

Medicaid Reimbursement Survey, 2015

**Iowa**

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™



# Iowa - 2015 AAP Medicaid Reimbursement Survey

## *Survey Summary*

As part of its effort to monitor the impact of the Medicaid program on pediatrics, the American Academy of Pediatrics (AAP) conducts its Medicaid Reimbursement Survey periodically.

The Survey, which collects state-administered fee-for-service program payment rates for commonly reported pediatric Current Procedural Terminology/CPT® codes and dental codes, was most recently mailed to State Medicaid Directors in the 50 states and the District of Columbia between January 2015 and September 2015 to request payment rates effective July 1, 2015, the beginning of the 2010-11 fiscal year for most states. In addition, the survey requested ACA rates, in effect as of October 1, 2014.

As of publication of this report, 39 states have responded to the survey.

This and earlier AAP Medicaid Reimbursement Survey reports can be found at URL: <http://www.aap.org/research/medreimintro.htm>

## *In this Report...*

This report provides state-reported fees paid for pediatric services represented by over 150 CPT and dental codes used by state-administered fee-for-service Medicaid programs to reimburse providers. Medicaid fees are compared to Medicare where available, or to other benchmark fees (such as prices listed in the Clinical Diagnostic Lab Fee Schedule, or prices based on the Ingenix Essential RBRVS) where Medicare comparisons are unavailable.

Codes are selected for inclusion in the survey based on (i) utilization, and (ii) importance to Academy priorities, such as Bright Futures and the pediatric medical home. Also included in this report are summary updates on Medicaid managed care (MMC) enrollment, state-monitoring of MMC physician reimbursement, coverage of Bright Futures benefits, and reimbursement of pediatricians for providing certain mental and preventive oral health services to children.

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## ***Caveats and Notes***

Medicaid fees shown in this report represent fee-for-service payments reported by states for state-administered Medicaid programs at the time of the study (January, 2015 - September, 2015). The rates are subject to change.

Nationally, the majority of children enrolled in Medicaid programs are enrolled in managed care plans, which may or may not benchmark provider payment rates to fees shown in this report. Depending on managed care penetration levels, the impact of state-administered fee-for-service Medicaid payment rates varies by state.

Unless noted otherwise, non-facility rates and enhanced payment rates for pediatric services, where available and reported by the state, are included in this report.

Iowa reported that reimbursement for preventive medicine services does not include immunization and/or laboratory tests, that the state does not provide vaccines for children through a universal immunization program, and that it does not pay the administration fee on the product code for vaccines administered through the Vaccines for Children (VFC) program. The state reported also that it paid on the actual vaccine administration code and the rates.

For more information on the state's fee schedule please see the following state-provided link:  
<http://dhs.iowa.gov/ime/providers/csrp/fee-schedule>

Medicare rates in this report are (a) based on non-facility Medicare payment published by the Centers for Medicare and Medicaid Services for 2011, and (b) adjusted with Geographic Practice Cost Index (GPCIs) published by CMS. Certain codes, including not limited to 99381-5 and 99391-5, are assigned RVUs but not covered by Medicare.

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## ***Suggested Citation***

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## Abbreviations

<b>AAP</b>	American Academy of Pediatrics
<b>BC</b>	Billed amount / billed charges
<b>BI/BR/IC /MP/PR</b>	By invoice/ by report/ individual consideration/manually priced/per review, 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
<b>BO</b>	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
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>C-NP</b>	Covered, rate not provided
<b>DMS</b>	“Department of Medicaid Services/DMS system amount” paid to Public Health Departments in the state of Kentucky only.
<b>FFS</b>	Discounted fee-for-service
<b>IER</b>	RVUs not published for this code in the Medicare RBRVS; values are based on the Ingenix Essential RBRVS. Ratio (percentage listed under “%Medicare” column) represents Medicaid payment as a percentage of the rate calculated using the RVUs published in the Ingenix Essential RBRVS.
<b>LFS</b>	Amount per Clinical Diagnostic Lab Fee Schedule. Ratio (percentage listed under “%Medicare” column) represents Medicaid payment as a percentage of the amount listed for the state in the Clinical Diagnostic Lab Fee Schedule.
<b>NA</b>	Not applicable
<b>NC</b>	Not covered
<b>NE-ACA</b>	Code non-eligible for Medicaid fee increase for Affordable Care Act
<b>NIS</b>	Not priced by the current Physician Fee Schedule, or RVUs not included in RBRVS
<b>NL</b>	Payment information specific to procedure code not listed on state Medicaid website or physician fee schedule. Note: absence of such information from fee schedule often indicates that the service is either not covered, or covered under alternate code(s).
<b>NP</b>	Information not provided by state in returned AAP survey
<b>OM</b>	Other method used
<b>QMB</b>	Qualified Medicare Beneficiary
<b>RBRVS</b>	Resource-Based Relative Value Scale, the physician payment schedule for Medicare
<b>RNE</b>	Rate not established
<b>RVU(s)</b>	Relative Value Unit(s), the numeric value of the resources needed to provide services according to the Resource-Based Relative Value Scale
<b>SE</b>	Data not available due to survey error.

