



## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 18, 2025

The Honorable Guy Guzzone  
Chair  
Senate Budget and Taxation Committee  
3 West Miller Senate Office Bldg.  
Annapolis, MD 21401-1991

The Honorable Ben Barnes  
Chair  
House Appropriations Committee  
121 House Office Bldg.  
Annapolis, MD 21401-1991

**RE: 2024 Joint Chairmen's Report (p. 127-128): Report on Recruitment and Retention of Anesthesiologists in Maryland**

Dear Chairs Guzzone and Barnes:

Pursuant to the 2024 Joint Chairmen's Report (p. 127-128), the Maryland Department of Health (MDH), the Maryland Health Care Commission (MHCC), and the Health Services Cost Review Commission (HSCRC) in coordination with the Maryland Society of Anesthesiologists were required to study barriers in the recruitment and retention of anesthesiologists. The agencies submit this joint report that outlines the findings and recommendations resulting from the study.

If further information on this subject is needed, please contact Sarah Case-Herron, Director, Office of Governmental Affairs, at [sarah.case-herron@maryland.gov](mailto:sarah.case-herron@maryland.gov).

Sincerely,

Laura Herrera Scott, MD MPH  
Secretary

cc: Ryan Moran, DrPH, Deputy Secretary, Health Care Financing and Medicaid  
Tricia Roddy, Deputy Director, Office of Health Care Financing  
Jon Kromm, Executive Director, Health Services Cost Review Commission  
Ben Steffen, Executive Director, Maryland Health Care Commission  
Sarah Case-Herron, JD, Director, Office of Governmental Affairs  
Sarah Albert, Department of Legislative Services (5 copies)

# **Recruitment and Retention of Anesthesiologists in Maryland Joint Chairmen's Report**

2024 Joint Chairmen's Report (p.127-128)

Maryland Department of Health

**January 2025**

Wes Moore

**Governor**

Aruna Miller

**Lt. Governor**

Laura Herrera Scott,  
M.P.H, M.D.

**Secretary,  
Department of  
Health**

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## **I. Introduction**

Pursuant to the 2024 Joint Chairmen’s Report (p. 127 - 128), the Maryland Department of Health (MDH), the Maryland Health Care Commission (MHCC), and the Health Services Cost Review Commission (HSCRC) in coordination with the Maryland Society of Anesthesiologists are required to study barriers in the recruitment and retention of anesthesiologists. The study should also include recommendations to eliminate identified barriers. Additionally, the agencies must submit a joint report that outlines the findings and recommendations resulting from the study. The report should include, but not be limited to, the following information:

1. The proportion of anesthesiologists’ patient mix in hospital settings and ambulatory surgical facilities across Maryland that are covered by public payers.
2. The average commercial payment rate for anesthesiologists nationally and in Maryland.
3. The average commercial payment rate for anesthesiologists compared to current Medicare and Medicaid reimbursement rates.
4. A comparison of the average commercial payment rates for anesthesiologists and other physicians as a percentage of Medicare reimbursement rates.
5. A comparison of average commercial payment rates and Medicare and Medicaid reimbursement rates for pediatric anesthesiologists versus anesthesiologists serving adults.
6. A description of other compensation provided to anesthesiologists that is not included in reimbursement rates, such as stipends.
7. The number of anesthesia groups, hospitals, ambulatory surgical facilities, and any other settings where anesthesia is provided that have hired temporary or contractual staffing for anesthesiologists.
8. Impacts of current commercial, Medicare, and Medicaid reimbursement rates for anesthesiologists on recruitment and retention efforts.
9. Impacts of current commercial, Medicare, and Medicaid reimbursement rates for anesthesiologists on hospital and other care settings’ access to anesthesia services.
10. A description of challenges that Maryland and other states are facing in the procurement of anesthesiology services related to provider acquisition.

## **II. Proportion of Anesthesiologists’ Patients Covered by Public Payers**

Workforce data from 2021 indicates that Maryland had 1.9 anesthesiologists covered by public payers per 10,000 residents. Table 1 shows that compared to the neighboring states, Maryland had the second-highest rate with D.C. having the highest rate at 2.8 per 10,000. Maryland also has the second-highest total anesthesiologists covered by public payers, at 1,169. Pennsylvania has the highest total at 2,130. Maryland has the second-lowest rate of anesthesiologists aged 55 years or older, at 45.6%. DC has the lowest rate at 29.7%, and Delaware has the highest rate at 73.4%.

**Table 1. The Proportion of Anesthesiologists Hospital Settings and Ambulatory Surgical Facilities across Maryland and Neighboring States that are Covered by Public Payers**

<b>2021 Workforce Results</b>	<b>MD</b>	<b>DC</b>	<b>DE</b>	<b>PA</b>	<b>VA</b>	<b>WV</b>
Anesthesiologist per 10,000	1.9	2.8	0.9	1.6	1.3	1.1
# of Anesthesiologists	1,169	189	90	2,130	1,097	202
<b>% of Anesthesiologists by Age</b>						
<35	16.4%	32.3%	3.8%	18.7%	10.3%	12.4%
35-44	17.4%	24.6%	6.3%	17.9%	17.7%	20.0%
45-54	20.6%	13.3%	16.5%	15.9%	22.5%	18.8%
55-64	29.9%	16.9%	53.2%	28.0%	33.1%	30.6%
65-74	13.2%	11.8%	17.7%	17.7%	14.5%	14.1%
≥75	2.5%	1.0%	2.5%	1.8%	1.9%	4.1%
% 55 and Older	45.6%	29.7%	73.4%	47.5%	49.5%	48.8%

### **III. Commercial Payment Rates for Anesthesiologists**

#### **Average Commercial Payment Rate for Anesthesiologists Nationally and in Maryland**

Payment rates for anesthesiologists are determined by several factors. The Centers for Medicare and Medicaid Services (CMS) established a separate payment method for anesthesia services rather than include them in the resource-based relative value scale (RBRVS), the physician payment system in place since 1992. Services are assigned base units, representing the complexity of service and physician work components. The base units are added to time units, with each 15-minute increment of anesthesia service equal to one-time unit. The combined base and time units are then multiplied by an anesthesia conversion factor to determine payment. The formula for anesthesia payment is thus (Base Units + Time [in units]) x Anesthesia CF = Anesthesia Payment Amount.<sup>1</sup> Additionally, billing modifiers are used to indicate whether the service was performed by an anesthesiologist, a team consisting of an anesthesiologist and nonphysician anesthetist(s), or a nonphysician anesthetist alone. For a procedure involving a team, the payment amount for the service of each is 50 percent of the allowance otherwise recognized had the service been furnished by the anesthesiologist alone.<sup>2</sup>

Commercial anesthesia rates differ from Medicare and Medicaid in a few ways. The median commercial anesthesia factor in a 2022 survey was found to be over three times higher than the Medicare conversion factor. Additionally, many commercial payers do not use modifiers and pay the total amount to a single clinician.<sup>3</sup> State Medicaid programs set their own conversion factors that are often below Medicare.

There are significant disparities in reimbursement rates for anesthesiologists between commercial

<sup>1</sup> American Medical Association. (2024, Nov.). RBRVS Overview. Retrieved January 7, 2025 from:

<https://www.ama-assn.org/about/rvs-update-committee-ruc/rbrvs-overview>

<sup>2</sup> Centers for Medicare and Medicaid Services. (2024, November 14). Medicare Claims Processing Manual Chapter 12 - Physicians/Nonphysician Practitioners. Retrieved January 7, 2025 from

<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf>

<sup>3</sup> American Society of Anesthesiologists. (2019, August). Anesthesia Payment Basics Series: #3 Payment, Conversion Factors, Modifiers. Retrieved January 9, 2025 from:

<https://www.asahq.org/quality-and-practice-management/managing-your-practice/timely-topics-in-payment-and-practice-management/anesthesia-payment-basics-series-3-payment-conversion-factors-modifiers>

insurance, Medicare and Medicaid.<sup>4</sup> Medicare reimbursement rates for anesthesia services are at about one-third of commercial payment rates, leaving patients the responsibility of covering the remaining bill. Medicaid reimbursement rates rely on the state, but these rates are also lower than that of commercial payments. With Medicare and Medicaid reimbursement rates often being much lower than those of private insurance, this may lead to concerns on access to anesthesia services.

**Average Commercial Payment Rate for Anesthesiologists Compared to Current Medicare and Medicaid Reimbursement Rates**

Table 2 shows reimbursement rates for the most common anesthesia procedure codes, which make up approximately 80% of anesthesia codes billed in Maryland. Table 2 compares rates for the privately insured seen by Maryland providers to traditional Medicare in CY 2022. Only procedures with a modifier that indicated an anesthesiologist performed the service were included. Privately insured rates were higher than Medicare for all procedures. The unit cost ratio of the privately insured to traditional Medicare ranged from 2.17 to 4.63. In total, the rate for the privately insured was 2.77 times higher than traditional Medicare.

**Table 2. In-Network Anesthesia Allowed Costs Per Time Units (Unit Costs) by Procedure (Private vs. Medicare Traditional) for Most Utilized\* Procedures, Anesthesiologists Only - Calendar 2022**

CPT	Description	Privately Insured All Ages	Medicare Traditional	Unit Cost Ratio - Private to Medicare Traditional
00104	Anesth electroshock	\$350.46	\$95.41	3.67
00140	Anesth procedures on eye	\$157.37	\$66.24	2.38
00142	Anesth lens surgery	\$197.42	\$77.05	2.56
00160	Anesth nose/sinus surgery	\$124.82	\$42.59	2.93
00170	Anesth procedure on mouth	\$141.76	\$46.79	3.03
00300	Anesth head/neck/ptrunk	\$154.51	\$42.54	3.63
00320	Anesth neck organ 1yr/>	\$111.36	\$39.41	2.83
00400	Anesth skin ext/per/atrunk	\$127.22	\$36.55	3.48
00520	Anesth chest procedure	\$179.22	\$48.38	3.70
00532	Anesth vascular access	\$134.94	\$44.55	3.03
00670	Anesth spine cord surgery	\$156.12	\$42.16	3.70
00731	Anes upr gi ndsc px nos	\$272.45	\$86.79	3.14
00732	Anes upr gi ndsc px ercp	\$120.53	\$55.52	2.17
00790	Anesth surg upper abdomen	\$132.38	\$39.30	3.37
00797	Anesth surgery for obesity	\$140.91	\$42.86	3.29
00811	Anes lwr intst ndsc nos	\$191.41	\$64.12	2.99
00812	Anes lwr intst scr colsc	\$178.06	\$57.94	3.07
00813	Anes upr lwr gi ndsc px	\$178.97	\$65.35	2.74
00840	Anesth surg lower abdomen	\$111.49	\$37.78	2.95

<sup>4</sup> Medical Business Management. (2024, April 26). *Navigating Medicare and Medicaid reimbursements in anesthesia billing*. Medical Business Management. Retrieved from <https://mbmps.com/navigating-medicare-and-medicaid-reimbursements-in-anesthesia-billing/>

00902	Anesth anorectal surgery	\$172.72	\$58.66	2.94
00910	Anesth bladder surgery	\$153.80	\$47.49	3.24
00918	Anesth stone removal	\$165.72	\$50.81	3.26
00920	Anesth genitalia surgery	\$113.52	\$35.07	3.24
00940	Anesth vaginal procedures	\$150.49	\$41.51	3.63
00952	Anesth hysteroscope/graph	\$148.64	\$49.16	3.02
01400	Anesth knee joint surgery	\$112.86	\$44.76	2.52
01402	Anesth knee arthroplasty	\$122.68	\$40.28	3.05
01480	Anesth lower leg bone surg	\$92.83	\$33.43	2.78
01630	Anesth surgery of shoulder	\$104.63	\$38.56	2.71
01810	Anesth lower arm surgery	\$127.19	\$47.14	2.70
01830	Anesth lower arm surgery	\$101.45	\$34.34	2.95
01844	Anesth vascular shunt surg	\$121.43	\$38.37	3.16
01922	Anesth cat or mri scan	\$215.62	\$73.28	2.94
01961	Anesth cs delivery	\$165.00	\$44.48	3.71
01967	Anesth/analg vag delivery	\$149.70	\$32.34	4.63
01968	Anes/analg cs deliver add-on		\$30.69	
01992	Anesth n block/inj prone	\$248.02	\$89.49	2.77
<b>Total</b>		<b>\$144.55</b>	<b>\$52.25</b>	<b>2.77</b>

\*Codes included in the table constitute roughly 80% of anesthesia utilization in Maryland Medicaid.  
Source: Maryland Health Care Commission.

