

Medicaid Reimbursement Survey, 2004/05

Illinois

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American Academy of Pediatrics

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AAP Medicaid Reimbursement Survey: Illinois

2004/05 Medicaid Payments for Commonly Used Pediatric CPT™ Codes

<u>Preventive Medicine Services</u>	Medicaid	Medicare	%Medicare
99381 - New Patient, under 1 year	\$32.15	\$96.41 - \$110.25	29% - 33%
99382 - New Patient, 1 through 4 years	\$32.15	\$104.09 - \$118.41	27% - 31%
99383 - New Patient, 5 through 11 years	\$32.15	\$102.10 - \$115.96	28% - 31%
99384 - New Patient, 12 through 17 years	\$32.15	\$111.21 - \$126.03	26% - 29%
99385 - New Patient, 18 through 39 years	\$32.15	\$111.21 - \$126.03	26% - 29%
99391 - Established Patient, under 1 year	\$32.15	\$73.70 - \$83.47	39% - 44%
99392 - Established Patient, 1 through 4 years	\$32.15	\$82.81 - \$93.54	34% - 39%
99393 - Established Patient, 5 through 11 years	\$32.15	\$81.81 - \$92.31	35% - 39%
99394 - Established Patient, 12 through 17 years	\$32.15	\$90.48 - \$101.69	32% - 36%
99395 - Established Patient, 18 through 39 years	\$32.15	\$91.48 - \$102.92	31% - 35%
99401 - Individual Counseling, 15 min	MP	\$42.89 - \$50.54	—
99402 - Individual Counseling, 30 min	MP	\$66.35 - \$74.46	—
<u>Office and Other Outpatient Services</u>			
99201 - New Patient, office visit	\$27.95	\$34.28 - \$39.03	72% - 82%
99202 - New Patient, expanded office visit	\$32.00	\$61.71 - \$70.09	46% - 52%
99203 - New Patient, low complexity	\$41.00	\$91.93 - \$104.35	39% - 45%
99204 - New Patient, moderate complexity	\$66.40	\$130.06 - \$146.54	45% - 51%
99205 - New Patient, high complexity	\$70.85	\$165.58 - \$185.45	38% - 43%
99211 - Established Patient, office visit	\$12.30	\$19.73 - \$23.11	53% - 62%
99212 - Established Patient, expanded office visit	\$24.25	\$35.60 - \$40.66	60% - 68%
99213 - Established Patient, low complexity	\$28.35	\$50.01 - \$56.99	50% - 57%
99214 - Established Patient, moderate complexity	\$42.50	\$78.12 - \$88.45	48% - 54%
99215 - Established Patient, high complexity	\$48.00	\$114.08 - \$128.04	37% - 42%
92551 - Screening test, hearing evaluation	\$15.20	NIS	NIS
92567 - Tympanometry, hearing evaluation	\$15.20	\$19.89 - \$25.31	60% - 76%
99173 - Screening test, visual acuity	\$7.45	NIS	NIS

Source: 2004/05 AAP Medicaid Reimbursement Surveys, American Academy of Pediatrics.

Abbreviations used in this report: **MP:** Manually priced, i.e., Carrier will establish payment amounts for these services, generally on a case-by-case basis following review of documentation, such as an operative report. **BR:** By report, i.e., Carrier will establish payment amounts for these services on a case-by-case basis following review of documentation, such as an operative report. **BO:** Bundled with other services, i.e., Payment for covered services is always bundled into payment for other services not specified. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident. **OM:** Other method(s). **NC:** Not covered. **NA:** Not applicable. **NP:** Information not provided by state. **NL:** Information not provided by state, nor found on Medicaid fee schedule posted on state's web site. **NIS:** RVUs for code not included in RBRVS schedule. **LFS:** National limit amount per Clinical and Diagnostic Lab Fee Schedule.

