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# Medicaid Procedure Fees in New Hampshire

February 2009

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## **About this paper**

This paper is one of a series published by the NH Center for Public Policy Studies on the broad topic of healthcare finance. The Concord-based Endowment for Health has sponsored this work. We would like to thank Andrew Chalsma from the NH Department of Health and Human Services and Tyler Brannen from the New Hampshire Insurance Department for providing comments on this report.

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# Medicaid Procedure Fees in NH

## Table of Contents

- Executive Summary ..... 1
- Data Sources and Methodology ..... 3
  - Data Sources ..... 3
  - Method of Analysis ..... 4
- New Hampshire Medicaid Fees Relative to the Rest of the Country ..... 5
- Individual Medicaid Fee Comparison..... 6
  - Medicaid Fee Comparison by Type of Service..... 8
- Discussion ..... 11

## Executive Summary

The Medicaid program in New Hampshire provides services to a variety of different resident populations – including lower income children and pregnant women, the elderly, and the physically and mentally disabled. Many different providers serve these Medicaid enrolled individuals, including hospitals, home health care organizations, nursing homes and physicians, among others. And these providers supply a wide array of services. In this analysis, we assess how Medicaid pays for medical, surgical, and diagnostic services by all different types of providers excluding hospital inpatient, nursing home and other institutional services. In what follows we compare Medicaid service fees to two baselines: fees paid by Medicare – the primary insurer of those over 65 and the disabled – and private payers in New Hampshire – including Anthem, Cigna and Harvard Pilgrim, among other insurers doing business in New Hampshire.

Understanding Medicaid payment levels is important for at least three reasons. First, low Medicaid fees have long been raised as a reason for poor access to services by Medicaid clients.<sup>1</sup> With an increasing emphasis on the development of a medical home model of care for Medicaid recipients in New Hampshire – with a primary care doctor providing comprehensive, holistic care – understanding how the New Hampshire Medicaid program pays for assessment and preventative services is important. Second, just as with hospitals, physicians and other providers have the opportunity to cost-shift below-cost reimbursement to private premiums, making understanding the relative level of fees in the private and public sectors important. Finally, in testimony before the NH House Finance Committee in January of 2009, the Commissioner of Health and Human Services recently noted that there was little room to further lower Medicaid payment levels in the face of potential budget deficits. This analysis will serve as additional information to help assess Medicaid payment changes over the next two years.

The major findings from this analysis are:

- On average, in 2003, New Hampshire Medicaid reimbursement was slightly higher than the national average across the country. Among the four Northern New England States, only Maine's Medicaid reimbursement rates were lower, on average, than New Hampshire's.
- Medicaid payments lag far behind payments in the Medicare program and in the private sector. In 2005, for a market basket of approximately 450 different services, New Hampshire Medicaid paid 65% of the Medicare payment for the same set of services. New Hampshire Medicaid paid only 48% of the equivalent set of services in the private sector.
- Relative to the Medicare and private markets, New Hampshire Medicaid paid the most for physical therapy (88% of the private market) and psychotherapy services (85% of the private market). Medicaid payments for primary care services were roughly 50% of the private sector payments.
- Medicaid pays very little relative to the private sector for the review and analysis of diagnostic imaging services. The ten lowest paid categories of service – when compared

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<sup>1</sup> P. Cunningham, "Mounting Pressures: Physicians Serving Medicaid Patients and the Uninsured, 1997-2001," Tracking Report no. 6, December 2002, [www.hschange.org/content/505/505.pdf](http://www.hschange.org/content/505/505.pdf) (May 2004).

to the private sector payments – were all related to the review of diagnostic imaging services, such as MRIs and CT scans with Medicaid paying as little as 10% of the comparable diagnostic service in the private market.

- To a large extent this analysis is consistent with work conducted by the Department of Health and Human Services at the request of the legislature.<sup>2</sup> The Department should be commended for this analysis, which can be found on their website.

The results of this analysis suggest that there is significant variation in Medicaid reimbursement levels relative to the benchmarks used here – Medicare and private payment. The fact that Medicaid reimbursement levels are lower than in the private sector and in Medicare on average is not surprising. The degree of variation in relative Medicaid payment rates relative to these other payers is somewhat surprising. To the extent that Medicaid fees impact provider participation in Medicaid, the existing system creates very different incentives depending on the service that is being provided.

From this analysis it is not clear why we see these patterns of reimbursement. The relative level of reimbursement likely reflects policy decisions made long ago. Are these policy decisions still relevant? How does this variation in payment levels impact the provision and cost of care? The point of this questioning is not to suggest that the level of payment for any given service is ‘appropriate’ or ‘inappropriate’ but rather to suggest that the policy reasoning for why these services are set the way they are is not clear. If the state is interested in developing a more transparent – and potentially more rational – framework for provider reimbursement, one option would be to more consistently implement the Medicare payment system (based on RBRVS), which was based on many national studies of the cost of doing business for physicians across the country. Even as far back as the mid 1990s, 15 Medicaid programs had adopted a Resource-Based Relative Value Scale (RBRVS) with another 11 considering adoption.<sup>3</sup>

If policy makers are concerned with the issue of cost-shifting in Medicaid with respect to inpatient providers, this analysis suggests that they should be equally concerned about the non-inpatient hospital and physician environments. Elsewhere the Center has demonstrated that a portion of private insurance premiums are driven by below cost reimbursement for Medicaid services in the inpatient market. If you assume, for the moment, that Medicare reimbursement is a proxy for cost, then there is an equally sizable private insurance premium surcharge for below cost reimbursement of Medicaid in the physician and non-inpatient market.

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<sup>2</sup> See NH RSA 126-A:18-b which requires the Department to review Medicaid rates compared to benchmark rates paid by other payers.

<sup>3</sup> McCormack LA, Burge RT, Ammering CJ, Mitchell JB. AHSR FHSR Annu Meet Abstr Book. 1994; 11: 130-1.

## Data Sources and Methodology

In this analysis, we are analyzing only the non-institution based reimbursement levels for services provided by the state's Medicaid program. Technically, we use the term services to mean those services – diagnostic, imaging, preventive and surgical among others – that have been identified with a Current Procedural Terminology (“CPT”) Code by the American Medical Association. These CPT codes represent a system of classifying medical, surgical and diagnostics services provided by physicians, hospitals and other healthcare providers.

### Data Sources

The fees used in this study were developed from three different data sources. Private fee information is derived from New Hampshire's Comprehensive Health Information System. This data system includes claims for all services to New Hampshire policy holders. A private fee schedule was developed by dividing – for each procedure – the total amount paid either by the insurance company or the individual for a specific service by the number of services provided.<sup>4</sup> The private fee schedule is actually a calculated average during a specific time period, and that average will be influenced by the market share of the major carriers and carrier specific fee schedules.

A similar process was used to develop a fee schedule for Medicaid, from claims level files provided by the New Hampshire Department of Health and Human Services. The ‘fee schedule’ that emerges represents, in essence, a Medicaid fee schedule, and a private fee schedule for 2005 that reflects the different payment policy choices the ‘two’ payers have adopted as well as any variation in practice patterns and billing practices. New Hampshire also requires co-payments for some services.<sup>5</sup> The collection of this information, however, was not captured on the claims data so it is not available for analysis.

Because we did not have claims data for Medicare, we took a different approach for computing Medicare fees. The Center for Medicare and Medicaid services developed a fee schedule for all physician services based on studies of the amount of physician work involved in each procedure and the costs of the inputs to a physician's practice, allowing those inputs to vary geographically. This payment system, based on the Resource Based Relative Value Scale, was used to compute a Medicare fee schedule for New Hampshire.<sup>6</sup>

For the purpose of this analysis, we ignore the issue of payment modifiers altogether. In some cases, a fee (and the payment a provider receives) can be modified to reflect the fact that the procedure being done is slightly different than the normal payment levels would suggest. For example, payment for some services provided in a teaching hospital can be enhanced because of the additional resources necessary to provide services in such an environment. We conducted an analysis on the Medicaid and private fees to assess whether the inclusion or exclusion of

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<sup>4</sup> In essence, this is a survey of private fees' payment levels for all services provided to individuals insured by insurance companies writing business in New Hampshire.

<sup>5</sup> For an analysis of cost sharing in SCHIP and the state's Medicaid program, see <http://www.gao.gov/new.items/d04491.pdf>

<sup>6</sup> For a simple description of how Medicare creates a fee for each area across the country see [http://www.medpac.gov/documents/MedPAC\\_Payment\\_Basics\\_07\\_Physician.pdf](http://www.medpac.gov/documents/MedPAC_Payment_Basics_07_Physician.pdf)

modifiers in our analysis materially impacted the comparison of fees. When you look at the most common modifiers (professional component 26, bilateral procedure 50, assistant surgeon 80) the use is roughly similar in terms of percentages of overall billings. We could not conduct a similar analysis for the Medicare fees – as we did not have Medicare claims data – so the impact of excluding any data on modifiers within the Medicare fee schedule is not known but presumed to be small.

### ***Method of Analysis***

We provide three different analyses of Medicaid fees. In the first, we analyze the results of a national study of Medicaid fees published in 2005 looking at Medicaid fee levels across the country.

In the second, we review a wide array of individual fees that account for a significant share of NH Medicaid services. This is consistent with other national analyses of Medicaid physician payment.<sup>7</sup> Using this approach has the added benefit of allowing us to assess NH Medicaid payment levels within New Hampshire to other payers, but also gives a general sense of how NH fee levels compare to other Medicaid programs across the country for a similar set of services.

In our third analysis we provide a study of how Medicaid fees compare across a broader group of services. To do this analysis, we use a much broader set of data. To ensure comparability of fees across the three payers, we include in our analysis only those procedures for which there are at least 100 claims in both the private and Medicaid claims files.<sup>8</sup> In total, the procedures that met these criteria accounted for approximately 50% of the total billed services. To provide us with information about clinically meaningful categories of service, we use the Clinical Classifications Software (CCS). This is a system of classification for procedures created by the Agency For Healthcare Research and Quality which collapses procedures (and fees, in this case) into a smaller number of clinically meaningful categories that are sometimes more useful for presenting descriptive statistics than are individual procedure codes.

In all of these analyses, we ignore the fact that some providers, including hospitals providing services on an outpatient basis and community health centers, receive cost-based reimbursement, and these payment amounts are determined after the initial payments are provided.

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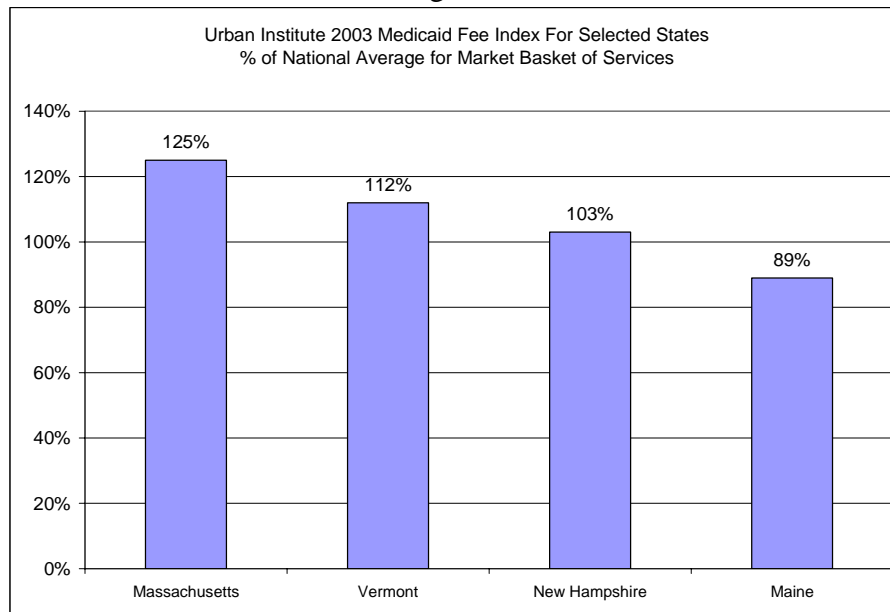
<sup>7</sup> For example, see the Urban Institute's analysis of Medicaid physician payment <http://www.urban.org/url.cfm?ID=1000727&renderforprint=1>

<sup>8</sup> The three systems of care serve different populations and have different focuses. A significant share of physician fees in the Medicaid program are for services provided to those in the long term care system, including the elderly and the physically and mentally disabled. While these services are, in some cases, provided in the private sector (and therefore have fees associated with them in the private claims data), they are done on such an infrequent basis that it calls into question their use in an analysis designed to compare fees across payers.

## New Hampshire Medicaid Fees Relative to the Rest of the Country

The New Hampshire Medicaid program reimburses for services at a rate slightly higher than the national average. In 2003, a national study of Medicaid physician fees found that New Hampshire's fees for a market basket of fees were approximately 3% higher than average Medicaid fees across the country.<sup>9</sup> Among the New England states, Massachusetts paid the highest rates and Maine the lowest rates (Figure 1). In the 2007 budget, the Department of Health and Human Services included a series of rate changes to a variety of different services. The changes included a 2% increase in rates that would have affected many of the services reviewed in this analysis. How, when, and to what degree these rate changes were implemented is not clear. However, to the extent that they were implemented, this analysis would underestimate Medicaid fees relative to Medicare and private benchmarks.

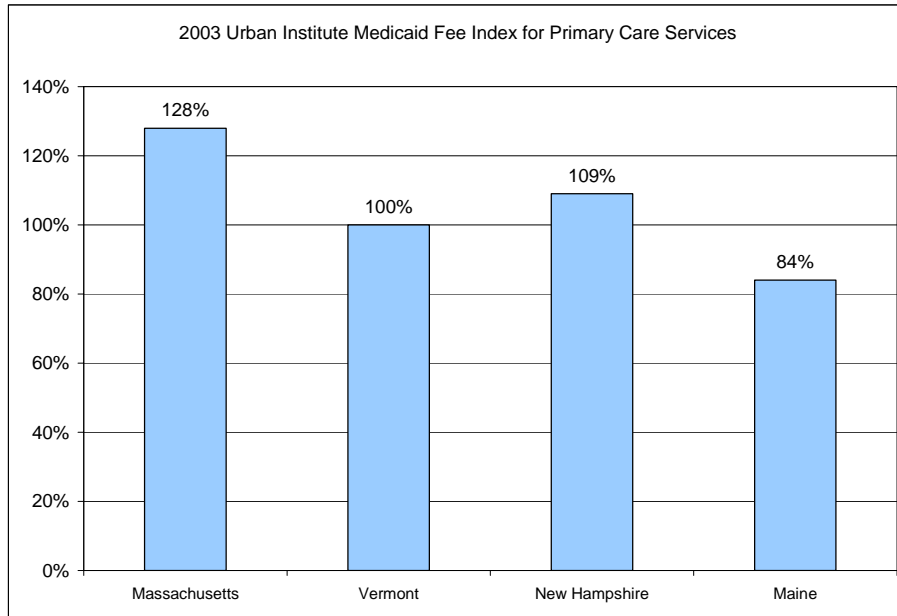
Figure 1



Among types of services, Medicaid fees were slightly higher for primary care services and obstetric services: 15% higher than the average for obstetric care and 9% higher than the average for primary care. Other services – including diagnostic services – were lower than the average for other Medicaid programs. As shown in Figure 2, New Hampshire paid slightly better for primary care services than the other New England states with the exception of Massachusetts.

