

Medicaid Reimbursement Survey, 2001

Texas

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	<u>Texas</u>	<u>West South Central Region*</u>	<u>US~</u>	<u>Medicare[#]</u>
EPSDT - Preventive Medicine Services				
99381 - New Patient, under 1 year	\$49.01	\$49.94	\$56.07	\$101.77
99382 - New Patient, 1 through 4 years	\$49.01	\$51.29	\$57.66	\$111.33
99383 - New Patient, 5 through 11 years	\$49.01	\$51.18	\$58.42	\$109.42
99384 - New Patient, 12 through 17 years	\$49.01	\$55.10	\$63.03	\$120.51
99385 - New Patient, 18 through 39 years	\$49.01	\$55.61	\$63.61	\$118.60
99391 - Established Patient, under 1 year	\$49.01	\$42.96	\$46.31	\$79.58
99392 - Established Patient, 1 to 4 years	\$49.01	\$44.95	\$48.39	\$90.29
99393 - Established Patient, 5 to 11 years	\$49.01	\$44.87	\$49.14	\$89.52
99394 - Established Patient, 12 to 17 years	\$49.01	\$51.27	\$53.34	\$100.24
99395 - Established Patient, 18 to 39 years	\$49.01	\$50.74	\$52.25	\$99.47
99401 - Individual Counseling, 15 min	NC^	na	\$23.38	\$40.55
99402 - Individual Counseling, 30 min	NC^	na	\$39.61	\$71.54
EPSDT - Evaluation and Management				
99201 - New Patient, office visit	\$22.64	\$22.89	\$29.20	\$35.58
99202 - New Patient, expanded office visit	\$35.73	\$34.65	\$42.09	\$61.98
99203 - New Patient, low complexity	\$48.28	\$46.08	\$56.58	\$91.44
99204 - New Patient, intermediate complexity	\$70.64	\$63.84	\$80.14	\$132.76
99205 - New Patient, high complexity	\$87.83	\$79.20	\$98.50	\$167.57
99211 - Established Patient, office visit	\$11.73	\$11.28	\$16.65	\$19.89
99212 - Established Patient, expanded office visit	\$19.64	\$24.04	\$25.98	\$35.96
99213 - Established Patient, low complexity	\$27.28	\$31.43	\$33.58	\$50.50
99214 - Established Patient, intermediate complexity	\$41.46	\$43.42	\$49.50	\$78.81
99215 - Established Patient, high complexity	\$63.83	\$61.59	\$72.48	\$117.07
92551 - Screening test, hearing evaluation	\$49.98^	\$10.70	\$11.42	NA
92567 - Tympanometry, hearing evaluation	\$15.86^	\$17.62	\$14.39	\$22.19

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EPSDT - Newborn Care				
99431 - Initial newborn care	\$63.03	\$66.20	\$62.07	\$69.25
99433 - Subsequent newborn care	\$30.45	\$50.04	\$32.41	\$36.73
99435 - Admit and discharge on same day	\$85.92	\$67.76	\$85.01	\$91.82
Immunizations				
	State indicated provision of vaccines through a universal immunization program in the 1998/99 Survey.			
90471 - One vaccine administration	\$5.00	\$9.26	\$7.10	NA
90472 - Each additional vaccine administration	\$5.00	\$9.26	\$6.85	NA
90647 - Hemophilus Influenza B	SP^	\$33.67	\$17.69	NA
90657 - Influenza virus (6-35 months)	\$3.58	\$2.79	\$6.43	NA
90658 - Influenza virus (3+ years)	\$3.58	\$5.54	\$7.32	NA
90669 - Pneumococcal conjugate vaccine	SP^	\$72.50	\$37.59	NA
90701 - DPT	SP^	\$16.00	\$11.48	NA
90702 - DT (< 7 years)	SP^	\$5.00	\$7.64	NA
90707 - Measles, mumps, rubella	SP^	\$32.00	\$20.79	NA
90713 - IPV	SP^	\$18.48	\$16.70	NA
90716 - Varicella	SP^	\$75.00	\$29.45	NA
90718 - Td (>= 7 years)	SP^	\$7.50	\$7.13	NA
90721 - DTaP, HIB	SP^	na	\$24.53	NA
90744 - Hepatitis B (pediatric/adolescent age)	\$20.95	\$31.48	\$23.25	NA
90749 - Unlisted immunization procedure	SP^	na	\$5.89	NA
90782 - Therapeutic or diagnostic injection	\$2.15	\$2.40	\$4.45	\$4.59
Evaluation and Management				
99173 - Visual acuity screening, quant, bilateral	OM	\$22.30	\$24.55	NA
99217 - Observation care discharge	\$45.55	\$43.61	\$39.65	\$69.25
99218 - Initial care, low severity	\$45.68	\$43.11	\$46.56	\$70.78
99219 - Initial care, intermediate severity	\$71.05	\$63.28	\$71.47	\$117.07
99220 - Initial care, high severity	\$96.43	\$87.49	\$93.10	\$160.68
99354 - Prolonged service, 1 hr, face-to-face	\$47.46	\$74.27	\$72.18	\$118.98

