



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

October 19, 2021

The Honorable Larry Hogan  
Governor  
State of Maryland  
Annapolis, MD 21401-1991

The Honorable Bill Ferguson  
President of the Senate  
Maryland General Assembly  
H-107 State House  
Annapolis, MD 21401-1991

The Honorable Adrienne A. Jones  
Speaker of the House  
Maryland General Assembly  
H-101 State House  
Annapolis, MD 21401-1991

**RE: HB 70 (Ch. 656 of the Acts of 2009); Health-General § 15-103.5; and Insurance Article §19-807(d)(2) - Annual Report on the Maryland Medical Assistance Program and the Maryland Children’s Health Program - Provider Reimbursement Rates**

Dear Governor Hogan, President Ferguson, and Speaker Jones:

Pursuant to Maryland Health-General §15-103.5 and Insurance Article §19-807(d)(2), the Maryland Department of Health respectfully submits the required annual report that reviews the rates paid to providers under the federal Medicare fee schedule and compares the rates under the Medicare fee schedule to the fee-for-service rates paid to similar providers for the same services under the Maryland Medical Assistance Program and the rates paid to managed care organization providers for the same services under the Maryland Medical Assistance Program.

If you have any questions about this report, please contact Heather Shek, Director, Office of Governmental Affairs, at [heather.shek@maryland.gov](mailto:heather.shek@maryland.gov).

Sincerely,

Dennis Schrader  
Secretary

cc: Steven R. Schuh, Deputy Secretary, Health Care Financing and Medicaid  
Heather Shek, Director, Office of Governmental Affairs  
Sarah Albert, Department of Legislative Services (5 copies) MSAR #7893



# Maryland

DEPARTMENT OF HEALTH

**Annual Report on the Maryland Medical Assistance Program  
and the Maryland Children's Health Program –  
Provider Reimbursement Rates**

**As Required by HB 70 – DHMH – Commissions, Programs and Reports – Revision  
(Ch. 656 of the Acts of 2009), and Health – General § 15-103.5 and Insurance  
Article § 19-807(d)(2)**

**Report on the Maryland Medical Assistance Program and the Maryland Children’s Health Program –  
Provider Reimbursement Rates  
January 2021**

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**Report on the Maryland Medical Assistance Program and the  
Maryland Children’s Health Program – Provider Reimbursement Rates  
January 2021**

**I. Introduction**

Pursuant to SB 481 (Chapter 464 of the Acts of 2002), the Maryland Department of Health (the Department) established an annual process to set the fee-for-service (FFS) reimbursement rates for Maryland Medicaid and the Maryland Children’s Health Insurance Program (CHIP) (together referred to as Maryland Medical Assistance) in a manner that ensures provider participation in the programs. The law further stipulates that, in developing the rate-setting process, the Department should take into account community reimbursement rates and annual medical inflation, or utilize the Resource-Based Relative Value Scale (RBRVS) methodology and American Dental Association Current Dental Terminology (CDT-3) codes to set the Medicaid fee schedule. The RBRVS methodology is used by the Centers for Medicare & Medicaid Services (CMS) to establish the Medicare fee schedule.<sup>1</sup>

The law also directs the Department to submit an annual report to the Governor and various state House and Senate committees, including a comparison of Maryland Medicaid’s fee for service reimbursement rates with those of other states as well as other measures of access and cost for Maryland’s Medicaid program.

In addition, Section 15 of HB 70 (Chapter 656 of the Acts of 2009) requires the Department to review the rates paid to providers under the federal Medicare fee schedule and compare them with the FFS rates for the same services paid to providers under the Maryland Medicaid program and within managed care organizations (MCOs). On or before January 1 of each year, the Department must report this information and determine whether the FFS rates and MCOs’ provider rates will exceed the rates paid under the Medicare fee schedule. This report satisfies these requirements for the state fiscal year 2020.

**II. Background**

In September 2001, in response to HB 1071 (Chapter 702 of the Acts of 2001), the Department prepared its first annual report analyzing the physician fees paid by Maryland Medicaid and CHIP. In 2002, SB 481 required the submission of this report on an annual basis. This is the 20th annual report.

The Department uses the Medicare fee schedule as a point of reference when it changes physician fees. The Department’s first annual report showed that Maryland Medicaid’s reimbursement rates in 2001 were, on average, approximately 36 percent of Medicare rates. Currently, Maryland Medicaid overall reimbursement rates are approximately 88 percent of Medicare 2020 fees.

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<sup>1</sup> The RBRVS methodology relates payments to resources that physicians use and the complexity of the services they provide. The Department used this methodology as a point of reference when it increased physician fees in fiscal years 2003 and 2006 –2009, and subsequently in fiscal years 2013 – 2017.

Furthermore, Senate Bill 836 of the 2005 General Assembly session created the Maryland Health Care Provider Rate Stabilization Fund which is administered by the Maryland Insurance Administration. The Fund was established in part to increase and maintain prior increases in physician fees through the Maryland Medical Assistance program. The Fund's primary revenues are derived from a tax imposed on MCOs and health maintenance organizations (HMOs). The fund maintains increases through FY 2020 but will be repealed effective July 1, 2021.<sup>2</sup>

### **III. Physician Fee Changes in 2013 – 2020**

#### ***Physician Fees Changes due to ACA for CYs 2013 and 2014***

There were no changes in Maryland Medicaid physician fees for the first six months of FY 2013. Under the Affordable Care Act (ACA), the federal government paid for increasing Medicaid payment rates in the Medicaid FFS program and MCOs for evaluation and management (E&M) and vaccine administration procedures provided by primary care physicians (PCPs) to 100 percent of the Medicare payment rates for calendar years (CYs) 2013 and 2014.

Maryland Medicaid allows patients who have medically complex conditions to select specialists to serve as their PCPs. To improve access to primary care and specialist physicians, the Maryland Medicaid fees for E&M procedures were increased for *all* providers, not just PCPs. The costs for the fee increase for physicians who did not self-attest as PCPs were financed at the regular Federal Medical Assistance Percentage (FMAP).

#### ***Physician Fees for FYs 2015 – 2020***

Following the January 1, 2015 expiration of 100 percent FMAP for E&M procedures provided by PCPs, Medicaid fees for these procedures were reduced to 87 percent of Medicare fees for April through June of 2015. Subsequently, with the support of the Governor, the Maryland legislature passed laws that increased Medicaid FY 2016 fees for E&M procedures to 92 percent of Medicare 2015 fees.

The Governor allocated approximately \$5 million in state general funds in FY 2017 for increasing Medicaid fees for E&M procedures to 94 percent of Medicare 2016 fees, effective October 1, 2016. Moreover, updates in relative value units (RVUs) led to decreases in Medicare fees for some procedures, resulting in Maryland Medicaid fees exceeding their corresponding Medicare fees. Therefore, effective January 1, 2017, the Department reduced any Medicaid fees that exceeded their corresponding Medicare fees and increased the lowest Medicaid fees for non-E&M procedures to approximately 72 percent of Medicare 2017 fees.

A total of \$226.5 million was distributed to the Maryland Medicaid program from the Rate Stabilization Fund in FY 2020. The overall weighted average FMAP for FY 2020 was approximately

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<sup>2</sup> SB 192 (Section 1, Chapter 538 of the Acts of 2020).

62.7 percent, resulting in an overall state share of 37.3 percent.<sup>3</sup> With the Fund allocation of \$226.5 million, the total funds allocated for maintaining physician reimbursement rates was \$607.8 million in FY 2020, of which the federal share was \$381.3 million.

For FY 2020, approximately \$8 million (total funds) were allocated for increasing Medicaid fees for E&M procedures to a minimum of 93% of Medicare 2020 reimbursement rates. The new rates became effective on July 1, 2020.

#### **IV. Maryland Medicaid Fees Compared with Medicare and Other States' Fees**

Maryland's neighboring states have their own Medicaid fee schedules. For this report, we collected data on the Medicaid physician fees of Delaware, Pennsylvania, Virginia, West Virginia, and Washington, D.C. We obtained the current physician fee schedules from the states' websites and compiled data on each state's Medicaid fees.

Physician fees include three components: the physician's work, practice expenses (e.g., costs of maintaining an office), and malpractice insurance expenses. The practice expense component comprises, on average, approximately 40 percent of the total physician fee. When physicians render services in facilities, such as hospitals and long-term care facilities, they do not incur a practice expense. Therefore, facility fees are typically lower than non-facility fees.

Maryland, Delaware, and West Virginia have separate facility and non-facility fees. Because Pennsylvania does not separate these fees, their fees are compared with Medicare non-facility fees. Hence, for Pennsylvania, the percentages of Medicare fees reported underestimate the percentages of Medicare fees for procedures performed in facilities. Virginia and Washington, D.C., have separate facility and non-facility fees for some procedures, but they did not report facility fees for some of the procedures included in the analysis. Therefore, the analysis only compares the Medicaid non-facility fees of Virginia and Washington, D.C., with the corresponding Medicare non-facility fees for the Baltimore region.

This report compares Maryland's and other states' Medicaid reimbursement rates with the Medicare fee schedule for Baltimore and surrounding counties. The average Medicare fees in Maryland are approximately 7 percent higher than Delaware's Medicare fees, 1 percent higher than Pennsylvania's Medicare fees, 11 percent higher than Virginia's Medicare fees, and 14 percent higher than West Virginia's Medicare fees. Conversely, the average Medicare fees in Maryland are approximately 6 percent lower than the average Medicare fees in Washington, D.C.

Several codes that were commonly billed within their specialties in Maryland were not covered by Medicare and were therefore excluded from the analysis. These codes were 90999 (dialysis), 92226 (ophthalmology), 95951 (neurology), 96999 (dermatology), 97153 (physical medicine), and

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<sup>3</sup> The weighted average of various FMAPs includes regular Medicaid at 50 percent, enhanced CHIP funding at 85.2 percent, and ACA adult expansion at 91.5 percent.

the following codes from the osteo/chiropractic specialty: 99000, 99024, 99050, 99051, 99053, 99058, 99070, and 99080.

