Maryland
DEPARTMENT OF HEALTH

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

July 6, 2022

The Honorable Delores G. Kelley
Chair
Senate Finance Committee
3 East Miller Senate Office Bldg.
Annapolis, MD 21401-1991

The Honorable Joseline A. Peña-Melnyk
Chair
House Health and Government Operations Committee
241 House Office Bldg.
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 Chair Kelley and Chair Peña-Melnyk:

Pursuant to Maryland Health-General §15-103.5 and Insurance Article §19-807(d)(2), the Maryland Department of Health is submitting 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, or would like additional information, please contact Heather Shek, Director, Office of Governmental Affairs at heather.shek@maryland.gov.

Sincerely,

Dennis R. Schrader
Secretary

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

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

As Required by Health – General § 15-103.5
HB 70, Ch. 656 of the Acts of 2009
MSAR # 7893

Annual Report on the Maryland Medical Assistance Program and the Maryland Children's Health Program – Provider Reimbursement Rates
January 2022

I. Introduction

Pursuant to SB 481 (Chapter 464 of the Acts of 2002), the Maryland Department of Health (MDH) 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 Medicaid) in a manner that ensures provider participation in the programs. The law further stipulates that, in developing the rate-setting process, MDH 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 establish the Medicaid fee schedule. The RBRVS methodology is used by the Centers for Medicare & Medicaid Services (CMS) to establish the Medicare fee schedule.[1]

The law also directs MDH to submit an annual report to the Governor and various state House and Senate committees, including a comparison of Maryland Medicaid's FFS reimbursement rates with those of other states and a description of 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 MDH 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). MDH must report this information and determine whether the FFS rates and MCO provider rates will exceed the rates paid under the Medicare fee schedule. This report satisfies these requirements for the state fiscal year (FY) 2021.

II. Background

In September 2001, in response to HB 1071 (Chapter 702 of the Acts of 2001), MDH 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 21st annual report.

MDH uses the Medicare fee schedule as a point of reference when it changes physician fees. MDH's first annual report concluded that Maryland Medicaid's reimbursement rates in 2001 were, on average, approximately 36% of Medicare's rates. As of FY 2021, Maryland Medicaid's overall reimbursement rates were approximately 89% of Medicare's 2021 rates.

Furthermore, Senate Bill 836 of the 2005 General Assembly session created the Maryland Health Care Provider Rate Stabilization Fund (the Fund), which is administered by the Maryland Insurance Administration. The Fund was established in part to increase and maintain prior increases in physician fees within the Maryland Medicaid program. The Fund's primary revenues are derived from a tax imposed on MCOs and health maintenance organizations (HMOs). The

[1] The RBRVS methodology relates payments to resources that physicians use and the complexity of the services they provide. MDH used this methodology as a point of reference when it increased physician fees in FYs 2003 and 2006 –2009, and subsequently in FYs 2013 – 2017.

Fund maintained increases through FY 2020, but it was repealed effective July 1, 2021.[2] The premium tax payments previously comprising the Fund will be deposited directly into the state's general fund going forward.

III. Physician Fee Changes in 2013 – 2021

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% 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% FMAP for E&M procedures provided by PCPs, Medicaid fees for these procedures were reduced to 87% 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% 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% 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, MDH reduced any Medicaid fees that exceeded their corresponding Medicare fees and increased the lowest Medicaid fees for non-E&M procedures to approximately 72% of Medicare 2017 fees.

Physician Fees for FY 2021

A total of $226.5 million was distributed to the Maryland Medicaid program from the Fund in FY 2020. The overall weighted average FMAP for FY 2020 was approximately 62.7%, resulting in an overall state share of 37.3%.[3] 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.

[2] SB 192 (Section 1, Chapter 538 of the Acts of 2020).

[3] The weighted average of various FMAPs includes regular Medicaid at 53.1%, enhanced CHIP funding at 81.5%, and ACA adult expansion at 91.5%.

The Medicare fee schedule for CY 2021, released in December 2020, was significantly re-balanced to raise the reimbursement rate for a small number of E&M codes. To ensure the Medicare reimbursement cost remained neutral, the conversion factor for all Medicare rate calculations was lowered by approximately 3.75%. The Medicare conversion factor is the monetary value per RVU assigned to each procedure. The American Rescue Plan Act included provisions to maintain the conversion factor at its CY 2020 rate for CY 2021. This resulted in a considerable increase in the reimbursement rate for a small number of very high-volume E&M codes. The Maryland Medicaid reimbursement rates for all E&M codes were maintained at 93% of Medicare for FY 2021. This led to an increase in total funds of approximately $92 million for FY 2022, compared with the usual increase of approximately $4 to $8 million. The new rates became effective on July 1, 2021.

IV. Maryland Medicaid Fees Compared with Medicare & Other States' Fees

Maryland's neighboring states and jurisdictions have their own Medicaid fee schedules. For this report, The Hilltop Institute collected data on the Medicaid physician fees of Delaware, Pennsylvania, Virginia, West Virginia, and Washington, D.C., accessed 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% 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 (FA) and non-facility (NF) fees. Because Pennsylvania does not separate these fees, its 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 7.7% higher than Delaware's Medicare fees, 1.6% higher than Pennsylvania's Medicare fees, 9% higher than Virginia's Medicare fees, and 13.1% higher than West Virginia's Medicare fees. Conversely, the average Medicare fees in Maryland are approximately 6.5% 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 36415 (cardiovascular surgery), 41899 (digestive system surgery), 90999 (dialysis), 97153 and 97155 (physical medicine), and the following codes from the osteopathy, chiropractic, and other medicine specialty: 99000, 99024, 99050, 99051, 99053, 99058, and 99070.

Table 1 compares the states' Medicaid reimbursement rates as percentages of Medicare rates by physician specialty in FY 2021.

Table 1. Comparison of States' Medicaid Reimbursement Rates as Percentages of Medicare Rates, by Specialty, in FY 2021

Specialty	MD NF	MD FA	DE NF	DE FA	VA NF	WV NF	WV FA	PA	DC
1-Evaluation & Management	93%	93%	87%	86%	62%	62%	63%	40%	85%
2-Integumentary System	72%	78%	86%	86%	75%	58%	62%	28%	87%
3-Musculoskeletal System	88%	91%	86%	85%	75%	59%	62%	40%	86%
4-Respiratory System	75%	76%	88%	86%	75%	59%	63%	40%	87%
5-Cardiovascular System – Surgical	79%	81%	87%	86%	74%	57%	62%	32%	88%
6-Hemic, Lymphatic System, and Mediastinum	71%	74%	86%	85%	75%	61%	62%	41%	86%
7-Digestive System	69%	78%	86%	85%	75%	58%	62%	44%	87%
8-Urinary System and Male Genital	73%	79%	88%	87%	75%	59%	63%	45%	87%
9-Gynecology and Obstetrics	86%	90%	83%	80%	75%	77%	80%	98%	84%
10-Endocrine System	72%	72%	86%	86%	75%	62%	62%	62%	84%
11-Nervous System	84%	90%	88%	86%	75%	58%	62%	35%	88%
12-Eye Surgery	82%	85%	86%	86%	76%	60%	60%	90%	86%
13-Ear Surgery	85%	83%	88%	87%	75%	60%	61%	47%	86%
14-Radiology	77%	77%	87%	87%	75%	57%	57%	70%	88%
15-Laboratory	92%	92%	98%	98%	100%	90%	90%	89%	80%
16-Psychiatry	84%	94%	87%	87%	95%	64%	66%	30%	85%
17-Dialysis	62%	62%	87%	87%	77%	63%	63%	43%	84%
18-Gastroenterology	70%	70%	87%	87%	75%	56%	56%	55%	89%
19-Ophthalmology and Vision Care	73%	77%	92%	90%	80%	59%	62%	40%	87%
20-ENT (Otorhinolaryngology)	82%	80%	86%	86%	91%	61%	61%	31%	86%
21-Cardiovascular System – Medical	91%	91%	88%	88%	75%	58%	58%	74%	88%
22-Noninvasive Vascular Diagnostic Studies	80%	80%	88%	88%	77%	56%	56%	69%	92%
23-Pulmonary	86%	86%	90%	90%	74%	56%	56%	49%	89%
24-Allergy and Immunology	81%	82%	94%	90%	78%	57%	54%	49%	94%
25-Neurology and Neuromuscular	81%	81%	88%	88%	75%	56%	56%	70%	89%
26- Central Nervous System Assessment Tests	82%	84%	91%	91%	91%	57%	57%	72%	87%
27-Chemotherapy Administration	83%	83%	89%	89%	75%	56%	56%	72%	89%
28-Special Dermatological	52%	49%	86%	86%	74%	55%	55%	20%	90%
29-Physical Medicine and Rehabilitation	78%	78%	86%	86%	116%	60%	60%	62%	86%
30-Osteopathy, Chiropractic, and Other Medicine	79%	79%	87%	88%	75%	59%	60%	117%	88%

