

5. Physician Services (Continued)

The rates listed below were average payment rates to providers between July 1, 1995 and June 30, 1996. There were no variations by geographic region, provider specialty or provider type.

PEDIATRIC PRACTITIONER SERVICES (Continued)

Counseling and/or Risk Factor Reduction Intervention PRICE  
New or Established Patient

Preventive Medicine, Individual Counseling

|       |                                                                                                                    |                      |
|-------|--------------------------------------------------------------------------------------------------------------------|----------------------|
| 99401 | Counseling and/or risk factor reduction intervention(s) provided to a healthy individual; approximately 15 minutes | Included in Exam Fee |
| 99402 | Approximately 30 minutes                                                                                           | 15.00                |
| 99403 | Approximately 45 minutes                                                                                           | 20.00                |
| 99404 | Approximately 60 minutes                                                                                           | 25.00                |

Immunizations

|       |                                                                                  |   |
|-------|----------------------------------------------------------------------------------|---|
| 90701 | Immunization, active; diphtheria and tetanus toxoids and pertussis vaccine (DTP) | * |
| 90707 | Measles, mumps and rubella virus vaccine, live                                   | * |
| 90712 | Poliovirus vaccine, live, oral (any type(s))                                     | * |
| 90737 | Hemophilus influenza B                                                           | * |
| 90744 | Hepatitis B vaccine, newborn to 11 years                                         | * |
| 90745 | Hepatitis B vaccine, 11 to 19 years                                              | * |

\* These immunizations are provided free to Medicaid providers for administration to Medicaid recipients. Additionally, providers were reimbursed an average of \$4.26.

TN No. 97-06 APPROVAL DATE MAY 01 1997  
 SUPERSEDES  
 TN No. 96-10 EFFECTIVE DATE 7-1-97

5. Physician Services (Continued)**1997 REIMBURSEMENT RATES  
OBSTETRICAL PRACTITIONER SERVICES**

| <u>Maternity Care and Delivery</u> |                                                                                                                                                        | <u>PRICE</u>  |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <u>Incision</u>                    |                                                                                                                                                        |               |
| 59000                              | Amniocentesis, any method                                                                                                                              | <u>82.69</u>  |
| 59012                              | Cordocentesis (intrauterine), any method                                                                                                               | <u>150.40</u> |
| 59015                              | Chorionic villus sampling, any method                                                                                                                  | <u>82.70</u>  |
| 59020                              | Fetal contraction stress test                                                                                                                          | <u>77.10</u>  |
| 59025                              | Fetal non-stress test                                                                                                                                  | <u>42.39</u>  |
| 59030                              | Fetal scalp blood sampling                                                                                                                             | <u>89.11</u>  |
| 59050                              | Initiation and/or supervision or internal fetal monitoring during labor by consultant with report (separate procedure); supervision and interpretation | <u>43.63</u>  |
| 59051                              | Interpretation only                                                                                                                                    | <u>40.03</u>  |
| 59100                              | Hysterotomy, abdominal (e.g., for hydatidiform mole, abortion)                                                                                         | <u>261.82</u> |
| <u>Excision</u>                    |                                                                                                                                                        |               |
| 59120                              | Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach                  | <u>387.89</u> |
| 59121                              | Tubal or ovarian, without salpingectomy and/or oophorectomy                                                                                            | <u>317.59</u> |
| 59130                              | Abdominal pregnancy                                                                                                                                    | <u>342.77</u> |
| 59135                              | Interstitial, uterine pregnancy requiring total hysterectomy                                                                                           | <u>565.76</u> |