Notes: (1) FFS payment (rates included in this report) may not apply to some or all services used by children in capitated plans. According to FFY2002 MSIS reports published by CMS, 15% of Illinois children (under age 19) enrolled in Medicaid were in capitated plans. (2) Unless otherwise noted, the highest non-facility Medicaid payment rate is presented in this report when multiple rates are used by the state. (3) Medicare rates are GPCI-adjusted for geographic variation in medical care cost. Medicare rates may vary by region in states with multiple Medicare carriers.

<u>Newborn Care</u>	Medicaid	Medicare	%Medicare
99431 - Initial newborn care	\$38.75	\$58.49 - \$63.82	61% - 66%
99433 - Subsequent newborn care	MP	\$30.67 - \$33.32	_
99435 - Admit and discharge on same day	\$42.55	\$75.23 - \$82.06	52% - 57%
99436 - Physician attendance at delivery	\$77.50	\$73.91 - \$80.43	96% - 105%
99440 - Newborn resuscitation	\$83.70	\$146.30 - \$159.68	52% - 57%
54150 - Circumcision; newborn	\$94.50	\$108.99 - \$123.39	77% - 87%

Immunizations: Does Illinois provide vaccines through a universal immunization program? Yes

90471 - One immunization administration	MP	\$7.41 - \$9.25	_
90472 - Each additional immunization administration	MP	\$5.09 - \$6.39	_
90473 - One immunization administration, oral or intranasal	MP	Medicare reimburses for vaccine products using 106% of the product's average sale price (ASP)	
90645-8 - Hemophilus Influenza B	\$6.40		
90657 - Influenza virus (6-35 months)	\$5.65		
90658 - Influenza virus (3+ years)	\$5.65		
90660 - Influenza virus, intranasal use	MP		
90669 - Pneumococcal conjugate vaccine	\$6.40		
90700 - DTaP (< 7 years)	\$6.40		
90701 - DTP	\$6.40		
90702 - DT (< 7 years)	\$2.70		
90707 - Measles, mumps, rubella	\$39.70		
90713 - IPV	\$6.40		
90716 - Varicella	\$46.60		
90718 - Td (>= 7 years)	\$2.70		
90721 - DTaP, HIB	\$35.25		
90744 - Hepatitis B, (pediatric/adolescent age)	\$6.40		

Evaluation and Management

99217 - Observation care discharge, day management	MP	\$68.02 - \$74.84	_
99218 - Initial observation care, low severity	\$69.55	\$64.70 - \$70.77	98% - 107%
99219 - Initial observation care, intermediate severity	\$69.55	\$108.19 - \$118.34	59% - 64%
99220 - Initial observation care, high severity	\$69.55	\$151.53 - \$165.65	42% - 46%
99354 - Prolonged service, outpatient, 1st hour, face-to-face	MP	\$94.05 - \$103.31	_
99355 - Same as 99354, each additional 30 min	MP	\$93.39 - \$102.49	_
99356 - Prolonged service, inpatient, 1st hour, face-to-face	MP	\$87.50 - \$95.70	_
99357 - Same as 99356, each additional 30 min	MP	\$87.83 - \$96.11	_

Source: 2004/05 AAP Medicaid Reimbursement Surveys, American Academy of Pediatrics. Abbreviations: VFC: Vaccine for Children program. SSV: State-supplied vaccine. MNVP: Minnesota's Vaccine Program. VAFAC: Vaccine Assurance for All Children Program of South Carolina.

