



DEPARTMENT OF HEALTH

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

January 31, 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: Reimbursement for Maternal Fetal Medicine – 2024 Joint Chairmen’s Report (p. 128 - 129)

Dear Chairs Guzzone and Barnes:

Pursuant to the requirements of the 2024 Joint Chairmen’s Report (p. 128 – 129), please find enclosed a report summarizing data from the Maryland Medicaid Program related to Maternal Fetal Medicine (MFM) provider utilization, reimbursement rates and rates history, and demographics of individuals receiving MFM services, in addition to claims volume and reimbursement rates for commercial insurers in Maryland and reimbursement rates for Medicare.

Thank you for your consideration of this information. If you have any questions or need more information on the subjects included in this report, please contact Sarah Case-Herron, Director of Government Affairs, at sarah.case-herron@maryland.gov.

Sincerely,

Laura Hererra Scott, M.D., M.P.H. Secretary
Maryland Department of Health

cc: Ryan Moran, Deputy Secretary, Health Care Financing and Medicaid Director
Tricia Roddy, Deputy Director, Maryland Medicaid Program
Alyssa Brown, Director, Office of Innovation, Research, and Development
Sarah Albert, Department of Legislative Services (5 copies)

Study on Maternal Fetal Medicine Services Reimbursement

2024 Joint Chairmen's Report (p. 128-129)

Maryland Department of Health

December 2024

Overview

Pursuant to the requirements of the 2024 Joint Chairmen’s Report (page 128), the Maryland Department of Health (“MDH”) respectfully presents this report to outline the study of reimbursement rates under the Maryland Medical Assistance Program (“Maryland Medicaid”) for services provided by maternal fetal medicine specialists (MFMs). The Joint Chairmen’s Report requires that the study include the following information:

- the Current Procedural Terminology (CPT) codes billed by physicians identified as maternal fetal medicine specialists under Medicaid;
- the timing of when Medicaid reimbursement rates for each CPT code identified was last adjusted;
- the number of claims and funding amounts that have been billed through Medicaid for the identified CPT codes;
- demographic information for Medicaid participants receiving services billed as the identified CPT codes;
- the volume of claims billed through commercial insurers for the identified CPT codes; and
- a comparison of Medicaid, Medicare, and average commercial reimbursement rates for the identified CPT codes.

The analysis shows that Maryland Medicaid’s MFM reimbursement rates are similar to those of neighboring states and lower than those of Medicare and the state’s commercial insurers. MDH reviewed all 126 codes billed by providers that identify as an MFM as well as a subset of 15 of MFM codes identified as priority codes in legislation introduced, but not passed in 2024.¹ Increasing reimbursement rates for MFM CPT codes to be equivalent to that of Medicare would have an estimated annual fiscal impact of \$6.3 million total funds (\$3.2 million general funds) to \$36.4 million total funds (\$18.2 million general funds). Increasing rates for MFM codes to the average commercial rate would have an estimated fiscal impact of \$26.9 million total funds (\$13.4 million general funds) to \$298.8 million total funds (\$149.4 million general funds).

Background

Medicaid covers nearly 47 percent of Maryland’s births, accounting for more than 32,000 births annually in Calendar Year (CY) 2022. Nationally, between 6 to 8 percent of pregnancies are classified as high-risk.² A variety of factors increase the likelihood of a high-risk pregnancy, including lifestyle factors, such as substance or tobacco use; pre-existing conditions, such as cardiac disease, diabetes, or lupus; and pregnancy complications, such as preeclampsia or placenta accreta. Consistent with national trends, Black women in Maryland are at an elevated risk of maternal mortality; they are 2.3 times likely to die during pregnancy or during the postpartum period than their White counterparts.³ In cases of high-risk pregnancies, patients may

¹ HB 1036/SB 0716, *Maryland Medical Assistance Program - Maternal Fetal Medicine Services - Reimbursement* <https://mgaleg.maryland.gov/mgaweb/Legislation/Details/SB0716?ys=2024RS&search=True>

² Cleveland Clinic. (2024, July 12). *High-Risk Pregnancy*. <https://my.clevelandclinic.org/health/diseases/22190-high-risk-pregnancy>

³ Maryland Department of Health. (2022). *Maryland Maternal Mortality Review: 2022 Annual Report, Health – General Article*

receive care from a MFM specialist better able to support their unique needs.

MFM specialists are doctors who specialize in high-risk pregnancies. MFMs receive the same education as an obstetrician-gynecologist (OB-GYN) along with three additional years of training about the treatment of pregnancy-related complications and fetal issues.⁴ In Fiscal Year (FY) 2023, 3,583 Medicaid participants received services from an MFM provider, corresponding with approximately 11 percent of annual births.⁵

MFMs are not a separate provider type in the MMIS II system. Physicians must indicate their MFM specialty, if applicable, and submit their certifications when enrolling as a Medicaid provider in order to be assigned the MFM specialty code in MMIS II. Therefore, the MFM specialty is not consistently reported, as it depends on provider self-report. Given this limitation, the analyses included in this report may undercount the number of MFMs delivering services and related service volume.

In June 2024, MDH published a public online provider directory, which details providers' specialties.⁶ MFMs who are not currently recognized by the system as MFMs can use this new directory to identify the lapse, and subsequently update their certifications in the enrollment system, ePREP. Additionally, MDH is currently implementing a comprehensive update of its provider enrollment system, to be completed in October 2026. Combined, the directory and system updates will facilitate easier enrollment and identification of MFMs, amongst other provider specialties.

Medicaid Maternal and Child Health (MCH) Programs

The Moore-Miller administration is committed to better serving residents and improving the health of all Marylanders. The Moore-Miller Administration's State Plan⁷ focuses on improving access to quality perinatal health and eliminating health disparities in infant and maternal mortality rates. In alignment with these goals, MDH has implemented a variety of new benefits and care models, including:

- **Home Visiting Services.** Home Visiting services are in-home services for pregnant people, provided by a specially trained professional or nurse, focusing on patient education and support during and after pregnancy. Medicaid currently reimburses two evidence-based home visiting models, Healthy Families America and Nurse Family Partnership.
- **CenteringPregnancy.** CenteringPregnancy is a model of prenatal services that brings together small groups of pregnant women and individuals with similar due dates for facilitated discussions and education. This evidence-based model builds relationships and health literacy amongst its participants.
- **MOM Program.** MOM enhanced case management services address the health,

§13-1212. <https://health.maryland.gov/phpa/mch/Documents/MMR/2022%20MMR%20Report.pdf>

⁴ The American Board of Obstetrics and Gynecology, Inc. *2019 Bulletin for Subspecialty Certification in Maternal-Fetal Medicine*. https://www.abog.org/docs/default-source/bulletins/2019/2019-maternal-fetal-medicine.pdf?sfvrsn=7bb5431b_4

⁵ Live birth data for CY 2022

⁶ Maryland Department of Health. (2024). *Provider Finder*. <https://health.maryland.gov/mmcp/Pages/provider-finder.aspx>

⁷ The Office of Governor Wes Moore. (2024). *Moore-Miller Administration 2024 State Plan*. <https://governor.maryland.gov/priorities/Documents/2024%20State%20Plan.pdf>

wellbeing, treatment, and recovery of soon to be parents and infants who have an opioid use disorder (OUD). MOM services are offered by all nine HealthChoice Managed Care Organizations (MCOs).

- **Doula Services.** A doula, or birth worker, is a trained professional who provides physical, emotional, and informational support to birthing parents. This support can happen before, during, and after birth. Many studies have shown that doulas help the health of both birth parents and their babies, especially for families of color. Birthing parents can feel more confident and less anxious about the birthing process when they have a doula.

MDH also has several coverage expansions and other initiatives that promote maternal and child health, including:

- **Expanded Postpartum Coverage.** Maryland expanded Medicaid eligibility for pregnant participants through twelve months postpartum beginning in 2022. Analysis from the Hilltop Institute found that this expanded coverage increased primary care utilization and reduced racial disparities in postpartum care utilization.⁸
- **Healthy Babies Program.** Implemented July 1, 2023, the Healthy Babies Program provides Medical Assistance coverage for non-citizens, regardless of citizenship status, during pregnancy and for four months postpartum period, as directed by the Healthy Babies Act of 2022. Enrollment in Healthy Babies exceeded initial estimates, with over 7,000 individuals enrolled in the first six months.
- **Network Adequacy Assessments.** The MCOs submit the HealthChoice Network Analysis Report quarterly to provide information about network adequacy based on the standards outlined in COMAR 10.67.05.⁹ MCOs must submit GeoAccess reports by county and provider type, including prenatal care providers. This category includes obstetricians and certified nurse midwives, and may include family practitioners who provide prenatal care in areas with a shortage of obstetricians.
- **Maryland's Maternal Mortality Review Team (MMRT).** The Medical Assistance Program actively participates in Maryland's Maternal Mortality Review Team (MMRT). This multidisciplinary team brings a wealth of perspectives and expertise to evaluate the preventability of pregnancy-associated deaths, and opportunities for prevention of future deaths.
- **Maryland Prenatal Risk Assessment (MPRA).** The MPRA has been used for over twenty-five years as a key tool for reducing infant and maternal mortality and healthcare disparities by early identification of individuals at risk. All Medicaid participants must complete the MPRA at the first prenatal care visit, and Local Health Departments and MCOs use the information provider to make referrals to needed resources. The MPRA includes questions on demographics, psychological risks, medical risks, and pregnancy

⁸ Goetschius, L.G., Middleton, A., & Idala, D. (2023, October 26). The effect of extended postpartum care on health care utilization and outcomes. Baltimore, MD: The Hilltop Institute, UMBC.
<https://www.hilltopinstitute.org/publication/effect-of-extended-postpartum-medicaid-coverage-on-primary-care-utilization-in-maryland/>

⁹ For prenatal care the standards are as follows: In urban areas, within 15 minutes or 10 miles; In suburban areas, within 30 minutes or 20 miles; and In rural areas, within 90 minutes or 75 miles (COMAR 10.67.05.06).

risk factors.

MFM Data Evaluation

MFM Service Codes

To complete the analysis for this report, MDH reviewed service codes billed by providers with a MFM subspecialty from FY 2021 to FY 2023 (Appendix 1). To do this, MDH compiled a list of all individual rendering providers with an MFM specialty code in the MMIS II system. Then a list of every code billed by these 34 providers between FY 2021 and FY 2023 was generated, yielding 126 unique codes. These codes span a wide variety of services in the obstetric field, including standard visits; radiology, such as abdominal and doppler ultrasounds; procedures, such as amniocenteses and tubal ligations; and other services. The most frequently billed codes fall into two major groups: fetal imaging codes, including ultrasounds (CPT codes 76376, 76377, 76801-76828), and evaluation and management (E&Ms) codes for preventative care visits (CPT codes 99202-99499).

MDH notes that these service codes are inclusive of a subset of codes¹⁰ listed in legislation introduced, but not passed, during the 2024 session (CPT codes 76801, 76802, 76805, and 76810-76821).¹¹

Finally, MDH notes that due to system limitations, differential rates cannot be set in MMIS II based on provider specialty. While the 126 codes identified for purposes of this report were associated with billing by MFMs, these codes may also be billed by providers without this associated specialty. As such, all rate increases assessed in this report would apply to all providers eligible to bill for those codes, not just MFMs.

MFM Service Utilization

Provider Overview

There are currently 34 Medicaid providers who have enrolled who identified themselves with the MFM specialty.¹² MFMs billed services using 126 unique CPT codes. Three providers billed for the majority of services delivered, accounting for 77 percent of all services delivered. Of the total MFM codes billed, approximately 65 percent of the volume is fetal imaging services and 25 percent is E&M visits. Most of the remaining 10 percent of service volume, approximately 70 codes, were billed fewer than ten times annually.¹³ Appendix 2 outlines MFM utilization by CPT code, which also addresses the JCR requirement.

For the purposes of this report, MDH classified the codes billed by MFM providers as “MFM services”; however, the utilization data demonstrates that other providers also frequently bill for these same services. Appendix 3A compares the number of times each MFM CPT code was billed by an MFM provider against the number of times the CPT was billed overall by *any* provider, including but not limited to MFMs. Given that there are relatively few MFMs enrolled

¹⁰ This subset of codes is highlighted in yellow in the appendices.

¹¹ HB 1036/SB 0716, *Maryland Medical Assistance Program - Maternal Fetal Medicine Services - Reimbursement* <https://mgaleg.maryland.gov/mgaweb/Legislation/Details/SB0716?ys=2024RS&search=True>

¹² As noted above, providers self-identify and provide documentation in order to enroll with Medicaid as an MFM specialist. The actual count of MFMs delivering services may be higher.

¹³ This is in line with CMS' cell suppression policy: <https://www.hhs.gov/guidance/document/cms-cell-suppression-policy>

as Medicaid providers, it can be expected that they would make up a relatively small proportion of providers billing these codes. Like the MFM providers, all providers predominantly bill fetal imaging and E&M codes; however, all providers bill far more of labor and delivery codes.

Participant Overview

The number of unique participants who received MFM services is shown in the columns on the right side of Appendix 2. With the exception of the E&M codes, the number of times each code was billed was similar to the number of unique participants. This can be expected as some of the radiology procedures are only completed once during a pregnancy. For ultrasounds that are recurring, there will often be separate CPT codes by gestational age.

Utilization data in Appendix 3B shows similar billing trends between Medicaid MFMs and the category “all providers”; both provider categories billed a similar number of codes per unique participant – 9.2 and 9.3 codes, respectively. This is higher than what is reimbursed for by commercial insurers whose rate is approximately 5.3 codes per unique patient.

Tables 1 and 2 below provide demographic information for Medicaid participants receiving services associated with the 126 identified CPT codes. Table 1 provides data on individuals who received services from MFM providers, generally. Table 2 includes demographic information on participants who received a service from the list of codes in the legislation, rendered any provider. MDH elected to limit the list of codes for Table 2 as some of the MFM codes are not specific to the pregnant population, for example the venous blood draw, which could erroneously include information for participants outside the scope of this report.

From FY 2021 through FY 2023, it appears that the number of individuals who received services from a provider identified as an MFM specialist decreased substantially while billing for MFM radiology codes across all providers remained relatively level. The change in the number of participants receiving services from MFM providers should be interpreted with caution. As noted above, due to system limitations it is likely that there are several MFM providers who are rendering care to Medicaid participants, without having their MFM credentials submitted to Medicaid. Between FY 2021 and FY 2023, however, there was an increase of Medicaid MFM providers from 21 to 34. This reduction in claims alongside an increase in provider enrollment can be attributed to two coinciding factors: first, a small number of medium-capacity MFMs ceased billing Medicaid, and second, a larger number of extremely low-capacity providers started billing Medicaid. The reasons that the medium-capacity providers ceased billing are unknown; this could be due to providers relocating to another state, retiring, or no longer accepting Medicaid. The salient point is that while there was a decrease in the numbers of claims from MFMs, participants are to continuing to receive these services at the same rate.

The three race/ethnicity categories Black, White, and Hispanic represent the largest proportion of individuals receiving services in both demographic tables (Tables 1 and 2), with Black participants accounting for the largest numbers in both. This aligns with the distribution of Medicaid pregnancies by the same race/ethnicity categories; however, the data does show that Black-identifying individuals are more likely to receive MFM services but slightly less likely to see an MFM, whereas the opposite is seen for both White and Hispanic participants.

With regard to the distribution by age group, there was little change for the individuals who

received MFM services with exception of those ages 40 to 64, which experienced a 19 percent increase. There was, however, a notable decrease in the proportion of those receiving services from an MFM for all age groups, ranging from a 30 percent decrease (ages 40 to 64) to a 51 percent decrease (ages 19 to 20).

When disaggregated by region, the number of participants receiving MFM services saw minor changes, most notably an 8 percent increase in Washington Suburban and a 5 percent increase in Western and Southern Maryland. The greatest changes were to the number of individuals receiving services from an MFM, with decreases ranging between 31 percent and 49 percent in Washington Suburban, Baltimore Suburban, and Western Maryland; the clearest changes however were in Southern Maryland which experienced an 89 percent decrease during the same time period. The only region that saw a major increase was the Eastern Shore which experienced a 50 increase.

Table 1. Demographics of Participants seen by MFM Providers, FY 2021 – FY 2023

Demographic Characteristic	FY 2021		FY 2022		FY 2023	
	#	%	#	%	#	%
Race/Ethnicity						
Asian	424	6.8%	361	6.6%	199	5.55%
Black	2,672	42.7%	2,336	42.6%	1,488	41.53%
White	1,277	20.4%	1,049	19.1%	726	20.26%
Hispanic	1,430	22.9%	1,341	24.5%	922	25.73%
Black and White	68	1.1%	77	1.4%	55	1.54%
Native American/Alaskan	70	1.1%	50	0.9%	25	0.70%
Other	200	3.2%	177	3.2%	96	2.68%
Pacific Islander	*	0.2%	*	0.1%	*	0.08%
Two or More Races	97	1.6%	74	1.4%	63	1.76%
Unknown	*	0.1%	*	0.1%	*	0.17%
Total	6,254	100.0 %	5,480	100.0 %	3,583	100.00%
Age Group (Years)						
0-20	426	6.8%	349	6.4%	218	6.09%
21-39	5,463	87.4%	4,733	86.4%	3,109	86.77%
40-64	365	5.8%	398	7.3%	256	7.14%
Total	6,254	100.0 %	5,480	100.0 %	3,583	100.00%
Region						
Baltimore City	379	6.1%	386	7.0%	386	10.77%
Baltimore Suburban	1,318	21.1%	1,120	20.4%	905	25.26%
Eastern Shore	*	0.4%	*	0.6%	*	1.00%
Out of State	*	0.0%	*	0.1%	*	0.11%
Southern Maryland	567	9.1%	388	7.1%	65	1.81%
Washington Suburban	3,196	51.1%	2,904	53.0%	1,791	49.99%
Western Maryland	769	12.3%	648	11.8%	396	11.05%

Total	6,254	100.0 %	5,480	100.0 %	3,583	100.00%
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Table 2. Demographics of Participants with MFM Radiology Code Utilization, FY 2021 – FY 2023

Demographic Characteristic	FY2021		FY2022		FY2023	
	#	%	#	%	#	%
Race/Ethnicity						
Asian	2,099	4.2%	2,204	4.9%	2,088	4.7%
Black	22,193	51.0%	22,523	50.3%	22,167	49.9%
White	10,261	23.6%	10,051	22.4%	9,639	21.7%
Hispanic	6,088	14.0%	6,996	15.6%	7,610	17.1%
Black and White	556	1.3%	624	1.4%	666	1.5%
Native American	400	0.9%	398	0.9%	395	0.9%
Other	1,143	2.6%	1,232	2.8%	1,092	2.5%
Pacific Islander	62	0.1%	68	0.2%	60	0.1%
Two or More Races	659	1.5%	644	1.4%	622	1.4%
Unknown	50	0.1%	63	0.1%	49	0.1%
All	43,511	100.0 %	44,803	100.0 %	44,388	100.0 %
Age Group (Years)						
0–20	4,070	9.3%	3,928	8.8%	3,925	8.8%
21–39	37,588	86.4%	38,789	86.6%	38,253	86.2%
40–64+	1,853	4.3%	2,086	4.7%	2,210	5.0%
All	43,511	100.0 %	44,803	100.0 %	44,388	100.0 %
Region						
Baltimore City	8,173	18.8%	8,162	18.2%	8,255	18.6%
Baltimore Suburban	13,593	31.2%	14,010	31.3%	13,700	30.9%
Eastern Shore	3,845	8.8%	4,044	9.0%	3,898	8.8%
Out of State	36	0.1%	36	0.1%	41	0.1%
Southern Maryland	2,235	5.1%	2,268	5.1%	2,125	4.8%
Washington Suburban	11,939	27.4%	12,819	28.6%	12,865	29.0%
Western Maryland	3,690	8.5%	3,464	7.7%	3,504	7.9%
All	43,511	100.0 %	44,803	100%	44,388	100.0 %

Table 2 Notes:

1. The table includes all patients who had a CPT code from the bill language billed on their behalf by a provider in the “All Providers” category.
2. “All Providers” refers to any rendering provider who received reimbursement for a given code, including MFM providers.

Reimbursement Rates

Maryland Medicaid compared to neighboring states. Appendix 4 compares Maryland's reimbursement rates to the reimbursement rates of neighboring states: Delaware, West Virginia, Pennsylvania, Virginia, and the District of Columbia. No clear pattern emerged for the differences in rates between the states/districts; at times Maryland's rates for both E&Ms and radiology codes were some of the highest, other times somewhere in the middle. Generally, West Virginia's reimbursement rates were the lowest among the six.