Table 3 presents the commercial payment rate for anesthesiologists compared to current traditional Medicare rates and the Medicare Advantage rates for Maryland providers by age. The average commercial unit cost for anesthesiologists was over three times the traditional Medicare reimbursement rate, for both 15 minutes and total costs (excluding children aged 17 and younger). The average Medicare Advantage cost was 0.99 of the traditional Medicare rates for 15 minutes. The unit cost ratios for children were higher than adults for the specialties of internal medicine and pediatrics. The pediatric unit cost ratio for services to children was 4.81 times higher than Medicare. This indicates that commercial payments for anesthesia may be higher for children than adults, although this varies by specialty. This contrasts Maryland Medicaid anesthesia rates that do not vary by patient age, provider specialty, or place of service.

**Table 3. A Comparison of the Average In-Network Commercial Payment Rates for Anesthesiologists and other Physicians as a Ratio of Medicare Reimbursement Rates**

Specialty	Unit Cost Ratios				Unit Cost Ratios (15 Minutes)			
	Private to Medicare TRAD			Medicare ADV to Medicare TRAD	Private to Medicare TRAD			Medicare ADV to Medicare TRAD
	Ages ≤ 17	Ages ≥ 18	All Ages		Ages ≤ 17	Ages ≥ 18	All Ages	
Anesthesiologist Assistant	.	5.19	5.19	.	.	8.28	8.28	.
Anesthesiology	3.26	3.11	3.12	0.98	3.08	3.14	3.14	0.93
Critical Care	.	.	.	.	.	.	.	.

<b>(Intensivists)</b>								
<b>Emergency Medicine</b>	.	3.17	3.17	.	.	4.04	4.04	.
<b>Family Medicine</b>	.	1.92	1.92	.	.	4.34	4.34	.
<b>Internal Medicine</b>	2.85	2.52	2.55	0.86	1.61	1.23	1.26	0.72
<b>Nurse Anesthetist, Certified Registered</b>	2.77	3.07	3.06	1.13	2.40	3.17	3.14	1.07
<b>Pain Medicine</b>	4.72	4.17	4.18	.	4.81	5.47	5.46	.
<b>Pediatrics</b>	4.81	2.93	3.11	.	6.58	3.08	3.35	.
<b>Sleep Medicine</b>		3.69	3.69	.		3.13	3.13	.
<b>Total</b>	<b>3.12</b>	<b>3.08</b>	<b>3.08</b>	<b>1.04</b>	<b>2.84</b>	<b>3.20</b>	<b>3.18</b>	<b>0.99</b>

### **Comparison of the Average Commercial Payment Rates for Anesthesiologists and Other Physicians as a Percentage of Medicare Reimbursement Rates**

Please see Appendix A for estimated reimbursement rates for Medicare (MC) compared to Medicaid rates in Maryland (MD) and surrounding states and territories, Delaware (DE), Virginia (VA), West Virginia (WV), Pennsylvania (PA), and Washington, D.C. (DC) for 15-minute anesthesia procedures in CY 2024. Rates were based on fee schedules and estimated by adding the base units for each procedure to a single 15-minute time unit, multiplied by each state’s anesthesia conversion factor. Maryland Medicaid utilization data was used to calculate the weighted average percent of Medicare for all codes across each state. West Virginia had the highest rates relative to Medicare, at a weighted average of 104% of Medicare rates, followed by Delaware at 98%, Pennsylvania at 90%, Maryland at 82%, Washington, D.C. at 81%, and Virginia at 66%. Maryland ranked fourth highest among the six states for anesthesia reimbursement rates relative to Medicare. Appendix B compares these rates for Maryland and the surrounding states and territories as a percentage of 2024 Medicare rates.

## **IV. Other Compensation**

A significant source of revenue for anesthesiologists, aside from reimbursement rates, comes from hospital stipends, also known as direct payments or subsidies. These payments are made by hospitals to anesthesia groups to ensure continuous 24/7 anesthesia coverage. A 2019 study of direct payments to anesthesia groups in non-academic hospitals in California found that by 2014, 69% of private hospitals in the state provided some form of direct payment to anesthesia groups, with both the magnitude and prevalence of these payments increasing between 2002 and 2014.<sup>5</sup> Meanwhile, a 2011 brief report restricted to academic centers estimated that “institutional support” was approximately \$130,000 per full-time equivalent anesthesiologist.<sup>6</sup> While academic research on stipends for anesthesia providers remains limited, the practice has been referenced in federal documents as early as 2003: a Federal Trade Commission notes that: “some hospitals pay

<sup>5</sup> O’Connell, C., Dexter, F., Mauler, D. J., & Sun, E. C. (2019). Trends in direct hospital payments to anesthesia groups: A retrospective cohort study of nonacademic hospitals in California. *Anesthesiology*, 131(3), 534–542. <https://doi.org/10.1097/ALN.0000000000002819>

<sup>6</sup> Khetarpal, S., Tremper, K. K., Shanks, A., & Morris, M. (2011). Workforce and finances of the United States anesthesiology training programs: 2009–2010. *Anesthesia & Analgesia*, 112(6), 1480–1486. Retrieved from <https://doi.org/10.1213/ANE.0b013e3182135a3a>



anesthesiologists “stipends” for taking calls and/or for rendering services to uninsured patients. Some hospitals pay anesthesiologists stipends through contracts that establish a stipend amount and other competitively significant terms.”<sup>7</sup>

Stipends are provided for on-call and standby services. On-call stipends require the physician to arrive at the hospital within an agreed time frame. Maryland Institute for Emergency Medical Services Systems (MIEMSS) standards require on-call physicians to be able to respond within 30 minutes. Standby stipends are paid to anesthesiologists for being stationed at the hospital and ready to respond. For example, in the trauma services, the Maryland Trauma Physician Services Fund pays on-call stipends for Level III Trauma Centers. For Level I and Level II trauma centers, the hospital pays standby stipends that are included in hospital payment rates.<sup>8</sup>

Anesthesiologists can receive additional compensation through CMS as part of the Medicare Quality Payment Program (QPP).<sup>9</sup> The QPP uses financial incentives and penalties to encourage high performance across four key categories: quality, cost, promoting interoperability, and improvement activities. Providers and practices that score below the CMS thresholds for a given year face a negative adjustment to their Medicare Part B professional services payments, while those who meet the threshold receive a neutral adjustment. Providers and practices that exceed the set threshold are rewarded with a positive adjustment, offering an opportunity for increased compensation based on performance.

While there appears to be a lack of recent peer-reviewed research and empirical data on alternative forms of compensation for anesthesiologists, similar to other medical professionals, they may receive additional income from various sources. These can include, but are not limited to, sign-on bonuses, consulting fees, grants, honoraria, research activities, royalties, and faculty or speaker fees.

## V. Anesthesiologist Staffing Models

There are three common staffing models used by anesthesiology practices for delivering anesthesia in hospitals and ambulatory surgery centers (ASCs): 1) services delivered by anesthesiologists only; 2) services delivered by certified registered nurse anesthetists (CRNAs) only; and 3) services delivered by anesthesiologist and CRNA teams.

Medicare has supported a team approach to anesthesia care, requiring that it be performed by a physician or a physician-supervised nurse anesthetist or physician anesthesiologist-supervised anesthesiologist assistant. In 2001, a final rule was adopted which amended the Medicare and Medicaid anesthesia Conditions of Participation (COPs) for hospitals, critical access hospitals (CAHs) and ambulatory surgical centers (ASCs). The final rule continued the requirement for physician supervision of nurse anesthetists but allowed state governors to “opt-out” of this requirement under certain circumstances. Since amending the Medicare safety rule, the following

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<sup>7</sup> Federal Register. (2003, June 18). Anesthesia Service Medical Group, Inc.; Analysis to aid public comment. Federal Register. Retrieved from <https://www.federalregister.gov/documents/2003/06/18/03-15366/anesthesia-service-medical-group-inc-analysis-to-aid-public-comment>

<sup>8</sup> Maryland Health Care Commission. (2023, December). Maryland Trauma Physician Services Fund Health General Article § 19-130 Operations from July 1, 2022 through June 30, 2023 Report to the Maryland General Assembly. [https://dlslibrary.state.md.us/publications/Exec/MDH/MHCC/HG19-130\(f\)\\_2023.pdf](https://dlslibrary.state.md.us/publications/Exec/MDH/MHCC/HG19-130(f)_2023.pdf)

<sup>9</sup> 8. American Society of Anesthesiologists. (2024, December). Quality Payment Program (QPP). American Society of Anesthesiologists. <https://www.asahq.org/advocating-for-you/qpp>

25 states have opted-out:<sup>10</sup>

- Iowa (December 2001)
- Nebraska (February 2002)
- Idaho (March 2002)
- Minnesota (April 2002)
- New Hampshire (June 2002)
- New Mexico (November 2002)
- Kansas (March 2003)
- North Dakota (October 2003)
- Washington (October 2003)
- Alaska (October 2003)
- Oregon (December 2003)
- Montana (January 2004)
- South Dakota (March 2005)
- Wisconsin (June 2005)
- California (July 2009)
- Kentucky (April 2012)
- Arizona (March 2020)
- Oklahoma (November 2020)
- Utah (February 2022: partial opt-out limited to Critical Access Hospitals and specified rural hospitals)
- Michigan (May 2022)
- Arkansas (May 2022)
- Wyoming (May 2023: partial opt-out limited to Critical Access Hospitals and hospitals with 25 licensed beds or less)
- Delaware (June 2023)
- Colorado (2010 partial opt-out / 2023 full opt-out)
- Massachusetts (May 2024)

The role of the physician anesthesiologist is to medically evaluate the patient's fitness for surgery and anesthesia, determine potential risk, manage the patient's medical condition during surgery, treat any medical complications and supervise post-operative care. The American Society of Anesthesiologists (ASA) opposes opt-out, contending that it puts patients at risk.<sup>11</sup> Allowing CRNAs to provide anesthesia services independently may help alleviate perceived anesthesiology

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<sup>10</sup> American Society of Anesthesiology. (2023). Opt-Outs. Retrieved January 7, 2025, from: <https://www.asahq.org/advocacy-and-asapac/advocacy-topics/opt-outs>

<sup>11</sup> American Society of Anesthesiology. (2023).

provider shortages, particularly in rural locations, without adversely affecting patient quality of care while reducing total anesthesia delivery cost.<sup>12</sup> Recent economics research found very modest effects on reducing the cost of anesthesia services and expanding the labor pool of anesthesia providers.<sup>13</sup> Another study found that states that terminated CRNA anesthesiologist supervision requirements for certain services only saw modest reductions in anesthesia service expenditures and there was no significant increase in CRNA utilization.<sup>14</sup>