TN No. 97-06 APPROVAL DATE MAY 01 1997  
 SUPERSEDES  
 TN No. 96-10 EFFECTIVE DATE 7-1-97

5. Physician Services (Continued)1997 REIMBURSEMENT RATES  
OBSTETRICAL PRACTITIONER SERVICES (Continued)

| <u>Maternity Care and Delivery (Continued)</u>  |                                                                                        | <u>PRICE</u>    |
|-------------------------------------------------|----------------------------------------------------------------------------------------|-----------------|
| <u>Excision</u>                                 |                                                                                        |                 |
| 59136                                           | Interstitial, uterine pregnancy with partial resection of uterus                       | <u>386.95</u>   |
| 59140                                           | Cervical, with evacuation                                                              | <u>\$235.74</u> |
| 59150                                           | Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy | <u>282.11</u>   |
| 59151                                           | With salpingectomy and/or oophorectomy                                                 | <u>386.24</u>   |
| 59160                                           | Curettage, postpartum (separate procedure)                                             | <u>143.83</u>   |
| <u>Introduction</u>                             |                                                                                        |                 |
| 59200                                           | Insertion of cervical dilator                                                          | <u>34.07</u>    |
| <u>Repair</u>                                   |                                                                                        |                 |
| 59300                                           | Episiotomy or vaginal repair, by other than attending physician                        | <u>82.96</u>    |
| 59320                                           | Cerclage of cervix, during pregnancy; vaginal                                          | <u>110.52</u>   |
| 59325                                           | Abdominal                                                                              | <u>170.93</u>   |
| 59350                                           | Hysterorrhaphy of ruptured uterus                                                      | <u>220.34</u>   |
| <u>Delivery, Antepartum and Postpartum Care</u> |                                                                                        |                 |
| 59420                                           | Prenatal visit                                                                         | <u>44.00</u>    |
| 59420IF                                         | First prenatal visit, first trimester                                                  | <u>74.00</u>    |
| 59420IV                                         | First prenatal visit, weeks 15 to 36                                                   | <u>54.00</u>    |

TN No. 97-06 APPROVAL DATE MAY 01 1997

SUPERSEDES

TN No. 96-10 EFFECTIVE DATE 7-1-97

5. Physician Services (Continued)**1997 REIMBURSEMENT RATES  
OBSTETRICAL PRACTITIONER SERVICES (Continued)**

| <u>Maternity Care and Delivery (Continued)</u>  |                                                                                                                                     | <u>PRICE</u>    |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <u>Delivery, Antepartum and Postpartum Care</u> |                                                                                                                                     |                 |
| 59400                                           | Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care | N.C.            |
| 59409                                           | Vaginal delivery only (with or without Episiotomy and/or forceps)                                                                   | <u>\$590.74</u> |
| 59410                                           | Vaginal delivery only (with or without episiotomy and/or forceps) including postpartum care                                         | <u>642.33</u>   |
| 59412                                           | External cephalic version, with or without tocolysis                                                                                | <u>108.89</u>   |
| 59414                                           | Delivery of placenta (separate procedure)                                                                                           | <u>102.45</u>   |
| 59425                                           | Antepartum care only; 4-6 visits                                                                                                    | N.C.            |
| 59426                                           | 7 or more visits                                                                                                                    | N.C.            |
| 59430                                           | Postpartum care only (separate procedure)                                                                                           | <u>58.70</u>    |
| <u>Cesarean Delivery</u>                        |                                                                                                                                     |                 |
| 59510                                           | Routine obstetric care including antepartum care, Cesarean delivery, and postpartum care                                            | N.C.            |
| 59514                                           | Cesarean delivery only;                                                                                                             | <u>635.79</u>   |
| 59515                                           | Cesarean delivery only including postpartum care                                                                                    | <u>683.46</u>   |
| 59525                                           | Subtotal or total hysterectomy after Cesarean delivery                                                                              | <u>314.22</u>   |
| 59610                                           | VBAC Delivery                                                                                                                       | N.C.            |

TN No. 97-06 APPROVAL DATE MAY 01 1997

SUPERSEDES

TN No. 96-10 EFFECTIVE DATE 7-1-97

5. Physician Services (Continued)**1997 REIMBURSEMENT RATES  
OBSTETRICAL PRACTITIONER SERVICES (Continued)**Maternity Care and Delivery (Continued)

| <u>Cesarean Delivery</u>                 | <u>PRICE</u>  |
|------------------------------------------|---------------|
| 59612 VBAC Delivery Only                 | <u>673.08</u> |
| 59614 VBAC Care after Delivery           | <u>727.32</u> |
| 59618 Attempted VBAC Delivery            | N.C.          |
| 59620 Attempted VBAC Delivery Only       | <u>773.75</u> |
| 59622 Attempted VBAC Care after Delivery | <u>828.75</u> |

Abortion

|                                                                              |               |
|------------------------------------------------------------------------------|---------------|
| 59812 Treatment of spontaneous abortion, any trimester, completed surgically | <u>176.24</u> |
| 59820 Treatment of missed abortion, completed surgically, first trimester    | <u>194.56</u> |
| 59821 Second trimester                                                       | <u>180.01</u> |
| 59830 Treatment of septic abortion, completed surgically                     | <u>259.52</u> |
| 59840 Induced abortion, by dilation and curettage                            | <u>160.76</u> |
| 59841 Induced abortion, by dilation and evacuation                           | <u>182.54</u> |
| 59850 Induced abortion, by one or more intra-amniotic injections             | <u>243.83</u> |
| 59851 With dilation and curettage and/or evacuation                          | <u>254.81</u> |
| 59852 With hysterotomy (failed intra-amniotic injection)                     | <u>342.69</u> |