Medicaid rates compared to Medicare and commercial rates. Appendix 5 provides a comparison of Medicaid, Medicare, and average commercial reimbursement rates for the identified CPT codes of the three payers, Medicare reimburses the fewest number of MFM codes and does not have a facility rate for many that they do reimburse. Of the codes that did have reimbursement rates listed, the commercial insurers tended to have the highest reimbursement rates, followed by Medicare, and then Medicaid.

Historic Medicaid rate increases. Appendix 6 addresses the timing of when Medicaid reimbursement rates for each CPT code identified was last adjusted over the past ten years, along with changes in the facility modifier, U3. The U3 rate is multiplied by the base rate of the code when the service is performed at a hospital. The base rates and U3 modifiers are updated across classes of service codes in alignment with the hospital rates set by the HealthCare Cost Review Commission (HSCRC).

As outlined above, there are two major groups of MFM codes: fetal imaging and E&Ms. Rates for most fetal imaging codes have remained constant since 2017. The E&M rates have seen more adjustments, with some codes seeing rate increases, and some decreases. The most commonly billed MFM E&M codes, 99212, 99213 and 99214 (outpatient/office visits), have overall increased since 2014.¹⁴

Cost Analysis

Based on the average claims volume of Medicaid-approved MFMs between FY 2021 and 2023, MDH calculated the estimated cost of increasing the reimbursement rates to be equal with Medicare, as well as commercial insurance.¹⁵ This was completed by multiplying the cost increase for each code by the current Medicaid claims volume, and then summing the products.

MDH notes that the MMIS II system does not have the functionality to reimburse differential rates based on provider specialty. Due to this limitation, these calculations show the cost of increasing rates for all providers able to bill the MFM codes.

If the rate increases were to apply to the full MFM code list, this could lead to the unintended consequence of increasing reimbursement rates for non-pregnant participants as some of the codes are not limited to pregnancy, such as a venous blood draw (CPT code 36415). Increasing

¹⁴ Additional information on historic increases to E&M rates tied to the Affordable Care Act and other initiatives can be found in the Department's annual Provider Reimbursement Rate Report required pursuant to Health-General Article §15-103.5, see <https://health.maryland.gov/mmcp/Pages/Reports-and-Publications.aspx>.

¹⁵ The default Medicaid reimbursement rate used in the calculations was the non-facility fee, except in cases where only the facility fee was available.

rates for a subset of codes, such as those associated with pregnancy or those previously specified in legislation would reduce the projected fiscal impact.

Table 3. Cost Projections for Reimbursement Increases

Code List	Medicare Rates	Commercial Rates
Full MFM 126 Code List	\$36,428,905.32 Total Funds (\$18.2 million General Funds)	\$298,833,771.90 Total Funds (\$149.4 million General Funds)
Codes in Legislation Only	\$6,338,460.71 Total Funds (\$3.2 million General Funds)	\$26,874,772.91 Total Funds (\$13.4 million General Funds)

Table 3 Notes:

1. As the category “Full MFM 126 Code List” includes the CPT code for a venous blood draw (36415) which likely includes individuals who are not pregnant. As such, it is possible that the estimate for commercial rate has artificially elevated the total cost. If this code were removed, the new amount would be \$295.7 million in total funds (\$147.8 million in General Funds). This would not affect the Medicare estimates as they do not reimburse for this specific code.
2. The category “Codes in Legislation Only” includes those listed in the legislation introduced, but not passed, during the 2024 session (CPT codes 76801, 76802, 76805, and 76810-76821).¹⁶

Medicare rates

If the reimbursement rates for MFM codes were to be equivalent to the Medicare average, the annual total increase would be between \$6.3 million and \$36.4 million, depending on whether it was for the subset of codes listed in the proposed legislation or the full list of 126 MFM codes. With a 50-percent federal match, there would be between a \$3.2 million and \$18.2 million annual increase to Medicaid (general funds).^{17 18 19 20}

Commercial rates

If the reimbursement rates for MFM codes were to be equivalent to the commercial average, the annual total increase would be between \$26.9 million and \$298.8 million, depending on whether it was for the subset of codes listed in the proposed legislation or the full list of 126 MFM codes. With a 50-percent federal match, there would be between a \$13.4 million and \$149.4 million

¹⁶ HB 1036/SB 0716, *Maryland Medical Assistance Program - Maternal Fetal Medicine Services - Reimbursement* <https://mgaleg.maryland.gov/mgaweb/Legislation/Details/SB0716?ys=2024RS&search=True>

¹⁷ Reimbursement rates broken out by modifier was available for Medicare. As such, the difference in claims volume by modifier was accounted for in the calculations.

¹⁸ In cases where Medicare does not reimburse for a code, the assumption is that there would be no change to the Medicaid reimbursement amount.

¹⁹ Due to a difference in billing policy between Medicaid and Medicare for the “non invasive studies” service, the calculation used claims volume for code 93976, rather than 93975.

²⁰ In cases where the Medicaid reimbursement rate was greater than the Medicare rate, the assumption was that there would be no change to the current rate.

annual increase to Medicaid (general funds).^{21 22 23 24}

Data Limitations

Commercial data

In order to address the JCR requirement to provide the claims volume billed through commercial insurers for the identified CPT codes, Maryland Health Care Commission (MHCC) provided Maryland commercial utilization data from the All-Payer Claims Database (APCD) on the MFM codes for FY 2021 and FY 2023. Self-funded Employee Retirement Income Security Act (ERISA) plan data is not included in the APCD. Therefore, the APCD only accounts for 25 to 30 percent of the self-insured market.²⁵ As such, the claims in the database only represent a subset of Maryland’s commercial claims. The counts listed in Appendix 7 is likely an underrepresentation of the true claims volume. This limitation also extends to the average reimbursement amounts in the same table; only a subset of Maryland’s commercial reimbursement rates was available to be included in these calculations.

Medicaid data

After completing a service, providers have a period of between six to twelve months in which they may bill.²⁶ This gap in time is known as “claims lag,” as there is a delay in these claims and encounters being recorded in Medicaid’s system. Since data from FY 2023 was included in the calculations for this report, it is possible that the claims volume from that period may be artificially lower. To address this issue, utilization data from FY 2023 was averaged with that of FY 2021 and 2022.

During the COVID-19 pandemic there were changes in utilization patterns for a variety of services and providers. It is likely that the recent changes in MFM utilization in the early 2020s are at least partially related to the pandemic. This also coincides with a change in guidance from the American College of Obstetricians and Gynecologists (ACOG) on specific screening services.²⁷

As a result of an increase in reimbursement rates, there may be a “woodwork effect” wherein

²¹ Reimbursement rates broken out by modifier were not available for commercial insurers. As such, for the purposes of this analysis the assumption is that commercial claims were always for both the professional and technical components.

²² In cases where commercial insurers do not reimburse for a code, the assumption is that there would be no change to the Medicaid reimbursement amount.

²³ Due to a difference in billing policy between Medicaid and commercial insurers for the “non invasive studies” service, the calculation used claims volume for code 93976, rather than 93975.

²⁴ In cases where the Medicaid reimbursement rate was greater than the commercial rate, the assumption was that there would be no change to the current rate.

²⁵ Maryland Health Care Commission. (2024). *MCDB Data Release*.

https://mhcc.maryland.gov/mhcc/pages/apcd/apcd_data_release/apcd_data_release_mcdb.aspx

²⁶ Although six to twelve months is the maximum amount of time, the vast majority of claims and encounters are submitted far sooner.

²⁷ American College of Obstetricians and Gynecologists’ Committee on Practice Bulletins—Obstetrics Committee on Genetics Society for Maternal-Fetal Medicine; American College of Obstetricians and Gynecologists’ Committee on Practice Bulletins—Obstetrics Committee on Genetics Society for Maternal-Fetal Medicine; American College of Obstetricians and Gynecologists’ Committee on Practice Bulletins—Obstetrics Committee on Genetics Society for Maternal-Fetal Medicine. Screening for Fetal Chromosomal Abnormalities: ACOG Practice Bulletin, Number 226. *Obstetrics & Gynecology* 136(4):p e48-e69, October 2020. | DOI: 10.1097/AOG.0000000000004084

there may be an increase in registered MFM providers due to some OB providers updating their subspecialty paperwork. As stated previously, it is possible that there are MFMs that MDH is currently unaware of. As such, it is possible that the claims volume will in fact be higher after rates are increased.

Conclusion

MFM providers play a vital role in providing specialized care to individuals with high-risk pregnancies; in Maryland, they support the unique health needs of 11 percent of Medicaid participant births annually.

Currently Maryland Medicaid's reimbursement rates are similar to those of neighboring states and lower than those of Medicare and the state's commercial insurers. Increasing reimbursement rates for all MFM CPT codes billed by any eligible provider to be equivalent to that of Medicare or commercial insurers would result in an increased annual cost of up to \$36.4 million or \$298.8 million, respectively.

MDH will continue to implement its innovative services and care models in alignment with the State's commitment to reduce severe maternal morbidity and mortality. MDH remains committed to working with its partners and stakeholders to improve maternal and child health across the state.

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Appendix Notes:

For the purposes of participant privacy, counts of ten or fewer have been suppressed and replaced with a “*”.

Appendix 1. CPT codes billed by MFM Providers between FY 2021 – FY 2023

CPT Code	Formatted CPT Code	CPT Code	Formatted CPT Code
36415	COLLECTION OF VENOUS BLOOD BYVENIPUNCT	99201	OFFICE/OUTPATIENT VISIT NEW
54150	CIRCUMCISION, NEWBORN	99202	OFFICE/OUTPATIENT VISIT NEW
58611	LIGATION OR TRANSECTION FALLOPIAN TUBE	99203	OFFICE/OUTPATIENT VISIT NEW
58700	REMOVE FALLOPIAN TUBE(S)	99204	OFFICE/OUTPATIENT VISIT NEW
59000	AMNIOCENTESIS DIAGNOSTIC	99205	OFFICE/OUTPATIENT VISIT NEW
59001	AMNIOCENTESIS THERAPEUTIC	99211	OFFICE/OUTPATIENT VISIT EST
59015	CHORIONIC VILLUS SAMPLING	99212	OFFICE/OUTPATIENT VISIT EST
59025	FETAL NON-STRESS TEST	99213	OFFICE/OUTPATIENT VISIT EST
59074	FETAL FLUID DRAINAGE W/ US	99214	OFFICE/OUTPATIENT VISIT EST
59320	REVISE CERVIX VAGINAL DURING PREGNANCY	99215	OFFICE/OUTPATIENT VISIT EST
59409	VAGINAL DELIVERY ONLY	99217	OBSERVATION CARE DISCHARGE DAY MANAGEMEN
59410	OBSTETRICAL CARE – NORMAL DELIVERY	99218	INITIAL OBSERVATION CAREE
59430	CARE AFTER DELIVERY	99219	INITIAL OBSERVATION CARE
59510	GLOBAL C SECTION CARE	99220	INITIAL OBSERVATION CARE
59514	CAESAREAN DELIVERY ONLY	99221	INITIAL HOSP INPT OR OBSERVATION
59515	CESAREAN DELIVERY ONLY	99222	INITIAL HOSP INPT OR OBSERVATION
59866	ABORTION	99223	INITIAL HOSP INPT OR OBSERVATION
59897	UNLISTED FETAL INVAS PX W/US	99224	SUBSEQUENT OBSERVATION CARE
75820	VEIN X-RAY ARM/LEG	99225	SUBSEQUENT OBSERVATION CARE
76376	3D RENDERING OF COMPUTED TOMOGRAPHY	99226	SUBSEQUENT OBSERVATION CARE
76377	3D RENDERING OF COMPUTED TOMOGRAPHY	99231	SUBSEQUENT HOSPITAL INPT OR OBSERVATION
76775	US EXAM ABDO BACK WALL LIM	99232	SUBSEQUENT HOSPITAL INPT OR OBSERVATION
76801	OB US < 14 WKS SINGLE FETUS	99233	SUBSEQUENT HOSPITAL INPT OBSERVATION
76802	OB US < 14 WKS ADDL FETUS	99234	OBSERV/HOSP SAME DATE
76805	OB US >= 14 WKS SNGL FETUS	99235	OBSERV/HOSP SAME DATE
76810	OB US >= 14 WKS ADDL FETUS	99238	HOSP INPT OBSERVATION DISCHARGE
76811	OB US DETAILED SNGL FETUS	99241	CONSULT OFFICE LIMITED
76812	OB US DETAILED ADDL FETUS	99242	CONSULT OFFICE INTERMEDIATE
76813	OB US NUCHAL MEAS 1 GEST	99243	CONSULT OFFICE EXTENDED
76814	OB US NUCHAL MEAS ADD-ON	99244	CONSULT OFFICE COMPREHENSIVE
76815	OB US LIMITED FETUS(S)	99245	CONSULT OFFICE COMPLEX
76816	OB US FOLLOW-UP PER FETUS	99251	CONSULT IN-HOSP INITIAL
76817	TRANSVAGINAL US OBSTETRIC	99252	INPATIENT OR OBSERVATION CONSULTATION
76818	ECHO STUDY FETUS	99253	INPATIENT OR OBSERVATION CONSULTATION
76819	FETL BIOPHYS PROFIL W/O STRS	99254	INPATIENT OR OBSERVATION CONSULTATION

76820	UMBILICAL ARTERY ECHO	99283	EMERG DEPT VISIT INTERMEDIATE
76821	MIDDLE CEREBRAL ARTERY ECHO	99284	EMERG DEPT VISIT EXTENDED
76825	ECHO STUDY FETAL HEART	99285	EMERG DEPT VISIT COMPREHENSIVE
76826	ECHOCARDIOGRAPHY FETAL REPEAT	99401	PREV MED CNSL INDIV APPRX 15
76827	DOPPLER ECHOCARDIOGRAPHY FETAL	99402	PREV MED CNSL INDIV APPRX 30
76828	DOPPLER ECHOCARDIOGRAPHY FETAL	99417	PROLNG OFF/OP E/M EA 15 MIN
76830	TRANSVAGINAL US NON-OB	99441	PHONE E/M BY PHYS 5-10 MIN
76856	US EXAM PELVIC COMPLETE	99442	PHONE E/M BY PHYS 11-20 MIN
76945	ECHO GUIDE VILLUS SAMPLING	99443	PHONE E/M BY PHYS 21-30 MIN
76946	ULTRASONIC GUIDANCE, AMNIOCENTESIS	99447	INTERPROF PHONE/ONLINE 11-20
78605	NUCLEAR EXAM OF BRAIN	99448	INTERPROF PHONE/ONLINE 21-30
81002	URINALYSIS NON-AUTOMATED W/OUT MICRO	99449	INTERPROF PHONE/ONLINE 31/>
82962	GLUCOSE BLOOD BY FDA CLEARED DEVICES	99472	PED CRITICAL CARE SUBSQ
90471	IMMUNIZATION ADMIN, SINGLE	E0603	ELECTRIC BREAST PUMP/AC, AND/OR/DC,RENTL
90686	IIV4 VACC NO PRSV 3 YRS+ IM	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAI
90715	TDAP VACCINE 7 YRS/> IM	G0403	EKG FOR INITIAL PREVENT EXAM
93010	ELECTROCARDIOGRAM REPORT	H1000	PRENATAL CARE AT-RISK ASSESSMENT
93325	DOPPLER COLOR FLOW	H1003	PRENATAL CARE AT RISK ENHANCED SERVICE
93975	NON INVASIVE STUDIES	J0702	BETAMETHASONE ACET/SOD PHOSPH, PER 3 MG
93976	NON INVASIVE STUDIES	J1726	MAKENA, 10 MG
96040	GENETIC COUNSELING 30 MIN	J2405	ONDANSETRON HYDROCHLORIDE, PER 1 MG
96372	THER/PROPH/DIAG INJ SC/IM	J2790	RHO D IMMUNE GLOBULIN, HUMAN, 1 DOSE PAK
98960	SELF-MGMT EDUC & TRAIN 1 PT	J7120	RINGERS LACTATE INFUSION, UP TO 1,000 CC
98966	HC PRO PHONE CALL 5-10 MIN	S0265	GENETIC COUNSEL 15 MINS
98967	HC PRO PHONE CALL 11-20 MIN	S9140	DIABETIC MANAGEMENT PROGRAM, FOLLOW-UP
98968	HC PRO PHONE CALL 21-30 MIN	S9460	DIABETIC MANAGEMENT PROGRAM, NURSE VISIT
99000	SPECIMEN HANDLING OFFICE TO LAB	S9560	HT INJ HORMONE DIEM

Appendix 1 Notes:

1. The codes highlighted in yellow are those included in the legislation introduced, but not passed, during the 2024 session (CPT codes 76801, 76802, 76805, and 76810-76821).²⁸

²⁸ HB 1036/SB 0716, *Maryland Medical Assistance Program - Maternal Fetal Medicine Services - Reimbursement*
<https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/SB0716?ys=2024RS&search=True>

Appendix 2. CPT Code Utilization by MFM Providers, FY 2021 – FY 2023

CPT Code	Formatted CPT Code	Number of Times Billed			Count of Unique Participants		
		FY 2021	FY 2022	FY 2023	FY 2021	FY 2022	FY 2023
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCT	1,684	1,012	508	1,562	946	468
54150	CIRCUMCISION, NEWBORN	*	*	*	*	*	*
58611	LIGATION OR TRANSECTION FALLOPIAN TUBE	*	*	*	*	*	*
58700	REMOVE FALLOPIAN TUBE(S)	*	*	*	*	*	*
59000	AMNIOCENTESIS DIAGNOSTIC	22	16	19	22	16	19
59001	AMNIOCENTESIS THERAPEUTIC	*	*	*	*	*	*
59015	CHORIONIC VILLUS SAMPLING	*	*	*	*	*	*
59025	FETAL NON-STRESS TEST	240	243	180	108	131	115
59074	FETAL FLUID DRAINAGE W/ US	*	*	*	*	*	*
59320	REVISE CERVIX VAGINAL DURING PREGNANCY	24	30	23	23	30	23
59409	VAGINAL DELIVERY ONLY	*	*	*	*	*	*
59410	OBSTETRICAL CARE - NORMAL DELIVERY	*	*	*	*	*	*
59430	CARE AFTER DELIVERY	*	*	*	*	*	*
59510	GLOBAL C SECTION CARE	*	*	*	*	*	*
59514	CAESAREAN DELIVERY ONLY	*	*	*	*	*	*
59515	CESAREAN DELIVERY ONLY	*	*	*	*	*	*
59866	ABORTION	*	*	*	*	*	*
59897	UNLISTED FETAL INVAS PX W/US	*	*	*	*	*	*
75820	VEIN X-RAY ARM/LEG	*	*	*	*	*	*
76376	3D RENDERING OF COMPUTED TOMOGRAPHY	*	*	*	*	*	*
76377	3D RENDERING OF COMPUTED TOMOGRAPHY	*	*	*	*	*	*
76775	US EXAM ABDO BACK WALL LIM	*	*	*	*	*	*
76801	OB US < 14 WKS SINGLE FETUS	1,902	1,217	720	1,710	1,141	676
76802	OB US < 14 WKS ADDL FETUS	65	33	20	58	31	19
76805	OB US >= 14 WKS SNGL FETUS	6,013	4,906	1,913	3,405	2,968	1,460
76810	OB US >= 14 WKS ADDL FETUS	179	148	46	95	82	30
76811	OB US DETAILED SNGL FETUS	2,840	2,194	1,570	2,793	2,137	1,532
76812	OB US DETAILED ADDL FETUS	84	66	50	84	63	47
76813	OB US NUCHAL MEAS 1 GEST	1,585	1,069	663	1,567	1,051	631
76814	OB US NUCHAL MEAS ADD-ON	58	26	17	56	26	16
76815	OB US LIMITED FETUS(S)	3,812	2,867	1,700	1,811	1,495	856
76816	OB US FOLLOW-UP PER FETUS	4,260	3,417	3,201	2,416	1,944	1,727
76817	TRANSVAGINAL US OBSTETRIC	3,929	3,005	1,900	2,582	2,002	1,219
76818	ECHO STUDY FETUS	2,335	2,303	2,175	641	637	654
76819	FETL BIOPHYS PROFIL W/O STRS	9,376	7,245	3,770	3,405	2,948	1,459
76820	UMBILICAL ARTERY ECHO	8,307	6,822	4,120	2,991	2,721	1,500
76821	MIDDLE CEREBRAL ARTERY ECHO	2,461	1,910	1,594	880	781	589
76825	ECHO STUDY FETAL HEART	148	93	115	147	91	114
76826	ECHOCARDIOGRAPHY FETAL REPEAT	*	*	12	*	*	11
76827	DOPPLER ECHOCARDIOGRAPHY FETAL	164	148	176	150	119	142
76828	DOPPLER ECHOCARDIOGRAPHY FETAL	26	104	154	14	59	86