## List of CPT and Dental Codes Included in Report

Service Type	Code	Description	Page #	Service Type	Code	Description	Page #		
Preventive Medicine Services	99381	New patient, under 1 year	1	Immunizations Continued	90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component	5		
	99382	New patient, 1 through 4 years	1		90471	One immunization administration	5		
	99383	New patient, 5 through 11 years	1		90472	Each additional immunization administration	5		
	99384	New patient, 12 through 17 years	1		90473	One immunization administration, oral or intranasal	5		
	99391	Established patient, under 1 year	1		90474	Each additional administration, oral or intranasal	5		
	99392	Established patient, 1 through 4 years	1		Evaluation and Management	99354	Prolonged service outpatient, 1st hour, face-to-face	5	
	99393	Established patient, 5 through 11 years	1			99355	Same as 99354, each additional 30 minutes	5	
	99394	Established patient, 12 through 17 years	1			99356	Prolonged service, inpatient, 1 <sup>st</sup> hour, face-to-face	5	
	99406	Smoking and tobacco use cessation counseling; >3 -10 mins	2			99357	Same as 99356, each additional 30 minutes	5	
	99407	Smoking and tobacco use cessation counseling; >10 mins	2			99358	Prolonged service, inpatient, 1 <sup>st</sup> hour, non-face-to-face	5	
	99408	Alcohol/substance abuse structured screening/SBI srvc; 15-30 mins	2			99359	Same as 99356, each additional 30 minutes	5	
	99409	Alcohol/substance abuse structured screening/SBI srvc; >10 mins	2			99367	Medical team conference, patient/family not present, ≥30 min	5	
	99420	Administration+interpretation of health risk assessment instrument	2			99339	Care plan oversight, supervision of patient in home, 15-29 minutes per month	5	
	Office and Other Outpatient Services	99201	New patient, problem-focused			2	99442	Telephone evaluation and management - 11-20 minutes	5
		99202	New patient, expanded			2	99447	Physician to physician tele/internet consultation - 11-20 minutes	5
99203		New patient, low complexity	2	99448	Physician to physician tele/internet consultation - 21-30 minutes	5			
99204		New patient, moderate complexity	2	99490	Chronic care management services ≥20 mins clinical staff time directed by a physician or other qualified health care professional, per calendar month	6			
99205		New patient, high complexity	3	Non-physician Provider (NPP) Services	96150	Health and Behavior assessment; by NPP	6		
99211		Established patient, nurse only	3		96151	Health and Behavior re-assessment; by NPP	6		
99212		Established patient, problem-focused	3		96152	Health and Behavior intervention; by NPP	6		
99213		Established patient, low complexity	3		97802	Medical Nutrition Therapy, individual, initial	6		
99214		Established patient, moderate complexity	3	97803	Medical Nutrition Therapy, individual, follow-up	6			
99215		Established patient, high complexity	3	Hospital Care	99222	Initial hospitalization, per day, moderate complexity	6		
92551		Screening test, hearing evaluation	3		99223	Initial hospitalization, per day, high complexity	6		
92567		Tympanometry, hearing evaluation	3		99232	Subsequent hospitalization, per day, mod complexity	6		
99173		Screening test, visual acuity	4		99233	Subsequent hospitalization, per day, high complexity	6		
99174		Ocular photoscreening	4						
Newborn Care	99188	Application of topical fluoride varnish by a physician or other qualified health care professional	4						
	96110	Developmental testing; limited	4						
	99460	Initial newborn care	4						
	99462	Subsequent newborn care	4						
	99463	Admit and discharge on same day	4						
	99464	Physician attendance at delivery	4						
	99465	Newborn resuscitation	4						
Immunizations	54150	Circumcision, using clamp or other device with regional dorsal penile or ring block	5						
	90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component	5						