<sup>9</sup> Changes in Medicaid Physician Fees, 1009-2003. <http://www.urban.org/publications/1000727.html>

Figure 2



### Individual Medicaid Fee Comparison

Table 1 shows Medicaid fees relative to both Medicare and private fees in New Hampshire for a selection of high volume Medicaid services, which accounted for 17% of all procedures billed to Medicaid. As can be seen, with one exception Medicaid fees lagged behind both Medicare and private fees. Medicaid fees for individual psychotherapy services (lasting 20-30 minutes) were higher than both the Medicare and private equivalent services. Imaging services were paid at the lowest rate compared to Medicare and private payments. Medicaid paid only 12% of the equivalent private and Medicare payment for CT scans.

Table 1

Medicaid to Private Insurance Fee Comparison						
Category and Procedure Code	Procedure Code Description	Medicaid Paid Amount (2005)	Fee Ratios			
			Medicaid As % of Private	Medicaid as % of Medicare	Medicare as % of Private	
<b>Primary Care</b>						
99203	Office Visit, New Patient, 30 Minutes	\$261,767	39%	41%	96%	
99213	Office Visit, Established Patient, 15 Minutes	\$6,783,743	63%	74%	85%	
99214	Office Visit, Established Patient, 25 Minutes	\$3,835,856	58%	67%	87%	
99244	Office Visit, New Patient, 60 Minutes	\$405,640	39%	45%	86%	
99282	Emergency Department Moderate Severity	\$2,267	42%	45%	92%	
<b>Obstetric Care</b>						
59400	Total Obstetric Care, Vaginal Delivery	\$1,485,368	53%	72%	74%	
59410	Vaginal Delivery Only	\$534,796	76%	104%	73%	
59515	Cesarean Delivery and Postpartum Care	\$126,309	66%	83%	80%	
59510	Total Obstetric Care, Cesarean Delivery	\$504,190	48%	62%	78%	
<b>Hospital Visits</b>						
99222	Initial Hospital Care, New Or Established Patient, 50 Minutes	\$264,931	62%	70%	88%	
99254	Initial Inpatient Consultation, 80 Minutes	\$138,100	49%	55%	89%	
<b>Surgery</b>						
43235	Upper Gastrointestinal Endoscopy	\$40,018	28%	35%	80%	
58150	Total Hysterectomy	\$33,738	40%	38%	106%	
66984	Cataract Removal with Lens Implant	\$154,497	28%	40%	70%	
<b>Imaging</b>						
70450	CAT Scan, Head or Brain	\$138,999	12%	12%	98%	
71020	X-Ray, Chest, Two Views	\$121,298	14%	19%	75%	
76805	Echography, Pregnant Uterus	\$148,691	23%	27%	86%	
<b>Laboratory Tests</b>						
88305	Surgical Pathology	\$123,748	24%	28%	85%	
<b>Psychotherapy</b>						
90804	Individual Psychotherapy, 20-30 Minutes	\$6,042,811	182%	118%	155%	
90806	Individual Psychotherapy, 45-50 Minutes	\$4,030,490	75%	52%	144%	

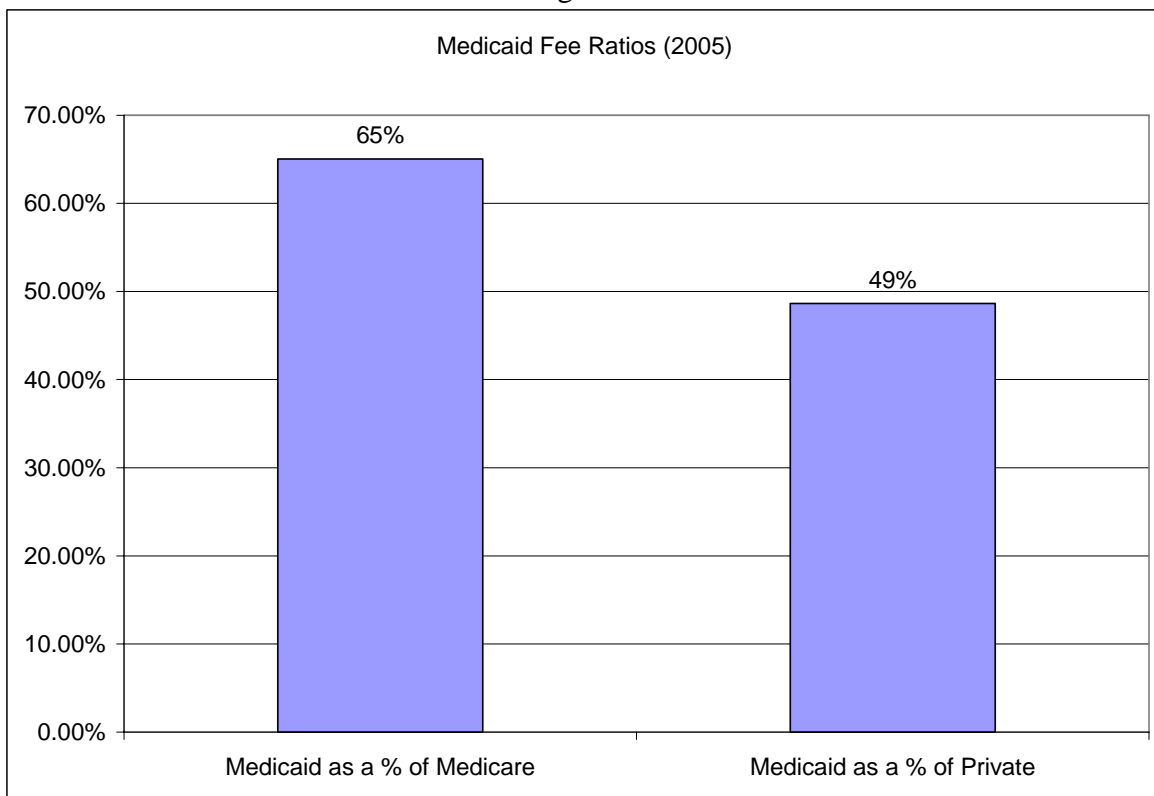
Notes: Total Private Fees include both insurance company payments and any out of pocket costs.

## Medicaid Fee Comparison by Type of Service

In this analysis, we review Medicaid to private fee ratios for all those services that had at least 100 Medicaid and private claims and a Medicare fee for a given procedure. Those services that met these criteria accounted for approximately 47% of all billed procedures in the New Hampshire Medicaid program. The list of fees, along with other important information, including the individual Medicaid to Medicare and Medicaid to Private fee ratios are included in Appendix 1.

Figure 3 shows the average Medicaid fee ratios for the sample of 450 procedures with more than 100 claims in the Medicaid and private data. Across all of the procedures included, Medicaid paid approximately 65% of the equivalent market basket of Medicare services. Medicaid paid a significantly smaller share – 49% – of the equivalent market basket set of fees for the private sector. This is roughly consistent with the analysis above.

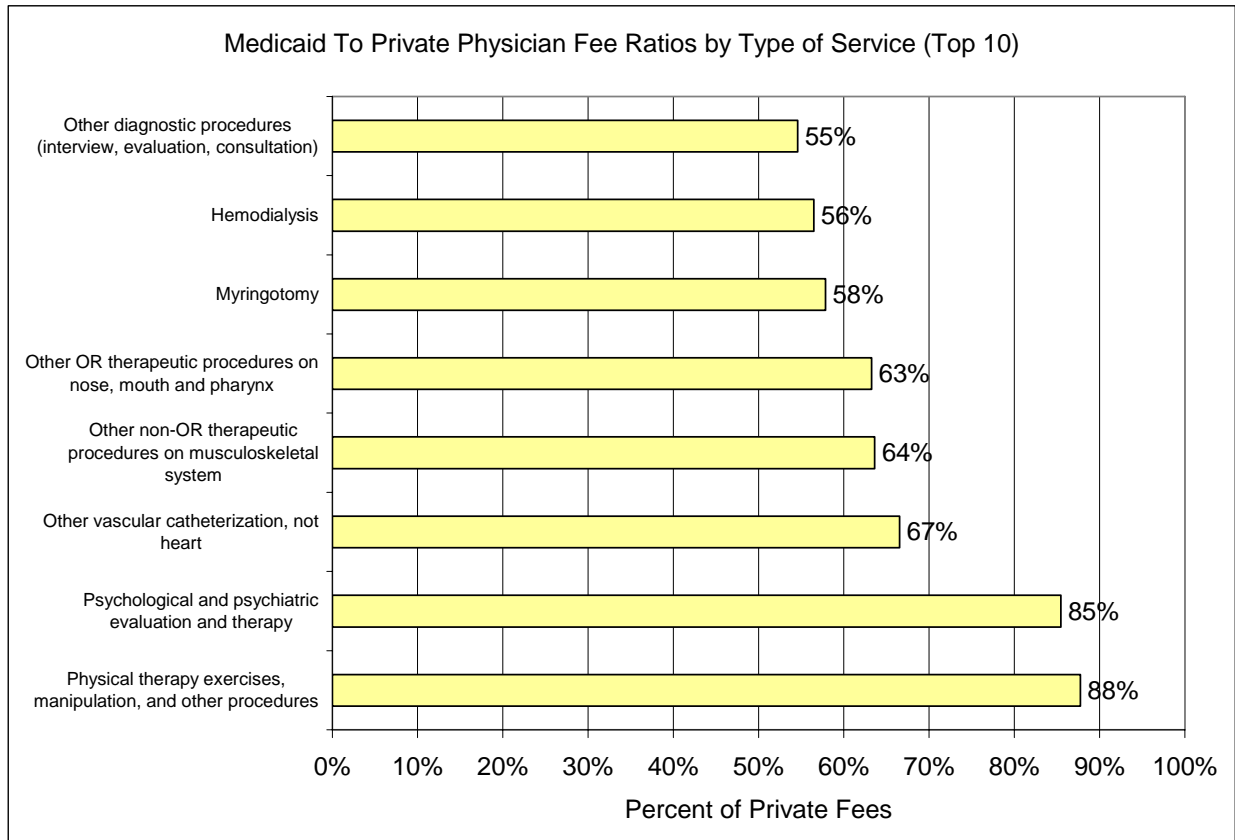
Figure 3



To provide policy makers with information about fee levels by clinically meaningful categories of service, we use the Clinical Classifications Software (CCS) to group procedures. The CCS is a system of classification for procedures created by the Agency For Healthcare Research and Quality which collapses procedures (and fees, in this case) into a smaller number of clinically meaningful categories that are sometimes more useful for presenting descriptive statistics than are individual procedure codes. The full listing of the Medicaid to Medicare and Medicaid to Private fee ratios by these clinical classifications codes are included in Appendix 2.

Figure 4 shows the 10 CCS clinical groupings where Medicaid pays the most relative to the private sector. Not surprisingly, there is no clinical grouping where Medicaid pays as much as the private sector. However, Medicaid pays relatively better for some services. Two areas in particular stand out. Medicaid pays 88% and 85% of private fees for physical therapy services and psychological and psychiatric evaluation and therapy services, respectively.

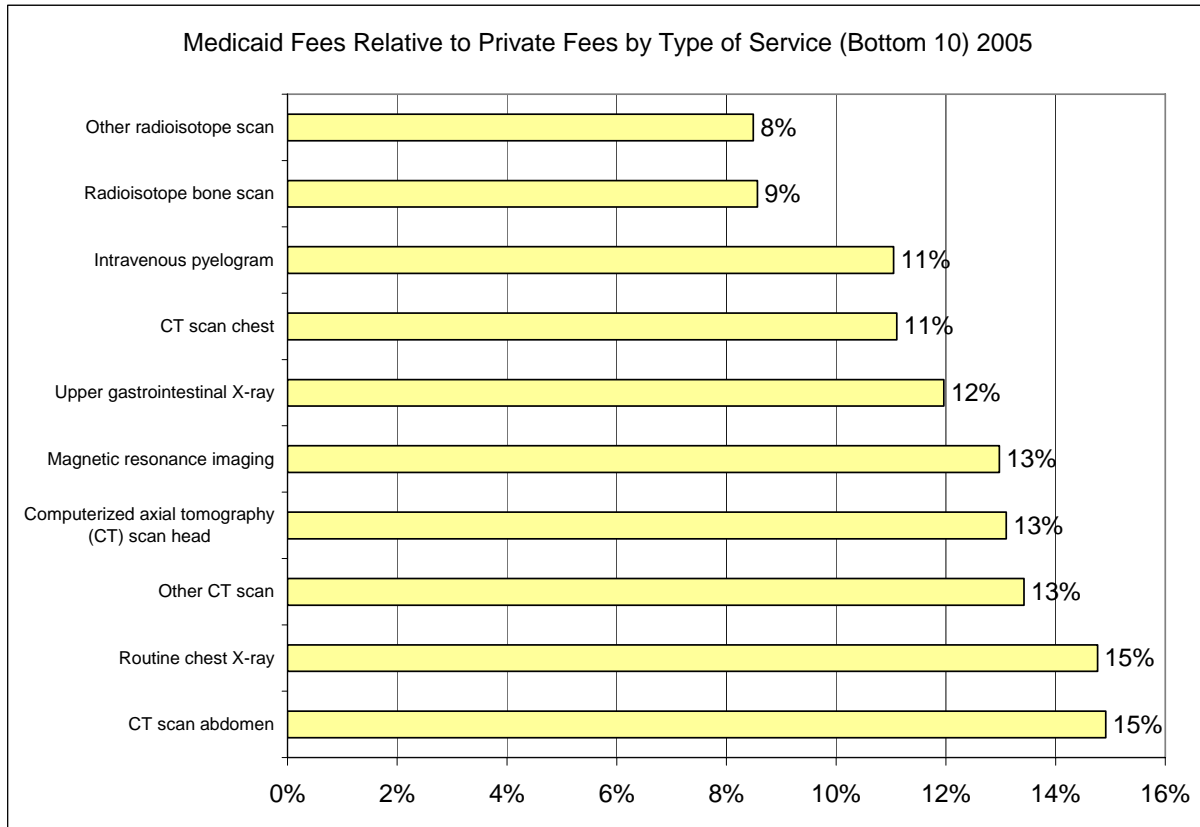
Figure 4



On average, preventative diagnostic procedures generally provided by family practitioners (‘Other Diagnostic Procedures’ in Figure 4) are reimbursed at approximately 55% of private fees. If New Hampshire is focused on ensuring access to such prevention services, the Medicaid payment system does not reflect this priority. Medicaid programs are once again attempting to expand the provision of preventive services through the development of a medical home for Medicaid recipients with the hopes of preventing downstream health care costs, either chronic or acute.