Table 3 compares the states' Medicaid reimbursement rates as percentages of Medicare rates by physician specialty in FY 2020.

**Table 3. Comparison of States' Medicaid Reimbursement Rates as Percentages of Medicare Rates, by Specialty, in FY 2020**

	MD NF	MD FA	DE NF	DE FA	VA NF	WV NF	WV FA	PA	DC
1-Evaluation & Management	92%	92%	93%	69%	69%	66%	67%	41%	85%
2-Integumentary System	72%	78%	92%	93%	75%	62%	66%	28%	86%
3-Musculoskeletal System	91%	89%	92%	93%	75%	64%	66%	40%	86%
4-Respiratory System	75%	75%	92%	93%	75%	63%	67%	40%	86%
5-Cardiovascular System – Surgical	78%	83%	94%	96%	83%	74%	85%	42%	85%
6-Hemic, Lymphatic System, and Mediastinum	72%	73%	92%	92%	75%	65%	66%	46%	85%
7-Digestive System	73%	77%	92%	92%	75%	63%	67%	48%	86%
8-Urinary System and Male Genital	76%	78%	92%	93%	75%	63%	67%	43%	86%
9-Gynecology and Obstetrics	86%	89%	85%	85%	79%	91%	93%	99%	83%
10-Endocrine System	71%	71%	92%	92%	75%	67%	67%	54%	84%
11-Nervous System	91%	93%	92%	93%	75%	62%	66%	36%	87%
12-Eye Surgery	83%	84%	93%	93%	75%	64%	64%	92%	85%
13-Ear Surgery	86%	82%	92%	92%	75%	64%	65%	45%	85%
14-Radiology	78%	78%	92%	92%	75%	61%	61%	70%	87%
15-Laboratory	93%	93%	98%	98%	102%	90%	90%	93%	80%
16-Psychiatry	90%	99%	94%	95%	91%	68%	69%	34%	84%
17-Dialysis	71%	71%	94%	94%	76%	67%	67%	42%	84%
18-Gastroenterology	73%	73%	92%	92%	74%	60%	60%	59%	88%
19-Ophthalmology and Vision Care	73%	75%	93%	94%	75%	63%	66%	39%	86%
20-ENT (Otorhinolaryngology)	87%	86%	93%	93%	88%	64%	64%	32%	85%
21-Cardiovascular System - Medical	87%	87%	92%	92%	75%	62%	62%	70%	87%
22-Noninvasive Vascular Diagnostic Studies	80%	80%	92%	92%	76%	60%	60%	68%	90%
23-Pulmonary	75%	75%	91%	91%	74%	59%	59%	41%	88%
24-Allergy and Immunology	83%	72%	91%	76%	73%	58%	49%	52%	89%
25-Neurology and Neuromuscular	84%	84%	92%	92%	74%	60%	60%	45%	88%
26- Central Nervous System Assessment Tests	79%	80%	91%	91%	79%	59%	59%	64%	88%
27-Chemotherapy Administration	96%	96%	92%	92%	74%	61%	61%	72%	87%
28-Special Dermatological	55%	52%	92%	92%	74%	59%	59%	22%	89%
29-Physical Medicine and Rehabilitation	78%	78%	93%	93%	103%	64%	64%	44%	85%
30-Osteopathy, Chiropractic, and Other Medicine	83%	84%	96%	80%	80%	62%	63%	190%	87%

The states' average reimbursement rates as percentages of Medicare rates have remained relatively stable over the last three years. For non-facility reimbursement rates for E&M procedures, Maryland only ranks behind Delaware. Generally, Maryland ranks towards the middle of the neighboring states, although Maryland's facility reimbursement for psychiatry procedures and facility and non-facility reimbursement for chemotherapy procedures is highest among all the states. Delaware's reimbursement is highest for most specialties, while Washington, D.C.'s reimbursement also ranks highly for most specialties. The individual state and Medicare fees for each code included in the analysis are listed in Appendix A.

## **V. Reimbursement for Oral Health Services**

The Maryland Medicaid program includes dental benefits for children, pregnant women, and Rare and Expensive Case Management (REM) adult populations. In addition, individuals who were formerly in foster care continue to receive dental benefits until they are 26 years of age. This benefit took effect in January 2017. The Department generally does not reimburse for adult dental services; however, some of the MCOs provide this benefit from their own funds.<sup>4</sup> Starting June 1, 2019, the Department began a pilot program, providing dental benefits to adults between the ages of 21 and 64 who receive full Medicaid and Medicare benefits.<sup>5</sup>

In FY 2015, the General Assembly allocated approximately \$940,000 in state general funds (\$2.15 million with matching federal funds) to increase fees for five dental procedures in January through June 2015. The annual equivalent of \$4.3 million was earmarked for the five procedures included in Table 5. This table presents Maryland Medicaid dental fees in 2020, compared with median American Dental Association (ADA) charges in 2018 for the five selected dental procedures for which fees increased in January 2015. It should be noted that the current (2020) Medicaid fees for these dental procedures are still at the same level as the 2015 fees.

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<sup>4</sup> The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) package of benefits is required for all Medicaid participants under the age of 21 years. Although EPSDT mandates dental care coverage for children, federal law does not mandate any minimum requirements for adult dental coverage through Medicaid.

<sup>5</sup> For more information on the Adult Dental Pilot Program, see <https://mmcp.health.maryland.gov/Documents/Overview.pdf>.



**Table 4. Maryland Medicaid 2020 Dental Fees Compared with Median ADA Charges in 2018**

Procedure Code	Description	2018 Median ADA Charges	2014 Medicaid Fees	2020 Medicaid Fees
D1208	Topical Application of Fluoride	\$37.00	\$21.60	\$23.00
D1330	Oral Hygiene Instructions	\$30.00	\$0.00	\$6.00
D2940	Protective Restoration	\$130.00	\$18.00	\$50.00
D3120	Pulp Cap, Indirect	\$85.00	\$15.00	\$35.00
D9941	Athletic Mouthguard	\$257.00	\$40.00	\$103.00

Table 5 compares Maryland Medicaid dental fees for selected high-volume procedures with the corresponding fees in Delaware, Virginia, West Virginia, Pennsylvania, and Washington, D.C. Numbers of claims in Maryland were used to calculate the weighted average rank of Maryland and its neighboring states' fees.

The ranking of states' weighted average fees are: Delaware (first), Washington, D.C. (second), Maryland (third), Pennsylvania (fourth), West Virginia (fifth), and Virginia (sixth). ADA fees correspond to CY 2018, and the states' fees correspond to CY 2020.

**Table 5. Comparison of Maryland Medicaid and Neighboring States' 2020 Dental Fees with Median ADA Charges in 2018**

Procedure Code	Procedure Description	ADA	MD	DE	VA	WV	PA	DC
D0120	Periodic oral evaluation	\$55	\$29	\$41	\$20	\$28	\$20	\$35
D0140	Limited oral evaluation, problem focus	\$79	\$43	\$62	\$25	\$39	\$55	\$50
D0145	Oral evaluation, pt < 3yrs	\$70	\$40	\$54	\$20	\$28	\$20	\$40
D0150	Comprehensive oral evaluation	\$87	\$52	\$72	\$31	\$39	\$20	\$78
D1110	Prophylaxis – adult (12 years of age and older)	\$96	\$58	\$72	\$47	\$61	\$36	\$78
D1120	Dental prophylaxis child	\$73	\$42	\$54	\$34	\$44	\$30	\$47
D1206	Topical fluoride varnish	\$40	\$25	\$32	\$21	\$22	\$18	\$29
D1351	Dental sealant per tooth	\$58	\$33	\$44	\$32	\$33	\$25	\$38
D7140	Extraction erupted tooth	\$188	\$103	\$181	\$69	\$88	\$65	\$110
D9248	Non-intravenous conscious sedation	\$289	\$187	\$276	\$110	\$0	\$184	\$0
<b>Ranking</b>		<b>N/A</b>	<b>3</b>	<b>1</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>2</b>

## VII. Access to Care

The Maryland Medicaid Program contains many provisions to ensure the network is adequate to provide access to all participants. Maryland Medicaid has several network adequacy requirements for its MCOs.<sup>6</sup> Medicaid requires a ratio of 1 primary care provider to every 200 participants although for some sites with high volumes of Medicaid patients, such as FQHCs, Medicaid may approve a ratio of up to 2,000 adult participants and 1,500 children per high-volume provider. These requirements exist for each of the 40 local access areas in the state. The Department also requires MCOs to provide all medically necessary specialty care, stating that the MCO must arrange for care with an out-of-network specialist and compensate the provider if no in-network provider exists. In addition, each MCO must have at least one in-network provider in each of the following specialty areas: allergy, dermatology, endocrinology, infectious disease, nephrology, and pulmonology. Each MCO must also include at least one in-network specialist in each of the ten regions throughout the state for the following eight core specialties: cardiology, otolaryngology, gastroenterology, neurology, ophthalmology, orthopedics, surgery, and urology.

The Department conducts a broad range of assessments to monitor the adequacy of FFS and MCO networks. This includes an Accessing Monitoring Review Plan published in 2016<sup>7</sup> for the FFS population and a 2019 assessment of the accuracy of provider directories published by MCOs.<sup>8</sup>

## VIII. Plan for the Future

The Department remains dedicated to ensuring that physicians are reimbursed equitably for their services. The provision of the ACA requiring parity of reimbursement rates for E&M procedures with the rates paid by Medicare expired at the end of 2014. Although Maryland Medicaid reimbursement rates for E&M services have decreased compared with Medicare rates, the state has allocated funds to maintain rates at a minimum of 93 percent of Medicare reimbursement rates. Furthermore, the Department has continued to monitor provider network adequacy to ensure that patients' access to care is not compromised.