**List of CPT and Dental Codes Included in Report (Continued)**

Service Type	Code	Description	Page #	Service Type	Code	Description	Page #
Hospital Care	99238	Hospital discharge, day management, ≤30 min		Gastrointestinal	43239	Upper gastrointestinal endoscopy	8
Continued			6		44389	Colonoscopy with biopsy	8
Pathology and	81000	Urinalysis, non-automated with microscopy	7		45331	Sigmoidoscopy with biopsy	8
Laboratory	81002	Urinalysis, non-automated without microscopy	7	Ophthalmology	67311	Strabismus surgery, horizontal	8
	86500	Tuberculosis, intradermal	7		67314	Strabismus surgery, vertical	8
	87081	Throat culture	7		68810	Nasolacrimal probing	8
	87880	Rapid Streptococcus screen	7	Otolaryngology	42820	Tonsillectomy/adenoidectomy, < 12 years	8
Mental Health	90791	Psychiatric diagnostic eval	7		42821	Tonsillectomy/adenoidectomy, > 12 years	8
	90792	Psychiatric diagnostic eval w/ medical services	7		69436	Tympanostomy and tubes	8
	90832	Psychotherapy, 30 mins w/ patient/family	7	Neonatal and	36510	Umbilical vein catheterization	9
	90837	Consultation w/ family	7	Pediatric	36660	Umbilical artery catheterization	9
	90889	Preparation of report	7	Critical Care	99471	Initial pediatric critical care (29d-24m)	9
	96111	Developmental testing, extended	7		99472	Subsequent pediatric critical care (29d-24m)	9
	90887	Interpretation of explanation of psychiatric or other medical exams	7		99475	Initial pediatric critical care (2-5 yrs)	9
	90889	Preparation of reports on patient's psychiatric status, history, treatment or progress.	7		99476	Subsequent pediatric critical care (2-5 yrs)	9
	96127	Brief emotional/behavioral assessment	7		99468	Initial neonatal critical care	9
Allergy and	95004	Percutaneous tests with allergenic extracts			99469	Subsequent neonatal critical care	9
Immunology			8	Initial and	99477	Initial neonatal intensive care	9
	95017	Allergy testing, with venoms	8	Continuing	99478	Subsq intensive care, < 1500 gm	9
	95018	Allergy testing, with drugs or biologics	8	Intensive Care	99479	Subsq intensive care, 1500-2500 gm	9
	95024	Intracutaneous tests, with allergenic extracts	8	Services	99480	Subsq intensive care, 2501-5000 gm	9
	95115	Allergen immunotherapy, single injection	8	Plastic Surgery	40700	Cleft lip repair	9
	95117	Allergen immunotherapy, two or more injections	8		42200	Cleft palate repair	9
Cardiology	32551	Tube thoracostomy, includes water seal	8	Pulmonology	31622	Bronchoscopy	9
	92950	Cardiopulmonary resuscitation	8		32421	Thoracentesis for aspiration	9
	93303	Transthoracic echocardiography	8		94010	Spirometry, including graphic record	9
	93307	Echocardiography, real-time w/ image documentation	8		94640	Inhalation treatment	9
	93320	Doppler echocardiograph	8		94644	Continuous inhalation treatment, first hour	9
	93451	Right heart catheterization	8		94664	Demonstration/evaluation	9
	93452	Left heart catheterization	8	Radiology	71010	Frontal chest x-ray	9
Critical Care	31500	Intubation, endotracheal	8	Surgery	28262	Extensive clubfoot release	9
	36555	Insertion of non-tunneled center venous catheter; < 5 yrs	8		44950	Appendectomy	9
	36568	Insertion of peripherally inserted CVC; under 5 years	8		49500	Bilateral inguinal hernia, 6 mos to < 5 years	9
	36660	Arterial puncture, diagnostic	8		49505	Bilateral inguinal hernia, 5 years or over	9
	36620	Arterial line placement	8	Urology and	50200	Renal biopsy; percutaneous, by trocar or needle	9
	99291	Critical care, first hour	8	Dialysis	90957	ESRD services; 12-19 yrs, 4+ physician visits/mo	9
Emergency	10120	Simple surgical removal of foreign body			90959	Same as above, 1 physician visits/mo	9
Care			8		90965	Same, home dialysis for full month	9
	36400	Venipuncture necessitating physician skill; < 3 yrs	8		90945	Peritoneal dialysis	9
	36410	Venipuncture necessitating physician skill; ≥ 3 yrs	8	Dental Services	D0120	Periodic exam	10
	36415	Routine venipuncture	8		D0145	Caries Risk Assessment	10
	62270	Lumbar puncture, diagnostic	8		D1206	Topical fluoride varnish	10
	99282	ED visit, problem focused	8		D1120	Prophylaxis, child	10
	99283	ED visit, expanded	8		D2150	Amalgam - 2 surfaces, primary or perm	10
	99284	ED visit, detailed	8		D2330	Resin-based composite -1 surface anterior	10
					D1351	Sealant, per tooth	10
					D2930	Stainless steel crown on a primary tooth	10
					D3220	Pulpotomy	10
					D7140	Extraction	10

# AAP Medicaid Reimbursement Survey: Iowa

## Coverage of Bright Futures Preventive Services

Iowa reports they uses a different periodicity schedule, but did not report which schedule they used. The state does not offer incentives for providers to achieve Bright Futures benchmarks.