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Evaluation and Management, cont.				
99358 - Prolonged service, 1 hr, no face-to-face	NC	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	NC	na	\$40.64	\$89.52
Newborn Care				
99436 - Physician attendance at delivery	\$85.92	\$79.34	\$73.87	92.58
99440 - Newborn resuscitation	\$126.88	\$120.45	\$119.61	172.54
54150 - Circumcision	\$50.75	\$75.91	\$85.19	299.18
Hospital Care				
99221 - Initial hospitalization, low complexity	\$52.10	\$46.57	\$47.91	\$71.54
99222 - Initial hospitalization, moderate complexity	\$82.65	\$71.11	\$75.08	\$117.45
99223 - Initial hospitalization, high complexity	\$104.47	\$97.50	\$97.28	\$160.68
99231 - Subsequent hospitalization, low complexity	\$27.55	\$26.69	\$25.56	\$35.96
99232 - Subsequent hospitalization, moderate complexity	\$39.55	\$37.85	\$37.01	\$57.39
99233 - Subsequent hospitalization, high complexity	\$53.19	\$52.49	\$52.71	\$81.49
99238 - Hospital discharge, under 30 min	\$62.74	\$45.93	\$42.65	\$68.86
Consultations				
99242 - Office visit, straightforward decision	\$55.10	\$64.24	\$59.28	\$89.52
99243 - Office visit, low complexity	\$71.19	\$82.30	\$74.80	\$118.22
99244 - Office visit, moderate complexity	\$99.83	\$106.82	\$101.31	\$167.57
99245 - Office visit, high complexity	\$132.56	\$129.34	\$129.06	\$219.22
99254 - Initial inpatient visit, moderate complexity	\$100.65	\$104.19	\$94.20	\$148.44
99255 - Initial inpatient visit, high complexity	\$132.02	\$127.07	\$122.84	\$203.15

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Pathology and Laboratory				
81000 - Urinalysis, non-automated	\$4.37	\$4.15	\$3.93	NA
81001 - Urinalysis, automated	\$4.37	\$4.15	\$4.02	NA
85095 - Bone marrow aspiration	\$43.91	\$52.35	\$62.86	\$177.90
86580 - Tuberculosis, intradermal	\$7.36	\$6.90	\$6.94	\$10.33
87060 - Throat or nose culture	\$10.68	\$10.15	\$9.32	NA
87430 - Streptococcus screen	\$16.58	\$15.34	\$15.28	NA
Psychiatry				
90801 - Diagnostic interview examination	\$125.00	\$95.21	\$85.19	\$149.59
90804 - Individual psychotherapy, 20-30 min	\$41.19	\$46.32	\$42.53	\$66.57
90806 - Individual psychotherapy, 45-50 min	\$64.10	\$72.99	\$68.24	\$100.62
90808 - Individual psychotherapy, 75-80 min	\$108.01	\$117.77	\$104.06	\$151.50
90862 - Pharmacologic management	\$42.50	\$37.86	\$32.47	\$53.56
Allergy/Immunology				
95004 - Percutaneous tests with allergenic extracts	\$2.73	\$2.18	\$2.52	\$4.21
95010 - Percutaneous tests, sequential and incremental	\$10.09	\$5.98	\$7.51	\$20.28
95015 - Intracutaneous tests, with biologicals	\$7.36	\$6.21	\$7.91	\$21.42
95024 - Intracutaneous tests with allergenic extracts	\$4.09	\$3.15	\$3.84	\$5.74
95115 - Allergenic immunotherapy, single injection	\$6.09	\$6.15	\$8.77	\$15.69
95117 - Allergen immunotherapy, two or more injections	\$9.14	\$8.94	\$11.80	\$20.28
Cardiology				
32020 - Thoracostomy tube	\$214.93	\$175.65	\$165.92	\$239.11
92950 - Cardiopulmonary resuscitation	\$147.02	\$156.49	\$142.99	\$216.54
93303 - Transthoracic echocardiography	\$65.19	\$154.07	\$152.73	\$231.46
93307 - Echocardiography, real-time with image documentation	\$47.73	\$131.83	\$141.84	\$213.48
93320 - Doppler echocardiography	\$31.91	\$78.15	\$79.96	\$93.73
93501 - Right heart catheterization	\$697.72	\$440.67	\$494.75	\$861.19
93510 - Left heart catheterization	\$1,307.07	\$737.49	\$889.40	\$1721.61

