



The Hilltop Institute

Comparison of Maryland's and Neighboring States' Medicaid Fees to Medicare Fees: FY 2020

A Chart Book

August 7, 2020

*Prepared for the
Maryland Department of Health*

UMBC

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Chapter 1.

Overview of Maryland Physician Fees

Chapter 1. Overview of Maryland Physician Fees

Chart Book Organization

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

- **Evaluation and Management Procedure Fees:** This section includes data on the Medicaid reimbursement rate for evaluation and management (E&M) procedures as a percentage of the Medicare reimbursement rate for the Baltimore region.
- **Surgical Procedure Fees Data:** 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 Procedure Fee Data:** 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 2020 Physician Fee Schedule with Medicare CY 2019 and neighboring states' fee schedules. In the source notes throughout this chart book, we refer to this as "Hilltop analyses of states' fee schedules."

Utilization of services in each category was determined using claims and encounter data from Maryland's Medicaid Management Information System (MMIS2). To select the codes for analysis, procedure codes were ordered by utilization within each specialty. The twelve codes with the highest utilization were included in the analysis. If the top twelve codes made up more than 90% of the total utilization for a specialty, then the codes composing 90% of the utilization were used, with a minimum of five codes per specialty. Anesthesia procedures were not included in this comparison as the Medicare and Medicaid calculation for these codes differ.

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.

Chapter 1. Overview of Maryland Physician Fees continued

Maryland Medicaid Physician Fees

This chart book compares the FY 2020 Medicaid reimbursement rates of Maryland and its surrounding states with Maryland's Medicare fee schedule for CY 2019 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 represents, on average, approximately 40% of the total physician fee. When physicians render services in facilities, such as hospitals and long-term care facilities, they do not incur a practice expense. Therefore, facility fees are typically lower than non-facility fees.

Maryland, Delaware, and West Virginia have separate facility and non-facility fees. However, Pennsylvania does not have separate facility and non-facility fees; therefore, their fees are compared with Medicare non-facility fees. Hence, for Pennsylvania, the percentages of Medicare fees reported underestimate the percentages of Medicare fees for procedures performed in facilities. Virginia and Washington, 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.

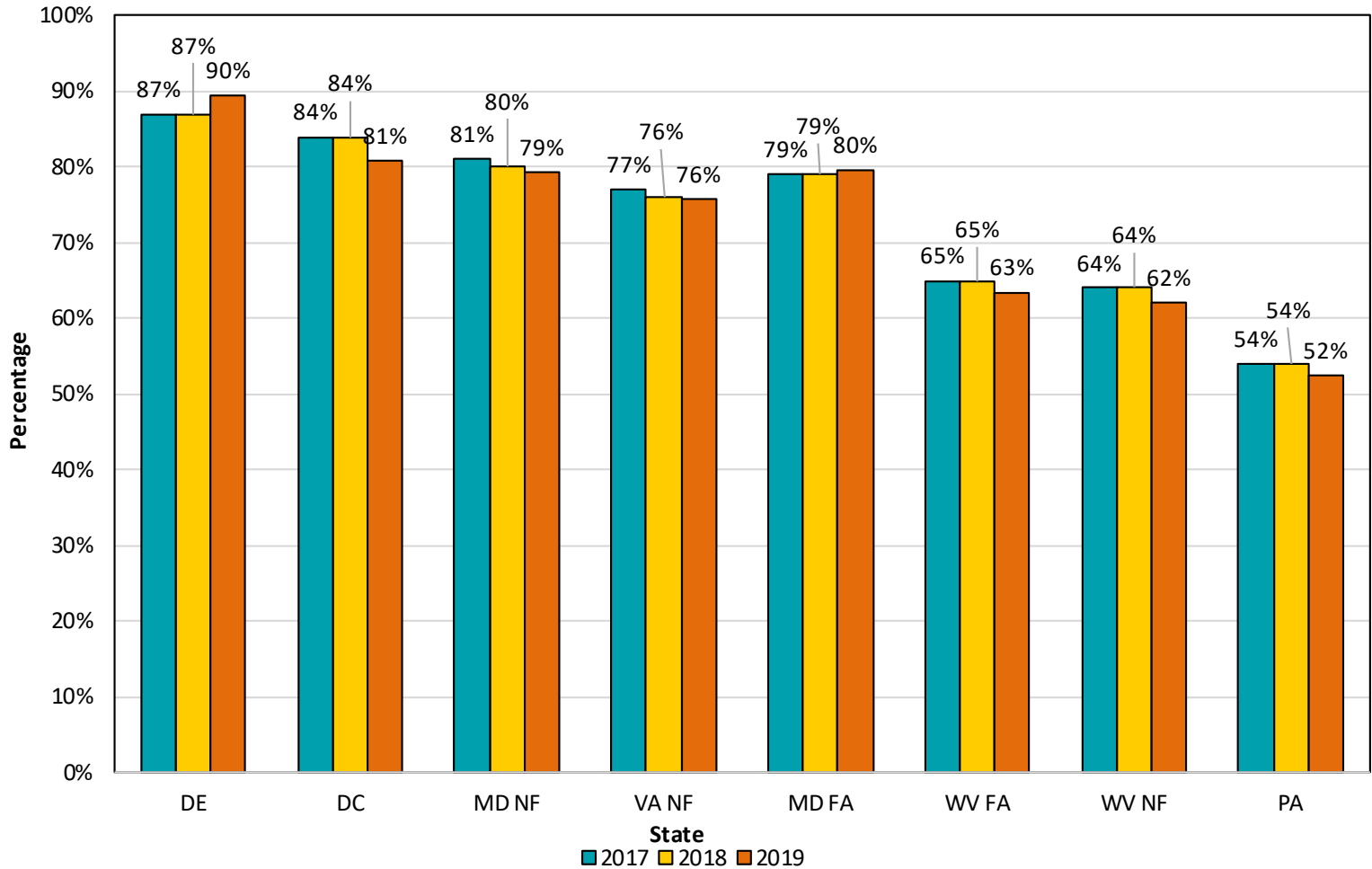
Key Findings

Figure 1 shows the three-year trend of the overall weighted average percentages of Medicare for Maryland and its surrounding states. Maryland remained constant at around 80% of Medicare between 2017 and 2019.

Delaware's rates are consistently highest compared to the other states for most specialties. Pennsylvania ranks near the bottom for most specialties but reimburses at the highest rates compared to the other states for two specialties: obstetrics and gynecology (OBGYN) and osteopathy, chiropractic, and other medicine. Maryland facility rates for psychiatry and non-facility rates for otorhinolaryngology (ear/nose/throat, or ENT) rank highest among the states.

Maryland Medicaid rates for E&M, musculoskeletal system, nervous system, psychiatry, and ENT specialties are all above 90% of Medicare rates. Maryland rates for the neurology and neuromuscular system specialty rank second among the states, although rates are 57% of the Medicare rate. Maryland ranks near the bottom for special dermatology procedures: rates are 56% of Medicare for non-facility fees and 53% of Medicare for facility fees. For all other specialties, Maryland rates are reimbursed at between 72 and 87% of the Medicare rate.

Figure 1. Overall Average Percentages of Medicare 2017-2019 Fees



Source: Hilltop analyses of states' fee schedules

Figure 1 presents the averages of the weighted average percentages of Medicare fees for all specialties from CY 2017 to CY 2019. Each average was calculated by adding all of the weighted averages for all specialties each year and dividing by the total number of specialties. As the codes included in each specialty were updated in 2019, 2019 percentages varied slightly from previous years' calculations. In addition, Delaware implemented separate facility and non-facility fees in 2019 (the average of which is presented).

Chapter 2. Evaluation and Management Procedure Fees

Chapter 2. Evaluation and Management Procedure Fees

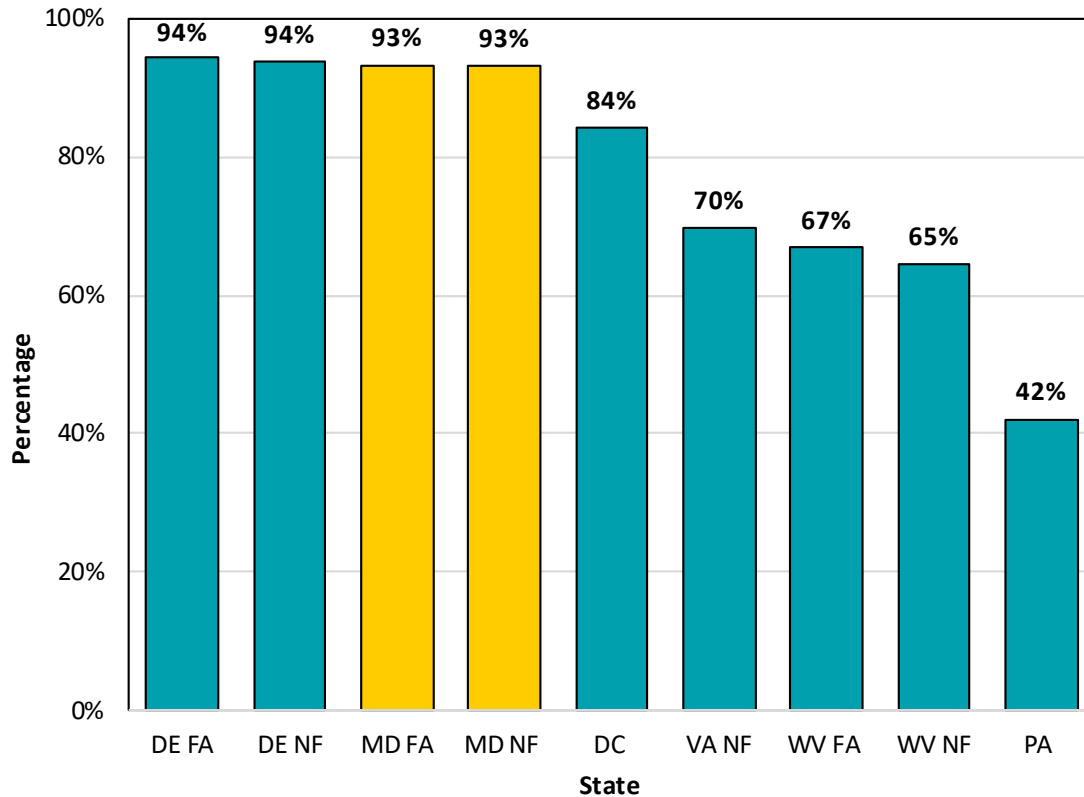
The E&M procedure codes are designed to classify services provided by physicians for the purpose of determining the type and severity of patient conditions, as well as managing care.

The ten E&M codes make up 42% of the total claims and encounters included in this analysis. See Table 1 for more information on these E&M codes.

Figure 2 shows the E&M weighted average (%) of Medicare fees for Maryland and its neighboring states. Maryland compensates these codes at a high rate: 93% of Medicare.

Only Delaware had higher E&M rates than Maryland. Washington, DC E&M reimbursement rates are around 84% of Medicare; Virginia and West Virginia are between 64 and 70%; and Pennsylvania reimburses at around 42% of Medicare.

Figure 2. E&M Weighted Average (%) of Medicare Fees



For E&M procedures, the state fees rank in the following order, from highest to lowest:

- Delaware facility
- Delaware non-facility
- Maryland facility
- Maryland non-facility
- 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

Chapter 3. Surgical Procedure Fee Data

In this analysis, surgical procedures include pre-operative, intra-operative, and post-operative procedures, as well as radiology and laboratory procedures. The surgical specialties are as follows:

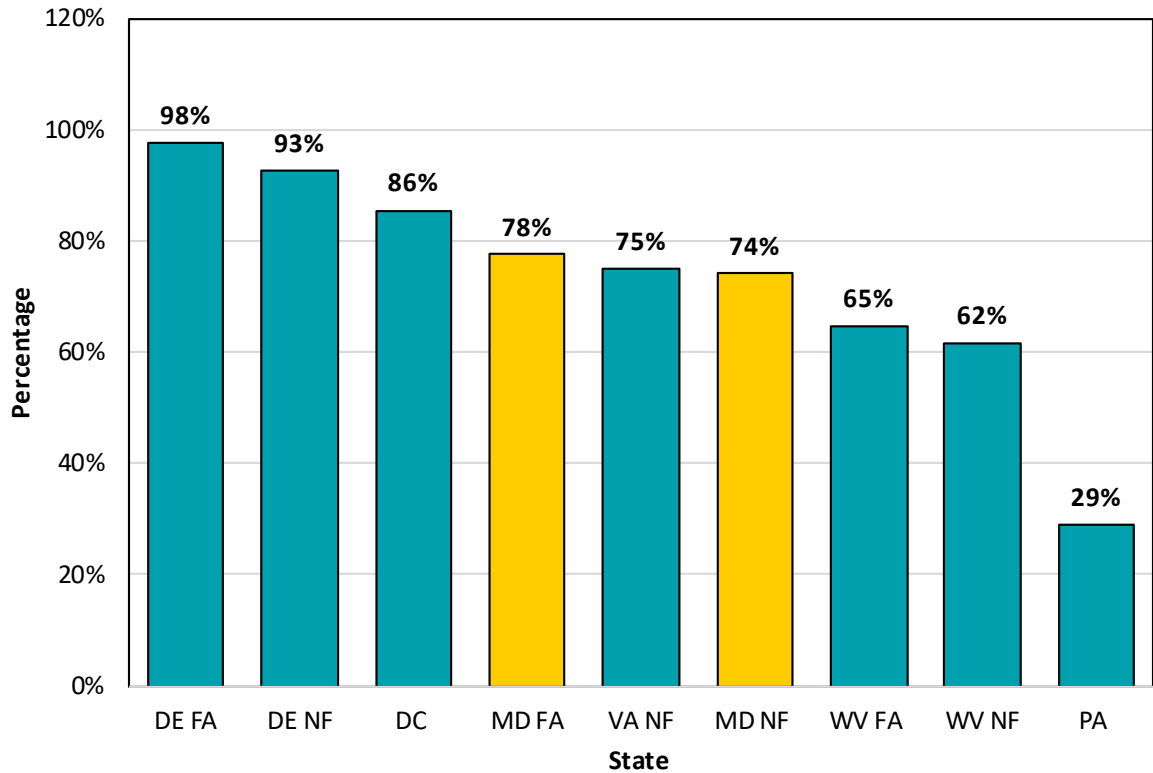
- Integumentary and General Surgery
- Musculoskeletal
- Respiratory
- Cardiovascular System Surgery
- Hemic, Lymphatic, and Mediastinum
- Digestive System
- Urinary and Male Genital
- Obstetrics and Gynecology
- Endocrine System
- Neurosurgery
- Eye Surgery
- Ear Surgery
- Radiology
- Laboratory

Surgical procedures made up 29% of the total claims and encounters in this analysis, although almost 80% of surgical claims and encounters were laboratory claims and encounters.