TN No. 97-06 APPROVAL DATE MAY 01 1997  
 SUPERSEDES  
 TN No. 96-10 EFFECTIVE DATE 7-1-97

5. Physician Services (Continued)1997 REIMBURSEMENT RATES  
OBSTETRICAL PRACTITIONER SERVICES (Continued)

| <u>Maternity Care and Delivery (Continued)</u> |                                                                                              | <u>PRICE</u>  |
|------------------------------------------------|----------------------------------------------------------------------------------------------|---------------|
| <u>Abortion</u>                                |                                                                                              |               |
| 59855                                          | Induced abortion, by one or more vaginal<br>Suppositories, with or without cervical dilation | <u>257.98</u> |
| 59856                                          | With D & C and/or evacuation                                                                 | <u>318.57</u> |
| 59857                                          | With hysterotomy                                                                             | <u>387.43</u> |
| 59870                                          | Uterine evacuation and curettage for<br>hydatidiform mole                                    | <u>181.29</u> |
| 59899                                          | Unlisted procedure                                                                           | B.R.          |

1997 REIMBURSEMENT RATES  
PEDIATRIC PRACTITIONER SERVICESEVALUATION AND MANAGEMENTOffice or Outpatient or Other Ambulatory Facility (Visit)New Patient

|       |                                       |              |
|-------|---------------------------------------|--------------|
| 99201 | Physicians typically spend 10 minutes | <u>17.24</u> |
| 99202 | Physicians typically spend 20 minutes | <u>27.42</u> |
| 99203 | Physicians typically spend 30 minutes | <u>37.83</u> |
| 99204 | Physicians typically spend 45 minutes | <u>56.51</u> |
| 99205 | Physicians typically spend 60 minutes | <u>70.94</u> |

Established Patient

|       |                                                                           |              |
|-------|---------------------------------------------------------------------------|--------------|
| 99211 | Typically 5 minutes are spent supervising or<br>performing these services | <u>10.83</u> |
|-------|---------------------------------------------------------------------------|--------------|

TN No. 97-06 APPROVAL DATE MAY 01 1997  
SUPERSEDES  
TN No. 96-10 EFFECTIVE DATE 7-1-97

5. Physician Services (Continued)**1997 REIMBURSEMENT RATES  
PEDIATRIC PRACTITIONER SERVICES (Continued)****Office or Outpatient of Other Ambulatory Facility (Visit) (Cont'd)** **PRICE**Established Patient

|       |                                       |              |
|-------|---------------------------------------|--------------|
| 99212 | Physicians typically spend 10 minutes | <u>19.44</u> |
| 99213 | Physicians typically spend 15 minutes | <u>27.48</u> |
| 99214 | Physicians typically spend 25 minutes | <u>42.47</u> |
| 99215 | Physicians typically spend 40 minutes | <u>67.21</u> |

**Office or Other Outpatient Consultations**New or Established Patient

|       |                                       |              |
|-------|---------------------------------------|--------------|
| 99241 | Physicians typically spend 15 minutes | <u>21.13</u> |
| 99242 | Physicians typically spend 30 minutes | <u>33.20</u> |
| 99243 | Physicians typically spend 40 minutes | <u>42.81</u> |
| 99244 | Physicians typically spend 60 minutes | <u>60.26</u> |
| 99245 | Physicians typically spend 80 minutes | <u>81.17</u> |

**Confirmatory Consultations**New or Established Patient

|       |                                                             |              |
|-------|-------------------------------------------------------------|--------------|
| 99271 | Usually the presenting problem(s) are self limited or minor | <u>18.43</u> |
| 99272 | Usually the presenting problem(s) are of low severity       | <u>27.59</u> |
| 99273 | Usually the presenting problem(s) are of moderate severity  | <u>39.00</u> |

TN No. 97-06 APPROVAL DATE MAY 01 1997  
 SUPERSEDES  
 TN No. 96-10 EFFECTIVE DATE 7-1-97

5. Physician Services (Continued)1997 REIMBURSEMENT RATES  
PEDIATRIC PRACTITIONER SERVICES (Continued)

| <u>Confirmatory Consultations (Continued)</u> |                                                                                                          | <u>PRICE</u>    |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------|
| <u>New or Established Patient</u>             |                                                                                                          |                 |
| 99274                                         | Usually the presenting problem(s) are of moderate to high severity                                       | <u>51.52</u>    |
| 99275                                         | Usually the presenting problem(s) are of moderate to high severity                                       | <u>71.02</u>    |
| <u>Home Services</u>                          |                                                                                                          |                 |
| <u>New Patient</u>                            |                                                                                                          |                 |
| 99341                                         | Usually the presenting problem(s) are of low severity                                                    | \$ <u>37.36</u> |
| 99342                                         | Usually the presenting problem(s) are of moderate severity                                               | <u>49.10</u>    |
| 99343                                         | Usually the presenting problem(s) are of high severity                                                   | <u>64.30</u>    |
| <u>Established Patient</u>                    |                                                                                                          |                 |
| 99351                                         | Usually the patient is stable, recovering or improving                                                   | <u>28.97</u>    |
| 99352                                         | Usually the patient is responding inadequately to therapy or has developed a minor complication          | <u>37.13</u>    |
| 99353                                         | Usually the patient is unstable or has developed a significant complication or a significant new problem | <u>47.08</u>    |