76830	TRANSVAGINAL US NON-OB	*	*	*	*	*	*
76856	US EXAM PELVIC COMPLETE	*	*	*	*	*	*
76945	ECHO GUIDE VILLUS SAMPLING	*	*	*	*	*	*
76946	ULTRASONIC GUIDANCE, AMNIOCENTESIS	18	16	16	18	16	16
78605	NUCLEAR EXAM OF BRAIN	*	*	*	*	*	*
81002	URINALYSIS NON-AUTOMATED WITHOUT MICRO	27	36	29	24	27	21
82962	GLUCOSE BLOOD BY FDA CLEARED DEVICES	*	*	*	*	*	*
90471	IMMUNIZATION ADMIN, SINGLE	*	*	*	*	*	*
90686	IIV4 VACC NO PRSV 3 YRS+ IM	*	*	*	*	*	*
90715	TDAP VACCINE 7 YRS/> IM	*	*	*	*	*	*
93010	ELECTROCARDIOGRAM REPORT	*	*	*	*	*	*
93325	DOPPLER COLOR FLOW	142	159	231	138	124	165
93975	NON INVASIVE STUDIES	*	*	*	*	*	*
93976	NON INVASIVE STUDIES	2,510	1,637	620	2,442	1,602	601
96040	GENETIC COUNSELING 30 MIN	91	64	34	90	62	32
96372	THER/PROPH/DIAG INJ SC/IM	284	157	106	62	37	30
98960	SELF-MGMT EDUC & TRAIN 1 PT	32	16	*	31	15	*
98966	HC PRO PHONE CALL 5-10 MIN	*	*	*	*	*	*
98967	HC PRO PHONE CALL 11-20 MIN	*	*	*	*	*	*
98968	HC PRO PHONE CALL 21-30 MIN	*	*	*	*	*	*
99000	SPECIMEN HANDLING OFFICE TO LAB	*	*	*	*	*	*
99201	OFFICE/OUTPATIENT VISIT NEW	47	*	*	46	*	*
99202	OFFICE/OUTPATIENT VISIT NEW	1,153	1,185	357	1,144	1,174	330
99203	OFFICE/OUTPATIENT VISIT NEW	231	143	75	230	142	73
99204	OFFICE/OUTPATIENT VISIT NEW	32	16	30	32	15	29
99205	OFFICE/OUTPATIENT VISIT NEW	16	*	16	16	*	16
99211	OFFICE/OUTPATIENT VISIT EST	102	85	131	67	48	62
99212	OFFICE/OUTPATIENT VISIT EST	1,667	1,037	920	907	729	548
99213	OFFICE/OUTPATIENT VISIT EST	11,139	8,622	3,942	3,555	3,137	1,589
99214	OFFICE/OUTPATIENT VISIT EST	1,216	715	861	749	499	474
99215	OFFICE/OUTPATIENT VISIT EST	348	479	371	293	356	309
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMEN	*	*	*	*	*	*
99218	INITIAL OBSERVATION CAREE	*	*	*	*	*	*
99219	INITIAL OBSERVATION CARE	*	*	*	*	*	*
99220	INITIAL OBSERVATION CARE	*	*	*	*	*	*
99221	INITIAL HOSP INPT OR OBSERVATION	13	33	*	13	32	*
99222	INITIAL HOSP INPT OR OBSERVATION	*	*	*	*	*	*
99223	INITIAL HOSP INPT OR OBSERVATION	*	*	*	*	*	*
99224	SUBSEQUENT OBSERVATION CARE	19	*	*	*	*	*
99225	SUBSEQUENT OBSERVATION CARE	*	*	*	*	*	*
99226	SUBSEQUENT OBSERVATION CARE	*	*	*	*	*	*
99231	SUBSEQUENT HOSPITAL INPT OR OBSERVATION	158	135	28	40	37	16
99232	SUBSEGUENT HOSPITAL INPT OR OBSERVATION	18	*	*	14	*	*
99233	SUBSEQUENT HOSPITAL INPT OBSERVATION	*	*	*	*	*	*
99234	OBSERV/HOSP SAME DATE	*	*	*	*	*	*
99235	OBSERV/HOSP SAME DATE	*	*	*	*	*	*

99238	HOSP INPT OBSERVATION DISCHARGE	*	*	*	*	*	*
99241	CONSULT OFFICE LIMITED	528	144	58	526	139	57
99242	CONSULT OFFICE INTERMEDIATE	145	46	63	145	44	62
99243	CONSULT OFFICE EXTENDED	576	578	527	570	577	523
99244	CONSULT OFFICE COMPREHENSIVE	188	148	128	185	143	126
99245	CONSULT OFFICE COMPLEX	31	36	11	30	34	11
99251	CONSULT IN-HOSP INITIAL	19	*	*	19	*	*
99252	INPATIENT OR OBSERVATION CONSULTATION	*	*	*	*	*	*
99253	INPATIENT OR OBSERVATION CONSULTATION	*	*	*	*	*	*
99254	INPATIENT OR OBSERVATION CONSULTATION	*	*	*	*	*	*
99283	EMERG DEPT VISIT INTERMEDIATE	*	*	*	*	*	*
99284	EMERG DEPT VISIT EXTENDED	*	*	*	*	*	*
99285	EMERG DEPT VISIT COMPREHENSIVE	*	*	*	*	*	*
99401	PREV MED CNSL INDIV APPRX 15	*	*	*	*	*	*
99402	PREV MED CNSL INDIV APPRX 30	*	*	*	*	*	*
99417	PROLNG OFF/OP E/M EA 15 MIN	*	32	*	*	31	*
99441	PHONE E/M BY PHYS 5-10 MIN	*	*	*	*	*	*
99442	PHONE E/M BY PHYS 11-20 MIN	*	*	*	*	*	*
99443	PHONE E/M BY PHYS 21-30 MIN	*	*	*	*	*	*
99447	INTERPROF PHONE/ONLINE 11-20	*	*	*	*	*	*
99448	INTERPROF PHONE/ONLINE 21-30	*	*	*	*	*	*
99449	INTERPROF PHONE/ONLINE 31/>	*	*	*	*	*	*
E0603	ELECTRIC BREAST PUMP/AC, AND/OR/DC,RENTL	*	*	*	*	*	*
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAI	19	53	32	19	53	26
G0403	EKG FOR INITIAL PREVENT EXAM	*	*	*	*	*	*
H1000	PRENATAL CARE AT-RISK ASSESSMENT	*	*	*	*	*	*
H1003	PRENATAL CARE AT RISK ENHANCED SERVICE	*	*	11	*	*	*
J0702	BETAMETHASONE ACET/SOD PHOSPH, PER 3 MG	12	*	12	*	*	*
J1726	MAKENA, 10 MG	126	57	59	11	*	*
J2405	ONDANSETRON HYDROCHLORIDE, PER 1 MG	*	*	*	*	*	*
J2790	RHO D IMMUNE GLOBULIN, HUMAN, 1 DOSE PAK	*	*	*	*	*	*
J7120	RINGERS LACTATE INFUSION, UP TO 1,000 CC	*	*	*	*	*	*
S0265	GENETIC COUNSEL 15 MINS	60	16	*	60	16	*
S9140	DIABETIC MANAGEMENT PROGRAM, FOLLOW-UP V	28	*	*	24	*	*
S9460	DIABETIC MANAGEMENT PROGRAM, NURSE VISIT	205	155	17	199	148	14
S9560	HT INJ HORMONE DIEM	*	*	*	*	*	*
Total		70,825	54,802	33,479	6,254	5,480	3,583

Appendix 2 Notes:

1. The codes highlighted in yellow are those included in the legislation introduced, but not passed, during the 2024 session (CPT codes 76801, 76802, 76805, and 76810-76821).²⁹

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Appendix 3A. MFM CPT Code Utilization Comparing MFM Providers with All Providers, FY21 - FY23

CPT Code	Formatted CPT Code	Number of Times Billed						
		FY 2021		FY 2022		FY 2023		
		All	MFM	All	MFM	All	MFM	% of utilization billed by MFMs
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCT	644,184	1,684	687,706	1,012	727,037	480	0.07%
54150	CIRCUMCISION, NEWBORN	7,721	*	7,520	*	7,376	*	*
58611	LIGATION OR TRANSECTION FALLOPIAN TUBE	963	*	868	*	931	*	*
58700	REMOVE FALLOPIAN TUBE(S)	103	*	132	*	80	*	*
59000	AMNIOCENTESIS DIAGNOSTIC	264	22	210	16	229	19	8.30%
59001	AMNIOCENTESIS THERAPEUTIC	37	*	28	*	11	*	*
59015	CHORIONIC VILLUS SAMPLING	86	*	67	*	84	*	*
59025	FETAL NON-STRESS TEST	40,915	240	42,134	243	45,817	179	0.39%
59074	FETAL FLUID DRAINAGE W/ US	*	*	*	*	*	*	*
59320	REVISE CERVIX VAGINAL DURING PREGNANCY	464	24	459	30	479	23	4.80%
59409	VAGINAL DELIVERY ONLY	12,454	*	11,945	*	11,752	*	*
59410	OBSTETRICAL CARE - NORMAL DELIVERY	3,409	*	3,492	*	3,718	*	*
59430	CARE AFTER DELIVERY	6,449	*	6,506	*	6,817	*	*
59510	GLOBAL C SECTION CARE	819	*	765	*	831	*	*
59514	CAESAREAN DELIVERY ONLY	8,743	*	8,760	*	8,857	*	*
59515	CESAREAN DELIVERY ONLY	1,953	*	2,039	*	2,009	*	*
59866	ABORTION	*	*	*	*	*	*	*
59897	UNLISTED FETAL INVAS PX W/US	18	*	15	*	14	*	*
75820	VEIN X-RAY ARM/LEG	443	*	385	*	402	*	*
76376	3D RENDERING OF COMPUTED TOMOGRAPHY	2,400	*	2,379	*	2,384	*	*
76377	3D RENDERING OF COMPUTED TOMOGRAPHY	2,169	*	2,261	*	2,064	*	*
76775	US EXAM ABDO BACK WALL LIM	8,107	*	7,851	*	8,166	*	*
76801	OB US < 14 WKS SINGLE FETUS	31,259	1,902	32,113	1,217	31,641	706	2.23%

76802	OB US < 14 WKS ADDL FETUS	607	65	595	33	575	20	3.48%
76805	OB US >= 14 WKS SNGL FETUS	31,200	6,013	35,175	4,906	32,038	1,910	5.96%
76810	OB US >= 14 WKS ADDL FETUS	626	179	743	148	870	46	5.29%
76811	OB US DETAILED SNGL FETUS	18,960	2,840	18,698	2,194	18,920	1,569	8.29%
76812	OB US DETAILED ADDL FETUS	487	84	520	66	538	50	9.29%
76813	OB US NUCHAL MEAS 1 GEST	9,749	1,585	8,555	1,069	8,159	646	7.92%
76814	OB US NUCHAL MEAS ADD-ON	265	58	235	26	278	17	6.12%
76815	OB US LIMITED FETUS(S)	35,008	3,812	36,797	2,867	39,168	1,699	4.34%
76816	OB US FOLLOW-UP PER FETUS	48,701	4,260	48,640	3,417	50,440	3,199	6.34%
76817	TRANSVAGINAL US OBSTETRIC	42,227	3,929	42,979	3,005	42,669	1,898	4.45%
76818	ECHO STUDY FETUS	22,121	2,335	25,379	2,303	25,581	2,175	8.50%
76819	FETL BIOPHYS PROFIL W/O STRS	36,021	9,376	37,284	7,245	36,330	3,767	10.37%
76820	UMBILICAL ARTERY ECHO	50,638	8,307	51,860	6,822	53,260	4,116	7.73%
76821	MIDDLE CEREBRAL ARTERY ECHO	16,351	2,461	16,222	1,910	16,987	1,591	9.37%
76825	ECHO STUDY FETAL HEART	4,022	148	4,020	93	4,027	115	2.86%
76826	ECHOCARDIOGRAPHY FETAL REPEAT	1,221	*	1,511	*	1,168	12	1.03%
76827	DOPPLER ECHOCARDIOGRAPHY FETAL	3,533	164	3,932	148	3,975	176	4.43%
76828	DOPPLER ECHOCARDIOGRAPHY FETAL	14,095	26	13,132	104	12,966	154	1.19%
76830	TRANSVAGINAL US NON-OB	50,277	*	52,739	*	54,225	*	*
76856	US EXAM PELVIC COMPLETE	49,979	*	50,803	*	52,376	*	*
76945	ECHO GUIDE VILLUS SAMPLING	84	*	63	*	80	*	*
76946	ULTRASONIC GUIDANCE, AMNIOCENTESIS	217	18	183	16	216	16	7.41%
78605	NUCLEAR EXAM OF BRAIN	*	*	*	*	*	*	*
81002	URINALYSIS NON-AUTOMATED WITHOUT MICRO	132,216	27	125,017	36	132,803	29	0.02%
82962	GLUCOSE BLOOD BY FDA CLEARED DEVICES	38,924	*	40,651	*	42,923	*	*
90471	IMMUNIZATION ADMIN, SINGLE	134,666	*	139,578	*	146,538	*	*

90686	IIV4 VACC NO PRSV 3 YRS+ IM	227,328	*	192,542	*	185,671	*	*
90715	TDAP VACCINE 7 YRS/> IM	67,252	*	69,174	*	70,691	*	*
93010	ELECTROCARDIOGRAM REPORT	264,183	*	288,803	*	289,376	*	*
93325	DOPPLER COLOR FLOW	26,394	142	26,340	159	26,959	231	0.86%
93975	NON INVASIVE STUDIES	13,177	*	15,022	*	17,419	*	*
93976	NON INVASIVE STUDIES	29,199	2,510	28,428	1,637	29,434	618	2.10%
96040	GENETIC COUNSELING 30 MIN	3,376	91	3,247	64	3,327	34	1.02%
96372	THER/PROPH/DIAG INJ SC/IM	108,243	284	117,477	157	125,936	106	0.08%
98960	SELF-MGMT EDUC & TRAIN 1 PT	991	32	966	16	1,017	*	*
98966	HC PRO PHONE CALL 5-10 MIN	4,475	*	3,557	*	2,887	*	*
98967	HC PRO PHONE CALL 11-20 MIN	4,509	*	3,693	*	3,714	*	*
98968	HC PRO PHONE CALL 21-30 MIN	2,919	*	3,495	*	4,120	*	*
99000	SPECIMEN HANDLING OFFICE TO LAB	55,280	*	74,779	*	47,173	*	*
99201	OFFICE/OUTPATIENT VISIT NEW	10,894	47	14	*	17	*	*
99202	OFFICE/OUTPATIENT VISIT NEW	91,213	1,153	59,195	1,185	40,498	345	0.85%
99203	OFFICE/OUTPATIENT VISIT NEW	284,644	231	314,820	143	282,591	75	0.03%
99204	OFFICE/OUTPATIENT VISIT NEW	244,452	32	335,153	16	352,160	30	0.01%
99205	OFFICE/OUTPATIENT VISIT NEW	58,239	16	75,834	*	93,033	16	0.02%
99211	OFFICE/OUTPATIENT VISIT EST	198,901	102	206,737	85	149,277	131	0.09%
99212	OFFICE/OUTPATIENT VISIT EST	346,853	1,667	324,108	1,037	271,292	920	0.34%
99213	OFFICE/OUTPATIENT VISIT EST	2,288,491	11,139	2,533,028	8,622	2,618,477	3,934	0.15%
99214	OFFICE/OUTPATIENT VISIT EST	2,050,923	1,216	2,462,675	715	2,723,281	861	0.03%
99215	OFFICE/OUTPATIENT VISIT EST	199,027	348	258,126	479	323,536	371	0.11%
99217	OBSERVATION CARE DISCHARGE DAY MANAGEME	27,391	*	28,377	*	15,012	*	*
99218	INITIAL OBSERVATION CAREE	7,260	*	7,346	*	3,601	*	*

99219	INITIAL OBSERVATION CARE	14,260	*	14,366	*	7,470	*	*
99220	INITIAL OBSERVATION CARE	35,177	*	40,459	*	21,993	*	*
99221	INITIAL HOSP INPT OR OBSERVATION	22,108	13	20,418	33	20,490	*	*
99222	INITIAL HOSP INPT OR OBSERVATION	55,664	*	53,912	*	69,770	*	*
99223	INITIAL HOSP INPT OR OBSERVATION	95,225	*	97,520	*	123,932	*	*
99224	SUBSEQUENT OBSERVATION CARE	2,039	19	2,031	*	1,094	*	*
99225	SUBSEQUENT OBSERVATION CARE	12,824	*	13,639	*	8,078	*	*
99226	SUBSEQUENT OBSERVATION CARE	14,609	*	22,817	*	13,561	*	*
99231	SUBSEQUENT HOSPITAL INPT OR OBSERVATION	69,974	158	67,599	135	76,767	28	0.04%
99232	SUBSEQUENT HOSPITAL INPT OR OBSERVATION	435,105	18	435,141	*	471,021	*	*
99233	SUBSEQUENT HOSPITAL INPT OBSERVATION	344,503	*	385,846	*	383,211	*	*
99234	OBSERV/HOSP SAME DATE	1,520	*	1,454	*	2,084	*	*
99235	OBSERV/HOSP SAME DATE	3,032	*	2,755	*	2,950	*	*
99238	HOSP INPT OBSERVATION DISCHARGE	48,835	*	48,359	*	51,600	*	*
99241	CONSULT OFFICE LIMITED	2,454	528	1,819	144	937	58	6.19%
99242	CONSULT OFFICE INTERMEDIATE	7,639	145	5,782	46	4,332	63	1.45%
99243	CONSULT OFFICE EXTENDED	27,639	576	26,725	578	23,836	527	2.21%
99244	CONSULT OFFICE COMPREHENSIVE	42,483	188	43,116	148	42,112	128	0.30%
99245	CONSULT OFFICE COMPLEX	10,419	31	11,073	36	12,202	11	0.09%
99251	CONSULT IN-HOSP INITIAL	1,555	19	1,423	*	747	*	*
99252	INPATIENT OR OBSERVATION CONSULTATION	5,991	*	6,380	*	6,648	*	*
99253	INPATIENT OR OBSERVATION CONSULTATION	13,318	*	13,611	*	12,714	*	*
99254	INPATIENT OR OBSERVATION CONSULTATION	18,204	*	19,008	*	20,614	*	*
99283	EMERG DEPT VISIT INTERMEDIATE	322,797	*	408,765	*	403,785	*	*
99284	EMERG DEPT VISIT EXTENDED	453,335	*	513,919	*	571,447	*	*

99285	EMERG DEPT VISIT COMPREHENSIVE	314,226	*	321,935	*	315,036	*	*
99401	PREV MED CNSL INDIV APPRX 15	19,434	*	22,084	*	15,276	*	*
99402	PREV MED CNSL INDIV APPRX 30	2,028	*	624	*	787	*	*
99417	PROLNG OFF/OP E/M EA 15 MIN	2,356	*	7,031	32	10,532	*	*
99441	PHONE E/M BY PHYS 5-10 MIN	28,519	*	21,154	*	16,807	*	*
99442	PHONE E/M BY PHYS 11-20 MIN	52,433	*	34,378	*	25,048	*	*
99443	PHONE E/M BY PHYS 21-30 MIN	24,387	*	15,140	*	11,613	*	*
99447	INTERPROF PHONE/ONLINE 11-20	190	*	239	*	121	*	*
99448	INTERPROF PHONE/ONLINE 21-30	161	*	110	*	128	*	*
99449	INTERPROF PHONE/ONLINE 31/>	247	*	111	*	113	*	*
99472	PED CRITICAL CARE SUBSQ	*	*	*	*	*	*	*
E0603	ELECTRIC BREAST PUMP/AC, AND/OR/DC,RENTL	9,495	*	10,356	*	12,722	*	*
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAI	2,788	19	3,811	53	4,708	32	0.68%
G0403	EKG FOR INITIAL PREVENT EXAM	299	*	236	*	264	*	*
H1000	PRENATAL CARE AT-RISK ASSESSMENT	10,465	*	9,904	*	9,188	*	*
H1003	PRENATAL CARE AT RISK ENHANCED SERVICE	67,822	*	67,611	*	57,236	11	0.02%
J0702	BETAMETHASONE ACET/SOD PHOSPH, PER 3 MG	7,736	12	7,660	*	7,485	12	0.16%
J1726	MAKENA, 10 MG	1,673	126	1,566	57	1,413	59	4.18%
J2405	ONDANSETRON HYDROCHLORIDE, PER 1 MG	80,801	*	84,016	*	92,111	*	*
J2790	RHO D IMMUNE GLOBULIN, HUMAN, 1 DOSE PAK	1,366	*	1,327	*	1,240	*	*
J7120	RINGERS LACTATE INFUSION, UP TO 1,000 CC	22,650	*	26,511	*	34,696	*	*
S0265	GENETIC COUNSEL 15 MINS	69	60	26	16	28	*	*
S9140	DIABETIC MANAGEMENT PROGRAM, FOLLOW-UP	30	28	16	*	21	*	*
S9460	DIABETIC MANAGEMENT PROGRAM, NURSE VISIT	216	205	204	155	150	16	10.67%
S9560	HT INJ HORMONE DIEM	1,995	*	1,033	*	1,191	*	*