Figure 5, below, shows those 10 CCS clinical groupings where Medicaid pays the least relative to the private sector. Note that all are diagnostic imaging procedures.

Figure 5



Diagnostic services have been set very low relative to the Medicare and Medicaid markets, significantly lower than the rest of the reimbursement levels. Are the state’s Medicaid reimbursement rates for diagnostic services set low to discourage the use of diagnostic services? How was this determination made and to what extent does this impact the provision and cost of care? The point of this questioning is not to suggest that the level of payment for these services is ‘appropriate’ or ‘inappropriate’ but rather to suggest that the policy reasoning for why these services are set the way they are is not transparent.

## Discussion

These results provide insights into the incentives created by the NH Medicaid payment system. First, according to national literature, relatively low Medicaid reimbursement rates serve as a disincentive for physicians (and other providers) to participate in the Medicaid program. In this respect, New Hampshire is not that different from the rest of the country. One can then expect that issues with access influenced by Medicaid reimbursement are about average.

The impact of Medicaid reimbursement levels relative to the private sector by type of service is less clear. Only a few services are reimbursed well relative to the private sector – including some physical therapy and psychological evaluation services. Others – including those associated with prevention and assessment – are not. Diagnostic services have been set very low relative to the Medicare and private markets.

As states across the country attempt to control Medicaid costs, they are increasingly turning to a medical home model of care. In these models, primary care physicians are being asked to take on more aggressive methods for managing the care of patients. Generally, these systems reimburse more for preventive services. If New Hampshire is focused on ensuring access to such prevention services, currently the Medicaid payment system does not reflect this priority. Reimbursement for evaluation and management services are not the highest paid services relative to Medicare and the private sector.

Perhaps most important, why we see these patterns of reimbursement levels across types of services is not clear. Are the state's Medicaid reimbursement rates for diagnostic services set low to discourage the use of diagnostic services? How have payment levels been determined and to what extent does this impact the provision and cost of care? The point of this questioning is not to suggest that the level of payment for any given service is 'appropriate' or 'inappropriate' but rather to suggest that the policy reasoning for why these services are set the way they are is not clear. If the state is interested in developing a more transparent – and potentially more rational – framework for provider reimbursement, one option would be to implement the Medicare payment system (based on RBRVS), which was based on many national studies of the cost of doing business for physicians across the country.

Appendix 1  
Medicaid, Medicare, and Private Fees and Fee Ratios by Procedure Code (2005)

Procedure	Procedure Name	Medicaid Paid Amount	Medicaid Services Count	Fees			Fee Ratios		Clinical Classification Label
				Average Medicaid	Average Private	Medicare	Medicaid to Private	Medicaid to Medicare	
Q0091	Screening papanicolaou smear	\$22,690	962	\$23.59	\$7.49	\$40.86	314.8%	57.7%	Pathology
G0202	Screening mammography, produ	\$3,913	179	\$21.86	\$149.15	\$138.51	14.7%	15.8%	Mammography
G0179	Physician re-certification f	\$8,380	279	\$30.03	\$30.34	\$57.93	99.0%	51.8%	Ancillary Services
G0127	Trimming of dystrophic nails	\$1,907	168	\$11.35	\$8.95	\$16.55	126.9%	68.6%	Other non-OR therapeutic procedures on skin and breast
G0101	Cervical or vaginal cancer s	\$3,988	204	\$19.55	\$15.42	\$38.05	126.8%	51.4%	Other diagnostic procedures, female organs
99436	Attendance, birth	\$44,382	620	\$71.58	\$115.69	\$77.32	61.9%	92.6%	Other therapeutic procedures
99433	Normal newborn care/hospital	\$78,011	2,426	\$32.16	\$46.90	\$32.01	68.6%	100.5%	Other diagnostic procedures (interview, evaluation, consultation)
99431	Initial care, normal newborn	\$154,836	2,716	\$57.01	\$81.36	\$60.94	70.1%	93.5%	Other diagnostic procedures (interview, evaluation, consultation)
99397	Prev visit, est, 65 & over	\$13,192	386	\$34.18	\$127.30	\$119.98	26.8%	28.5%	Other diagnostic procedures (interview, evaluation, consultation)
99396	Prev visit, est, age 40-64	\$90,061	2,469	\$36.48	\$136.04	\$108.87	26.8%	33.5%	Other diagnostic procedures (interview, evaluation, consultation)
99395	Prev visit, est, age 18-39	\$170,581	4,514	\$37.79	\$122.83	\$98.56	30.8%	38.3%	Other diagnostic procedures (interview, evaluation, consultation)
99394	Prev visit, est, age 12-17	\$353,752	5,990	\$59.06	\$117.67	\$97.39	50.2%	60.6%	Other diagnostic procedures (interview, evaluation, consultation)
99393	Prev visit, est, age 5-11	\$533,009	9,060	\$58.83	\$107.00	\$88.22	55.0%	66.7%	Other diagnostic procedures (interview, evaluation, consultation)
99392	Prev visit, est, age 1-4	\$687,365	11,709	\$58.70	\$107.14	\$89.39	54.8%	65.7%	Other diagnostic procedures (interview, evaluation, consultation)
99391	Prev visit, est, infant	\$771,990	13,190	\$58.53	\$96.80	\$79.86	60.5%	73.3%	Other diagnostic procedures (interview, evaluation, consultation)
99386	Prev visit, new, age 40-64	\$10,241	272	\$37.65	\$160.71	\$141.99	23.4%	26.5%	Other diagnostic procedures (interview, evaluation, consultation)
99385	Prev visit, new, age 18-39	\$24,709	652	\$37.90	\$141.90	\$120.57	26.7%	31.4%	Other diagnostic procedures (interview, evaluation, consultation)
99384	Prev visit, new, age 12-17	\$27,814	623	\$44.65	\$129.87	\$120.57	34.4%	37.0%	Other diagnostic procedures (interview, evaluation, consultation)
99383	Prev visit, new, age 5-11	\$31,392	733	\$42.83	\$120.89	\$111.04	35.4%	38.6%	Other diagnostic procedures (interview, evaluation, consultation)
99382	Prev visit, new, age 1-4	\$22,589	533	\$42.38	\$123.09	\$113.38	34.4%	37.4%	Other diagnostic procedures (interview, evaluation, consultation)
99381	Prev visit, new, infant	\$37,968	892	\$42.57	\$114.48	\$105.38	37.2%	40.4%	Other diagnostic procedures (interview, evaluation, consultation)
99356	Prolonged service, inpatient	\$7,930	150	\$52.86	\$87.43	\$91.48	60.5%	57.8%	Other diagnostic procedures (interview, evaluation, consultation)
99354	Prolonged service, office	\$8,389	147	\$57.07	\$119.36	\$99.96	47.8%	57.1%	Other diagnostic procedures (interview, evaluation, consultation)
99350	Home visit, est patient	\$10,374	135	\$76.85	\$140.00	\$165.49	54.9%	46.4%	Other diagnostic procedures (interview, evaluation, consultation)
99341	Home visit, new patient	\$1,757,642	4,604	\$381.76	\$82.28	\$58.78	464.0%	649.5%	Other diagnostic procedures (interview, evaluation, consultation)
99299	lc, lbw infant 1500-2500 gm	\$308,032	1,417	\$217.38	\$228.39	\$133.99	95.2%	162.2%	Other diagnostic procedures (interview, evaluation, consultation)
99298	lc for lbw infant < 1500 gm	\$120,238	1,369	\$87.83	\$256.32	\$146.55	34.3%	59.9%	Other diagnostic procedures (interview, evaluation, consultation)
99296	Neonate critical care subseq	\$160,746	753	\$213.47	\$680.45	\$413.67	31.4%	51.6%	Other diagnostic procedures (interview, evaluation, consultation)
99295	Neonate crit care, initial	\$55,540	129	\$430.55	\$1,244.43	\$951.19	34.6%	45.3%	Other diagnostic procedures (interview, evaluation, consultation)
99294	Ped critical care, subseq	\$328,228	1,543	\$212.72	\$728.27	\$412.85	29.2%	51.5%	Other diagnostic procedures (interview, evaluation, consultation)
99292	Critical care, add'l 30 min	\$32,886	474	\$69.38	\$197.10	\$114.82	35.2%	60.4%	Other diagnostic procedures (interview, evaluation, consultation)
99291	Critical care, first hour	\$231,259	2,973	\$77.79	\$300.62	\$259.32	25.9%	30.0%	Other diagnostic procedures (interview, evaluation, consultation)
99285	Emergency dept visit	\$241,367	2,795	\$86.36	\$270.15	\$152.25	32.0%	56.7%	Other diagnostic procedures (interview, evaluation, consultation)
99284	Emergency dept visit	\$364,019	6,495	\$56.05	\$201.87	\$97.23	27.8%	57.6%	Other diagnostic procedures (interview, evaluation, consultation)
99283	Emergency dept visit	\$802,863	21,277	\$37.73	\$126.06	\$62.29	29.9%	60.6%	Other diagnostic procedures (interview, evaluation, consultation)
99282	Emergency dept visit	\$131,510	5,933	\$22.17	\$94.62	\$27.73	23.4%	79.9%	Other diagnostic procedures (interview, evaluation, consultation)
99281	Emergency dept visit	\$8,098	620	\$13.06	\$65.93	\$16.73	19.8%	78.1%	Other diagnostic procedures (interview, evaluation, consultation)
99255	Initial inpatient consult	\$83,522	796	\$104.93	\$219.52	\$197.02	47.8%	53.3%	Other diagnostic procedures (interview, evaluation, consultation)
99254	Initial inpatient consult	\$138,100	1,751	\$78.87	\$160.74	\$142.91	49.1%	55.2%	Other diagnostic procedures (interview, evaluation, consultation)
99253	Initial inpatient consult	\$98,351	1,506	\$65.31	\$116.26	\$99.42	56.2%	65.7%	Other diagnostic procedures (interview, evaluation, consultation)
99252	Initial inpatient consult	\$34,573	794	\$43.54	\$86.52	\$72.74	50.3%	59.9%	Other diagnostic procedures (interview, evaluation, consultation)
99251	Initial inpatient consult	\$12,108	495	\$24.46	\$61.11	\$36.16	40.0%	67.7%	Other diagnostic procedures (interview, evaluation, consultation)
99245	Office consultation	\$145,229	1,382	\$105.09	\$249.85	\$226.02	42.1%	46.5%	Other diagnostic procedures (interview, evaluation, consultation)
99244	Office consultation	\$405,640	5,099	\$79.55	\$203.52	\$174.85	39.1%	45.5%	Other diagnostic procedures (interview, evaluation, consultation)
99243	Office consultation	\$497,154	7,416	\$67.04	\$144.89	\$124.03	46.3%	54.0%	Other diagnostic procedures (interview, evaluation, consultation)
99242	Office consultation	\$122,749	2,788	\$44.03	\$112.95	\$93.01	39.0%	47.3%	Other diagnostic procedures (interview, evaluation, consultation)
99241	Office consultation	\$32,379	1,023	\$31.65	\$63.07	\$51.00	50.2%	62.1%	Other diagnostic procedures (interview, evaluation, consultation)
99239	Hospital discharge day	\$109,900	2,237	\$49.13	\$105.64	\$97.29	46.5%	50.5%	Other diagnostic procedures (interview, evaluation, consultation)
99238	Hospital discharge day	\$312,963	5,933	\$52.75	\$83.79	\$71.35	63.0%	73.9%	Other diagnostic procedures (interview, evaluation, consultation)
99236	Observ/hosp same date	\$14,629	126	\$116.10	\$241.02	\$224.38	48.2%	51.7%	Other diagnostic procedures (interview, evaluation, consultation)

Appendix 1  
Medicaid, Medicare, and Private Fees and Fee Ratios by Procedure Code (2005)