Some ASCs use a “company model” for anesthesia, whereby referring physicians, who typically own the facility where surgical procedures are performed, form a separate anesthesia company to share in anesthesia revenue. Anesthesiologists employed in this model are paid a salary by the ASC operators and do not bill the anesthesia rates. This model has been criticized for tight surgical schedules that put patients at risk and is opposed by the ASA.<sup>15</sup>

## VI. Temporary Anesthesiologist Staffing

Fee-for-time compensation arrangements, formerly known as locum tenens arrangements, are a practice where a substitute physician performs services in the absence of a regular physician due to illness, pregnancy, vacation, or continuing education under certain requirements. The regular physician can bill and receive payment for the services performed by the substitute physician, who is paid on a per-diem or other fee-for-time compensation arrangement. The substitute physicians are often independent contractors who may not have a set practice of their own and may move from place to place as needed. To operate a fee-for-time compensation arrangement and bill Medicare, the regular physician must be unavailable to provide the services, the beneficiary must seek to receive services from the regular physician, the substitute physician generally cannot provide services to the beneficiary for a continuous period of longer than 60 days, and a modifier must be included with the billing to indicate the arrangement.<sup>16</sup>

These arrangements have grown in recent decades, including a recent surge during the COVID-19 pandemic. It is important to note that these arrangements are available only to anesthesiologists and not to nonphysician anesthetists such as CRNAs. While data about these arrangements is limited, one study of recruitment emails from five staffing agencies for anesthesiologists found an average assignment duration of one week, higher-than-average hourly rates, and some agencies covering costs associated with licensing, travel, and accommodations.<sup>17</sup> Another study found that

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<sup>12</sup> Coomer, N. M., Mills, A., Beadles, C., Gillen, E., Chew, R., & Quraishi, J. A. (2019). Anesthesia staffing models and geographic prevalence post-Medicare CRNA/physician exemption policy. *Nursing Economics*, 37(2), 86-91. <https://search.proquest.com/openview/3f55b0d94533f910b7c0c1dc5d7202bc/1?pq-origsite=gscholar&cbl=30765>

<sup>13</sup> Quraishi, J. A., & Jordan, L. M. (2017). Anesthesia Medicare trend analysis shows increased utilization of CRNA services. *AANA Journal*, 85(5), 375; Duffy EL, Ly B, Adler L, Trish E. 2021. Commercial and Medicare Advantage payment for anesthesiology services. *Am J Manag Care*. 27(6):e195-e200. Published 2021 Jun 1. doi:10.37765/ajmc.2021.88668

<sup>14</sup> Chen AJ, Munnich EL, Parente ST, Richards MR. 2023. Provider turf wars and Medicare payment rules. *Journal of Public Economics*. 218. <https://doi.org/10.1016/j.jpubeco.2022.104812>

<sup>15</sup> American Society of Anesthesiology. (2024, February). ASA Urges Issuance of Federal Fraud Alert on the 'Company Model.' <https://www.asahq.org/advocacy-and-asapac/fda-and-washington-alerts/washington-alerts/2014/02/asa-urges-issuance-of-federal-fraud-alert-on-the-company-model>.

<sup>16</sup> Centers for Medicare and Medicaid Services. (2024, October). Medicare Claims Processing Manual Chapter 1 - General Billing Requirements.

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf>

<sup>17</sup> DiMeglio, M., Furey, W., & Laudanski, K. (2018). Content analysis of locum tenens recruitment emails for anesthesiologists. *BMC health services research*, 18(1), 981. <https://doi.org/10.1186/s12913-018-3758-6>

on average, these arrangements may be more viable for health care organizations than hiring a full-time anesthesiologist under 665 hours, using a simulation that assumed a full-time employee hourly rate of \$225, a full-time employee onboarding fee of \$50,000, and a locum employee hourly rate of \$400.<sup>18</sup> While these substitute physicians may enjoy flexibility and higher hourly rates, they are not provided with the benefits of a full-time employee, such as health insurance, retirement plans, and paid leave, that account for a considerable share of the total compensation package. Concerns have been raised about the use of these arrangements on quality of care, but evidence suggests few differences in outcomes, with no difference in 30-day mortality. More research is needed to evaluate the impact of these arrangements, specifically in the field of anesthesiology.<sup>19</sup>

Please note that Maryland-specific information regarding temporary anesthesiologist staffing was not readily available for this report.

## VII. Impacts of Current Rates for Anesthesiologists

The United States Government Accountability Office (GAO) conducted a study looking at the differences between private and Medicare payments for anesthesia services, and the study reported that the average anesthesia service payment through private insurance was 3.5 times higher than that of Medicare payments.<sup>20</sup> Private insurance payments for physician services have increased, while the Medicare payment rates have remained steady. The study states that private insurers negotiate anesthesia service payment rates through setting their own fees depending on market factors, such as high concentration of anesthesia providers and low financial incentives to remain in-network. These market factors enhance the negotiating power of anesthesia providers, resulting in higher private reimbursement rates, while this does not apply to Medicare payment rates as their physician service rates are set by CMS. Studies also suggest that anesthesiologists are among providers who are most likely to bill private insurance patients as an out-of-network provider. While concerns have been raised about whether the differences between reimbursement rates for Medicare and private insurance payments for anesthesia services would affect the supply of anesthesia providers for Medicare patients, the findings suggested that there were no issues with either access to – or the supply of – anesthesia providers for Medicare beneficiaries. As of July 2020, CMS data reported that nearly all anesthesiologists decided to take part in Medicare.

GAO has reported that specific geographic areas have experienced shortages in anesthesiologists. In 2018, the closure of rural hospitals has reported to be increasing, and rural counties were found to have less than half of anesthesia providers per 100,000 people than in non-rural counties.<sup>21</sup> The ASA reported on findings from the 2022 and 2023 summits for the ASA Committee on Physician Resources.<sup>22</sup> The anesthesiologist workforce reported that the anesthesia provider shortages in

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<sup>18</sup> Cross, J., Lolla, Y., Fichman, C., Weingarten, M., & Howley, M. (2024). The Cost of a Locum: A Simulation to Determine When You Are Paying Too Much for Your Anesthesia Locum Tenens Coverage. *Cureus*, 16(4), e58853. <https://doi.org/10.7759/cureus.58853>

<sup>19</sup> Jotte, R., Gaddis, G., Lewis, L., & Schwarz, E. (2023). *Locum Tenens: An Evolving Paradigm of Care*. *Missouri medicine*, 120(5), 333–337.

<sup>20</sup> United States Government Accountability Office. (2020). *Anesthesia services: Differences between private and Medicare payments likely due to providers' strong negotiating position*. Retrieved from <https://www.gao.gov/products/GAO-20-346>

<sup>21</sup> United States Government Accountability Office. (2020).

<sup>22</sup> Abouleish, A. E., Pomerantz, P., Peterson, M. D., Cannesson, M., Akeju, O., Miller, T. R., Rathmell, J. P., & Cole, D. J. (2024). Closing the Chasm: Understanding and Addressing the Anesthesia Workforce Supply and Demand Imbalance. *Anesthesiology*, 141(2), 238-249. <https://doi.org/10.1097/ALN.0000000000005052>

rural communities are the result of low patient volume combined with insufficient reimbursement rates in rural areas, due to the “Rural Pass Through” payment policy. While the workforce mentioned advocating for change in the Medicare payment policies for providers, these are not linked, in the article, to any documented access issues.

A retrospective analysis, published in the *Journal of Clinical Anesthesia*, identified changes and trends in Medicare payments for anesthesia services from 2000 to 2020, and the results reported that after adjusting for inflation, the average Medicare payments for anesthesia services decreased during the study period.<sup>23</sup> Medicare payments for physician services are determined by the Medicare Physician Fee Schedule and payments for anesthesia services uniquely factor in service time. While Medicare physician reimbursement rates are already lower than that of commercial rates for the same services, anesthesia services are reported to have an even larger gap with Medicare payments being 12% to 33% of that of commercial payments. The analysis reported that the average Medicare payment for anesthesia services, when adjusting for inflation, decreased by 20.8% during the study period. This suggests that anesthesiologists are disproportionately facing greater financial challenges, particularly in settings serving large Medicare populations.

## VIII. Challenges

With an increasing elderly population, the number of U.S. residents aged 65 and older is estimated to increase by 55% by 2030 and this population will need more procedures that require anesthesia. Furthermore, many anesthesiologists are also reaching retirement age.<sup>24</sup> About 3% of annual growth in surgical procedure demand contributes to a 2.6% – 12% shortage in anesthesia providers.<sup>25</sup> Prior to the COVID-19 pandemic, 35% of facilities reported a shortage in anesthesia staffing, and two years after the pandemic, this number has doubled to 78%.<sup>26</sup> In 2010, this deficit in anesthesia providers was at 5% in the South and as high as 8% in the Western U.S.,<sup>27</sup> which has led to recommendations to increase training positions in anesthesiology to meet the demand. However, there is a lack of funding for new residency positions, contributing to the shortage. In addition, there has been an increase in private equity (PE) firms acquiring practices, raising concerns about the impact on patient care.<sup>28</sup>

PE firms acquiring practices can negatively impact market share and overall cost by monopolizing physicians in specific areas. It is reported that as a result of PE firm acquisitions, a single PE firm has more than 30% of market share by practicing physicians in 28% of metropolitan statistical areas (MSAs) and has even reach greater than 50% market share in 13% of MSAs.<sup>29</sup> Major physician management companies have been increasingly acquired by PE firms. There have been case studies reporting on the effects of PE firm acquisitions, and many have reported on staffing issues at the extreme of patient care and safety.

With the recent increase in PE firms acquiring practices, anesthesiologists were reported to be one

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<sup>23</sup> Liang, C. J., Gal, J. S., Miller, T. R., & Hannenberg, A. A. (2024). Medicare payment trends compared to inflation for anesthesia services. *Journal of Clinical Anesthesia*, 97(C), 111505.

<https://doi.org/10.1097/ALN.0000000000002819>

<sup>24</sup> Abouleish, A. E., et al (2024).

<sup>25</sup> Menezes, J., & Zahalka, C. (2024). Anesthesiologist shortage in the United States: A call for action. *Journal of Medicine, Surgery, and Public Health*, 2, 100048. <https://doi.org/10.1016/j.glmedi.2024.100048>

<sup>26</sup> Abouleish, A. E., et all (2024).

<sup>27</sup> Menezes, J., & Zahalka, C. (2024).

<sup>28</sup> Menezes, J., & Zahalka, C. (2024).

<sup>29</sup> Menezes, J., & Zahalka, C. (2024).

of the most common types of physicians acquired.<sup>30</sup> It is reported that after a hospital is acquired by a PE firm, the hospital's charges-to-costs ratio rose by 7% overall and by 16% in emergency rooms, compared to a non-acquired hospital.<sup>31</sup> Anesthesiologists, among other crucial providers (e.g. emergency physicians, and ambulance service providers) cannot be credibly threatened with exclusion from insurer networks and have thus been able to negotiate high prices, even in competitive markets.<sup>32</sup> Please note that Maryland-specific information regarding the impact of provider acquisition on the procurement of anesthesiology services was not readily available for this report.