Total		10,842,875	72,411	11,900,911	54,802	12,289,634	33,380	0.27%
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Appendix 3A Notes:

1. “All Providers” refers to any rendering provider who received reimbursement for a given code, including MFM providers.
2. The codes highlighted in yellow are those included in the legislation introduced, but not passed, during the 2024 session (CPT codes 76801, 76802, 76805, and 76810-76821).³⁰

³⁰ HB 1036/SB 0716, *Maryland Medical Assistance Program - Maternal Fetal Medicine Services - Reimbursement*
<https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/SB0716?ys=2024RS&search=True>

Appendix 3B. Count of Unique Participants for whom MFM CPT Codes were billed by MFM Providers compared with All Providers, FY 2021 - FY 2023

CPT Code	Formatted CPT Code	Count of Unique Participants					
		FY 2021		FY 2022		FY 2023	
		All	MFM	All	MFM	All	MFM
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCT	353,828	1,562	374,782	946	401,929	445
54150	CIRCUMCISION, NEWBORN	7,210	*	7,054	*	6,883	*
58611	LIGATION OR TRANSECTION FALLOPIAN TUBE	841	*	752	*	800	*
58700	REMOVE FALLOPIAN TUBE(S)	97	*	114	*	79	*
59000	AMNIOCENTESIS DIAGNOSTIC	181	22	148	16	154	19
59001	AMNIOCENTESIS THERAPEUTIC	22	*	15	*	*	*
59015	CHORIONIC VILLUS SAMPLING	57	*	41	*	54	*
59025	FETAL NON-STRESS TEST	13,471	108	14,185	131	14,827	115
59074	FETAL FLUID DRAINAGE W/ US	*	*	*	*	*	*
59320	REVISE CERVIX VAGINAL DURING PREGNANCY	280	23	276	30	275	23
59409	VAGINAL DELIVERY ONLY	12,331	*	11,751	*	11,583	*
59410	OBSTETRICAL CARE - NORMAL DELIVERY	3,331	*	3,423	*	3,596	*
59430	CARE AFTER DELIVERY	5,925	*	5,848	*	6,104	*
59510	GLOBAL C SECTION CARE	813	*	764	*	819	*
59514	CAESAREAN DELIVERY ONLY	7,376	*	7,352	*	7,450	*
59515	CESAREAN DELIVERY ONLY	1,882	*	1,978	*	1,942	*
59866	ABORTION	*	*	*	*	*	*
59897	UNLISTED FETAL INVAS PX W/US	17	*	13	*	14	*
75820	VEIN X-RAY ARM/LEG	362	*	330	*	328	*
76376	3D RENDERING OF COMPUTED TOMOGRAPHY	1,957	*	1,973	*	2,006	*
76377	3D RENDERING OF COMPUTED TOMOGRAPHY	1,816	*	1,919	*	1,731	*
76775	US EXAM ABDO BACK WALL LIM	6,892	*	6,765	*	7,045	*
76801	OB US < 14 WKS SINGLE FETUS	18,227	1,710	18,614	1,141	18,117	677
76802	OB US < 14 WKS ADDL FETUS	390	58	387	31	358	19
76805	OB US >= 14 WKS SNGL FETUS	18,540	3,405	19,401	2,968	18,305	1,459
76810	OB US >= 14 WKS ADDL FETUS	272	95	281	82	309	30
76811	OB US DETAILED SNGL FETUS	13,388	2,793	13,486	2,137	13,544	1,532
76812	OB US DETAILED ADDL FETUS	328	84	366	63	356	47
76813	OB US NUCHAL MEAS 1 GEST	7,269	1,567	6,500	1,051	6,239	631
76814	OB US NUCHAL MEAS ADD-ON	207	56	177	26	203	16
76815	OB US LIMITED FETUS(S)	16,591	1,811	17,701	1,495	18,176	856
76816	OB US FOLLOW-UP PER FETUS	17,732	2,416	18,194	1,944	18,971	1,727
76817	TRANSVAGINAL US OBSTETRIC	19,771	2,582	19,490	2,002	19,550	1,219
76818	ECHO STUDY FETUS	4,985	641	5,818	637	5,835	654
76819	FETL BIOPHYS PROFIL W/O STRS	11,339	3,405	11,443	2,948	11,094	1,459
76820	UMBILICAL ARTERY ECHO	11,742	2,991	11,681	2,721	11,725	1,500

76821	MIDDLE CEREBRAL ARTERY ECHO	4,065	880	4,187	781	4,509	589
76825	ECHO STUDY FETAL HEART	2,201	147	2,240	91	2,212	114
76826	ECHOCARDIOGRAPHY FETAL REPEAT	474	*	524	*	449	11
76827	DOPPLER ECHOCARDIOGRAPHY FETAL	1,853	150	1,943	119	1,935	142
76828	DOPPLER ECHOCARDIOGRAPHY FETAL	3,247	14	2,933	59	2,708	86
76830	TRANSVAGINAL US NON-OB	35,671	*	37,751	*	38,792	*
76856	US EXAM PELVIC COMPLETE	36,493	*	36,945	*	38,087	*
76945	ECHO GUIDE VILLUS SAMPLING	53	*	38	*	50	*
76946	ULTRASONIC GUIDANCE, AMNIOCENTESIS	146	18	123	16	140	16
78605	NUCLEAR EXAM OF BRAIN	*	*	*	*	*	*
81002	URINALYSIS NON-AUTOMATED WITHOUT MICRO	72,663	24	70,254	27	75,589	21
82962	GLUCOSE BLOOD BY FDA CLEARED DEVICES	23,462	*	23,854	*	24,456	*
90471	IMMUNIZATION ADMIN, SINGLE	107,143	*	108,336	*	112,875	*
90686	IIV4 VACC NO PRSV 3 YRS+ IM	213,305	*	180,916	*	173,382	*
90715	TDAP VACCINE 7 YRS/> IM	66,335	*	67,993	*	68,573	*
93010	ELECTROCARDIOGRAM REPORT	123,066	*	135,697	*	136,022	*
93325	DOPPLER COLOR FLOW	12,638	138	12,564	124	12,840	165
93975	NON INVASIVE STUDIES	9,614	*	10,564	*	11,748	*
93976	NON INVASIVE STUDIES	12,796	2,442	12,608	1,602	13,277	601
96040	GENETIC COUNSELING 30 MIN	3,070	90	2,948	62	3,040	32
96372	THER/PROPH/DIAG INJ SC/IM	48,140	62	50,580	37	54,332	30
98960	SELF-MGMT EDUC & TRAIN 1 PT	711	31	738	15	793	*
98966	HC PRO PHONE CALL 5-10 MIN	2,940	*	2,680	*	2,197	*
98967	HC PRO PHONE CALL 11-20 MIN	3,169	*	2,862	*	2,619	*
98968	HC PRO PHONE CALL 21-30 MIN	2,117	*	2,542	*	2,882	*
99000	SPECIMEN HANDLING OFFICE TO LAB	43,012	*	51,698	*	33,782	*
99201	OFFICE/OUTPATIENT VISIT NEW	10,414	46	14	*	17	*
99202	OFFICE/OUTPATIENT VISIT NEW	85,249	1,144	56,219	1,174	38,559	330
99203	OFFICE/OUTPATIENT VISIT NEW	237,340	230	265,697	142	241,268	73
99204	OFFICE/OUTPATIENT VISIT NEW	198,707	32	267,623	15	277,117	29
99205	OFFICE/OUTPATIENT VISIT NEW	50,841	16	65,182	*	75,699	16
99211	OFFICE/OUTPATIENT VISIT EST	113,708	67	118,807	48	80,496	62
99212	OFFICE/OUTPATIENT VISIT EST	218,884	907	213,640	729	182,692	548
99213	OFFICE/OUTPATIENT VISIT EST	728,374	3,555	820,738	3,137	851,292	1,589
99214	OFFICE/OUTPATIENT VISIT EST	597,566	749	698,722	499	748,105	474
99215	OFFICE/OUTPATIENT VISIT EST	106,680	293	131,952	356	153,678	309
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMEN	22,562	*	23,676	*	13,125	*
99218	INITIAL OBSERVATION CAREE	6,100	*	6,147	*	3,006	*
99219	INITIAL OBSERVATION CARE	12,147	*	12,288	*	6,507	*
99220	INITIAL OBSERVATION CARE	27,057	*	30,675	*	17,758	*
99221	INITIAL HOSP INPT OR OBSERVATION	17,665	13	16,638	32	16,376	*

99222	INITIAL HOSP INPT OR OBSERVATION	35,618	*	35,055	*	45,334	*
99223	INITIAL HOSP INPT OR OBSERVATION	48,801	*	49,312	*	60,112	*
99224	SUBSEQUENT OBSERVATION CARE	1,292	*	1,129	*	627	*
99225	SUBSEQUENT OBSERVATION CARE	7,841	*	8,058	*	4,644	*
99226	SUBSEQUENT OBSERVATION CARE	9,475	*	13,235	*	7,620	*
99231	SUBSEQUENT HOSPITAL INPT OR OBSERVATION	24,893	40	23,768	37	25,348	16
99232	SUBSEQUENT HOSPITAL INPT OR OBSERVATION	62,554	14	61,541	*	66,646	*
99233	SUBSEQUENT HOSPITAL INPT OBSERVATION	52,491	*	55,399	*	56,669	*
99234	OBSERV/HOSP SAME DATE	1,381	*	1,317	*	1,679	*
99235	OBSERV/HOSP SAME DATE	2,703	*	2,444	*	2,679	*
99238	HOSP INPT OBSERVATION DISCHARGE	43,556	*	43,843	*	46,139	*
99241	CONSULT OFFICE LIMITED	2,382	526	1,720	139	899	57
99242	CONSULT OFFICE INTERMEDIATE	7,219	145	5,451	44	4,135	62
99243	CONSULT OFFICE EXTENDED	25,876	570	25,069	577	22,624	523
99244	CONSULT OFFICE COMPREHENSIVE	38,162	185	38,547	143	36,778	126
99245	CONSULT OFFICE COMPLEX	9,765	30	10,311	34	11,247	11
99251	CONSULT IN-HOSP INITIAL	1,385	19	1,313	*	671	*
99252	INPATIENT OR OBSERVATION CONSULTATION	4,138	*	4,153	*	3,958	*
99253	INPATIENT OR OBSERVATION CONSULTATION	9,474	*	9,056	*	8,296	*
99254	INPATIENT OR OBSERVATION CONSULTATION	13,147	*	13,548	*	14,080	*
99283	EMERG DEPT VISIT INTERMEDIATE	182,112	*	233,669	*	238,866	*
99284	EMERG DEPT VISIT EXTENDED	227,554	*	270,467	*	301,716	*
99285	EMERG DEPT VISIT COMPREHENSIVE	157,943	*	171,065	*	170,851	*
99401	PREV MED CNSL INDIV APPRX 15	11,637	*	14,311	*	10,797	*
99402	PREV MED CNSL INDIV APPRX 30	1,268	*	537	*	625	*
99417	PROLNG OFF/OP E/M EA 15 MIN	2,063	*	5,473	31	7,096	*
99441	PHONE E/M BY PHYS 5-10 MIN	20,422	*	15,781	*	12,899	*
99442	PHONE E/M BY PHYS 11-20 MIN	32,406	*	22,224	*	17,321	*
99443	PHONE E/M BY PHYS 21-30 MIN	14,948	*	9,902	*	7,735	*
99447	INTERPROF PHONE/ONLINE 11-20	174	*	216	*	111	*
99448	INTERPROF PHONE/ONLINE 21-30	150	*	106	*	122	*
99449	INTERPROF PHONE/ONLINE 31/>	218	*	102	*	101	*
99472	PED CRITICAL CARE SUBSQ	*	*	*	*	*	*
E0603	ELECTRIC BREAST PUMP/AC, AND/OR/DC,RENTL	9,252	*	9,947	*	11,661	*
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAI	1,840	19	2,439	53	2,869	26
G0403	EKG FOR INITIAL PREVENT EXAM	298	*	235	*	260	*
H1000	PRENATAL CARE AT-RISK ASSESSMENT	10,004	*	9,346	*	8,583	*
H1003	PRENATAL CARE AT RISK ENHANCED SERVICE	13,457	*	12,994	*	11,463	*
J0702	BETAMETHASONE ACET/SOD PHOSPH, PER 3 MG	5,362	*	5,376	*	5,340	*
J1726	MAKENA, 10 MG	241	11	199	*	153	*
J2405	ONDANSETRON HYDROCHLORIDE, PER 1 MG	57,342	*	61,023	*	68,247	*

J2790	RHO D IMMUNE GLOBULIN, HUMAN, 1 DOSE PAK	1,275	*	1,238	*	1,138	*
J7120	RINGERS LACTATE INFUSION, UP TO 1,000 CC	19,292	*	22,520	*	29,491	*
S0265	GENETIC COUNSEL 15 MINS	69	60	26	16	28	*
S9140	DIABETIC MANAGEMENT PROGRAM, FOLLOW-UP V	26	24	16	*	20	*
S9460	DIABETIC MANAGEMENT PROGRAM, NURSE VISIT	209	199	193	148	134	14
S9560	HT INJ HORMONE DIEM	167	*	111	*	125	*
Total		1,189,863	6,254	1,297,289	5,480	1,339,981	3,583

Appendix 3B Notes:

1. “All Providers” refers to any rendering provider who received reimbursement for a given code, including MFM providers.
2. The codes highlighted in yellow are those included in the legislation introduced, but not passed, during the 2024 session (CPT codes 76801, 76802, 76805, and 76810-76821).³¹

³¹ HB 1036/SB 0716, *Maryland Medical Assistance Program - Maternal Fetal Medicine Services - Reimbursement*
<https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/SB0716?ys=2024RS&search=True>

Appendix 4. Current Reimbursement Rates for MFM CPT Codes for Maryland, Delaware, West Virginia, Pennsylvania, the District of Columbia, and Virginia

CPT Code	Formatted CPT Code	Maryland		Delaware		W. Virginia		Pennsylvania		DC	Virginia
		FAC	NFAC	FAC	NFAC	FAC	NFAC	FAC	NFAC		
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCT	2.39	2.39	N/A	N/A	0.00	0.00	N/A	N/A	7.06	3.00
54150	CIRCUMCISION, NEWBORN	77.90	144.79	91.42	142.68	69.65	103.85	79.00	79.00	132.39	126.74
58611	LIGATION OR TRANSECTION FALLOPIAN TUBE	75.80	75.80	72.08	72.08	55.37	55.37	71.89	71.89	64.98	72.01
58700	REMOVE FALLOPIAN TUBE(S)	727.72	N/A	773.46	773.46	584.73	584.73	331.00	331.00	707.70	773.82
59000	AMNIOCENTESIS DIAGNOSTIC	80.69	128.67	77.51	113.80	60.54	84.66	50.00	50.00	106.62	114.25
59001	AMNIOCENTESIS THERAPEUTIC	179.56	179.56	170.67	170.67	134.37	134.37	129.46	129.46	155.86	171.21
59015	CHORIONIC VILLUS SAMPLING	132.23	155.04	126.00	152.42	99.18	116.90	59.00	59.00	141.05	152.97
59025	FETAL NON-STRESS TEST	45.87	45.87	47.21	47.21	34.95	34.95	17.50	17.50	44.25	47.36
59074	FETAL FLUID DRAINAGE W/ US	266.63	354.98	295.42	368.95	232.81	281.78	260.91	260.91	341.74	370.27
59320	REVISE CERVIX VAGINAL DURING PREGNANCY	152.32	152.32	145.47	145.47	113.94	113.94	142.67	142.67	133.14	145.93
59409	VAGINAL DELIVERY ONLY	860.00	860.00	766.74	766.74	793.71	793.71	1200.00	1200.00	696.43	768.38
59410	OBSTETRICAL CARE - NORMAL DELIVERY	941.93	941.93	1038.01	1038.01	1069.18	1069.18	1200.00	1200.00	945.54	1040.40
59430	CARE AFTER DELIVERY	125.08	148.76	172.09	254.86	178.36	251.19	N/A	N/A	237.54	255.70
59510	GLOBAL C SECTION CARE	N.C.	N.C.	0.00	N/A	2638.80	2638.80	2025.00	2076.00	2381.50	2597.65
59514	CAESAREAN DELIVERY ONLY	966.69	N/A	766.74	N/A	904.74	904.74	1200.00	1200.00	790.21	871.43
59515	CESAREAN DELIVERY ONLY	1124.12	N/A	1038.01	N/A	1333.00	1333.00	1200.00	1200.00	1175.62	1291.95
59866	ABORTION	225.68	225.68	N/A	N/A	179.65	179.65	N/A	N/A	208.69	0.00
59897	UNLISTED FETAL INVAS PX W/US	REPORT	REPORT	0.00	N/A	0.00	0.00	N/A	N/A	0.00	0.00
75820	VEIN X-RAY ARM/LEG	91.84	91.84	103.27	103.27	73.09	73.09	37.50	37.50	97.09	91.79
76376	3D RENDERING OF COMPUTED TOMOGRAPHY	22.99	22.99	23.95	23.95	16.98	16.98	N/A	N/A	22.70	21.31

76377	3D RENDERING OF COMPUTED TOMOGRAPHY	69.92	69.92	74.82	74.82	53.16	53.16	N/A	N/A	70.23	66.50
76775	US EXAM ABDO BACK WALL LIM	57.58	57.58	57.24	57.24	40.36	40.36	76.12	76.12	53.82	50.87
76801	OB US < 14 WKS SINGLE FETUS	101.98	101.98	112.52	112.52	78.75	78.75	84.09	84.09	106.38	112.65
76802	OB US < 14 WKS ADDL FETUS	59.63	59.63	57.71	57.71	41.34	41.34	54.96	54.96	53.25	57.60
76805	OB US >= 14 WKS SNGL FETUS	114.13	114.13	130.02	130.02	90.32	90.32	77.50	77.50	123.54	130.25
76810	OB US >= 14 WKS ADDL FETUS	76.82	76.82	83.90	83.90	59.31	59.31	74.11	74.11	78.33	83.85
76811	OB US DETAILED SNGL FETUS	170.09	170.09	170.28	170.28	120.10	120.10	184.11	184.11	159.35	170.25
76812	OB US DETAILED ADDL FETUS	164.55	164.55	183.93	183.93	128.71	128.71	108.49	108.49	173.21	184.01
76813	OB US NUCHAL MEAS 1 GEST	100.47	100.47	111.04	111.04	78.01	78.01	93.16	93.16	104.15	111.05
76814	OB US NUCHAL MEAS ADD-ON	64.61	64.61	71.48	71.48	50.94	50.94	61.97	61.97	66.11	71.37
76815	OB US LIMITED FETUS(S)	70.37	70.37	77.66	77.66	54.14	54.14	64.00	64.00	73.55	77.77
76816	OB US FOLLOW-UP PER FETUS	93.02	93.02	105.47	105.47	73.34	73.34	72.28	72.28	100.02	105.61
76817	TRANSVAGINAL US OBSTETRIC	78.03	78.03	88.85	88.85	62.02	62.02	87.59	87.59	84.13	88.97
76818	ECHO STUDY FETUS	99.02	99.02	113.83	113.83	79.74	79.74	107.10	107.10	107.42	113.93
76819	FETL BIOPHYS PROFIL W/O STRS	78.35	78.35	82.17	82.17	57.59	57.59	85.52	85.52	77.50	82.25
76820	UMBILICAL ARTERY ECHO	47.27	47.27	42.90	42.90	30.52	30.52	45.73	45.73	40.06	42.88
76821	MIDDLE CEREBRAL ARTERY ECHO	77.68	77.68	85.34	85.34	59.31	59.31	77.10	77.10	80.88	85.45
76825	ECHO STUDY FETAL HEART	223.29	223.29	250.70	250.70	173.01	173.01	32.00	32.00	239.17	251.22
76826	ECHOCARDIOGRAPHY FETAL REPEAT	131.43	131.43	150.01	150.01	102.87	102.87	44.80	44.80	143.80	150.41
76827	DOPPLER ECHOCARDIOGRAPHY FETAL	62.98	62.98	67.12	67.12	46.76	46.76	64.44	64.44	63.50	67.21
76828	DOPPLER ECHOCARDIOGRAPHY FETAL	46.09	46.09	46.76	46.76	33.22	33.22	47.74	47.74	43.59	46.72
76830	TRANSVAGINAL US NON-OB	98.06	98.06	114.27	114.27	79.00	79.00	76.50	76.50	109.31	114.57