<u>Evaluation and Management, cont.</u>	Medicaid	Medicare	%Medicare
99358 - Prolonged service, 1st hour, not face-to-face	MP	NIS	NIS
99359 - Same as 99358, each additional 30 min	MP	NIS	NIS
99361 - Team medical conference, 30 min	MP	NIS	NIS
99362 - Team medical conference, 60 min	MP	NIS	NIS
99371 - Telephone call, simple or brief	MP	NIS	NIS
99372 - Telephone call, intermediate	MP	NIS	NIS
99373 - Telephone call - complex or lengthy	MP	NIS	NIS
99374 - Supervision of patient under home health agency care(15-29 min)	MP	\$66.50 - \$74.18	_
99375 - Same as 99374, 30 min or more	MP	\$119.32 - \$134.72	_
<u>Hospital Care</u>			
99221 - Initial hospitalization, per day, low complexity	\$33.90	\$65.36 - \$71.58	47% - 52%
99222 - Initial hospitalization, per day, moderate complexity	\$51.40	\$108.85 - \$119.15	43% - 47%
99223 - Initial hospitalization, per day, high complexity	\$69.00	\$151.42 - \$165.38	42% - 46%
99231 - Subsequent hospitalization, per day, low complexity	\$16.40	\$32.41 - \$35.31	46% - 51%
99232 - Subsequent hospitalization, per day, moderate complexity	\$24.90	\$53.61 - \$58.51	43% - 46%
99233 - Subsequent hospitalization, per day, high complexity	\$35.05	\$76.27 - \$83.26	42% - 46%
99238 - Hospital discharge, day management, 30 min or under	\$29.65	\$67.91 - \$74.57	40% - 44%
<u>Consultations</u>			
99241 - Office consultation, problem focused	\$32.15	\$47.66 - \$54.49	59% - 67%
99242 - Office consultation, straightforward decision	\$40.20	\$87.84 - \$99.85	40% - 46%
99243 - Office consultation, low complexity	\$51.30	\$115.62 - \$130.90	39% - 44%
99244 - Office consultation, moderate complexity	\$71.40	\$164.09 - \$184.59	39% - 44%
99245 - Office consultation, high complexity	\$92.80	\$212.04 - \$237.63	39% - 44%
99254 - Initial inpatient consultation, moderate complexity	\$66.40	\$137.14 - \$150.59	44% - 48%
99255 - Initial inpatient consultation, high complexity	\$87.10	\$188.62 - \$207.07	42% - 46%
<u>Pathology and Laboratory</u>			
81000 - Urinalysis, non-automated with microscopy	\$3.50	\$4.43 (LFS)	79%of LFS
81002 - Urinalysis, non-automated without microscopy	\$2.60	\$3.57 (LFS)	73%of LFS
86580 - Tuberculosis, intradermal	\$4.00	\$9.51 - \$11.97	33% - 42%
87081 - Throat culture	\$5.80	\$9.26 (LFS)	63%of LFS
87880 - Rapid Streptococcus screen	\$15.70	\$16.76 (LFS)	94%of LFS

Source: 2004/05 AAP Medicaid Reimbursement Surveys, American Academy of Pediatrics.

