Comparison of Maryland’s and Neighboring States’ Medicaid Fees to Medicare Fees: FY 2019

A Chart Book

December 13, 2018

Prepared for the Maryland Department of Health
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter 1. Overview of Maryland Physician Fees</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maryland Medicaid Physician Fees</td>
<td></td>
</tr>
<tr>
<td>Key Findings</td>
<td></td>
</tr>
<tr>
<td>Chart Book Organization</td>
<td></td>
</tr>
<tr>
<td>Data Source</td>
<td></td>
</tr>
<tr>
<td>Chapter 2. Evaluation and Management Procedure Fees</td>
<td>7</td>
</tr>
<tr>
<td>Chapter 3. Surgical Procedure Fee Data</td>
<td>9</td>
</tr>
<tr>
<td>Chapter 4. Medical Procedure Fee Data</td>
<td>24</td>
</tr>
<tr>
<td>Appendix</td>
<td>40</td>
</tr>
<tr>
<td>List of Figures</td>
<td>44</td>
</tr>
</tbody>
</table>
Chapter 1. Overview of Maryland Physician Fees
Chapter 1. Overview of Maryland Physician Fees

Maryland Medicaid Physician Fees

This chart book compares the FY 2019 Medicaid reimbursement rates of Maryland and its surrounding states with Maryland’s Medicare fee schedule for CY 2018 for the Baltimore region. The surrounding states included in this study are Washington, DC; Delaware; Pennsylvania; Virginia; and West Virginia.

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

Maryland and West Virginia have separate facility and non-facility fees. However, Delaware and Pennsylvania do not separate facility and non-facility fees; therefore, their fees are compared with Medicare non-facility fees. Hence, for Delaware and Pennsylvania, the percentages of Medicare fees reported underestimate the percentages of Medicare fees for procedures performed in facilities. Virginia and Washington, DC have separate facility and non-facility fees for some procedures, but they did not report facility fees for some of the procedures that are included. Therefore, this chart book only compares Medicaid non-facility fees of Virginia and Washington, DC, with the corresponding Medicare non-facility fees for the Baltimore region.

Please note that in the following charts, facility is abbreviated as FA and non-facility is abbreviated as NF. In addition, all percentages are rounded to the nearest whole. As a result, states with the same percentage may actually have different rankings; states with the same ranking are indicated as “tied” in the text.

Key Findings

In FY 2019, Maryland Medicaid facility fees ranged from 52% to 100% of corresponding Maryland Medicare fees across all specialties, and Maryland Medicaid non-facility fees ranged from 55% to 96% of Maryland Medicare fees across all specialties.

Maryland Medicaid fees for special dermatological procedures had the lowest percentage of Medicare fees for the Baltimore region, and Maryland Medicaid fees for psychiatry had the highest percentage of Maryland Medicare fees.

Overall, Maryland Medicaid non-facility and facility fees were a lower percentage of corresponding Maryland Medicare fees than Delaware and Washington, DC, but were a higher percentage than Virginia, West Virginia, and Pennsylvania.
Chapter 1. Overview of Maryland Physician Fees

Chart Book Organization

The data in this chart book are presented in three sections:

- **Evaluation and Management Physician Fees:** This section includes data on the Medicaid reimbursement rate for evaluation and management procedures as a percentage of the Medicare reimbursement rate for the Baltimore region.

- **Surgical Physician Fees:** This section includes data on the Medicaid reimbursement rate for surgical procedures as a percentage of the Medicare reimbursement rate for the Baltimore region.

- **Medical Physician Fees:** This section includes data on the Medicaid reimbursement rate for medical procedures as a percentage of the Medicare reimbursement rate for the Baltimore region.

Data Source

The information in this chart book was derived from matching the Maryland Department of Health’s FY 2019 Physician Fee Schedule with Medicare CY 2018 and neighboring states' fee schedules.