Following the public health emergency that occurred in early 2020 related to the novel coronavirus, SARS-CoV-2, medical care that is provided at a telehealth appointment is reimbursed at the same rate as a procedure performed at an in-person appointment. In addition, the Families First Coronavirus Response Act (FFCRA) provided an increased FMAP for non-ACA expansion participants if Medicaid programs meet maintenance of effort requirements, ensuring current

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<sup>6</sup> COMAR 10.67.05.05-.08.

<sup>7</sup> The Maryland Department of Health (September 22, 2016). *Access Monitoring Review Plan for the State of Maryland*. See <https://mmcp.health.maryland.gov/Pages/Fee-For-Service-Access-Monitoring-Review-Plan.aspx>.

<sup>8</sup>The Maryland Department of Health (2019). *CY 2019 Network Adequacy Validation Report Accessing Accuracy of MCO Provider Directories*. See <https://mmcp.health.maryland.gov/healthchoice/Documents/2019%20Network%20Adequacy%20Validation%20Report.pdf>

enrollees have continuous Medicaid coverage. The Department will continue to monitor the effects of the public health emergency on Medicaid reimbursement.

## Appendix A: Ranking of State Reimbursement Rate by Code

Table A compares Maryland’s FY 2020 Medicaid fees with the corresponding Medicare 2020 reimbursement rates for the Baltimore region, as well as neighboring states’ Medicaid fees for a sample of approximately 250 high-volume procedures in various specialty groups. In this table, procedure fees are rounded to the nearest dollar amount, and the last row of each section shows each state’s weighted average Medicaid fees for the surveyed procedures as a percentage of Medicare fees in the Baltimore region. Maryland Medicaid’s numbers of claims and encounters were used as the weights for fees. The average percentages of Medicare fees reported in this table correspond to the appropriate Medicare non-facility and facility fees. More specifically, Medicaid non-facility fees are compared with Medicare non-facility fees, and Medicaid facility fees, reported for Maryland and West Virginia, are compared with Medicare facility fees.

**Table A: Comparison of Maryland and Neighboring States’ Medicaid Fees with Medicare Fees, FY 2020**

Procedure Code	Procedure Description	MC NF	MC FA	MD NF	MD FA	DE NF	DE FA	VA NF	WV NF	WV FA	PA	DC
<b>Evaluation &amp; Management</b>												
99203	Office/Outpatient Visit New	\$117	\$82	\$109	\$77	\$109	\$77	\$82	\$75	\$55	\$54	\$100
99204	Office/Outpatient Visit New	\$179	\$140	\$166	\$130	\$166	\$131	\$125	\$116	\$94	\$90	\$152
99212	Office/Outpatient Visit Est	\$50	\$28	\$46	\$26	\$46	\$26	\$35	\$31	\$19	\$26	\$43
99213	Office/Outpatient Visit Est	\$82	\$55	\$75	\$51	\$76	\$52	\$57	\$52	\$37	\$35	\$70
99214	Office/Outpatient Visit Est	\$118	\$85	\$109	\$79	\$110	\$80	\$83	\$76	\$57	\$54	\$101
99215	Office/Outpatient Visit Est	\$158	\$120	\$146	\$111	\$147	\$113	\$111	\$103	\$81	\$78	\$135
99232	Subsequent Hospital Care	\$78	\$78	\$73	\$73	\$73	\$73	\$55	\$52	\$52	\$17	\$65
99233	Subsequent Hospital Care	\$112	\$112	\$104	\$104	\$105	\$105	\$79	\$75	\$75	\$17	\$94
99283	Emergency Dept Visit	\$70	\$70	\$62	\$62	\$66	\$66	\$46	\$48	\$48	\$35	\$58
99284	Emergency Dept Visit	\$129	\$129	\$117	\$117	\$121	\$121	\$84	\$89	\$89	\$50	\$107
99285	Emergency Dept Visit	\$188	\$188	\$173	\$173	\$175	\$175	\$122	\$129	\$129	\$50	\$155
99309	Nursing Fac Care Subseq	\$98	\$98	\$92	\$92	\$92	\$92	\$69	\$65	\$65	\$51	\$83
<b>Weighted Average % of Medicare Fees</b>				<b>92%</b>	<b>92%</b>	<b>93%</b>	<b>69%</b>	<b>69%</b>	<b>66%</b>	<b>67%</b>	<b>41%</b>	<b>85%</b>
<b>Ranking</b>				<b>2</b>	<b>3</b>	<b>1</b>	<b>5</b>	<b>5</b>	<b>8</b>	<b>7</b>	<b>9</b>	<b>4</b>

MC: Medicare Part B; NF: non-facility (e.g., office); FA: facility (e.g., hospital); N/A: data not available or not applicable.

Procedure Code	Procedure Description	MC NF	MC FA	MD NF	MD FA	DE NF	DE FA	VA NF	WV NF	WV FA	PA	DC
<b>Integumentary / General Surgery</b>												
10060	Drainage Of Skin Abscess	\$134	\$111	\$93	\$77	\$124	\$103	\$100	\$84	\$71	\$24	\$115
11042	Deb Subq Tissue 20 Sq Cm/	\$139	\$68	\$93	\$49	\$128	\$63	\$104	\$86	\$45	\$33	\$121
11043	Deb Musc/Fascia 20 Sq Cm/	\$259	\$173	\$187	\$129	\$238	\$160	\$193	\$165	\$116	\$33	\$221
11055	Trim Skin Lesion	\$70	\$18	\$38	\$17	\$64	\$16	\$52	\$42	\$12	\$20	\$61
11056	Trim Skin Lesions 2 To 4	\$82	\$26	\$46	\$24	\$76	\$24	\$61	\$50	\$17	\$30	\$72
11719	Trim Nail(S) Any Number	\$15	\$8	\$14	\$7	\$14	\$8	\$12	\$10	\$6	\$0	\$13
11720	Debride Nail 1-5	\$36	\$16	\$25	\$12	\$33	\$15	\$27	\$23	\$11	\$16	\$31
11721	Debride Nail 6 Or More	\$50	\$27	\$35	\$21	\$46	\$26	\$38	\$32	\$19	\$20	\$43
12001	Rpr S/N/Ax/Gen/Trnk 2.5Cm/	\$101	\$50	\$88	\$43	\$93	\$47	\$75	\$63	\$34	\$39	\$87
12001	Rpr S/N/Ax/Gen/Trnk 2.5Cm/	\$101	\$50	\$88	\$43	\$93	\$47	\$75	\$63	\$34	\$25	\$87
12011	Rpr F/E/E/N/L/M 2.5 Cm/	\$123	\$63	\$113	\$63	\$113	\$58	\$92	\$78	\$43	\$32	\$106
17110	Destruct B9 Lesion 1-14	\$124	\$74	\$89	\$56	\$114	\$69	\$92	\$76	\$47	\$49	\$108
<b>Weighted Average % of Medicare Fees</b>				<b>72%</b>	<b>78%</b>	<b>92%</b>	<b>93%</b>	<b>75%</b>	<b>62%</b>	<b>66%</b>	<b>28%</b>	<b>86%</b>
<b>Ranking</b>				<b>6</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>5</b>	<b>8</b>	<b>7</b>	<b>9</b>	<b>3</b>
<b>Musculoskeletal System</b>												
20550	Inj Tendon Sheath/Ligament	\$60	\$43	\$56	\$39	\$56	\$40	\$45	\$39	\$29	\$32	\$51
20552	Inj Trigger Point 1/2 Muscl	\$62	\$43	\$50	\$33	\$57	\$40	\$46	\$40	\$29	\$31	\$0
20553	Inject Trigger Points 3/	\$71	\$48	\$55	\$37	\$65	\$45	\$53	\$45	\$32	\$34	\$61
20605	Drain/Inj Joint/Bursa W/O Us	\$58	\$42	\$55	\$40	\$53	\$39	\$43	\$37	\$28	\$22	\$49
20610	Drain/Inj Joint/Bursa W/O Us	\$69	\$51	\$66	\$48	\$64	\$47	\$52	\$44	\$34	\$24	\$59
20611	Drain/Inj Joint/Bursa W/Us	\$104	\$67	\$98	\$65	\$96	\$62	\$78	\$66	\$45	\$50	\$89
27096	Inject Sacroiliac Joint	\$179	\$92	\$169	\$66	\$166	\$86	\$134	\$112	\$61	\$61	\$155
29125	Apply Forearm Splint	\$71	\$44	\$61	\$39	\$65	\$41	\$53	\$44	\$28	\$26	\$62
29130	Application Of Finger Splint	\$46	\$33	\$37	\$27	\$42	\$30	\$34	\$30	\$22	\$0	\$39
29515	Application Lower Leg Splint	\$78	\$55	\$65	\$47	\$72	\$51	\$59	\$50	\$36	\$35	\$67
29540	Strapping Of Ankle And/Or Ft	\$31	\$19	\$28	\$19	\$29	\$18	\$24	\$20	\$13	\$41	\$27
29581	Apply Multlay Compr Lwr Leg	\$99	\$30	\$69	\$14	\$91	\$29	\$74	\$60	\$20	\$25	\$87
<b>Weighted Average % of Medicare Fees</b>				<b>91%</b>	<b>89%</b>	<b>92%</b>	<b>93%</b>	<b>75%</b>	<b>64%</b>	<b>66%</b>	<b>40%</b>	<b>86%</b>
<b>Ranking</b>				<b>3</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>6</b>	<b>8</b>	<b>7</b>	<b>9</b>	<b>5</b>