## **IX. Conclusion**

Anesthesia services are provided by anesthesiologists and nonphysician anesthetists, most often in hospital and ambulatory surgery centers. The payment rate for anesthesia services is unique and varies by the complexity of the service, time units of care provided in 15-minute increments, and the application of an anesthesia conversion factor. Billing modifiers are used to indicate whether the service was provided by an anesthesiologist alone, a team of an anesthesiologist and nonphysician anesthetist(s), or a nonphysician anesthetist alone. Anesthesia providers may also receive additional compensation from on-call or standby stipends, quality payments, and miscellaneous other sources such as sign-on bonuses, consulting fees, grants, honoraria, research activities, royalties, and faculty or speaker fees.

Commercial reimbursement of anesthesia services tends to be higher than Medicare reimbursement rates, with Medicaid rates generally lower than Medicare. Maryland ranked fourth highest among six surrounding states for anesthesia reimbursement rates relative to Medicare, at a weighted average of 82%. Maryland had 1.9 anesthesiologists covered by public payers per 10,000 residents, the second highest among the six states, and a proportion of anesthesiologists aged 55 and older of 45.6%, the second lowest among the six states. While Medicaid reimbursement for anesthesia is lower than nearby states, the recruitment and retention of anesthesiologists appears higher than nearby states according to workforce data.

Challenges persist in ensuring access to anesthesia services, including an aging population, geographic shortages, disparities in reimbursement, the growth of private equity acquisitions, and changes to staffing models. Half of states have opted out of requiring physician supervision of CRNAs under certain conditions to reduce the cost of services and expand the labor pool, although research is mixed on the effects of such policies to reduce expenditures and improve access to care. Maryland has not opted out of this requirement. A combination of reimbursement and policy changes could support the state's ability to continue to ensure access to quality anesthesia care.

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<sup>30</sup> Congressional Budget Office. 2022. The Prices That Commercial Health Insurers and Medicare Pay for Hospitals' and Physicians' Services

<sup>31</sup> Menezes, J., & Zahalka, C. (2024); Congressional Budget Office. 2022.

<sup>32</sup> Congressional Budget Office. 2022.

## Appendix A

**Table A1. State Reimbursement Rates for 15-Minute Procedures and Percentage of Medicare for Maryland and Surrounding States**

Procedure Code	Procedure Description	MC	MD	DE	VA	WV	PA	DC
00100	Anesth Salivary Gland	\$131	\$103	\$126	\$77	\$136	\$94	\$106
00102	Anesth Repair Of Cleft Lip	\$152	\$121	\$147	\$62	\$159	\$110	\$123
00103	Anesth Blepharoplasty	\$131	\$103	\$126	\$108	\$136	\$94	\$106
00104	Anesth Electroshock	\$109	\$86	\$105	\$77	\$114	\$78	\$88
00120	Anesth Ear Surgery	\$131	\$103	\$105	\$46	\$136	\$94	\$106
00124	Anesth Ear Exam	\$109	\$86	\$105	\$77	\$114	\$78	\$88
00126	Anesth Tympanotomy	\$109	\$86	\$105	\$77	\$114	\$78	\$88
00140	Anesth Procedures On Eye	\$131	\$103	\$126	\$77	\$136	\$94	\$106
00142	Anesth Lens Surgery	\$109	\$86	\$147	\$77	\$114	\$78	\$88
00144	Anesth Corneal Transplant	\$152	\$121	\$147	\$77	\$159	\$110	\$123
00145	Anesth Vitreoretinal Surg	\$152	\$121	\$147	\$139	\$159	\$110	\$123
00147	Anesth Iridectomy	\$109	\$86	\$105	\$108	\$114	\$78	\$88
00148	Anesth Eye Exam	\$109	\$86	\$105	\$108	\$114	\$78	\$88
00160	Anesth Nose/Sinus Surgery	\$131	\$103	\$126	\$77	\$136	\$94	\$106
00162	Anesth Nose/Sinus Surgery	\$174	\$138	\$168	\$77	\$182	\$125	\$141
00164	Anesth Biopsy Of Nose	\$109	\$86	\$105	\$77	\$114	\$78	\$88
00170	Anesth Procedure On Mouth	\$131	\$137	\$126	\$77	\$136	\$94	\$106
00172	Anesth Cleft Palate Repair	\$152	\$121	\$147	\$77	\$159	\$110	\$123
00174	Anesth Pharyngeal Surgery	\$152	\$121	\$147	\$108	\$159	\$110	\$123
00176	Anesth Pharyngeal Surgery	\$174	\$138	\$168	\$93	\$182	\$125	\$141
00190	Anesth Face/Skull Bone Surg	\$131	\$103	\$126	\$108	\$136	\$94	\$106
00192	Anesth Facial Bone Surgery	\$174	\$138	\$168	\$93	\$182	\$125	\$141
00210	Anesth Cranial Surg Nos	\$261	\$207	\$252	\$93	\$272	\$188	\$211
00211	Anesth Cran Surg Hemotoma	\$239	\$190	\$231	\$108	\$250	\$16	\$194
00212	Anesth Skull Drainage	\$131	\$103	\$126	\$155	\$136	\$94	\$106
00214	Anesth Skull Drainage	\$218	\$172	\$210	\$93	\$227	\$157	\$176
00215	Anesth Skull Repair/Fract	\$218	\$172	\$210	\$124	\$227	\$157	\$176
00216	Anesth Head Vessel Surgery	\$348	\$276	\$336	\$124	\$363	\$251	\$282
00218	Anesth Special Head Surgery	\$305	\$241	\$294	\$232	\$318	\$219	\$247
00220	Anesth Intrcrn Nerve	\$239	\$190	\$231	\$201	\$250	\$172	\$194
00222	Anesth Head Nerve Surgery	\$152	\$121	\$147	\$124	\$159	\$110	\$123
00300	Anesth Head/Neck/Ptrunk	\$131	\$103	\$126	\$108	\$136	\$94	\$106
00320	Anesth Neck Organ 1Yr/>	\$152	\$121	\$147	\$62	\$159	\$110	\$123
00322	Anesth Biopsy Of Thyroid	\$87	\$69	\$84	\$93	\$91	\$63	\$70
00326	Anesth Larynx/Trach < 1 Yr	\$174	\$138	\$168	\$93	\$182	\$125	\$141
00350	Anesth Neck Vessel Surgery	\$239	\$190	\$231	\$108	\$250	\$172	\$194

Procedure Code	Procedure Description	MC	MD	DE	VA	WV	PA	DC
00352	Anesth Neck Vessel Surgery	\$131	\$103	\$126	\$124	\$136	\$94	\$106
00400	Anesth Skin Ext/Per/Atrunk	\$87	\$69	\$84	\$93	\$91	\$63	\$70
00402	Anesth Surgery Of Breast	\$131	\$103	\$126	\$62	\$136	\$94	\$106
00404	Anesth Surgery Of Breast	\$131	\$103	\$126	\$62	\$136	\$94	\$106
00406	Anesth Surgery Of Breast	\$305	\$241	\$294	\$93	\$318	\$219	\$247
00410	Anesth Correct Heart Rhythm	\$109	\$86	\$105	\$93	\$114	\$78	\$88
00450	Anesth Surgery Of Shoulder	\$131	\$103	\$126	\$62	\$136	\$94	\$106
00454	Anesth Collar Bone Biopsy	\$87	\$69	\$84	\$77	\$91	\$110	\$70
00470	Anesth Removal Of Rib	\$152	\$121	\$147	\$139	\$159	\$63	\$123
00472	Anesth Chest Wall Repair	\$239	\$190	\$231	\$170	\$250	\$172	\$194
00474	Anesth Surgery Of Rib	\$305	\$241	\$294	\$217	\$318	\$219	\$247
00500	Anesth Esophageal Surgery	\$348	\$276	\$336	\$186	\$363	\$251	\$282
00520	Anesth Chest Procedure	\$152	\$121	\$147	\$93	\$159	\$110	\$123
00522	Anesth Chest Lining Biopsy	\$109	\$86	\$105	\$77	\$114	\$78	\$88
00524	Anesth Chest Drainage	\$109	\$86	\$105	\$77	\$114	\$78	\$88
00528	Anes Mediascpy & Dx Thorscpy	\$196	\$155	\$189	\$139	\$204	\$141	\$159
00529	Anes Medscopy&Thorscpy 1 Lung	\$261	\$207	\$21	\$170	\$272	\$188	\$211
00530	Anesth Pacemaker Insertion	\$109	\$86	\$105	\$108	\$114	\$78	\$88
00532	Anesth Vascular Access	\$109	\$86	\$105	\$77	\$114	\$78	\$88
00534	Anesth Cardioverter/Defib	\$174	\$138	\$168	\$170	\$182	\$125	\$141
00537	Anesth Cardiac Electrophys	\$239	\$190	\$231	\$124	\$250	\$125	\$194
00539	Anesth Trach-Bronch Reconst	\$414	\$327	\$399	\$278	\$431	\$298	\$335
00540	Anesth Chest Surgery	\$283	\$224	\$294	\$170	\$295	\$204	\$229
00541	Anesth One Lung Ventilation	\$348	\$276	\$336	\$232	\$363	\$251	\$282
00542	Anesthesia Removal Pleura	\$348	\$276	\$336	\$186	\$363	\$251	\$282
00546	Anesth Lung Chest Wall Surg	\$348	\$276	\$336	\$186	\$363	\$251	\$282
00548	Anesth Trachea Bronchi Surg	\$392	\$310	\$378	\$186	\$409	\$282	\$317
00550	Anesth Sternal Debridement	\$239	\$190	\$231	\$31	\$250	\$172	\$194
00560	Anesth Heart Surg W/O Pump	\$348	\$276	\$336	\$217	\$363	\$251	\$282
00561	Anesth Heart Surg <1 Yr	\$566	\$448	\$546	\$39	\$590	\$16	\$458
00562	Anesth Hrt Surg W/Pmp Age 1+	\$457	\$362	\$441	\$248	\$477	\$329	\$370
00563	Anesth Heart Surg W/Arrest	\$566	\$448	\$546	\$387	\$590	\$407	\$458
00566	Anesth Cabg W/O Pump	\$566	\$448	\$546	\$402	\$590	\$407	\$458
00567	Anesth Cabg W/Pump	\$414	\$327	\$399	\$278	\$431	\$16	\$335
00580	Anesth Heart/Lung Transplnt	\$457	\$362	\$441	\$325	\$477	\$329	\$370
00600	Anesth Spine Cord Surgery	\$239	\$190	\$231	\$155	\$250	\$16	\$194
00604	Anesth Sitting Procedure	\$305	\$241	\$294	\$139	\$318	\$219	\$247
00620	Anesth Spine Cord Surgery	\$239	\$190	\$231	\$139	\$250	\$172	\$194
00625	Anes Spine Tranthor W/O Vent	\$305	\$230	\$294	\$201	\$318	\$16	\$247
00626	Anes Spine Transthor W/Vent	\$348	\$263	\$336	\$232	\$363	\$16	\$282



