubfoot release	\$894.68	\$1,090.39	\$784.66	\$1300.78
44950 - Appendectomy	\$557.96	\$513.12	\$417.04	\$558.95
49500 - Bilateral inguinal hernia, under 5 years	\$466.87	\$382.71	\$322.60	\$338.20
49505 - Bilateral inguinal hernia, over 5 years	\$457.24	\$431.09	\$359.36	\$439.59
<b>Urology and Dialysis</b>				
50200 - Renal biopsy	\$153.93	\$155.65	\$128.50	\$159.15
90918 - ESRD (end stage renal disease), under 2	\$337.89	\$407.79	\$342.08	\$614.04
90919 - ESRD, 2 through 11 years	\$271.92	\$311.14	\$269.41	\$482.82
90920 - ESRD, 12 through 19 years	\$240.19	\$291.01	\$253.45	\$416.25
90945 - Peritoneal dialysis	\$129.81	\$71.15	\$67.69	\$86.85

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

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<b>US</b>	<b>50.0%</b>
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

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\* 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.