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Procedure Code	Procedure Description	MC NF	MC FA	MD NF	MD FA	DE NF	DE FA	VA NF	WV NF	WV FA	PA	DC
<b>Respiratory</b>												
30901	Control Of Nosebleed	\$160	\$63	\$75	\$45	\$147	\$59	\$119	\$99	\$43	\$27	\$139
31231	Nasal Endoscopy Dx	\$215	\$70	\$167	\$57	\$197	\$65	\$160	\$130	\$47	\$59	\$188
31237	Nasal/Sinus Endoscopy Surg	\$281	\$176	\$232	\$136	\$259	\$163	\$210	\$177	\$116	\$160	\$242
31500	Insert Emergency Airway	\$159	\$159	\$112	\$112	\$148	\$148	\$121	\$109	\$109	\$72	\$132
31575	Diagnostic Laryngoscopy	\$136	\$74	\$91	\$57	\$126	\$68	\$102	\$84	\$48	\$69	\$119
31579	Laryngoscopy Telescopic	\$213	\$132	\$167	\$104	\$196	\$122	\$159	\$134	\$87	\$75	\$184
31615	Visualization Of Windpipe	\$190	\$127	\$134	\$92	\$175	\$117	\$142	\$120	\$84	\$115	\$163
31622	Dx Bronchoscope/Wash	\$268	\$146	\$236	\$108	\$247	\$136	\$201	\$169	\$98	\$134	\$231
31624	Dx Bronchoscope/Lavage	\$278	\$148	\$241	\$108	\$257	\$138	\$209	\$175	\$100	\$135	\$240
32551	Insertion Of Chest Tube	\$177	\$177	\$128	\$128	\$163	\$163	\$133	\$120	\$120	\$133	\$147
32555	Aspirate Pleura W/ Imaging	\$346	\$123	\$287	\$94	\$318	\$115	\$258	\$212	\$83	\$89	\$301
32557	Insert Cath Pleura W/ Image	\$688	\$168	\$508	\$141	\$632	\$157	\$511	\$415	\$114	\$133	\$603
<b>Weighted Average % of Medicare Fees</b>				<b>75%</b>	<b>75%</b>	<b>92%</b>	<b>93%</b>	<b>75%</b>	<b>63%</b>	<b>67%</b>	<b>40%</b>	<b>86%</b>
<b>Ranking</b>				<b>4</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>5</b>	<b>8</b>	<b>7</b>	<b>9</b>	<b>3</b>
<b>Cardiovascular System Surgery</b>												
36410	Non-Routine Bl Draw 3/ Yrs	\$19	\$10	\$14	\$7	\$18	\$10	\$14	\$12	\$7	\$0	\$16
36415	Routine Venipuncture	\$3	\$3	\$2	\$2	\$3	\$3	\$3	\$3	\$3	\$0	\$2
36556	Insert Non-Tunnel Cv Cath	\$238	\$95	\$194	\$95	\$219	\$88	\$177	\$147	\$64	\$113	\$206
36558	Insert Tunneled Cv Cath	\$909	\$291	\$670	\$217	\$834	\$270	\$675	\$552	\$194	\$266	\$795
36620	Insertion Catheter Artery	\$49	\$49	\$40	\$40	\$46	\$46	\$37	\$33	\$33	\$48	\$40
<b>Weighted Average % of Medicare Fees</b>				<b>78%</b>	<b>83%</b>	<b>94%</b>	<b>96%</b>	<b>83%</b>	<b>74%</b>	<b>85%</b>	<b>42%</b>	<b>85%</b>
<b>Ranking</b>				<b>7</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>6</b>	<b>8</b>	<b>4</b>	<b>9</b>	<b>3</b>

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Procedure Code	Procedure Description	MC NF	MC FA	MD NF	MD FA	DE NF	DE FA	VA NF	WV NF	WV FA	PA	DC
<b>Hemic, Lymphatic and Mediastinum</b>												
38220	D Bone Marrow Aspirations	\$187	\$78	\$134	\$49	\$172	\$72	\$139	\$115	\$52	\$55	\$162
38221	D Bone Marrow Biopsies	\$174	\$77	\$136	\$59	\$161	\$72	\$130	\$107	\$51	\$70	\$151
38222	Dx Bone Marrow Bx Aspir	\$192	\$86	\$149	\$67	\$178	\$80	\$144	\$119	\$57	\$63	\$167
38500	Biopsy/Removal Lymph Nodes	\$380	\$289	\$266	\$205	\$348	\$265	\$282	\$243	\$190	\$114	\$324
38505	Needle Biopsy Lymph Nodes	\$138	\$78	\$101	\$57	\$128	\$72	\$103	\$86	\$51	\$67	\$120
38510	Biopsy/Removal Lymph Nodes	\$589	\$470	\$337	\$337	\$542	\$433	\$440	\$381	\$312	\$136	\$501
38525	Biopsy/Removal Lymph Nodes	\$497	\$497	\$353	\$353	\$455	\$455	\$370	\$328	\$328	\$156	\$418
38571	Laparoscopy Lymphadenectomy	\$739	\$739	\$582	\$582	\$686	\$686	\$559	\$493	\$493	\$633	\$619
38724	Removal Of Lymph Nodes Neck	\$1,608	\$1,608	\$1,160	\$1,160	\$1,488	\$1,488	\$1,211	\$1,066	\$1,066	\$844	\$1,352
38792	Ra Tracer Id Of Sentinl Node	\$93	\$37	\$32	\$32	\$85	\$35	\$69	\$57	\$25	\$0	\$80
38900	Io Map Of Sent Lymph Node	\$158	\$158	\$113	\$113	\$144	\$144	\$117	\$107	\$107	\$110	\$131
39501	Repair Diaphragm Laceration	\$968	\$968	\$685	\$685	\$888	\$888	\$722	\$646	\$646	\$743	\$809
<b>Weighted Average % of Medicare Fees</b>				<b>72%</b>	<b>73%</b>	<b>92%</b>	<b>92%</b>	<b>75%</b>	<b>65%</b>	<b>66%</b>	<b>46%</b>	<b>85%</b>
<b>Ranking</b>				<b>6</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>8</b>	<b>7</b>	<b>9</b>	<b>3</b>
<b>Digestive System</b>												
42820	Remove Tonsils And Adenoids	\$320	\$320	\$231	\$231	\$296	\$296	\$241	\$209	\$209	\$184	\$271
43235	Egd Diagnostic Brush Wash	\$312	\$137	\$229	\$104	\$287	\$127	\$233	\$192	\$91	\$125	\$271
43239	Egd Biopsy Single/Multiple	\$416	\$154	\$274	\$123	\$383	\$143	\$310	\$254	\$102	\$149	\$363
43246	Egd Place Gastrostomy Tube	\$224	\$224	\$180	\$180	\$208	\$208	\$169	\$150	\$150	\$219	\$188
43762	Rplc Gtube No Revj Trc	\$254	\$43	\$197	\$33	\$233	\$39	\$188	\$151	\$29	\$31	\$224
43775	Lap Sleeve Gastrectomy	\$1,273	\$1,273	\$969	\$969	\$1,166	\$1,166	\$949	\$863	\$863	\$1,034	\$1,055
44970	Laparoscopy Appendectomy	\$684	\$684	\$486	\$486	\$627	\$627	\$510	\$455	\$455	\$444	\$573
45378	Diagnostic Colonoscopy	\$367	\$206	\$299	\$155	\$338	\$191	\$274	\$231	\$137	\$181	\$317
45380	Colonoscopy And Biopsy	\$474	\$223	\$357	\$186	\$436	\$207	\$353	\$294	\$149	\$225	\$411
45385	Colonoscopy W/Lesion Removal	\$493	\$283	\$400	\$221	\$455	\$263	\$369	\$311	\$189	\$268	\$425
47562	Laparoscopic Cholecystectomy	\$751	\$751	\$532	\$532	\$688	\$688	\$559	\$500	\$500	\$589	\$629
49083	Abd Paracentesis W/Imaging	\$335	\$119	\$267	\$91	\$308	\$111	\$249	\$204	\$80	\$84	\$292
<b>Weighted Average % of Medicare Fees</b>				<b>73%</b>	<b>77%</b>	<b>92%</b>	<b>92%</b>	<b>75%</b>	<b>63%</b>	<b>67%</b>	<b>48%</b>	<b>86%</b>
<b>Ranking</b>				<b>6</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>5</b>	<b>8</b>	<b>7</b>	<b>9</b>	<b>3</b>