Maryland ranked about average for most of the subsets of surgical procedures. Delaware ranked highest on almost all surgical procedures. Maryland was close to the highest reimbursement rates for musculoskeletal surgical procedures and neurosurgical procedures, both of which have historically been protected specialties in Maryland and not subject to rate cuts. For OBGYN, which has also been a protected specialty, Maryland ranked toward the bottom, only higher than Virginia and Delaware.

Maryland ranked almost last for laboratory procedures, only paying more than Washington, DC.

Figure 3. Integumentary and General Surgery Weighted Average (%) of Medicare Fees

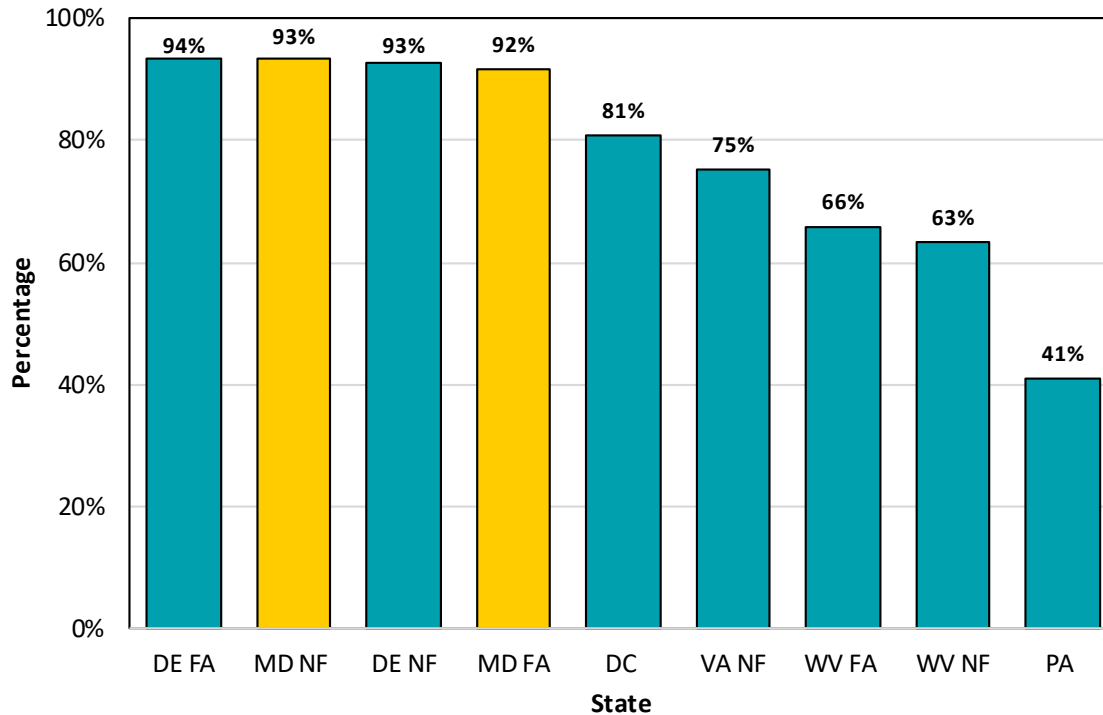


For integumentary and general surgery procedures, the state fees rank in the following order, from highest to lowest:

- Delaware facility
- Delaware non-facility
- 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

Figure 4. Musculoskeletal System Weighted Average (%) of Medicare Fees

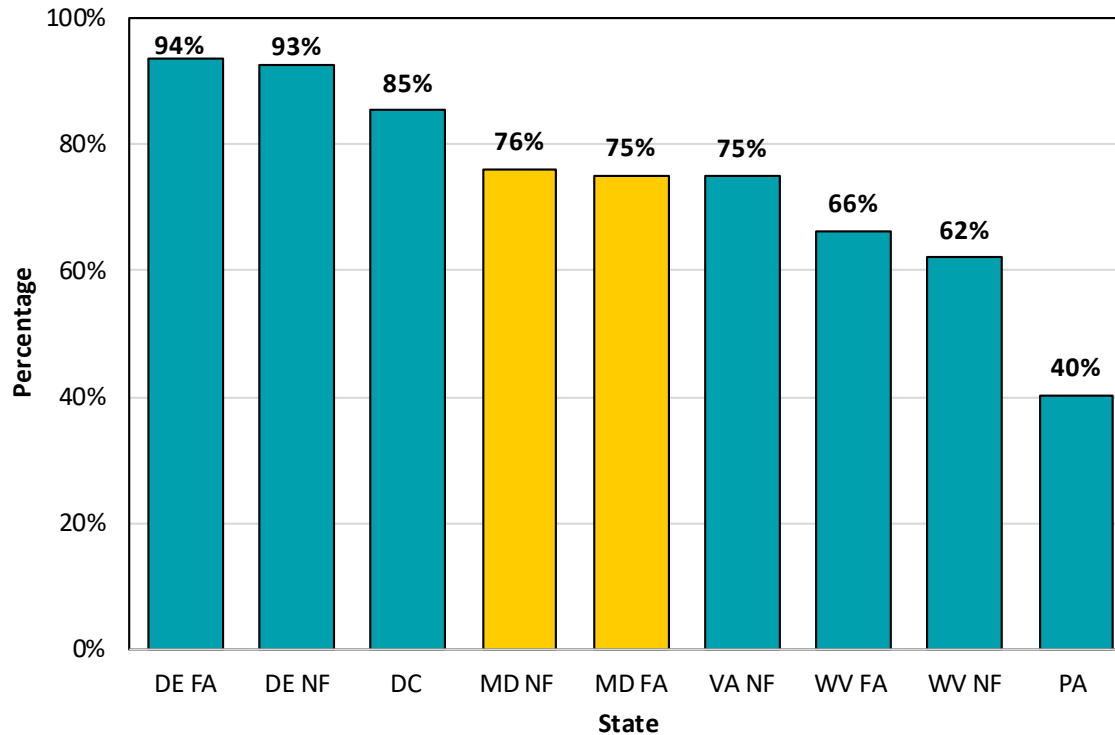


For musculoskeletal system procedures, the state fees rank in the following order, from highest to lowest:

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

Source: Hilltop analyses of states' fee schedules

Figure 5. Respiratory Weighted Average (%) of Medicare Fees

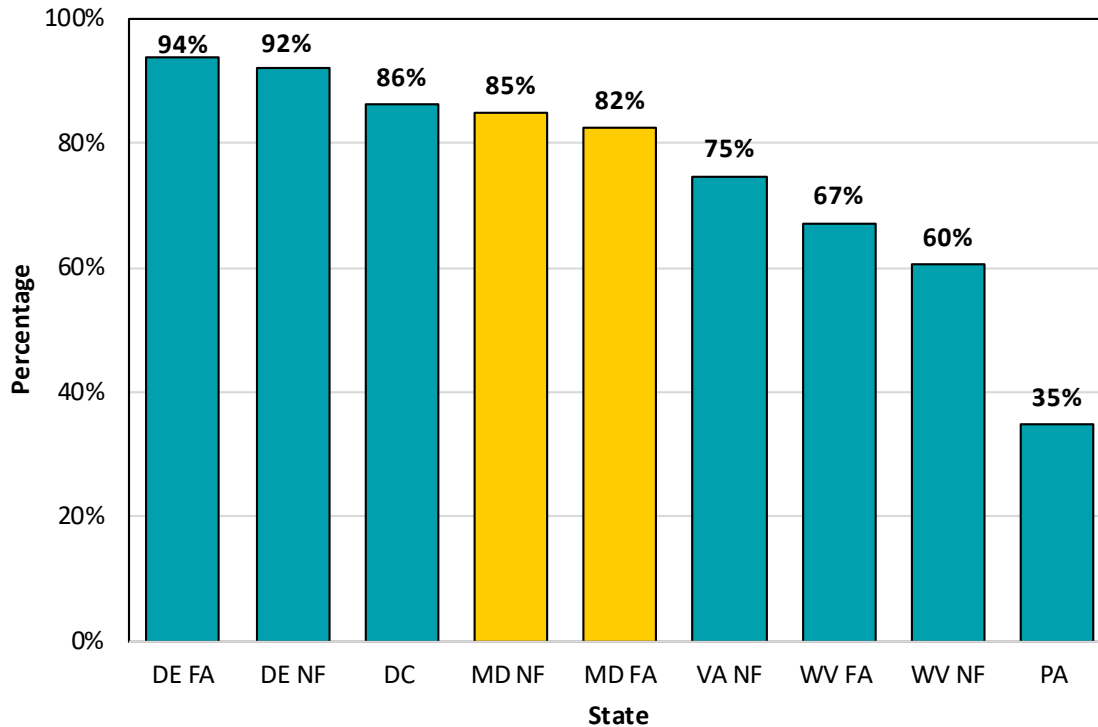


For respiratory procedures, the state fees rank in the following order, from highest to lowest:

- Delaware facility
- Delaware non-facility
- 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

Figure 6. Cardiovascular System Surgery Weighted Average (%) of Medicare Fees

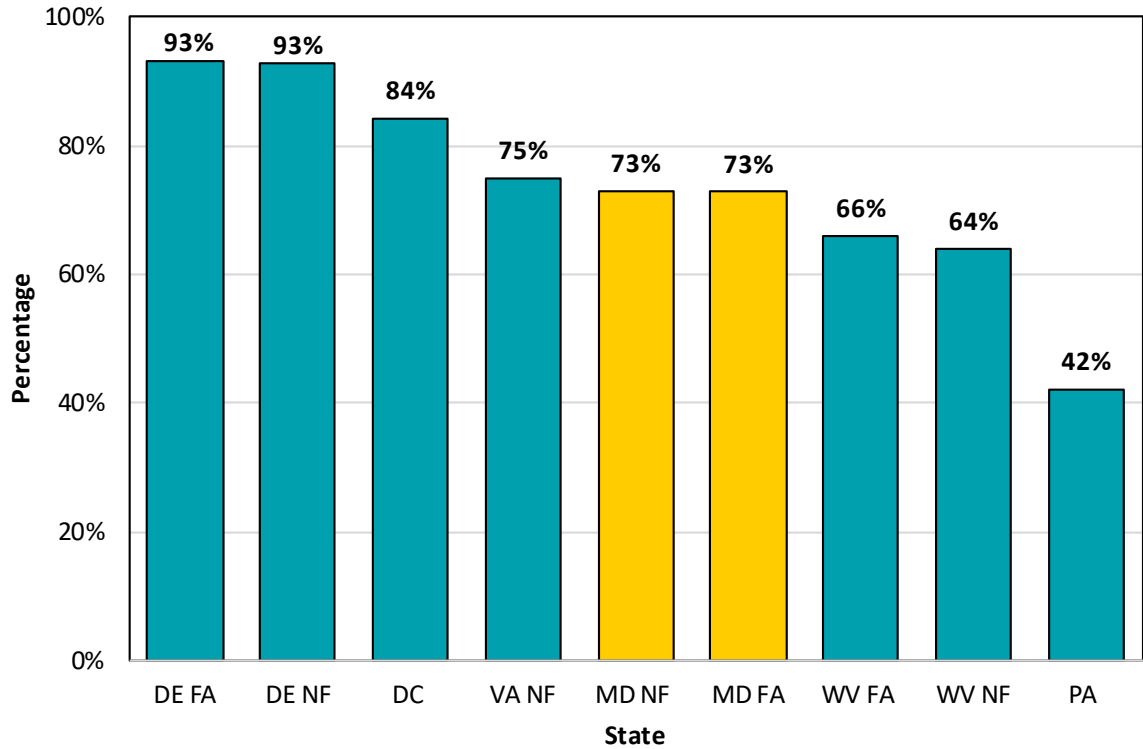


For cardiovascular system surgery procedures, the state fees rank in the following order, from highest to lowest:

- Delaware facility
- Delaware non-facility
- 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

Figure 7. Hemic, Lymphatic, and Mediastinum Weighted Average (%) of Medicare Fees