The states' average reimbursement rates as percentages of Medicare rates have remained relatively stable over the past three years. For non-facility reimbursement rates for E&M procedures, Maryland ranks highest of all states. Generally, Maryland's rates rank toward the middle of its neighboring states, although Maryland's facility reimbursement rates for

neurosurgery procedures and its facility and non-facility reimbursement for musculoskeletal surgery and cardiovascular surgery procedures are highest among all the states. Delaware's reimbursement is highest for most specialties, and Washington, D.C.'s reimbursement rates also rank high 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, starting in January 2017, individuals who were formerly in foster care continue to receive dental benefits until they are 26 years of age. MDH generally does not reimburse for adult dental services; however, some of the MCOs provide this benefit from their own funds.[4] Starting June 1, 2019, MDH began a pilot program to provide dental benefits to adults between the ages of 21 and 64 who receive full Medicaid and Medicare benefits.[5]

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 2. This table presents Maryland Medicaid dental fees in 2021, compared with median American Dental Association (ADA) charges in 2020 for the five selected dental procedures for which fees increased in January 2015. It should be noted that the current (2021) Medicaid fees for these dental procedures remain at the same level as the 2015 fees.

Table 2. Maryland Medicaid 2021 Dental Fees Compared with Median ADA Charges in 2020

Procedure Code	Procedure Description	2020 Median ADA Charges	2014 Medicaid Fees	2021 Medicaid Fees
D1208	Topical Application of Fluoride	$39.24	$21.60	$23.00
D1330	Oral Hygiene Instructions	$37.04	$0.00	$6.00
D2940	Protective Restoration	$130.20	$18.00	$50.00
D3120	Pulp Cap, Indirect	$80.13	$15.00	$35.00
D9941	Athletic Mouthguard	$279.21	$40.00	$103.00

Table 3 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.

[4] 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.

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

The ranking of states' weighted average dental fees are: Delaware (first), Washington, D.C. (second), Maryland (third), West Virginia (fourth), Virginia (fifth), and Pennsylvania (sixth). Median fees from the ADA report correspond to CY 2020, and the states' fees correspond to CY 2021.

Table 3. Comparison of Maryland Medicaid and Neighboring States' 2021 Dental Fees with Median ADA Charges in 2020

Procedure Code	Description	ADA	MD	DE	VA	WV	PA	DC
D0120	Periodic Oral Evaluation	$53	$29	$43	$20	$28	$20	$35
D0140	Limited Oral Evaluation, Problem Focus	$73	$43	$63	$25	$39	$55	$50
D0145	Oral Evaluation, Pt < 3yrs	$61	$40	$54	$20	$28	$20	$40
D0150	Comprehensive Oral Evaluation	$86	$52	$74	$31	$39	$20	$78
D1110	Prophylaxis – Adult (12 Years of Age and Older)	$92	$58	$75	$47	$61	$36	$78
D1120	Dental Prophylaxis, Child	$67	$42	$56	$34	$44	$30	$47
D1206	Topical Fluoride Varnish	$39	$25	$34	$21	$22	$18	$29
D1351	Dental Sealant per Tooth	$54	$33	$45	$32	$33	$25	$38
D7140	Extraction Erupted Tooth	$176	$103	$184	$69	$88	$65	$110
D9248	Non-intravenous Conscious Sedation	$277	$187	$277	$110	$0	$184	$0
Ranking			**3**	**1**	**5**	**4**	**6**	**2**

VII. Access to Care

The Maryland Medicaid Program includes many provisions to ensure the network is capable of providing access to all participants. For example, Maryland Medicaid has several network adequacy requirements for its MCOs.[6] Medicaid requires a ratio of one PCP to every 200 participants, although, for some sites with high volumes of Medicaid patients, such as federally qualified health centers, 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 state's 40 local access areas. MDH also requires MCOs to provide all medically necessary specialty care, stipulating that MCOs must arrange for care with an out-of-network specialist and compensate the provider when 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 have 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.

[6] COMAR 10.67.05.05-.08.

MDH conducts a broad range of assessments to monitor the adequacy of FFS and MCO networks. This includes an Access Monitoring Review Plan, published in 2016[7] for the FFS population, and a 2019 assessment of the accuracy of provider directories published by MCOs.[8]

VIII. Plan for the Future

MDH 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 Medicare rates 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% of Medicare reimbursement rates. Furthermore, MDH has continued to monitor provider network adequacy to ensure that patients' access to care is not compromised.

Additionally, MDH has been and will continue to monitor the effects of the public health emergency that began in early 2020 related to COVID-19 on Medicaid reimbursement and access to care. Following the public health emergency, federal legislation passed that increases the FMAP for various services. The Families First Coronavirus Response Act provides an increased FMAP for non-ACA expansion participants when Medicaid programs meet their maintenance of effort requirements, ensuring current enrollees have continuous Medicaid coverage.

The American Rescue Plan Act provides qualifying states with a temporary 10% increase to the FMAP for certain Medicaid expenditures for home and community-based services (HCBS). States must use the federal funds attributable to the increased FMAP to implement or supplement one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program. The increased FMAP began on April 1, 2021, and continues through March 31, 2022. HB 588, Maryland's FY2022 budget bill, directs Medicaid to spend at least 75 percent of federal ARPA reinvestment dollars for a one-time-only rate increase for HCBS providers. These increases went into effect November 1, 2021, and will continue through March 31, 2024.[9] This increased provider reimbursement primarily affects physicians in the psychiatry specialty, where Maryland ranks sixth for non-facility and second for facility reimbursement rates, and the rehabilitation specialty, where Maryland currently ranks fifth.

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[7] 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*.