Procedure	Procedure Name	Medicaid Paid Amount	Medicaid Services Count	Fees			Fee Ratios		Clinical Classification Label
				Average Medicaid	Average Private	Medicare	Medicaid to Private	Medicaid to Medicare	
99235	Observ/hosp same date	\$37,952	386	\$98.32	\$219.34	\$179.79	44.8%	54.7%	Other diagnostic procedures (interview, evaluation, consultation)
99234	Observ/hosp same date	\$21,137	296	\$71.41	\$181.34	\$136.37	39.4%	52.4%	Other diagnostic procedures (interview, evaluation, consultation)
99233	Subsequent hospital care	\$283,865	5,926	\$47.90	\$103.00	\$79.65	46.5%	60.1%	Other diagnostic procedures (interview, evaluation, consultation)
99232	Subsequent hospital care	\$574,247	16,568	\$34.66	\$68.30	\$56.03	50.7%	61.9%	Other diagnostic procedures (interview, evaluation, consultation)
99231	Subsequent hospital care	\$206,172	8,406	\$24.53	\$42.21	\$34.29	58.1%	71.5%	Other diagnostic procedures (interview, evaluation, consultation)
99223	Initial hospital care	\$249,914	2,511	\$99.53	\$179.01	\$158.12	55.6%	62.9%	Other diagnostic procedures (interview, evaluation, consultation)
99222	Initial hospital care	\$264,931	3,317	\$79.87	\$128.52	\$113.53	62.1%	70.4%	Other diagnostic procedures (interview, evaluation, consultation)
99221	Initial hospital care	\$36,731	796	\$46.14	\$88.62	\$68.56	52.1%	67.3%	Other diagnostic procedures (interview, evaluation, consultation)
99220	Observation care	\$31,970	419	\$76.30	\$277.04	\$158.48	27.5%	48.1%	Other diagnostic procedures (interview, evaluation, consultation)
99219	Observation care	\$58,938	1,064	\$55.39	\$298.05	\$112.75	18.6%	49.1%	Other diagnostic procedures (interview, evaluation, consultation)
99218	Observation care	\$14,697	406	\$36.20	\$320.95	\$67.81	11.3%	53.4%	Other diagnostic procedures (interview, evaluation, consultation)
99217	Observation care discharge	\$33,834	1,080	\$31.33	\$117.44	\$71.32	26.7%	43.9%	Other diagnostic procedures (interview, evaluation, consultation)
99215	Office/outpatient visit, est	\$348,706	5,166	\$67.50	\$132.41	\$121.41	51.0%	55.6%	Other diagnostic procedures (interview, evaluation, consultation)
99214	Office/outpatient visit, est	\$3,835,856	68,330	\$56.14	\$96.52	\$83.64	58.2%	67.1%	Other diagnostic procedures (interview, evaluation, consultation)
99213	Office/outpatient visit, est	\$6,783,743	171,040	\$39.66	\$63.15	\$53.37	62.8%	74.3%	Other diagnostic procedures (interview, evaluation, consultation)
99212	Office/outpatient visit, est	\$714,113	25,811	\$27.67	\$44.03	\$39.18	62.8%	70.6%	Other diagnostic procedures (interview, evaluation, consultation)
99211	Office/outpatient visit, est	\$208,352	10,970	\$18.99	\$26.99	\$22.01	70.4%	86.3%	Other diagnostic procedures (interview, evaluation, consultation)
99205	Office/outpatient visit, new	\$38,711	522	\$74.16	\$163.26	\$175.96	45.4%	42.1%	Other diagnostic procedures (interview, evaluation, consultation)
99204	Office/outpatient visit, new	\$146,261	2,462	\$59.41	\$119.71	\$138.57	49.6%	42.9%	Other diagnostic procedures (interview, evaluation, consultation)
99203	Office/outpatient visit, new	\$261,767	6,569	\$39.85	\$101.88	\$98.06	39.1%	40.6%	Other diagnostic procedures (interview, evaluation, consultation)
99202	Office/outpatient visit, new	\$130,977	4,161	\$31.48	\$73.13	\$65.94	43.0%	47.7%	Other diagnostic procedures (interview, evaluation, consultation)
99201	Office/outpatient visit, new	\$19,954	1,043	\$19.13	\$52.28	\$37.23	36.6%	51.4%	Other diagnostic procedures (interview, evaluation, consultation)
98942	Chiropractic manipulation	\$24,563	1,005	\$24.44	\$41.12	\$47.72	59.4%	51.2%	Other non-OR therapeutic procedures on musculoskeletal system
98941	Chiropractic manipulation	\$28,908	1,457	\$19.84	\$34.58	\$36.69	57.4%	54.1%	Other non-OR therapeutic procedures on musculoskeletal system
98940	Chiropractic manipulation	\$5,965	375	\$15.91	\$28.76	\$26.38	55.3%	60.3%	Other non-OR therapeutic procedures on musculoskeletal system
97803	Med nutrition, indiv, subseq	\$2,998	141	\$21.26	\$65.50	\$18.69	32.5%	113.8%	Ancillary Services
97802	Medical nutrition, indiv, in	\$33,544	241	\$139.19	\$94.02	\$18.69	148.0%	744.9%	Ancillary Services
97535	Self care mngmt training	\$33,891	721	\$47.01	\$35.06	\$30.28	134.1%	155.2%	Other physical therapy and rehabilitation
97530	Therapeutic activities	\$1,172,229	53,053	\$22.10	\$47.41	\$29.51	46.6%	74.9%	Physical therapy exercises, manipulation, and other procedures
97140	Manual therapy	\$223,999	6,272	\$35.71	\$38.65	\$26.40	92.4%	135.3%	Physical therapy exercises, manipulation, and other procedures
97124	Massage therapy	\$2,328	105	\$22.17	\$9.25	\$22.59	239.8%	98.2%	Physical therapy exercises, manipulation, and other procedures
97116	Gait training therapy	\$31,056	1,030	\$30.15	\$31.85	\$24.88	94.7%	121.2%	Physical therapy exercises, manipulation, and other procedures
97113	Aquatic therapy/exercises	\$36,424	780	\$46.70	\$88.74	\$32.24	52.6%	144.8%	Physical therapy exercises, manipulation, and other procedures
97112	Neuromuscular reeducation	\$64,054	1,866	\$34.33	\$34.55	\$29.50	99.4%	116.4%	Physical therapy exercises, manipulation, and other procedures
97110	Therapeutic exercises	\$648,295	12,449	\$52.08	\$48.19	\$28.30	108.1%	184.0%	Physical therapy exercises, manipulation, and other procedures
97035	Ultrasound therapy	\$26,020	1,195	\$21.77	\$19.56	\$12.22	111.3%	178.3%	Physical therapy exercises, manipulation, and other procedures
97033	Electric current therapy	\$13,124	411	\$31.93	\$37.87	\$20.74	84.3%	154.0%	Physical therapy exercises, manipulation, and other procedures
97032	Electrical stimulation	\$5,586	249	\$22.43	\$15.55	\$16.07	144.2%	139.6%	Physical therapy exercises, manipulation, and other procedures
97014	Electric stimulation therapy	\$18,848	821	\$22.96	\$12.65	\$14.59	181.5%	157.4%	Physical therapy exercises, manipulation, and other procedures
97010	Hot or cold packs therapy	\$32,667	1,402	\$23.30	\$8.49	\$4.58	274.3%	508.7%	Physical therapy exercises, manipulation, and other procedures
97003	Ot evaluation	\$372,791	11,107	\$33.56	\$102.66	\$81.94	32.7%	41.0%	Diagnostic physical therapy
97002	Pt re-evaluation	\$5,906	400	\$14.76	\$48.74	\$40.61	30.3%	36.4%	Diagnostic physical therapy
97001	Pt evaluation	\$258,666	6,930	\$37.33	\$88.79	\$76.51	42.0%	48.8%	Diagnostic physical therapy
96910	Photochemotherapy with uv-b	\$2,948	295	\$9.99	\$53.77	\$40.03	18.6%	25.0%	Other non-OR therapeutic procedures on skin and breast
96110	Developmental test, liim	\$560	107	\$5.23	\$12.43	\$13.45	42.1%	38.9%	Other diagnostic nervous system procedures
95951	Eeg monitoring/videorecord	\$11,185	184	\$60.79	\$600.50	\$338.26	10.1%	18.0%	Electroencephalogram (EEG)
95904	Sense nerve conduction test	\$24,042	388	\$61.97	\$210.93	\$56.82	29.4%	109.1%	Other diagnostic nervous system procedures
95903	Motor nerve conduction test	\$20,486	263	\$77.89	\$214.03	\$70.93	36.4%	109.8%	Other diagnostic nervous system procedures
95900	Motor nerve conduction test	\$9,078	174	\$52.17	\$155.20	\$66.48	33.6%	78.5%	Other diagnostic nervous system procedures
95860	Muscle test, one limb	\$8,095	218	\$37.13	\$111.31	\$94.26	33.4%	39.4%	Other diagnostic nervous system procedures

Appendix 1  
Medicaid, Medicare, and Private Fees and Fee Ratios by Procedure Code (2005)

Procedure	Procedure Name	Medicaid Paid Amount	Medicaid Services Count	Fees			Fee Ratios		Clinical Classification Label
				Average Medicaid	Average Private	Medicare	Medicaid to Private	Medicaid to Medicare	
95819	Eeg, awake and asleep	\$33,138	633	\$52.35	\$216.55	\$163.24	24.2%	32.1%	Electroencephalogram (EEG)
95816	Eeg, awake and drowsy	\$12,895	434	\$29.71	\$178.64	\$191.71	16.6%	15.5%	Electroencephalogram (EEG)
95811	Polysomnography w/cpap	\$23,922	182	\$131.44	\$872.39	\$915.70	15.1%	14.4%	Other diagnostic procedures (interview, evaluation, consultation)
95810	Polysomnography, 4 or more	\$22,402	309	\$72.50	\$814.92	\$838.46	8.9%	8.6%	Other diagnostic procedures (interview, evaluation, consultation)
95165	Antigen therapy services	\$34,574	483	\$71.58	\$154.07	\$10.04	46.5%	713.0%	Prophylactic vaccinations and inoculations
95117	Immunotherapy injections	\$23,280	1,782	\$13.06	\$23.52	\$20.21	55.6%	64.6%	Prophylactic vaccinations and inoculations
95115	Immunotherapy, one injection	\$3,334	470	\$7.09	\$18.40	\$15.92	38.6%	44.6%	Prophylactic vaccinations and inoculations
95024	Id allergy test, drug/bug	\$13,555	207	\$65.48	\$129.90	\$6.21	50.4%	1055.1%	Other diagnostic procedures on skin and subcutaneous tissue
95004	Percut allergy skin tests	\$23,351	563	\$41.48	\$165.60	\$4.26	25.0%	974.4%	Other diagnostic procedures on skin and subcutaneous tissue
94760	Measure blood oxygen level	\$8,973	1,216	\$7.38	\$10.97	\$2.27	67.3%	324.5%	Laboratory - Chemistry and Hematology
94720	Monoxide diffusing capacity	\$3,163	294	\$10.76	\$63.91	\$51.35	16.8%	21.0%	Laboratory - Chemistry and Hematology
94664	Evaluate pt use of inhaler	\$1,827	305	\$5.99	\$25.49	\$13.52	23.5%	44.3%	Laboratory - Chemistry and Hematology
94657	Continued ventilator mgmt	\$3,937	121	\$32.54	\$53.44	\$71.10	60.9%	45.8%	Respiratory intubation and mechanical ventilation
94640	Airway inhalation treatment	\$20,396	1,943	\$10.50	\$32.78	\$12.41	32.0%	84.6%	Other respiratory therapy
94150	Vital capacity test	\$798	234	\$3.41	\$7.25	\$21.70	47.0%	15.7%	Other diagnostic procedures on lung and bronchus
94060	Evaluation of wheezing	\$12,731	863	\$14.75	\$82.00	\$55.97	18.0%	26.4%	Other diagnostic procedures on lung and bronchus
94010	Breathing capacity test	\$18,686	1,128	\$16.57	\$46.25	\$33.64	35.8%	49.2%	Other diagnostic procedures on lung and bronchus
93975	Vascular study	\$8,885	115	\$77.27	\$267.18	\$386.53	28.9%	20.0%	Diagnostic ultrasound of abdomen or retroperitoneum
93971	Extremity study	\$38,821	1,005	\$38.63	\$153.35	\$168.15	25.2%	23.0%	Other diagnostic ultrasound
93970	Extremity study	\$22,758	531	\$42.86	\$188.66	\$247.31	22.7%	17.3%	Other diagnostic ultrasound
93923	Extremity study	\$3,806	164	\$23.21	\$147.49	\$183.88	15.7%	12.6%	Other diagnostic cardiovascular procedures
93922	Extremity study	\$3,267	106	\$30.82	\$96.08	\$119.73	32.1%	25.7%	Other diagnostic cardiovascular procedures
93880	Extracranial study	\$12,418	573	\$21.67	\$184.24	\$253.87	11.8%	8.5%	Diagnostic ultrasound of head and neck
93736	Telephonic analy, pacemaker	\$653	114	\$5.73	\$28.24	\$35.09	20.3%	16.3%	Other diagnostic cardiovascular procedures
93733	Telephone analy, pacemaker	\$1,674	251	\$6.67	\$32.24	\$40.14	20.7%	16.6%	Electrographic cardiac monitoring
93731	Analyze pacemaker system	\$1,696	130	\$13.05	\$42.94	\$44.58	30.4%	29.3%	Electrographic cardiac monitoring
93556	Imaging, cardiac cath	\$10,746	239	\$44.96	\$157.68	\$450.06	28.5%	10.0%	Diagnostic cardiac catheterization, coronary arteriography
93555	Imaging, cardiac cath	\$8,567	175	\$48.96	\$130.72	\$301.67	37.4%	16.2%	Diagnostic cardiac catheterization, coronary arteriography
93545	Inject for coronary x-rays	\$12,988	220	\$59.04	\$96.70	\$21.76	61.1%	271.4%	Diagnostic cardiac catheterization, coronary arteriography
93543	Injection for heart x-rays	\$5,018	162	\$30.98	\$81.63	\$15.64	37.9%	198.1%	Diagnostic cardiac catheterization, coronary arteriography
93510	Left heart catheterization	\$72,430	317	\$228.48	\$999.59	\$1,787.12	22.9%	12.8%	Diagnostic cardiac catheterization, coronary arteriography
93350	Echo transthoracic	\$28,705	569	\$50.45	\$317.01	\$153.77	15.9%	32.8%	Diagnostic ultrasound of heart (echocardiogram)
93325	Doppler color flow add-on	\$60,266	2,790	\$21.60	\$105.05	\$125.16	20.6%	17.3%	Diagnostic ultrasound of heart (echocardiogram)
93321	Doppler echo exam, heart	\$4,708	241	\$19.54	\$55.51	\$54.52	35.2%	35.8%	Diagnostic ultrasound of heart (echocardiogram)
93320	Doppler echo exam, heart	\$72,556	2,497	\$29.06	\$108.96	\$91.58	26.7%	31.7%	Diagnostic ultrasound of heart (echocardiogram)
93312	Echo transesophageal	\$5,973	108	\$55.30	\$320.23	\$275.19	17.3%	20.1%	Diagnostic ultrasound of heart (echocardiogram)
93308	Echo exam of heart	\$2,093	106	\$19.74	\$102.07	\$109.28	19.3%	18.1%	Diagnostic ultrasound of heart (echocardiogram)
93307	Echo exam of heart	\$100,672	2,839	\$35.46	\$209.87	\$208.71	16.9%	17.0%	Diagnostic ultrasound of heart (echocardiogram)
93304	Echo transthoracic	\$9,903	244	\$40.58	\$166.12	\$120.74	24.4%	33.6%	Diagnostic ultrasound of heart (echocardiogram)
93303	Echo transthoracic	\$70,350	814	\$86.43	\$345.29	\$228.54	25.0%	37.8%	Diagnostic ultrasound of heart (echocardiogram)
93233	Ecg monitor/review, 24 hrs	\$3,886	213	\$18.25	\$56.41	\$27.83	32.3%	65.6%	Electrographic cardiac monitoring
93227	Ecg monitor/review, 24 hrs	\$1,936	114	\$16.98	\$51.83	\$27.83	32.8%	61.0%	Electrographic cardiac monitoring
93224	Ecg monitor/report, 24 hrs	\$10,819	147	\$73.60	\$257.50	\$169.44	28.6%	43.4%	Electrographic cardiac monitoring
93018	Cardiovascular stress test	\$14,313	849	\$16.86	\$32.52	\$16.02	51.8%	105.3%	Cardiac stress tests
93016	Cardiovascular stress test	\$17,779	1,196	\$14.87	\$42.05	\$24.40	35.3%	60.9%	Cardiac stress tests
93015	Cardiovascular stress test	\$12,869	193	\$66.68	\$158.40	\$109.85	42.1%	60.7%	Cardiac stress tests
93010	Electrocardiogram report	\$91,837	12,009	\$7.65	\$16.33	\$9.14	46.8%	83.7%	Electrocardiogram
93005	Electrocardiogram, tracing	\$1,701	172	\$9.89	\$85.37	\$18.26	11.6%	54.2%	Electrocardiogram
93000	Electrocardiogram, complete	\$30,670	1,624	\$18.89	\$36.84	\$27.40	51.3%	68.9%	Electrocardiogram
92588	Evoked auditory test	\$10,736	236	\$45.49	\$95.17	\$82.21	47.8%	55.3%	Ophthalmologic and otologic diagnosis and treatment

Appendix 1  
Medicaid, Medicare, and Private Fees and Fee Ratios by Procedure Code (2005)