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Procedure Code	Procedure Description	MC NF	MC FA	MD NF	MD FA	DE NF	DE FA	VA NF	WV NF	WV FA	PA	DC
<b>Urinary &amp; Male Genital</b>												
51700	Irrigation Of Bladder	\$84	\$35	\$70	\$34	\$77	\$32	\$62	\$52	\$24	\$29	\$73
51701	Insert Bladder Catheter	\$50	\$29	\$47	\$29	\$46	\$27	\$37	\$32	\$20	\$25	\$43
51702	Insert Temp Bladder Cath	\$68	\$28	\$67	\$23	\$63	\$26	\$51	\$42	\$19	\$28	\$0
51705	Change Of Bladder Tube	\$106	\$58	\$92	\$51	\$97	\$54	\$79	\$66	\$38	\$28	\$91
51741	Electro-Uroflowmetry First	\$16	\$16	\$16	\$16	\$15	\$15	\$12	\$10	\$10	\$24	\$14
51798	Us Urine Capacity Measure	\$12	\$12	\$12	\$12	\$10	\$10	\$8	\$7	\$7	\$14	\$0
52000	Cystoscopy	\$234	\$90	\$144	\$89	\$216	\$83	\$175	\$144	\$60	\$75	\$204
52310	Cystoscopy And Treatment	\$322	\$167	\$205	\$121	\$297	\$156	\$241	\$202	\$112	\$144	\$278
52332	Cystoscopy And Treatment	\$507	\$172	\$393	\$124	\$466	\$160	\$377	\$309	\$115	\$144	\$443
52356	Cysto/Uretero W/Lithotripsy	\$460	\$460	\$337	\$337	\$428	\$428	\$349	\$310	\$310	\$333	\$384
54150	Circumcision	\$171	\$109	\$145	\$78	\$158	\$102	\$128	\$110	\$74	\$79	\$146
55700	Biopsy Of Prostate	\$276	\$145	\$198	\$104	\$255	\$135	\$207	\$173	\$97	\$90	\$238
<b>Weighted Average % of Medicare Fees</b>				<b>76%</b>	<b>78%</b>	<b>92%</b>	<b>93%</b>	<b>75%</b>	<b>63%</b>	<b>67%</b>	<b>43%</b>	<b>86%</b>
<b>Ranking</b>				<b>5</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>6</b>	<b>8</b>	<b>7</b>	<b>9</b>	<b>3</b>
<b>Gynecology-Obstetric</b>												
57454	Bx/Curett Of Cervix W/Scope	\$183	\$151	\$152	\$133	\$169	\$139	\$146	\$119	\$100	\$106	\$155
58100	Biopsy of Uterus Lining	\$109	\$72	\$109	\$72	\$0	\$0	\$87	\$70	\$49	\$82	\$0
58300	Insert Intrauterine Device	\$101	\$57	\$76	\$52	\$93	\$93	\$81	\$64	\$38	\$17	\$87
58301	Remove Intrauterine Device	\$113	\$75	\$95	\$66	\$104	\$70	\$90	\$73	\$51	\$17	\$97
58558	Hysteroscopy Biopsy	\$1,560	\$261	\$1,092	\$256	\$1,428	\$241	\$1,230	\$927	\$175	\$239	\$1,376
59025	Fetal Non-Stress Test	\$54	\$54	\$46	\$46	\$49	\$49	\$43	\$34	\$34	\$18	\$46
59400	Obstetrical Care	\$2,413	\$2,413	\$0	\$0	\$0	\$0	\$1,910	\$2,253	\$2,253	\$2,076	\$2,023
59409	Obstetrical Care	\$921	\$921	\$860	\$860	\$842	\$842	\$730	\$878	\$878	\$1,200	\$764
59410	Obstetrical Care	\$1,186	\$1,186	\$942	\$942	\$1,085	\$1,085	\$940	\$1,127	\$1,127	\$1,200	\$986
59430	Care After Delivery	\$234	\$159	\$149	\$125	\$214	\$145	\$185	\$213	\$151	\$0	\$199
59514	Cesarean Delivery Only	\$1,043	\$1,043	\$993	\$993	\$842	\$842	\$825	\$996	\$996	\$1,200	\$864
59515	Cesarean Delivery	\$1,448	\$1,448	\$1,124	\$1,124	\$1,085	\$1,085	\$1,145	\$1,375	\$1,375	\$1,200	\$1,204
<b>Weighted Average % of Medicare Fees</b>				<b>86%</b>	<b>89%</b>	<b>85%</b>	<b>85%</b>	<b>79%</b>	<b>91%</b>	<b>93%</b>	<b>99%</b>	<b>83%</b>
<b>Ranking</b>				<b>5</b>	<b>4</b>	<b>7</b>	<b>5</b>	<b>9</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>8</b>

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<b>Endocrine System</b>												
60100	Biopsy Of Thyroid	\$123	\$86	\$89	\$63	\$114	\$80	\$93	\$79	\$58	\$66	\$105
60240	Removal Of Thyroid	\$1,033	\$1,033	\$737	\$737	\$950	\$950	\$773	\$687	\$687	\$591	\$865
60252	Removal Of Thyroid	\$1,483	\$1,483	\$1,059	\$1,059	\$1,366	\$1,366	\$1,111	\$989	\$989	\$826	\$1,242
60260	Repeat Thyroid Surgery	\$1,222	\$1,222	\$875	\$875	\$1,126	\$1,126	\$916	\$814	\$814	\$375	\$1,023
60271	Removal Of Thyroid	\$1,185	\$1,185	\$847	\$847	\$1,092	\$1,092	\$888	\$790	\$790	\$925	\$992
60300	Aspir/Inj Thyroid Cyst	\$126	\$54	\$94	\$40	\$116	\$51	\$94	\$78	\$37	\$37	\$110
60500	Explore Parathyroid Glands	\$1,091	\$1,091	\$775	\$775	\$1,002	\$1,002	\$815	\$725	\$725	\$705	\$914
60512	Autotransplant Parathyroid	\$273	\$273	\$195	\$195	\$252	\$252	\$205	\$185	\$185	\$217	\$227
<b>Weighted Average % of Medicare Fees</b>				<b>71%</b>	<b>71%</b>	<b>92%</b>	<b>92%</b>	<b>75%</b>	<b>67%</b>	<b>67%</b>	<b>54%</b>	<b>84%</b>
<b>Ranking</b>				<b>5</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>8</b>	<b>7</b>	<b>9</b>	<b>3</b>
<b>Neurosurgery</b>												
62270	Dx Lmbr Spi Pnrx	\$155	\$69	\$150	\$73	\$143	\$64	\$116	\$97	\$47	\$42	\$134
62321	Njx Interlaminar Crv/Thrc	\$288	\$119	\$246	\$109	\$265	\$111	\$215	\$177	\$79	\$89	\$250
62323	Njx Interlaminar Lmbr/Sac	\$285	\$110	\$242	\$99	\$262	\$102	\$212	\$174	\$73	\$81	\$248
64447	Njx Aa /Strd Femoral Nerve	\$98	\$58	\$94	\$67	\$91	\$55	\$74	\$63	\$40	\$61	\$84
64450	Njx Aa /Strd Other Pn/Branch	\$85	\$47	\$88	\$50	\$78	\$44	\$64	\$53	\$32	\$21	\$73
64483	Inj Foramen Epidural L/S	\$263	\$123	\$238	\$101	\$242	\$115	\$196	\$162	\$81	\$95	\$228
64484	Inj Foramen Epidural Add-On	\$115	\$57	\$95	\$55	\$106	\$54	\$86	\$72	\$38	\$60	\$100
64493	Inj Paravert F Jnt L/S 1 Lev	\$192	\$99	\$170	\$94	\$177	\$92	\$144	\$119	\$65	\$72	\$166
64494	Inj Paravert F Jnt L/S 2 Lev	\$98	\$57	\$87	\$54	\$91	\$53	\$74	\$62	\$38	\$42	\$84
64495	Inj Paravert F Jnt L/S 3 Lev	\$98	\$58	\$88	\$55	\$91	\$54	\$74	\$62	\$39	\$42	\$84
64635	Destroy Lumb/Sac Facet Jnt	\$460	\$245	\$453	\$243	\$424	\$228	\$344	\$286	\$162	\$179	\$0
64636	Destroy L/S Facet Jnt Addl	\$190	\$66	\$188	\$65	\$175	\$62	\$142	\$117	\$45	\$48	\$0
<b>Weighted Average % of Medicare Fees</b>				<b>91%</b>	<b>93%</b>	<b>92%</b>	<b>93%</b>	<b>75%</b>	<b>62%</b>	<b>66%</b>	<b>36%</b>	<b>87%</b>
<b>Ranking</b>				<b>4</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>6</b>	<b>8</b>	<b>7</b>	<b>9</b>	<b>5</b>

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<b>Eye Surgery</b>												
65222	Remove Foreign Body From Eye	\$75	\$56	\$52	\$41	\$69	\$52	\$56	\$47	\$37	\$26	\$64
65855	Trabeculoplasty Laser Surg	\$271	\$226	\$227	\$195	\$251	\$210	\$204	\$172	\$147	\$237	\$232
66761	Revision Of Iris	\$330	\$258	\$285	\$253	\$305	\$240	\$247	\$207	\$165	\$181	\$285
66821	After Cataract Laser Surgery	\$365	\$342	\$260	\$246	\$338	\$316	\$274	\$229	\$216	\$217	\$315
66982	Xcapsl Ctrc Rmvl Cplx Wo Ecp	\$818	\$818	\$678	\$678	\$760	\$760	\$618	\$527	\$527	\$697	\$698
66984	Xcapsl Ctrc Rmvl W/O Ecp	\$596	\$596	\$503	\$503	\$554	\$554	\$450	\$383	\$383	\$603	\$509
67028	Injection Eye Drug	\$110	\$108	\$99	\$98	\$103	\$100	\$83	\$71	\$70	\$106	\$94
67113	Repair Retinal Detach Cplx	\$1,459	\$1,459	\$1,062	\$1,062	\$1,357	\$1,357	\$1,103	\$944	\$944	\$1,086	\$1,242
67210	Treatment Of Retinal Lesion	\$567	\$546	\$430	\$413	\$526	\$507	\$427	\$361	\$349	\$375	\$486
67228	Treatment X10Sv Retinopathy	\$374	\$333	\$333	\$300	\$347	\$310	\$282	\$239	\$216	\$491	\$320
67820	Revise Eyelashes	\$29	\$31	\$39	\$42	\$27	\$29	\$22	\$18	\$19	\$35	\$25
68761	Close Tear Duct Opening	\$163	\$128	\$117	\$94	\$151	\$119	\$122	\$102	\$81	\$63	\$141
<b>Weighted Average % of Medicare Fees</b>				<b>83%</b>	<b>84%</b>	<b>93%</b>	<b>93%</b>	<b>75%</b>	<b>64%</b>	<b>64%</b>	<b>92%</b>	<b>85%</b>
<b>Ranking</b>				<b>6</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>7</b>	<b>9</b>	<b>8</b>	<b>3</b>	<b>4</b>
<b>Ear Surgery</b>												
69200	Clear Outer Ear Canal	\$90	\$52	\$82	\$49	\$83	\$48	\$67	\$57	\$34	\$30	\$78
69209	Remove Impacted Ear Wax Uni	\$16	\$16	\$16	\$11	\$14	\$14	\$12	\$9	\$9	\$10	\$14
69210	Remove Impacted Ear Wax Uni	\$53	\$37	\$44	\$29	\$49	\$34	\$40	\$34	\$25	\$20	\$45
69220	Clean Out Mastoid Cavity	\$88	\$56	\$89	\$55	\$81	\$52	\$66	\$55	\$37	\$49	\$75
69436	Create Eardrum Opening	\$174	\$174	\$149	\$149	\$161	\$161	\$131	\$112	\$112	\$99	\$148
<b>Weighted Average % of Medicare Fees</b>				<b>86%</b>	<b>82%</b>	<b>92%</b>	<b>92%</b>	<b>75%</b>	<b>64%</b>	<b>65%</b>	<b>45%</b>	<b>85%</b>
<b>Ranking</b>				<b>3</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>6</b>	<b>8</b>	<b>7</b>	<b>9</b>	<b>4</b>