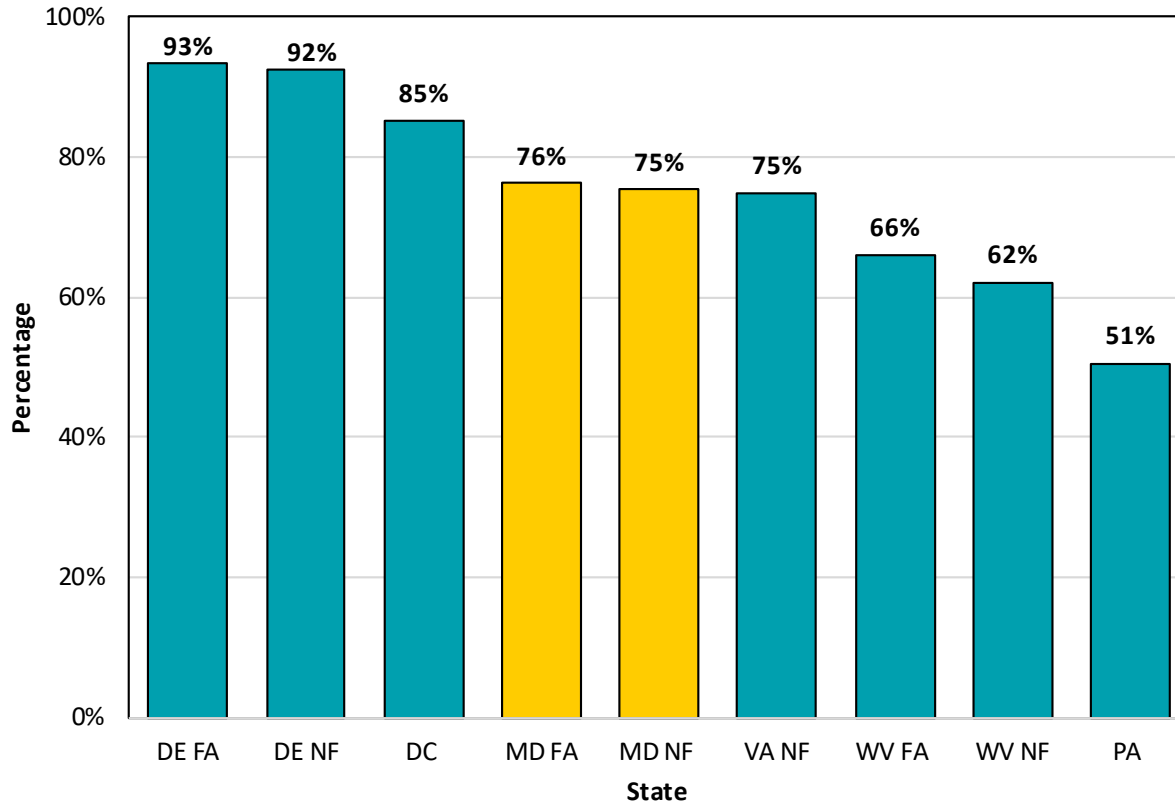


For hemic, lymphatic, and mediastinum procedures, the state fees rank in the following order, from highest to lowest:

- Delaware facility
- Delaware non-facility
- 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

Figure 8. Digestive System Weighted Average (%) of Medicare Fees

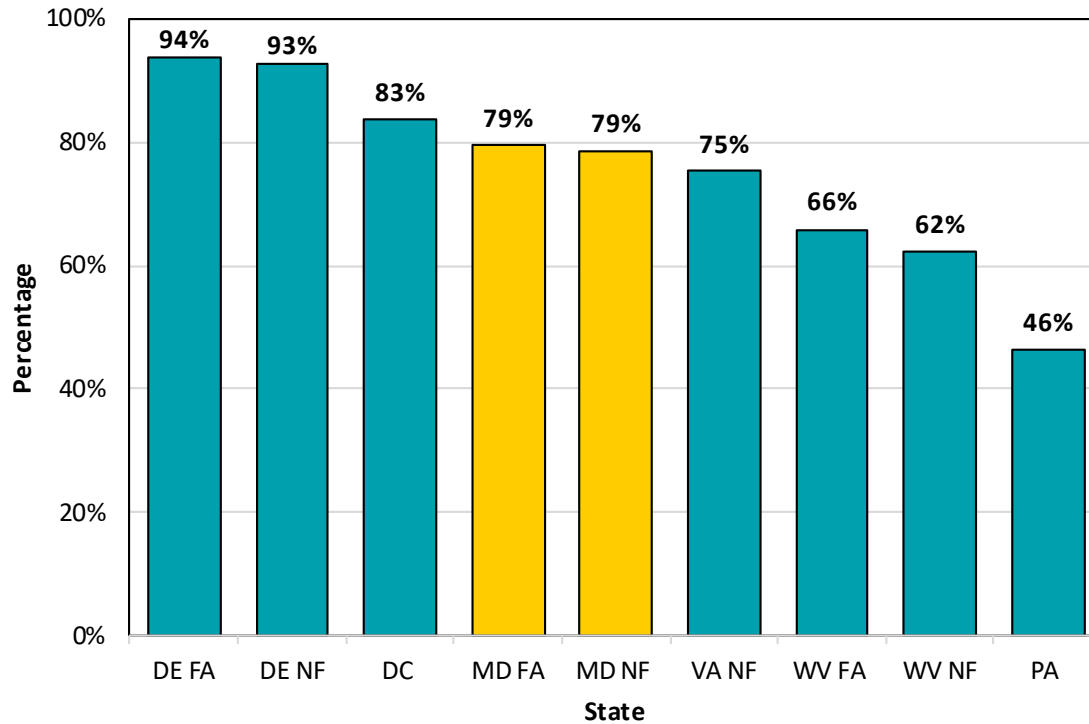


For digestive system procedures, the state fees rank in the following order, from highest to lowest:

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

Source: Hilltop analyses of states' fee schedules

Figure 9. Urinary and Male Genital Weighted Average (%) of Medicare Fees

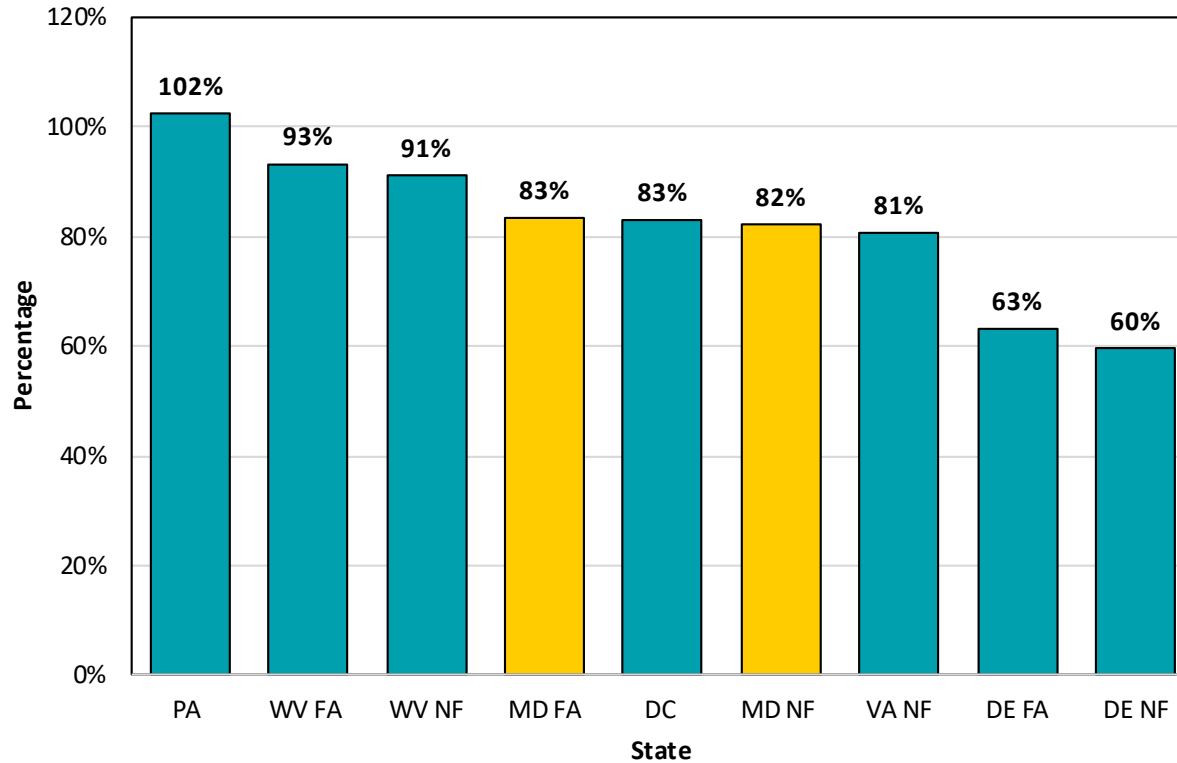


For urinary and male genital procedures, the state fees rank in the following order, from highest to lowest:

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

Source: Hilltop analyses of states' fee schedules

Figure 10. Obstetrics and Gynecology Weighted Average (%) of Medicare Fees

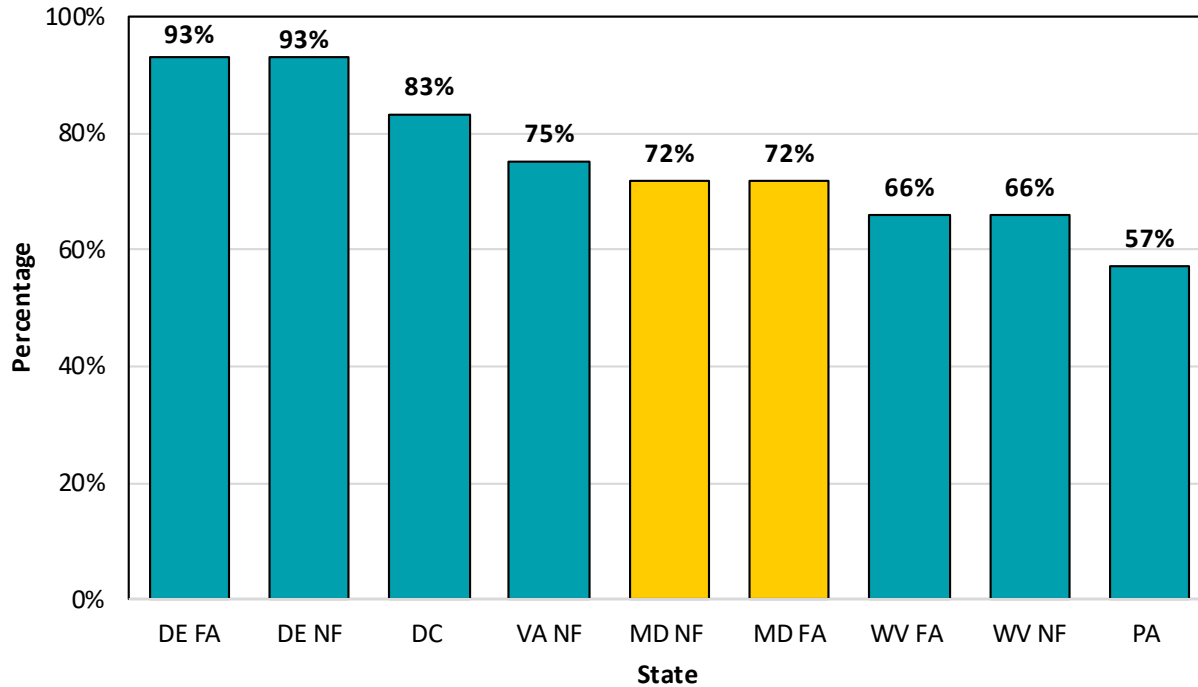


For OBGYN procedures, the state fees rank in the following order, from highest to lowest:

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

Source: Hilltop analyses of states' fee schedules

Figure 11. Endocrine System Weighted Average (%) of Medicare Fees

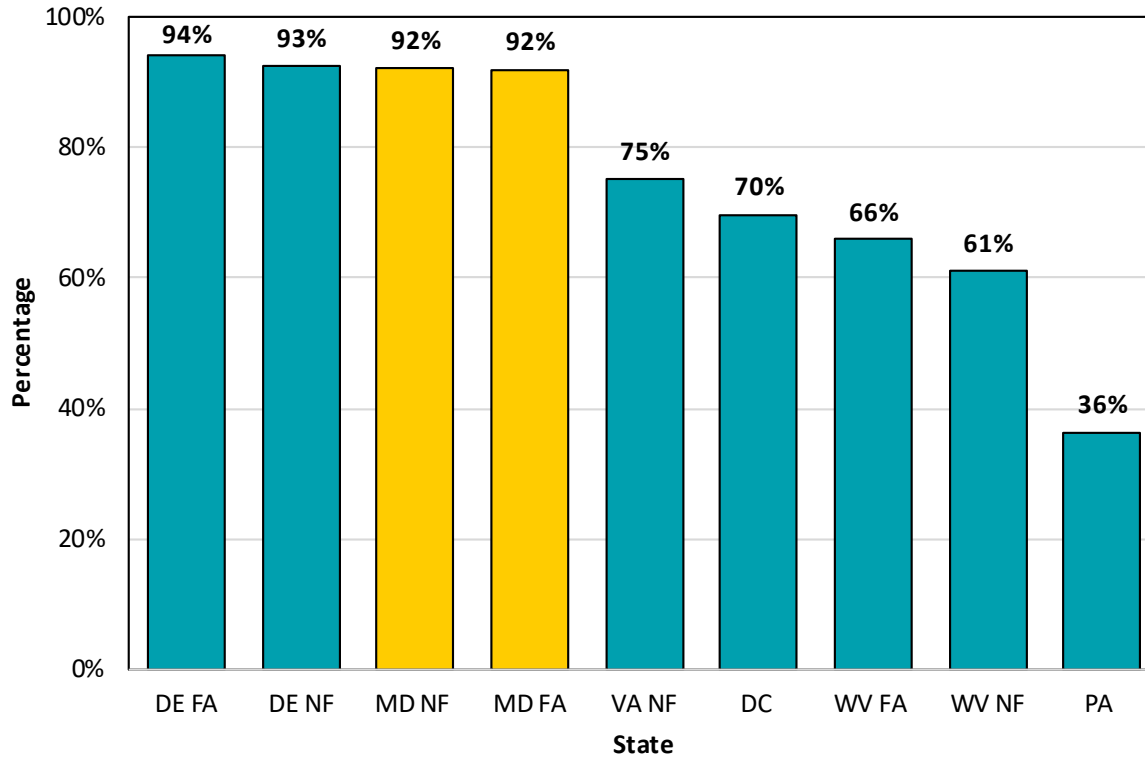


For endocrine system procedures, the state fees rank in the following order, from highest to lowest:

- Delaware facility
- Delaware non-facility
- 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

Figure 12. Neurosurgery Weighted Average (%) of Medicare Fees

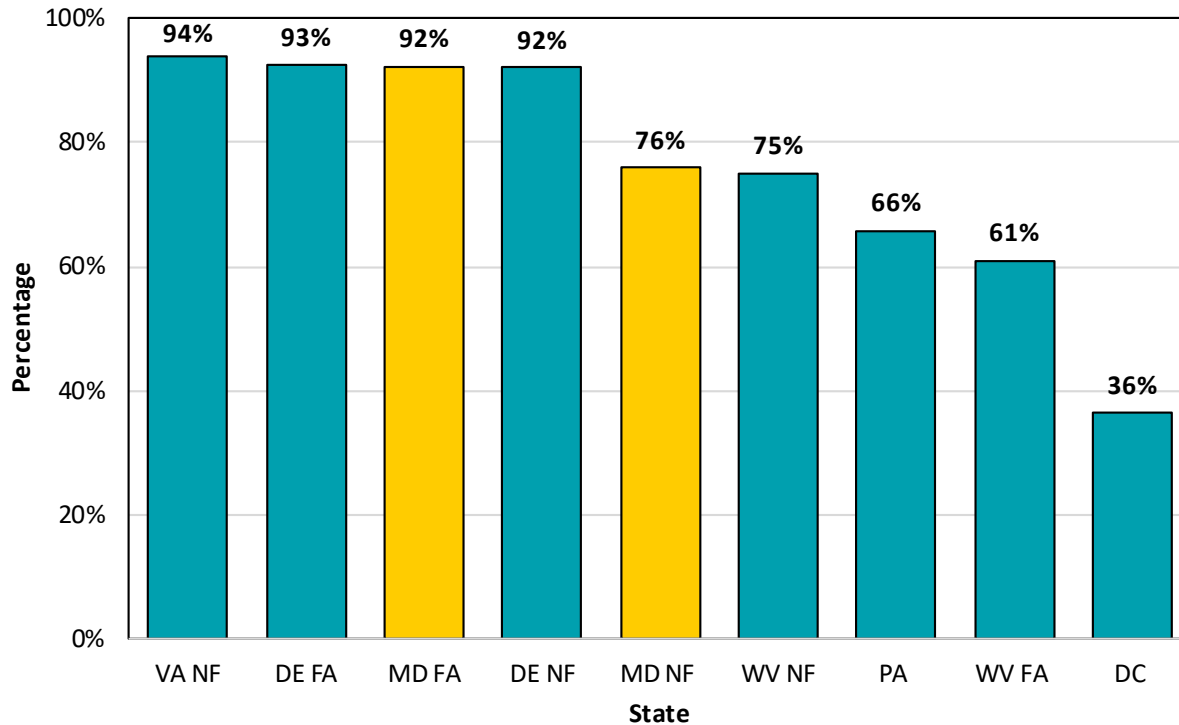


For neurosurgery procedures, the state fees rank in the following order, from highest to lowest:

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

Source: Hilltop analyses of states' fee schedules

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

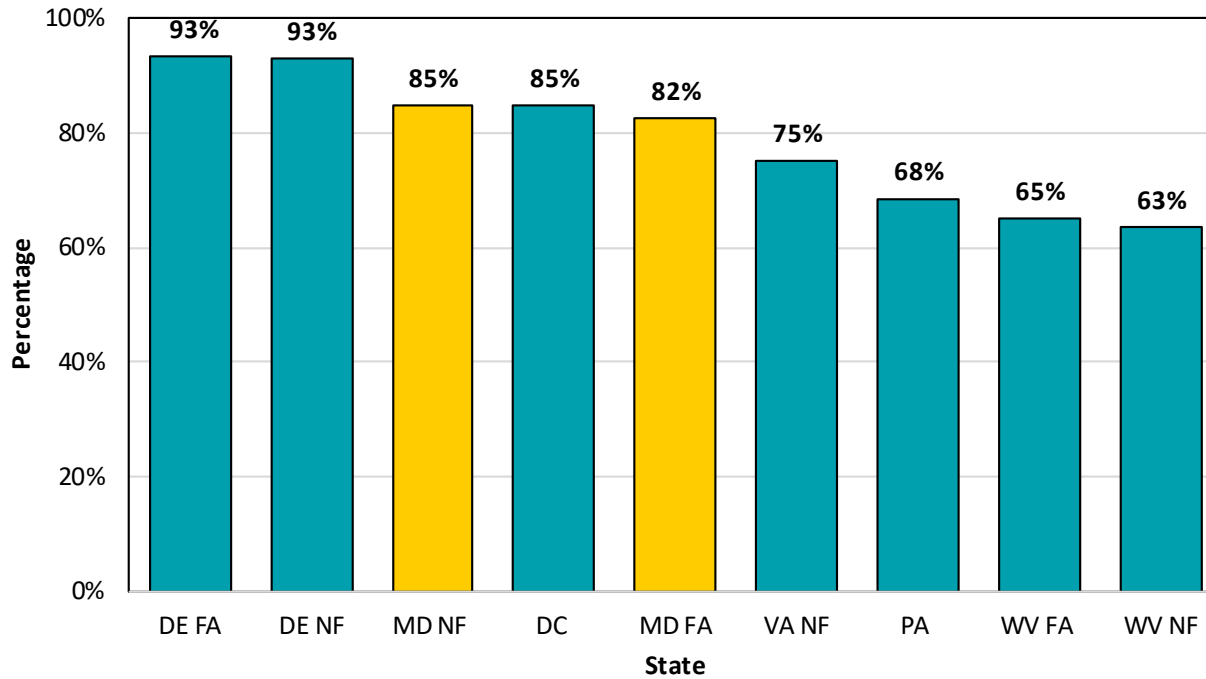


For eye surgery procedures, the state fees rank in the following order, from highest to lowest:

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

Source: Hilltop analyses of states' fee schedules

Figure 14. Ear Surgery Weighted Average (%) of Medicare Fees

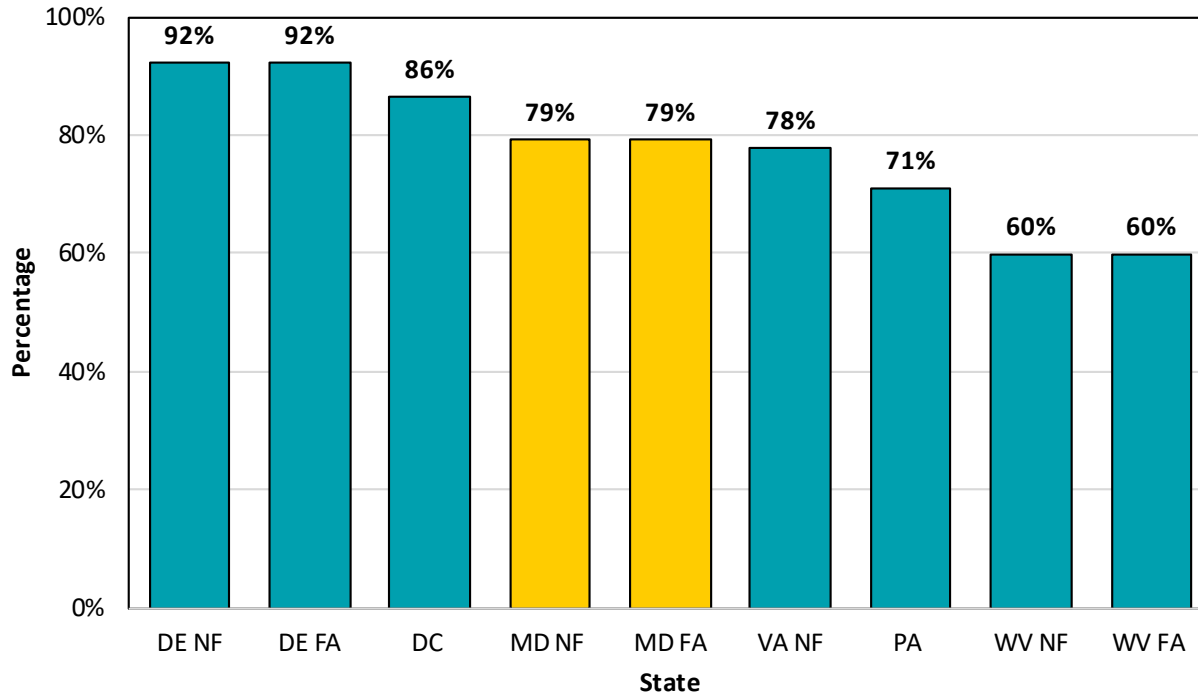


For ear surgery procedures, the state fees rank in the following order, from highest to lowest:

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

Source: Hilltop analyses of states' fee schedules

Figure 15. Radiology Weighted Average (%) of Medicare Fees

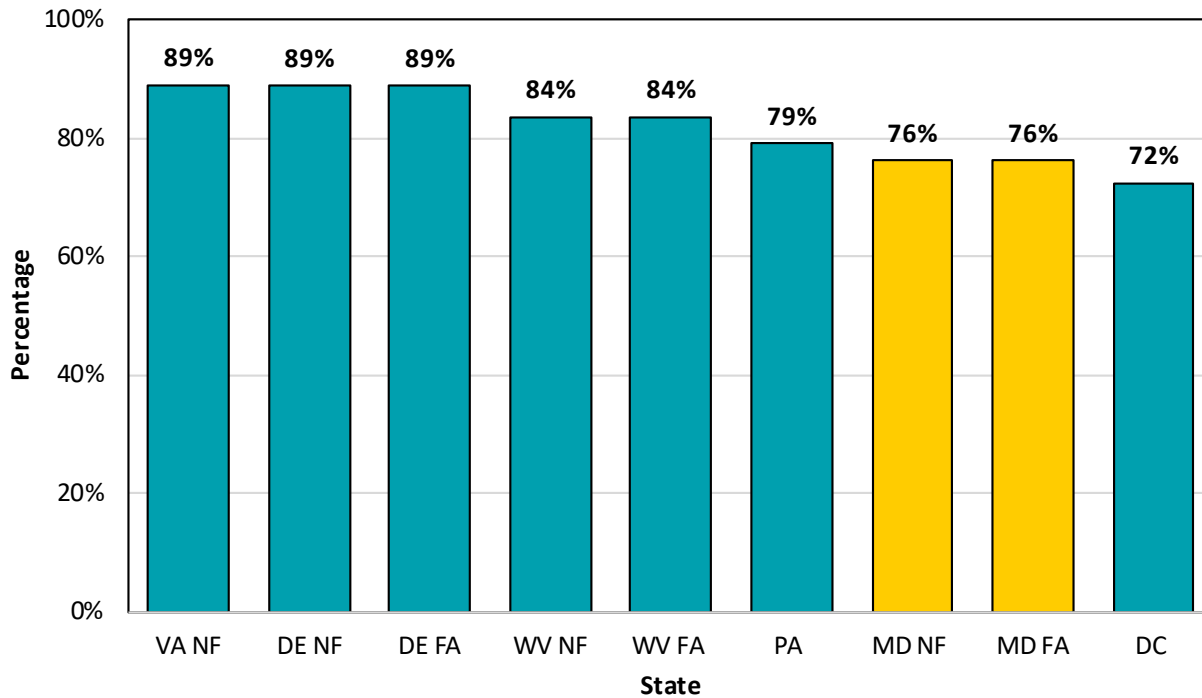


For radiology procedures, the state fees rank in the following order, from highest to lowest:

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

Source: Hilltop analyses of states' fee schedules

Figure 16. Laboratory Weighted Average (%) of Medicare Fees



For laboratory procedures, the state fees rank in the following order, from highest to lowest:

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

Source: Hilltop analyses of states' fee schedules

Chapter 4.