76856	US EXAM PELVIC COMPLETE	88.45	88.45	100.91	100.91	69.65	69.65	76.50	76.50	96.21	101.13
76945	ECHO GUIDE VILLUS SAMPLING	80.19	80.19	N/A	N/A	0.00	0.00	78.09	78.09	58.00	54.53
76946	ULTRASONIC GUIDANCE, AMNIOCENTESIS	32.21	32.21	32.02	32.02	22.89	22.89	37.09	37.09	29.87	28.42
78605	NUCLEAR EXAM OF BRAIN	166.23	166.23	177.82	177.82	120.84	120.84	78.62	78.62	172.32	158.57
81002	URINALYSIS NON-AUTOMATED WITHOUT MICRO	N/A	N/A	3.41	N/A	0.00	0.00	3.57	3.57	2.78	2.96
82962	GLUCOSE BLOOD BY FDA CLEARED DEVICES	N/A	N/A	3.21	N/A	0.00	0.00	2.00	2.00	0.00	2.70
90471	IMMUNIZATION ADMIN, SINGLE	N.C.	N.C.	19.82	19.82	0.00	0.00	10.00	10.00	18.75	0.00
90686	IIV4 VACC NO PRSV 3 YRS+ IM	22.35	22.35	8.00	N/A	0.00	0.00	10.00	10.00	17.22	22.35
90715	TDAP VACCINE 7 YRS/> IM	38.75	38.75	8.00	N/A	0.00	0.00	10.00	10.00	30.00	38.29
93010	ELECTROCARDIOGRAM REPORT	6.56	6.56	7.72	7.72	5.66	5.66	7.50	7.50	6.89	6.82
93325	DOPPLER COLOR FLOW	24.98	24.98	22.32	22.32	15.01	15.01	18.58	18,58	21.61	19.89
93975	NON INVASIVE STUDIES	224.54	224.54	252.89	252.89	173.50	173.50	182.45	182.45	243.43	225.35
93976	NON INVASIVE STUDIES	154.01	154.01	137.86	137.86	95.17	95.17	131.00	131.00	145.76	135.27
96040	GENETIC COUNSELING 30 MIN	38.02	38.02	N/A	N/A	33.22	33.22	26.10	26.10	48.38	44.05
96372	THER/PROPH/DIAG INJ SC/IM	15.18	15.18	13.77	13.77	9.84	9.84	12.70	12.70	12.82	12.22
98960	SELF-MGMT EDUC & TRAIN 1 PT	N.C.	N.C.	29.26	29.26	19.93	19.93	N/A	N/A	0.00	0.00
98966	HC PRO PHONE CALL 5-10 MIN	N.C.	N.C.	10.95	12.53	8.12	9.11	N/A	N/A	11.29	11.08
98967	HC PRO PHONE CALL 11-20 MIN	N.C.	N.C.	21.26	23.17	16.00	17.23	N/A	N/A	20.70	20.46
98968	HC PRO PHONE CALL 21-30 MIN	N.C.	N.C.	29.66	31.90	22.40	23.87	N/A	N/A	28.25	28.13
99000	SPECIMEN HANDLING OFFICE TO LAB	N/A	N/A	N/A	N/A	0.00	0.00	N/A	N/A	1.00	3.68
99201	OFFICE/OUTPATIENT VISIT NEW	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99202	OFFICE/OUTPATIENT VISIT NEW	52.72	79.65	45.29	69.47	33.96	50.20	35.33	35.33	64.42	52.83
99203	OFFICE/OUTPATIENT VISIT NEW	90.06	122.30	78.32	107.29	59.06	78.26	54.25	54.25	98.85	81.56

99204	OFFICE/OUTPATIENT VISIT NEW	145.50	181.53	127.46	160.89	95.73	118.13	90.37	90.37	147.40	122.22
99205	OFFICE/OUTPATIENT VISIT NEW	197.47	239.94	173.35	212.19	130.19	156.03	117.54	117.54	194.12	161.17
99211	OFFICE/OUTPATIENT VISIT EST	9.51	25.44	8.36	22.36	6.15	15.50	20.00	20.00	21.22	17.04
99212	OFFICE/OUTPATIENT VISIT EST	39.08	61.84	33.72	54.41	25.35	39.13	26.00	26.00	50.57	41.39
99213	OFFICE/OUTPATIENT VISIT EST	71.65	98.58	62.97	87.47	47.01	63.49	35.00	35.00	80.58	66.47
99214	OFFICE/OUTPATIENT VISIT EST	104.86	138.61	92.86	123.41	69.65	89.83	54.42	54.42	113.34	93.73
99215	OFFICE/OUTPATIENT VISIT EST	156.19	195.63	137.79	173.75	102.87	126.99	78.05	78.05	159.20	131.96
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMEN	N/A	N/A	N/A	N/A	N/A	N/A	36.89	36.89	N/A	51.77
99218	INITIAL OBSERVATION CAREE	N/A	N/A	N/A	N/A	N/A	N/A	50.56	50.56	N/A	70.78
99219	INITIAL OBSERVATION CARE	N/A	N/A	N/A	N/A	N/A	N/A	69.14	69.14	N/A	95.79
99220	INITIAL OBSERVATION CARE	N/A	N/A	N/A	N/A	N/A	N/A	94.67	94.67	N/A	129.30
99221	INITIAL HOSP INPT OR OBSERVATION	107.43	N/A	78.95	78.95	59.80	59.80	65.05	79.00	70.94	59.89
99222	INITIAL HOSP INPT OR OBSERVATION	143.81	N/A	124.61	124.61	94.01	94.01	101.94	106.37	111.82	94.46
99223	INITIAL HOSP INPT OR OBSERVATION	210.42	N/A	165.17	165.17	124.03	124.03	135.92	156.63	147.95	125.14
99224	SUBSEQUENT OBSERVATION CARE	N/A	N/A	N/A	N/A	N/A	N/A	20.44	20.44	N/A	0.00
99225	SUBSEQUENT OBSERVATION CARE	N/A	N/A	N/A	N/A	N/A	N/A	36.87	36.87	N/A	0.00
99226	SUBSEQUENT OBSERVATION CARE	N/A	N/A	N/A	N/A	N/A	N/A	53.25	53.25	N/A	0.00
99231	SUBSEQUENT HOSPITAL INPT OR OBSERVATION	41.22	N/A	47.22	47.22	35.68	35.68	30.06	38.93	42.30	35.79
99232	SUBSEQUENT HOSPITAL INPT OR OBSERVATION	75.61	N/A	75.19	75.19	56.36	56.36	56.22	61.98	67.37	56.97
99233	SUBSEQUENT HOSPITAL INPT OBSERVATION	108.61	N/A	113.11	113.11	84.90	84.90	80.79	93.26	101.31	85.70
99234	OBSERV/HOSP SAME DATE	138.62	N/A	93.17	93.17	70.38	70.38	69.18	77.36	83.38	70.60

99235	OBSERV/HOSP SAME DATE	175.48	N/A	152.01	152.01	114.19	114.19	86.29	124.85	136.09	115.16
99238	HOSP INPT OBSERVATION DISCHARGE	76.55	N/A	77.38	77.38	57.59	57.59	17.00	63.10	69.88	58.68
99241	CONSULT OFFICE LIMITED	N/A	N/A	N/A	N/A	N/A	N/A	30.00	30.00	N/A	33.76
99242	CONSULT OFFICE INTERMEDIATE	72.01	94.39	N/A	N/A	39.62	52.17	43.90	55.15	66.39	54.78
99243	CONSULT OFFICE EXTENDED	101.53	129.98	N/A	N/A	63.00	79.00	69.46	76.93	98.79	82.05
99244	CONSULT OFFICE COMPREHENSIVE	162.03	193.14	N/A	N/A	95.49	112.96	105.94	120.56	140.58	117.11
99245	CONSULT OFFICE COMPLEX	200.55	235.44	N/A	N/A	129.20	148.64	141.97	151.44	182.69	152.90
99251	CONSULT IN-HOSP INITIAL	N/A	N/A	N/A	N/A	N/A	N/A	30.00	30.00	N/A	35.26
99252	INPATIENT OR OBSERVATION CONSULTATION	78.08	N/A	N/A	N/A	50.94	50.94	30.00	56.27	60.52	51.37
99253	INPATIENT OR OBSERVATION CONSULTATION	121.70	N/A	N/A	N/A	70.88	70.88	30.00	78.42	85.28	72.07
99254	INPATIENT OR OBSERVATION CONSULTATION	175.05	N/A	N/A	N/A	98.19	98.19	49.00	109.02	118.62	100.06
99283	EMERG DEPT VISIT INTERMEDIATE	77.62	N/A	67.81	67.81	52.17	52.17	35.00	56.65	60.12	48.60
99284	EMERG DEPT VISIT EXTENDED	130.68	N/A	115.38	115.38	88.84	88.84	50.00	95.33	102.22	82.70
99285	EMERG DEPT VISIT COMPREHENSIVE	189.83	N/A	167.13	167.13	128.71	128.71	50.00	138.74	147.96	119.78
99401	PREV MED CNSL INDIV APPRX 15	26.10	42.41	0.00	N/A	16.73	26.33	10.00	10.00	34.19	N/A
99402	PREV MED CNSL INDIV APPRX 30	N/A	32.76	0.00	N/A	34.21	43.81	N/A	N/A	54.89	0.00
99417	PROLNG OFF/OP E/M EA 15 MIN	33.08	34.21	N/A	N/A	21.41	21.90	N/A	N/A	0.00	22.40
99441	PHONE E/M BY PHYS 5-10 MIN	N.C.	N.C.	33.42	54.11	25.10	38.88	N/A	N/A	50.26	41.15
99442	PHONE E/M BY PHYS 11-20 MIN	N.C.	N.C.	62.66	87.17	46.76	63.25	N/A	N/A	80.28	66.22
99443	PHONE E/M BY PHYS 21-30 MIN	N.C.	N.C.	92.86	123.41	69.65	89.83	N/A	N/A	113.34	93.73
99447	INTERPROF PHONE/ONLINE 11-20	N/A	N/A	N/A	N/A	26.09	26.09	27.78	27.78	39.48	26.29

99448	INTERPROF PHONE/ONLINE 21-30	N/A	N/A	N/A	N/A	38.64	38.64	42.30	42.30	60.26	0.00
99449	INTERPROF PHONE/ONLINE 31/>	N/A	N/A	N/A	N/A	51.19	51.19	42.30	42.30	79.78	0.00
99472	PED CRITICAL CARE SUBSQ	429.47	429.47	377.51	377.51	283.75	283.75	240.22	240.22	338.23	286.07
E0603	ELECTRIC BREAST PUMP/AC, AND/OR/DC,RENTL	N/A	N/A	135.00	N/A	N/A	N/A	180.00	180.00	N/A	N/A
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAI	N/A	N/A	N/A	N/A	37.90	37.90	21.41	21.41	N/A	N/A
G0403	EKG FOR INITIAL PREVENT EXAM	N/A	N/A	N/A	N/A	10.09	10.09	N/A	N/A	N/A	N/A
H1000	PRENATAL CARE AT-RISK ASSESSMENT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
H1003	PRENATAL CARE AT RISK ENHANCED SERVICE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
J0702	BETAMETHASONE ACET/SOD PHOSPH, PER 3 MG	6.82	6.82	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
J1726	MAKENA, 10 MG	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
J2405	ONDANSETRON HYDROCHLORIDE, PER 1 MG	0.10	0.10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
J2790	RHO D IMMUNE GLOBULIN, HUMAN, 1 DOSE PAK	81.16	81.16	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
J7120	RINGERS LACTATE INFUSION, UP TO 1,000 CC	2.59	2.59	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
S0265	GENETIC COUNSEL 15 MINS	N/A	N/A	N/A	N/A	0.00	0.00	N/A	N/A	N/A	N/A
S9140	DIABETIC MANAGEMENT PROGRAM, FOLLOW-UP V	N/A	N/A	N/A	N/A	0.00	0.00	N/A	N/A	N/A	N/A
S9460	DIABETIC MANAGEMENT PROGRAM, NURSE VISIT	N/A	N/A	N/A	N/A	0.00	0.00	N/A	N/A	N/A	N/A
S9560	HT INJ HORMONE DIEM	N/A	N/A	N/A	N/A	0.00	0.00	N/A	N/A	N/A	N/A

Appendix 4 Notes:

1. Maryland rates are highlighted in orange for the reader's ease.

2. “FAC” stands for Facility Fee which is used for services rendered in a hospital, psychiatric hospital, nursing facility, or skilled nursing facility.
3. “NFAC” stands for Non-Facility Fee which is used for services rendered in an office, home, or school setting.
4. “NC” indicates a non-covered service.
5. “N/A” indicates that a rate is not applicable for the selected place of service.
6. “REPORT” indicates that additional information is needed to be priced.
7. The codes highlighted in yellow are those included in the legislation introduced, but not passed, during the 2024 session (CPT codes 76801, 76802, 76805, and 76810-76821).³²

³² HB 1036/SB 0716, *Maryland Medical Assistance Program - Maternal Fetal Medicine Services - Reimbursement*
<https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/SB0716?ys=2024RS&search=True>

Appendix 5. Reimbursement Rates of MFM CPT Codes for Medicaid, Medicare, and Commercial Insurers in Maryland

CPT Code	Code Description	Medicaid Rate (FAC)	Medicaid Rate (NFAC)	Medicare Rate (FAC)	Medicare Rate (NFAC)	Commercial Insurance Rate (Median)
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCT	\$2.39	\$2.39	N/A	N/A	\$7.00
54150	CIRCUMCISION, NEWBORN	\$77.90	\$144.79	\$100.45	\$158.22	\$216.00
58611	LIGATION OR TRANSECTION FALLOPIAN TUBE	\$75.80	\$75.80	N/A	\$79.78	\$125.00
58700	REMOVE FALLOPIAN TUBE(S)	\$727.72	N/A	N/A	\$861.20	\$766.50
59000	AMNIOCENTESIS DIAGNOSTIC	\$80.69	\$128.67	\$87.76	\$128.67	\$312.00
59001	AMNIOCENTESIS THERAPEUTIC	\$179.56	\$179.56	N/A	\$193.26	\$413.00
59015	CHORIONIC VILLUS SAMPLING	\$132.23	\$155.04	\$142.72	\$172.51	\$252.50
59025	FETAL NON-STRESS TEST	\$45.87	\$45.87	N/A	\$53.16	\$74.00
59074	FETAL FLUID DRAINAGE W/ US	\$266.63	\$354.98	\$334.47	\$417.36	\$257.00
59320	REVISE CERVIX VAGINAL DURING PREGNANCY	\$152.32	\$152.32	N/A	\$164.61	\$308.00
59409	VAGINAL DELIVERY ONLY	\$860.00	\$860.00	N/A	\$863.89	\$1,280.50
59410	OBSTETRICAL CARE - NORMAL DELIVERY	\$941.93	\$941.93	N/A	\$1,169.97	\$1,753.00
59430	CARE AFTER DELIVERY	\$125.08	\$148.76	\$194.12	\$287.42	\$264.50
59510	GLOBAL C SECTION CARE	N.C.	N.C.	N/A	\$2,929.48	\$4,200.00
59514	CAESAREAN DELIVERY ONLY	\$966.69	N/A	N/A	\$982.73	\$216.00
59515	CESAREAN DELIVERY ONLY	\$1,124.12	N/A	N/A	\$1,457.61	\$2,666.00
59866	ABORTION	\$225.68	\$225.68	N/A	\$258.68	N/A
59897	UNLISTED FETAL INVAS PX W/US	REPORT	REPORT	N/A	N/A	N/A
75820	VEIN X-RAY ARM/LEG	\$91.84	\$91.84	N/A	\$114.57	\$64.00
76376	3D RENDERING OF COMPUTED TOMOGRAPHY	\$22.99	\$22.99	N/A	\$26.68	\$41.00
76377	3D RENDERING OF COMPUTED TOMOGRAPHY	\$69.92	\$69.92	N/A	\$82.98	\$74.00
76775	US EXAM ABDO BACK WALL LIM	\$57.58	\$57.58	N/A	\$63.42	\$73.50
76801	OB US < 14 WKS SINGLE FETUS	\$101.98	\$101.98	N/A	\$124.78	\$235.00
76802	OB US < 14 WKS ADDL FETUS	\$59.63	\$59.63	N/A	\$63.22	\$110.50
76805	OB US >= 14 WKS SNGL FETUS	\$114.13	\$114.13	N/A	\$144.60	\$201.00
76810	OB US >= 14 WKS ADDL FETUS	\$76.82	\$76.82	N/A	\$92.35	\$162.00
76811	OB US DETAILED SNGL FETUS	\$170.09	\$170.09	N/A	\$187.77	\$458.00
76812	OB US DETAILED ADDL FETUS	\$164.55	\$164.55	N/A	\$203.36	\$283.00
76813	OB US NUCHAL MEAS 1 GEST	\$100.47	\$100.47	N/A	\$122.55	\$163.00
76814	OB US NUCHAL MEAS ADD-ON	\$64.61	\$64.61	N/A	\$78.34	\$139.00

76815	OB US LIMITED FETUS(S)	\$70.37	\$70.37	N/A	\$86.25	\$98.00
76816	OB US FOLLOW-UP PER FETUS	\$93.02	\$93.02	N/A	\$117.01	\$192.00
76817	TRANSVAGINAL US OBSTETRIC	\$78.03	\$78.03	N/A	\$98.62	\$135.00
76818	ECHO STUDY FETUS	\$99.02	\$99.02	N/A	\$126.10	\$130.50
76819	FETL BIOPHYS PROFIL W/O STRS	\$78.35	\$78.35	N/A	\$91.04	\$131.00
76820	UMBILICAL ARTERY ECHO	\$47.27	\$47.27	N/A	\$47.27	\$84.00
76821	MIDDLE CEREBRAL ARTERY ECHO	\$77.68	\$77.68	N/A	\$94.69	\$122.00
76825	ECHO STUDY FETAL HEART	\$223.29	\$223.29	N/A	\$279.00	\$420.00
76826	ECHOCARDIOGRAPHY FETAL REPEAT	\$131.43	\$131.43	N/A	\$167.36	\$179.00
76827	DOPPLER ECHOCARDIOGRAPHY FETAL	\$62.98	\$62.98	N/A	\$74.47	\$88.00
76828	DOPPLER ECHOCARDIOGRAPHY FETAL	\$46.09	\$46.09	N/A	\$51.46	\$57.50
76830	TRANSVAGINAL US NON-OB	\$98.06	\$98.06	N/A	\$127.52	\$174.00
76856	US EXAM PELVIC COMPLETE	\$88.45	\$88.45	N/A	\$112.37	\$149.00
76945	ECHO GUIDE VILLUS SAMPLING	\$80.19	\$80.19	N/A	N/A	\$158.50
76946	ULTRASONIC GUIDANCE, AMNIOCENTESIS	\$32.21	\$32.21	N/A	\$35.30	\$69.50
78605	NUCLEAR EXAM OF BRAIN	\$166.23	\$166.23	N/A	\$199.75	N/A
81002	URINALYSIS NON-AUTOMATED WITHOUT MICRO	N/A	N/A	N/A	N/A	\$3.00
82962	GLUCOSE BLOOD BY FDA CLEARED DEVICES	N/A	N/A	N/A	N/A	\$4.00
90471	IMMUNIZATION ADMIN, SINGLE	N.C.	N.C.	N/A	\$22.00	\$55.00
90686	IIV4 VACC NO PRSV 3 YRS+ IM	\$22.35	\$22.35	N/A	N/A	\$54.00
90715	TDAP VACCINE 7 YRS/> IM	\$38.75	\$38.75	N/A	N/A	\$57.00
93010	ELECTROCARDIOGRAM REPORT	\$6.56	\$6.56	N/A	\$8.36	\$13.00
93325	DOPPLER COLOR FLOW	\$24.98	\$24.98	N/A	\$24.98	\$9.00
93975	NON INVASIVE STUDIES	\$224.54	\$224.54	N/A	\$283.32	\$134.00
93976	NON INVASIVE STUDIES	\$154.01	\$154.01	N/A	N/A	\$113.00
96040	GENETIC COUNSELING 30 MIN	\$38.02	\$38.02	N/A	N/A	\$105.00
96372	THER/PROPH/DIAG INJ SC/IM	\$15.18	\$15.18	N/A	\$15.18	\$28.00
98960	SELF-MGMT EDUC & TRAIN 1 PT	N.C.	N.C.	N/A	N/A	\$49.00
98966	HC PRO PHONE CALL 5-10 MIN	N.C.	N.C.	\$11.79	\$13.59	\$35.00
98967	HC PRO PHONE CALL 11-20 MIN	N.C.	N.C.	\$22.87	\$25.02	\$60.00
98968	HC PRO PHONE CALL 21-30 MIN	N.C.	N.C.	\$31.72	\$34.23	\$85.00
99000	SPECIMEN HANDLING OFFICE TO LAB	N/A	N/A	N/A	N/A	\$4.00
99201	OFFICE/OUTPATIENT VISIT NEW	N/A	N/A	N/A	N/A	\$177.00
99202	OFFICE/OUTPATIENT VISIT NEW	\$52.72	\$79.65	\$49.42	\$76.69	\$83.00
99203	OFFICE/OUTPATIENT VISIT NEW	\$90.06	\$122.30	\$85.70	\$118.35	\$118.00