Procedure Code	Procedure Description	MC	MD	DE	VA	WV	PA	DC
00630	Anesth Spine Cord Surgery	\$196	\$155	\$189	\$124	\$204	\$141	\$159
00632	Anesth Removal Of Nerves	\$174	\$138	\$168	\$124	\$182	\$125	\$141
00635	Anesth Lumbar Puncture	\$109	\$86	\$105	\$77	\$114	\$78	\$88
00640	Anesth Spine Manipulation	\$87	\$69	\$84	\$46	\$91	\$63	\$70
00670	Anesth Spine Cord Surgery	\$305	\$241	\$294	\$201	\$318	\$219	\$247
00700	Anesth Abdominal Wall Surg	\$109	\$86	\$105	\$62	\$114	\$78	\$88
00702	Anesth For Liver Biopsy	\$109	\$86	\$105	\$77	\$114	\$78	\$88
00730	Anesth Abdominal Wall Surg	\$131	\$103	\$126	\$62	\$136	\$94	\$106
00731	Anes Upr Gi Ndsc Px Nos	\$131	\$103	\$126	\$93	\$136	\$16	\$106
00732	Anes Upr Gi Ndsc Px Ercp	\$152	\$121	\$147	\$93	\$159	\$16	\$123
00750	Anesth Repair Of Hernia	\$109	\$86	\$105	\$77	\$114	\$78	\$88
00752	Anesth Repair Of Hernia	\$152	\$121	\$147	\$93	\$159	\$110	\$123
00754	Anesth Repair Of Hernia	\$174	\$138	\$168	\$108	\$182	\$125	\$141
00756	Anesth Repair Of Hernia	\$174	\$138	\$168	\$139	\$182	\$125	\$141
00770	Anesth Blood Vessel Repair	\$348	\$276	\$336	\$155	\$363	\$251	\$282
00790	Anesth Surg Upper Abdomen	\$174	\$138	\$168	\$108	\$182	\$125	\$141
00792	Anesth Hemorr/Excise Liver	\$305	\$241	\$168	\$93	\$318	\$219	\$247
00794	Anesth Pancreas Removal	\$196	\$155	\$294	\$108	\$204	\$141	\$159
00796	Anesth For Liver Transplant	\$675	\$534	\$651	\$480	\$704	\$485	\$546
00797	Anesth Surgery For Obesity	\$261	\$207	\$231	\$124	\$272	\$141	\$211
00800	Anesth Abdominal Wall Surg	\$109	\$86	\$105	\$62	\$114	\$78	\$88
00802	Anesth Fat Layer Removal	\$131	\$103	\$126	\$77	\$136	\$94	\$106
00811	Anes Lwr Intst Ndsc Nos	\$109	\$86	\$105	\$77	\$114	\$16	\$88
00812	Anes Lwr Intst Scr Colsc	\$87	\$69	\$84	\$77	\$91	\$16	\$70
00813	Anes Upr Lwr Gi Ndsc Px	\$131	\$103	\$126	\$77	\$136	\$16	\$106
00820	Anesth Abdominal Wall Surg	\$131	\$103	\$126	\$62	\$136	\$94	\$106
00830	Anesth Repair Of Hernia	\$109	\$86	\$105	\$77	\$114	\$78	\$88
00832	Anesth Repair Of Hernia	\$152	\$121	\$147	\$77	\$159	\$110	\$123
00834	Anesth Hernia Repair < 1 Yr	\$131	\$103	\$126	\$77	\$136	\$94	\$106
00836	Anesth Hernia Repair Preemie	\$152	\$121	\$147	\$93	\$159	\$110	\$123
00840	Anesth Surg Lower Abdomen	\$152	\$121	\$147	\$93	\$159	\$110	\$123
00842	Anesth Amniocentesis	\$109	\$86	\$105	\$62	\$114	\$78	\$88
00844	Anesth Pelvis Surgery	\$174	\$138	\$168	\$124	\$182	\$125	\$141
00846	Anesth Hysterectomy	\$196	\$155	\$189	\$108	\$204	\$141	\$159
00848	Anesth Pelvic Organ Surg	\$196	\$155	\$189	\$124	\$204	\$141	\$159
00851	Anesth Tubal Ligation	\$152	\$121	\$147	\$93	\$159	\$110	\$123
00860	Anesth Surgery Of Abdomen	\$152	\$121	\$147	\$108	\$159	\$110	\$123
00862	Anesth Kidney/Ureter Surg	\$174	\$138	\$168	\$108	\$182	\$125	\$141
00864	Anesth Removal Of Bladder	\$196	\$155	\$189	\$108	\$204	\$141	\$159
00865	Anesth Removal Of Prostate	\$174	\$138	\$168	\$124	\$182	\$125	\$141

Procedure Code	Procedure Description	MC	MD	DE	VA	WV	PA	DC
00866	Anesth Removal Of Adrenal	\$239	\$190	\$231	\$186	\$250	\$172	\$194
00868	Anesth Kidney Transplant	\$239	\$190	\$231	\$108	\$250	\$172	\$194
00870	Anesth Bladder Stone Surg	\$131	\$103	\$126	\$93	\$136	\$94	\$106
00872	Anesth Kidney Stone Destruct	\$174	\$138	\$168	\$108	\$182	\$125	\$141
00873	Anesth Kidney Stone Destruct	\$131	\$103	\$126	\$62	\$136	\$94	\$106
00880	Anesth Abdomen Vessel Surg	\$348	\$276	\$336	\$124	\$363	\$251	\$282
00882	Anesth Major Vein Ligation	\$239	\$190	\$231	\$124	\$250	\$172	\$194
00902	Anesth Anorectal Surgery	\$131	\$103	\$126	\$62	\$136	\$94	\$106
00904	Anesth Perineal Surgery	\$174	\$138	\$168	\$93	\$182	\$125	\$141
00906	Anesth Removal Of Vulva	\$109	\$86	\$105	\$77	\$114	\$78	\$88
00908	Anesth Removal Of Prostate	\$152	\$121	\$147	\$124	\$159	\$110	\$123
00910	Anesth Bladder Surgery	\$87	\$69	\$84	\$62	\$91	\$63	\$70
00912	Anesth Bladder Tumor Surg	\$131	\$103	\$126	\$62	\$136	\$94	\$106
00914	Anesth Removal Of Prostate	\$131	\$103	\$126	\$93	\$136	\$94	\$106
00916	Anesth Bleeding Control	\$131	\$103	\$126	\$93	\$136	\$94	\$106
00918	Anesth Stone Removal	\$131	\$103	\$126	\$93	\$136	\$94	\$106
00920	Anesth Genitalia Surgery	\$87	\$69	\$84	\$62	\$91	\$63	\$70
00921	Anesth Vasectomy	\$87	\$69	\$84	\$15	\$91	\$63	\$70
00922	Anesth Sperm Duct Surgery	\$152	\$121	\$147	\$108	\$159	\$110	\$123
00924	Anesth Testis Exploration	\$109	\$86	\$105	\$62	\$114	\$78	\$88
00926	Anesth Removal Of Testis	\$109	\$86	\$105	\$62	\$114	\$78	\$88
00928	Anesth Removal Of Testis	\$152	\$121	\$147	\$108	\$159	\$110	\$123
00930	Anesth Testis Suspension	\$109	\$86	\$105	\$77	\$114	\$78	\$88
00932	Anesth Amputation Of Penis	\$109	\$86	\$105	\$77	\$114	\$78	\$88
00934	Anesth Penis Nodes Removal	\$152	\$121	\$147	\$108	\$159	\$110	\$123
00936	Anesth Penis Nodes Removal	\$196	\$155	\$189	\$139	\$204	\$141	\$159
00938	Anesth Insert Penis Device	\$109	\$86	\$21	\$77	\$114	\$78	\$88
00940	Anesth Vaginal Procedures	\$87	\$69	\$84	\$62	\$91	\$63	\$70
00942	Anesth Surg On Vag/Urethral	\$109	\$86	\$105	\$77	\$114	\$78	\$88
00944	Anesth Vaginal Hysterectomy	\$152	\$121	\$147	\$93	\$159	\$110	\$123
00948	Anesth Repair Of Cervix	\$109	\$86	\$105	\$62	\$114	\$78	\$88
00950	Anesth Vaginal Endoscopy	\$131	\$103	\$126	\$77	\$136	\$94	\$106
00952	Anesth Hysteroscope/Graph	\$109	\$86	\$105	\$77	\$114	\$78	\$88
01112	Anesth Bone Aspirate/Bx	\$131	\$103	\$126	\$93	\$136	\$94	\$106
01120	Anesth Pelvis Surgery	\$152	\$121	\$147	\$62	\$159	\$110	\$123
01130	Anesth Body Cast Procedure	\$87	\$69	\$84	\$62	\$91	\$63	\$70
01140	Anesth Amputation At Pelvis	\$348	\$276	\$336	\$248	\$363	\$251	\$282
01150	Anesth Pelvic Tumor Surgery	\$239	\$190	\$231	\$77	\$250	\$172	\$194
01160	Anesth Pelvis Procedure	\$109	\$86	\$105	\$77	\$114	\$78	\$88
01170	Anesth Pelvis Surgery	\$196	\$155	\$189	\$77	\$204	\$141	\$159

Procedure Code	Procedure Description	MC	MD	DE	VA	WV	PA	DC
01173	Anesth Fx Repair Pelvis	\$283	\$224	\$273	\$186	\$295	\$204	\$229
01200	Anesth Hip Joint Procedure	\$109	\$86	\$105	\$62	\$114	\$78	\$88
01202	Anesth Arthroscopy Of Hip	\$109	\$86	\$105	\$77	\$114	\$78	\$88
01210	Anesth Hip Joint Surgery	\$152	\$121	\$147	\$77	\$159	\$110	\$123
01212	Anesth Hip Disarticulation	\$239	\$190	\$231	\$62	\$250	\$172	\$194
01214	Anesth Hip Arthroplasty	\$196	\$155	\$189	\$124	\$204	\$141	\$159
01215	Anesth Revise Hip Repair	\$239	\$190	\$231	\$170	\$250	\$172	\$194
01220	Anesth Procedure On Femur	\$109	\$86	\$105	\$62	\$114	\$78	\$88
01230	Anesth Surgery Of Femur	\$152	\$121	\$147	\$62	\$159	\$110	\$123
01232	Anesth Amputation Of Femur	\$131	\$103	\$126	\$77	\$136	\$94	\$106
01234	Anesth Radical Femur Surg	\$196	\$155	\$189	\$77	\$204	\$141	\$159
01250	Anesth Upper Leg Surgery	\$109	\$86	\$105	\$62	\$114	\$78	\$88
01260	Anesth Upper Leg Veins Surg	\$87	\$69	\$84	\$108	\$91	\$63	\$70
01270	Anesth Thigh Arteries Surg	\$196	\$155	\$189	\$77	\$204	\$141	\$159
01272	Anesth Femoral Artery Surg	\$109	\$86	\$105	\$77	\$114	\$78	\$88
01274	Anesth Femoral Embolectomy	\$152	\$121	\$147	\$93	\$159	\$110	\$123
01320	Anesth Knee Area Surgery	\$109	\$86	\$105	\$62	\$114	\$78	\$88
01340	Anesth Knee Area Procedure	\$109	\$86	\$105	\$62	\$114	\$78	\$88
01360	Anesth Knee Area Surgery	\$131	\$103	\$126	\$62	\$136	\$94	\$106
01380	Anesth Knee Joint Procedure	\$87	\$69	\$84	\$62	\$91	\$63	\$70
01382	Anesth Dx Knee Arthroscopy	\$87	\$69	\$84	\$62	\$91	\$63	\$70
01390	Anesth Knee Area Procedure	\$87	\$69	\$84	\$62	\$91	\$63	\$70
01392	Anesth Knee Area Surgery	\$109	\$86	\$105	\$62	\$114	\$78	\$88
01400	Anesth Knee Joint Surgery	\$109	\$86	\$105	\$62	\$114	\$78	\$88
01402	Anesth Knee Arthroplasty	\$174	\$138	\$168	\$62	\$182	\$125	\$141
01404	Anesth Amputation At Knee	\$131	\$103	\$126	\$77	\$136	\$94	\$106
01420	Anesth Knee Joint Casting	\$87	\$69	\$84	\$62	\$91	\$63	\$70
01430	Anesth Knee Veins Surgery	\$87	\$69	\$84	\$93	\$91	\$63	\$70
01432	Anesth Knee Vessel Surg	\$152	\$121	\$147	\$77	\$159	\$110	\$123
01440	Anesth Knee Arteries Surg	\$196	\$155	\$189	\$77	\$204	\$141	\$159
01442	Anesth Knee Artery Surg	\$196	\$155	\$189	\$93	\$204	\$141	\$159
01444	Anesth Knee Artery Repair	\$196	\$155	\$189	\$62	\$204	\$141	\$159
01462	Anesth Lower Leg Procedure	\$87	\$69	\$84	\$62	\$91	\$63	\$70
01464	Anesth Ankle/Ft Arthroscopy	\$87	\$69	\$84	\$62	\$91	\$63	\$70
01470	Anesth Lower Leg Surgery	\$87	\$69	\$84	\$62	\$91	\$63	\$70
01472	Anesth Achilles Tendon Surg	\$131	\$103	\$126	\$62	\$136	\$94	\$106
01474	Anesth Lower Leg Surgery	\$131	\$103	\$126	\$62	\$136	\$94	\$106
01480	Anesth Lower Leg Bone Surg	\$87	\$69	\$84	\$62	\$91	\$63	\$70
01482	Anesth Radical Leg Surgery	\$109	\$86	\$105	\$62	\$114	\$78	\$88
01484	Anesth Lower Leg Revision	\$109	\$86	\$105	\$62	\$114	\$78	\$88