[8]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

[9] For more information see https://health.maryland.gov/newsroom/Pages/Maryland-Department-of-Health-announces-new-Medicaid-rate-increases.aspx

Appendix A: Ranking of State Reimbursement Rates by Procedure Code

Table A compares Maryland's FY 2021 Medicaid fees with the corresponding Medicare 2021 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 provides 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 2021

Procedure Code	Procedure Description	MC NF	MC FA	MD NF	MD FA	DE NF	DE FA	VA NF	WV NF	WV FA	PA	DC
Evaluation & Management												
99309	Nursing Fac Care Subseq	$97	$97	$92	$92	$85	$85	$61	$60	$60	$51	$82
99212	Office/Outpatient Visit Est	$61	$38	$57	$36	$54	$34	$38	$37	$24	$26	$53
99215	Office/Outpatient Visit Est	$196	$157	$182	$146	$171	$136	$122	$120	$99	$78	$167
99204	Office/Outpatient Visit New	$182	$146	$169	$136	$158	$126	$113	$112	$92	$90	$155
99203	Office/Outpatient Visit New	$122	$90	$113	$84	$105	$77	$76	$74	$57	$54	$105
99283	Emergency Dept Visit	$77	$77	$72	$72	$67	$67	$49	$50	$50	$35	$64
99285	Emergency Dept Visit	$192	$192	$178	$178	$164	$164	$120	$124	$124	$50	$159
99233	Subsequent Hospital Care	$110	$110	$104	$104	$95	$95	$69	$69	$69	$81	$92
99284	Emergency Dept Visit	$131	$131	$122	$122	$114	$114	$82	$85	$85	$50	$109
99232	Subsequent Hospital Care	$76	$76	$73	$73	$66	$66	$48	$48	$48	$56	$64
99213	Office/Outpatient Visit Est	$99	$72	$92	$67	$86	$62	$62	$60	$46	$35	$85
99214	Office/Outpatient Visit Est	$140	$107	$130	$99	$122	$92	$88	$86	$67	$54	$120
Weighted Average % of Medicare Fees				**93%**	**93%**	**87%**	**86%**	**62%**	**62%**	**63%**	**40%**	**85%**
Ranking				**2**	**1**	**4**	**3**	**7**	**8**	**6**	**9**	**5**

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

Integumentary System/General Surgery												
10061	Drainage Of Skin Abscess	$234	$200	$163	$143	$201	$172	$176	$139	$121	$53	$202
17250	Chem Caut Of Granltj Tissue	$100	$40	$63	$30	$88	$35	$75	$57	$24	$26	$88
11981	Insert Drug Implant Device	$116	$70	$112	$66	$0	$0	$86	$69	$44	$76	$100
11720	Debride Nail 1-5	$37	$16	$25	$12	$31	$13	$28	$21	$10	$16	$32
11056	Trim Skin Lesions 2 To 4	$89	$24	$46	$24	$77	$21	$67	$51	$15	$30	$79
12011	Rpr F/E/E/N/L/M 2.5 Cm/	$127	$61	$113	$61	$109	$52	$95	$74	$39	$32	$110
11043	Deb Musc/Fascia 20 Sq Cm/	$261	$170	$187	$129	$225	$144	$196	$155	$106	$33	$225
12001	Rpr S/N/Ax/Gen/Trnk 2.5Cm/	$105	$49	$88	$43	$91	$42	$78	$61	$31	$25	$91
10060	Drainage Of Skin Abscess	$137	$113	$93	$77	$118	$97	$103	$80	$67	$24	$119
11721	Debride Nail 6 Or More	$49	$26	$35	$21	$42	$22	$37	$29	$17	$20	$42
17110	Destruct B9 Lesion 1-14	$126	$72	$89	$56	$109	$62	$94	$72	$42	$49	$111
11042	Deb Subq Tissue 20 Sq Cm/	$145	$66	$93	$49	$125	$56	$108	$84	$41	$33	$127
Weighted Average % of Medicare Fees				**72%**	**78%**	**86%**	**86%**	**75%**	**58%**	**62%**	**28%**	**87%**
Ranking				**6**	**4**	**2**	**3**	**5**	**8**	**7**	**9**	**1**
Musculoskeletal System												
29075	Application Of Forearm Cast	$96	$69	$80	$58	$82	$58	$72	$56	$41	$46	$84
29130	Application Of Finger Splint	$45	$32	$37	$27	$39	$27	$34	$27	$20	$0	$39
20605	Drain/Inj Joint/Bursa W/O Us	$59	$41	$55	$40	$51	$34	$45	$36	$26	$22	$51
29540	Strapping Of Ankle And/Or Ft	$31	$19	$28	$19	$26	$16	$23	$19	$13	$20	$26
20553	Inject Trigger Points 3/	$69	$47	$55	$37	$59	$40	$52	$41	$29	$34	$59
29581	Apply Multlay Comprs Lwr Leg	$100	$29	$69	$14	$87	$25	$75	$57	$19	$25	$88
20552	Inj Trigger Point 1/2 Muscl	$60	$42	$50	$33	$51	$35	$45	$36	$26	$31	$0
29515	Application Lower Leg Splint	$78	$54	$65	$47	$67	$46	$58	$46	$33	$35	$68
20611	Drain/Inj Joint/Bursa W/Us	$109	$66	$98	$65	$94	$55	$82	$65	$41	$50	$95
20550	Inj Tendon Sheath/Ligament	$62	$43	$56	$39	$53	$36	$47	$37	$27	$32	$53
29125	Apply Forearm Splint	$72	$44	$61	$39	$62	$37	$54	$42	$27	$32	$63
20610	Drain/Inj Joint/Bursa W/O Us	$71	$50	$66	$48	$61	$42	$53	$43	$32	$24	$61
Weighted Average % of Medicare Fees				**88%**	**91%**	**86%**	**85%**	**75%**	**59%**	**62%**	**40%**	**86%**
Ranking				**2**	**1**	**4**	**5**	**6**	**8**	**7**	**9**	**3**

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

Respiratory System												
31720	Clearance Of Airways	$59	$59	$41	$41	$51	$51	$45	$37	$37	$33	$50
30300	Remove Nasal Foreign Body	$230	$134	$161	$88	$203	$117	$172	$130	$78	$23	$204
32551	Insertion Of Chest Tube	$171	$171	$128	$128	$146	$146	$130	$109	$109	$133	$143
31615	Visualization Of Windpipe	$193	$125	$134	$92	$170	$108	$145	$114	$77	$115	$167
31622	Dx Bronchoscope/Wash	$276	$143	$236	$108	$241	$123	$207	$162	$90	$134	$240
31237	Nasal/Sinus Endoscopy Surg	$284	$173	$232	$136	$252	$151	$213	$167	$107	$160	$247
31624	Dx Bronchoscope/Lavage	$286	$144	$241	$108	$249	$125	$215	$168	$91	$135	$249
31579	Laryngoscopy Telescopic	$218	$129	$167	$104	$193	$112	$164	$128	$80	$75	$190
32555	Aspirate Pleura W/ Imaging	$364	$119	$287	$94	$315	$102	$272	$208	$76	$89	$320
31575	Diagnostic Laryngoscopy	$143	$73	$91	$57	$127	$63	$107	$82	$45	$69	$125
31500	Insert Emergency Airway	$155	$155	$112	$112	$132	$132	$118	$100	$100	$72	$129
31231	Nasal Endoscopy Dx	$220	$70	$167	$57	$197	$61	$164	$125	$43	$59	$194
Weighted Average % of Medicare Fees				**75%**	**76%**	**88%**	**86%**	**75%**	**59%**	**63%**	**40%**	**87%**
Ranking				**6**	**4**	**1**	**3**	**5**	**8**	**7**	**9**	**2**
Cardiovascular System -- Surgery												
36475	Endovenous Rf 1St Vein	$1,440	$307	$1,440	$253	$1,255	$259	$1,071	$808	$195	$290	$1,278
36000	Place Needle In Vein	$33	$10	$21	$7	$28	$8	$24	$18	$6	$8	$29
36592	Collect Blood From Picc	$33	$33	$21	$21	$30	$30	$25	$18	$18	$0	$30
36471	Nj Sclrsnt Mlt Incmptnt Vn	$225	$83	$81	$81	$195	$70	$168	$130	$53	$91	$197
36558	Insert Tunneled Cv Cath	$970	$283	$670	$217	$840	$242	$724	$549	$177	$266	$859
36600	Withdrawal Of Arterial Blood	$33	$17	$25	$12	$28	$14	$25	$20	$11	$13	$12
36561	Insert Tunneled Cv Cath	$1,213	$367	$938	$273	$1,047	$312	$904	$687	$229	$319	$1,073
36430	Blood Transfusion Service	$41	$41	$31	$31	$37	$37	$31	$22	$22	$28	$37
36410	Non-routine Bl Draw 3/> Yrs	$19	$10	$14	$92	$17	$9	$14	$11	$6	$0	$17
36556	Insert Non-Tunnel Cv Cath	$248	$92	$194	$92	$216	$78	$186	$143	$59	$113	$218
36620	Insertion Catheter Artery	$48	$48	$40	$40	$41	$41	$37	$31	$31	$48	$40
36591	Draw Blood Off Venous Device	$30	$30	$19	$19	$27	$27	$16	$16	$16	$0	$27
Weighted Average % of Medicare Fees				**79%**	**81%**	**87%**	**86%**	**74%**	**57%**	**62%**	**32%**	**88%**
Ranking				**5**	**4**	**2**	**3**	**6**	**8**	**7**	**9**	**1**