### **2015 Medicaid Payments for Commonly Reported Pediatric CPT™ Codes**

	Medicaid	Medicare	%Medicare	Current/ACA Ratio*
<b><u>Preventive Medicine Services</u></b>				
<i>99381 - New Patient, under 1 yr</i>				
ACA Rate (2014).....	\$104.07	\$103.37	100.7%	
Current Rate (2015).....	\$88.72	\$103.59	85.6%	85.25%
<i>99382 - New Patient, 1 - 4 yrs</i>				
ACA Rate (2014).....	\$108.79	\$108.06	100.7%	
Current Rate (2015).....	\$95.22	\$108.63	87.7%	87.53%
<i>99383 - New Patient, 5 - 11 yrs</i>				
ACA Rate (2014).....	\$113.54	\$112.77	100.7%	
Current Rate (2015).....	\$94.57	\$113.34	83.4%	83.29%
<i>99384 - New Patient, 12 - 17 yrs</i>				
ACA Rate (2014).....	\$128.56	\$127.69	100.7%	
Current Rate (2015).....	\$105.26	\$128.26	82.1%	81.88%
<i>99391 - Established patient, under 1 yr</i>				
ACA Rate (2014).....	\$93.74	\$93.11	100.7%	
Current Rate (2015).....	\$72.40	\$93.50	77.4%	77.23%
<i>99392 - Established patient, 1 - 4 yrs</i>				
ACA Rate (2014).....	\$100.21	\$99.53	100.7%	
Current Rate (2015).....	\$79.93	\$99.75	80.1%	79.76%
<i>99393 - Established Patient, 5 - 11 yrs</i>				
ACA Rate (2014).....	\$99.89	\$99.21	100.7%	
Current Rate (2015).....	\$79.60	\$99.43	80.1%	79.69%
<i>99394 - Established Patient, 12 - 17 yrs</i>				
ACA Rate (2014).....	\$109.67	\$108.93	100.7%	
Current Rate (2015).....	\$90.07	\$109.49	82.3%	82.13%
<i>99406 - Smoking and tobacco use cessation counseling; &gt;3 -10 mins</i>				
ACA Rate (2014).....	NP	\$13.24	--	
Current Rate (2015).....	Not Allowed	\$13.42	--	--
<i>99407 - Smoking and tobacco use cessation counseling; &gt;10 mins</i>				
ACA Rate (2014).....	\$24.66	\$26.09	94.5%	
Current Rate (2015).....	\$66.02	\$26.09	253.0%	267.72%

\* Current/ACA Ratio = 2015 state-reported Medicaid rates divided by 2015 state-reported Medicaid rates.

	<b>Medicaid</b>	<b>Medicare</b>	<b>%Medicare</b>	<b>Current/ACA Ratio</b>
<b><u>Preventive Medicine Services</u></b>				
<i>(Continued)</i>				
<i>99408 - Alcohol/Substance abuse structured screening/SBI svc; 15-30 min</i>				
ACA Rate (2014).....	\$33.78	\$33.55	100.7%	
Current Rate (2015).....	\$33.78	\$33.56	100.7%	100.00%
<i>99409 - Alcohol/Substance abuse structured screening/SBI svc; &gt;10 min</i>				
ACA Rate (2014).....	\$65.95	\$65.51	100.7%	
Current Rate (2015).....	\$65.95	\$65.51	100.7%	100.00%
<i>99420 - Administration+interpretation of health risk assessment instrument</i>				
ACA Rate (2014).....	\$9.50	NIS	--	
Current Rate (2015).....	\$8.19	NIS	--	86.21%
<b><u>Office and Other Outpatient Services</u></b>				
<i>99201 - New patient, problem focused</i>				
ACA Rate (2014).....	\$40.20	\$39.92	100.7%	
Current Rate (2015).....	\$36.82	\$40.61	90.7%	91.59%
<i>99202 - New patient, expanded</i>				
ACA Rate (2014).....	\$69.49	\$69.02	100.7%	
Current Rate (2015).....	\$57.82	\$69.73	82.9%	83.21%
<i>99203- New patient, low complexity</i>				
ACA Rate (2014).....	\$100.73	\$100.05	100.7%	
Current Rate (2015).....	\$81.37	\$100.83	80.7%	80.78%
<i>99204 - New patient, moderate complexity</i>				
ACA Rate (2014).....	\$155.43	\$154.38	100.7%	
Current Rate (2015).....	\$117.82	\$154.51	76.3%	75.80%
<i>99205 - New patient, high complexity</i>				
ACA Rate (2014).....	\$194.39	\$193.07	100.7%	
Current Rate (2015).....	\$146.89	\$194.38	75.6%	75.56%
<i>99211 - Established patient, nurse only</i>				
ACA Rate (2014).....	\$18.57	\$18.44	100.7%	
Current Rate (2015).....	\$18.10	\$18.47	98.0%	97.47%
<i>99212 - Established patient, problem focused</i>				
ACA Rate (2014).....	\$40.52	\$40.24	100.7%	
Current Rate (2015).....	\$31.36	\$40.61	77.2%	77.39%
<i>99213 - Established Patient, low complexity</i>				
ACA Rate (2014).....	\$68.36	\$67.89	100.7%	
Current Rate (2015).....	\$43.23	\$68.10	63.5%	63.24%

\* Current/ACA Ratio = 2015 state-reported Medicaid rates divided by 2015 state-reported Medicare rates.



