

Medicaid Reimbursement Survey, 2001

Illinois

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	<u>Illinois</u>	<u>East North Central Region*</u>	<u>US[~]</u>	<u>Medicare[#]</u>
EPSDT - Preventive Medicine Services				
99381 - New Patient, under 1 year	\$44.30	\$44.93	\$56.07	\$101.77
99382 - New Patient, 1 through 4 years	\$44.30	\$45.99	\$57.66	\$111.33
99383 - New Patient, 5 through 11 years	\$44.30	\$46.29	\$58.42	\$109.42
99384 - New Patient, 12 through 17 years	\$44.30	\$49.07	\$63.03	\$120.51
99385 - New Patient, 18 through 39 years	\$43.45	\$50.66	\$63.61	\$118.60
99391 - Established Patient, under 1 year	\$44.30	\$36.70	\$46.31	\$79.58
99392 - Established Patient, 1 to 4 years	\$44.30	\$38.92	\$48.39	\$90.29
99393 - Established Patient, 5 to 11 years	\$44.30	\$39.41	\$49.14	\$89.52
99394 - Established Patient, 12 to 17 years	\$44.30	\$42.38	\$53.34	\$100.24
99395 - Established Patient, 18 to 39 years	OM	\$42.02	\$52.25	\$99.47
99401 - Individual Counseling, 15 min	NC	na	\$23.38	\$40.55
99402 - Individual Counseling, 30 min	NC	\$36.01	\$39.61	\$71.54
EPSDT - Evaluation and Management				
99201 - New Patient, office visit	\$29.56	\$24.36	\$29.20	\$35.58
99202 - New Patient, expanded office visit	\$33.88	\$34.04	\$42.09	\$61.98
99203 - New Patient, low complexity	\$44.00	\$45.56	\$56.58	\$91.44
99204 - New Patient, intermediate complexity	\$70.27	\$66.74	\$80.14	\$132.76
99205 - New Patient, high complexity	\$75.00	\$79.47	\$98.50	\$167.57
99211 - Established Patient, office visit	\$13.00	\$12.64	\$16.65	\$19.89
99212 - Established Patient, expanded office visit	\$25.65	\$23.19	\$25.98	\$35.96
99213 - Established Patient, low complexity	\$30.00	\$30.03	\$33.58	\$50.50
99214 - Established Patient, intermediate complexity	\$45.00	\$45.26	\$49.50	\$78.81
99215 - Established Patient, high complexity	\$50.80	\$65.03	\$72.48	\$117.07
92551 - Screening test, hearing evaluation	\$16.10	\$11.19	\$11.42	NA
92567 - Tympanometry, hearing evaluation	\$16.10	\$14.95	\$14.39	\$22.19

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EPSDT - Newborn Care				
99431 - Initial newborn care	\$41.00	\$58.54	\$62.07	\$69.25
99433 - Subsequent newborn care	NC	\$25.96	\$32.41	\$36.73
99435 - Admit and discharge on same day	\$45.03	\$70.18	\$85.01	\$91.82
Immunizations				
	State provides vaccines through a universal immunization program.			
90471 - One vaccine administration	\$6.80	\$6.90	\$7.10	NA
90472 - Each additional vaccine administration	NA	\$7.00	\$6.85	NA
90647 - Hemophilus Influenza B	SP	\$19.92	\$17.69	NA
90657 - Influenza virus (6-35 months)	SP	\$5.66	\$6.43	NA
90658 - Influenza virus (3+ years)	SP	\$6.24	\$7.32	NA
90669 - Pneumococcal conjugate vaccine	SP	\$27.85	\$37.59	NA
90701 - DPT	SP	\$10.12	\$11.48	NA
90702 - DT (< 7 years)	SP	\$4.96	\$7.64	NA
90707 - Measles, mumps, rubella	SP	\$15.26	\$20.79	NA
90713 - IPV	SP	\$12.39	\$16.70	NA
90716 - Varicella	SP	\$23.52	\$29.45	NA
90718 - Td (>= 7 years)	SP	\$6.72	\$7.13	NA
90721 - DTaP, HIB	SP	\$24.69	\$24.53	NA
90744 - Hepatitis B (pediatric/adolescent age)	SP	\$26.75	\$23.25	NA
90749 - Unlisted immunization procedure	SP	na	\$5.89	NA
90782 - Therapeutic or diagnostic injection	SP	\$3.78	\$4.45	\$4.59
Evaluation and Management				
99173 - Visual acuity screening, quant, bilateral	OM	\$9.98	\$24.55	NA
99217 - Observation care discharge	OM	\$39.10	\$39.65	\$69.25
99218 - Initial care, low severity	\$73.60	\$54.07	\$46.56	\$70.78
99219 - Initial care, intermediate severity	\$73.60	\$68.13	\$71.47	\$117.07
99220 - Initial care, high severity	\$73.60	\$80.06	\$93.10	\$160.68
99354 - Prolonged service, 1 hr, face-to-face	OM	\$46.85	\$72.18	\$118.98