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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

Hemic, Lymphatic System, and Mediastinum												
38100	Bone Marrow Aspiration	$1,288	$1,288	$932	$932	$1,084	$1,084	$964	$807	$807	$563	$1,081
38724	Bone Marrow Biopsy	$1,582	$1,582	$1,160	$1,160	$1,376	$1,376	$1,195	$982	$982	$844	$1,339
38571	Biopsy/Removal Lymph Nodes	$723	$723	$582	$582	$629	$629	$549	$454	$454	$633	$609
38500	Needle Biopsy Lymph Nodes	$382	$285	$266	$205	$326	$242	$285	$228	$176	$114	$329
38510	Biopsy Or Excision Of Lymph Node	$591	$463	$337	$337	$512	$398	$443	$356	$287	$136	$507
38220	Diagnostic Bone Marrow	$187	$76	$134	$49	$165	$66	$140	$107	$47	$55	$165
38221	Diagnostic Bone Marrow; Biopsy(ies)	$179	$75	$136	$59	$158	$66	$134	$103	$47	$70	$157
38792	Ra Tracer Id of Sentinl Node	$93	$36	$32	$32	$80	$30	$70	$54	$23	$0	$82
38900	Biopsy/Removal, Lymph Nodes	$153	$153	$113	$113	$129	$129	$115	$97	$97	$110	$128
38505	Needle Biopsy Lymph Nodes	$136	$75	$101	$57	$118	$65	$102	$79	$47	$67	$119
38525	Identify Sentinel Node	$493	$493	$353	$353	$417	$417	$368	$303	$303	$156	$418
38222	Io Map Of Sent Lymph Node	$196	$83	$149	$67	$173	$72	$147	$113	$52	$63	$172
Weighted Average % of Medicare Fees				**71%**	**74%**	**86%**	**85%**	**75%**	**61%**	**62%**	**41%**	**86%**
Ranking				**6**	**5**	**1**	**3**	**4**	**8**	**7**	**9**	**2**
Digestive System												
49452	Replace G-J Tube Perc	$972	$147	$111	$111	$843	$126	$724	$540	$94	$110	$867
42830	Removal Of Adenoids	$230	$230	$167	$167	$203	$203	$173	$138	$138	$134	$198
44970	Laparoscopy Appendectomy	$676	$676	$486	$486	$569	$569	$505	$419	$419	$444	$570
43235	Egd Diagnostic Brush Wash	$338	$133	$229	$104	$292	$114	$253	$194	$83	$125	$298
42820	Remove Tonsils And Adenoids	$317	$317	$231	$231	$278	$278	$239	$194	$194	$184	$271
47562	Laparoscopic Cholecystectomy	$742	$742	$532	$532	$624	$624	$554	$461	$461	$589	$625
49083	Abd Paracentesis W/Imaging	$343	$114	$267	$91	$298	$98	$257	$196	$72	$84	$303
43775	Lap Sleeve Gastrectomy	$1,244	$1,244	$969	$969	$1,042	$1,042	$930	$789	$789	$1,034	$1,037
45385	Colonoscopy W/Lesion Removal	$517	$276	$400	$221	$446	$236	$388	$303	$173	$268	$450
45378	Diagnostic Colonoscopy	$387	$202	$299	$155	$333	$172	$290	$226	$126	$181	$337
45380	Colonoscopy And Biopsy	$501	$218	$357	$186	$432	$186	$375	$289	$136	$181	$439
43239	Egd Biopsy Single/Multiple	$436	$150	$274	$123	$377	$129	$326	$248	$94	$149	$385
Weighted Average % of Medicare Fees				**69%**	**78%**	**86%**	**85%**	**75%**	**58%**	**62%**	**44%**	**87%**
Ranking				**6**	**4**	**2**	**3**	**5**	**8**	**7**	**9**	**1**

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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
Urinary System and Male Genital												
51705	Change of Bladder Tube	$108	$56	$92	$51	$96	$49	$81	$63	$35	$28	$94
51784	Anal/urinary Muscle Study	$73	$73	$68	$68	$65	$65	$55	$43	$43	$96	$63
55700	Biopsy of Prostate	$277	$141	$198	$104	$245	$122	$208	$163	$89	$90	$241
51701	Insert Bladder Catheter	$51	$28	$47	$28	$45	$24	$38	$30	$17	$25	$44
51741	Complex Uroflowmetry	$16	$16	$16	$16	$13	$13	$12	$9	$9	$24	$13
54161	Circum 28 Days Or Older	$215	$215	$157	$157	$187	$187	$163	$134	$134	$128	$182
52310	Cystoscopy And Treatment	$347	$163	$205	$121	$307	$142	$261	$202	$103	$129	$303
52332	Cystoscopy And Treatment	$496	$168	$393	$124	$441	$146	$371	$283	$106	$144	$438
52356	Cysto/Uretero W/Lithotripsy	$449	$449	$337	$337	$390	$390	$341	$284	$284	$333	$376
52000	Cystourethroscopy	$262	$87	$144	$87	$233	$76	$196	$149	$55	$75	$231
51798	US Urine Capacity Measure	$12	$12	$12	$12	$10	$10	$9	$6	$6	$14	$0
54150	Circumcision	$169	$106	$145	$78	$148	$91	$127	$101	$67	$79	$146
Weighted Average % of Medicare Fees				**73%**	**79%**	**88%**	**87%**	**75%**	**59%**	**63%**	**45%**	**87%**
Ranking				**6**	**4**	**1**	**2**	**5**	**8**	**7**	**9**	**3**
Gynecology and Obstetrics												
59515	Exam Of Cervix W/Scope	$1,463	$1,463	$1,124	$1,124	$1,009	$1,009	$1,095	$1,215	$1,215	$2,050	$1,223
58100	Bx/Curett Of Cervix W/Scope	$114	$71	$109	$71	$99	$60	$86	$68	$45	$51	$98
58558	Biopsy Of Uterus Lining	$1,635	$254	$1,092	$254	$1,457	$220	$1,222	$906	$160	$239	$1,459
57454	Bx/Curett Of Cervix W/Scope	$187	$148	$152	$133	$162	$127	$141	$113	$92	$106	$160
59410	Vaginal Delivery Only	$1,183	$1,183	$942	$942	$1,009	$1,009	$888	$984	$984	$1,200	$990
58301	Removal Of Intrauterine Device	$121	$73	$95	$66	$105	$63	$91	$72	$47	$17	$104
59840	Abortion	$277	$248	$213	$209	$239	$212	$207	$168	$152	$82	$0
58300	Insertion Of Intrauterine Device	$115	$55	$76	$51	$100	$100	$87	$67	$35	$17	$100
59430	Postpartum Care Only	$290	$201	$149	$125	$251	$171	$217	$231	$168	$0	$248
59514	Cesarean Delivery Only	$1,018	$1,018	$993	$993	$763	$763	$762	$851	$851	$1,200	$848
59409	Vaginal Delivery Only	$897	$897	$860	$860	$763	$763	$674	$749	$749	$1,200	$748
59025	Fetal Non-Stress Test	$55	$55	$46	$46	$47	$47	$41	$33	$33	$18	$47
Weighted Average % of Medicare Fees				**86%**	**90%**	**83%**	**80%**	**75%**	**77%**	**80%**	**98%**	**84%**
Ranking				**3**	**2**	**5**	**6**	**9**	**8**	**6**	**1**	**4**