Procedure	Procedure Name	Medicaid Paid Amount	Medicaid Services Count	Fees			Fee Ratios		Clinical Classification Label
				Average Medicaid	Average Private	Medicare	Medicaid to Private	Medicaid to Medicare	
92587	Evoked auditory test	\$22,130	673	\$32.88	\$72.73	\$62.64	45.2%	52.5%	Ophthalmologic and otologic diagnosis and treatment
92585	Auditor evoke potent, compre	\$9,976	113	\$88.29	\$136.10	\$105.74	64.9%	83.5%	Ophthalmologic and otologic diagnosis and treatment
92583	Select picture audiometry	\$2,365	473	\$5.00	\$48.23	\$37.56	10.4%	13.3%	Ophthalmologic and otologic diagnosis and treatment
92582	Conditioning play audiometry	\$1,380	184	\$7.50	\$42.67	\$30.61	17.6%	24.5%	Ophthalmologic and otologic diagnosis and treatment
92579	Visual audiometry (vra)	\$9,245	577	\$16.02	\$40.63	\$30.61	39.4%	52.3%	Ophthalmologic and otologic diagnosis and treatment
92568	Acoustic refl threshold tst	\$1,898	254	\$7.47	\$19.80	\$16.25	37.7%	46.0%	Ophthalmologic and otologic diagnosis and treatment
92567	Tympanometry	\$23,906	2,986	\$8.01	\$28.09	\$22.42	28.5%	35.7%	Ophthalmologic and otologic diagnosis and treatment
92557	Comprehensive hearing test	\$24,039	956	\$25.15	\$65.15	\$50.69	38.6%	49.6%	Ophthalmologic and otologic diagnosis and treatment
92556	Speech audiometry, complete	\$4,530	302	\$15.00	\$30.46	\$24.37	49.3%	61.6%	Ophthalmologic and otologic diagnosis and treatment
92555	Speech threshold audiometry	\$2,886	573	\$5.04	\$21.59	\$16.25	23.3%	31.0%	Ophthalmologic and otologic diagnosis and treatment
92553	Audiometry, air & bone	\$3,422	332	\$10.31	\$34.91	\$27.88	29.5%	37.0%	Ophthalmologic and otologic diagnosis and treatment
92552	Pure tone audiometry, air	\$10,614	1,398	\$7.59	\$22.74	\$18.59	33.4%	40.8%	Ophthalmologic and otologic diagnosis and treatment
92508	Speech/hearing therapy	\$96,667	8,640	\$11.19	\$54.19	\$30.10	20.6%	37.2%	Other physical therapy and rehabilitation
92507	Speech/hearing therapy	\$1,371,640	68,821	\$19.93	\$98.65	\$63.71	20.2%	31.3%	Other physical therapy and rehabilitation
92506	Speech/hearing evaluation	\$410,242	13,186	\$31.11	\$169.39	\$135.05	18.4%	23.0%	Ophthalmologic and otologic diagnosis and treatment
92250	Eye exam with photos	\$5,439	290	\$18.75	\$61.51	\$77.05	30.5%	24.3%	Ophthalmologic and otologic diagnosis and treatment
92226	Special eye exam, subsequent	\$4,955	250	\$19.82	\$26.36	\$21.05	75.2%	94.2%	Ophthalmologic and otologic diagnosis and treatment
92225	Special eye exam, initial	\$3,800	147	\$25.85	\$26.84	\$23.34	96.3%	110.8%	Ophthalmologic and otologic diagnosis and treatment
92135	Ophthalmic dx imaging	\$7,357	309	\$23.81	\$45.67	\$44.79	52.1%	53.2%	Ophthalmologic and otologic diagnosis and treatment
92083	Visual field examination(s)	\$17,888	533	\$33.56	\$63.66	\$75.43	52.7%	44.5%	Ophthalmologic and otologic diagnosis and treatment
92060	Speical eye evaluation	\$7,020	334	\$21.02	\$53.90	\$55.69	39.0%	37.7%	Ophthalmologic and otologic diagnosis and treatment
92015	Refraction	\$184,974	12,876	\$14.37	\$13.25	\$72.86	108.4%	19.7%	Ophthalmologic and otologic diagnosis and treatment
92014	Eye exam & treatment	\$175,530	5,883	\$29.84	\$74.61	\$97.74	40.0%	30.5%	Ophthalmologic and otologic diagnosis and treatment
92012	Eye exam established pat	\$70,385	2,639	\$26.67	\$56.94	\$66.27	46.8%	40.2%	Ophthalmologic and otologic diagnosis and treatment
92004	Eye exam, new patient	\$119,333	3,971	\$30.05	\$95.97	\$131.01	31.3%	22.9%	Ophthalmologic and otologic diagnosis and treatment
92002	Eye exam, new patient	\$96,676	3,277	\$29.50	\$63.02	\$71.89	46.8%	41.0%	Ophthalmologic and otologic diagnosis and treatment
90935	Hemodialysis, one evaluation	\$234,936	1,870	\$125.63	\$208.03	\$73.79	60.4%	170.3%	Hemodialysis
90921	Esrd related services, month	\$16,316	105	\$155.39	\$298.35	\$269.56	52.1%	57.6%	Hemodialysis
90887	Consultation with family	\$6,518	145	\$44.95	\$61.32	\$89.49	73.3%	50.2%	Psychological and psychiatric evaluation and therapy
90870	Electroconvulsive therapy	\$7,606	442	\$17.21	\$242.90	\$148.33	7.1%	11.6%	Psychological and psychiatric evaluation and therapy
90862	Medication management	\$1,900,109	57,901	\$32.82	\$52.66	\$52.32	62.3%	62.7%	Psychological and psychiatric evaluation and therapy
90857	Intac group psytx	\$16,778	599	\$28.01	\$116.17	\$35.54	24.1%	78.8%	Psychological and psychiatric evaluation and therapy
90853	Group psychotherapy	\$559,867	17,407	\$32.16	\$71.20	\$32.47	45.2%	99.1%	Psychological and psychiatric evaluation and therapy
90847	Family psytx w/patient	\$2,155,077	23,172	\$93.00	\$73.51	\$117.52	126.5%	79.1%	Psychological and psychiatric evaluation and therapy
90846	Family psytx w/o patient	\$283,411	3,230	\$87.74	\$71.23	\$96.13	123.2%	91.3%	Psychological and psychiatric evaluation and therapy
90819	Psytx, hosp, 45-50 min w/e&m	\$6,987	143	\$48.86	\$105.78	\$104.82	46.2%	46.6%	Psychological and psychiatric evaluation and therapy
90818	Psytx, hosp, 45-50 min	\$23,011	813	\$28.30	\$61.67	\$99.96	45.9%	28.3%	Psychological and psychiatric evaluation and therapy
90817	Psytx, hosp, 20-30 min w/e&m	\$23,862	977	\$24.42	\$57.54	\$72.44	42.4%	33.7%	Psychological and psychiatric evaluation and therapy
90816	Psytx, hosp, 20-30 min	\$11,413	1,007	\$11.33	\$58.24	\$66.38	19.5%	17.1%	Psychological and psychiatric evaluation and therapy
90808	Psytx, office, 75-80 min	\$321,864	4,823	\$66.74	\$101.03	\$148.04	66.1%	45.1%	Psychological and psychiatric evaluation and therapy
90807	Psytx, off, 45-50 min w/e&m	\$161,481	2,850	\$56.66	\$97.35	\$105.64	58.2%	53.6%	Psychological and psychiatric evaluation and therapy
90806	Psytx, off, 45-50 min	\$4,030,490	77,815	\$51.80	\$68.73	\$99.21	75.4%	52.2%	Psychological and psychiatric evaluation and therapy
90805	Psytx, off, 20-30 min w/e&m	\$58,650	3,651	\$16.06	\$65.13	\$72.49	24.7%	22.2%	Psychological and psychiatric evaluation and therapy
90804	Psytx, office, 20-30 min	\$6,042,811	77,829	\$77.64	\$42.57	\$66.04	182.4%	117.6%	Psychological and psychiatric evaluation and therapy
90801	Psy dx interview	\$1,030,117	10,761	\$95.73	\$95.06	\$153.88	100.7%	62.2%	Psychological and psychiatric evaluation and therapy
90472	Immunization admin, each add	\$103,262	11,104	\$9.30	\$12.21	\$11.11	76.2%	83.7%	Prophylactic vaccinations and inoculations
90471	Immunization admin	\$69,737	23,137	\$3.01	\$10.84	\$18.89	27.8%	16.0%	Prophylactic vaccinations and inoculations
90466	Immune admin addl inj, < 8 y	\$23,436	4,071	\$5.76	\$18.39	\$11.11	31.3%	51.8%	Prophylactic vaccinations and inoculations
90465	Immune admin 1 inj, < 8 yrs	\$16,615	5,534	\$3.00	\$17.89	\$18.89	16.8%	15.9%	Prophylactic vaccinations and inoculations
88342	Immunohistochemistry	\$4,158	158	\$26.32	\$220.88	\$90.93	11.9%	28.9%	Pathology

Appendix 1  
Medicaid, Medicare, and Private Fees and Fee Ratios by Procedure Code (2005)

Procedure	Procedure Name	Medicaid Paid Amount	Medicaid Services Count	Fees			Fee Ratios		Clinical Classification Label
				Average Medicaid	Average Private	Medicare	Medicaid to Private	Medicaid to Medicare	
88313	Special stains	\$8,078	550	\$14.69	\$54.57	\$58.56	26.9%	25.1%	Pathology
88312	Special stains	\$11,477	398	\$28.84	\$69.23	\$80.81	41.7%	35.7%	Pathology
88311	Decalcify tissue	\$2,543	219	\$11.61	\$22.18	\$18.78	52.4%	61.8%	Pathology
88307	Tissue exam by pathologist	\$24,078	1,101	\$21.87	\$175.14	\$187.77	12.5%	11.6%	Pathology
88305	Tissue exam by pathologist	\$123,749	4,221	\$29.32	\$124.23	\$105.41	23.6%	27.8%	Pathology
88304	Tissue exam by pathologist	\$19,400	1,301	\$14.91	\$52.44	\$60.88	28.4%	24.5%	Pathology
88302	Tissue exam by pathologist	\$5,127	427	\$12.01	\$40.85	\$46.16	29.4%	26.0%	Pathology
88300	Surgical path, gross	\$1,239	339	\$3.65	\$16.62	\$21.29	22.0%	17.2%	Pathology
88141	Cytopath, c/v, interpret	\$50,533	1,991	\$25.38	\$30.35	\$22.48	83.6%	112.9%	Pathology
88112	Cytopath, cell enhance tech	\$12,301	238	\$51.68	\$94.24	\$122.97	54.8%	42.0%	Pathology
88108	Cytopath, concentrate tech	\$3,726	229	\$16.27	\$50.47	\$69.84	32.2%	23.3%	Pathology
88104	Cytopathology, fluids	\$2,264	188	\$12.04	\$51.08	\$55.80	23.6%	21.6%	Pathology
87207	Smear, special stain	\$1,009	113	\$8.92	\$27.21	\$20.62	32.8%	43.3%	Microscopic examination (bacterial smear, culture, toxicology)
86580	Tb intradermal test	\$3,361	829	\$4.05	\$13.26	\$10.46	30.6%	38.7%	Other Laboratory
86255	Fluorescent antibody, screen	\$2,665	188	\$14.17	\$40.26	\$20.23	35.2%	70.1%	Other Laboratory
83912	Genetic examination	\$1,488	319	\$4.67	\$21.09	\$19.06	22.1%	24.5%	Laboratory - Chemistry and Hematology
78480	Heart function add-on	\$9,000	397	\$22.67	\$101.27	\$97.19	22.4%	23.3%	Radioisotope scan and function studies
78478	Heart wall motion add-on	\$10,102	422	\$23.94	\$104.34	\$97.58	22.9%	24.5%	Radioisotope scan and function studies
78465	Heart image (3d), multiple	\$56,910	689	\$82.60	\$476.08	\$560.47	17.3%	14.7%	Radioisotope scan and function studies
78315	Bone imaging, 3 phase	\$3,111	116	\$26.82	\$299.30	\$249.06	9.0%	10.8%	Radioisotope bone scan
78306	Bone imaging, whole body	\$6,743	332	\$20.31	\$243.12	\$220.09	8.4%	9.2%	Radioisotope bone scan
78264	Gastric emptying study	\$1,449	105	\$13.80	\$240.73	\$210.07	5.7%	6.6%	Radioisotope scan and function studies
78223	Hepatobiliary imaging	\$3,489	145	\$24.06	\$277.61	\$194.08	8.7%	12.4%	Other radioisotope scan
77427	Radiation tx management, x5	\$31,793	327	\$97.23	\$273.98	\$172.85	35.5%	56.3%	Therapeutic radiology
77417	Radiology port film(s)	\$1,411	135	\$10.45	\$64.70	\$24.44	16.2%	42.8%	Therapeutic radiology
77334	Radiation treatment aid(s)	\$24,101	172	\$140.12	\$465.00	\$197.93	30.1%	70.8%	Ancillary Services
77300	Radiation therapy dose plan	\$8,371	171	\$48.96	\$237.25	\$87.12	20.6%	56.2%	Therapeutic radiology
77290	Set radiation therapy field	\$5,791	113	\$51.24	\$277.72	\$348.62	18.5%	14.7%	Therapeutic radiology
77263	Radiation therapy planning	\$11,787	106	\$111.20	\$262.15	\$168.00	42.4%	66.2%	Therapeutic radiology
76942	Echo guide for biopsy	\$6,651	301	\$22.10	\$128.28	\$148.58	17.2%	14.9%	Other diagnostic ultrasound
76937	Us guide, vascular access	\$1,228	122	\$10.07	\$51.03	\$34.73	19.7%	29.0%	Other diagnostic ultrasound
76885	Us exam infant hips, dynamic	\$2,830	102	\$27.74	\$134.82	\$101.32	20.6%	27.4%	Other diagnostic ultrasound
76880	Us exam, extremity	\$3,782	158	\$23.94	\$113.85	\$89.07	21.0%	26.9%	Other diagnostic ultrasound
76870	Us exam, scrotum	\$6,503	220	\$29.56	\$123.84	\$96.36	23.9%	30.7%	Other diagnostic ultrasound
76857	Us exam, pelvic, limited	\$3,822	128	\$29.86	\$98.32	\$88.62	30.4%	33.7%	Other diagnostic ultrasound
76856	Us exam, pelvic, complete	\$89,276	1,888	\$47.29	\$134.75	\$99.03	35.1%	47.7%	Other diagnostic ultrasound
76830	Transvaginal us, non-ob	\$46,148	1,506	\$30.64	\$123.75	\$99.03	24.8%	30.9%	Other diagnostic ultrasound
76827	Echo exam of fetal heart	\$7,016	139	\$50.48	\$138.50	\$102.24	36.4%	49.4%	Diagnostic ultrasound of heart (echocardiogram)
76825	Echo exam of fetal heart	\$12,597	180	\$69.98	\$241.08	\$170.33	29.0%	41.1%	Diagnostic ultrasound of heart (echocardiogram)
76820	Umbilical artery echo	\$7,640	242	\$31.57	\$111.67	\$94.50	28.3%	33.4%	Other diagnostic ultrasound
76819	Fetal biophys profil w/o nst	\$20,937	642	\$32.61	\$116.31	\$107.53	28.0%	30.3%	Other diagnostic ultrasound
76818	Fetal biophys profile w/nst	\$18,987	509	\$37.30	\$152.68	\$123.14	24.4%	30.3%	Other diagnostic ultrasound
76817	Transvaginal us, obstetric	\$41,329	1,017	\$40.64	\$115.13	\$101.05	35.3%	40.2%	Other diagnostic ultrasound
76816	Ob us, follow-up, per fetus	\$34,195	1,027	\$33.30	\$108.27	\$91.55	30.8%	36.4%	Other diagnostic ultrasound
76815	Ob us, limited, fetus(s)	\$53,235	1,673	\$31.82	\$107.15	\$92.90	29.7%	34.3%	Other diagnostic ultrasound
76811	Ob us, detailed, sngl fetus	\$153,862	1,400	\$109.90	\$296.61	\$256.30	37.1%	42.9%	Other diagnostic ultrasound
76810	Ob us >= 14 wks, addl fetus	\$10,971	124	\$88.47	\$172.23	\$100.63	51.4%	87.9%	Other diagnostic ultrasound
76805	Ob us >= 14 wks, sngl fetus	\$148,691	3,985	\$37.31	\$161.73	\$138.77	23.1%	26.9%	Other diagnostic ultrasound
76801	Ob us < 14 wks, single fetus	\$43,944	1,284	\$34.22	\$151.15	\$138.77	22.6%	24.7%	Other diagnostic ultrasound
76775	Us exam abdo back wall, lim	\$10,477	589	\$17.79	\$106.10	\$88.69	16.8%	20.1%	Diagnostic ultrasound of abdomen or retroperitoneum