<b>Procedure Code</b>	<b>Procedure Description</b>	<b>MC</b>	<b>MD</b>	<b>DE</b>	<b>VA</b>	<b>WV</b>	<b>PA</b>	<b>DC</b>
01486	Anesth Ankle Replacement	\$174	\$138	\$168	\$62	\$182	\$125	\$141
01490	Anesth Lower Leg Casting	\$87	\$69	\$84	\$62	\$91	\$63	\$70
01500	Anesth Leg Arteries Surg	\$196	\$155	\$189	\$108	\$204	\$141	\$159
01502	Anesth Lwr Leg Embolectomy	\$152	\$121	\$147	\$62	\$159	\$110	\$123
01520	Anesth Lower Leg Vein Surg	\$87	\$69	\$84	\$77	\$91	\$63	\$70
01522	Anesth Lower Leg Vein Surg	\$131	\$103	\$126	\$62	\$136	\$94	\$106
01610	Anesth Surgery Of Shoulder	\$131	\$103	\$126	\$77	\$136	\$94	\$106
01620	Anesth Shoulder Procedure	\$109	\$86	\$105	\$62	\$114	\$78	\$88
01622	Anes Dx Shoulder Arthroscopy	\$109	\$86	\$105	\$62	\$114	\$78	\$88
01630	Anesth Surgery Of Shoulder	\$131	\$103	\$126	\$77	\$136	\$94	\$106
01634	Anesth Shoulder Joint Amput	\$218	\$172	\$210	\$155	\$227	\$157	\$176
01636	Anesth Forequarter Amput	\$348	\$276	\$336	\$248	\$363	\$251	\$282
01638	Anesth Shoulder Replacement	\$239	\$190	\$231	\$77	\$250	\$172	\$194
01650	Anesth Shoulder Artery Surg	\$152	\$121	\$147	\$62	\$159	\$110	\$123
01652	Anesth Shoulder Vessel Surg	\$239	\$190	\$231	\$108	\$250	\$172	\$194
01654	Anesth Shoulder Vessel Surg	\$196	\$155	\$189	\$93	\$204	\$141	\$159
01656	Anesth Arm-Leg Vessel Surg	\$239	\$190	\$231	\$108	\$250	\$172	\$194
01670	Anesth Shoulder Vein Surg	\$109	\$86	\$105	\$108	\$114	\$78	\$88
01680	Anesth Shoulder Casting	\$87	\$69	\$84	\$62	\$91	\$63	\$70
01710	Anesth Elbow Area Surgery	\$87	\$69	\$84	\$62	\$91	\$63	\$70
01712	Anesth Uppr Arm Tendon Surg	\$131	\$103	\$126	\$93	\$136	\$94	\$106
01714	Anesth Uppr Arm Tendon Surg	\$131	\$103	\$126	\$93	\$136	\$94	\$106
01716	Anesth Biceps Tendon Repair	\$131	\$103	\$126	\$62	\$136	\$94	\$106
01730	Anesth Uppr Arm Procedure	\$87	\$69	\$84	\$62	\$91	\$63	\$70
01732	Anesth Dx Elbow Arthroscopy	\$87	\$69	\$84	\$62	\$91	\$63	\$70
01740	Anesth Upper Arm Surgery	\$109	\$86	\$105	\$62	\$114	\$78	\$88
01742	Anesth Humerus Surgery	\$131	\$103	\$126	\$62	\$136	\$94	\$106
01744	Anesth Humerus Repair	\$131	\$103	\$126	\$62	\$136	\$94	\$106
01756	Anesth Radical Humerus Surg	\$152	\$121	\$147	\$62	\$159	\$110	\$123
01758	Anesth Humeral Lesion Surg	\$131	\$103	\$126	\$62	\$136	\$94	\$106
01760	Anesth Elbow Replacement	\$174	\$138	\$168	\$124	\$182	\$125	\$141
01770	Anesth Uppr Arm Artery Surg	\$152	\$121	\$147	\$124	\$159	\$110	\$123
01772	Anesth Uppr Arm Embolectomy	\$152	\$121	\$147	\$93	\$159	\$110	\$123
01780	Anesth Upper Arm Vein Surg	\$87	\$69	\$84	\$124	\$91	\$63	\$70
01782	Anesth Uppr Arm Vein Repair	\$109	\$86	\$105	\$170	\$114	\$78	\$88
01810	Anesth Lower Arm Surgery	\$87	\$69	\$84	\$62	\$91	\$63	\$70
01820	Anesth Lower Arm Procedure	\$87	\$69	\$84	\$62	\$91	\$63	\$70
01829	Anesth Dx Wrist Arthroscopy	\$87	\$69	\$84	\$15	\$91	\$63	\$70
01830	Anesth Lower Arm Surgery	\$87	\$69	\$84	\$62	\$91	\$63	\$70
01832	Anesth Wrist Replacement	\$152	\$121	\$147	\$62	\$159	\$110	\$123

Procedure Code	Procedure Description	MC	MD	DE	VA	WV	PA	DC
01840	Anesth Lwr Arm Artery Surg	\$152	\$121	\$147	\$124	\$159	\$110	\$123
01842	Anesth Lwr Arm Embolectomy	\$152	\$121	\$147	\$93	\$159	\$110	\$123
01844	Anesth Vascular Shunt Surg	\$152	\$121	\$147	\$77	\$159	\$110	\$123
01850	Anesth Lower Arm Vein Surg	\$87	\$69	\$84	\$124	\$91	\$63	\$70
01852	Anesth Lwr Arm Vein Repair	\$109	\$86	\$105	\$77	\$114	\$78	\$88
01860	Anesth Lower Arm Casting	\$87	\$69	\$84	\$62	\$91	\$63	\$70
01916	Anesth Dx Arteriography	\$131	\$103	\$147	\$62	\$136	\$94	\$106
01920	Anesth Catheterize Heart	\$174	\$138	\$168	\$62	\$182	\$125	\$141
01922	Anesth Cat Or Mri Scan	\$174	\$138	\$168	\$124	\$182	\$125	\$141
01924	Anes Ther Interven Rad Artrl	\$131	\$103	\$147	\$77	\$136	\$94	\$106
01925	Anes Ther Interven Rad Card	\$174	\$138	\$189	\$108	\$182	\$125	\$141
01926	Anes Tx Interv Rad Hrt/Cran	\$196	\$155	\$231	\$124	\$204	\$141	\$159
01930	Anes Ther Interven Rad Vein	\$131	\$103	\$126	\$77	\$136	\$94	\$106
01931	Anes Ther Interven Rad Tips	\$174	\$138	\$147	\$108	\$182	\$125	\$141
01932	Anes Tx Interv Rad Th Vein	\$152	\$121	\$189	\$93	\$159	\$110	\$123
01933	Anes Tx Interv Rad Cran Vein	\$174	\$138	\$231	\$108	\$182	\$125	\$141
01935	Anesth Perc Img Dx Sp Proc	\$131	\$116	\$21	\$15	\$136	\$16	\$106
01936	Anesth Perc Img Tx Sp Proc	\$131	\$116	\$21	\$15	\$136	\$16	\$106
01951	Anesth Burn Less 4 Percent	\$87	\$69	\$84	\$62	\$91	\$63	\$70
01952	Anesth Burn 4-9 Percent	\$131	\$103	\$126	\$93	\$136	\$94	\$106
01953	Anesth Burn Each 9 Percent	\$44	\$34	\$21	\$31	\$45	\$31	\$35
01958	Anesth Antepartum Manipul	\$131	\$112	\$126	\$77	\$136	\$94	\$106
01960	Anesth Vaginal Delivery	\$131	\$112	\$126	\$77	\$136	\$219	\$106
01961	Anesth Cs Delivery	\$174	\$150	\$168	\$108	\$182	\$251	\$141
01962	Anesth Emer Hysterectomy	\$196	\$168	\$126	\$124	\$204	\$266	\$159
01963	Anesth Cs Hysterectomy	\$196	\$168	\$189	\$124	\$204	\$266	\$159
01965	Anesth Inc/Missed Ab Proc	\$109	\$94	\$105	\$62	\$114	\$16	\$88
01966	Anesth Induced Ab Procedure	\$109	\$94	\$105	\$62	\$114	\$16	\$88
01967	Anesth/Analg Vag Delivery	\$131	\$112	\$126	\$15	\$136	\$219	\$106
01968	Anes/Analg Cs Deliver Add-On	\$65	\$56	\$84	\$31	\$68	\$47	\$53
01969	Anesth/Analg Cs Hyst Add-On	\$131	\$112	\$126	\$77	\$136	\$94	\$106
01990	Support For Organ Donor	\$174	\$138	\$168	\$124	\$182	\$16	\$141
01991	Anesth Nerve Block/Inj	\$87	\$69	\$84	\$46	\$91	\$63	\$70
01992	Anesth N Block/Inj Prone	\$131	\$103	\$126	\$77	\$136	\$94	\$106
01996	Hosp Manage Cont Drug Admin	\$87	\$69	\$21	\$62	\$91	\$16	\$70
01999	Unlisted Anesth Procedure	\$22	\$0	\$21	\$15	\$23	\$16	\$18
Weighted Average % of Medicare Fees			82%	98%	66%	104%	90%	81%
Ranking			4	2	6	1	3	5

## Appendix B

**Table B1. State Reimbursement Rates for 15-Minute Procedures and Percentage of Medicare for Maryland and Surrounding States**