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<b>Radiology</b>												
70450	Ct Head/Brain W/O Dye	\$127	\$127	\$114	\$114	\$117	\$117	\$95	\$78	\$78	\$117	\$110
71045	X-Ray Exam Chest 1 View	\$28	\$28	\$17	\$17	\$26	\$26	\$21	\$17	\$17	\$15	\$25
71046	X-Ray Exam Chest 2 Views	\$36	\$36	\$27	\$27	\$33	\$33	\$27	\$22	\$22	\$24	\$31
73030	X-Ray Exam Of Shoulder	\$36	\$36	\$24	\$24	\$33	\$33	\$27	\$22	\$22	\$8	\$32
73130	X-Ray Exam Of Hand	\$38	\$38	\$25	\$25	\$35	\$35	\$29	\$23	\$23	\$8	\$34
73610	X-Ray Exam Of Ankle	\$38	\$38	\$25	\$25	\$35	\$35	\$29	\$23	\$23	\$8	\$34
73630	X-Ray Exam Of Foot	\$36	\$36	\$24	\$24	\$33	\$33	\$27	\$22	\$22	\$19	\$32
74018	X-Ray Exam Abdomen 1 View	\$32	\$32	\$24	\$24	\$30	\$30	\$24	\$20	\$20	\$21	\$28
74176	Ct Abd Pelvis W/O Contrast	\$219	\$219	\$181	\$181	\$202	\$202	\$164	\$136	\$136	\$168	\$190
74177	Ct Abd Pelv W/Contrast	\$360	\$360	\$287	\$287	\$332	\$332	\$268	\$218	\$218	\$263	\$316
76830	Transvaginal Us Non-Ob	\$136	\$136	\$98	\$98	\$125	\$125	\$108	\$82	\$82	\$77	\$119
76856	Us Exam Pelvic Complete	\$121	\$121	\$88	\$88	\$111	\$111	\$96	\$73	\$73	\$77	\$106
<b>Weighted Average % of Medicare Fees</b>				<b>78%</b>	<b>78%</b>	<b>92%</b>	<b>92%</b>	<b>75%</b>	<b>61%</b>	<b>61%</b>	<b>70%</b>	<b>87%</b>
<b>Ranking</b>				<b>4</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>8</b>	<b>8</b>	<b>7</b>	<b>3</b>

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Procedure Code	Procedure Description	MC NF	MC FA	MD NF	MD FA	DE NF	DE FA	VA NF	WV NF	WV FA	PA	DC
<b>Laboratory</b>												
80053	Comprehen Metabolic Panel	\$11	\$11	\$10	\$10	\$10	\$10	\$11	\$10	\$10	\$12	\$8
80061	Lipid Panel	\$13	\$13	\$13	\$13	\$13	\$13	\$13	\$12	\$12	\$14	\$11
80307	Drug Test Prsmv Chem Anlyzr	\$62	\$62	\$51	\$51	\$61	\$61	\$62	\$56	\$56	\$64	\$50
82306	Vitamin D 25 Hydroxy	\$30	\$30	\$29	\$29	\$29	\$29	\$31	\$27	\$27	\$41	\$24
83036	Glycated Hemoglobin Test	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$9	\$9	\$7	\$8
84443	Assay Thyroid Stim Hormone	\$17	\$17	\$17	\$17	\$16	\$16	\$17	\$15	\$15	\$23	\$13
85025	Complete Cbc W/Auto Diff Wbc	\$8	\$8	\$8	\$8	\$8	\$8	\$8	\$7	\$7	\$6	\$6
87086	Urine Culture/Colony Count	\$8	\$8	\$8	\$8	\$8	\$8	\$8	\$7	\$7	\$8	\$6
87389	Hiv-1 Ag W/Hiv-1 Hiv-2 Ab	\$24	\$24	\$24	\$24	\$24	\$24	\$24	\$22	\$22	\$27	\$19
87491	Chylmd Trach Dna Amp Probe	\$35	\$35	\$34	\$34	\$34	\$34	\$38	\$32	\$32	\$23	\$28
87591	N.Gonorrhoeae Dna Amp Prob	\$35	\$35	\$34	\$34	\$34	\$34	\$38	\$32	\$32	\$23	\$28
87880	Strep A Assay W/Optic	\$17	\$17	\$13	\$13	\$16	\$16	\$14	\$15	\$15	\$6	\$13
<b>Weighted Average % of Medicare Fees</b>				<b>93%</b>	<b>93%</b>	<b>98%</b>	<b>98%</b>	<b>102%</b>	<b>90%</b>	<b>90%</b>	<b>93%</b>	<b>80%</b>
<b>Ranking</b>				<b>4</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>7</b>	<b>7</b>	<b>6</b>	<b>9</b>
<b>Psychiatry</b>												
90832	Psytx W Pt 30 Minutes	\$75	\$67	\$67	\$67	\$70	\$63	\$67	\$50	\$46	\$26	\$62
90834	Psytx W Pt 45 Minutes	\$99	\$89	\$88	\$88	\$94	\$84	\$90	\$67	\$61	\$39	\$83
90837	Psytx W Pt 60 Minutes	\$148	\$133	\$133	\$133	\$140	\$126	\$134	\$101	\$92	\$52	\$124
90847	Family Psytx W/Pt 50 Min	\$112	\$111	\$111	\$107	\$106	\$106	\$102	\$77	\$77	\$13	\$99
90853	Group Psychotherapy	\$30	\$26	\$24	\$24	\$28	\$25	\$27	\$20	\$18	\$4	\$24
<b>Weighted Average % of Medicare Fees</b>				<b>90%</b>	<b>99%</b>	<b>94%</b>	<b>95%</b>	<b>91%</b>	<b>68%</b>	<b>69%</b>	<b>34%</b>	<b>84%</b>
<b>Ranking</b>				<b>5</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>4</b>	<b>8</b>	<b>7</b>	<b>9</b>	<b>6</b>

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Procedure Code	Procedure Description	MC NF	MC FA	MD NF	MD FA	DE NF	DE FA	VA NF	WV NF	WV FA	PA	DC
<b>Dialysis</b>												
90935	Hemodialysis One Evaluation	\$79	\$79	\$56	\$56	\$74	\$74	\$61	\$53	\$53	\$35	\$66
90945	Dialysis One Evaluation	\$93	\$93	\$66	\$66	\$87	\$87	\$71	\$62	\$62	\$35	\$78
90960	Esrd Srv 4 Visits P Mo 20+	\$308	\$308	\$219	\$219	\$289	\$289	\$235	\$205	\$205	\$0	\$259
90961	Esrd Srv 2-3 Vsts P Mo 20+	\$259	\$259	\$184	\$184	\$243	\$243	\$198	\$172	\$172	\$0	\$218
90970	Esrd Home Pt Serv P Day 20+	\$9	\$9	\$6	\$6	\$8	\$8	\$7	\$6	\$6	\$0	\$7
<b>Weighted Average % of Medicare Fees</b>				<b>71%</b>	<b>71%</b>	<b>94%</b>	<b>94%</b>	<b>76%</b>	<b>67%</b>	<b>67%</b>	<b>42%</b>	<b>84%</b>
<b>Ranking</b>				<b>5</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>7</b>	<b>7</b>	<b>9</b>	<b>3</b>
<b>Gastroenterology</b>												
91010	Esophagus Motility Study	\$223	\$223	\$155	\$155	\$205	\$205	\$166	\$135	\$135	\$28	\$195
91035	G-Esoph Reflx Tst W/Electrod	\$539	\$539	\$384	\$384	\$494	\$494	\$399	\$320	\$320	\$351	\$475
91037	Esoph Imped Function Test	\$184	\$184	\$127	\$127	\$170	\$170	\$137	\$111	\$111	\$114	\$161
91065	Breath Hydrogen/Methane Test	\$89	\$89	\$60	\$60	\$82	\$82	\$66	\$53	\$53	\$17	\$79
91110	Gi Tract Capsule Endoscopy	\$958	\$958	\$733	\$733	\$879	\$879	\$710	\$567	\$567	\$680	\$847
91120	Rectal Sensation Test	\$543	\$543	\$341	\$341	\$497	\$497	\$402	\$319	\$319	\$337	\$0
91122	Anal Pressure Record	\$278	\$278	\$190	\$190	\$257	\$257	\$208	\$170	\$170	\$69	\$243
91200	Liver Elastography	\$41	\$41	\$31	\$31	\$38	\$38	\$31	\$25	\$25	\$30	\$0
<b>Weighted Average % of Medicare Fees</b>				<b>73%</b>	<b>73%</b>	<b>92%</b>	<b>92%</b>	<b>74%</b>	<b>60%</b>	<b>60%</b>	<b>59%</b>	<b>88%</b>
<b>Ranking</b>				<b>5</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>7</b>	<b>7</b>	<b>9</b>	<b>3</b>