Appendix 1  
Medicaid, Medicare, and Private Fees and Fee Ratios by Procedure Code (2005)

Procedure	Procedure Name	Medicaid Paid Amount	Medicaid Services Count	Fees			Fee Ratios		Clinical Classification Label
				Average Medicaid	Average Private	Medicare	Medicaid to Private	Medicaid to Medicare	
76770	Us exam abdo back wall, comp	\$24,095	865	\$27.86	\$130.65	\$119.61	21.3%	23.3%	Diagnostic ultrasound of abdomen or retroperitoneum
76705	Echo exam of abdomen	\$20,924	714	\$29.31	\$100.69	\$89.07	29.1%	32.9%	Diagnostic ultrasound of abdomen or retroperitoneum
76700	Us exam, abdom, complete	\$84,825	2,004	\$42.33	\$155.29	\$123.79	27.3%	34.2%	Diagnostic ultrasound of abdomen or retroperitoneum
76645	Us exam, breast(s)	\$14,875	686	\$21.68	\$97.13	\$71.29	22.3%	30.4%	Other diagnostic ultrasound
76536	Us exam of head and neck	\$5,604	206	\$27.20	\$118.32	\$87.19	23.0%	31.2%	Diagnostic ultrasound of head and neck
76519	Echo exam of eye	\$8,377	242	\$34.62	\$62.38	\$83.77	55.5%	41.3%	Diagnostic ultrasound of head and neck
76514	Echo exam of eye, thickness	\$1,228	160	\$7.68	\$15.28	\$12.23	50.2%	62.8%	Diagnostic ultrasound of head and neck
76506	Echo exam of head	\$4,020	198	\$20.30	\$77.28	\$93.61	26.3%	21.7%	Diagnostic ultrasound of head and neck
76092	Mammogram, screening	\$45,614	3,073	\$14.84	\$83.03	\$87.03	17.9%	17.1%	Mammography
76091	Mammogram, both breasts	\$13,981	585	\$23.90	\$96.46	\$98.90	24.8%	24.2%	Mammography
76090	Mammogram, one breast	\$6,850	436	\$15.71	\$71.98	\$79.66	21.8%	19.7%	Mammography
76083	Computer mammogram add-on	\$5,335	1,125	\$4.74	\$17.10	\$20.15	27.7%	23.5%	Mammography
76082	Computer mammogram add-on	\$1,195	246	\$4.86	\$17.60	\$20.15	27.6%	24.1%	Mammography
76075	Dxa bone density, axial	\$20,434	820	\$24.92	\$133.14	\$142.58	18.7%	17.5%	Other diagnostic radiology and related techniques
76040	X-rays, bone evaluation	\$2,326	129	\$18.03	\$58.28	\$46.30	30.9%	38.9%	Other diagnostic radiology and related techniques
76020	X-rays for bone age	\$4,131	294	\$14.05	\$52.46	\$30.89	26.8%	45.5%	Other diagnostic radiology and related techniques
76005	Fluoroguide for spine inject	\$21,560	1,065	\$20.24	\$75.74	\$83.24	26.7%	24.3%	Other diagnostic radiology and related techniques
76000	Fluoroscope examination	\$2,583	198	\$13.05	\$99.21	\$62.33	13.2%	20.9%	Other diagnostic radiology and related techniques
75998	Fluoroguide for vein device	\$2,638	210	\$12.56	\$65.09	\$74.48	19.3%	16.9%	Other diagnostic radiology and related techniques
74455	X-ray, urethra/bladder	\$3,963	217	\$18.26	\$103.73	\$82.69	17.6%	22.1%	Other diagnostic radiology and related techniques
74400	Contrst x-ray, urinary tract	\$1,914	130	\$14.73	\$135.76	\$94.96	10.8%	15.5%	Intravenous pyelogram
74250	X-ray exam of small bowel	\$1,347	108	\$12.47	\$94.68	\$77.96	13.2%	16.0%	Upper gastrointestinal X-ray
74249	Contrst x-ray uppr gi tract	\$3,205	146	\$21.95	\$180.85	\$153.22	12.1%	14.3%	Upper gastrointestinal X-ray
74247	Contrst x-ray uppr gi tract	\$4,306	267	\$16.13	\$151.63	\$105.63	10.6%	15.3%	Upper gastrointestinal X-ray
74246	Contrst x-ray uppr gi tract	\$5,719	249	\$22.97	\$142.31	\$103.71	16.1%	22.1%	Upper gastrointestinal X-ray
74241	X-ray exam, upper gi tract	\$3,082	182	\$16.94	\$88.23	\$97.15	19.2%	17.4%	Upper gastrointestinal X-ray
74230	Cine/vid x-ray, throat/esoph	\$2,059	264	\$7.80	\$85.28	\$81.01	9.1%	9.6%	Upper gastrointestinal X-ray
74220	Contrast x-ray, esophagus	\$1,561	239	\$6.53	\$94.07	\$72.54	6.9%	9.0%	Upper gastrointestinal X-ray
74170	Ct abdomen w/o & w/dye	\$10,033	240	\$41.80	\$407.65	\$420.35	10.3%	9.9%	CT scan abdomen
74160	Ct abdomen w/dye	\$132,224	3,044	\$43.44	\$346.79	\$347.02	12.5%	12.5%	CT scan abdomen
74150	Ct abdomen w/o dye	\$48,986	1,214	\$40.35	\$276.18	\$294.30	14.6%	13.7%	CT scan abdomen
74022	X-ray exam series, abdomen	\$13,149	1,598	\$8.23	\$68.45	\$46.64	12.0%	17.6%	Other diagnostic radiology and related techniques
74020	X-ray exam of abdomen	\$15,283	1,910	\$8.00	\$51.73	\$39.70	15.5%	20.2%	Other diagnostic radiology and related techniques
74000	X-ray exam of abdomen	\$20,617	2,960	\$6.97	\$42.95	\$30.51	16.2%	22.8%	Other diagnostic radiology and related techniques
73721	Mri jnt of lwr extre w/o dye	\$48,687	717	\$67.90	\$519.73	\$522.32	13.1%	13.0%	Magnetic resonance imaging
73700	Ct lower extremity w/o dye	\$5,364	168	\$31.93	\$293.48	\$259.87	10.9%	12.3%	Other CT scan
73660	X-ray exam of toe(s)	\$2,267	384	\$5.90	\$36.77	\$23.94	16.1%	24.7%	Other diagnostic radiology and related techniques
73650	X-ray exam of heel	\$2,350	199	\$11.81	\$40.99	\$27.41	28.8%	43.1%	Other diagnostic radiology and related techniques
73630	X-ray exam of foot	\$20,693	2,665	\$7.76	\$45.52	\$30.52	17.1%	25.4%	Other diagnostic radiology and related techniques
73620	X-ray exam of foot	\$5,652	520	\$10.87	\$36.32	\$28.19	29.9%	38.6%	Other diagnostic radiology and related techniques
73610	X-ray exam of ankle	\$23,840	2,858	\$8.34	\$46.74	\$30.52	17.8%	27.3%	Other diagnostic radiology and related techniques
73600	X-ray exam of ankle	\$2,855	369	\$7.74	\$35.04	\$28.19	22.1%	27.4%	Other diagnostic radiology and related techniques
73590	X-ray exam of lower leg	\$10,248	1,227	\$8.35	\$44.81	\$30.13	18.6%	27.7%	Other diagnostic radiology and related techniques
73565	X-ray exam of knees	\$1,871	160	\$11.69	\$41.33	\$28.96	28.3%	40.4%	Other diagnostic radiology and related techniques
73564	X-ray exam, knee, 4 or more	\$9,874	1,020	\$9.68	\$54.80	\$37.03	17.7%	26.1%	Other diagnostic radiology and related techniques
73562	X-ray exam of knee, 3	\$11,512	1,152	\$9.99	\$47.35	\$33.17	21.1%	30.1%	Other diagnostic radiology and related techniques
73560	X-ray exam of knee, 1 or 2	\$12,416	1,458	\$8.52	\$42.67	\$30.13	20.0%	28.3%	Other diagnostic radiology and related techniques
73550	X-ray exam of thigh	\$5,281	638	\$8.28	\$44.99	\$32.80	18.4%	25.2%	Other diagnostic radiology and related techniques
73520	X-ray exam of hips	\$3,498	300	\$11.66	\$57.94	\$41.28	20.1%	28.3%	Other diagnostic radiology and related techniques
73510	X-ray exam of hip	\$9,451	1,281	\$7.38	\$48.09	\$34.70	15.3%	21.3%	Other diagnostic radiology and related techniques

Appendix 1  
Medicaid, Medicare, and Private Fees and Fee Ratios by Procedure Code (2005)

Procedure	Procedure Name	Medicaid Paid Amount	Medicaid Services Count	Fees			Fee Ratios		Clinical Classification Label
				Average Medicaid	Average Private	Medicare	Medicaid to Private	Medicaid to Medicare	
73500	X-ray exam of hip	\$1,592	239	\$6.66	\$33.68	\$28.18	19.8%	23.6%	Other diagnostic radiology and related techniques
73221	Mri joint upr extrem w/o dye	\$20,895	315	\$66.33	\$531.11	\$522.32	12.5%	12.7%	Magnetic resonance imaging
73140	X-ray exam of finger(s)	\$8,677	1,557	\$5.57	\$37.30	\$23.94	14.9%	23.3%	Other diagnostic radiology and related techniques
73130	X-ray exam of hand	\$15,987	2,218	\$7.21	\$48.82	\$30.52	14.8%	23.6%	Other diagnostic radiology and related techniques
73120	X-ray exam of hand	\$2,646	289	\$9.15	\$36.36	\$28.19	25.2%	32.5%	Other diagnostic radiology and related techniques
73110	X-ray exam of wrist	\$15,089	1,911	\$7.90	\$47.07	\$30.52	16.8%	25.9%	Other diagnostic radiology and related techniques
73100	X-ray exam of wrist	\$9,042	1,025	\$8.82	\$36.01	\$28.19	24.5%	31.3%	Other diagnostic radiology and related techniques
73090	X-ray exam of forearm	\$6,743	945	\$7.14	\$44.48	\$29.36	16.0%	24.3%	Other diagnostic radiology and related techniques
73080	X-ray exam of elbow	\$5,967	745	\$8.01	\$48.96	\$32.80	16.4%	24.4%	Other diagnostic radiology and related techniques
73070	X-ray exam of elbow	\$3,690	453	\$8.15	\$40.35	\$28.98	20.2%	28.1%	Other diagnostic radiology and related techniques
73060	X-ray exam of humerus	\$2,953	408	\$7.24	\$43.73	\$32.80	16.6%	22.1%	Other diagnostic radiology and related techniques
73030	X-ray exam of shoulder	\$14,256	1,819	\$7.84	\$48.49	\$33.17	16.2%	23.6%	Other diagnostic radiology and related techniques
73000	X-ray exam of collar bone	\$2,746	332	\$8.27	\$41.96	\$29.36	19.7%	28.2%	Other diagnostic radiology and related techniques
72220	X-ray exam of tailbone	\$1,966	224	\$8.78	\$49.37	\$32.80	17.8%	26.8%	Other diagnostic radiology and related techniques
72193	Ct pelvis w/dye	\$97,170	2,010	\$48.34	\$289.37	\$340.93	16.7%	14.2%	CT scan abdomen
72192	Ct pelvis w/o dye	\$40,028	869	\$46.06	\$282.57	\$299.45	16.3%	15.4%	CT scan abdomen
72170	X-ray exam of pelvis	\$11,869	1,275	\$9.31	\$39.12	\$30.13	23.8%	30.9%	Other diagnostic radiology and related techniques
72158	Mri lumbar spine w/o & w/dye	\$25,267	295	\$85.65	\$811.23	\$1,143.15	10.6%	7.5%	Magnetic resonance imaging
72156	Mri neck spine w/o & w/dye	\$12,386	124	\$99.89	\$782.43	\$1,154.20	12.8%	8.7%	Magnetic resonance imaging
72148	Mri lumbar spine w/o dye	\$77,192	1,067	\$72.34	\$556.70	\$587.22	13.0%	12.3%	Magnetic resonance imaging
72146	Mri chest spine w/o dye	\$13,154	199	\$66.10	\$520.07	\$593.33	12.7%	11.1%	Magnetic resonance imaging
72141	Mri neck spine w/o dye	\$45,823	559	\$81.97	\$542.74	\$542.80	15.1%	15.1%	Magnetic resonance imaging
72131	Ct lumbar spine w/o dye	\$6,210	170	\$36.53	\$297.61	\$302.88	12.3%	12.1%	Other CT scan
72125	Ct neck spine w/o dye	\$13,776	352	\$39.14	\$264.10	\$302.88	14.8%	12.9%	Other CT scan
72110	X-ray exam of lower spine	\$6,538	506	\$12.92	\$75.74	\$53.63	17.1%	24.1%	Other diagnostic radiology and related techniques
72100	X-ray exam of lower spine	\$22,451	2,290	\$9.80	\$52.10	\$38.98	18.8%	25.2%	Other diagnostic radiology and related techniques
72090	X-ray exam of trunk spine	\$1,661	145	\$11.45	\$58.65	\$42.03	19.5%	27.2%	Other diagnostic radiology and related techniques
72070	X-ray exam of thoracic spine	\$5,638	635	\$8.88	\$46.69	\$38.20	19.0%	23.2%	Other diagnostic radiology and related techniques
72069	X-ray exam of trunk spine	\$10,265	328	\$31.30	\$56.65	\$31.64	55.2%	98.9%	Other diagnostic radiology and related techniques
72052	X-ray exam of neck spine	\$2,695	227	\$11.87	\$80.33	\$65.24	14.8%	18.2%	Other diagnostic radiology and related techniques
72050	X-ray exam of neck spine	\$8,829	858	\$10.29	\$76.35	\$52.85	13.5%	19.5%	Other diagnostic radiology and related techniques
72040	X-ray exam of neck spine	\$8,893	888	\$10.01	\$47.19	\$36.25	21.2%	27.6%	Other diagnostic radiology and related techniques
72020	X-ray exam of spine	\$2,726	341	\$7.99	\$33.99	\$25.08	23.5%	31.9%	Other diagnostic radiology and related techniques
72010	X-ray exam of spine	\$4,763	148	\$32.18	\$80.85	\$65.54	39.8%	49.1%	Other diagnostic radiology and related techniques
71275	Ct angiography, chest	\$6,964	210	\$33.16	\$399.29	\$598.80	8.3%	5.5%	CT scan chest
71260	Ct thorax w/dye	\$65,285	1,710	\$38.18	\$349.97	\$354.46	10.9%	10.8%	CT scan chest
71250	Ct thorax w/o dye	\$9,307	352	\$26.44	\$270.97	\$302.88	9.8%	8.7%	CT scan chest
71101	X-ray exam of ribs/chest	\$2,409	334	\$7.21	\$67.17	\$41.65	10.7%	17.3%	Other diagnostic radiology and related techniques
71100	X-ray exam of ribs	\$1,595	210	\$7.59	\$45.36	\$35.08	16.7%	21.6%	Other diagnostic radiology and related techniques
71020	Chest x-ray	\$121,298	17,657	\$6.87	\$49.41	\$37.03	13.9%	18.6%	Routine chest X-ray
71010	Chest x-ray	\$64,686	12,969	\$4.99	\$26.50	\$28.56	18.8%	17.5%	Routine chest X-ray
70553	Mri brain w/o & w/dye	\$82,493	1,060	\$77.82	\$825.08	\$1,143.15	9.4%	6.8%	Magnetic resonance imaging
70551	Mri brain w/o dye	\$55,344	887	\$62.39	\$506.14	\$536.69	12.3%	11.6%	Magnetic resonance imaging
70544	Mr angiography head w/o dye	\$11,228	206	\$54.50	\$401.97	\$521.85	13.6%	10.4%	Magnetic resonance imaging
70491	Ct soft tissue neck w/dye	\$9,577	216	\$44.34	\$359.53	\$304.20	12.3%	14.6%	Other CT scan
70486	Ct maxillofacial w/o dye	\$22,029	588	\$37.46	\$297.26	\$252.80	12.6%	14.8%	Computerized axial tomography (CT) scan head
70480	Ct orbit/ear/fossa w/o dye	\$3,649	102	\$35.78	\$294.32	\$260.41	12.2%	13.7%	Computerized axial tomography (CT) scan head
70470	Ct head/brain w/o & w/dye	\$10,166	224	\$45.39	\$422.77	\$356.34	10.7%	12.7%	Computerized axial tomography (CT) scan head
70450	Ct head/brain w/o dye	\$138,999	4,724	\$29.42	\$243.00	\$237.94	12.1%	12.4%	Computerized axial tomography (CT) scan head
70360	X-ray exam of neck	\$4,005	539	\$7.43	\$41.43	\$26.23	17.9%	28.3%	Other diagnostic radiology and related techniques