99204	OFFICE/OUTPATIENT VISIT NEW	\$145.50	\$181.53	\$139.28	\$176.96	\$182.00
99205	OFFICE/OUTPATIENT VISIT NEW	\$197.47	\$239.94	\$189.55	\$233.33	\$235.00
99211	OFFICE/OUTPATIENT VISIT EST	\$9.51	\$25.44	\$9.06	\$24.85	\$21.00
99212	OFFICE/OUTPATIENT VISIT EST	\$39.08	\$61.84	\$36.79	\$60.11	\$67.00
99213	OFFICE/OUTPATIENT VISIT EST	\$71.65	\$98.58	\$68.59	\$96.22	\$81.00
99214	OFFICE/OUTPATIENT VISIT EST	\$104.86	\$138.61	\$101.07	\$135.52	\$109.00
99215	OFFICE/OUTPATIENT VISIT EST	\$156.19	\$195.63	\$150.23	\$190.78	\$168.00
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMENT	N/A	N/A	N/A	N/A	\$105.00
99218	INITIAL OBSERVATION CARE	N/A	N/A	N/A	N/A	\$144.00
99219	INITIAL OBSERVATION CARE	N/A	N/A	N/A	N/A	\$205.00
99220	INITIAL OBSERVATION CARE	N/A	N/A	N/A	N/A	\$236.00
99221	INITIAL HOSP INPT OR OBSERVATION	\$107.43	N/A	N/A	\$86.51	\$130.00
99222	INITIAL HOSP INPT OR OBSERVATION	\$143.81	N/A	N/A	\$135.98	\$160.00
99223	INITIAL HOSP INPT OR OBSERVATION	\$210.42	N/A	N/A	\$179.69	\$217.00
99224	SUBSEQUENT OBSERVATION CARE	N/A	N/A	N/A	N/A	\$49.00
99225	SUBSEQUENT OBSERVATION CARE	N/A	N/A	N/A	N/A	\$90.00
99226	SUBSEQUENT OBSERVATION CARE	N/A	N/A	N/A	N/A	\$152.00
99231	SUBSEQUENT HOSPITAL INPT OR OBSERVATION	\$41.22	N/A	N/A	\$51.51	\$50.00
99232	SUBSEQUENT HOSPITAL INPT OR OBSERVATION	\$75.61	N/A	N/A	\$81.82	\$85.00
99233	SUBSEQUENT HOSPITAL INPT OBSERVATION	\$108.61	N/A	N/A	\$123.06	\$137.00
99234	OBSERV/HOSP SAME DATE	\$138.62	N/A	N/A	\$101.51	\$218.00
99235	OBSERV/HOSP SAME DATE	\$175.48	N/A	N/A	\$165.32	\$319.00
99238	HOSP INPT OBSERVATION DISCHARGE	\$76.55	N/A	N/A	\$84.43	\$120.00
99241	CONSULT OFFICE LIMITED	N/A	N/A	N/A	N/A	\$78.00
99242	CONSULT OFFICE INTERMEDIATE	\$72.01	\$94.39	N/A	N/A	\$154.00
99243	CONSULT OFFICE EXTENDED	\$101.53	\$129.98	N/A	N/A	\$217.00
99244	CONSULT OFFICE COMPREHENSIVE	\$162.03	\$193.14	N/A	N/A	\$334.00
99245	CONSULT OFFICE COMPLEX	\$200.55	\$235.44	N/A	N/A	\$420.00
99251	CONSULT IN-HOSP INITIAL	N/A	N/A	N/A	N/A	\$93.00
99252	INPATIENT OR OBSERVATION CONSULTATION	\$78.08	N/A	N/A	N/A	\$143.00
99253	INPATIENT OR OBSERVATION CONSULTATION	\$121.70	N/A	N/A	N/A	\$219.00
99254	INPATIENT OR OBSERVATION CONSULTATION	\$175.05	N/A	N/A	N/A	\$318.00

99283	EMERG DEPT VISIT INTERMEDIATE	\$77.62	N/A	N/A	\$73.93	\$150.00
99284	EMERG DEPT VISIT EXTENDED	\$130.68	N/A	N/A	\$125.76	\$259.00
99285	EMERG DEPT VISIT COMPREHENSIVE	\$189.83	N/A	N/A	\$182.10	\$388.00
99401	PREV MED CNSL INDIV APPRX 15	\$26.10	\$42.41	N/A	N/A	\$34.00
99402	PREV MED CNSL INDIV APPRX 30	N/A	\$32.76	N/A	N/A	\$62.00
99417	PROLNG OFF/OP E/M EA 15 MIN	\$33.08	\$34.21	N/A	N/A	\$77.00
99441	PHONE E/M BY PHYS 5-10 MIN	N.C.	N.C.	\$36.35	\$59.68	\$55.00
99442	PHONE E/M BY PHYS 11-20 MIN	N.C.	N.C.	\$68.16	\$95.79	\$90.00
99443	PHONE E/M BY PHYS 21-30 MIN	N.C.	N.C.	\$101.07	\$135.52	\$130.00
99447	INTERPROF PHONE/ONLINE 11-20	N/A	N/A	N/A	\$37.94	\$54.00
99448	INTERPROF PHONE/ONLINE 21-30	N/A	N/A	N/A	\$56.08	\$102.00
99449	INTERPROF PHONE/ONLINE 31/>	N/A	N/A	N/A	\$74.58	\$64.00
99472	PED CRITICAL CARE SUBSQ	\$429.47	\$429.47	N/A	\$411.13	\$946.00
E0603	ELECTRIC BREAST PUMP/AC, AND/OR/DC,RENTL	N/A	N/A	N/A	N/A	\$120.00
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAI	N/A	N/A	N/A	\$57.06	\$77.00
G0403	EKG FOR INITIAL PREVENT EXAM	N/A	N/A	N/A	\$15.26	\$3.00
H1000	PRENATAL CARE AT-RISK ASSESSMENT	N/A	N/A	N/A	N/A	\$36.00
H1003	PRENATAL CARE AT RISK ENHANCED SERVICE	N/A	N/A	N/A	N/A	\$4.00
J0702	BETAMETHASONE ACET/SOD PHOSPH, PER 3 MG	\$6.82	\$6.82	N/A	N/A	\$14.00
J1726	MAKENA, 10 MG	N/A	N/A	N/A	N/A	\$750.00
J2405	ONDANSETRON HYDROCHLORIDE, PER 1 MG	\$0.10	\$0.10	N/A	N/A	\$1.00
J2790	RHO D IMMUNE GLOBULIN, HUMAN, 1 DOSE PAK	\$81.16	\$81.16	N/A	N/A	\$108.00
J7120	RINGERS LACTATE INFUSION, UP TO 1,000 CC	\$2.59	\$2.59	N/A	N/A	\$4.00
S0265	GENETIC COUNSEL 15 MINS	N/A	N/A	N/A	N/A	\$195.00
S9140	DIABETIC MANAGEMENT PROGRAM, FOLLOW-UP V	N/A	N/A	N/A	N/A	\$92.00
S9460	DIABETIC MANAGEMENT PROGRAM, NURSE VISIT	N/A	N/A	N/A	N/A	\$25.50
S9560	HT INJ HORMONE DIEM	N/A	N/A	N/A	N/A	\$70.00

Appendix 5 Notes:

1. "FAC" stands for Facility Fee which is used for services rendered in a hospital, psychiatric hospital, nursing facility, or skilled nursing facility.
2. "NFAC" stands for Non-Facility Fee which is used for services rendered in an office, home, or school setting.
3. "NC" indicates a non-covered service.

4. "N/A" indicates that a rate is not applicable for the selected place of service.
5. Cells highlighted in red indicate that a reimbursement amount is not available for the code.
6. "REPORT" indicates that additional information is needed to be priced.
7. The codes highlighted in yellow are those included in the legislation introduced, but not passed, during the 2024 session (CPT codes 76801, 76802, 76805, and 76810-76821).³³

³³ HB 1036/SB 0716, *Maryland Medical Assistance Program - Maternal Fetal Medicine Services - Reimbursement*
<https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/SB0716?ys=2024RS&search=True>

Appendix 6. MFM CPT Code History for Maryland Medicaid between FY14 - FY24

CPT Code	Description	Modifier	Rate/ Multiplier	Rate Start Date	Rate End Date	CPT Code	Description	Modifier	Rate/ Multiplier	Rate Start Date	Rate End Date
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCT	Base Rate	2.39	1/1/2018	12/31/9999	99215	OFFICE/OUTPATIENT VISIT EST	Base Rate	182.02	7/1/2021	6/30/2022
			2.19	12/1/2015	12/31/2017				147.22	7/1/2020	6/30/2021
			2.19	7/1/2011	11/30/2015				146.38	7/1/2019	6/30/2020
		U3	1	7/1/2008	12/31/9999				146.22	7/1/2018	6/30/2019
54150	CIRCUMCISION, NEWBORN	Base Rate	144.79	7/1/2011	12/31/9999				145.44	10/1/2016	6/30/2018
			U3	0.5064	7/1/2008				12/31/2016	135.13	4/1/2015
			0.538	1/1/2017	12/31/9999				151.24	1/1/2014	3/31/2015
58611	LIGATION OR TRANSECTION FALLOPIAN TUBE	Base Rate	75.8	7/1/2008	12/31/9999				195.63	7/1/2022	8/31/2024
			U3	1	7/1/2008				12/31/9999	187.59	9/1/2024
58700	REMOVE FALLOPIAN TUBE(S)	Base Rate	727.72	7/1/2008	12/31/9999				0.8027	7/1/2021	6/30/2022
			U3	1	7/1/2008				12/31/9999	0.7603	7/1/2020
59000	AMNIOCENTESIS DIAGNOSTIC	Base Rate	129.36	7/1/2009	12/31/2020				0.7585	7/1/2019	6/30/2020
			129.36	1/1/2021	12/31/2023	0.7593	7/1/2018	6/30/2019			
			126.57	1/1/2024	4/30/2024	0.7613	5/1/2016	6/30/2018			
			128.67	5/1/2024	12/31/9999	0.7602	7/1/2015	4/30/2016			
		U3	0.6238	7/1/2009	12/31/2020	0.7601	4/1/2015	6/30/2015			
			0.6238	1/1/2021	12/31/2023	0.7663	1/1/2014	3/31/2015			
			0.6375	1/1/2024	4/30/2024	0.7984	7/1/2022	8/31/2024			
			0.6271	5/1/2024	12/31/9999	0.7875	9/1/2024	12/31/9999			
59001	AMNIOCENTESIS THERAPEUTIC	Base Rate	179.56	7/1/2008	12/31/9999	94.01	4/1/2015	6/30/2015			
			U3	1	7/1/2008	12/31/9999	101.35	10/1/2016	6/30/2018		
59015	CHORIONIC VILLUS SAMPLING	Base Rate	155.04	7/1/2008	12/31/9999	101.86	7/1/2018	6/30/2020			
			U3	0.8529	7/1/2008	12/31/9999	102.73	7/1/2020	6/30/2022		
59025	FETAL NON-STRESS TEST	Base Rate	45.87	7/1/2008	12/31/9999	107.43	7/1/2022	8/31/2024			
			U3	1	7/1/2008	12/31/9999	85.07	9/1/2024	12/31/9999		

59074	FETAL FLUID DRAINAGE W/ US	Base Rate	354.98	7/1/2008	12/31/9999			U3	1	7/1/2008	12/31/9999
		U3	0.7511	7/1/2008	12/31/9999						
59320	REVISE CERVIX VAGINAL DURING PREGNANCY	Base Rate	152.32	7/1/2008	12/31/9999						
		U3	1	7/1/2008	12/31/9999						
59409	VAGINAL DELIVERY ONLY	Base Rate	860	7/1/2005	12/31/2020	99222	INITIAL HOSP INPT OR OBSERVATION	Base Rate	144.23	1/1/2014	3/31/2015
			860	1/1/2021	12/31/2023				126.6	4/1/2015	6/30/2015
			849.79	1/1/2024	4/30/2024				136.61	10/1/2016	6/30/2018
			860	5/1/2024	12/31/9999				136.99	7/1/2018	6/30/2020
			1	7/1/2008	12/31/9999				138.47	7/1/2020	6/30/2022
U3	1	7/1/2008	12/31/9999	143.81	7/1/2022	8/31/2024	133.71	9/1/2024	12/31/9999		
59410	OBSTETRICAL CARE - NORMAL DELIVERY	Base Rate	941.93	7/1/2005	12/31/9999						
U3	1	7/1/2008	12/31/9999								
59430	CARE AFTER DELIVERY	Base Rate	148.76	1/1/2017	12/31/9999	99223	INITIAL HOSP INPT OR OBSERVATION	Base Rate	212.42	1/1/2014	3/31/2015
		U3	0.903	7/1/2008	12/31/2016				187.43	4/1/2015	6/30/2015
			0.8408	1/1/2017	12/31/9999				202.02	10/1/2016	6/30/2018
59510	GLOBAL C SECTION CARE	Base Rate	0	1/1/1990	12/31/9999						
U3	1	1/1/2021	12/31/9999	203.07	7/1/2018						
59514	CAESAREAN DELIVERY ONLY	Base Rate	993.44	7/1/2005	12/31/2020	99231	SUBSEQUENT HOSPITAL INPT OR OBSERVATION	Base Rate	40.97	1/1/2014	3/31/2015
			993.44	1/1/2021	12/31/2023				35.91	4/1/2015	6/30/2015
			966.69	1/1/2024	4/30/2024				39.25	10/1/2016	6/30/2018
			982.73	5/1/2024	12/31/9999				39.26	7/1/2018	6/30/2019
			1	7/1/2008	12/31/9999				39.3	7/1/2019	6/30/2020
59515	CESAREAN DELIVERY ONLY	Base Rate	1124.12	7/1/2005	12/31/9999						
U3	1	7/1/2008	12/31/9999	39.46	7/1/2020						
59866	ABORTION	Base Rate	225.68	7/1/2011	12/31/9999						
		U3	1	7/1/2008	12/31/9999						
59897	UNLISTED FETAL INVAS PX W/US	Base Rate	0	1/1/2004	12/31/9999	99232	SUBSEQUENT HOSPITAL INPT OR OBSERVATION	Base Rate	75.25	1/1/2014	3/31/2015
		U3	1	7/1/2008	12/31/9999				41.21	9/1/2024	12/31/9999
								U3	1	7/1/2008	12/31/9999
								Base Rate	66.65	4/1/2015	6/30/2015

75820	VEIN X-RAY ARM/LEG	Base Rate	91.84	1/1/2017	12/31/9999				71.74	10/1/2016	6/30/2018
		U3	1	7/1/2008	12/31/9999				72.84	7/1/2018	6/30/2022
76376	3D RENDERING OF COMPUTED TOMOGRAPHY	Base Rate	22.99	1/1/2017	12/31/9999				75.61	7/1/2022	8/31/2024
		U3	1	7/1/2008	12/31/9999				75.58	9/1/2024	12/31/9999
76377	3D RENDERING OF COMPUTED TOMOGRAPHY	Base Rate	69.92	1/1/2017	12/31/9999			U3	1	7/1/2008	12/31/9999
		U3	1	7/1/2008	12/31/9999						
76775	US EXAM ABDO BACK WALL LIM	Base Rate	57.58	1/1/2017	12/31/9999				108.41	1/1/2014	3/31/2015
		U3	1	7/1/2008	12/31/9999				96.08	4/1/2015	6/30/2015
76801	OB US < 14 WKS SINGLE FETUS	Base Rate	101.98	7/1/2011	12/31/9999	99233	SUBSEQUENT HOSPITAL INPT OBSERVATION	Base Rate	103.59	10/1/2016	6/30/2018
		U3	1	7/1/2008	12/31/9999				104.26	7/1/2018	6/30/2020
76802	OB US < 14 WKS ADDL FETUS	Base Rate	59.63	7/1/2011	12/31/9999				104.33	7/1/2020	6/30/2022
		U3	1	7/1/2008	12/31/9999				108.61	7/1/2022	8/31/2024
76805	OB US >= 14 WKS SNGL FETUS	Base Rate	114.13	1/1/2017	12/31/9999			U3	1	7/1/2008	12/31/9999
		U3	1	7/1/2008	12/31/9999				108.57	9/1/2024	12/31/9999
76810	OB US >= 14 WKS ADDL FETUS	Base Rate	76.82	7/1/2011	12/31/9999				141.24	1/1/2014	3/31/2015
		U3	1	7/1/2008	12/31/9999				123.64	4/1/2015	6/30/2015
76811	OB US DETAILED SNGL FETUS	Base Rate	170.09	7/1/2011	12/31/9999	99234	OBSERV/HOSP SAME DATE	Base Rate	133.38	10/1/2016	6/30/2020
		U3	1	7/1/2008	12/31/9999				134.1	7/1/2020	6/30/2022
76812	OB US DETAILED ADDL FETUS	Base Rate	164.55	1/1/2017	12/31/9999				138.62	7/1/2022	8/31/2024
		U3	1	7/1/2008	12/31/9999				99.82	9/1/2024	12/31/9999
76813	OB US NUCHAL MEAS 1 GEST	Base Rate	100.47	7/1/2011	12/31/9999				176.6	1/1/2014	3/31/2015
		U3	1	7/1/2008	12/31/9999				155.91	4/1/2015	6/30/2015
76814	OB US NUCHAL MEAS ADD-ON	Base Rate	64.61	1/1/2017	12/31/9999	99235	OBSERV/HOSP SAME DATE	Base Rate	168.33	10/1/2016	6/30/2018