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Evaluation and Management, cont.				
99358 - Prolonged service, 1 hr, no face-to-face	OM	na	\$52.48	NA
99361 - Team medical conference	NC	na	\$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	OM	na	\$40.64	\$89.52
Newborn Care				
99436 - Physician attendance at delivery	\$88.60	\$72.01	\$73.87	92.58
99440 - Newborn resuscitation	\$100.02	\$108.05	\$119.61	172.54
54150 - Circumcision	\$82.10	\$71.22	\$85.19	299.18
Hospital Care				
99221 - Initial hospitalization, low complexity	\$35.89	\$43.52	\$47.91	\$71.54
99222 - Initial hospitalization, moderate complexity	\$54.43	\$64.38	\$75.08	\$117.45
99223 - Initial hospitalization, high complexity	\$73.04	\$83.21	\$97.28	\$160.68
99231 - Subsequent hospitalization, low complexity	\$17.37	\$19.93	\$25.56	\$35.96
99232 - Subsequent hospitalization, moderate complexity	\$26.39	\$29.60	\$37.01	\$57.39
99233 - Subsequent hospitalization, high complexity	\$37.10	\$42.37	\$52.71	\$81.49
99238 - Hospital discharge, under 30 min	\$31.40	\$35.96	\$42.65	\$68.86
Consultations				
99242 - Office visit, straightforward decision	\$42.52	\$50.60	\$59.28	\$89.52
99243 - Office visit, low complexity	\$54.34	\$65.73	\$74.80	\$118.22
99244 - Office visit, moderate complexity	\$75.54	\$89.32	\$101.31	\$167.57
99245 - Office visit, high complexity	\$98.21	\$110.96	\$129.06	\$219.22
99254 - Initial inpatient visit, moderate complexity	\$70.27	\$81.36	\$94.20	\$148.44
99255 - Initial inpatient visit, high complexity	\$92.21	\$105.86	\$122.84	\$203.15

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Pathology and Laboratory				
81000 - Urinalysis, non-automated	\$3.70	\$3.96	\$3.93	NA
81001 - Urinalysis, automated	\$4.00	\$4.02	\$4.02	NA
85095 - Bone marrow aspiration	\$34.40	\$37.31	\$62.86	\$177.90
86580 - Tuberculosis, intradermal	\$4.25	\$6.14	\$6.94	\$10.33
87060 - Throat or nose culture	\$6.55	\$9.43	\$9.32	NA
87430 - Streptococcus screen	\$16.58	\$16.25	\$15.28	NA
Psychiatry				
90801 - Diagnostic interview examination	\$71.45	\$76.81	\$85.19	\$149.59
90804 - Individual psychotherapy, 20-30 min	\$29.18	\$36.51	\$42.53	\$66.57
90806 - Individual psychotherapy, 45-50 min	\$50.25	\$57.73	\$68.24	\$100.62
90808 - Individual psychotherapy, 75-80 min	\$68.68	\$90.09	\$104.06	\$151.50
90862 - Pharmacologic management	\$23.76	\$30.58	\$32.47	\$53.56
Allergy/Immunology				
95004 - Percutaneous tests with allergenic extracts	\$1.81	\$2.32	\$2.52	\$4.21
95010 - Percutaneous tests, sequential and incremental	\$7.05	\$8.39	\$7.51	\$20.28
95015 - Intracutaneous tests, with biologicals	\$7.37	\$8.71	\$7.91	\$21.42
95024 - Intracutaneous tests with allergenic extracts	\$2.62	\$3.67	\$3.84	\$5.74
95115 - Allergenic immunotherapy, single injection	\$6.85	\$8.29	\$8.77	\$15.69
95117 - Allergen immunotherapy, two or more injections	\$8.80	\$11.65	\$11.80	\$20.28
Cardiology				
32020 - Thoracostomy tube	\$237.85	\$161.52	\$165.92	\$239.11
92950 - Cardiopulmonary resuscitation	\$119.10	\$181.42	\$142.99	\$216.54
93303 - Transthoracic echocardiography	\$103.83	\$155.18	\$152.73	\$231.46
93307 - Echocardiography, real-time with image documentation	\$96.30	\$143.34	\$141.84	\$213.48
93320 - Doppler echocardiography	\$42.11	\$64.86	\$79.96	\$93.73
93501 - Right heart catheterization	\$392.71	\$483.37	\$494.75	\$861.19
93510 - Left heart catheterization	\$770.05	\$905.76	\$889.40	\$1721.61