Appendix 1  
Medicaid, Medicare, and Private Fees and Fee Ratios by Procedure Code (2005)

Procedure	Procedure Name	Medicaid Paid Amount	Medicaid Services Count	Fees			Fee Ratios		Clinical Classification Label
				Average Medicaid	Average Private	Medicare	Medicaid to Private	Medicaid to Medicare	
70220	X-ray exam of sinuses	\$2,871	233	\$12.32	\$64.39	\$45.15	19.1%	27.3%	Other diagnostic radiology and related techniques
70160	X-ray exam of nasal bones	\$1,532	223	\$6.87	\$49.07	\$30.13	14.0%	22.8%	Other diagnostic radiology and related techniques
70150	X-ray exam of facial bones	\$1,264	118	\$10.71	\$67.12	\$45.53	16.0%	23.5%	Other diagnostic radiology and related techniques
70030	X-ray eye for foreign body	\$1,314	144	\$9.12	\$40.12	\$26.23	22.7%	34.8%	Ophthalmologic and otologic diagnosis and treatment
69436	Create eardrum opening	\$210,964	1,122	\$188.03	\$342.68	\$170.75	54.9%	110.1%	Myringotomy
69210	Remove impacted ear wax	\$9,600	779	\$12.32	\$58.46	\$49.47	21.1%	24.9%	Other therapeutic ear procedures
67311	Revise eye muscle	\$33,495	101	\$331.64	\$735.60	\$500.39	45.1%	66.3%	Other extraocular muscle and orbit therapeutic procedures
66984	Cataract surg w/iol, 1 stage	\$154,497	558	\$276.88	\$981.27	\$690.99	28.2%	40.1%	Lens and cataract procedures
66821	After cataract laser surgery	\$17,913	156	\$114.83	\$339.96	\$252.87	33.8%	45.4%	Lens and cataract procedures
64721	Carpal tunnel surgery	\$25,567	112	\$228.27	\$741.29	\$398.06	30.8%	57.3%	Decompression peripheral nerve
64483	Inj foramen epidural l/s	\$30,726	240	\$128.03	\$313.00	\$384.39	40.9%	33.3%	Insertion of catheter or spinal stimulator and injection into spinal canal
64476	Inj paravertebral l/s add-on	\$40,710	174	\$233.97	\$239.08	\$122.70	97.9%	190.7%	Insertion of catheter or spinal stimulator and injection into spinal canal
64475	Inj paravertebral l/s	\$75,161	512	\$146.80	\$274.32	\$326.08	53.5%	45.0%	Insertion of catheter or spinal stimulator and injection into spinal canal
64450	N block, other peripheral	\$4,785	156	\$30.67	\$91.40	\$101.13	33.6%	30.3%	Other non-OR or closed therapeutic nervous system procedures
62311	Inject spine l/s (cd)	\$141,218	1,134	\$124.53	\$311.03	\$253.83	40.0%	49.1%	Insertion of catheter or spinal stimulator and injection into spinal canal
62310	Inject spine c/t	\$30,419	214	\$142.14	\$342.59	\$264.63	41.5%	53.7%	Insertion of catheter or spinal stimulator and injection into spinal canal
62270	Spinal fluid tap, diagnostic	\$5,936	168	\$35.33	\$211.89	\$162.67	16.7%	21.7%	Diagnostic spinal tap
59515	Cesarean delivery	\$126,309	137	\$921.97	\$1,388.88	\$1,110.35	66.4%	83.0%	Cesarean section
59514	Cesarean delivery only	\$272,129	697	\$390.43	\$414.47	\$982.71	94.2%	39.7%	Cesarean section
59510	Cesarean delivery	\$504,190	429	\$1,175.27	\$2,423.36	\$1,889.59	48.5%	62.2%	Cesarean section
59430	Care after delivery	\$2,680	134	\$20.00	\$137.84	\$146.54	14.5%	13.6%	Other diagnostic procedures (interview, evaluation, consultation)
59426	Antepartum care only	\$46,735	244	\$191.54	\$643.97	\$678.55	29.7%	28.2%	Other diagnostic procedures (interview, evaluation, consultation)
59410	Obstetrical care	\$534,796	554	\$965.34	\$1,275.02	\$931.13	75.7%	103.7%	Forceps, vacuum, and breech delivery
59409	Obstetrical care	\$400,800	452	\$886.73	\$869.54	\$832.92	102.0%	106.5%	Forceps, vacuum, and breech delivery
59400	Obstetrical care	\$1,485,368	1,245	\$1,193.07	\$2,249.34	\$1,667.40	53.0%	71.6%	Forceps, vacuum, and breech delivery
59200	Insert cervical dilator	\$2,833	113	\$25.07	\$164.83	\$83.13	15.2%	30.2%	Other therapeutic obstetrical procedures
59025	Fetal non-stress test	\$98,453	4,365	\$22.56	\$84.28	\$42.60	26.8%	52.9%	Fetal monitoring
59000	Amniocentesis, diagnostic	\$5,198	113	\$46.00	\$186.19	\$141.45	24.7%	32.5%	Diagnostic amniocentesis
58671	Laparoscopy, tubal block	\$26,348	107	\$246.24	\$906.60	\$364.03	27.2%	67.6%	Ligation of fallopian tubes
58670	Laparoscopy, tubal cautery	\$34,460	137	\$251.54	\$832.88	\$363.67	30.2%	69.2%	Ligation of fallopian tubes
58611	Ligate oviduct(s) add-on	\$2,142	105	\$20.40	\$111.42	\$83.61	18.3%	24.4%	Ligation of fallopian tubes
58605	Division of fallopian tube	\$24,990	119	\$210.00	\$464.42	\$331.84	45.2%	63.3%	Ligation of fallopian tubes
58300	Insert intrauterine device	\$18,564	472	\$39.33	\$131.49	\$97.94	29.9%	40.2%	Other non-OR therapeutic procedures, female organs
58100	Biopsy of uterus lining	\$3,150	126	\$25.00	\$138.56	\$115.88	18.0%	21.6%	Other diagnostic procedures, female organs
57455	Biopsy of cervix w/scope	\$12,330	136	\$90.66	\$208.57	\$151.06	43.5%	60.0%	Other diagnostic procedures, female organs
57454	Bx/curett of cervix w/scope	\$36,705	408	\$89.96	\$207.97	\$162.25	43.3%	55.4%	Other diagnostic procedures, female organs
57452	Exam of cervix w/scope	\$14,220	285	\$49.90	\$142.90	\$113.19	34.9%	44.1%	Other diagnostic procedures, female organs
54150	Circumcision	\$98,881	1,233	\$80.20	\$167.72	\$244.33	47.8%	32.8%	Circumcision
52332	Cystoscopy and treatment	\$13,688	103	\$132.89	\$475.82	\$339.37	27.9%	39.2%	Ureteral catheterization
52000	Cystoscopy	\$11,160	194	\$57.52	\$268.49	\$210.25	21.4%	27.4%	Endoscopy and endoscopic biopsy of the urinary tract
51798	Us urine capacity measure	\$2,974	245	\$12.14	\$28.61	\$16.11	42.4%	75.3%	Nonoperative urinary system measurements
51702	Insert temp bladder cath	\$5,670	135	\$42.00	\$95.85	\$101.88	43.8%	41.2%	Indwelling catheter
51701	Insert bladder catheter	\$5,817	170	\$34.21	\$93.79	\$81.99	36.5%	41.7%	Indwelling catheter
51600	Injection for bladder x-ray	\$4,757	199	\$23.91	\$229.00	\$232.81	10.4%	10.3%	Nonoperative urinary system measurements
49080	Puncture, peritoneal cavity	\$5,081	108	\$47.05	\$312.48	\$209.61	15.1%	22.4%	Abdominal paracentesis
47562	Laparoscopic cholecystectomy	\$63,774	189	\$337.43	\$1,414.63	\$666.24	23.9%	50.6%	Cholecystectomy and common duct exploration
45385	Lesion removal colonoscopy	\$53,388	305	\$175.04	\$703.93	\$520.80	24.9%	33.6%	Colonoscopy and biopsy
45380	Colonoscopy and biopsy	\$51,087	284	\$179.89	\$609.40	\$461.55	29.5%	39.0%	Colonoscopy and biopsy
45378	Diagnostic colonoscopy	\$59,011	399	\$147.90	\$619.62	\$390.77	23.9%	37.8%	Colonoscopy and biopsy
43239	Upper gi endoscopy, biopsy	\$100,842	685	\$147.21	\$468.35	\$340.07	31.4%	43.3%	Upper gastrointestinal endoscopy, biopsy

Appendix 1  
Medicaid, Medicare, and Private Fees and Fee Ratios by Procedure Code (2005)