CPT CODE	Description of Procedure	As Percentage of Medicare 2024 Facility Rate					
		MD	VA	DE	PA	DC	WV
Anesthesia Weighted Average		82%	66%	98%	90%	81%	104%
00100	Anesth salivary gland	79%	59%	96%	72%	81%	104%
00102	Anesth repair of cleft lip	79%	41%	96%	72%	81%	104%
00103	Anesth blepharoplasty	79%	83%	96%	72%	81%	104%
00104	Anesth electroshock	79%	71%	96%	72%	81%	104%
00120	Anesth ear surgery	79%	36%	80%	72%	81%	104%
00124	Anesth ear exam	79%	71%	96%	72%	81%	104%
00126	Anesth tympanotomy	79%	71%	96%	72%	81%	104%
00140	Anesth procedures on eye	79%	59%	96%	72%	81%	104%
00142	Anesth lens surgery	79%	71%	135%	72%	81%	104%
00144	Anesth corneal transplant	79%	51%	96%	72%	81%	104%
00145	Anesth vitreoretinal surg	79%	91%	96%	72%	81%	104%
00147	Anesth iridectomy	79%	99%	96%	72%	81%	104%
00148	Anesth eye exam	79%	99%	96%	72%	81%	104%
00160	Anesth nose/sinus surgery	79%	59%	96%	72%	81%	104%
00162	Anesth nose/sinus surgery	79%	44%	96%	72%	81%	104%
00164	Anesth biopsy of nose	79%	71%	96%	72%	81%	104%
00170	Anesth procedure on mouth	105%	59%	96%	72%	81%	104%
00172	Anesth cleft palate repair	79%	51%	96%	72%	81%	104%
00174	Anesth pharyngeal surgery	79%	71%	96%	72%	81%	104%
00176	Anesth pharyngeal surgery	79%	53%	96%	72%	81%	104%
00190	Anesth face/skull bone surg	79%	83%	96%	72%	81%	104%
00192	Anesth facial bone surgery	79%	53%	96%	72%	81%	104%
00210	Anesth cranial surg nos	79%	36%	96%	72%	81%	104%
00211	Anesth cran surg hemotoma	79%	45%	96%	7%	81%	104%
00212	Anesth skull drainage	79%	118%	96%	72%	81%	104%
00214	Anesth skull drainage	79%	43%	96%	72%	81%	104%
00215	Anesth skull repair/fract	79%	57%	96%	72%	81%	104%
00216	Anesth head vessel surgery	79%	36%	96%	72%	81%	104%
00218	Anesth special head surgery	79%	76%	96%	72%	81%	104%
00220	Anesth intrcrn nerve	79%	84%	96%	72%	81%	104%
00222	Anesth head nerve surgery	79%	81%	96%	72%	81%	104%
00300	Anesth head/neck/ptrunk	79%	83%	96%	72%	81%	104%

CPT CODE	Description of Procedure	As Percentage of Medicare 2024 Facility Rate					
		MD	VA	DE	PA	DC	WV
00320	Anesth neck organ 1yr/>	79%	41%	96%	72%	81%	104%
00322	Anesth biopsy of thyroid	79%	107%	96%	72%	81%	104%
00326	Anesth larynx/trach < 1 yr	79%	53%	96%	72%	81%	104%
00350	Anesth neck vessel surgery	79%	45%	96%	72%	81%	104%
00352	Anesth neck vessel surgery	79%	95%	96%	72%	81%	104%
00400	Anesth skin ext/per/atruunk	79%	107%	96%	72%	81%	104%
00402	Anesth surgery of breast	79%	47%	96%	72%	81%	104%
00404	Anesth surgery of breast	79%	47%	96%	72%	81%	104%
00406	Anesth surgery of breast	79%	30%	96%	72%	81%	104%
00410	Anesth correct heart rhythm	79%	85%	96%	72%	81%	104%
00450	Anesth surgery of shoulder	79%	47%	96%	72%	81%	104%
00454	Anesth collar bone biopsy	79%	89%	96%	126%	81%	104%
00470	Anesth removal of rib	79%	91%	96%	41%	81%	104%
00472	Anesth chest wall repair	79%	71%	96%	72%	81%	104%
00474	Anesth surgery of rib	79%	71%	96%	72%	81%	104%
00500	Anesth esophageal surgery	79%	53%	96%	72%	81%	104%
00520	Anesth chest procedure	79%	61%	96%	72%	81%	104%
00522	Anesth chest lining biopsy	79%	71%	96%	72%	81%	104%
00524	Anesth chest drainage	79%	71%	96%	72%	81%	104%
00528	Anes mediascpy & dx thorscpy	79%	71%	96%	72%	81%	104%
00529	Anes medscopy&thorscpy 1 lung	79%	65%	8%	72%	81%	104%
00530	Anesth pacemaker insertion	79%	99%	96%	72%	81%	104%
00532	Anesth vascular access	79%	71%	96%	72%	81%	104%
00534	Anesth cardioverter/defib	79%	98%	96%	72%	81%	104%
00537	Anesth cardiac electrophys	79%	52%	96%	52%	81%	104%
00539	Anesth trach-bronch reconst	79%	67%	96%	72%	81%	104%
00540	Anesth chest surgery	79%	60%	104%	72%	81%	104%
00541	Anesth one lung ventilation	79%	67%	96%	72%	81%	104%
00542	Anesthesia removal pleura	79%	53%	96%	72%	81%	104%
00546	Anesth lung chest wall surg	79%	53%	96%	72%	81%	104%
00548	Anesth trachea bronchi surg	79%	47%	96%	72%	81%	104%
00550	Anesth sternal debridement	79%	13%	96%	72%	81%	104%

CPT CODE	Description of Procedure	As Percentage of Medicare 2024 Facility Rate					
		MD	VA	DE	PA	DC	WV
00560	Anesth heart surg w/o pump	79%	62%	96%	72%	81%	104%
00561	Anesth heart surg <1 yr	79%	7%	96%	3%	81%	104%
00562	Anesth hrt surg w/pmp age 1+	79%	54%	96%	72%	81%	104%
00563	Anesth heart surg w/arrest	79%	68%	96%	72%	81%	104%
00566	Anesth cabg w/o pump	79%	71%	96%	72%	81%	104%
00567	Anesth cabg w/pump	79%	67%	96%	4%	81%	104%
00580	Anesth heart/lung transplt	79%	71%	96%	72%	81%	104%
00600	Anesth spine cord surgery	79%	65%	96%	7%	81%	104%
00604	Anesth sitting procedure	79%	46%	96%	72%	81%	104%
00620	Anesth spine cord surgery	79%	58%	96%	72%	81%	104%
00625	Anes spine tranthor w/o vent	75%	66%	96%	5%	81%	104%
00626	Anes spine transthor w/vent	75%	67%	96%	4%	81%	104%
00630	Anesth spine cord surgery	79%	63%	96%	72%	81%	104%
00632	Anesth removal of nerves	79%	71%	96%	72%	81%	104%
00635	Anesth lumbar puncture	79%	71%	96%	72%	81%	104%
00640	Anesth spine manipulation	79%	53%	96%	72%	81%	104%
00670	Anesth spine cord surgery	79%	66%	96%	72%	81%	104%
00700	Anesth abdominal wall surg	79%	57%	96%	72%	81%	104%
00702	Anesth for liver biopsy	79%	71%	96%	72%	81%	104%
00730	Anesth abdominal wall surg	79%	47%	96%	72%	81%	104%
00731	Anes upr gi ndsc px nos	79%	71%	96%	12%	81%	104%
00732	Anes upr gi ndsc px ercp	79%	61%	96%	10%	81%	104%
00750	Anesth repair of hernia	79%	71%	96%	72%	81%	104%
00752	Anesth repair of hernia	79%	61%	96%	72%	81%	104%
00754	Anesth repair of hernia	79%	62%	96%	72%	81%	104%
00756	Anesth repair of hernia	79%	80%	96%	72%	81%	104%
00770	Anesth blood vessel repair	79%	44%	96%	72%	81%	104%
00790	Anesth surg upper abdomen	79%	62%	96%	72%	81%	104%
00792	Anesth hemorr/excise liver	79%	30%	55%	72%	81%	104%
00794	Anesth pancreas removal	79%	55%	150%	72%	81%	104%
00796	Anesth for liver transplant	79%	71%	96%	72%	81%	104%
00797	Anesth surgery for obesity	79%	47%	88%	54%	81%	104%
00800	Anesth abdominal wall surg	79%	57%	96%	72%	81%	104%
00802	Anesth fat layer removal	79%	59%	96%	72%	81%	104%



CPT CODE	Description of Procedure	As Percentage of Medicare 2024 Facility Rate					
		MD	VA	DE	PA	DC	WV
00811	Anes lwr intst ndsc nos	79%	71%	96%	14%	81%	104%
00812	Anes lwr intst scr colsc	79%	89%	96%	18%	81%	104%
00813	Anes upr lwr gi ndsc px	79%	59%	96%	12%	81%	104%
00820	Anesth abdominal wall surg	79%	47%	96%	72%	81%	104%
00830	Anesth repair of hernia	79%	71%	96%	72%	81%	104%
00832	Anesth repair of hernia	79%	51%	96%	72%	81%	104%
00834	Anesth hernia repair < 1 yr	79%	59%	96%	72%	81%	104%
00836	Anesth hernia repair preemie	79%	61%	96%	72%	81%	104%
00840	Anesth surg lower abdomen	79%	61%	96%	72%	81%	104%
00842	Anesth amniocentesis	79%	57%	96%	72%	81%	104%
00844	Anesth pelvis surgery	79%	71%	96%	72%	81%	104%
00846	Anesth hysterectomy	79%	55%	96%	72%	81%	104%
00848	Anesth pelvic organ surg	79%	63%	96%	72%	81%	104%
00851	Anesth tubal ligation	79%	61%	96%	72%	81%	104%
00860	Anesth surgery of abdomen	79%	71%	96%	72%	81%	104%
00862	Anesth kidney/ureter surg	79%	62%	96%	72%	81%	104%
00864	Anesth removal of bladder	79%	55%	96%	72%	81%	104%
00865	Anesth removal of prostate	79%	71%	96%	72%	81%	104%
00866	Anesth removal of adrenal	79%	78%	96%	72%	81%	104%
00868	Anesth kidney transplant	79%	45%	96%	72%	81%	104%
00870	Anesth bladder stone surg	79%	71%	96%	72%	81%	104%
00872	Anesth kidney stone destruct	79%	62%	96%	72%	81%	104%
00873	Anesth kidney stone destruct	79%	47%	96%	72%	81%	104%
00880	Anesth abdomen vessel surg	79%	36%	96%	72%	81%	104%
00882	Anesth major vein ligation	79%	52%	96%	72%	81%	104%
00902	Anesth anorectal surgery	79%	47%	96%	72%	81%	104%
00904	Anesth perineal surgery	79%	53%	96%	72%	81%	104%
00906	Anesth removal of vulva	79%	71%	96%	72%	81%	104%
00908	Anesth removal of prostate	79%	81%	96%	72%	81%	104%
00910	Anesth bladder surgery	79%	71%	96%	72%	81%	104%
00912	Anesth bladder tumor surg	79%	47%	96%	72%	81%	104%
00914	Anesth removal of prostate	79%	71%	96%	72%	81%	104%
00916	Anesth bleeding control	79%	71%	96%	72%	81%	104%