		U3	1	7/1/2008	12/31/9999				169.33	7/1/2018	6/30/2020
76815	OB US LIMITED FETUS(S)	Base Rate	70.37	7/1/2011	12/31/9999				169.42	7/1/2020	6/30/2022
		U3	1	7/1/2008	12/31/9999				175.48	7/1/2022	8/31/2024
76816	OB US FOLLOW-UP PER FETUS	Base Rate	93.02	1/1/2017	12/31/9999				162.56	9/1/2024	12/31/9999
		U3	1	7/1/2008	12/31/9999		U3	1	7/1/2008	12/31/9999	
76817	TRANSVAGINAL US OBSTETRIC	Base Rate	78.03	1/1/2017	12/31/9999				75.82	1/1/2014	3/31/2015
		U3	1	7/1/2008	12/31/9999				67.58	4/1/2015	6/30/2015
76818	ECHO STUDY FETUS	Base Rate	99.02	1/1/2017	12/31/9999				72.35	10/1/2016	6/30/2018
		U3	1	7/1/2008	12/31/9999				73.4	7/1/2018	6/30/2022
76819	FETL BIOPHYS PROFIL W/O STRS	Base Rate	78.35	7/1/2011	12/31/9999				76.55	7/1/2022	8/31/2024
		U3	1	7/1/2008	12/31/9999				76.52	9/1/2024	12/31/9999
76820	UMBILICAL ARTERY ECHO	Base Rate	47.27	5/1/2024	12/31/9999						
			46.5	1/1/2024	4/30/2024						
			49.76	1/1/2021	12/31/2023						
		U3	1	7/1/2008	12/31/9999						
76821	MIDDLE CEREBRAL ARTERY ECHO	Base Rate	77.68	7/1/2011	12/31/9999				89.93	10/1/2016	6/30/2020
		U3	1	7/1/2008	12/31/9999				84.96	4/1/2015	6/30/2015
76825	ECHO STUDY FETAL HEART	Base Rate	223.29	1/1/2017	12/31/9999				96.44	1/1/2014	3/31/2015
		U3	1	7/1/2008	12/31/9999				77.87	9/1/2024	12/31/9999
76826	ECHOCARDIOGRAPHY FETAL REPEAT	Base Rate	131.43	1/1/2017	12/31/9999				0.7629	7/1/2021	8/31/2024
		U3	1	7/1/2008	12/31/9999				0.7626	1/1/2021	6/30/2021
76827	DOPPLER ECHOCARDIOGRAPHY FETAL	Base Rate	62.98	7/1/2011	12/31/9999				0.7626	7/1/2020	12/31/2020
		U3	1	7/1/2008	12/31/9999				0.7578	5/1/2016	6/30/2020
									0.763	7/1/2015	4/30/2016
						99238	HOSP INPT OBSERVATION DISCHARGE	Base Rate			
								U3	1	7/1/2008	12/31/9999
						99242	CONSULT OFFICE INTERMEDIATE	Base Rate			
								U3			

76828	DOPPLER ECHOCARDIOGRAPHY FETAL	Base Rate	46.09	7/1/2011	12/31/9999	99243	CONSULT OFFICE EXTENDED	Base Rate	0.7629	4/1/2015	6/30/2015
		U3	1	7/1/2008	12/31/9999				0.765	1/1/2014	3/31/2015
76830	TRANSVAGINAL US NON-OB	Base Rate	98.06	1/1/2017	12/31/9999				0.7326	9/1/2024	12/31/9999
		U3	1	7/1/2008	12/31/9999				129.98	7/1/2022	8/31/2024
76856	US EXAM PELVIC COMPLETE	Base Rate	88.45	7/1/2011	12/31/9999				121.03	7/1/2021	6/30/2022
		U3	1	7/1/2008	12/31/9999				124.96	7/1/2020	6/30/2021
76945	ECHO GUIDE VILLUS SAMPLING	Base Rate	80.19	1/1/2017	12/31/9999				123.01	10/1/2016	6/30/2020
		U3	1	7/1/2008	12/31/9999				115.89	4/1/2015	6/30/2015
76946	ULTRASONIC GUIDANCE, AMNIOCENTESIS	Base Rate	32.21	1/1/2017	12/31/9999				131.63	1/1/2014	3/31/2015
		U3	1	7/1/2008	12/31/9999				116.33	9/1/2024	12/31/9999
78605	NUCLEAR EXAM OF BRAIN	Base Rate	166.23	1/1/2017	12/31/9999	0.7811	7/1/2022	8/31/2024			
		U3	1	7/1/2008	12/31/9999	0.7796	7/1/2021	6/30/2022			
81002	URINALYSIS NON-AUTOMATED WITHOUT MICRO	Base Rate	2.72	7/1/2011	11/30/2015	0.7793	1/1/2021	6/30/2021			
		Base Rate	2.77	12/1/2015	12/31/9999	0.7793	7/1/2020	12/31/2020			
		U3	1	7/1/2008	12/31/9999	0.7748	7/1/2018	6/30/2020			
82962	GLUCOSE BLOOD BY FDA CLEARED DEVICES	Base Rate	2.61	1/1/2018	12/31/9999	0.7749	5/1/2016	6/30/2018			
		Base Rate	2.54	12/1/2015	12/31/2017	0.7792	4/1/2015	4/30/2016			
		Base Rate	2.5	7/1/2011	11/30/2015	0.7811	1/1/2014	3/31/2015			
		U3	1	7/1/2008	12/31/9999	0.7724	9/1/2024	12/31/9999			
90471	IMMUNIZATION ADMIN, SINGLE	Base Rate	0	1/1/1999	12/31/9999	193.14	7/1/2022	8/31/2024			
		U3	1	1/1/2021	12/31/9999	181.11	7/1/2021	6/30/2022			
90686	IIV4 VACC NO PRSV 3 YRS+ IM	Base Rate	22.35	1/1/2024	12/31/9999	186.95	7/1/2020	6/30/2021			
			19.03	1/1/2017	12/31/2017	183.5	10/1/2016	6/30/2020			
			19.03	1/1/2018	12/31/2018	170.7	4/1/2015	6/30/2015			
			19.04	1/1/2019	12/31/2019	194.26	1/1/2014	3/31/2015			
			19.04	1/1/2020	12/31/2020	165.83	9/1/2024	12/31/9999			
			19.58	1/1/2021	12/31/2021	0.8389	7/1/2022	8/31/2024			
			20.53	1/1/2022	12/31/2023	0.839	7/1/2021	6/30/2022			
99244	CONSULT OFFICE COMPREHENSIVE	Base Rate	193.14	7/1/2022	8/31/2024	181.11	7/1/2021	6/30/2022			
			186.95	7/1/2020	6/30/2021	183.5	10/1/2016	6/30/2020			
			183.5	10/1/2016	6/30/2020	170.7	4/1/2015	6/30/2015			
			170.7	4/1/2015	6/30/2015	194.26	1/1/2014	3/31/2015			
			194.26	1/1/2014	3/31/2015	165.83	9/1/2024	12/31/9999			
			165.83	9/1/2024	12/31/9999	0.8389	7/1/2022	8/31/2024			
			0.8389	7/1/2022	8/31/2024	0.839	7/1/2021	6/30/2022			
			0.839	7/1/2021	6/30/2022						

		U3	1	1/1/2013	12/31/9999				0.8387	1/1/2021	6/30/2021			
90715	TDAP VACCINE 7 YRS/>IM	Base Rate	31.37	1/1/2017	12/31/2017	99245	CONSULT OFFICE COMPLEX	Base Rate	0.8388	7/1/2020	12/31/2020			
			31.67	1/1/2018	12/31/2018				0.8349	7/1/2018	6/30/2020			
			30.9	1/1/2019	12/31/2019				0.835	5/1/2016	6/30/2018			
			32.86	1/1/2020	12/31/2020				0.8361	7/1/2015	4/30/2016			
			34.06	1/1/2021	12/31/2021				0.836	4/1/2015	6/30/2015			
			36.16	1/1/2022	12/31/2023				0.8378	1/1/2014	3/31/2015			
			38.75	1/1/2024	12/31/9999				0.8255	9/1/2024	12/31/9999			
		U3	1	7/1/2008	12/31/9999				235.44	7/1/2022	8/31/2024			
93010	ELECTROCARDIOGRAM REPORT	Base Rate	6.56	1/1/2017	12/31/9999				220.35	7/1/2021	6/30/2022			
		U3	1	7/1/2008	12/31/9999				227.46	7/1/2020	6/30/2021			
93325	DOPPLER COLOR FLOW	Base Rate	24.98	5/1/2024	12/31/9999				223.47	10/1/2016	6/30/2020			
			25.33	1/1/2017	12/31/2023				208.74	4/1/2015	6/30/2015			
			24.58	1/1/2024	4/30/2024				237.54	1/1/2014	3/31/2015			
		U3	1	7/1/2008	12/31/9999				216.21	9/1/2024	12/31/9999			
93975	NON INVASIVE STUDIES	Base Rate	224.54	1/1/2017	12/31/9999	99245	CONSULT OFFICE COMPLEX	Base Rate	0.8518	7/1/2022	8/31/2024			
		U3	1	7/1/2008	12/31/9999				0.8515	7/1/2021	6/30/2022			
93976	NON INVASIVE STUDIES	Base Rate	154.01	5/1/2024	12/31/9999							0.8513	1/1/2021	6/30/2021
			161.85	7/1/2011	12/31/2020							0.8513	7/1/2020	12/31/2020
			161.09	1/1/2021	12/31/2023							0.8478	7/1/2018	6/30/2020
			151.85	1/1/2024	4/30/2024							0.8479	10/1/2016	6/30/2018
		U3	1	7/1/2008	12/31/9999							0.848	5/1/2016	9/30/2016
96040	GENETIC COUNSELING 30 MIN	Base Rate	38.02	3/1/2018	12/31/9999							0.8496	4/1/2015	4/30/2016
		Base Rate	38.02	1/1/2017	2/28/2018							0.8512	1/1/2014	3/31/2015
		U3	1	7/1/2008	12/31/9999							0.8499	9/1/2024	12/31/9999
96372	THER/PROPH/DIAG INJ SC/IM	Base Rate	15.18	5/1/2024	12/31/9999				99252	INPATIENT OR OBSERVATION CONSULTATION	Base Rate	79.28	1/1/2014	3/31/2015
			15.35	1/1/2021	12/31/2023							69.52	4/1/2015	6/30/2015
			15.46	1/1/2020	12/31/2020							74.42	10/1/2016	6/30/2019
			20.24	1/1/2017	12/31/2019							74.43	7/1/2019	6/30/2020
			14.93	1/1/2024	4/30/2024	75.56	7/1/2020	6/30/2021						
		U3	1	1/1/2009	12/31/9999	74.07	7/1/2021	6/30/2022						

98960	SELF-MGMT EDUC & TRAIN 1 PT	Base Rate	0	1/1/2006	12/31/9999				78.08	7/1/2022	8/31/2024			
		U3	1	1/1/2021	12/31/9999				72.28	9/1/2024	12/31/9999			
98966	HC PRO PHONE CALL 5-10 MIN	Base Rate	0	1/1/2008	12/31/9999			U3	1	7/1/2008	12/31/9999			
		U3	1	1/1/2021	12/31/9999									
98967	HC PRO PHONE CALL 11-20 MIN	Base Rate	0	1/1/2008	12/31/9999				121.01	1/1/2014	3/31/2015			
		U3	1	1/1/2021	12/31/9999				106.04	4/1/2015	6/30/2015			
98968	HC PRO PHONE CALL 21-30 MIN	Base Rate	0	1/1/2008	12/31/9999				114.34	10/1/2016	6/30/2018			
		U3	1	1/1/2021	12/31/9999				114.61	7/1/2018	6/30/2019			
99000	SPECIMEN HANDLING OFFICE TO LAB	Base Rate	0	1/1/2008	12/31/9999				114.74	7/1/2019	6/30/2020			
		U3	1	1/1/2021	12/31/9999				116.9	7/1/2020	6/30/2021			
99202	OFFICE/OUTPATIENT VISIT NEW	Base Rate	79.65	7/1/2022	8/31/2024	99253	INPATIENT OR OBSERVATION CONSULTATION	Base Rate	113.7	7/1/2021	6/30/2022			
			77.2	7/1/2019	6/30/2022				121.7	7/1/2022	8/31/2024			
			76.01	7/1/2018	6/30/2019				101.55	9/1/2024	12/31/9999			
			75.44	10/1/2016	6/30/2018				1	7/1/2008	12/31/9999			
			69.7	4/1/2015	6/30/2015									
			78.32	1/1/2014	3/31/2015									
			75.41	9/1/2024	12/31/9999									
		U3	0.6619	7/1/2022	8/31/2024				99254	INPATIENT OR OBSERVATION CONSULTATION	Base Rate	174.62	1/1/2014	3/31/2015
			0.661	1/1/2021	6/30/2022							152.91	4/1/2015	6/30/2015
			0.661	7/1/2020	12/31/2020							166.24	10/1/2016	6/30/2018
			0.6578	7/1/2019	6/30/2020							166.44	7/1/2018	6/30/2019
			0.6672	7/1/2018	6/30/2019							166.63	7/1/2019	6/30/2020
			0.6673	5/1/2016	6/30/2018							170.28	7/1/2020	6/30/2021
			0.6622	7/1/2015	4/30/2016							164.58	7/1/2021	6/30/2022
0.6621	4/1/2015	6/30/2015	175.05	7/1/2022	8/31/2024									
Base Rate	0.6714	1/1/2014	3/31/2015	99283	EMERG DEPT VISIT INTERMEDIATE	Base Rate	64.18	1/1/2014				3/31/2015		
	0.6444	9/1/2024	12/31/9999				56.95	4/1/2015				6/30/2015		
	109.45	7/1/2019	6/30/2021				61.62	10/1/2016				6/30/2018		
	109.4	7/1/2018	6/30/2019				61.72	7/1/2018				6/30/2019		
	109.12	10/1/2016	6/30/2018				61.8	7/1/2019				6/30/2020		
	101.2	4/1/2015	6/30/2015				65.25	7/1/2020				6/30/2021		
	113.59	1/1/2014	3/31/2015				71.93	7/1/2021	6/30/2022					
122.3	7/1/2022	8/31/2024	77.62				7/1/2022	8/31/2024						
U3	113.47	7/1/2021	6/30/2022				99284	EMERG DEPT VISIT	Base	72.7	9/1/2024	12/31/9999		
										1	7/1/2008	12/31/9999		
										122.42	1/1/2014	3/31/2015		

		U3	0.705	7/1/2018	6/30/2019				116.85	10/1/2016	6/30/2018
			0.7056	10/1/2016	6/30/2018				117.08	7/1/2018	6/30/2019
			0.7057	5/1/2016	9/30/2016				117.21	7/1/2019	6/30/2020
			0.7034	7/1/2015	4/30/2016				120.09	7/1/2020	6/30/2021
			0.7033	4/1/2015	6/30/2015				122.12	7/1/2021	6/30/2022
			0.7058	1/1/2014	3/31/2015				130.68	7/1/2022	8/31/2024
			0.7364	7/1/2022	8/31/2024				123.67	9/1/2024	12/31/9999
			0.7368	7/1/2021	6/30/2022				1	7/1/2008	12/31/9999
			0.7047	7/1/2019	6/30/2021						
			0.7241	9/1/2024	12/31/9999						
99204	OFFICE/OUTPATIENT VISIT NEW	Base Rate	174.1	1/1/2014	3/31/2015	99285	EMERG DEPT VISIT COMPREHENSIVE	Base Rate	179.86	1/1/2014	3/31/2015
			153.32	4/1/2015	6/30/2015				160.48	4/1/2015	6/30/2015
			165.88	10/1/2016	6/30/2018				172.43	10/1/2016	6/30/2019
			166.09	7/1/2018	6/30/2021				172.65	7/1/2019	6/30/2020
			169.09	7/1/2021	6/30/2022				174.46	7/1/2020	6/30/2021
			181.53	7/1/2022	8/31/2024				178.43	7/1/2021	6/30/2022
			174.01	9/1/2024	12/31/9999				189.83	7/1/2022	8/31/2024
		0.7882	1/1/2014	3/31/2015	179.07	9/1/2024	12/31/9999				
		0.7841	4/1/2015	6/30/2018	1	7/1/2008	12/31/9999				
		0.7831	7/1/2018	6/30/2020							
		0.7853	7/1/2020	12/31/2020							
		0.7852	1/1/2021	6/30/2021							
		0.8044	7/1/2021	6/30/2022							
		0.8015	7/1/2022	8/31/2024							
0.7871	9/1/2024	12/31/9999									
99205	OFFICE/OUTPATIENT VISIT NEW	Base Rate	239.94	7/1/2022	8/31/2024	99401	PREV MED CNSL INDIV APPRX 15	U3	0	1/3/2001	6/30/2020
			223.14	7/1/2021	6/30/2022				0	7/1/2020	12/31/2021
			209.62	7/1/2020	6/30/2021				0	7/1/2018	6/30/2020
			208.77	7/1/2018	6/30/2020				0.6269	7/1/2020	12/31/2020
			207.81	10/1/2016	6/30/2018				1	1/1/2021	6/30/2021
			192.4	4/1/2015	6/30/2015				0	7/1/2021	12/31/2021
			216.65	1/1/2014	3/31/2015				0.6154	1/1/2022	12/31/9999
		229.44	9/1/2024	12/31/9999							
		0.823	7/1/2022	8/31/2024							
		99205	OFFICE/OUTPATIENT VISIT NEW	Base Rate	239.94	7/1/2022	8/31/2024	99402	PREV MED CNSL INDIV APPRX 30	U3	0
223.14	7/1/2021				6/30/2022	0	7/1/2020				6/30/2022
209.62	7/1/2020				6/30/2021	32.76	7/1/2023				12/31/9999
208.77	7/1/2018				6/30/2020	0	7/1/2018				6/30/2020
207.81	10/1/2016				6/30/2018	0.7783	7/1/2020				12/31/2020
192.4	4/1/2015				6/30/2015	1	1/1/2021				6/30/2021
216.65	1/1/2014				3/31/2015	0	7/1/2021				12/31/9999
229.44	9/1/2024			12/31/9999							
0.823	7/1/2022			8/31/2024							
99417	PROLNG OFF/OP E/M EA 15 MIN			Base Rate	0	1/1/2021	12/31/2020				0
		0	1/1/2021		6/30/2021	31.16	7/1/2021				6/30/2022
		31.16	7/1/2021		6/30/2022						

			0.8279	7/1/2021	6/30/2022				34.21	7/1/2022	12/31/9999	
			0.8124	7/1/2020	6/30/2021				0	1/1/2021	6/30/2021	
			0.812	7/1/2018	6/30/2020			U3	0.9685	7/1/2021	6/30/2022	
			0.8134	10/1/2016	6/30/2018				0.967	7/1/2022	12/31/9999	
			0.8135	5/1/2016	9/30/2016			Base Rate	0	1/1/2008	12/31/9999	
			0.812	4/1/2015	4/30/2016	99441	PHONE E/M BY PHYS 5-10 MIN		0	7/1/2018	12/31/2020	
			0.8174	1/1/2014	3/31/2015			U3	1	1/1/2021	6/30/2021	
			0.8124	9/1/2024	12/31/9999				0	7/1/2021	12/31/9999	
99211	OFFICE/OUTPATIENT VISIT EST	Base Rate	25.44	7/1/2022	8/31/2024	99442	PHONE E/M BY PHYS 11-20 MIN	Base Rate	0	1/1/2008	12/31/9999	
			23.54	7/1/2020	6/30/2022				U3	0	7/1/2018	12/31/2020
			23.12	7/1/2019	6/30/2020					1	1/1/2021	6/30/2021
			21.99	7/1/2018	6/30/2019					0	7/1/2021	12/31/9999
			20.26	10/1/2016	6/30/2018			Base Rate		0	1/1/2008	12/31/9999
			18.72	4/1/2015	6/30/2015				U3	0	7/1/2018	12/31/2020
			21.21	1/1/2014	3/31/2015					1	1/1/2021	6/30/2021
			24.43	9/1/2024	12/31/9999					0	7/1/2021	12/31/9999
		0.3738	7/1/2022	8/31/2024	99447	INTERPROF PHONE/ONLINE 11-20	Base Rate	0		1/1/2014	12/31/9999	
		0.3912	7/1/2020	6/30/2022				U3	0	7/1/2018	12/31/2020	
		0.397	7/1/2019	6/30/2020					1	1/1/2021	6/30/2021	
		0.4174	7/1/2018	6/30/2019					0	7/1/2021	12/31/9999	
		0.4531	5/1/2016	6/30/2018			Base Rate		0	1/1/2014	12/31/9999	
		0.453	4/1/2015	4/30/2016				U3	0	7/1/2018	12/31/2020	
0.4566	1/1/2014	3/31/2015	1	1/1/2021					6/30/2021			
0.3646	9/1/2024	12/31/9999	0	7/1/2021					12/31/9999			
99212	OFFICE/OUTPATIENT VISIT EST	Base Rate	61.84	7/1/2022	8/31/2024	99449	INTERPROF PHONE/ONLINE 31/>		Base Rate	0	1/1/2014	12/31/9999
			56.78	7/1/2021	6/30/2022			U3		0	7/1/2018	12/31/2020
			46.29	7/1/2020	6/30/2021				1	1/1/2021	6/30/2021	
			45.72	7/1/2019	6/30/2020			0	7/1/2021	12/31/9999		