Procedure	Procedure Name	Medicaid Paid Amount	Medicaid Services Count	Fees			Fee Ratios		Clinical Classification Label
				Average Medicaid	Average Private	Medicare	Medicaid to Private	Medicaid to Medicare	
43235	Uppr gi endoscopy, diagnosis	\$40,018	380	\$105.31	\$375.13	\$299.36	28.1%	35.2%	Upper gastrointestinal endoscopy, biopsy
42830	Removal of adenoids	\$49,326	266	\$185.44	\$580.74	\$204.76	31.9%	90.6%	Tonsillectomy and/or adenoidectomy
42826	Removal of tonsils	\$27,931	106	\$263.50	\$748.88	\$255.90	35.2%	103.0%	Tonsillectomy and/or adenoidectomy
42821	Remove tonsils and adenoids	\$30,228	109	\$277.32	\$798.36	\$311.57	34.7%	89.0%	Tonsillectomy and/or adenoidectomy
42820	Remove tonsils and adenoids	\$112,743	506	\$222.81	\$772.19	\$287.56	28.9%	77.5%	Tonsillectomy and/or adenoidectomy
36620	Insertion catheter, artery	\$7,046	187	\$37.68	\$90.98	\$55.05	41.4%	68.4%	Other vascular catheterization, not heart
36569	Insert picc cath	\$9,498	242	\$39.25	\$257.26	\$362.77	15.3%	10.8%	Other OR procedures on vessels other than head and neck
36556	Insert non-tunnel cv cath	\$17,941	259	\$69.27	\$212.26	\$321.47	32.6%	21.5%	Other OR procedures on vessels other than head and neck
36514	Apheresis plasma	\$8,779	160	\$54.87	\$434.63	\$732.52	12.6%	7.5%	Other therapeutic procedures
36000	Place needle in vein	\$2,683	119	\$22.55	\$24.07	\$29.41	93.7%	76.7%	Other vascular catheterization, not heart
31575	Diagnostic laryngoscopy	\$13,340	259	\$51.51	\$169.14	\$119.38	30.5%	43.1%	Tracheoscopy and laryngoscopy with biopsy
31500	Insert emergency airway	\$8,445	133	\$63.50	\$182.97	\$115.82	34.7%	54.8%	Respiratory intubation and mechanical ventilation
31231	Nasal endoscopy, dx	\$6,010	159	\$37.80	\$209.55	\$177.10	18.0%	21.3%	Diagnostic procedures on nose, mouth and pharynx
30140	Resect inferior turbinate	\$18,980	101	\$187.92	\$297.05	\$384.27	63.3%	48.9%	Other OR therapeutic procedures on nose, mouth and pharynx
29580	Application of paste boot	\$4,467	162	\$27.57	\$87.04	\$49.45	31.7%	55.8%	Traction, splints, and other wound care
29405	Apply short leg cast	\$5,391	279	\$19.32	\$102.76	\$85.17	18.8%	22.7%	Traction, splints, and other wound care
29125	Apply forearm splint	\$5,617	310	\$18.12	\$76.46	\$64.63	23.7%	28.0%	Traction, splints, and other wound care
29075	Application of forearm cast	\$14,094	404	\$34.89	\$99.91	\$82.96	34.9%	42.1%	Traction, splints, and other wound care
29065	Application of long arm cast	\$4,767	131	\$36.39	\$113.24	\$90.19	32.1%	40.3%	Traction, splints, and other wound care
27447	Total knee arthroplasty	\$60,472	107	\$565.16	\$1,391.11	\$1,519.11	40.6%	37.2%	Arthroplasty knee
27096	Inject sacroiliac joint	\$20,219	113	\$178.92	\$257.83	\$225.94	69.4%	79.2%	Other diagnostic radiology and related techniques
26720	Treat finger fracture, each	\$5,700	105	\$54.29	\$239.20	\$180.28	22.7%	30.1%	Other fracture and dislocation procedure
26600	Treat metacarpal fracture	\$7,517	116	\$64.80	\$282.89	\$226.16	22.9%	28.7%	Other fracture and dislocation procedure
25600	Treat fracture radius/ulna	\$16,903	162	\$104.34	\$364.40	\$274.55	28.6%	38.0%	Treatment, fracture or dislocation of radius and ulna
20610	Drain/inject, joint/bursa	\$30,889	1,076	\$28.71	\$86.85	\$70.91	33.1%	40.5%	Arthrocentesis
20605	Drain/inject, joint/bursa	\$1,896	123	\$15.42	\$76.68	\$58.26	20.1%	26.5%	Arthrocentesis
20553	Inject trigger points, => 3	\$8,307	230	\$36.12	\$93.91	\$61.83	38.5%	58.4%	Injections and aspirations of muscles, tendons, bursa, joints and soft tissue
20552	Inj trigger point, 1/2 muscl	\$11,401	341	\$33.44	\$79.79	\$54.87	41.9%	60.9%	Injections and aspirations of muscles, tendons, bursa, joints and soft tissue
20550	Inj tendon sheath/ligament	\$10,090	216	\$46.71	\$74.45	\$59.32	62.7%	78.7%	Injections and aspirations of muscles, tendons, bursa, joints and soft tissue
17110	Destruct lesion, 1-14	\$4,209	314	\$13.40	\$95.67	\$89.59	14.0%	15.0%	Excision of skin lesion
17003	Destroy lesions, 2-14	\$8,961	519	\$17.27	\$41.25	\$10.33	41.9%	167.1%	Excision of skin lesion
17000	Destroy benign/premigl lesion	\$23,397	1,088	\$21.50	\$69.18	\$61.64	31.1%	34.9%	Excision of skin lesion
16020	Dress/debrid p-thick burn, s	\$2,247	107	\$21.00	\$92.74	\$83.48	22.6%	25.2%	Debridement of wound, infection or burn
12011	Repair superficial wound(s)	\$4,663	291	\$16.02	\$142.00	\$155.86	11.3%	10.3%	Suture of skin and subcutaneous tissue
12002	Repair superficial wound(s)	\$5,327	145	\$36.74	\$146.06	\$156.50	25.2%	23.5%	Suture of skin and subcutaneous tissue
12001	Repair superficial wound(s)	\$10,684	427	\$25.02	\$129.41	\$147.38	19.3%	17.0%	Suture of skin and subcutaneous tissue
11750	Removal of nail bed	\$18,571	178	\$104.33	\$193.25	\$162.97	54.0%	64.0%	Other non-OR therapeutic procedures on skin and breast
11730	Removal of nail plate	\$3,744	171	\$21.89	\$95.35	\$87.99	23.0%	24.9%	Other non-OR therapeutic procedures on skin and breast
11721	Debride nail, 6 or more	\$25,963	1,132	\$22.94	\$32.63	\$40.12	70.3%	57.2%	Other non-OR therapeutic procedures on skin and breast
11720	Debride nail, 1-5	\$2,275	201	\$11.32	\$23.53	\$26.81	48.1%	42.2%	Other non-OR therapeutic procedures on skin and breast
11719	Trim nail(s)	\$1,229	182	\$6.75	\$11.56	\$16.91	58.4%	39.9%	Other non-OR therapeutic procedures on skin and breast
11402	Exc tr-ext b9+marg 1.1-2 cm	\$3,509	121	\$29.00	\$152.36	\$148.83	19.0%	19.5%	Excision of skin lesion
11100	Biopsy, skin lesion	\$3,136	205	\$15.30	\$93.40	\$80.51	16.4%	19.0%	Other diagnostic procedures on skin and subcutaneous tissue
11056	Trim skin lesions, 2 to 4	\$1,617	107	\$15.11	\$38.41	\$50.57	39.3%	29.9%	Excision of skin lesion
11042	Debride skin/tissue	\$6,222	239	\$26.04	\$151.65	\$84.91	17.2%	30.7%	Debridement of wound, infection or burn
11041	Debride skin, full	\$2,922	145	\$20.15	\$80.81	\$60.38	24.9%	33.4%	Debridement of wound, infection or burn
11040	Debride skin, partial	\$5,707	268	\$21.30	\$59.21	\$41.37	36.0%	51.5%	Debridement of wound, infection or burn
10060	Drainage of skin abscess	\$16,942	438	\$38.68	\$116.05	\$95.81	33.3%	40.4%	Incision and drainage, skin and subcutaneous tissue

Appendix 2

Medicaid, Medicare and Private Fees and Fee Ratios Based On Clinical Classification System Groups

Clinical Classifications Label	Total Count of Services	Average Fee			Fee Ratios	
		Medicaid	Medicare	Private	Medicaid to Medicare	Medicaid To Private
Physical therapy exercises, manipulation, and other procedures	79,633	\$28.56	\$21.80	\$32.56	131%	88%
Psychological and psychiatric evaluation and therapy	283,565	\$58.68	\$91.81	\$68.67	64%	85%
Other vascular catheterization, not heart	306	\$31.79	\$42.23	\$47.79	75%	67%
Other non-OR therapeutic procedures on musculoskeletal system	2,837	\$20.95	\$36.93	\$32.94	57%	64%
Other OR therapeutic procedures on nose, mouth and pharynx	101	\$187.92	\$384.27	\$297.03	49%	63%
Myringotomy	1,122	\$188.03	\$170.75	\$325.11	110%	58%
Hemodialysis	1,975	\$127.22	\$171.68	\$225.25	74%	56%
Other diagnostic procedures (interview, evaluation, consultation)	476,443	\$50.34	\$156.49	\$92.20	32%	55%
Circumcision	1,233	\$80.20	\$244.33	\$147.00	33%	55%
Forceps, vacuum, and breech delivery	2,251	\$1,075.51	\$1,143.81	\$2,032.05	94%	53%
Injections and aspirations of muscles, tendons, bursa, joints and soft tissue	787	\$37.86	\$58.68	\$75.31	65%	50%
Ancillary Services	833	\$82.86	\$73.31	\$165.56	113%	50%
Cesarean section	1,263	\$714.67	\$1,327.55	\$1,460.65	54%	49%
Insertion of catheter or spinal stimulator and injection into spinal canal	2,274	\$139.94	\$270.33	\$290.81	52%	48%
Other extraocular muscle and orbit therapeutic procedures	101	\$331.64	\$500.39	\$698.72	66%	47%
Other therapeutic procedures	780	\$68.16	\$404.92	\$144.12	17%	47%
Other diagnostic procedures, female organs	1,159	\$60.74	\$116.09	\$128.95	52%	47%
Diagnostic physical therapy	18,437	\$34.57	\$66.35	\$79.42	52%	44%
Ophthalmologic and otologic diagnosis and treatment	52,896	\$23.29	\$54.78	\$54.94	43%	42%
Arthroplasty knee	107	\$565.16	\$1,519.11	\$1,364.71	37%	41%
Indwelling catheter	305	\$37.66	\$91.94	\$91.11	41%	41%
Other non-OR therapeutic procedures on skin and breast	2,327	\$24.34	\$55.91	\$64.19	44%	38%
Respiratory intubation and mechanical ventilation	254	\$48.75	\$93.46	\$128.79	52%	38%
Other diagnostic procedures on skin and subcutaneous tissue	975	\$41.07	\$30.33	\$113.78	135%	36%
Microscopic examination (bacterial smear, culture, toxicology)	113	\$8.92	\$20.62	\$25.28	43%	35%
Incision and drainage, skin and subcutaneous tissue	438	\$38.68	\$95.81	\$109.84	40%	35%
Other non-OR or closed therapeutic nervous system procedures	156	\$30.67	\$101.13	\$87.77	30%	35%
Diagnostic cardiac catheterization, coronary arteriography	1,113	\$98.61	\$515.25	\$284.91	19%	35%
Arthrocentesis	1,199	\$27.34	\$64.59	\$82.67	42%	33%
Other respiratory therapy	1,943	\$10.50	\$12.41	\$31.83	85%	33%
Therapeutic radiology	852	\$69.43	\$160.20	\$214.32	43%	32%
Decompression peripheral nerve	112	\$228.27	\$398.06	\$706.26	57%	32%
Other diagnostic ultrasound	18,550	\$41.54	\$118.51	\$128.99	35%	32%
Tonsillectomy and/or adenoidectomy	987	\$223.13	\$264.95	\$698.38	84%	32%
Cardiac stress tests	2,238	\$20.09	\$50.09	\$62.97	40%	32%
Upper gastrointestinal endoscopy, biopsy	1,065	\$132.26	\$319.71	\$423.54	41%	31%
Laboratory - Chemistry and Hematology	2,134	\$7.24	\$21.55	\$23.19	34%	31%
Tracheoscopy and laryngoscopy with biopsy	259	\$51.51	\$119.38	\$166.08	43%	31%
Traction, splints, and other wound care	1,286	\$26.70	\$74.48	\$86.16	36%	31%
Other diagnostic nervous system procedures	1,150	\$54.14	\$60.39	\$174.77	90%	31%
Other non-OR therapeutic procedures, female organs	472	\$39.33	\$97.94	\$127.99	40%	31%
Excision of skin lesion	2,149	\$19.40	\$72.19	\$64.09	27%	30%
Ligation of fallopian tubes	468	\$187.91	\$285.79	\$621.50	66%	30%

Appendix 2

Medicaid, Medicare and Private Fees and Fee Ratios Based On Clinical Classification System Groups

Clinical Classifications Label	Total Count of Services	Average Fee			Fee Ratios	
		Medicaid	Medicare	Private	Medicaid to Medicare	Medicaid To Private
Treatment, fracture or dislocation of radius and ulna	162	\$104.34	\$274.55	\$346.61	38%	30%
Other physical therapy and rehabilitation	78,182	\$19.21	\$41.36	\$63.90	46%	30%
Lens and cataract procedures	714	\$241.47	\$471.93	\$807.61	51%	30%
Prophylactic vaccinations and inoculations	46,581	\$5.89	\$15.17	\$19.75	39%	30%
Nonoperative urinary system measurements	444	\$17.41	\$124.46	\$58.81	14%	30%
Ureteral catheterization	103	\$132.89	\$339.37	\$471.00	39%	28%
Other Laboratory	1,017	\$5.92	\$15.35	\$21.06	39%	28%
Colonoscopy and biopsy	988	\$165.47	\$457.71	\$590.68	36%	28%
Fetal monitoring	4,365	\$22.56	\$42.60	\$81.66	53%	28%
Other diagnostic procedures on lung and bronchus	2,225	\$14.48	\$37.10	\$52.48	39%	28%
Electrographic cardiac monitoring	855	\$23.40	\$61.96	\$86.00	38%	27%
Pathology	12,322	\$23.65	\$70.18	\$89.53	34%	26%
Diagnostic amniocentesis	113	\$46.00	\$141.45	\$174.26	33%	26%
Diagnostic ultrasound of abdomen or retroperitoneum	4,287	\$34.80	\$161.54	\$132.95	22%	26%
Other OR procedures on vessels other than head and neck	501	\$54.77	\$342.12	\$225.23	16%	24%
Cholecystectomy and common duct exploration	189	\$337.43	\$666.24	\$1,404.76	51%	24%
Other fracture and dislocation procedure	221	\$59.81	\$203.22	\$252.12	29%	24%
Electrocardiogram	13,805	\$9.00	\$18.27	\$37.99	49%	24%
Diagnostic ultrasound of heart (echocardiogram)	10,527	\$35.61	\$149.10	\$155.45	24%	23%
Debridement of wound, infection or burn	759	\$22.53	\$67.54	\$99.03	33%	23%
Endoscopy and endoscopic biopsy of the urinary tract	194	\$57.52	\$210.25	\$258.01	27%	22%
Mammography	5,644	\$13.62	\$74.07	\$62.05	18%	22%
Other therapeutic ear procedures	779	\$12.32	\$49.47	\$56.21	25%	22%
Radioisotope scan and function studies	1,613	\$48.02	\$241.33	\$232.03	20%	21%
Diagnostic ultrasound of head and neck	1,379	\$22.95	\$106.13	\$114.72	22%	20%
Suture of skin and subcutaneous tissue	863	\$23.96	\$153.25	\$120.31	16%	20%
Other diagnostic cardiovascular procedures	384	\$20.12	\$112.90	\$103.66	18%	19%
Diagnostic procedures on nose, mouth and pharynx	159	\$37.80	\$177.10	\$205.13	21%	18%
Other diagnostic radiology and related techniques	45,208	\$9.73	\$43.54	\$53.02	22%	18%
Electroencephalogram (EEG)	1,251	\$45.74	\$231.07	\$249.17	20%	18%
Diagnostic spinal tap	168	\$35.33	\$162.67	\$209.01	22%	17%
Abdominal paracentesis	108	\$47.05	\$209.61	\$311.87	22%	15%
Other therapeutic obstetrical procedures	113	\$25.07	\$83.13	\$167.97	30%	15%
CT scan abdomen	7,377	\$44.52	\$340.41	\$298.53	13%	15%
Routine chest X-ray	30,626	\$6.07	\$32.80	\$41.13	19%	15%
Other CT scan	906	\$38.55	\$292.46	\$287.21	13%	13%
Computerized axial tomography (CT) scan head	5,638	\$31.01	\$276.87	\$236.73	11%	13%
Magnetic resonance imaging	5,429	\$72.29	\$726.70	\$557.18	10%	13%
Upper gastrointestinal X-ray	1,455	\$14.62	\$98.75	\$122.25	15%	12%
CT scan chest	2,272	\$35.90	\$418.72	\$323.22	9%	11%
Intravenous pyelogram	130	\$14.73	\$94.96	\$133.31	16%	11%
Radioisotope bone scan	448	\$22.00	\$234.57	\$256.82	9%	9%
Other radioisotope scan	145	\$24.06	\$194.08	\$283.34	12%	8%

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