Medical Procedure Fee Data

Chapter 4. Medical Procedure Fee Data

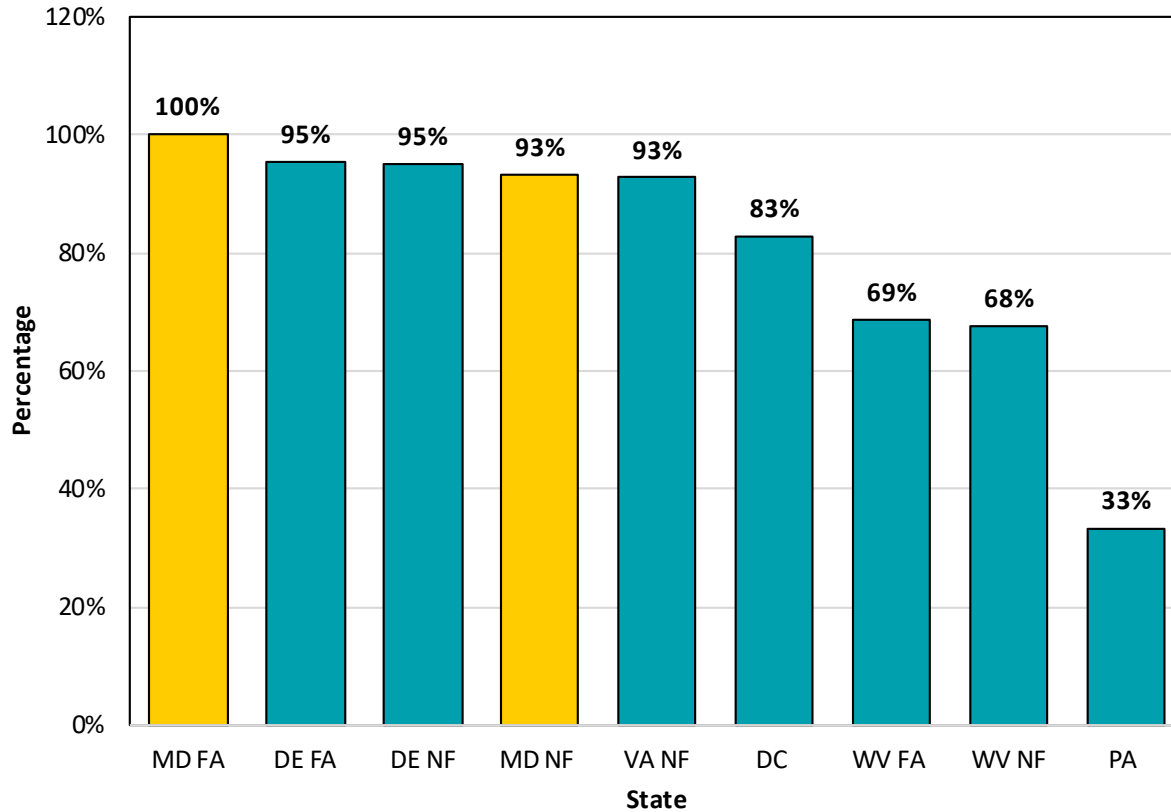
This chapter on medical procedure fees is the most diverse and covers everything from acupuncture to vaccination. The medical procedure specialties are as follows:

- Psychiatry
- Dialysis
- Gastroenterology
- Ophthalmology and Vision Care
- ENT (Otorhinolaryngology)
- Cardiovascular System - Medical
- Noninvasive Vascular Diagnostic Studies
- Pulmonary
- Allergy and Immunology
- Neurology and Neuromuscular
- Central Nervous System Assessment Tests
- Chemotherapy Administration
- Special Dermatological
- Physical Medicine and Rehabilitation
- Osteopathy, Chiropractic, and Other Medicine

Medical procedures made up 29% of the total claims and encounters in this analysis.

Maryland ranked about average for most of the subsets of medical procedures. However, Maryland had higher fees than all other states for psychiatry and ENT, and lower fees than all other states besides Pennsylvania for dermatology.

Figure 17. Psychiatry Weighted Average (%) of Medicare Fees

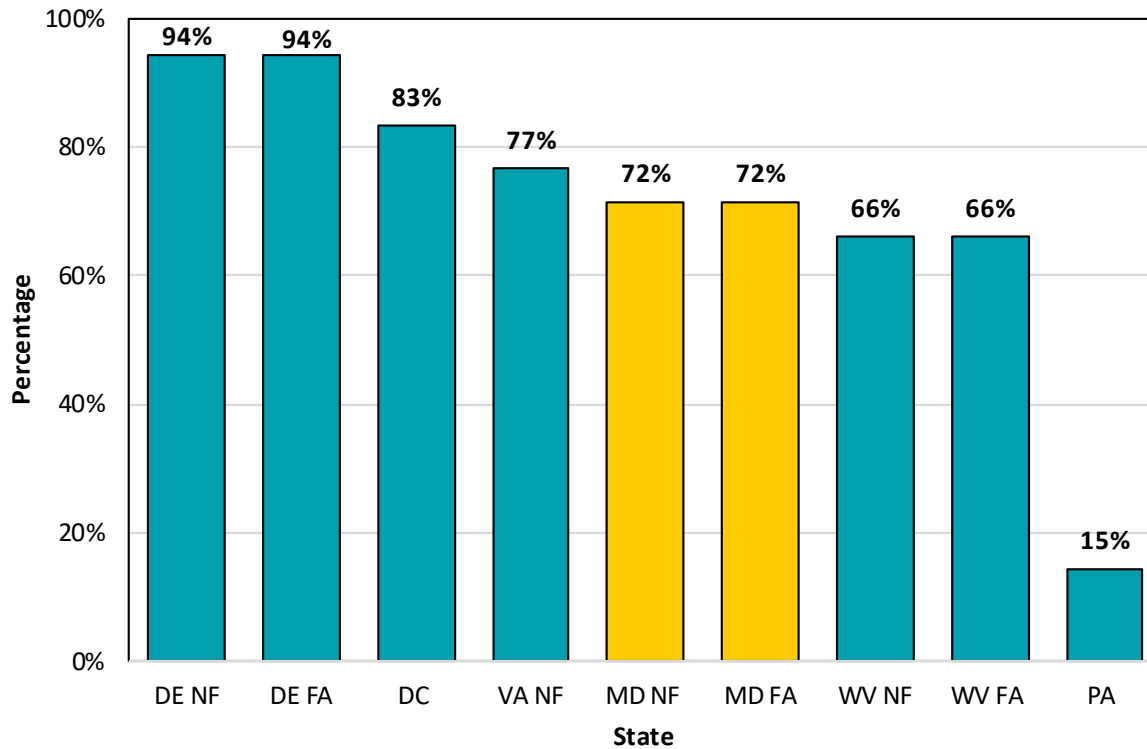


For psychiatry procedures, the state fees rank in the following order, from highest to lowest:

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

Source: Hilltop analyses of states' fee schedules

Figure 18. Dialysis Weighted Average (%) of Medicare Fees

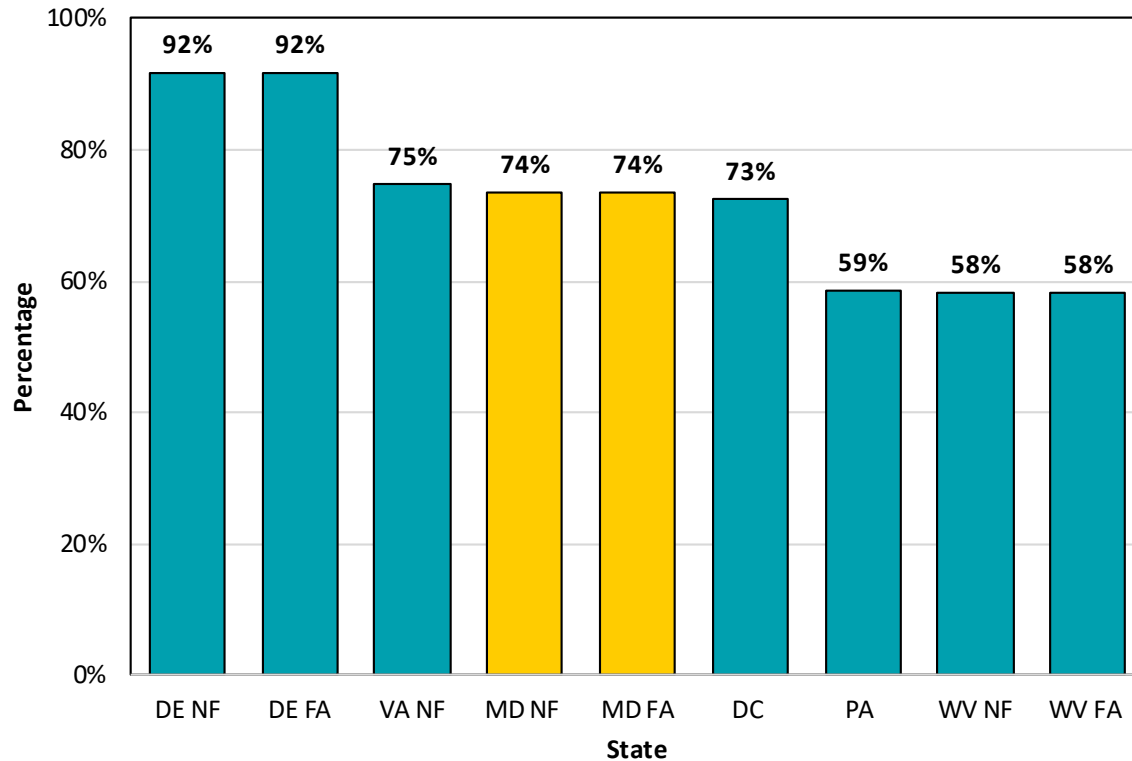


For dialysis procedures, the state fees rank in the following order, from highest to lowest:

- Delaware facility and non-facility (tied)
- 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

Figure 19. Gastroenterology Weighted Average (%) of Medicare Fees

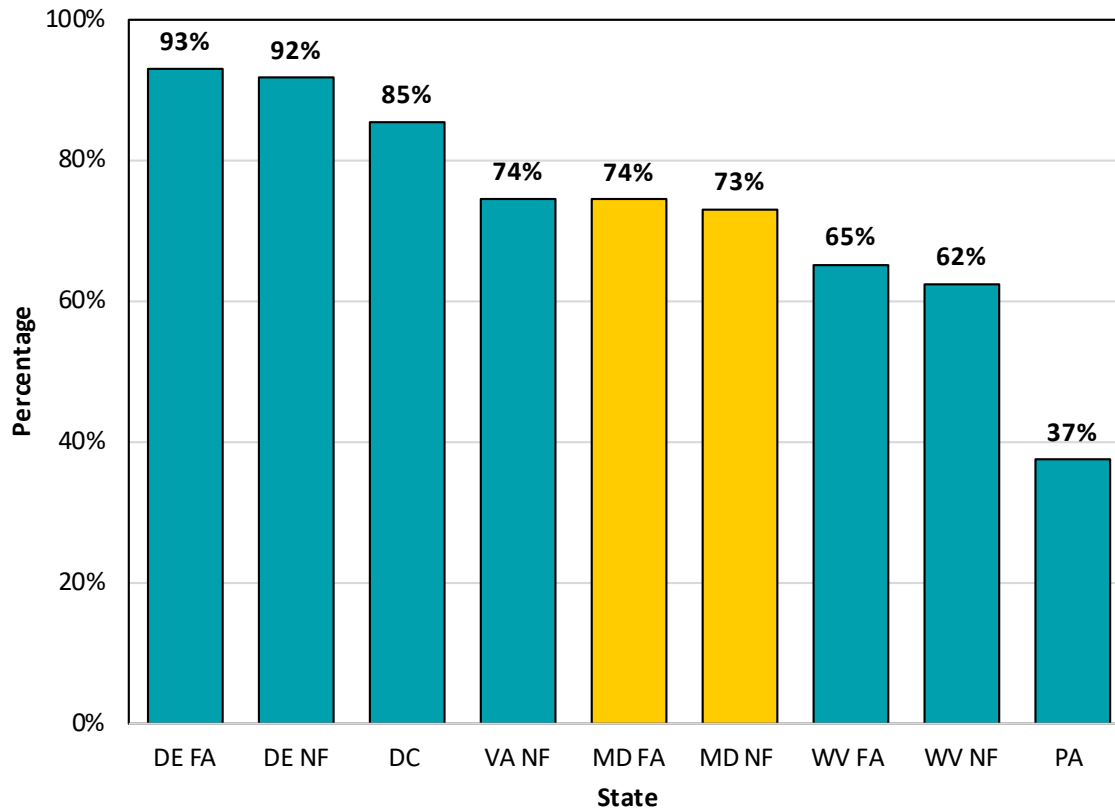


For gastroenterology procedures, the state fees rank in the following order, from highest to lowest:

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

Source: Hilltop analyses of states' fee schedules

Figure 20. Ophthalmology and Vision Care Weighted Average (%) of Medicare Fees

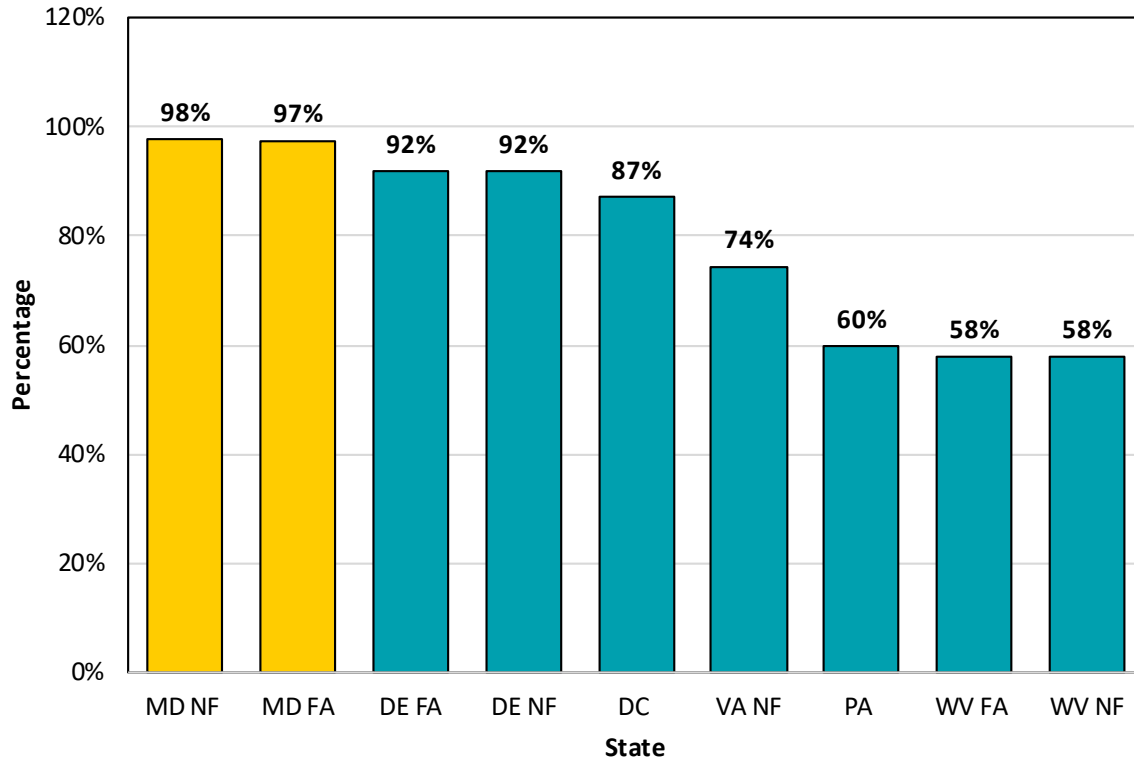


For ophthalmology and vision care procedures, the state fees rank in the following order, from highest to lowest:

- Delaware facility
- Delaware non-facility
- 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

Figure 21. ENT Weighted Average (%) of Medicare Fees

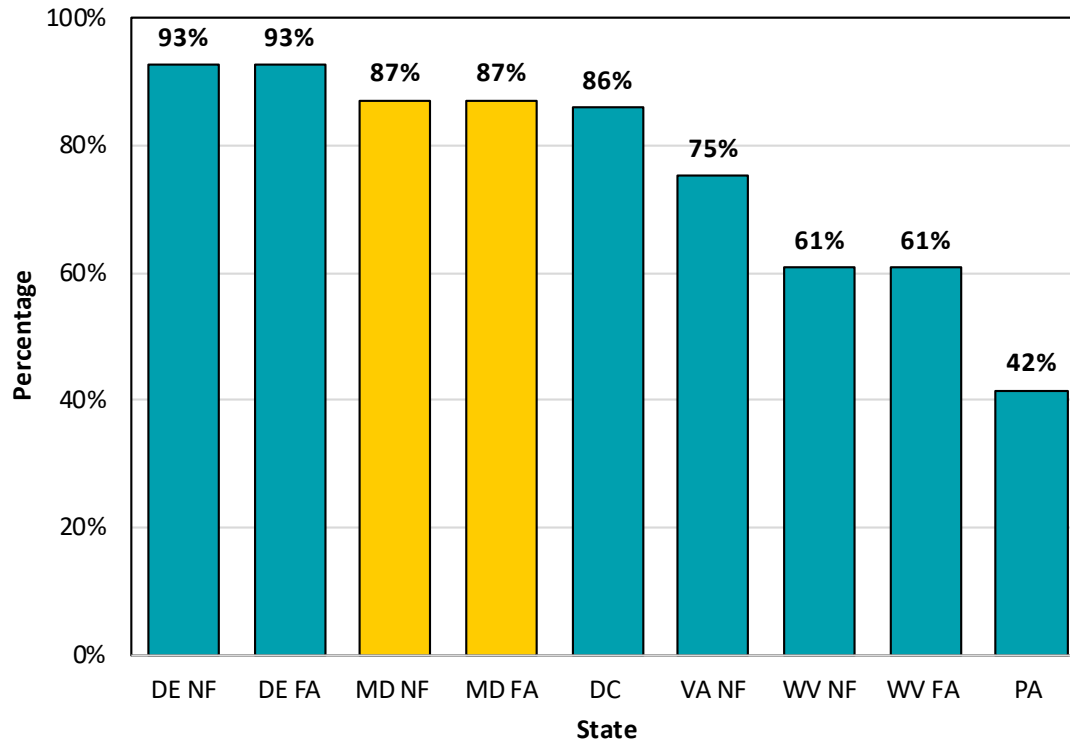


For ENT procedures, the state fees rank in the following order, from highest to lowest:

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

Source: Hilltop analyses of states' fee schedules

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

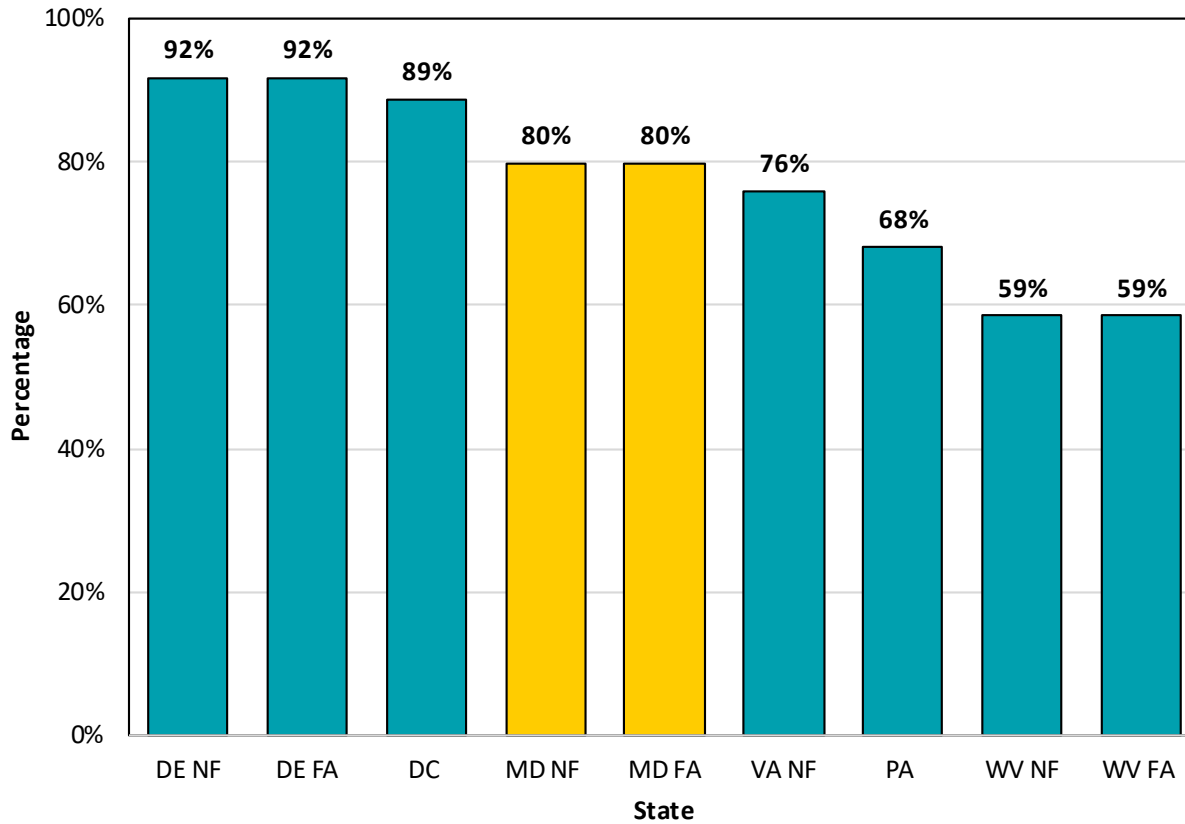


For cardiovascular medicine procedures, the state fees rank in the following order, from highest to lowest:

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

Source: Hilltop analyses of states' fee schedules

Figure 23. Noninvasive Vascular Tests Weighted Average (%) of Medicare Fees

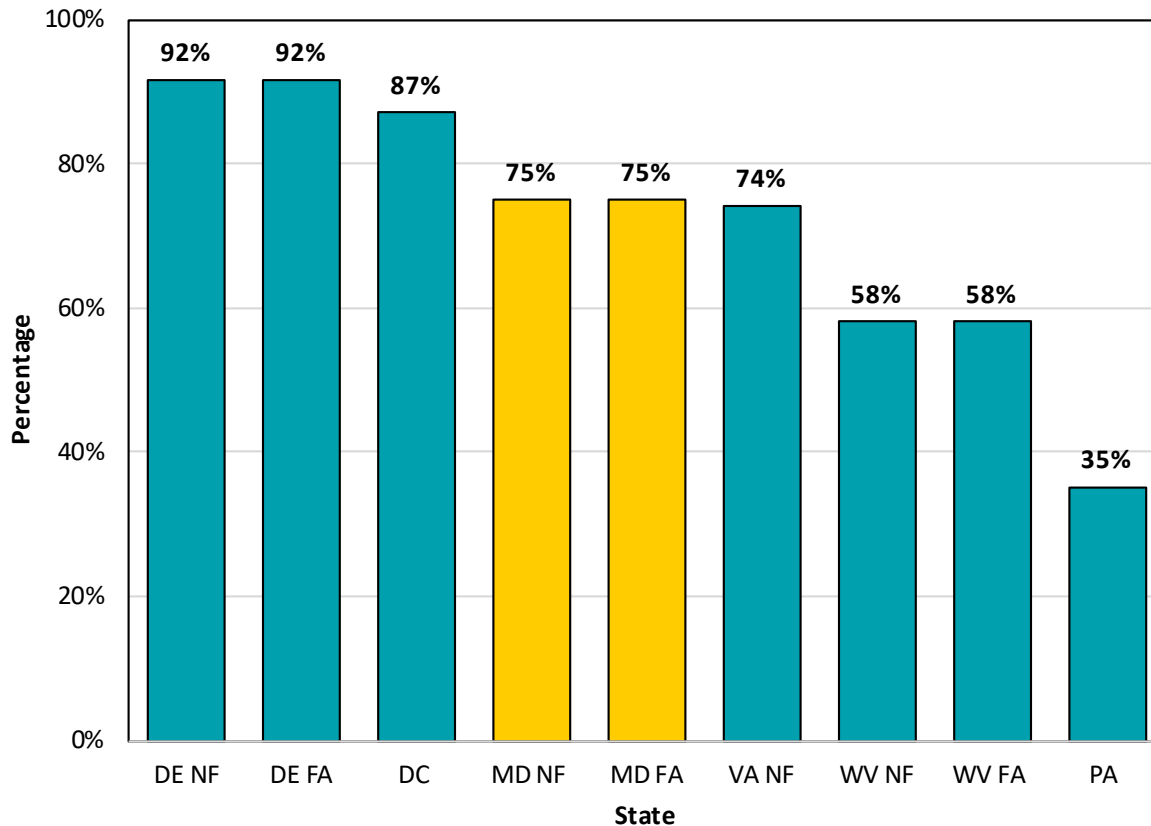


For noninvasive vascular tests, the state fees rank in the following order, from highest to lowest:

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

Source: Hilltop analyses of states' fee schedules

Figure 24. Pulmonary Weighted Average (%) of Medicare Fees

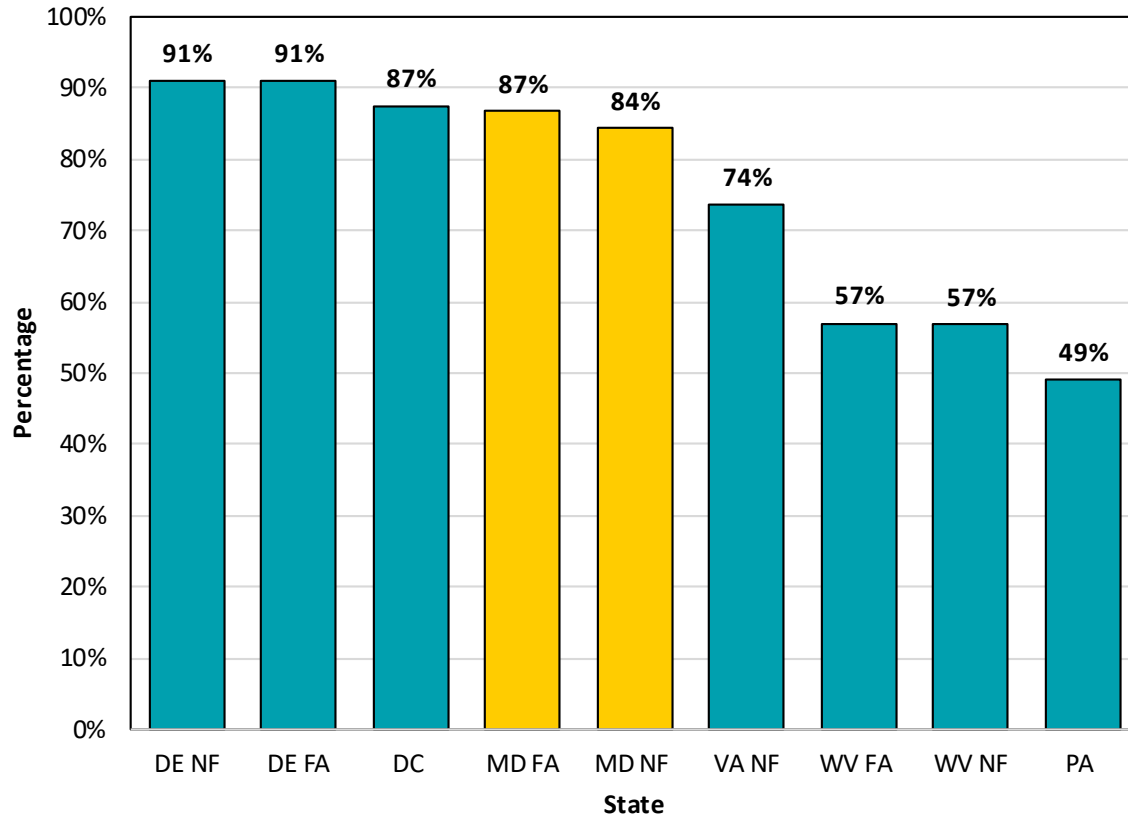


For pulmonary procedures, the state fees rank in the following order, from highest to lowest:

- Delaware facility and non-facility (tied)
- 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