	Medicaid	Medicare	%Medicare	Current/ACA Ratio
<b>Office and Other Outpatient Services (Continued)</b>				
<i>99214 - Established patient, moderate complexity</i>				
ACA Rate (2014).....	\$101.17	\$100.49	100.70%	
Current Rate (2015).....	\$66.80	\$101.21	66.00%	66.03%
<i>99215 - Established patient, high complexity</i>				
ACA Rate (2014).....	\$135.91	\$135.00	100.70%	
Current Rate (2015).....	\$99.95	\$136.57	73.20%	73.54%
<i>92551- Screening test, hearing evaluation</i>				
Current Rate (2015).....	\$14.11	\$10.75	131.30%	NE-ACA
<i>92567 - Tympanometry, hearing evaluation</i>				
Current Rate (2015).....	\$18.25	\$13.73	132.9%	NE-ACA
<i>99173 - Screening test, visual acuity</i>				
Current Rate (2015).....	\$2.09	\$2.74	76.3%	NE-ACA
<i>99174 - Instrument-based ocular screening, bilatera</i>				
Current Rate.....	Not Allowed	NIS	--	NE-ACA
<i>99188 - Application of topical fluoride varnish by a physician or other qualified health care professional</i>				
Current Rate (2015).....	Not Allowed	NIS	--	NE-ACA
<i>96110 - Developmental screening</i>				
Current Rate (2015).....	\$61.51	\$8.51	722.8%	NE-ACA

Iowa reports that it does not pay for multiple units of 96110 on the same day, that payments for 99174 and 99188 are bundled with the preventive service, and that codes 92551, 92567, and 96110 are paid separately when reported with a preventive service code.

\* Current/ACA Ratio = 2015 state-reported Medicaid rates divided by 2015 state-reported Medicare rates.

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	Medicaid	Medicare	%Medicare	Current/ACA Ratio
<b><u>Newborn Care</u></b>				
<i>99460 - Initial newborn care</i>				
ACA Rate (2014).....	\$91.53	\$90.91	100.7%	
Current Rate (2015).....	\$69.24	\$95.26	72.7%	75.65%
<i>99462 - Subsequent newborn care</i>				
ACA Rate (2014).....	\$40.48	\$40.21	100.7%	
Current Rate (2015).....	\$36.97	\$40.03	92.4%	91.33%
<i>99463 - Admin and discharge on same day</i>				
ACA Rate (2014).....	\$109.91	\$109.17	100.7%	
Current Rate.....	\$88.75	\$114.04	77.8%	80.75%
<i>99464 - Physician attendance at delivery</i>				
ACA Rate (2014).....	\$68.81	\$68.35	100.7%	
Current Rate (2015).....	\$88.11	\$71.56	123.1%	128.05%
<i>99465 - Newborn resuscitation</i>				
ACA Rate (2014).....	\$141.44	\$140.49	100.7%	
Current Rate (2015).....	\$173.54	\$144.60	120.0%	122.70%
<i>54150 - Circumcision, using clamp or other device with regional dorsal penile or ring block</i>				
ACA Rate (2014).....	NP	\$143.38	--	
Current Rate (2015).....	\$161.47	\$144.39	111.8%	--
<b><u>Immunizations*</u></b>				
<i>90460 - Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component</i>				
ACA Rate (2014).....	\$19.68	\$22.88	86.0%	
Current Rate (2015).....	\$19.68 (VFC Cap)	\$23.23	84.7%	#Type!
<i>90461 - Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component</i>				
ACA Rate (2014).....	\$11.69	\$11.61	100.7%	
Current Rate (2015).....	\$10.51	\$11.95	87.9%	89.91%
<i>90471 - Immunization administration; one vaccine</i>				
ACA Rate (2014).....	\$23.03	\$22.88	100.7%	
Current Rate (2015).....	\$5.09	\$23.23	21.9%	22.10%
<i>90472- Each additional vaccine</i>				
ACA Rate (2014).....	\$11.69	\$11.61	100.7%	
Current Rate (2015).....	\$5.09	\$11.95	42.6%	43.54%
<i>90473 - Immunization administration by intranasal or oral route; one vaccine</i>				
ACA Rate (2014).....	\$23.03	\$22.88	100.7%	
Current Rate (2015).....	\$12.88	\$23.23	55.4%	55.93%
<i>90474 - Each additional vaccine</i>				
ACA Rate (2014).....	\$11.69	\$11.61	100.7%	
Current Rate (2015).....	\$6.86	\$11.95	57.4%	58.68%

\* For state-specific information on vaccine administration, please refer to the 'Caveat' section on page three of this report.

\*\* Current/ACA Ratio = 2015 state-reported Medicaid rates divided by 2015 state-reported Medicare rates.