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Procedure Code	Procedure Description	MC NF	MC FA	MD NF	MD FA	DE NF	DE FA	VA NF	WV NF	WV FA	PA	DC
<b>Ophthalmology/Vision Care</b>												
92002	Eye Exam New Patient	\$92	\$51	\$64	\$37	\$85	\$48	\$69	\$57	\$34	\$28	\$79
92004	Eye Exam New Patient	\$163	\$105	\$117	\$77	\$152	\$99	\$123	\$103	\$70	\$59	\$140
92012	Eye Exam Establish Patient	\$96	\$56	\$67	\$41	\$89	\$53	\$73	\$60	\$37	\$29	\$83
92014	Eye Exam Tx Estab Pt 1/ Vst	\$137	\$85	\$97	\$62	\$127	\$80	\$103	\$86	\$56	\$45	\$118
92015	Determine Refractive State	\$22	\$21	\$19	\$15	\$20	\$20	\$17	\$15	\$14	\$5	\$18
92020	Special Eye Evaluation	\$30	\$22	\$21	\$16	\$28	\$21	\$23	\$19	\$15	\$0	\$26
92060	Special Eye Evaluation	\$69	\$69	\$51	\$51	\$64	\$64	\$52	\$44	\$44	\$34	\$60
92083	Visual Field Examination(S)	\$69	\$69	\$57	\$57	\$64	\$64	\$52	\$42	\$42	\$63	\$60
92133	Cmptr Opth Img Optic Nerve	\$41	\$41	\$37	\$37	\$38	\$38	\$31	\$25	\$25	\$35	\$35
92134	Cptr Opth Dx Img Post Segmt	\$44	\$44	\$37	\$37	\$41	\$41	\$34	\$28	\$28	\$35	\$38
92250	Eye Exam With Photos	\$49	\$49	\$54	\$54	\$46	\$46	\$37	\$30	\$30	\$53	\$43
92340	Fit Spectacles Monofocal	\$38	\$21	\$28	\$14	\$0	\$0	\$0	\$24	\$14	\$0	\$33
<b>Weighted Average % of Medicare Fees</b>				<b>73%</b>	<b>75%</b>	<b>93%</b>	<b>94%</b>	<b>75%</b>	<b>63%</b>	<b>66%</b>	<b>39%</b>	<b>86%</b>
<b>Ranking</b>				<b>6</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>8</b>	<b>7</b>	<b>9</b>	<b>3</b>
<b>ENT (Otorhinolaryngology)</b>												
92507	Speech/Hearing Therapy	\$86	\$86	\$64	\$61	\$81	\$81	\$67	\$56	\$56	\$22	\$73
92508	Speech/Hearing Therapy	\$26	\$26	\$30	\$30	\$24	\$24	\$31	\$17	\$17	\$10	\$22
92551	Pure Tone Hearing Test Air	\$13	\$13	\$10	\$10	\$12	\$12	\$10	\$7	\$7	\$8	\$12
92552	Pure Tone Audiometry Air	\$35	\$35	\$25	\$25	\$32	\$32	\$26	\$20	\$20	\$8	\$31
92587	Evoked Auditory Test Limited	\$24	\$24	\$50	\$50	\$23	\$23	\$18	\$15	\$15	\$34	\$21
<b>Weighted Average % of Medicare Fees</b>				<b>87%</b>	<b>86%</b>	<b>93%</b>	<b>93%</b>	<b>88%</b>	<b>64%</b>	<b>64%</b>	<b>32%</b>	<b>85%</b>
<b>Ranking</b>				<b>4</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>7</b>	<b>7</b>	<b>9</b>	<b>6</b>

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Procedure Code	Procedure Description	MC NF	MC FA	MD NF	MD FA	DE NF	DE FA	VA NF	WV NF	WV FA	PA	DC
<b>Cardiovascular</b>												
93000	Electrocardiogram Complete	\$19	\$19	\$18	\$18	\$17	\$17	\$14	\$12	\$12	\$19	\$16
93010	Electrocardiogram Report	\$9	\$9	\$7	\$7	\$9	\$9	\$7	\$6	\$6	\$8	\$8
93015	Cardiovascular Stress Test	\$77	\$77	\$80	\$80	\$72	\$72	\$58	\$49	\$49	\$90	\$67
93018	Cardiovascular Stress Test	\$16	\$16	\$12	\$12	\$15	\$15	\$12	\$10	\$10	\$15	\$13
93303	Echo Transthoracic	\$257	\$257	\$188	\$188	\$237	\$237	\$192	\$155	\$155	\$157	\$226
93306	Tte W/Doppler Complete	\$228	\$228	\$206	\$206	\$211	\$211	\$171	\$140	\$140	\$141	\$199
93320	Doppler Echo Exam Heart	\$59	\$59	\$53	\$53	\$54	\$54	\$44	\$36	\$36	\$61	\$51
93325	Doppler Color Flow Add-On	\$27	\$27	\$25	\$25	\$25	\$25	\$20	\$16	\$16	\$0	\$24
<b>Weighted Average % of Medicare Fees</b>				<b>87%</b>	<b>87%</b>	<b>92%</b>	<b>92%</b>	<b>75%</b>	<b>62%</b>	<b>62%</b>	<b>70%</b>	<b>87%</b>
<b>Ranking</b>				<b>4</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>8</b>	<b>8</b>	<b>7</b>	<b>3</b>
<b>Non-Invasive Vascular Tests</b>												
93880	Extracranial Bilat Study	\$221	\$221	\$162	\$162	\$203	\$203	\$164	\$132	\$132	\$148	\$195
93922	Upr/L Xtremity Art 2 Levels	\$95	\$95	\$97	\$97	\$87	\$87	\$70	\$56	\$56	\$49	\$83
93923	Upr/Lxtr Art Stdy 3+ Lvl	\$147	\$147	\$148	\$148	\$135	\$135	\$109	\$88	\$88	\$92	\$130
93925	Lower Extremity Study	\$282	\$282	\$208	\$208	\$258	\$258	\$209	\$167	\$167	\$147	\$249
93970	Extremity Study	\$217	\$217	\$158	\$158	\$199	\$199	\$161	\$129	\$129	\$147	\$191
93971	Extremity Study	\$135	\$135	\$96	\$96	\$124	\$124	\$100	\$81	\$81	\$100	\$119
93975	Vascular Study	\$307	\$307	\$225	\$225	\$282	\$282	\$228	\$184	\$184	\$182	\$270
93976	Vascular Study	\$166	\$166	\$162	\$162	\$153	\$153	\$135	\$100	\$100	\$131	\$160
<b>Weighted Average % of Medicare Fees</b>				<b>80%</b>	<b>80%</b>	<b>92%</b>	<b>92%</b>	<b>76%</b>	<b>60%</b>	<b>60%</b>	<b>68%</b>	<b>90%</b>
<b>Ranking</b>				<b>4</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>8</b>	<b>8</b>	<b>7</b>	<b>3</b>

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Procedure Code	Procedure Description	MC NF	MC FA	MD NF	MD FA	DE NF	DE FA	VA NF	WV NF	WV FA	PA	DC
<b>Pulmonary</b>												
94010	Breathing Capacity Test	\$39	\$39	\$29	\$29	\$36	\$36	\$29	\$24	\$24	\$15	\$34
94060	Evaluation Of Wheezing	\$66	\$66	\$49	\$49	\$60	\$60	\$49	\$39	\$39	\$19	\$58
94150	Vital Capacity Test	\$28	\$28	\$20	\$20	\$26	\$26	\$21	\$17	\$17	\$4	\$25
94640	Airway Inhalation Treatment	\$20	\$20	\$15	\$15	\$18	\$18	\$15	\$11	\$11	\$0	\$18
94664	Evaluate Pt Use Of Inhaler	\$19	\$19	\$14	\$14	\$17	\$17	\$14	\$11	\$11	\$12	\$17
94729	Co/Membrane Diffuse Capacity	\$63	\$63	\$46	\$46	\$57	\$57	\$46	\$37	\$37	\$40	\$55
94760	Measure Blood Oxygen Level	\$3	\$3	\$3	\$3	\$3	\$3	\$2	\$2	\$2	\$2	\$2
<b>Weighted Average % of Medicare Fees</b>				<b>75%</b>	<b>75%</b>	<b>91%</b>	<b>91%</b>	<b>74%</b>	<b>59%</b>	<b>59%</b>	<b>41%</b>	<b>88%</b>
<b>Ranking</b>				<b>4</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>7</b>	<b>7</b>	<b>9</b>	<b>3</b>
<b>Allergy/Immunology</b>												
95004	Percut Allergy Skin Tests	\$5	\$5	\$5	\$5	\$4	\$4	\$4	\$3	\$3	\$2	\$4
95012	Exhaled Nitric Oxide Meas	\$22	\$22	\$15	\$15	\$20	\$20	\$16	\$13	\$13	\$0	\$20
95115	Immunotherapy One Injection	\$10	\$10	\$9	\$9	\$9	\$9	\$8	\$6	\$6	\$4	\$9
95117	Immunotherapy Injections	\$12	\$12	\$10	\$10	\$11	\$11	\$9	\$7	\$7	\$7	\$11
95165	Antigen Therapy Services	\$16	\$16	\$10	\$2	\$15	\$3	\$12	\$10	\$2	\$8	\$14
<b>Weighted Average % of Medicare Fees</b>				<b>83%</b>	<b>72%</b>	<b>91%</b>	<b>76%</b>	<b>73%</b>	<b>58%</b>	<b>49%</b>	<b>52%</b>	<b>89%</b>
<b>Ranking</b>				<b>3</b>	<b>6</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>7</b>	<b>9</b>	<b>8</b>	<b>2</b>