			44.57	7/1/2018	6/30/2019	99472	PED CRITICAL CARE SUBSQ	Base Rate	419.45	1/1/2014	3/31/2015	
			43.96	10/1/2016	6/30/2018				375.89	4/1/2015	6/30/2015	
			40.97	4/1/2015	6/30/2015				408.63	10/1/2016	6/30/2018	
			46.05	1/1/2014	3/31/2015				412.75	7/1/2018	6/30/2022	
			59.11	9/1/2024	12/31/9999				429.47	7/1/2022	12/31/9999	
		U3	0.632	7/1/2022	8/31/2024			U3	1	1/1/2009	12/31/9999	
			0.6305	7/1/2021	6/30/2022	E0603	ELECTRIC BREAST PUMP/AC, AND/OR/DC,RENTL	Base Rate	83.02	7/1/2013	12/31/9999	
			0.5632	7/1/2020	6/30/2021	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAI	Base Rate	0	7/1/1997	12/31/9999	
			0.5586	7/1/2019	6/30/2020	G0403	EKG FOR INITIAL PREVENT EXAM	Base Rate	0	1/1/2009	12/31/9999	
			0.5723	7/1/2018	6/30/2019	H1000	PRENATAL CARE AT-RISK ASSESSMENT	Base Rate	40	4/1/2003	12/31/9999	
			0.5719	10/1/2016	6/30/2018	H1003	PRENATAL CARE AT RISK ENHANCED SERVICE	Base Rate	10	4/1/2003	12/31/9999	
			0.5717	5/1/2016	9/30/2016	J0702	BETAMETHASONE ACET/SOD PHOSPH, PER 3 MG	Base Rate	6.549	4/1/2010	11/30/2015	
			0.5753	4/1/2015	4/30/2016				6.03	1/1/2017	12/31/2017	
			0.5746	1/1/2014	3/31/2015				8.18	1/1/2018	12/31/2018	
			0.612	9/1/2024	12/31/9999				6.93	1/1/2019	12/31/2019	
94.62	9/1/2024	12/31/9999	6.96	1/1/2020	12/31/2020							
99213	OFFICE/OUTPATIENT VISIT EST	Base Rate	98.58	7/1/2022	8/31/2024	U3	1	1/1/2020	12/31/9999			
			92.09	7/1/2021	6/30/2022		J1726	MAKENA, 10 MG	Base Rate	0	1/1/2018	12/31/9999
			75.86	7/1/2020	6/30/2021		J2405	ONDANSETRON HYDROCHLORIDE, PER 1 MG	Base Rate	0.134	4/1/2010	11/30/2015
			74.83	7/1/2019	6/30/2020					0.13	1/1/2017	12/31/2017
			73.65	7/1/2018	6/30/2019					0.09	1/1/2018	12/31/2018
		73.47	10/1/2016	6/30/2018	0.13	1/1/2019				12/31/2019		
		67.54	4/1/2015	6/30/2015								
		U3	76.72	1/1/2014	3/31/2015							
			0.7128	9/1/2024	12/31/9999							

			0.7296	7/1/2021	6/30/2022				0.11	1/1/2020	12/31/2020											
			0.6803	7/1/2020	6/30/2021				0.09	1/1/2021	12/31/2021											
			0.6854	7/1/2019	6/30/2020				0.08	1/1/2022	12/31/2023											
			0.6964	7/1/2018	6/30/2019				0.1	1/1/2024	12/31/9999											
			0.6935	10/1/2016	6/30/2018				1	1/1/2020	12/31/9999											
			0.6934	5/1/2016	9/30/2016				77.469	4/1/2010	11/30/2015											
			0.6917	4/1/2015	4/30/2016					81.45	1/1/2017	12/31/2017										
			0.6996	1/1/2014	3/31/2015					79.07	1/1/2018	12/31/2018										
			0.7268	7/1/2022	8/31/2024					80.67	1/1/2019	12/31/2019										
										79.56	1/1/2020	12/31/2020										
99214	OFFICE/OUTPATIENT VISIT EST	Base Rate	113.09	1/1/2014	3/31/2015	J2790	RHO D IMMUNE GLOBULIN, HUMAN, 1 DOSE PAK	Base Rate	80.36	1/1/2021	12/31/2021											
			100.21	4/1/2015	6/30/2015				78.99	1/1/2022	12/31/2023											
			108.04	10/1/2016	6/30/2018				81.16	1/1/2024	12/31/9999											
			108.5	7/1/2018	6/30/2019				1	1/1/2020	12/31/9999											
			109.35	7/1/2019	6/30/2020				71.20	RINGERS LACTATE INFUSION, UP TO 1,000 CC	Base Rate	1.034	4/1/2010	11/30/2015								
			109.76	7/1/2020	6/30/2021							2.15	1/1/2017	12/31/2017								
			130.48	7/1/2021	6/30/2022							2.39	1/1/2018	12/31/2018								
			138.61	7/1/2022	8/31/2024							2.52	1/1/2019	12/31/2019								
			133.26	9/1/2024	12/31/9999							2.32	1/1/2020	12/31/2020								
			U3						0.7283	1/1/2014	3/31/2015	S0265	GENETIC COUNSEL 15 MINS	Base Rate	2.49	1/1/2021	12/31/2021					
		0.7207				4/1/2015	4/30/2016	2.47	1/1/2022	12/31/2023												
		0.7232				5/1/2016	9/30/2016	2.59	1/1/2024	12/31/9999												
		0.7233				10/1/2016	6/30/2018	1	1/1/2020	12/31/9999												
		0.7229				7/1/2018	6/30/2019	S9140	DIABETIC MANAGEMENT PROGRAM, FOLLOW-UP V	Base Rate	0				7/1/1997	12/31/9999						
		0.7181				7/1/2019	6/30/2020				S9460				DIABETIC MANAGEMENT PROGRAM, NURSE VISIT	Base Rate	0	7/1/1997	12/31/9999			
		0.722				7/1/2020	6/30/2021										S9560	HT INJ HORMONE DIEM	Base Rate	0	10/18/2003	12/31/9999
		0.7601				7/1/2021	6/30/2022															
		0.7565				7/1/2022	8/31/2024															

			0.7458	9/1/2024	12/31/9999	
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Appendix 6 Notes:

1. This table includes all changes to the select codes over the past ten years. However, earlier start dates may appear if the reimbursement rate has not since changed.
2. The “Modifier” column denotes whether a modifier was added to the code when it was billed that would change the rate.
3. The “Rate/Multiplier” column is the number by which a reimbursement rate is multiplied in cases where a modifier has been applied. In cases where a code or modifier is no longer in use, a zero will be present.
4. Cells highlighted in green represent the current reimbursement rate.
5. The codes highlighted in yellow are those included in the legislation introduced, but not passed, during the 2024 session (CPT codes 76801, 76802, 76805, and 76810-76821).³⁴
6. Codes that no longer have a reimbursement amount attached are not included in this table.
7. U3 is a facility modifier; the U3 rate is multiplied by the base rate of the code when the service is performed at a hospital.

³⁴ HB 1036/SB 0716, *Maryland Medical Assistance Program - Maternal Fetal Medicine Services - Reimbursement*
<https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/SB0716?ys=2024RS&search=True>

Appendix 7. Average Reimbursement Rates and Utilization of MFM CPT Codes by Commercial Insurers in Maryland

CPT Code	Description	Mean	Median	Count	Number of Unique Participants
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCT	\$5.21	\$7.00	385,953	217,842
54150	CIRCUMCISION, NEWBORN	\$269.59	\$216.00	1,685	1,682
58611	LIGATION OR TRANSECTION FALLOPIAN TUBE	\$126.11	\$125.00	206	180
58700	REMOVE FALLOPIAN TUBE(S)	\$872.61	\$766.50	18	18
59000	AMNIOCENTESIS DIAGNOSTIC	\$304.52	\$312.00	23	23
59001	AMNIOCENTESIS THERAPEUTIC	\$413.00	\$413.00	*	*
59015	CHORIONIC VILLUS SAMPLING	\$299.43	\$252.50	14	14
59025	FETAL NON-STRESS TEST	\$85.40	\$74.00	6,416	2,989
59074	FETAL FLUID DRAINAGE W/ US	\$257.00	\$257.00	*	*
59320	REVISE CERVIX VAGINAL DURING PREGNANCY	\$584.74	\$308.00	69	67
59409	VAGINAL DELIVERY ONLY	\$1,353.99	\$1,280.50	322	322
59410	OBSTETRICAL CARE - NORMAL DELIVERY	\$1,884.09	\$1,753.00	557	555
59430	CARE AFTER DELIVERY	\$299.67	\$264.50	180	173
59510	GLOBAL C SECTION CARE	\$4,619.26	\$4,200.00	2,391	2,385
59514	CAESAREAN DELIVERY ONLY	\$437.46	\$216.00	1,329	1,269
59515	CESAREAN DELIVERY ONLY	\$2,615.65	\$2,666.00	358	356
59866	ABORTION	N/A	N/A	N/A	N/A
59897	UNLISTED FETAL INVAS PX W/US	N/A	N/A	N/A	N/A
75820	VEIN X-RAY ARM/LEG	\$148.07	\$64.00	119	102
76376	3D RENDERING OF COMPUTED TOMOGRAPHY	\$48.18	\$41.00	551	515
76377	3D RENDERING OF COMPUTED TOMOGRAPHY	\$104.53	\$74.00	866	809
76775	US EXAM ABDO BACK WALL LIM	\$79.96	\$73.50	2,840	2,617
76801	OB US < 14 WKS SINGLE FETUS	\$227.32	\$235.00	4,915	4,020
76802	OB US < 14 WKS ADDL FETUS	\$115.96	\$110.50	56	50
76805	OB US >= 14 WKS SNGL FETUS	\$225.40	\$201.00	4,607	3,675
76810	OB US >= 14 WKS ADDL FETUS	\$168.59	\$162.00	61	42
76811	OB US DETAILED SNGL FETUS	\$384.95	\$458.00	4,405	4,320
76812	OB US DETAILED ADDL FETUS	\$313.00	\$283.00	61	61
76813	OB US NUCHAL MEAS 1 GEST	\$197.01	\$163.00	1,371	1,362
76814	OB US NUCHAL MEAS ADD-ON	\$152.41	\$139.00	22	22
76815	OB US LIMITED FETUS(S)	\$118.95	\$98.00	3,893	2,722
76816	OB US FOLLOW-UP PER FETUS	\$204.41	\$192.00	8,984	5,860
76817	TRANSVAGINAL US OBSTETRIC	\$151.35	\$135.00	5,967	4,022
76818	ECHO STUDY FETUS	\$152.14	\$130.50	1,888	822
76819	FETL BIOPHYS PROFIL W/O STRS	\$142.53	\$131.00	4,507	2,138

76820	UMBILICAL ARTERY ECHO	\$93.78	\$84.00	2,186	1,230
76821	MIDDLE CEREBRAL ARTERY ECHO	\$167.55	\$122.00	311	214
76825	ECHO STUDY FETAL HEART	\$457.63	\$420.00	339	329
76826	ECHOCARDIOGRAPHY FETAL REPEAT	\$215.94	\$179.00	36	25
76827	DOPPLER ECHOCARDIOGRAPHY FETAL	\$121.13	\$88.00	183	175
76828	DOPPLER ECHOCARDIOGRAPHY FETAL	\$86.46	\$57.50	148	131
76830	TRANSVAGINAL US NON-OB	\$202.20	\$174.00	22,143	15,934
76856	US EXAM PELVIC COMPLETE	\$162.44	\$149.00	9,480	8,885
76945	ECHO GUIDE VILLUS SAMPLING	\$182.70	\$158.50	*	*
76946	ULTRASONIC GUIDANCE, AMNIOCENTESIS	\$89.00	\$69.50	*	*
78605	NUCLEAR EXAM OF BRAIN	N/A	N/A	N/A	N/A
81002	URINALYSIS NON-AUTOMATED WITHOUT MICRO	\$3.69	\$3.00	15,059	13,483
82962	GLUCOSE BLOOD BY FDA CLEARED DEVICES	\$6.72	\$4.00	4,511	3,637
90471	IMMUNIZATION ADMIN, SINGLE	\$42.27	\$55.00	174,025	141,816
90686	IIV4 VACC NO PRSV 3 YRS+ IM	\$40.50	\$54.00	76,784	73,309
90715	TDAP VACCINE 7 YRS/> IM	\$72.06	\$57.00	24,838	24,799
93010	ELECTROCARDIOGRAM REPORT	\$14.68	\$13.00	57,182	35,059
93325	DOPPLER COLOR FLOW	\$42.57	\$9.00	3,451	2,682
93975	NON INVASIVE STUDIES	\$197.73	\$134.00	1,883	1,696
93976	NON INVASIVE STUDIES	\$169.41	\$113.00	1,695	1,505
96040	GENETIC COUNSELING 30 MIN	\$135.04	\$105.00	455	416
96372	THER/PROPH/DIAG INJ SC/IM	\$31.71	\$28.00	36,002	17,071
98960	SELF-MGMT EDUC & TRAIN 1 PT	\$49.88	\$49.00	3,666	793
98966	HC PRO PHONE CALL 5-10 MIN	\$34.50	\$35.00	6,704	5,148
98967	HC PRO PHONE CALL 11-20 MIN	\$59.17	\$60.00	7,946	6,138
98968	HC PRO PHONE CALL 21-30 MIN	\$84.02	\$85.00	10,251	7,900
99000	SPECIMEN HANDLING OFFICE TO LAB	\$12.80	\$4.00	2,530	2,083
99201	OFFICE/OUTPATIENT VISIT NEW	\$177.00	\$177.00	*	*
99202	OFFICE/OUTPATIENT VISIT NEW	\$90.79	\$83.00	41,247	39,553
99203	OFFICE/OUTPATIENT VISIT NEW	\$130.45	\$118.00	177,996	150,735
99204	OFFICE/OUTPATIENT VISIT NEW	\$200.80	\$182.00	160,055	128,757
99205	OFFICE/OUTPATIENT VISIT NEW	\$261.18	\$235.00	32,069	28,270
99211	OFFICE/OUTPATIENT VISIT EST	\$25.87	\$21.00	59,514	38,884
99212	OFFICE/OUTPATIENT VISIT EST	\$68.23	\$67.00	140,456	99,958
99213	OFFICE/OUTPATIENT VISIT EST	\$94.88	\$81.00	965,425	420,350
99214	OFFICE/OUTPATIENT VISIT EST	\$125.78	\$109.00	884,785	346,070
99215	OFFICE/OUTPATIENT VISIT EST	\$190.43	\$168.00	98,392	58,133
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMEN	\$109.44	\$105.00	6,633	6,109
99218	INITIAL OBSERVATION CAREE	\$150.69	\$144.00	1,154	1,057
99219	INITIAL OBSERVATION CARE	\$196.95	\$205.00	3,139	2,933

99220	INITIAL OBSERVATION CARE	\$244.57	\$236.00	7,488	6,483
99221	INITIAL HOSP INPT OR OBSERVATION	\$130.07	\$130.00	4,733	3,851
99222	INITIAL HOSP INPT OR OBSERVATION	\$160.86	\$160.00	13,333	9,217
99223	INITIAL HOSP INPT OR OBSERVATION	\$230.69	\$217.00	22,936	12,542
99224	SUBSEQUENT OBSERVATION CARE	\$54.27	\$49.00	323	242
99225	SUBSEQUENT OBSERVATION CARE	\$93.38	\$90.00	2,231	1,558
99226	SUBSEQUENT OBSERVATION CARE	\$153.21	\$152.00	3,485	2,432
99231	SUBSEQUENT HOSPITAL INPT OR OBSERVATION	\$51.89	\$50.00	11,875	4,651
99232	SUBSEQUENT HOSPITAL INPT OR OBSERVATION	\$91.76	\$85.00	80,358	13,930
99233	SUBSEQUENT HOSPITAL INPT OBSERVATION	\$145.97	\$137.00	77,788	12,865
99234	OBSERV/HOSP SAME DATE	\$226.10	\$218.00	301	282
99235	OBSERV/HOSP SAME DATE	\$279.82	\$319.00	729	680
99238	HOSP INPT OBSERVATION DISCHARGE	\$122.75	\$120.00	9,142	8,621
99241	CONSULT OFFICE LIMITED	\$76.89	\$78.00	787	782
99242	CONSULT OFFICE INTERMEDIATE	\$155.42	\$154.00	2,079	2,057
99243	CONSULT OFFICE EXTENDED	\$216.63	\$217.00	8,149	7,855
99244	CONSULT OFFICE COMPREHENSIVE	\$321.74	\$334.00	3,857	3,712
99245	CONSULT OFFICE COMPLEX	\$414.59	\$420.00	883	858
99251	CONSULT IN-HOSP INITIAL	\$90.11	\$93.00	113	107
99252	INPATIENT OR OBSERVATION CONSULTATION	\$137.77	\$143.00	282	251
99253	INPATIENT OR OBSERVATION CONSULTATION	\$211.73	\$219.00	1,235	1,018
99254	INPATIENT OR OBSERVATION CONSULTATION	\$300.49	\$318.00	1,302	999
99283	EMERG DEPT VISIT INTERMEDIATE	\$185.92	\$150.00	19,922	17,899
99284	EMERG DEPT VISIT EXTENDED	\$310.70	\$259.00	43,604	37,266
99285	EMERG DEPT VISIT COMPREHENSIVE	\$478.86	\$388.00	47,859	38,735
99401	PREV MED CNSL INDIV APPRX 15	\$44.00	\$34.00	3,940	3,012
99402	PREV MED CNSL INDIV APPRX 30	\$77.81	\$62.00	722	492
99417	PROLNG OFF/OP E/M EA 15 MIN	\$109.56	\$77.00	1,763	1,082
99441	PHONE E/M BY PHYS 5-10 MIN	\$50.35	\$55.00	35,809	28,197
99442	PHONE E/M BY PHYS 11-20 MIN	\$82.74	\$90.00	46,263	35,011
99443	PHONE E/M BY PHYS 21-30 MIN	\$112.97	\$130.00	15,858	12,916
99447	INTERPROF PHONE/ONLINE 11-20	\$59.06	\$54.00	63	57
99448	INTERPROF PHONE/ONLINE 21-30	\$104.77	\$102.00	30	29
99449	INTERPROF PHONE/ONLINE 31/>	\$72.89	\$64.00	37	31
99472	PED CRITICAL CARE SUBSQ	\$940.52	\$946.00	2,324	166
E0603	ELECTRIC BREAST PUMP/AC, AND/OR/DC,RENTL	\$158.34	\$120.00	6,356	6,276
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAI	\$92.43	\$77.00	639	400
G0403	EKG FOR INITIAL PREVENT EXAM	\$9.62	\$3.00	173	173
H1000	PRENATAL CARE AT-RISK ASSESSMENT	\$100.74	\$36.00	39	37
H1003	PRENATAL CARE AT RISK ENHANCED SERVICE	\$12.33	\$4.00	57	29

J0702	BETAMETHASONE ACET/SOD PHOSPH, PER 3 MG	\$20.73	\$14.00	2,974	2,445
J1726	MAKENA, 10 MG	\$1,082.52	\$750.00	580	113
J2405	ONDANSETRON HYDROCHLORIDE, PER 1 MG	\$4.01	\$1.00	3,465	2,250
J2790	RHO D IMMUNE GLOBULIN, HUMAN, 1 DOSE PAK	\$108.06	\$108.00	209	203
J7120	RINGERS LACTATE INFUSION, UP TO 1,000 CC	\$7.60	\$4.00	422	298
S0265	GENETIC COUNSEL 15 MINS	\$230.90	\$195.00	117	94
S9140	DIABETIC MANAGEMENT PROGRAM, FOLLOW-UP V	\$138.01	\$92.00	172	23
S9460	DIABETIC MANAGEMENT PROGRAM, NURSE VISIT	\$32.75	\$25.50	16	16
S9560	HT INJ HORMONE DIEM	\$149.50	\$70.00	112	14

Appendix 7 Notes:

1. "N/A" indicates that reimbursement amount or utilization data is not applicable.
2. The codes highlighted in yellow are those included in the legislation introduced, but not passed, during the 2024 session (CPT codes 76801, 76802, 76805, and 76810-76821).³⁵

³⁵ HB 1036/SB 0716, *Maryland Medical Assistance Program - Maternal Fetal Medicine Services - Reimbursement*
<https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/SB0716?ys=2024RS&search=True>