	Medicaid	Medicare	%Medicare	Current/ACA Ratio
<b>Evaluation and Management *</b>				
<i>99354 - Prolonged service outpatient, 1st hour, face-to-face</i>				
ACA Rate (2014).....	\$95.32	\$94.68	100.7%	
Current Rate (2015).....	\$97.16	\$94.87	102.4%	101.93%
<i>99355 - Same as 99354, each additional 30 minute</i>				
ACA Rate (2014).....	\$93.39	\$92.76	100.7%	
Current Rate (2015).....	\$94.89	\$92.31	102.8%	101.61%
<i>99356 - Prolonged service, inpatient, 1st hour, face-to-face</i>				
ACA Rate (2014).....	\$88.01	\$87.41	100.7%	
Current Rate (2015).....	\$85.38	\$87.75	97.3%	97.01%
<i>99357 - Same as 99356, each additional 30 minute</i>				
ACA Rate (2014).....	\$87.37	\$86.77	100.7%	
Current Rate (2015).....	\$85.94	\$86.93	98.9%	98.36%
<i>99358 - Prolonged service, 1st hour, non-face-to-face</i>				
ACA Rate (2014).....	NP	NIS	--	
Current Rate (2015).....	Not allowed	NIS	--	--
<i>99359 - Same as 99358, each additional 30 minute</i>				
ACA Rate (2014).....	NP	NIS	--	
Current Rate (2015).....	Not allowed	NIS	--	--
<i>99367 - Medical team conference, patient/family not present ≤ 30 minutes</i>				
ACA Rate (2014).....	NC	NIS	--	
Current Rate (2015).....	Not allowed	NIS	--	--
<i>99339- Care plan oversight, supervision of patient in home, 15-29 minutes per month.</i>				
ACA Rate (2014).....	NP	\$73.62	--	
Current Rate (2015).....	Not allowed	NIS	--	--
<i>99442 - Telephone evaluation and management - 11-20 minutes</i>				
ACA Rate (2014).....	\$25.95	\$25.77	100.7%	
Current Rate (2015).....	\$35.70	\$25.77	138.5%	137.57%
<i>99447 - Physician to physician tele/internet consultation – 11-20 min</i>				
ACA Rate (2014).....	NP	NIS	--	
Current Rate (2015).....	Not allowed	NIS	--	--
<i>99448 - Physician to physician tele/internet consultation – 21-30 min</i>				
ACA Rate (2014).....	NP	NIS	--	
Current Rate (2015).....	Not allowed	NIS	--	--
<i>99490 - Chronic care management services, ≥ 20 mins clinical staff time directed by a physician or other qualified health care professional, per calendar mont</i>				
Current Rate (2015).....	\$38.25	\$39.82	96.1%	NE-ACA

\*State reports payments for 99367, 99339, 99490, 99442, 99447, and 99448 are bundled with the E/M code.

\*\* Current/ACA Ratio = 2015 state-reported Medicaid rates divided by 2015 state-reported Medicare rates.

	Medicaid	Medicare	%Medicare	Current/ACA Ratio
<b>Non-physician Provider (NPP) Services</b>				
<i>96150 - Health and behavior assessment; by NPP</i>				
Current Rate (2015).....	\$21.16	\$21.11	100.2%	NE-ACA
<i>96151 - Health and behavior re-assessment; by NPP</i>				
Current Rate (2015).....	Not allowed	\$20.08	--	NE-ACA
<i>96152 - Health and Behavior intervention; by NPP</i>				
Current Rate (2015).....	\$19.08	\$19.19	--	NE-ACA
<i>97802 - Medical Nutrition Therapy, individual, initial; by NPP</i>				
Current Rate (2015).....	\$15.19	\$33.08	45.9%	NE-ACA
<i>97803 - Medical Nutrition Therapy, individual, follow-up; by NPP</i>				
Current Rate (2015).....	\$15.19	\$28.44	53.4%	NE-ACA
<b>Hospital Care</b>				
<i>99222 - Initial hospitalization, per day, moderate complexity</i>				
ACA Rate (2014).....	\$131.51	\$130.62	100.7%	
Current Rate (2015).....	\$107.01	\$130.66	81.9%	81.37%
<i>99223 - Initial hospitalization, per day, high complexity</i>				
ACA Rate (2014).....	\$194.20	\$192.89	100.7%	
Current Rate (2015).....	\$143.59	\$193.60	74.2%	73.94%
<i>99232 - Subsequent hospitalization, per day, moderate complexity</i>				
ACA Rate (2014).....	\$69.20	\$68.73	100.7%	
Current Rate (2015).....	\$51.88	\$69.23	74.9%	74.97%
<i>99233 - Subsequent hospitalization, per day, high complexity</i>				
ACA Rate (2014).....	\$99.75	\$99.08	100.7%	
Current Rate (2015).....	\$72.99	\$99.61	73.3%	73.17%
<i>99238 - Hospital discharge, day management, 30 min or less</i>				
ACA Rate (2014).....	\$69.24	\$68.77	100.7%	
Current Rate (2015).....	\$61.82	\$69.46	89.0%	89.28%

\* Current/ACA Ratio = 2015 state-reported Medicaid rates divided by 2015 state-reported Medicare rates.

	Medicaid	Medicare	%Medicare
<b><u>Pathology and Laboratory*</u></b>			
81000 - Urinalysis, non-automated with microscopy	\$4.50	NIS	--
81002 - Urinalysis, non-automated without microscopy	\$3.64	NIS	--
86580 - Tuberculosis, intradermal	\$9.12	\$6.90	132.2%
87081- Throat culture	\$8.32	NIS	--
87880 - Rapid Streptococcus screen	\$17.04	NIS	--

\*State reports payments for Pathology and Laboratory codes 81000, 81002, 86580, 87081, and 87880 are paid separately when reported with an E/M code.