CPT CODE	Description of Procedure	As Percentage of Medicare 2024 Facility Rate					
		MD	VA	DE	PA	DC	WV
00918	Anesth stone removal	79%	71%	96%	72%	81%	104%
00920	Anesth genitalia surgery	79%	71%	96%	72%	81%	104%
00921	Anesth vasectomy	79%	18%	96%	72%	81%	104%
00922	Anesth sperm duct surgery	79%	71%	96%	72%	81%	104%
00924	Anesth testis exploration	79%	57%	96%	72%	81%	104%
00926	Anesth removal of testis	79%	57%	96%	72%	81%	104%
00928	Anesth removal of testis	79%	71%	96%	72%	81%	104%
00930	Anesth testis suspension	79%	71%	96%	72%	81%	104%
00932	Anesth amputation of penis	79%	71%	96%	72%	81%	104%
00934	Anesth penis nodes removal	79%	71%	96%	72%	81%	104%
00936	Anesth penis nodes removal	79%	71%	96%	72%	81%	104%
00938	Anesth insert penis device	79%	71%	19%	72%	81%	104%
00940	Anesth vaginal procedures	79%	71%	96%	72%	81%	104%
00942	Anesth surg on vag/urethral	79%	71%	96%	72%	81%	104%
00944	Anesth vaginal hysterectomy	79%	61%	96%	72%	81%	104%
00948	Anesth repair of cervix	79%	57%	96%	72%	81%	104%
00950	Anesth vaginal endoscopy	79%	59%	96%	72%	81%	104%
00952	Anesth hysteroscope/graph	79%	71%	96%	72%	81%	104%
01112	Anesth bone aspirate/bx	79%	71%	96%	72%	81%	104%
01120	Anesth pelvis surgery	79%	41%	96%	72%	81%	104%
01130	Anesth body cast procedure	79%	71%	96%	72%	81%	104%
01140	Anesth amputation at pelvis	79%	71%	96%	72%	81%	104%
01150	Anesth pelvic tumor surgery	79%	32%	96%	72%	81%	104%
01160	Anesth pelvis procedure	79%	71%	96%	72%	81%	104%
01170	Anesth pelvis surgery	79%	39%	96%	72%	81%	104%
01173	Anesth fx repair pelvis	79%	66%	96%	72%	81%	104%
01200	Anesth hip joint procedure	79%	57%	96%	72%	81%	104%
01202	Anesth arthroscopy of hip	79%	71%	96%	72%	81%	104%
01210	Anesth hip joint surgery	79%	51%	96%	72%	81%	104%
01212	Anesth hip disarticulation	79%	26%	96%	72%	81%	104%
01214	Anesth hip arthroplasty	79%	63%	96%	72%	81%	104%
01215	Anesth revise hip repair	79%	71%	96%	72%	81%	104%
01220	Anesth procedure on femur	79%	57%	96%	72%	81%	104%

CPT CODE	Description of Procedure	As Percentage of Medicare 2024 Facility Rate					
		MD	VA	DE	PA	DC	WV
01230	Anesth surgery of femur	79%	41%	96%	72%	81%	104%
01232	Anesth amputation of femur	79%	59%	96%	72%	81%	104%
01234	Anesth radical femur surg	79%	39%	96%	72%	81%	104%
01250	Anesth upper leg surgery	79%	57%	96%	72%	81%	104%
01260	Anesth upper leg veins surg	79%	124%	96%	72%	81%	104%
01270	Anesth thigh arteries surg	79%	39%	96%	72%	81%	104%
01272	Anesth femoral artery surg	79%	71%	96%	72%	81%	104%
01274	Anesth femoral embolectomy	79%	61%	96%	72%	81%	104%
01320	Anesth knee area surgery	79%	57%	96%	72%	81%	104%
01340	Anesth knee area procedure	79%	57%	96%	72%	81%	104%
01360	Anesth knee area surgery	79%	47%	96%	72%	81%	104%
01380	Anesth knee joint procedure	79%	71%	96%	72%	81%	104%
01382	Anesth dx knee arthroscopy	79%	71%	96%	72%	81%	104%
01390	Anesth knee area procedure	79%	71%	96%	72%	81%	104%
01392	Anesth knee area surgery	79%	57%	96%	72%	81%	104%
01400	Anesth knee joint surgery	79%	57%	96%	72%	81%	104%
01402	Anesth knee arthroplasty	79%	36%	96%	72%	81%	104%
01404	Anesth amputation at knee	79%	59%	96%	72%	81%	104%
01420	Anesth knee joint casting	79%	71%	96%	72%	81%	104%
01430	Anesth knee veins surgery	79%	107%	96%	72%	81%	104%
01432	Anesth knee vessel surg	79%	51%	96%	72%	81%	104%
01440	Anesth knee arteries surg	79%	39%	96%	72%	81%	104%
01442	Anesth knee artery surg	79%	47%	96%	72%	81%	104%
01444	Anesth knee artery repair	79%	32%	96%	72%	81%	104%
01462	Anesth lower leg procedure	79%	71%	96%	72%	81%	104%
01464	Anesth ankle/ft arthroscopy	79%	71%	96%	72%	81%	104%
01470	Anesth lower leg surgery	79%	71%	96%	72%	81%	104%
01472	Anesth achilles tendon surg	79%	47%	96%	72%	81%	104%
01474	Anesth lower leg surgery	79%	47%	96%	72%	81%	104%
01480	Anesth lower leg bone surg	79%	71%	96%	72%	81%	104%
01482	Anesth radical leg surgery	79%	57%	96%	72%	81%	104%

CPT CODE	Description of Procedure	As Percentage of Medicare 2024 Facility Rate					
		MD	VA	DE	PA	DC	WV
01484	Anesth lower leg revision	79%	57%	96%	72%	81%	104%
01486	Anesth ankle replacement	79%	36%	96%	72%	81%	104%
01490	Anesth lower leg casting	79%	71%	96%	72%	81%	104%
01500	Anesth leg arteries surg	79%	55%	96%	72%	81%	104%
01502	Anesth lwr leg embolectomy	79%	41%	96%	72%	81%	104%
01520	Anesth lower leg vein surg	79%	89%	96%	72%	81%	104%
01522	Anesth lower leg vein surg	79%	47%	96%	72%	81%	104%
01610	Anesth surgery of shoulder	79%	59%	96%	72%	81%	104%
01620	Anesth shoulder procedure	79%	57%	96%	72%	81%	104%
01622	Anes dx shoulder arthroscopy	79%	57%	96%	72%	81%	104%
01630	Anesth surgery of shoulder	79%	59%	96%	72%	81%	104%
01634	Anesth shoulder joint amput	79%	71%	96%	72%	81%	104%
01636	Anesth forequarter amput	79%	71%	96%	72%	81%	104%
01638	Anesth shoulder replacement	79%	32%	96%	72%	81%	104%
01650	Anesth shoulder artery surg	79%	41%	96%	72%	81%	104%
01652	Anesth shoulder vessel surg	79%	45%	96%	72%	81%	104%
01654	Anesth shoulder vessel surg	79%	47%	96%	72%	81%	104%
01656	Anesth arm-leg vessel surg	79%	45%	96%	72%	81%	104%
01670	Anesth shoulder vein surg	79%	99%	96%	72%	81%	104%
01680	Anesth shoulder casting	79%	71%	96%	72%	81%	104%
01710	Anesth elbow area surgery	79%	71%	96%	72%	81%	104%
01712	Anesth uppr arm tendon surg	79%	71%	96%	72%	81%	104%
01714	Anesth uppr arm tendon surg	79%	71%	96%	72%	81%	104%
01716	Anesth biceps tendon repair	79%	47%	96%	72%	81%	104%
01730	Anesth uppr arm procedure	79%	71%	96%	72%	81%	104%
01732	Anesth dx elbow arthroscopy	79%	71%	96%	72%	81%	104%
01740	Anesth upper arm surgery	79%	57%	96%	72%	81%	104%
01742	Anesth humerus surgery	79%	47%	96%	72%	81%	104%
01744	Anesth humerus repair	79%	47%	96%	72%	81%	104%

CPT CODE	Description of Procedure	As Percentage of Medicare 2024 Facility Rate					
		MD	VA	DE	PA	DC	WV
01756	Anesth radical humerus surg	79%	41%	96%	72%	81%	104%
01758	Anesth humeral lesion surg	79%	47%	96%	72%	81%	104%
01760	Anesth elbow replacement	79%	71%	96%	72%	81%	104%
01770	Anesth uppr arm artery surg	79%	81%	96%	72%	81%	104%
01772	Anesth uppr arm embolectomy	79%	61%	96%	72%	81%	104%
01780	Anesth upper arm vein surg	79%	142%	96%	72%	81%	104%
01782	Anesth uppr arm vein repair	79%	156%	96%	72%	81%	104%
01810	Anesth lower arm surgery	79%	71%	96%	72%	81%	104%
01820	Anesth lower arm procedure	79%	71%	96%	72%	81%	104%
01829	Anesth dx wrist arthroscopy	79%	18%	96%	72%	81%	104%
01830	Anesth lower arm surgery	79%	71%	96%	72%	81%	104%
01832	Anesth wrist replacement	79%	41%	96%	72%	81%	104%
01840	Anesth lwr arm artery surg	79%	81%	96%	72%	81%	104%
01842	Anesth lwr arm embolectomy	79%	61%	96%	72%	81%	104%
01844	Anesth vascular shunt surg	79%	51%	96%	72%	81%	104%
01850	Anesth lower arm vein surg	79%	142%	96%	72%	81%	104%
01852	Anesth lwr arm vein repair	79%	71%	96%	72%	81%	104%
01860	Anesth lower arm casting	79%	71%	96%	72%	81%	104%
01916	Anesth dx arteriography	79%	47%	112%	72%	81%	104%
01920	Anesth catheterize heart	79%	36%	96%	72%	81%	104%
01922	Anesth cat or mri scan	79%	71%	96%	72%	81%	104%
01924	Anes ther interven rad artrl	79%	59%	112%	72%	81%	104%
01925	Anes ther interven rad card	79%	62%	108%	72%	81%	104%
01926	Anes tx interv rad hrt/cran	79%	63%	118%	72%	81%	104%
01930	Anes ther interven rad vein	79%	59%	96%	72%	81%	104%
01931	Anes ther interven rad tips	79%	62%	84%	72%	81%	104%
01932	Anes tx interv rad th vein	79%	61%	124%	72%	81%	104%
01933	Anes tx interv rad cran vein	79%	62%	133%	72%	81%	104%
01935	Anesth perc img dx sp proc	89%	12%	16%	12%	81%	104%
01936	Anesth perc img tx sp proc	89%	12%	16%	12%	81%	104%

CPT CODE	Description of Procedure	As Percentage of Medicare 2024 Facility Rate					
		MD	VA	DE	PA	DC	WV
01951	Anesth burn less 4 percent	79%	71%	96%	72%	81%	104%
01952	Anesth burn 4-9 percent	79%	71%	96%	72%	81%	104%
01953	Anesth burn each 9 percent	79%	71%	48%	72%	81%	104%
01958	Anesth antepartum manipul	86%	59%	96%	72%	81%	104%
01960	Anesth vaginal delivery	86%	59%	96%	168%	81%	104%
01961	Anesth cs delivery	86%	62%	96%	144%	81%	104%
01962	Anesth emer hysterectomy	86%	63%	64%	136%	81%	104%
01963	Anesth cs hysterectomy	86%	63%	96%	136%	81%	104%
01965	Anesth inc/missed ab proc	86%	57%	96%	14%	81%	104%
01966	Anesth induced ab procedure	86%	57%	96%	14%	81%	104%
01967	Anesth/analg vag delivery	86%	12%	96%	168%	81%	104%
01968	Anes/analg cs deliver add-on	86%	47%	129%	72%	81%	104%
01969	Anesth/analg cs hyst add-on	86%	59%	96%	72%	81%	104%
01990	Support for organ donor	79%	71%	96%	9%	81%	104%
01991	Anesth nerve block/inj	79%	53%	96%	72%	81%	104%
01992	Anesth n block/inj prone	79%	59%	96%	72%	81%	104%
01996	Hosp manage cont drug admin	79%	71%	24%	18%	81%	104%
01999	Unlisted anesth procedure	0%	71%	96%	72%	81%	104%