<u>Mental Health</u>	Medicaid	Medicare	%Medicare
90801 - Psychiatric diagnostic interview examination	\$67.50	\$146.45 - \$159.96	42% - 46%
90804 - Individual psychotherapy, 20-30 min face-to-face	\$27.55	\$63.20 - \$69.16	40% - 44%
90806 - Individual psychotherapy, 45-50 min face-to-face	\$47.50	\$94.88 - \$103.35	46% - 50%
90808 - Individual psychotherapy, 75-80 min face-to-face	\$64.80	\$141.87 - \$154.56	42% - 46%
90862 - Pharmacological management	\$22.45	\$49.63 - \$54.14	41% - 45%
90887 - Interpretation or explanation of results	MP	\$86.10 - \$94.90	_
96110 - Developmental testing, limited	\$16.10	\$14.20 - \$20.06	80% - 113%
96111 - Developmental testing, extended	\$16.10	\$140.49 - \$155.73	10% - 11%
<u>Specialty Care Codes</u>			
<u>Allergy/Immunology</u>			
95004 - Percutaneous tests with allergenic extracts	\$3.40	\$3.76 - \$4.76	71% - 90%
95010 - Percutaneous tests, sequential and incremental	\$13.20	\$16.99 - \$19.90	66% - 78%
95015 - Intracutaneous tests, with biologicals	\$13.90	\$11.02 - \$12.56	111% - 126%
95024 - Intracutaneous tests with allergenic extracts	\$5.00	\$5.42 - \$6.80	74% - 92%
95115 - Allergenic immunotherapy, single injection	\$6.50	\$13.49 - \$16.86	39% - 48%
95117 - Allergen immunotherapy, two or more injections	\$8.30	\$17.47 - \$21.75	38% - 48%
<u>Cardiology</u>			
92950 - Cardiopulmonary resuscitation	\$112.50	\$185.01 - \$202.53	56% - 61%
93303 - Transthoracic echocardiography	\$98.10	\$205.21 - \$246.41	40% - 48%
93307 - Echocardiography, real-time with image documentation	\$91.00	\$186.60 - \$226.25	40% - 49%
93320 - Doppler echocardiograph	\$39.80	\$81.96 - \$99.72	40% - 49%
93501 - Right heart catheterization	\$371.00	\$768.28 - \$939.12	40% - 48%
93510 - Left heart catheterization	\$727.50	\$1,577.20 - \$1,942.33	37% - 46%
<u>Critical Care / Neonatal and Pediatric Critical Care</u>			
31500 - Intubation, endotracheal	\$55.50	\$113.15 - \$124.17	45% - 49%
31622 - Bronchoscopy	\$235.20	\$249.67 - \$288.35	82% - 94%
32000 - Thoracentesis	\$71.40	\$164.90 - \$192.20	37% - 43%
32020 - Thoracostomy tube	\$224.70	\$215.22 - \$240.91	93% - 104%
36555 - Insertion of non-tunneled CVC~ ; <5 yrs old	NP	\$308.43 - \$361.87	_
36568 - Insertion of peripherally inserted CVC~; <5 yrs old	NP	\$352.75 - \$421.99	_
36600 - Arterial puncture, diagnostic	\$16.65	\$28.76 - \$33.22	50% - 58%
36620 - Arterial line placement	\$37.40	\$53.98 - \$58.71	64% - 69%
99291 - Critical care, first hour	\$84.90	\$234.11 - \$260.18	33% - 36%
99292 - Critical care, additional 30 minutes	\$42.35	\$105.07 - \$115.26	37% - 40%

	Medicaid	Medicare	%Medicare
<u>Critical Care/Neonatal and Pediatric Critical Care, contd.</u>			
36510 - Umbilical vein catheterization	\$25.20	\$167.91 - \$199.11	13% - 15%
36660 - Umbilical artery catheterization	\$37.40	\$71.26 - \$78.52	48% - 52%
99293 - Initial pediatric critical care	\$497.21	\$798.14 - \$873.05	57% - 62%
99294 - Subsequent pediatric critical care	\$245.39	\$393.26 - \$427.35	57% - 62%
99295 - Initial neonatal critical care	\$416.90	\$905.01 - \$985.77	42% - 46%
99296 - Subsequent neonatal critical care	\$206.90	\$395.25 - \$429.80	48% - 52%
<u>Emergency Care</u>			
10120 - Simple surgical removal of foreign body	\$39.05	\$99.28 - \$114.56	34% - 39%
12015 - Simple surgical repair of facial wound(7.6-12.5cm)	\$125.50	\$237.71 - \$272.34	46% - 53%
36400 - Venipuncture necessitating physician skill, < 3 yrs, femoral or jugular vein	\$16.65	\$24.25 - \$27.09	61% - 69%
36410 - Venipuncture necessitating physician skill, >= 3 years	\$16.65	\$17.12 - \$19.82	84% - 97%
36415 - Routine venipuncture	MP	NIS	NIS
36416 - Finger, heel, ear stick	MP	NIS	NIS
62270 - Lumbar puncture, diagnostic	\$53.70	\$147.50 - \$173.74	31% - 36%
99141 - Conscious sedation; IV/IM/inhalation	\$76.70	BO	-
99142 - Conscious sedation; oral/rectal/intranasal	\$76.70	BO	-
99282 - ED visit, low complexity	\$24.20	\$27.27 - \$29.96	81% - 89%
99283 - ED visit, moderate complexity	\$32.20	\$60.98 - \$67.07	48% - 53%
99284 - ED visit, detailed	\$44.00	\$94.55 - \$103.59	42% - 47%
<u>Gastrointestinal</u>			
43239 - Upper gastrointestinal endoscopy with biopsy	\$249.70	\$299.83 - \$349.30	71% - 83%
44389 - Colonoscopy with biopsy	\$192.85	\$341.94 - \$399.80	48% - 56%
45331 - Sigmoidoscopy with biopsy	\$142.70	\$143.04 - \$168.26	85% - 100%
<u>Ophthalmology</u>			
67311 - Strabismus surgery, horizontal	\$511.90	\$475.50 - \$539.19	95% - 108%
67314 - Strabismus surgery, vertical	\$511.90	\$537.18 - \$608.89	84% - 95%
68810 - Nasolacrimal probing	\$103.50	\$152.34 - \$174.36	59% - 68%
<u>Otolaryngology</u>			
42820 - Tonsillectomy/adenoidectomy, under 12 years	\$194.20	\$275.71 - \$314.43	62% - 70%
42821 - Tonsillectomy/adenoidectomy, 12 years or over	\$202.50	\$297.75 - \$338.95	60% - 68%
69436 - Tympanostomy and tubes	\$80.50	\$154.33 - \$177.37	45% - 52%
<u>Intensive Low Birth Weight Services</u>			
99298 - Subseq intensive care, <1500gm present body weight	\$86.56	\$138.81 - \$151.68	57% - 62%
99299 - Subseq intensive care, 1500-2500gm present body weight	\$81.22	\$130.14 - \$142.90	57% - 62%