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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
Endocrine System												
60650	Laparoscopy Adrenalectomy	$1,322	$1,322	$960	$960	$1,122	$1,122	$993	$830	$830	$977	$1,110
60260	Repeat Thyroid Surgery	$1,202	$1,202	$875	$875	$1,033	$1,033	$904	$749	$749	$375	$1,013
60210	Partial Thyroid Excision	$784	$784	$567	$567	$672	$672	$589	$486	$486	$605	$663
60252	Removal Of Thyroid	$1,460	$1,460	$1,059	$1,059	$1,250	$1,250	$1,097	$911	$911	$826	$1,231
60271	Removal Of Thyroid	$1,165	$1,165	$847	$847	$999	$999	$876	$726	$726	$925	$982
60512	Parathyroid Autotransplantation	$267	$267	$195	$195	$227	$227	$201	$169	$169	$217	$224
60280	Remove Thyroid Duct Lesion	$495	$495	$354	$354	$434	$434	$373	$301	$301	$304	$424
60500	Explore Parathyroid Glands	$1,077	$1,077	$775	$775	$918	$918	$808	$669	$669	$705	$909
60100	Biopsy Of Thyroid	$122	$83	$89	$63	$105	$71	$92	$74	$53	$66	$104
60220	Partial Removal Of Thyroid	$781	$781	$565	$565	$671	$671	$587	$483	$483	$591	$661
60240	Removal Of Thyroid	$1,015	$1,015	$737	$737	$869	$869	$763	$632	$632	$521	$857
Weighted Average % of Medicare Fees				**72%**	**72%**	**86%**	**86%**	**75%**	**62%**	**62%**	**62%**	**84%**
Ranking				**6**	**5**	**1**	**2**	**4**	**8**	**7**	**9**	**3**
Neurosurgery												
64494	Inj Paravert F Jnt L/S 2 Lev	$101	$56	$87	$54	$89	$49	$76	$60	$35	$42	$88
64484	Inj Foramen Epidural Add-On	$124	$57	$95	$55	$109	$49	$93	$72	$36	$60	$109
62323	Njx Interlaminar Lmbr/Sac	$297	$108	$242	$99	$261	$93	$223	$170	$67	$81	$262
64493	Inj Paravert F Jnt L/S 1 Lev	$198	$98	$170	$94	$173	$85	$149	$115	$61	$72	$174
64483	Inj Foramen Epidural L/S	$277	$121	$238	$101	$243	$105	$208	$159	$75	$95	$244
Weighted Average % of Medicare Fees				**84%**	**90%**	**88%**	**86%**	**75%**	**58%**	**62%**	**35%**	**88%**
Ranking				**5**	**1**	**3**	**4**	**6**	**8**	**7**	**9**	**2**

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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
Eye Surgery												
65222	Remove Foreign Body From Eye	$74	$55	$52	$41	$64	$47	$56	$44	$34	$26	$64
67210	Treatment Of Retinal Lesion	$561	$538	$430	$413	$481	$461	$424	$335	$323	$375	$485
65855	Trabeculoplasty Laser Surg	$269	$221	$227	$195	$231	$190	$204	$161	$135	$237	$233
67113	Repair Retinal Detach Cplx	$1,434	$1,434	$1,062	$1,062	$1,227	$1,227	$1,089	$871	$871	$1,086	$1,231
66821	After Cataract Laser Surgery	$366	$339	$260	$246	$314	$291	$276	$215	$201	$217	$319
66761	Revision Of Iris	$330	$255	$285	$253	$284	$219	$249	$194	$153	$181	$288
66982	Xcapsl Ctrc Rmvl Cplx Wo Ecp	$804	$804	$678	$678	$689	$689	$610	$486	$486	$697	$692
67311	Revise Eye Muscle	$646	$646	$470	$470	$554	$554	$489	$388	$388	$468	$557
68761	Close Tear Duct Opening	$164	$127	$117	$94	$141	$109	$124	$96	$76	$63	$144
67228	Treatment X10Sv Retinopathy	$370	$327	$333	$300	$317	$280	$280	$222	$199	$491	$319
66984	Xcapsl Ctrc Rmvl W/O Ecp	$587	$587	$503	$503	$503	$503	$445	$354	$354	$603	$506
67028	Injection Eye Drug	$124	$99	$99	$98	$106	$84	$94	$74	$61	$106	$107
Weighted Average % of Medicare Fees				**82%**	**85%**	**86%**	**86%**	**76%**	**60%**	**60%**	**90%**	**86%**
Ranking				**6**	**5**	**3**	**4**	**7**	**9**	**8**	**1**	**2**
Ear Surgery												
69205	Clear Outer Ear Canal	$105	$105	90.87	90.87	$93	$93	$79	$63	$63	$89	$90
69200	Clear Outer Ear Canal	$90	$51	81.84	48.52	$80	$45	$68	$53	$32	$30	$79
69436	Create Eardrum Opening	$174	$174	148.82	148.82	$153	$153	$131	$104	$104	$99	$149
69209	Remove Impacted Ear Wax Uni	$17	$17	11.27	11.27	$15	$15	$12	$9	$9	$10	$15
69210	Remove Impacted Ear Wax Uni	$52	$36	43.91	28.75	$46	$31	$39	$32	$23	$20	$45
Weighted Average % of Medicare Fees				**85%**	**83%**	**88%**	**87%**	**75%**	**60%**	**61%**	**47%**	**86%**
Ranking				**4**	**5**	**1**	**2**	**6**	**8**	**7**	**9**	**3**