Maryland’s neighboring states have their own Medicaid fee schedules. For this chart book, we collected data on the Medicaid physician fees of Washington, DC; Delaware; Pennsylvania; Virginia; and West Virginia. We obtained the current physician fee schedules from the states’ websites and compiled data on each state’s Medicaid fees.
Figure 1 presents the averages of the weighted average percentages of Medicare fees for all specialties from CY 2016 to CY 2018. Each average was calculated by adding all of the weighted averages for all specialties each year and dividing by the total number of specialties. The overall average percentage of Medicare fees for each state remained relatively stable over the last three measurement years.
Chapter 2.
Evaluation and Management Procedure Fees
For evaluation and management procedures, the state fees rank in the following order, from highest to lowest:

- Maryland facility
- Maryland non-facility
- Delaware
- Washington, DC
- Virginia non-facility
- West Virginia facility
- West Virginia non-facility
- Pennsylvania

Source: Hilltop Analyses of States’ Fee Schedules
Chapter 3.
Surgical Procedure Fee Data
For integumentary and general surgery procedures, the state fees rank in the following order, from highest to lowest:

- Delaware
- Washington, DC
- Maryland facility
- Virginia non-facility
- Maryland non-facility
- West Virginia facility
- West Virginia non-facility
- Pennsylvania

Source: Hilltop Analyses of States’ Fee Schedules
For musculoskeletal system procedures, the state fees rank in the following order, from highest to lowest:

- Delaware
- Maryland non-facility
- Maryland facility
- Washington, DC
- Virginia non-facility
- West Virginia facility
- West Virginia non-facility
- Pennsylvania

Source: Hilltop Analyses of States' Fee Schedules
For respiratory procedures, the state fees rank in the following order, from highest to lowest:

- Washington, DC
- Delaware
- Virginia non-facility
- Maryland facility
- Maryland non-facility
- West Virginia facility
- West Virginia non-facility
- Pennsylvania

Source: Hilltop Analyses of States’ Fee Schedules
For cardiovascular system surgery procedures, the state fees rank in the following order, from highest to lowest:

- Washington, DC
- Maryland non-facility
- Maryland facility
- Virginia non-facility
- West Virginia facility
- West Virginia non-facility
- Delaware
- Pennsylvania

Source: Hilltop Analyses of States’ Fee Schedules
For hemic, lymphatic, and mediastinum procedures, the state fees rank in the following order, from highest to lowest:

- Delaware
- Washington, DC
- Virginia non-facility
- Maryland non-facility
- Maryland facility
- West Virginia facility
- West Virginia non-facility
- Pennsylvania

Source: Hilltop Analyses of States’ Fee Schedules
For digestive system procedures, the state fees rank in the following order, from highest to lowest:

- Delaware
- Washington, DC
- Maryland non-facility
- Maryland facility
- Virginia non-facility
- West Virginia facility
- West Virginia non-facility
- Pennsylvania

Source: Hilltop Analyses of States' Fee Schedules
For urinary and male genital procedures, the state fees rank in the following order, from highest to lowest:

- Washington, DC
- Maryland non-facility
- Maryland facility
- Virginia non-facility
- West Virginia facility
- West Virginia non-facility
- Delaware
- Pennsylvania

Source: Hilltop Analyses of States' Fee Schedules
For gynecology and obstetrics procedures, the state fees rank in the following order, from highest to lowest:

- Pennsylvania
- West Virginia facility
- West Virginia non-facility
- Maryland facility
- Maryland non-facility
- Delaware
- Washington, DC
- Virginia non-facility
For endocrine system procedures, the state fees rank in the following order, from highest to lowest:

- Delaware
- Washington, DC
- Virginia non-facility
- Maryland non-facility
- Maryland facility
- West Virginia facility
- West Virginia non-facility
- Pennsylvania

Source: Hilltop Analyses of States' Fee Schedules
For neurosurgery procedures, the state fees rank in the following order, from highest to lowest:
- Maryland non-facility
- Maryland facility
- Washington, DC
- Delaware
- Virginia non-facility
- West Virginia facility
- West Virginia non-facility
- Pennsylvania