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Critical Care				
31500 - Intubation, endotracheal	\$103.65	\$77.36	\$82.49	\$125.87
36488 - Place catheter, percutaneous, < 2yrs old	\$162.40	\$101.43	\$77.79	\$86.85
36489 - Place catheter, percutaneous, > 2yrs old	\$72.01	\$82.30	\$93.40	\$156.09
36600 - Arterial puncture, diagnostic	\$17.46	\$21.90	\$19.33	\$27.55
36620 - Arterial line placement	\$55.92	\$71.88	\$52.72	\$60.45
99291 - Evaluation and management, first hour	\$112.10	\$135.11	\$128.27	\$218.45
99292 - Evaluation and management, add'l. 30 minutes	\$54.28	\$69.87	\$64.97	\$110.18
Emergency Care				
10120 - Simple surgical removal of foreign body	\$49.10	\$44.57	\$49.43	\$105.59
12015 - Simple surgical repair of facial wound	\$140.47	\$114.49	\$130.39	\$242.94
36400 - Venipuncture, under 2 years	\$7.91	\$11.82	\$15.89	\$26.02
36410 - Venipuncture, over 2 years	\$12.00	\$12.61	\$16.06	\$23.34
36415 - Venipuncture for specimen collection	NC	\$2.83	\$3.43	NA
62270 - Lumbar puncture, diagnostic	\$54.28	\$68.57	\$68.30	\$153.03
99282 - Visit, low complexity decision	\$35.73	\$28.67	\$25.85	\$30.61
99283 - Visit, intermediate complexity decision	\$48.28	\$40.99	\$41.68	\$64.66
99284 - Visit, high complexity decision	\$70.64	\$57.82	\$61.28	\$100.62
Gastrointestinal				
43239 - Upper gastrointestinal endoscopy with biopsy	\$207.84	\$228.90	\$204.69	\$286.17
44389 - Colonoscopy with biopsy	\$226.39	\$232.09	\$216.47	\$324.43
45331 - Sigmoidoscopy with biopsy	\$90.28	\$88.93	\$100.61	\$120.13
Ophthalmology				
67311 - Strabismus surgery, horizontal	\$685.13	\$535.03	\$464.71	\$523.37
67314 - Strabismus surgery, vertical	\$735.88	\$507.35	\$467.65	\$581.91
68810 - Nasolacrimal probing	\$50.46	\$83.62	\$119.33	\$313.72
Otolaryngology				
42820 - Tonsillectomy/adenoidectomy, under 12 years	\$202.66	\$288.00	\$222.10	\$304.53
42821 - Tonsillectomy/adenoidectomy, over 12 years	\$244.02	\$323.67	\$250.07	\$335.14
69436 - Tympanostomy and tubes	\$122.74	\$155.07	\$141.75	\$159.15

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<i>Perinatal Pediatrics (neonatal intensive care)</i>				
36510 - Umbilical vein catheterization	\$70.04	\$56.14	\$46.90	\$65.04
36660 - Umbilical artery catheterization	\$78.55	\$75.25	\$63.13	\$74.99
99295 - Initial NICU care	\$350.00	\$505.99	\$507.18	\$830.97
99296 - Subsequent NICU, unstable neonate	\$225.00	\$268.40	\$275.07	\$415.48
99297 - Subsequent NICU, stable neonate	\$175.00	\$151.80	\$149.76	\$208.12
99298 - Subsequent NICU, recovering VLBW infant	\$125.00	\$116.66	\$103.67	\$145.76
<i>Plastic Surgery</i>				
40700 - Cleft lip repair	\$828.72	\$682.36	\$650.69	\$910.16
42200 - Cleft palate repair	\$1,015.00	\$900.16	\$656.73	\$855.45
<i>Pulmonology</i>				
31622 - Bronchoscopy	\$192.57	\$186.58	\$194.02	\$235.67
32000 - Thoracentesis	\$72.55	\$82.04	\$81.52	\$155.71
94010 - Spirometry, including graphic record	\$25.37	\$31.00	\$24.94	\$37.11
<i>Radiology</i>				
71010 - Frontal chest x-ray	\$21.55	\$21.24	\$19.74	\$29.08
<i>Surgery</i>				
28262 - Extensive clubfoot release	\$734.27	\$743.03	\$784.66	\$1300.78
44950 - Appendectomy	\$343.68	\$380.19	\$417.04	\$558.95
49500 - Bilateral inguinal hernia, under 5 years	\$329.88	\$352.97	\$322.60	\$338.20
49505 - Bilateral inguinal hernia, over 5 years	\$295.13	\$357.76	\$359.36	\$439.59
<i>Urology and Dialysis</i>				
50200 - Renal biopsy	\$157.11	\$150.00	\$128.50	\$159.15
90918 - ESRD (end stage renal disease), under 2	\$329.77	\$236.44	\$342.08	\$614.04
90919 - ESRD, 2 through 11 years	\$257.76	\$200.43	\$269.41	\$482.82
90920 - ESRD, 12 through 19 years	\$223.12	\$183.11	\$253.45	\$416.25
90945 - Peritoneal dialysis	\$62.46	\$66.69	\$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.