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Radiology												
76815	Ob Us Limited Fetus(S)	$93	$93	$70	$70	$82	$82	$70	$54	$54	$64	$82
76817	Transvaginal Us Obstetric	$106	$106	$78	$78	$93	$93	$80	$61	$61	$88	$94
73610	X-Ray Exam Of Ankle	$41	$41	$25	$25	$35	$35	$30	$23	$23	$27	$36
76856	Us Exam Pelvic Complete	$122	$122	$88	$88	$106	$106	$92	$69	$69	$77	$108
76830	Transvaginal Us Non-Ob	$138	$138	$98	$98	$121	$121	$104	$78	$78	$77	$122
76816	Ob Us Follow-Up Per Fetus	$126	$126	$93	$93	$111	$111	$95	$72	$72	$72	$111
76820	Umbilical Artery Echo	$51	$51	$50	$50	$45	$45	$39	$30	$30	$46	$44
73630	X-Ray Exam Of Foot	$38	$38	$24	$24	$33	$33	$28	$21	$21	$19	$34
74177	Ct Abd Pelv W/Contrast	$368	$368	$287	$287	$319	$319	$276	$208	$208	$263	$326
70450	Ct Head/Brain W/O Dye	$126	$126	$114	$114	$109	$109	$94	$72	$72	$117	$111
71045	X-Ray Exam Chest 1 View	$28	$28	$17	$17	$25	$25	$21	$16	$16	$15	$25
71046	X-Ray Exam Chest 2 Views	$37	$37	$27	$27	$32	$32	$28	$21	$21	$24	$33
Weighted Average % of Medicare Fees				**77%**	**77%**	**87%**	**87%**	**75%**	**57%**	**57%**	**70%**	**88%**
Ranking				**4**	**4**	**2**	**2**	**6**	**8**	**8**	**7**	**1**

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Laboratory												
81003	Urinalysis Auto W/O Scope	$2	$2	$2	$2	$2	$2	$2	$2	$2	$3	$2
84443	Assay Thyroid Stim Hormone	$17	$17	$17	$17	$16	$16	$17	$15	$15	$23	$13
87086	Urine Culture/Colony Count	$8	$8	$8	$8	$8	$8	$8	$7	$7	$8	$6
87880	Strep A Assay W/Optic	$17	$17	$13	$13	$16	$16	$14	$15	$15	$6	$13
87491	Chylmd Trach Dna Amp Probe	$35	$35	$34	$34	$34	$34	$35	$32	$32	$23	$28
87591	N.Gonorrhoeae Dna Amp Prob	$35	$35	$34	$34	$34	$34	$38	$32	$32	$23	$28
83036	Glycated Hemoglobin Test	$10	$10	$10	$10	$10	$10	$10	$9	$9	$7	$8
81001	Urinalysis Auto W/Scope	$3	$3	$3	$3	$3	$3	$3	$3	$3	$3	$3
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
80053	Comprehen Metabolic Panel	$11	$11	$10	$10	$10	$10	$11	$10	$10	$12	$8
85025	Complete Cbc W/Auto Diff Wbc	$8	$8	$8	$8	$8	$8	$8	$7	$7	$6	$6
Weighted Average % of Medicare Fees				**92%**	**92%**	**98%**	**98%**	**100%**	**90%**	**90%**	**89%**	**80%**
Ranking				**4**	**4**	**2**	**2**	**1**	**6**	**6**	**8**	**9**
Psychiatry												
90791	Psych Diagnostic Evaluation	$190	$163	146.63	146.63	$166	$142	$180	$121	$107	$26	$159
90853	Group Psychotherapy	$29	$25	23.93	23.93	$25	$22	$27	$18	$16	$4	$24
90832	Psytx W Pt 30 Minutes	$82	$72	66.72	66.72	$72	$63	$77	$52	$47	$26	$68
90847	Family Psytx W/Pt 50 Min	$107	$106	107.18	106.42	$94	$93	$102	$70	$70	$13	$99
90834	Psytx W Pt 45 Minutes	$109	$95	88.29	88.29	$95	$83	$103	$70	$62	$39	$91
Weighted Average % of Medicare Fees				**84%**	**94%**	**87%**	**87%**	**95%**	**64%**	**66%**	**30%**	**85%**
Ranking				**6**	**2**	**3**	**4**	**1**	**8**	**7**	**9**	**5**

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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
Dialysis												
90961	Esrd Srv 2-3 Vsts P Mo 20+	$318	$318	184.37	184.37	$276	$276	$244	$200	$200	$0	$269
90945	Dialysis One Evaluation	$92	$92	66.34	66.34	$80	$80	$71	$58	$58	$35	$78
90960	Esrd Srv 4 Visits P Mo 20+	$384	$384	219.29	219.29	$333	$333	$295	$241	$241	$0	$325
90935	Hemodialysis One Evaluation	$77	$77	55.63	55.63	$67	$67	$60	$49	$49	$35	$65
90970	Esrd Home Pt Serv P Day 20+	$10	$10	6.04	6.04	$9	$9	$8	$7	$7	$0	$9
Weighted Average % of Medicare Fees				**62%**	**62%**	**87%**	**87%**	**77%**	**63%**	**63%**	**43%**	**84%**
Ranking				**7**	**7**	**1**	**1**	**4**	**5**	**5**	**9**	**3**
Gastroenterology												
91120	Rectal Sensation Test	$599	$599	$341	$341	$522	$522	$445	$329	$329	$337	$0
91035	G-Esoph Reflx Tst W/Electrod	$564	$564	$384	$384	$490	$490	$420	$313	$313	$351	$503
91122	Anal Pressure Record	$302	$302	$190	$190	$266	$266	$227	$172	$172	$69	$267
91010	Esophagus Motility Study	$247	$247	$155	$155	$215	$215	$185	$140	$140	$28	$219
91110	Gi Tract Capsule Endoscopy	$965	$965	$733	$733	$839	$839	$720	$534	$534	$680	$863
91065	Breath Hydrogen/Methane Test	$103	$103	$60	$60	$89	$89	$77	$57	$57	$17	$92
91200	Liver Elastography	$36	$36	$31	$31	$31	$31	$27	$20	$20	$30	$0
Weighted Average % of Medicare Fees				**70%**	**70%**	**87%**	**87%**	**75%**	**56%**	**56%**	**55%**	**89%**
Ranking				**5**	**5**	**2**	**2**	**4**	**7**	**7**	**9**	**1**

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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
Ophthalmology/Vision Care												
92310	Contact Lens Fitting	$113	$64	75.28	46.21	$0	$0	$85	$67	$40	$0	$98
92002	Eye Exam New Patient	$94	$50	63.71	37.20	$81	$43	$71	$55	$32	$28	$82
92060	Special Eye Evaluation	$69	$69	51.21	51.21	$59	$59	$52	$40	$40	$34	$60
92133	Cmptr Ophth Img Optic Nerve	$41	$41	37.09	37.09	$35	$35	$31	$24	$24	$35	$35
92083	Visual Field Examination(s)	$69	$69	56.74	56.74	$60	$60	$52	$40	$40	$63	$61
92250	Eye Exam With Photos	$43	$43	42.80	42.80	$37	$37	$32	$25	$25	$53	$37
92134	Cptr Ophth Dx Img Post Segmt	$45	$45	37.09	37.09	$38	$38	$34	$26	$26	$35	$39
92340	Fit Spectacles Monofocal	$38	$20	27.88	14.48	$0	$0	$0	$23	$13	$35	$33
92012	Eye Exam Establish Patient	$98	$55	67.09	41.15	$84	$47	$74	$58	$34	$29	$85
92004	Eye Exam New Patient	$163	$102	116.51	77.46	$141	$88	$124	$97	$64	$59	$142
92015	Determine Refractive State	$22	$21	19.02	15.03	$19	$18	$16	$14	$14	$5	$18
92014	Eye Exam Tx Estab Pt 1/ Vst	$138	$82	96.99	62.22	$119	$71	$104	$81	$51	$45	$120
Weighted Average % of Medicare Fees				**73%**	**77%**	**92%**	**90%**	**80%**	**59%**	**62%**	**40%**	**87%**
Ranking				**6**	**5**	**1**	**2**	**4**	**8**	**7**	**9**	**3**
ENT (Otorhinolaryngology)												
92587	Evoked Auditory Test Limited	$24	$24	$24	$24	$21	$21	$18	$15	$15	$34	$21
92552	Pure Tone Audiometry Air	$36	$36	$25	$25	$32	$32	$27	$20	$20	$8	$32
92551	Pure Tone Hearing Test Air	$13	$13	$10	$10	$11	$11	$10	$7	$7	$8	$12
92508	Speech/Hearing Therapy	$26	$26	$26	$26	$22	$22	$32	$15	$15	$10	$22
92507	Speech/Hearing Therapy	$83	$83	$64	$61	$72	$72	$69	$51	$51	$22	$71
Weighted Average % of Medicare Fees				**82%**	**80%**	**86%**	**86%**	**91%**	**61%**	**61%**	**31%**	**86%**
Ranking				**5**	**6**	**2**	**2**	**1**	**7**	**7**	**9**	**4**