**Source:** Hilltop Analyses of States' Fee Schedules
For eye surgery procedures, the state fees rank in the following order, from highest to lowest:

- Delaware
- Pennsylvania
- Washington, DC
- Maryland non-facility
- Maryland facility
- Virginia non-facility
- West Virginia facility
- West Virginia non-facility

**Figure 13. Eye Surgery Weighted Average (%) of Medicare Fees**

*Source: Hilltop Analyses of States' Fee Schedules*
For ear surgery procedures, the state fees rank in the following order, from highest to lowest:
- Washington, DC
- Maryland non-facility
- Maryland facility
- Virginia non-facility
- West Virginia facility
- West Virginia non-facility
- Delaware
- Pennsylvania

Source: Hilltop Analyses of States’ Fee Schedules
For radiology procedures, the state fees rank in the following order, from highest to lowest:
- Washington, DC
- Maryland facility and non-facility (tied)
- Delaware
- Virginia non-facility
- Pennsylvania
- West Virginia facility and non-facility (tied)

Source: Hilltop Analyses of States’ Fee Schedules
For laboratory procedures, the state fees rank in the following order, from highest to lowest:

- Delaware
- West Virginia facility and non-facility (tied)
- Virginia non-facility
- Maryland facility and non-facility (tied)
- Washington, DC
- Pennsylvania

**Source:** Hilltop Analyses of States' Fee Schedules
Chapter 4.
Medical Procedure Fee Data
For psychiatry procedures, the state fees rank in the following order, from highest to lowest:

- Maryland facility
- Maryland non-facility
- Delaware
- Washington, DC
- Virginia non-facility
- West Virginia facility
- West Virginia non-facility
- Pennsylvania

Source: Hilltop Analyses of States’ Fee Schedules
For dialysis procedures, the state fees rank in the following order, from highest to lowest:

- Delaware
- Washington, DC
- Virginia non-facility
- Maryland facility and non-facility (tied)
- West Virginia facility and non-facility (tied)
- Pennsylvania

Source: Hilltop Analyses of States' Fee Schedules
For gastroenterology procedures, the state fees rank in the following order, from highest to lowest:
- Delaware
- Washington, DC
- Virginia non-facility
- Maryland facility and non-facility (tied)
- Pennsylvania
- West Virginia facility and non-facility (tied)

Source: Hilltop Analyses of States' Fee Schedules
For ophthalmology and vision care procedures, the state fees rank in the following order, from highest to lowest:

- Delaware
- Washington, DC
- Virginia non-facility
- Maryland facility
- Maryland non-facility
- West Virginia facility
- West Virginia non-facility
- Pennsylvania

Source: Hilltop Analyses of States’ Fee Schedules
For ENT (otorhinolaryngology) procedures, the state fees rank in the following order, from highest to lowest:

- Delaware
- Washington, DC
- Maryland non-facility
- Maryland facility
- Virginia non-facility
- West Virginia facility
- West Virginia non-facility
- Pennsylvania

Source: Hilltop Analyses of States’ Fee Schedules
For cardiovascular medicine procedures, the state fees rank in the following order, from highest to lowest:

- Delaware
- Washington, DC
- Maryland facility and non-facility (tied)
- Virginia non-facility
- Pennsylvania
- West Virginia facility and non-facility (tied)

**Figure 22. Cardiovascular Medicine Procedures Weighted Average (%) of Medicare Fees**

![Bar chart showing percentage for each state for cardiovascular medicine procedures](chart_url)

Source: Hilltop Analyses of States' Fee Schedules
For noninvasive vascular tests, the state fees rank in the following order, from highest to lowest:
- Washington, DC
- Delaware
- Maryland facility and non-facility (tied)
- Virginia non-facility
- Pennsylvania
- West Virginia facility and non-facility (tied)

Source: Hilltop Analyses of States’ Fee Schedules
For pulmonary procedures, the state fees rank in the following order, from highest to lowest:

- Delaware
- Washington, DC
- Virginia non-facility
- Maryland facility and non-facility (tied)
- West Virginia facility and non-facility (tied)
- Pennsylvania

Source: Hilltop Analyses of States’ Fee Schedules
For allergy and immunology procedures, the state fees rank in the following order, from highest to lowest:

- Delaware
- Maryland facility
- Washington, DC
- Maryland non-facility
- Virginia non-facility
- West Virginia facility
- West Virginia non-facility
- Pennsylvania

Source: Hilltop Analyses of States’ Fee Schedules
For neurology and neuromuscular procedures, the state fees rank in the following order, from highest to lowest:

- Delaware
- Washington, DC
- Maryland facility and non-facility (tied)
- Virginia non-facility
- West Virginia facility and non-facility (tied)
- Pennsylvania

Source: Hilltop Analyses of States' Fee Schedules
For Central Nervous System (CNS) assessment tests, the state fees rank in the following order, from highest to lowest:

- Washington, DC
- Maryland facility
- Maryland non-facility
- Virginia non-facility
- Delaware
- West Virginia facility
- West Virginia non-facility
- Pennsylvania

Source: Hilltop Analyses of States' Fee Schedules
For chemotherapy administration procedures, the state fees rank in the following order, from highest to lowest:

- Delaware
- Washington, DC
- Maryland non-facility
- Maryland facility
- Pennsylvania
- Virginia non-facility
- West Virginia facility
- West Virginia non-facility

Source: Hilltop Analyses of States' Fee Schedules
For special dermatological procedures, the state fees rank in the following order, from highest to lowest:

- Virginia non-facility
- Delaware
- West Virginia facility
- West Virginia non-facility
- Maryland non-facility
- Maryland facility
- Washington, DC
- Pennsylvania

**Source:** Hilltop Analyses of States’ Fee Schedules
For physical medicine and rehabilitation procedures, the state fees rank in the following order, from highest to lowest:

- Delaware
- Washington, DC
- Maryland facility and non-facility (tied)
- Virginia non-facility
- West Virginia facility and non-facility (tied)
- Pennsylvania

Source: Hilltop Analyses of States’ Fee Schedules
For osteopathy, chiropractic, and other medicine procedures, the state fees rank in the following order, from highest to lowest:

- Pennsylvania
- Delaware
- Washington, DC
- Maryland non-facility
- Maryland facility
- Virginia non-facility
- West Virginia facility
- West Virginia non-facility