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<b>Neurology/Neuromuscular</b>												
95806	Sleep Study Unatt Resp Effrt	\$128	\$128	\$161	\$161	\$119	\$119	\$96	\$79	\$79	\$0	\$112
95810	Polysom 6/ Yrs 4/ Param	\$675	\$675	\$628	\$628	\$620	\$620	\$501	\$404	\$404	\$347	\$594
95811	Polysom 6/ Yrs Cpap 4/ Parm	\$706	\$706	\$691	\$691	\$0	\$0	\$524	\$422	\$422	\$648	\$621
95816	EEG Awake And Drowsy	\$405	\$405	\$289	\$289	\$371	\$371	\$300	\$240	\$240	\$23	\$358
95819	EEG Awake And Asleep	\$481	\$481	\$333	\$333	\$441	\$441	\$356	\$284	\$284	\$23	\$426
95885	Musc Tst Done W/Nerv Tst Lim	\$69	\$69	\$48	\$48	\$64	\$64	\$52	\$42	\$42	\$42	\$61
95886	Musc Test Done W/N Test Comp	\$107	\$107	\$72	\$72	\$99	\$99	\$80	\$66	\$66	\$66	\$93
95910	Nrv Cndj Test 7-8 Studies	\$210	\$210	\$157	\$157	\$195	\$195	\$158	\$132	\$132	\$140	\$181
95911	Nrv Cndj Test 9-10 Studies	\$251	\$251	\$186	\$186	\$233	\$233	\$189	\$158	\$158	\$170	\$217
95930	Visual Ep Test Cns W/I R	\$74	\$74	\$104	\$104	\$68	\$68	\$55	\$44	\$44	\$74	\$65
95938	Somatosensory Testing	\$389	\$389	\$275	\$275	\$356	\$356	\$288	\$230	\$230	\$228	\$344
95957	EEG Digital Analysis	\$282	\$282	\$243	\$243	\$260	\$260	\$211	\$173	\$173	\$138	\$246
<b>Weighted Average % of Medicare Fees</b>				<b>84%</b>	<b>84%</b>	<b>92%</b>	<b>92%</b>	<b>74%</b>	<b>60%</b>	<b>60%</b>	<b>45%</b>	<b>88%</b>
<b>Ranking</b>				<b>4</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>7</b>	<b>7</b>	<b>9</b>	<b>3</b>
<b>CNS Assessment Tests</b>												
96110	Developmental Screen W/Score	\$11	\$11	\$9	\$9	\$10	\$10	\$8	\$6	\$6	\$7	\$10
96112	Devel Tst Phys/Qhp 1St Hr	\$148	\$138	\$116	\$109	\$0	\$0	\$133	\$99	\$93	\$103	\$125
96113	Devel Tst Phys/Qhp Ea Addl	\$66	\$63	\$0	\$0	\$0	\$0	\$60	\$44	\$42	\$47	\$56
96116	Neurobehavioral Status Exam	\$105	\$91	\$72	\$70	\$0	\$0	\$94	\$70	\$62	\$53	\$88
96127	Brief Emotional/Behav Assmt	\$6	\$6	\$5	\$5	\$5	\$5	\$5	\$3	\$3	\$4	\$5
<b>Weighted Average % of Medicare Fees</b>				<b>79%</b>	<b>80%</b>	<b>91%</b>	<b>91%</b>	<b>79%</b>	<b>59%</b>	<b>59%</b>	<b>64%</b>	<b>88%</b>
<b>Ranking</b>				<b>5</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>3</b>

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<b>Chemotherapy Administration</b>												
96360	Hydration Iv Infusion Init	\$38	\$38	\$47	\$47	\$35	\$35	\$28	\$23	\$23	\$32	\$33
96361	Hydrate Iv Infusion Add-On	\$15	\$15	\$14	\$14	\$14	\$14	\$11	\$9	\$9	\$9	\$13
96365	Ther/Proph/Diag Iv Inf Init	\$79	\$79	\$57	\$57	\$72	\$72	\$58	\$47	\$47	\$39	\$70
96367	Tx/Proph/Dg Addl Seq Iv Inf	\$34	\$34	\$29	\$29	\$31	\$31	\$25	\$21	\$21	\$19	\$30
96372	Ther/Proph/Diag Inj Sc/Im	\$15	\$15	\$20	\$20	\$14	\$14	\$12	\$10	\$10	\$13	\$13
96374	Ther/Proph/Diag Inj Iv Push	\$44	\$44	\$46	\$46	\$40	\$40	\$32	\$26	\$26	\$31	\$38
96375	Tx/Pro/Dx Inj New Drug Addon	\$18	\$18	\$20	\$20	\$17	\$17	\$13	\$11	\$11	\$13	\$16
96401	Chemo Anti-Neopl Sq/Im	\$88	\$88	\$60	\$60	\$80	\$80	\$65	\$52	\$52	\$50	\$77
96413	Chemo Iv Infusion 1 Hr	\$156	\$156	\$126	\$126	\$142	\$142	\$115	\$92	\$92	\$125	\$138
<b>Weighted Average % of Medicare Fees</b>				<b>96%</b>	<b>96%</b>	<b>92%</b>	<b>92%</b>	<b>74%</b>	<b>61%</b>	<b>61%</b>	<b>72%</b>	<b>87%</b>
<b>Ranking</b>				<b>1</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>6</b>	<b>8</b>	<b>8</b>	<b>7</b>	<b>5</b>
<b>Special Dermatological Procedures</b>												
96900	Ultraviolet Light Therapy	\$25	\$25	\$17	\$17	\$23	\$23	\$18	\$14	\$14	\$0	\$22
96910	Photochemotherapy With UV-B	\$130	\$130	\$57	\$57	\$118	\$118	\$96	\$75	\$75	\$20	\$116
96920	Laser treatment	\$180	\$72	\$124	\$53	\$166	\$67	\$134	\$110	\$47	\$60	\$0
96921	Laser treatment	\$197	\$81	\$136	\$60	\$182	\$76	\$147	\$120	\$53	\$59	\$0
96922	Laser treatment	\$268	\$130	\$188	\$96	\$248	\$122	\$201	\$166	\$86	\$0	\$0
<b>Weighted Average % of Medicare Fees</b>				<b>55%</b>	<b>52%</b>	<b>92%</b>	<b>92%</b>	<b>74%</b>	<b>59%</b>	<b>59%</b>	<b>22%</b>	<b>89%</b>
<b>Ranking</b>				<b>7</b>	<b>8</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>6</b>	<b>5</b>	<b>9</b>	<b>3</b>

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Procedure Code	Procedure Description	MC NF	MC FA	MD NF	MD FA	DE NF	DE FA	VA NF	WV NF	WV FA	PA	DC
<b>Phys Medicine/Rehab/Therapy</b>												
97010	Hot Or Cold Packs Therapy	\$7	\$7	\$5	\$5	\$6	\$6	\$5	\$4	\$4	\$17	\$6
97012	Mechanical Traction Therapy	\$16	\$16	\$13	\$13	\$15	\$15	\$13	\$11	\$11	\$13	\$14
97014	Electric Stimulation Therapy	\$16	\$16	\$13	\$13	\$15	\$15	\$12	\$10	\$10	\$17	\$14
97016	Vasopneumatic Device Therapy	\$13	\$13	\$15	\$15	\$13	\$13	\$10	\$9	\$9	\$13	\$11
97035	Ultrasound Therapy	\$16	\$16	\$10	\$10	\$15	\$15	\$12	\$10	\$10	\$10	\$13
97110	Therapeutic Exercises	\$33	\$33	\$29	\$29	\$31	\$31	\$29	\$21	\$21	\$8	\$28
97112	Neuromuscular Reeducation	\$38	\$38	\$27	\$27	\$36	\$36	\$29	\$25	\$25	\$17	\$33
97140	Manual Therapy 1/ Regions	\$31	\$31	\$23	\$23	\$29	\$29	\$29	\$20	\$20	\$21	\$26
97150	Group Therapeutic Procedures	\$20	\$20	\$18	\$18	\$19	\$19	\$15	\$13	\$13	\$0	\$17
97161	Pt Eval Low Complex 20 Min	\$93	\$93	\$69	\$69	\$87	\$87	\$73	\$60	\$60	\$13	\$80
97162	Pt Eval Mod Complex 30 Min	\$93	\$93	\$69	\$69	\$87	\$87	\$73	\$60	\$60	\$64	\$80
97530	Therapeutic Activities	\$43	\$43	\$31	\$31	\$40	\$40	\$71	\$27	\$27	\$13	\$37
<b>Weighted Average % of Medicare Fees</b>				<b>78%</b>	<b>78%</b>	<b>93%</b>	<b>93%</b>	<b>103%</b>	<b>64%</b>	<b>64%</b>	<b>44%</b>	<b>85%</b>
<b>Ranking</b>				<b>5</b>	<b>5</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>7</b>	<b>7</b>	<b>9</b>	<b>4</b>
<b>Osteo/Chiropractic &amp; Other Medicine</b>												
98940	Chiropract Manj 1-2 Regions	\$31	\$24	\$22	\$17	\$29	\$23	\$23	\$20	\$16	\$10	\$0
98941	Chiropract Manj 3-4 Regions	\$44	\$37	\$32	\$27	\$41	\$35	\$34	\$29	\$25	\$0	\$0
98943	Chiropract Manj Xtrspnl 1/	\$30	\$26	\$21	\$18	\$0	\$0	\$23	\$20	\$18	\$120	\$0
98960	Self-Mgmt Educ Train 1 Pt	\$6	\$6	\$0	\$0	\$28	\$28	\$0	\$18	\$18	\$8	\$0
99140	Emergency Anesthesia	\$5	\$5	\$0	\$0	\$0	\$0	\$18	\$0	\$0	\$15	\$0
99152	Mod Sed Same Phys/Qhp 5/ Yrs	\$56	\$13	\$45	\$11	\$52	\$13	\$42	\$34	\$9	\$0	\$0
99153	Mod Sed Same Phys/Qhp Ea	\$12	\$12	\$10	\$10	\$11	\$11	\$9	\$7	\$7	\$0	\$0
99173	Visual Acuity Screen	\$3	\$3	\$3	\$3	\$3	\$3	\$2	\$2	\$2	\$6	\$3
99174	Ocular Instrumnt Screen Bil	\$6	\$6	\$7	\$7	\$6	\$6	\$5	\$4	\$4	\$0	\$6
99177	Ocular Instrumnt Screen Bil	\$5	\$5	\$7	\$7	\$0	\$0	\$4	\$3	\$3	\$0	\$5
99188	App Topical Fluoride Varnish	\$13	\$12	\$0	\$0	\$20	\$0	\$21	\$0	\$0	\$0	\$11
<b>Weighted Average % of Medicare Fees</b>				<b>83%</b>	<b>84%</b>	<b>96%</b>	<b>80%</b>	<b>80%</b>	<b>62%</b>	<b>63%</b>	<b>190%</b>	<b>87%</b>
<b>Ranking</b>				<b>6</b>	<b>5</b>	<b>3</b>	<b>7</b>	<b>7</b>	<b>9</b>	<b>8</b>	<b>1</b>	<b>4</b>

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