TN No. 97-06 APPROVAL DATE MAY 01 1997  
 SUPERSEDES  
 TN No. 96-10 EFFECTIVE DATE 7-1-97

5. Physician Services (Continued)**1997 REIMBURSEMENT RATES  
PEDIATRIC PRACTITIONER SERVICES (Continued)****Prolonged Services** **PRICE**Prolonged Physician Service with Direct (Face-to-face) Patient Contact

|       |                                                                                                                                             |      |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------|------|
| 99354 | Prolonged physician service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour | N.C. |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------|------|

|       |                            |      |
|-------|----------------------------|------|
| 99355 | Each additional 30 minutes | N.C. |
|-------|----------------------------|------|

Prolonged Physician Service Without Direct (Face-to-face) Patient Contact

|       |                                                                                                 |      |
|-------|-------------------------------------------------------------------------------------------------|------|
| 99358 | Prolonged evaluation and management service before and/or after direct patient care; first hour | N.C. |
|-------|-------------------------------------------------------------------------------------------------|------|

|       |                            |      |
|-------|----------------------------|------|
| 99359 | Each additional 30 minutes | N.C. |
|-------|----------------------------|------|

Telephone Calls

|       |                 |      |
|-------|-----------------|------|
| 99371 | Simple or brief | N.C. |
|-------|-----------------|------|

|       |              |      |
|-------|--------------|------|
| 99372 | Intermediate | N.C. |
|-------|--------------|------|

|       |                    |      |
|-------|--------------------|------|
| 99373 | Complex or lengthy | N.C. |
|-------|--------------------|------|

**Preventive Medicine Services**New Patient

|       |                                                                                                                                                                                                                                                                        |              |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 99381 | Initial evaluation and management of a healthy individual requiring a comprehensive history, a comprehensive examination, the identification of risk factors, and the ordering of appropriate laboratory/diagnostic procedures; new patient; infant (age under 1 year) | <u>47.25</u> |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|

|                     |                                  |
|---------------------|----------------------------------|
| TN No. <u>97-06</u> | APPROVAL DATE <u>MAY 01 1997</u> |
| SUPERSEDES          |                                  |
| TN No. <u>96-10</u> | EFFECTIVE DATE <u>7-1-97</u>     |

5. Physician Services (Continued)1997 REIMBURSEMENT RATES  
PEDIATRIC PRACTITIONER SERVICES (Continued)Preventive Medicine Services (Continued) PRICENew Patient

|       |                                         |              |
|-------|-----------------------------------------|--------------|
| 99382 | Early childhood (age 1 through 4 years) | <u>48.11</u> |
| 99383 | Late childhood (age 5 through 11 years) | <u>48.40</u> |
| 99384 | Adolescent (age 12 through 17 years)    | <u>54.20</u> |

Established Patient

|       |                                                                                                                                                                                                                                                                            |              |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 99391 | Periodic re-evaluation and management of a healthy individual requiring a comprehensive history, a comprehensive examination, the identification of risk factors, and the ordering of appropriate laboratory/diagnostic procedures; new patient; infant (age under 1 year) | <u>36.81</u> |
| 99392 | Early childhood (age 1 through 4 years)                                                                                                                                                                                                                                    | <u>38.56</u> |
| 99393 | Late childhood (age 5 through 11 years)                                                                                                                                                                                                                                    | <u>38.56</u> |
| 99394 | Adolescent (age 12 through 17 years)                                                                                                                                                                                                                                       | <u>41.73</u> |

Counseling and/or Risk Factor Reduction Intervention -  
New or Established PatientPreventive Medicine, Individual Counseling

|       |                                                                                                                    |                      |
|-------|--------------------------------------------------------------------------------------------------------------------|----------------------|
| 99401 | Counseling and/or risk factor reduction intervention(s) provided to a healthy individual; approximately 15 minutes | Included in Exam Fee |
| 99402 | Approximately 30 minutes                                                                                           | <u>\$16.50</u>       |
| 99403 | Approximately 45 minutes                                                                                           | <u>22.00</u>         |
| 99404 | Approximately 60 minutes                                                                                           | <u>27.50</u>         |

TN No. 97-06 APPROVAL DATE MAY 01 1997  
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