**Figure 31. Osteopathy, Chiropractic, and Other Medicine Weighted Average (%) of Medicare Fees**

Source: Hilltop Analyses of States’ Fee Schedules
Appendix
<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Procedure Description</th>
<th>Procedure Code</th>
<th>Procedure Description</th>
<th>Procedure Code</th>
<th>Procedure Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Evaluation &amp; Management</strong></td>
<td><strong>Musculoskeletal System</strong></td>
<td><strong>Hemic, Lymphatic and Mediastinum</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99203</td>
<td>Office/outpatient visit, new</td>
<td>20550</td>
<td>Inj tendon sheath/ligament</td>
<td>38220</td>
<td>Bone marrow aspiration</td>
</tr>
<tr>
<td>99204</td>
<td>Office/outpatient visit, new</td>
<td>20552</td>
<td>Inj trigger point, 1/2 muscl</td>
<td>38221</td>
<td>Bone marrow biopsy</td>
</tr>
<tr>
<td>99212</td>
<td>Office/outpatient visit, est</td>
<td>20553</td>
<td>Inject trigger points 3/&gt;</td>
<td>38500</td>
<td>Biopsy/removal lymph nodes</td>
</tr>
<tr>
<td>99213</td>
<td>Office/outpatient visit, est</td>
<td>20610</td>
<td>Drain/inject, joint/bursa</td>
<td>38505</td>
<td>Needle biopsy lymph nodes</td>
</tr>
<tr>
<td>99214</td>
<td>Office/outpatient visit, est</td>
<td>25600</td>
<td>Treat fracture radius/ulna</td>
<td>38525</td>
<td>Biopsy/removal, lymph nodes</td>
</tr>
<tr>
<td>99223</td>
<td>Initial hospital care</td>
<td>29075</td>
<td>Application of forearm cast</td>
<td>38792</td>
<td>Identify sentinel node</td>
</tr>
<tr>
<td>99232</td>
<td>Subsequent hospital care</td>
<td>29125</td>
<td>Apply forearm splint</td>
<td>38900</td>
<td>Io map of sent lymph node</td>
</tr>
<tr>
<td>99238</td>
<td>Hospital discharge day</td>
<td>29130</td>
<td>Application of finger splint</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99244</td>
<td>Office consultation</td>
<td>29515</td>
<td>Application lower leg splint</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99283</td>
<td>Emergency dept visit</td>
<td>29540</td>
<td>Strapping of ankle and/or ft</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99284</td>
<td>Emergency dept visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99285</td>
<td>Emergency dept visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99291</td>
<td>Critical care, first hour</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99308</td>
<td>Nursing fac care, subseq</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99381</td>
<td>Init pm e/m, new pat, inf</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99391</td>
<td>Per pm reeval, est pat, inf</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99392</td>
<td>Prev visit, est, age 1-4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99393</td>
<td>Prev visit, est, age 5-11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99394</td>
<td>Prev visit, est, age 12-17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99469</td>
<td>Neonate crit care, subsq</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99472</td>
<td>Ped critical care, subsq</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99479</td>
<td>Jc lbw inf 1500-2500 g subsq</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Integumentary / General Surgery</strong></td>
<td><strong>Respiratory</strong></td>
<td><strong>Urinary &amp; Male Genital</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10060</td>
<td>Drainage of skin abscess</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10061</td>
<td>Drainage of skin abscess</td>
<td>30300</td>
<td>Remove nasal foreign body</td>
<td>51600</td>
<td>Injection for bladder x-ray</td>
</tr>
<tr>
<td>11042</td>
<td>Debride skin/tissue</td>
<td>31231</td>
<td>Nasal endoscopy, dx</td>
<td>51700</td>
<td>Irrigation of bladder</td>
</tr>
<tr>
<td>11056</td>
<td>Trim skin lesions 2 to 4</td>
<td>31237</td>
<td>Nasal/sinus endoscopy dx</td>
<td>51701</td>
<td>Insert bladder catheter</td>
</tr>
<tr>
<td>11100</td>
<td>Biopsy skin lesion</td>
<td>31500</td>
<td>Insert emergency airway</td>
<td>51741</td>
<td>Electro-uroflowmetry first</td>
</tr>
<tr>
<td>11721</td>
<td>Debride nail, 6 or more</td>
<td>31575</td>
<td>Diagnostic laryngoscopy</td>
<td>51798</td>
<td>Us urine capacity measure</td>
</tr>
<tr>
<td>12001</td>
<td>Repair superficial wound(s)</td>
<td>31622</td>
<td>Dx bronchoscope/wash</td>
<td>52000</td>
<td>Cystoscopy</td>
</tr>
<tr>
<td>12011</td>
<td>Repair superficial wound(s)</td>
<td>31624</td>
<td>Dx bronchoscope/lavage</td>
<td>52332</td>
<td>Cystoscopy and treatment</td>
</tr>
<tr>
<td>17110</td>
<td>Destruct b9 lesion, 1-14</td>
<td>31625</td>
<td>Insertion of chest tube</td>
<td>54150</td>
<td>Circumcision w/regional block</td>
</tr>
<tr>
<td>17250</td>
<td>Chemical cautery, tissue</td>
<td>32551</td>
<td>Insertion catheter, artery</td>
<td>54161</td>
<td>Circum 28 days or older</td>
</tr>
<tr>
<td>Procedure Code</td>
<td>Procedure Description</td>