<b><u>Mental Health **</u></b>			
90791 - Psychiatric diagnostic eval	\$103.14	\$127.29	81.0%
90792 - Psychiatric diagnostic eval w/ medical services	\$85.86	\$142.06	60.4%
90832 - Psychotherapy, 30 mins w/ patient/family	\$42.90	\$62.20	69.0%
90837 - Psychotherapy, 60 mins w/ patient/family	\$81.59	\$123.76	65.9%
96111 - Developmental testing, extended	\$120.41	\$123.59	97.4%
90887 - Interpretation of explanation of psychiatric or other medi	Not allowed	NIS	--
90889 - - Preparation of reports on patient's psychiatric status	Not allowed	NIS	--
96127- Brief emotional/behavioral assessment	\$61.51	\$4.66	1320.0%

\*\*State reports it reimburses general pediatricians for mental health code(s): 90791, 90792, 90832, 90837, 96111, and 96127.

In addition, Iowa currently reimburses developmental/behavioral pediatric subspecialists the same rates as general pediatricians for providing the services listed above.

<b>Specialty Care Codes</b>	<b>Medicaid</b>	<b>Medicare</b>	<b>%Medicare</b>
<b><u>Allergy/Immunology</u></b>			
95004 - Percutaneous tests with allergenic extracts	\$3.46	\$5.66	61.1%
95017 - Allergy testing, with venoms	\$7.64	\$7.16	106.7%
95018 - Allergy testing, with drugs or biologics	\$18.90	\$17.36	108.9%
95024 - Intracutaneous tests, with allergenic extracts	\$5.07	\$6.94	73.1%
95115 - Allergen immunotherapy, single injection	\$13.35	\$7.86	169.8%
95117 - Allergen immunotherapy, two or more injections	\$17.22	\$9.15	188.2%
<b><u>Cardiology</u></b>			
32551 - Tube thoracostomy, includes water seal	\$136.77	\$162.25	84.3%
92950 - Cardiopulmonary resuscitation	\$202.93	\$285.87	71.0%
93303 - Transthoracic echocardiography	\$203.17	\$436.58	93.1%
93307 - Echocardiography, real-time with image documentatio	\$277.87	\$120.42	230.8%
93320 - Doppler echocardiograph	\$82.23	\$50.46	163.0%
93451 - Right heart catheterization	\$680.11	\$713.57	95.3%
93452 - Left heart catheterization	\$752.47	\$807.97	93.1%
<b><u>Critical Care</u></b>			
31500 - Intubation, endotracheal	\$114.50	\$106.04	108.0%
36555 - Insertion of non-tunneled center venous catheter; < 5 yrs	\$279.52	\$238.42	117.2%
36568 - Insertion of peripherally inserted CVC; under 5 year	\$73.64	\$281.19	26.2%
36600 - Arterial puncture, diagnostic	\$22.93	\$29.73	77.1%
36620 - Arterial line placement	\$57.58	\$49.93	115.3%
99291 - Critical care, first hour	\$176.58	\$259.89	67.9%
<b><u>Emergency Care</u></b>			
10120 - Simple surgical removal of foreign body	\$80.78	\$140.77	57.4%
36400 - Venipuncture necessitating physician skill; < 3 years	\$17.72	\$26.75	66.2%
36410 - Venipuncture necessitating physician skill; ≥ 3 yrs	\$17.48	\$15.76	110.9%
36415 - Routine venipuncture	\$3.17	NIS	--
62270 - Lumbar puncture, diagnostic	\$111.12	\$148.15	75.0%
99282 - ED visit, problem focused	\$28.97	\$39.43	73.5%
99283 - ED visit, expanded	\$59.12	\$59.32	99.7%
99284 - ED visit, detailed	\$91.03	\$112.74	80.7%
<b><u>Gastrointestinal</u></b>			
43239 - Upper gastrointestinal endoscopy with biopsy	\$220.82	\$371.85	59.4%
44389 - Colonoscopy with biopsy	\$268.95	\$365.77	73.5%
45331 - Sigmoidoscopy with biopsy	\$106.74	\$150.47	70.9%
<b><u>Ophthalmology</u></b>			
67311 - Strabismus surgery, horizontal	\$467.02	\$563.02	82.9%
67314 - Strabismus surgery, vertical	\$521.67	\$633.43	82.4%
68810 - Nasolacrimal probing	\$216.50	\$224.00	96.7%
<b><u>Otolaryngology</u></b>			
42820 - Tonsillectomy/adenoidectomy, under 12 years	\$254.67	\$275.86	92.3%
42821 - Tonsillectomy/adenoidectomy, over 12 years	\$286.21	\$286.35	100.0%
69436 - Tympanostomy and tubes	\$137.26	\$151.48	90.6%