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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
Cardiovascular System – Medical												
93325	Doppler Color Flow Add-On	$28	$28	$25	$25	$25	$25	$21	$15	$15	$0	$25
93306	Tte W/Doppler Complete	$225	$225	$206	$206	$199	$199	$169	$129	$129	$141	$198
93000	Electrocardiogram Complete	$16	$16	$16	$16	$14	$14	$12	$10	$10	$19	$14
93005	Electrocardiogram Tracing	$7	$7	$7	$7	$6	$6	$5	$4	$4	$10	$7
93010	Electrocardiogram Report	$9	$9	$7	$7	$8	$8	$7	$6	$6	$8	$7
Weighted Average % of Medicare Fees				**91%**	**91%**	**88%**	**88%**	**75%**	**58%**	**58%**	**74%**	**88%**
Ranking				**1**	**1**	**4**	**3**	**6**	**8**	**8**	**7**	**3**
Noninvasive Vascular Tests												
93925	Lower Extremity Study	$284	$284	$208	$208	$248	$248	$211	$158	$158	$147	$253
93922	Upr/L Xtremity Art 2 Levels	$95	$95	$95	$95	$83	$83	$71	$53	$53	$49	$85
93880	Extracranial Bilat Study	$222	$222	$162	$162	$195	$195	$166	$124	$124	$148	$198
93975	Vascular Study	$310	$310	$225	$225	$270	$270	$231	$174	$174	$182	$275
93970	Extremity Study	$218	$218	$158	$158	$190	$190	$163	$121	$121	$147	$195
93971	Extremity Study	$137	$137	$96	$96	$119	$119	$102	$77	$77	$100	$122
93976	Vascular Study	$161	$161	$161	$161	$144	$144	$136	$88	$88	$131	$162
Weighted Average % of Medicare Fees				**80%**	**80%**	**88%**	**88%**	**77%**	**56%**	**56%**	**69%**	**92%**
Ranking				**4**	**4**	**2**	**2**	**6**	**8**	**8**	**7**	**1**

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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
Pulmonary System												
94375	Respiratory Flow Volume Loop	$43	$43	$31	$31	$38	$38	$32	$25	$25	$31	$37
94727	Pulm Function Test By Gas	$48	$48	$36	$36	$43	$43	$36	$27	$27	$32	$43
94004	Vent Mgmt Nf Per Day	$52	$52	$38	$38	$0	$0	$40	$33	$33	$41	$43
94729	Co/Membane Diffuse Capacity	$66	$66	$46	$46	$58	$58	$49	$36	$36	$40	$59
94664	Evaluate Pt Use Of Inhaler	$19	$19	$14	$14	$17	$17	$14	$10	$10	$12	$17
94060	Evaluation Of Wheezing	$51	$51	$49	$49	$44	$44	$38	$29	$29	$19	$46
94010	Breathing Capacity Test	$33	$33	$29	$29	$28	$28	$24	$18	$18	$15	$29
94640	Airway Inhalation Treatment	$16	$16	$15	$15	$13	$13	$12	$8	$8	$0	$14
94760	Measure Blood Oxygen Level	$3	$3	$3	$3	$2	$2	$2	$1	$1	$2	$2
Weighted Average % of Medicare Fees				**86%**	**86%**	**90%**	**90%**	**74%**	**56%**	**56%**	**49%**	**89%**
Ranking				**4**	**4**	**1**	**1**	**6**	**7**	**7**	**9**	**3**
Allergy/Immunology												
95012	Exhaled Nitric Oxide Meas	$22	$22	$15	$15	$20	$20	$16	$12	$12	$0	$20
95004	Percut Allergy Skin Tests	$5	$5	$5	$5	$4	$4	$3	$3	$3	$2	$4
95115	Immunotherapy One Injection	$10	$10	$9	$9	$9	$9	$8	$6	$6	$4	$9
95165	Antigen Therapy Services	$18	$3	$10	$2	$16	$3	$13	$10	$2	$8	$16
95117	Immunotherapy Injections	$13	$13	$10	$10	$11	$11	$9	$7	$7	$7	$11
Weighted Average % of Medicare Fees				**81%**	**82%**	**94%**	**90%**	**78%**	**57%**	**54%**	**49%**	**94%**
Ranking				**5**	**4**	**2**	**3**	**6**	**7**	**8**	**9**	**1**

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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
Neurology/Neuromuscular System												
95930	Visual Ep Test Cns W/I R	$75	$75	$74	$74	$65	$65	$56	$42	$42	$74	$66
95782	Polysom 6 Yrs 4/ Paramtrs	$1,034	$1,034	$907	$907	$918	$918	$769	$573	$573	$771	$924
95885	Musc Tst Done W/Nerv Tst Lim	$74	$74	$48	$48	$65	$65	$55	$41	$41	$42	$66
95910	Nrv Cndj Test 7-8 Studies	$207	$207	$157	$157	$180	$180	$156	$122	$122	$140	$180
95957	Eeg Digital Analysis	$279	$279	$243	$243	$245	$245	$210	$161	$161	$138	$245
95911	Nrv Cndj Test 9-10 Studies	$248	$248	$186	$186	$217	$217	$187	$146	$146	$170	$216
95811	Polysom 6/ Yrs Cpap 4/ Parm	$715	$715	$691	$691	$627	$627	$533	$400	$400	$648	$636
95806	Sleep Study Unatt Resp Efft	$111	$111	$111	$111	$94	$94	$83	$64	$64	$0	$97
95816	Eeg Awake And Drowsy	$422	$422	$289	$289	$375	$375	$314	$234	$234	$23	$377
95810	Polysom 6/ Yrs 4/ Param	$685	$685	$628	$628	$601	$601	$511	$383	$383	$347	$609
95886	Musc Test Done W/N Test Comp	$113	$113	$72	$72	$99	$99	$85	$65	$65	$66	$99
95819	Eeg Awake And Asleep	$506	$506	$333	$333	$452	$452	$377	$279	$279	$23	$453
Weighted Average % of Medicare Fees				**81%**	**81%**	**88%**	**88%**	**75%**	**56%**	**56%**	**70%**	**89%**
Ranking				**4**	**4**	**2**	**2**	**6**	**8**	**8**	**7**	**1**
CNS Assessment Tests												
96105	Assessment Of Aphasia	$108	$108	$84	$84	$0	$0	$83	$67	$67	$50	$92
96125	Cognitive Test By Hc Pro	$114	$114	$0	$0	$98	$98	$0	$70	$70	$61	$47
96113	Devel Tst Phys/Qhp Ea Addl	$62	$57	$0	$0	$0	$0	$58	$39	$37	$47	$52
96121	Nubhvl Xm Phy/Qhp Ea Addl Hr	$87	$78	$0	$0	$0	$0	$82	$55	$51	$63	$73
96112	Devel Tst Phys/Qhp 1St Hr	$139	$137	$116	$109	$0	$0	$131	$88	$87	$103	$117
96116	Neurobehavioral Status Exam	$103	$88	$72	$70	$0	$0	$96	$65	$57	$69	$87
96127	Brief Emotional/Behav Assmt	$5	$5	$5	$5	$5	$5	$5	$3	$3	$4	$5
Weighted Average % of Medicare Fees				**82%**	**84%**	**91%**	**91%**	**91%**	**57%**	**57%**	**72%**	**87%**
Ranking				**6**	**5**	**2**	**2**	**1**	**9**	**8**	**7**	**4**