<td>Procedure Code</td>
<td>Procedure Description</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------------</td>
<td>----------------</td>
<td>-----------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gynecology-Obstetric</td>
<td></td>
<td>Ear Surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>57452</td>
<td>Exam of cervix w/ scope</td>
<td>69200</td>
<td>Clear outer ear canal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>57454</td>
<td>Bx/curett of cervix w/ scope</td>
<td>69205</td>
<td>Clear outer ear canal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>58100</td>
<td>Biopsy of uterus lining</td>
<td>69210</td>
<td>Remove impacted ear wax</td>
<td></td>
<td></td>
</tr>
<tr>
<td>58300</td>
<td>Insert intrauterine device</td>
<td>69424</td>
<td>Remove ventilating tube</td>
<td></td>
<td></td>
</tr>
<tr>
<td>58301</td>
<td>Remove intrauterine device</td>
<td>69436</td>
<td>Create eardrum opening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>59025</td>
<td>Fetal non-stress test</td>
<td>69990</td>
<td>Microsurgery add-on</td>
<td></td>
<td></td>
</tr>
<tr>
<td>59409</td>
<td>Obstetrical care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>59410</td>
<td>Obstetrical care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>59430</td>
<td>Care after delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>59514</td>
<td>Cesarean delivery only</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>59515</td>
<td>Cesarean delivery w/ postpartum</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endocrine System</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60100</td>
<td>Biopsy of thyroid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60220</td>
<td>Partial removal of thyroid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60240</td>
<td>Removal of thyroid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60500</td>
<td>Explore parathyroid glands</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurosurgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>62270</td>
<td>Spinal fluid tap, diagnostic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>62322</td>
<td>Injs diagnostic/therapeutic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64450</td>
<td>N block, other peripheral</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64483</td>
<td>Inj foramen epidural l/s</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64484</td>
<td>Inj foramen epidural add-on</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64494</td>
<td>Inj paravert f jnt l/s 2 lev</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64495</td>
<td>Inj paravert f jnt l/s 3 lev</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye Surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65222</td>
<td>Remove foreign body from eye</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65855</td>
<td>Laser surgery of eye</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>66821</td>
<td>After cataract laser surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>66982</td>
<td>Cataract surgery complex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>66984</td>
<td>Cataract surg w/iol, 1 stage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>67028</td>
<td>Injection eye drug</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>67210</td>
<td>Treatment of retinal lesion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>67228</td>
<td>Treatment of retinal lesion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>67311</td>
<td>Revise eye muscle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>67800</td>
<td>Remove eyelid lesion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90834</td>
<td>Psytx, pt&amp;/ family 45 minutes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90837</td>
<td>Psytx, pt&amp;/ family 60 minutes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90847</td>
<td>Family psytx w/ patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dialysis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90935</td>
<td>Hemodialysis, one evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90937</td>
<td>Hemodialysis, repeated eval</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90945</td>
<td>Dialysis, one evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90960</td>
<td>Esrd srv 4 visits p mo 20+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90961</td>
<td>Esrd srv 2-3 vsts p mo 20+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90962</td>
<td>Esrd serv 1 visit p mo 20+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90970</td>
<td>Esrd home pt serv p day 20+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80053</td>
<td>Comprehen metabolic panel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80061</td>
<td>Lipid panel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>81002</td>
<td>Urinalysis nonauto w/o scope</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>83655</td>