<b>Specialty Care Codes (Continued)</b>	<b>Medicaid</b>	<b>Medicare</b>	<b>%Medicare</b>
<b>Neonatal and Pediatric Critical Care</b>			
36510 - Umbilical vein catheterization	\$52.02	\$86.47	60.2%
36660 - Umbilical artery catheterization	\$66.41	\$59.68	111.3%
99471 - Initial pediatric critical care (29d-24m)	\$741.17	\$826.04	89.7%
99472 - Subsequent pediatric critical care (29d-24m)	\$370.53	\$390.09	95.0%
99475 - Initial pediatric critical care (2-5 yrs)	\$486.37	\$550.61	88.3%
99476 - Subsequent pediatric critical care (2-5 yrs)	\$290.47	\$331.67	87.6%
99468 - Initial neonatal critical care	\$741.17	\$881.43	84.1%
99469 - Subsequent neonatal critical care	\$370.53	\$381.92	97.0%
<b>Initial and Continuing Intensive Care Services</b>			
99477 - Initial neonatal intensive care	\$263.22	\$344.78	76.3%
99478 - Subsq intensive care, < 1500 gm present body weight	\$134.19	\$135.31	99.2%
99479 - Subsq intensive care, 1500-2500 gm present body weigh	\$122.56	\$119.58	102.5%
99480 - Subsq intensive care, 2501-5000 gm present body weigh	\$118.05	\$114.73	102.9%
<b>Plastic Surgery</b>			
40700 - Cleft lip repair	\$765.90	NIS	--
42200 - Cleft palate repair	\$716.90	\$809.45	88.6%
<b>Pulmonology</b>			
31622 - Bronchoscopy	\$206.59	\$291.63	70.8%
32421 - Thoracentesis, puncture of pleural cavity for aspiration initial or subsq	126.46	--	--
94010 - Spirometry, including graphic record	\$26.30	\$33.02	79.65%
94640 - Inhalation treatment	\$17.22	\$16.51	104.3%
94644 - Continuous inhalation treatment, first hour	\$29.79	\$39.26	75.9%
94664 - Demonstration/evaluation	\$16.80	\$15.55	108.0%
<b>Radiology</b>			
71010 - Frontal chest x-ray	\$25.04	\$41.12	60.9%
<b>Surgery</b>			
28262 - Extensive clubfoot release	\$1,028.68	\$1,374.80	74.8%
44950 - Appendectomy	\$487.63	\$598.71	81.4%
49500 - Bilateral inguinal hernia, 6 months to under 5 years	\$310.42	\$381.32	81.4%
49505 - Bilateral inguinal hernia, 5 years or over	\$385.47	\$483.81	79.7%
<b>Urology and Dialysis</b>			
50200 - Renal biopsy; percutaneous, by trocar or needle	\$153.93	\$565.77	27.2%
90957 - ESRD services; 12-19 yrs, 4+ face-to-face physician visits/mo	\$578.51	\$618.66	93.5%
90959 - ESRD services; 12-19 yrs, 1 face-to-face physician visits/mo	\$256.10	\$283.34	90.4%
90965 - ESRD services; 12-19 yrs, home dialysis for full month	\$393.88	\$434.71	90.6%
90945 - Peritoneal dialysis	\$75.64	\$82.03	92.2%

**Dental and Oral Health Services**

Dental codes (CDT Codes) are copyright 2006 American Dental Association.

	<b>Medicaid</b>	<b>Non-Dental Medical Provider Rate</b>
D0120 - Periodic exam	\$16.37	\$13.56
D0145 - Caries Risk Assessment	\$23.54	\$19.49
D1206 - Topical flouride varnish	\$14.33	\$13.95
D1120 - Prophylaxis, child	\$24.57	
D2150 - Amalgam - two survaces, primary or permanent	\$58.34	
D2330 - Resin-based composite - one surface anterior	\$52.19	
D1351 - Sealant, per tooth	\$20.47	
D3220 - Pulpotomy	\$59.36	
D7140 - Extraction	\$51.17	

***Medicaid Reimbursement for Preventive Oral Health Services Performed by Non-dental Medical Providers***



# Iowa - 2015 AAP Medicaid Reimbursement Survey

## ***Additional Affordable Care Act (ACA) and Managed Care Implementation***

Below is additional ACA and Managed Care Implementation-related information as provided by the state:

Rates shown in this report apply to payment of services for children enrolled in state-administered medical fee-for-service (FFS) plans only. Iowa reported that only 19 percent of its Medicaid children are enrolled in its state-administered FFS plan. It should be noted, therefore, that fees in other prepaid Medicaid plans, where a large majority of Iowa Medicaid children are enrolled, may vary from ones included in this report. On methodology used to determine the Medicaid payment increase in the managed care context, Iowa noted that its Medicaid program “has a policy to mirror Medicaid rates, including all increases and changes in methodology. The MCO sends notification to their providers when their rates are subject to any Medicaid-related increase, as was the case for the ACA mandated primary care increases.” The state remarked simply that it monitored MCO implementation of the payment increase “during rate setting”, and did not provide federal cost to implement the ACA Medicaid payment increase. Retroactive lump sum payments were used to pay providers the payment increase required by the ACA, and 45% of outstanding retroactive lump sum payments due providers were paid as of January 1, 2015 according to state report. The state did not provide any estimate regarding the percentage of claims submitted under the 8 preventive services codes (99381-4 and 99391-4) during the 4th quarter of 2014 that were paid the “bumped-up” rate as required by the ACA, citing claims data lag and incomplete data. State reports that dental and mental health services are always offered in separate plans. The state does not monitor plan-to-provider rates in its Medicaid managed care plans. State cannot share provider fee data due to its confidential/proprietary nature.