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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
Chemotherapy Administration												
96366	Ther/Proph/Diag Iv Inf Addon	$24	$24	18.15	18.15	$22	$22	$18	$14	$14	$12	$21
96417	Chemo Iv Infus Each Addl Seq	$79	$79	$62	$62	$71	$71	$58	$44	$44	$62	$70
96360	Hydration Iv Infusion Init	$40	$40	$38	$38	$35	$35	$29	$22	$22	$32	$35
96415	Chemo Iv Infusion Addl Hr	$34	$34	$28	$28	$31	$31	$26	$19	$19	$28	$30
96361	Hydrate Iv Infusion Add-On	$15	$15	$14	$14	$14	$14	$11	$9	$9	$9	$13
96367	Tx/Proph/Dg Addl Seq Iv Inf	$35	$35	$29	$29	$31	$31	$26	$20	$20	$19	$31
96374	Ther/Proph/Diag Inj Iv Push	$46	$46	$44	$44	$40	$40	$34	$26	$26	$31	$41
96375	Tx/Pro/Dx Inj New Drug Addon	$19	$19	$18	$18	$17	$17	$14	$11	$11	$13	$16
96365	Ther/Proph/Diag Iv Inf Init	$81	$81	$57	$57	$72	$72	$60	$45	$45	$39	$72
96413	Chemo Iv Infusion 1 Hr	$163	$163	$126	$126	$146	$146	$120	$90	$90	$125	$145
96372	Ther/Proph/Diag Inj Sc/Im	$15	$15	$15	$15	$14	$14	$12	$9	$9	$13	$13
Weighted Average % of Medicare Fees				**83%**	**83%**	**89%**	**89%**	**75%**	**56%**	**56%**	**72%**	**89%**
Ranking				**4**	**4**	**1**	**1**	**6**	**8**	**8**	**7**	**3**
Special Dermatological Procedures												
96912	Photochemotherapy With Uv-A	$115	$115	$74	$74	$99	$99	$85	$62	$62	$20	$104
96921	Laser Tx Skin 250-500 Sq Cm	$196	$77	$136	$60	$169	$66	$147	$112	$48	$59	$0
96920	Laser Tx Skin < 250 Sq Cm	$180	$69	$124	$53	$155	$59	$135	$103	$43	$59	$0
96900	Ultraviolet Light Therapy	$26	$26	$17	$17	$22	$22	$19	$14	$14	$0	$23
96910	Photochemotherapy With Uv-B	$134	$134	$57	$57	$115	$115	$99	$73	$73	$20	$121
Weighted Average % of Medicare Fees				**52%**	**49%**	**86%**	**86%**	**74%**	**55%**	**55%**	**20%**	**90%**
Ranking				**7**	**8**	**2**	**3**	**4**	**6**	**5**	**9**	**1**

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Physical Medicine/Rehabilitation/Therapy												
97162	Pt Eval Mod Complex 30 Min	$108	$108	69.20	69.20	$94	$94	$83	$66	$66	$64	$93
97012	Mechanical Traction Therapy	$16	$16	$13	$13	$14	$14	$12	$10	$10	$13	$14
97035	Ultrasound Therapy	$16	$16	$10	$10	$13	$13	$12	$9	$9	$10	$13
97161	Pt Eval Low Complex 20 Min	$108	$108	$69	$69	$95	$95	$83	$66	$66	$64	$93
97150	Group Therapeutic Procedures	$19	$19	$18	$18	$17	$17	$17	$12	$12	$7	$16
97016	Vasopneumatic Device Therapy	$13	$13	$13	$13	$11	$11	$10	$8	$8	$13	$11
97014	Electric Stimulation Therapy	$15	$15	$13	$13	$13	$13	$11	$9	$9	$17	$13
97010	Hot Or Cold Packs Therapy	$7	$7	$5	$5	$6	$6	$5	$4	$4	$17	$6
97112	Neuromuscular Reeducation	$38	$38	$27	$27	$32	$32	$30	$23	$23	$17	$32
97140	Manual Therapy 1/Regions	$30	$30	$23	$23	$26	$26	$30	$18	$18	$21	$25
97530	Therapeutic Activities	$42	$42	$31	$31	$36	$36	$86	$25	$25	$13	$37
97110	Therapeutic Exercises	$32	$32	$29	$29	$28	$28	$30	$20	$20	$8	$28
Weighted Average % of Medicare Fees				**78%**	**78%**	**86%**	**86%**	**116%**	**60%**	**60%**	**62%**	**86%**
Ranking				**5**	**5**	**2**	**2**	**1**	**8**	**8**	**7**	**4**
Osteopathy, Chiropractic, and Other Medicine												
98968	Hc Pro Phone Call 21-30 Min	$42	$40	$0	$0	$37	$35	$0	$26	$26	$0	$35
98943	Chiropract Manj Xtrspinl 1/	$29	$25	$21	$18	$0	$0	$22	$18	$16	$0	$0
98960	Self-Mgmt Educ Train 1 Pt	$31	$31	$0	$0	$27	$27	$0	$17	$17	$0	$0
99153	Mod Sed Same Phys/Qhp Ea	$12	$12	$10	$10	$10	$10	$9	$7	$7	$8	$0
98967	Hc Pro Phone Call 11-20 Min	$29	$27	$0	$0	$25	$23	$0	$18	$17	$0	$24
98966	Hc Pro Phone Call 5-10 Min	$15	$14	$0	$0	$13	$12	$0	$9	$9	$0	$13
99188	App Topical Fluoride Varnish	$13	$11	$0	$0	$20	$20	$21	$20	$20	$18	$11
98941	Chiropract Manj 3-4 Regions	$43	$36	$32	$27	$37	$31	$33	$27	$23	$13	$0
99152	Mod Sed Same Phys/Qhp 5/ Yrs	$57	$13	$45	$11	$51	$12	$43	$32	$8	$10	$0
99174	Ocular Instrumnt Screen Bil	$6	$6	$6	$6	$5	$5	$5	$3	$3	$8	$6
99177	Ocular Instrumnt Screen Bil	$5	$5	$5	$5	$0	$0	$4	$3	$3	$15	$5
99173	Visual Acuity Screen	$4	$4	$3	$3	$3	$3	$2	$2	$2	$6	$3
Weighted Average % of Medicare Fees				**79%**	**79%**	**87%**	**88%**	**75%**	**59%**	**60%**	**117%**	**88%**
Ranking				**6**	**5**	**4**	**3**	**7**	**9**	**8**	**1**	**2**

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