<td>Assay of lead</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>85025</td>
<td>Complete cbc w/auto diff wbc</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>86592</td>
<td>Blood serology, qualitative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>87081</td>
<td>Culture screen only</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>87086</td>
<td>Urine culture/colony count</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>87491</td>
<td>Chyrm trach, dna, amp probe</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>87880</td>
<td>Strep a assw/optic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 1. Procedure Codes and Descriptions, by Specialty
<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Procedure Description</th>
<th>Procedure Code</th>
<th>Procedure Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ENT (Otorhinolaryngology)</strong></td>
<td><strong>Pulmonary</strong></td>
<td><strong>Chemotherapy Administration</strong></td>
<td></td>
</tr>
<tr>
<td>92504</td>
<td>Ear microscopy examination</td>
<td>96411</td>
<td>Chemo, iv push, addl drug</td>
</tr>
<tr>
<td>92546</td>
<td>Sinusoidal rotational test</td>
<td>96413</td>
<td>Chemo, iv infusion, 1 hr</td>
</tr>
<tr>
<td>92547</td>
<td>Supplemental electrical test</td>
<td>96415</td>
<td>Chemo, iv infusion, addl hr</td>
</tr>
<tr>
<td>92551</td>
<td>Pure tone hearing test, air</td>
<td>96417</td>
<td>Chemo iv infus each addl seq</td>
</tr>
<tr>
<td>92552</td>
<td>Pure tone audiometry, air</td>
<td>96450</td>
<td>Chemotherapy, into CNS</td>
</tr>
<tr>
<td>92557</td>
<td>Comprehensive hearing test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>92567</td>
<td>Tympanometry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>92568</td>
<td>Acoustic refl threshold tst</td>
<td></td>
<td></td>
</tr>
<tr>
<td>92585</td>
<td>Auditory evoked potentials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>92587</td>
<td>Evoked auditory testing</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cardiovascular</strong></td>
<td><strong>Allergy/Immunology</strong></td>
<td><strong>Special Dermatological Procedures</strong></td>
<td></td>
</tr>
<tr>
<td>93000</td>
<td>Electrocardiogram, complete</td>
<td>96910</td>
<td>Photochemotherapy with UV-B</td>
</tr>
<tr>
<td>93010</td>
<td>Electrocardiogram report</td>
<td>96912</td>
<td>Photochemotherapy with UV-A</td>
</tr>
<tr>
<td>93015</td>
<td>Cardiovascular stress test</td>
<td>96920</td>
<td>Laser tx skin &lt; 250 sq cm</td>
</tr>
<tr>
<td>93016</td>
<td>Cardiovascular stress test</td>
<td>96921</td>
<td>Laser tx skin 250-500 sq cm</td>
</tr>
<tr>
<td>93018</td>
<td>Cardiovascular stress test</td>
<td>96922</td>
<td>Laser tx skin &gt;500 sq cm</td>
</tr>
<tr>
<td>93042</td>
<td>Rhythm ECG, report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>93303</td>
<td>Echo transthoracic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>93306</td>
<td>Tte w/doppler complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>93307</td>
<td>Tte w/o doppler, complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>93320</td>
<td>Doppler echo exam, heart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>93325</td>
<td>Doppler color flow add-on</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-Invasive Vascular Tests</strong></td>
<td><strong>Neurology/Neurmuscular</strong></td>
<td><strong>Phys Medicine/Rehab/Therapy</strong></td>
<td></td>
</tr>
<tr>
<td>93880</td>
<td>Extracranial study</td>
<td>97162</td>
<td>Pt evaluation, moderate</td>
</tr>
<tr>
<td>93922</td>
<td>Upr/l xtremity art 2 levels</td>
<td>97010</td>
<td>Hot or cold packs therapy</td>
</tr>
<tr>
<td>93970</td>
<td>Extremity study</td>
<td>97014</td>
<td>Electric stimulation therapy</td>
</tr>
<tr>
<td>93971</td>
<td>Extremity study</td>
<td>97035</td>
<td>Ultrasound therapy</td>
</tr>
<tr>
<td>93975</td>
<td>Vascular study</td>
<td>97110</td>
<td>Therapeutic exercises</td>
</tr>
<tr>
<td>93976</td>
<td>Vascular study</td>
<td>97112</td>
<td>Neuromuscular reeducation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>97140</td>
<td>Manual therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>97530</td>
<td>Therapeutic activities</td>
</tr>
<tr>
<td><strong>CNS Assessment Tests</strong></td>
<td><strong>Osteo/Chiropractic &amp; Other Medicine</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>96102</td>
<td>Psycho testing by technician</td>
<td>98941</td>
<td>Chiropractic manipulation</td>
</tr>
<tr>
<td>96110</td>
<td>Developmental test, lim</td>
<td>99173</td>
<td>Visual acuity screen</td>
</tr>
<tr>
<td>96111</td>
<td>Developmental test, extend</td>
<td>99183</td>
<td>Hyperbaric oxygen therapy</td>
</tr>
<tr>
<td>96116</td>
<td>Neurobehavioral status exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>96118</td>
<td>Neuropsych tst by psych/phys</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
LIST OF FIGURES