	Medicaid	Medicare	%Medicare
<u>Plastic Surgery</u>			
40700 - Cleft lip repair	\$718.70	\$841.60 - \$954.51	75% - 85%
42200 - Cleft palate repair	\$718.70	\$797.70 - \$907.22	79% - 90%
<u>Pulmonology</u>			
94010 - Spirometry, including graphic record	\$37.40	\$29.90 - \$35.89	104% - 125%
94640 - Inhalation treatment	\$14.50	\$11.50 - \$14.42	101% - 126%
94664 - Demonstration/evaluation	\$15.20	\$12.38 - \$15.78	96% - 123%
<u>Radiology</u>			
71010 - Frontal chest x-ray	\$17.00	\$25.63 - \$30.57	56% - 66%
<u>Surgery</u>			
28262 - Extensive clubfoot release	\$524.40	\$1,183.20 - \$1,374.01	38% - 44%
44950 - Appendectomy	\$374.55	\$563.89 - \$633.31	59% - 66%
49500 - Bilateral inguinal hernia, 6 mos to under 5 yrs	\$362.00	\$332.92 - \$376.01	96% - 109%
49505 - Bilateral inguinal hernia, 5 years or over	\$387.05	\$453.70 - \$511.85	76% - 85%
<u>Urology and Dialysis</u>			
50200 - Renal biopsy	\$112.40	\$134.21 - \$147.22	76% - 84%
90918 - ESRD (end stage renal disease) services, < 2 years	\$252.35	\$676.12 - \$752.25	34% - 37%
90919 - ESRD, 2 through 11 years	\$213.65	\$466.31 - \$513.19	42% - 46%
90920 - ESRD, 12 through 19 years	\$213.65	\$407.63 - \$449.73	48% - 52%
90945 - Peritoneal dialysis	\$36.50	\$73.22 - \$81.09	45% - 50%
<u>Dental Services</u>			
D0120 - Periodic exam	\$16.20	<div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> NIS </div>	
D1120 - Prophylaxis, child	\$25.40		
D1203 - Topical fluoride treatment, child	\$14.85		
D2150 - Amalgam - two surfaces, primary or permanent	\$48.15		
D2330 - Resin-based composite - one surface anterior	\$34.60		
D1351 - Sealant, per tooth	\$14.10		
D2930 - Stainless steel crown on a primary tooth	\$73.40		
D3220 - Pulpotomy	\$52.70		
D7140 - Extraction	\$391.20		

Source: 2004/05 AAP Medicaid Reimbursement Surveys, American Academy of Pediatrics.

This report can be downloaded from the AAP website. (URL: <http://www.aap.org/research/medreimintro.htm>)