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Critical Care				
31500 - Intubation, endotracheal	\$58.76	\$84.04	\$82.49	\$125.87
36488 - Place catheter, percutaneous, < 2yrs old	\$39.60	\$77.81	\$77.79	\$86.85
36489 - Place catheter, percutaneous, > 2yrs old	\$61.10	\$84.26	\$93.40	\$156.09
36600 - Arterial puncture, diagnostic	\$17.65	\$16.69	\$19.33	\$27.55
36620 - Arterial line placement	\$39.60	\$47.05	\$52.72	\$60.45
99291 - Evaluation and management, first hour	\$89.85	\$104.66	\$128.27	\$218.45
99292 - Evaluation and management, add'l. 30 minutes	\$44.86	\$51.71	\$64.97	\$110.18
Emergency Care				
10120 - Simple surgical removal of foreign body	\$41.33	\$49.36	\$49.43	\$105.59
12015 - Simple surgical repair of facial wound	\$132.85	\$127.92	\$130.39	\$242.94
36400 - Venipuncture, under 2 years	\$17.65	\$14.44	\$15.89	\$26.02
36410 - Venipuncture, over 2 years	\$17.65	\$12.59	\$16.06	\$23.34
36415 - Venipuncture for specimen collection	OM	\$3.23	\$3.43	NA
62270 - Lumbar puncture, diagnostic	\$56.85	\$42.22	\$68.30	\$153.03
99282 - Visit, low complexity decision	\$25.62	\$21.63	\$25.85	\$30.61
99283 - Visit, intermediate complexity decision	\$34.16	\$32.97	\$41.68	\$64.66
99284 - Visit, high complexity decision	\$46.61	\$49.11	\$61.28	\$100.62
Gastrointestinal				
43239 - Upper gastrointestinal endoscopy with biopsy	\$264.35	\$235.03	\$204.69	\$286.17
44389 - Colonoscopy with biopsy	\$204.10	\$209.37	\$216.47	\$324.43
45331 - Sigmoidoscopy with biopsy	\$151.00	\$92.77	\$100.61	\$120.13
Ophthalmology				
67311 - Strabismus surgery, horizontal	\$541.80	\$478.37	\$464.71	\$523.37
67314 - Strabismus surgery, vertical	\$541.80	\$453.78	\$467.65	\$581.91
68810 - Nasolacrimal probing	\$109.56	\$112.18	\$119.33	\$313.72
Otolaryngology				
42820 - Tonsillectomy/adenoidectomy, under 12 years	\$205.55	\$202.46	\$222.10	\$304.53
42821 - Tonsillectomy/adenoidectomy, over 12 years	\$214.35	\$222.47	\$250.07	\$335.14
69436 - Tympanostomy and tubes	\$85.20	\$120.11	\$141.75	\$159.15

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Perinatal Pediatrics (neonatal intensive care)				
36510 - Umbilical vein catheterization	\$26.65	\$47.30	\$46.90	\$65.04
36660 - Umbilical artery catheterization	\$39.60	\$74.03	\$63.13	\$74.99
99295 - Initial NICU care	\$441.22	\$452.45	\$507.18	\$830.97
99296 - Subsequent NICU, unstable neonate	\$218.95	\$246.23	\$275.07	\$415.48
99297 - Subsequent NICU, stable neonate	\$94.25	\$140.97	\$149.76	\$208.12
99298 - Subsequent NICU, recovering VLBW infant	\$65.36	\$75.23	\$103.67	\$145.76
Plastic Surgery				
40700 - Cleft lip repair	\$760.70	\$606.47	\$650.69	\$910.16
42200 - Cleft palate repair	\$760.70	\$624.01	\$656.73	\$855.45
Pulmonology				
31622 - Bronchoscopy	\$248.95	\$199.10	\$194.02	\$235.67
32000 - Thoracentesis	\$75.55	\$70.56	\$81.52	\$155.71
94010 - Spirometry, including graphic record	\$39.60	\$28.04	\$24.94	\$37.11
Radiology				
71010 - Frontal chest x-ray	\$18.00	\$20.41	\$19.74	\$29.08
Surgery				
28262 - Extensive clubfoot release	\$555.05	\$705.71	\$784.66	\$1300.78
44950 - Appendectomy	\$396.45	\$381.80	\$417.04	\$558.95
49500 - Bilateral inguinal hernia, under 5 years	\$383.20	\$310.01	\$322.60	\$338.20
49505 - Bilateral inguinal hernia, over 5 years	\$409.70	\$342.75	\$359.36	\$439.59
Urology and Dialysis				
50200 - Renal biopsy	\$118.95	\$131.69	\$128.50	\$159.15
90918 - ESRD (end stage renal disease), under 2	\$267.11	\$319.88	\$342.08	\$614.04
90919 - ESRD, 2 through 11 years	\$226.15	\$257.64	\$269.41	\$482.82
90920 - ESRD, 12 through 19 years	\$226.15	\$222.32	\$253.45	\$416.25
90945 - Peritoneal dialysis	\$38.62	\$70.52	\$67.69	\$86.85

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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.