Chapter 1. Overview of Maryland Physician Fees
   Figure 1. Overall Average Percentages of Medicare 2016-2018 Fees ......................... 6

Chapter 2. Evaluation and Management Procedure Fees
   Figure 2. Evaluation and Management Weighted Average (%) of Medicare Fees ........... 8

Chapter 3. Surgical Procedure Fee Data
   Figure 3. Integumentary and General Surgery Weighted Average (%) of Medicare Fees .... 10
   Figure 4. Musculoskeletal System Weighted Average (%) of Medicare Fees ................. 11
   Figure 5. Respiratory Weighted Average (%) of Medicare Fees ................................ 12
   Figure 6. Cardiovascular System Surgery Weighted Average (%) of Medicare Fees......... 13
   Figure 7. Hemic, Lymphatic, and Mediastinum Weighted Average (%) of Medicare Fees... 14
   Figure 8. Digestive System Weighted Average (%) of Medicare Fees .......................... 15
   Figure 9. Urinary and Male Genital Weighted Average (%) of Medicare Fees.............. 16
   Figure 10. Gynecology and Obstetrics Weighted Average (%) of Medicare Fees........... 17
   Figure 11. Endocrine System Weighted Average (%) of Medicare Fees ....................... 18
   Figure 12. Neurosurgery Weighted Average (%) of Medicare Fees ............................. 19
   Figure 13. Eye Surgery Weighted Average (%) of Medicare Fees ............................... 20
   Figure 14. Ear Surgery Weighted Average (%) of Medicare Fees .............................. 21
   Figure 15. Radiology Weighted Average (%) of Medicare Fees ................................. 22
   Figure 16. Laboratory Weighted Average (%) of Medicare Fees ............................... 23
Chapter 4. Medical Procedure Fee Data

Figure 17. Psychiatry Weighted Average (%) of Medicare Fees ........................................ 25
Figure 18. Dialysis Weighted Average (%) of Medicare Fees .......................................... 26
Figure 19. Gastroenterology Weighted Average (%) of Medicare Fees ............................. 27
Figure 20. Ophthalmology and Vision Care Weighted Average (%) of Medicare Fees........ 28
Figure 21. ENT (Otorhinolaryngology) Weighted Average (%) of Medicare Fees ............. 29
Figure 22. Cardiovascular Medicine Procedures Weighted Average (%) of Medicare Fees ... 30
Figure 23. Noninvasive Vascular Tests Weighted Average (%) of Medicare Fees .............. 31
Figure 24. Pulmonary Weighted Average (%) of Medicare Fees ..................................... 32
Figure 25. Allergy and Immunology Weighted Average (%) of Medicare Fees ................. 33
Figure 26. Neurology and Neuromuscular Weighted Average (%) of Medicare Fees ......... 34
Figure 27. Central Nervous System (CNS) Assessment Tests Weighted Average (%) of Medicare Fees ........................................................................................................... 35
Figure 28. Chemotherapy Administration Weighted Average (%) of Medicare Fees ........... 36
Figure 29. Special Dermatological Weighted Average (%) of Medicare Fees .................. 37
Figure 30. Physical Medicine and Rehabilitation Weighted Average (%) of Medicare Fees .... 38
Figure 31. Osteopathy, Chiropractic, and Other Medicine Weighted Average (%) of Medicare Fees .................................................................................................................. 39

Appendix

Table 1. Procedure Codes and Descriptions, by Specialty .................................................. 41