Figure 25. Allergy and Immunology Weighted Average (%) of Medicare Fees

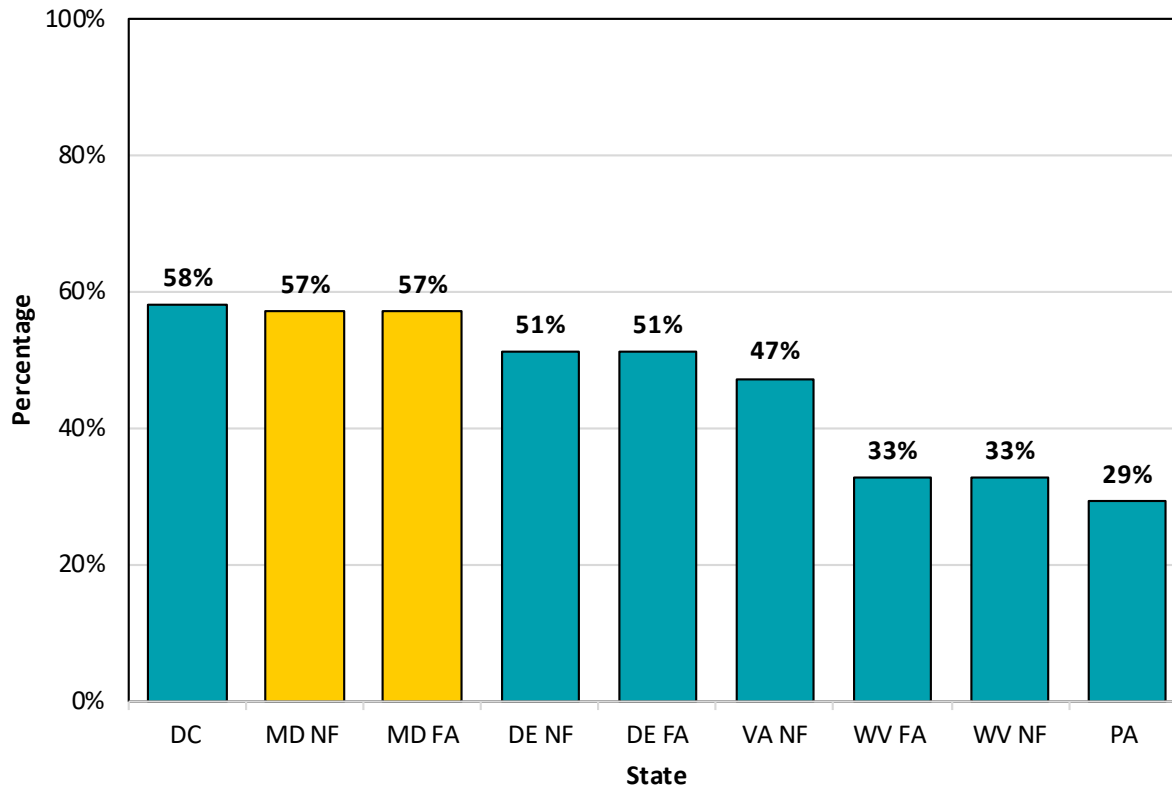


For allergy and immunology procedures, the state fees rank in the following order, from highest to lowest:

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

Source: Hilltop analyses of states' fee schedules

Figure 26. Neurology and Neuromuscular Weighted Average (%) of Medicare Fees

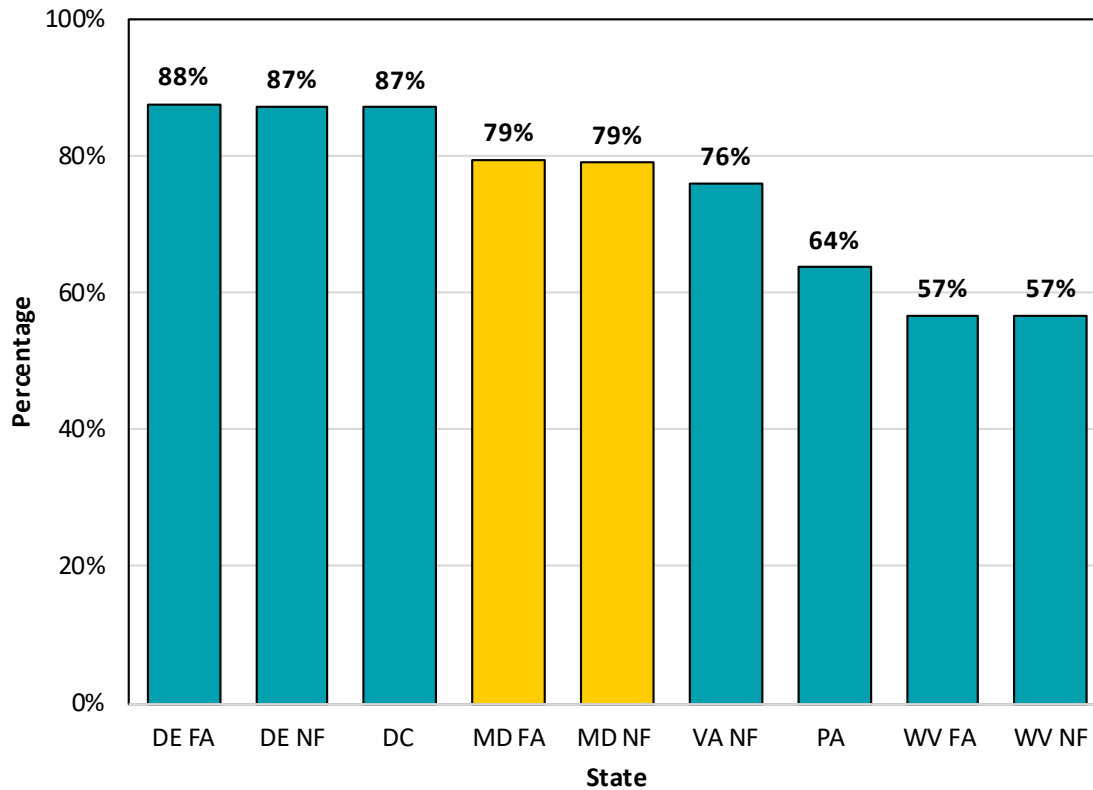


For neurology and neuromuscular procedures, the state fees rank in the following order, from highest to lowest:

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

Source: Hilltop analyses of states' fee schedules

Figure 27. CNS Assessment Tests Weighted Average (%) of Medicare Fees

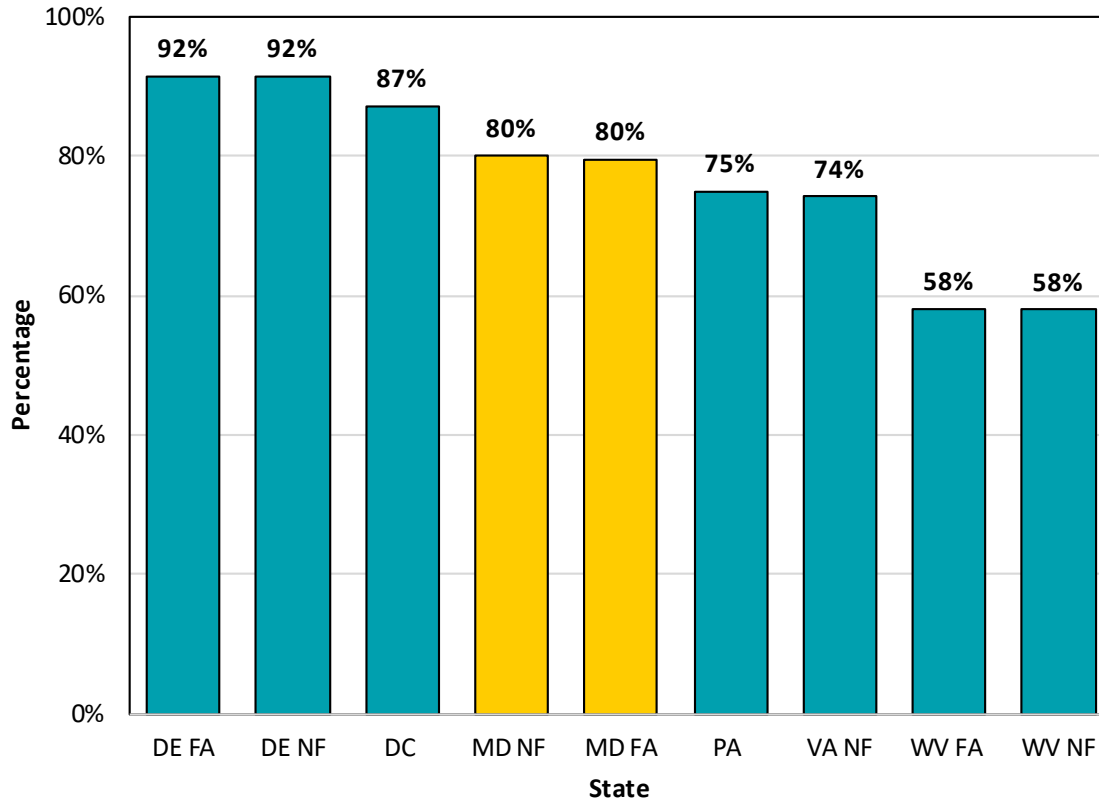


For central nervous system (CNS) assessment tests, the state fees rank in the following order, from highest to lowest:

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

Source: Hilltop analyses of states' fee schedules

Figure 28. Chemotherapy Administration Weighted Average (%) of Medicare Fees

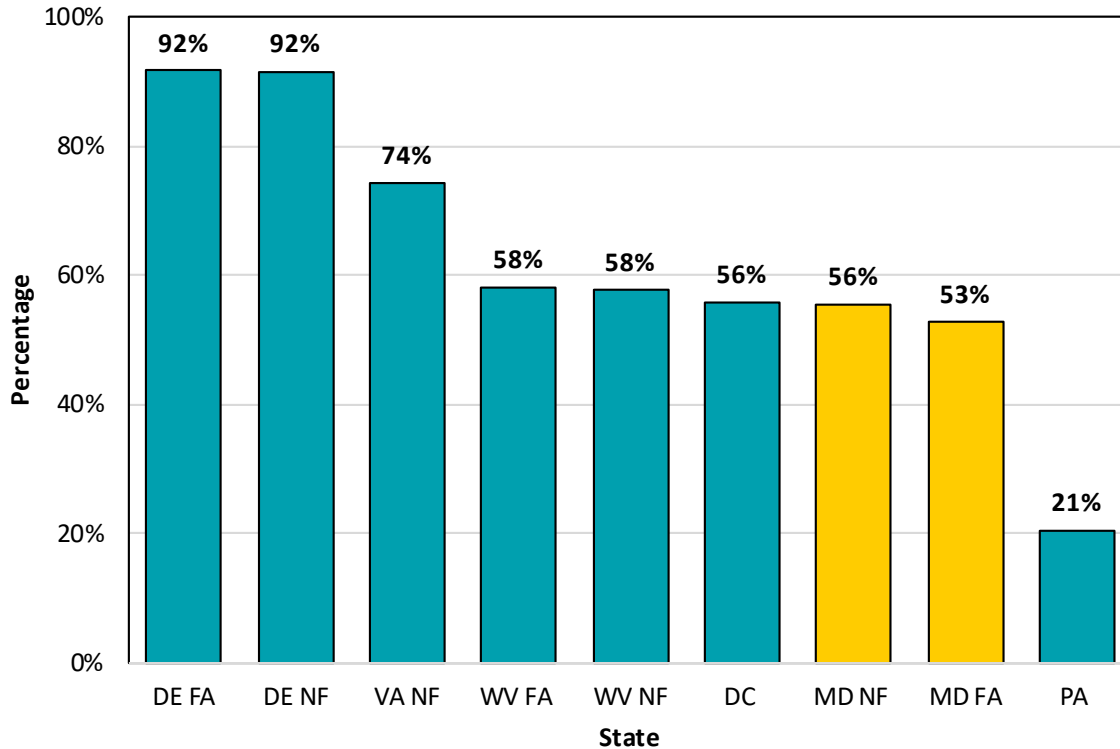


For chemotherapy administration procedures, the state fees rank in the following order, from highest to lowest:

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

Source: Hilltop analyses of states' fee schedules

Figure 29. Special Dermatological Weighted Average (%) of Medicare Fees

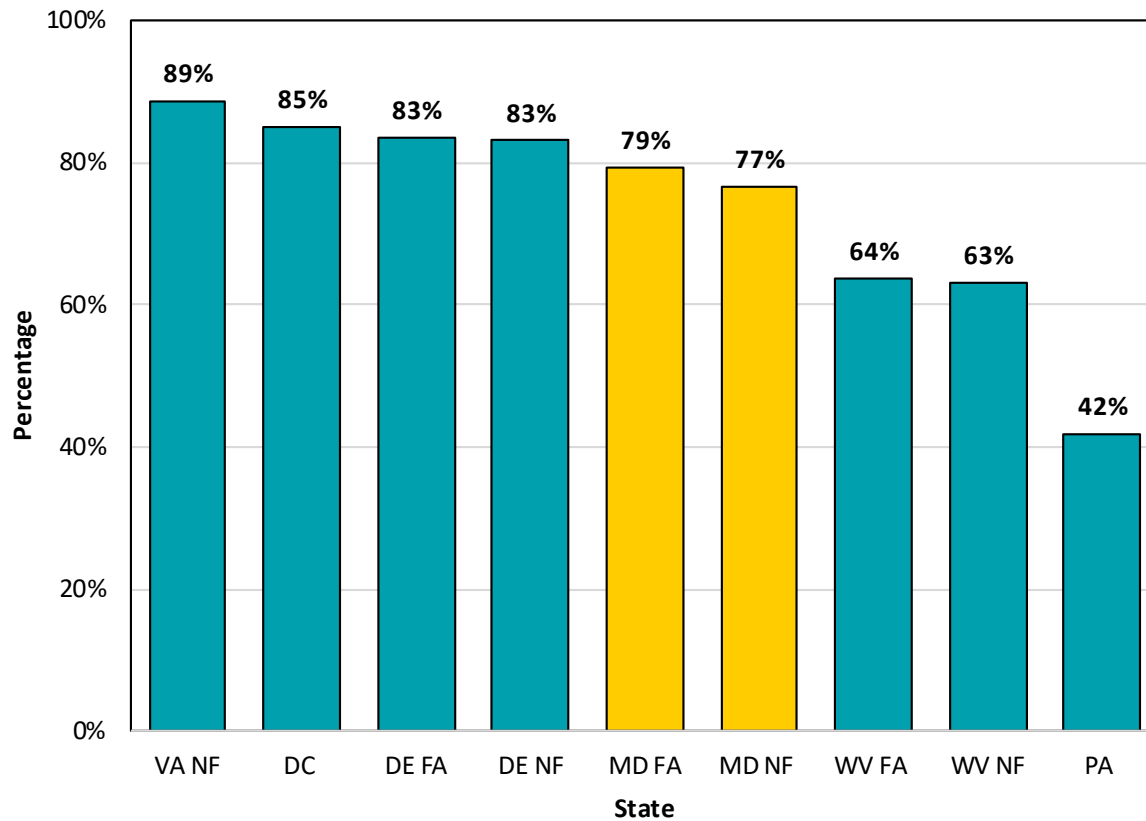


For special dermatological procedures, the state fees rank in the following order, from highest to lowest:

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

Source: Hilltop analyses of states' fee schedules

Figure 30. Physical Medicine and Rehabilitation Weighted Average (%) of Medicare Fees

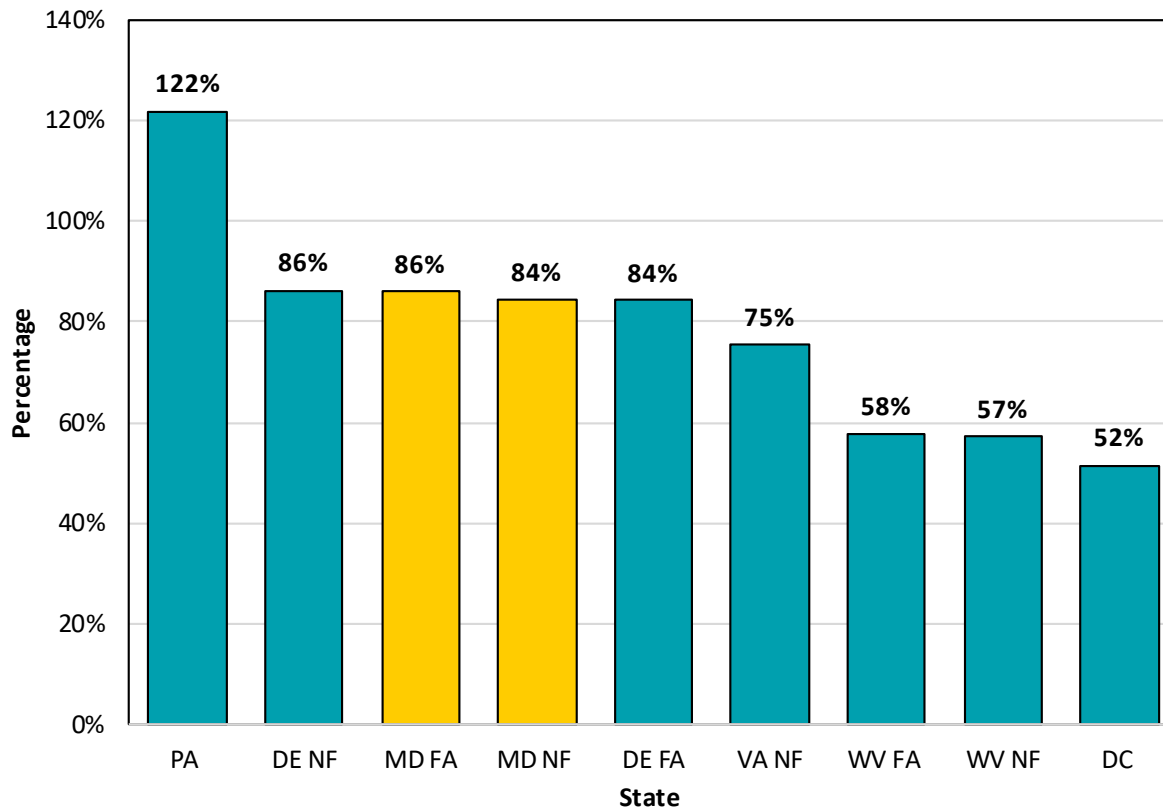


For physical medicine and rehabilitation procedures, the state fees rank in the following order, from highest to lowest:

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

Source: Hilltop analyses of states' fee schedules

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



For osteopathy, chiropractic, and other medicine procedures, the state fees rank in the following order, from highest to lowest:

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

Source: Hilltop analyses of states' fee schedules

Appendix

Table 1. Procedure Codes and Descriptions, by Specialty

Procedure Code	Procedure Description
Evaluation & Management	
99213	Office/outpatient visit est
99214	Office/outpatient visit est
99232	Subsequent hospital care
99284	Emergency dept visit
99283	Emergency dept visit
99285	Emergency dept visit
99212	Office/outpatient visit est
99203	Office/outpatient visit new
99233	Subsequent hospital care
99204	Office/outpatient visit new
99392	Prev visit est age 1-4
99391	Per pm reeval est pat infant
Integumentary / General Surgery	
17110	Destruct b9 lesion 1-14
11721	Debride nail 6 or more
10060	Drainage of skin abscess
11042	Deb subq tissue 20 sq cm/<
12001	Rpr s/n/ax/gen/trnk 2.5cm/<
12011	Rpr f/e/e/n/l/m 2.5 cm/<
11056	Trim skin lesions 2 to 4
10061	Drainage of skin abscess
11720	Debride nail 1-5
11981	Insert drug implant device
11043	Deb musc/fascia 20 sq cm/<
17250	Chem caut of granlj tissue
Musculoskeletal System	
20610	Drain/inj joint/bursa w/o us
29125	Apply forearm splint
20550	Inj tendon sheath/ligament
29540	Strapping of ankle and/or ft
20611	Drain/inj joint/bursa w/us
20552	Inj trigger point 1/2 muscl
29515	Application lower leg splint
20605	Drain/inj joint/bursa w/o us
20553	Inject trigger points 3/>
29075	Application of forearm cast
29130	Application of finger splint
20600	Drain/inj joint/bursa w/o us

Procedure Code	Procedure Description
Respiratory	
31231	Nasal endoscopy dx
31575	Diagnostic laryngoscopy
31500	Insert emergency airway
31624	Dx bronchoscope/lavage
31237	Nasal/sinus endoscopy surg
31579	Laryngoscopy telescopic
32555	Aspirate pleura w/ imaging
31622	Dx bronchoscope/wash
32551	Insertion of chest tube
31615	Visualization of windpipe
30901	Control of nosebleed
30300	Remove nasal foreign body
Cardiovascular System Surgery	
36410	Non-routine bl draw 3/> yrs
36620	Insertion catheter artery
36556	Insert non-tunnel cv cath
36471	Njx scdrnt mlt incmptnt vn
36000	Place needle in vein
36475	Endovenous rf 1st vein
36558	Insert tunneled cv cath
33948	Ecmo/ecls daily mgnt-venous
36406	Bl draw <3 yrs other vein
36561	Insert tunneled cv cath
36569	Insj picc 5 yr+ w/o imaging
36589	Removal tunneled cv cath
Hemic, Lymphatic and Mediastinum	
38221	Dx bone marrow biopsies
38220	Dx bone marrow aspirations
38505	Needle biopsy lymph nodes
38525	Biopsy/removal lymph nodes
38900	Io map of sent lymph node
38792	Ra tracer id of sentinl node
38500	Biopsy/removal lymph nodes
38510	Biopsy/removal lymph nodes
38571	Laparoscopy lymphadenectomy
38100	Removal of spleen total
38724	Removal of lymph nodes neck
38746	Remove thoracic lymph nodes

Procedure Code	Procedure Description
Digestive System	
43239	Egd biopsy single/multiple
45380	Colonoscopy and biopsy
45378	Diagnostic colonoscopy
45385	Colonoscopy w/lesion removal
49083	Abd paracentesis w/imaging
47562	Laparoscopic cholecystectomy
43235	Egd diagnostic brush wash
42820	Remove tonsils and adenoids
44970	Laparoscopy appendectomy
43775	Lap sleeve gastrectomy
46600	Diagnostic anoscopy spx
46221	Ligation of hemorrhoid(s)
Urinary & Male Genital	
54150	Circumcision w/regional block
51798	Us urine capacity measure
52000	Cystoscopy
51741	Electro-uroflowmetry first
51701	Insert bladder catheter
51700	Irrigation of bladder
52332	Cystoscopy and treatment
51784	Anal/urinary muscle study
54161	Circum 28 days or older
51797	Intraabdominal pressure test
52310	Cystoscopy and treatment
52356	Cysto/uretero w/lithotripsy
Gynecology-Obstetric	
59025	Fetal non-stress test
59409	Obstetrical care
59514	Cesarean delivery only
59430	Care after delivery
58300	Insert intrauterine device
59410	Obstetrical care
58301	Remove intrauterine device
57454	Bx/curett of cervix w/scope
58100	Biopsy of uterus lining
59515	Cesarean delivery
58558	Hysteroscopy biopsy
59400	Obstetrical care

Table 1. Procedure Codes and Descriptions, by Specialty continued

Procedure Code	Procedure Description
Endocrine System	
60240	Removal of thyroid
60220	Partial removal of thyroid
60500	Explore parathyroid glands
60100	Biopsy of thyroid
60271	Removal of thyroid
60650	Laparoscopy adrenalectomy
60280	Remove thyroid duct lesion
60512	Autotransplant parathyroid
60252	Removal of thyroid
60260	Repeat thyroid surgery
Neurosurgery	
64483	Inj foramen epidural l/s
64484	Inj foramen epidural add-on
64493	Inj paravert f jnt l/s 1 lev
64494	Inj paravert f jnt l/s 2 lev
62270	Spinal fluid tap diagnostic
62323	Njx interlaminar lmb/sac
64495	Inj paravert f jnt l/s 3 lev
64450	N block other peripheral
62321	Njx interlaminar crv/thrc
64635	Destroy lumb/sacfacet jnt
64636	Destroy l/s facet jnt addl
64447	N block inj fem single
Eye Surgery	
67028	Injection eye drug
66984	Cataract surg w/iol 1 stage
67228	Treatment x10sv retinopathy
68761	Close tear duct opening
67210	Treatment of retinal lesion
66982	Cataract surgery complex
66761	Revision of iris
67311	Revise eye muscle
66821	After cataract laser surgery
65855	Trabeculoplasty laser surg
67800	Remove eyelid lesion
67113	Repair retinal detach cplx

Procedure Code	Procedure Description
Ear Surgery	
69210	Remove impacted ear wax uni
69209	Remove impacted ear wax uni
69436	Create eardrum opening
69200	Clear outer ear canal
69990	Microsurgery add-on
69220	Clean out mastoid cavity
Radiology	
70450	Ct head/brain w/o dye
74177	Ct abd & pelv w/contrast
73630	X-ray exam of foot
76830	Transvaginal us non-ob
76856	Us exam pelvic complete
73610	X-ray exam of ankle
76820	Umbilical artery echo
76817	Transvaginal us obstetric
76816	Ob us follow-up per fetus
76815	Ob us limited fetus(s)
76805	Ob us >= 14 wks sngl fetus
76819	Fetal biophys profil w/o nst
Laboratory	
80307	Drug test prsmv chem anlyzr
85025	Complete cbc w/auto diff wbc
80061	Lipid panel
80053	Comprehen metabolic panel
83036	Glycosylated hemoglobin test
87880	Strep a assay w/optic
87491	Chylmd trach dna amp probe
87591	N.gonorrhoeae dna amp prob
82306	Vitamin d 25 hydroxy
81002	Urinalysis nonauto w/o scope
84443	Assay thyroid stim hormone
87086	Urine culture/colony count

Procedure Code	Procedure Description
Psychiatry	
90834	Psytx w pt 45 minutes
90847	Family psytx w/pt 50 min
90853	Group psychotherapy
90832	Psytx w pt 30 minutes
90791	Psych diagnostic evaluation
Dialysis	
90935	Hemodialysis one evaluation
90960	Esrd srv 4 visits p mo 20+
90945	Dialysis one evaluation
90961	Esrd srv 2-3 vsts p mo 20+
90970	Esrd svc pr day pt 20+
Gastroenterology	
91200	Liver elastography
91110	Gi tract capsule endoscopy
91065	Breath hydrogen/methane test
91010	Esophagus motility study
91122	Anal pressure record
91037	Esoph impd function test
91120	Rectal sensation test
Ophthalmology/Vision Care	
92014	Eye exam&tx estab pt 1/>vst
92015	Determine refractive state
92004	Eye exam new patient
92012	Eye exam establish patient
92340	Fit spectacles monofocal
92134	Cptr ophth dx img post segmt
92250	Eye exam with photos
92083	Visual field examination(s)
92133	Cmptr ophth img optic nerve
92002	Eye exam new patient
92060	Special eye evaluation

Table 1. Procedure Codes and Descriptions, by Specialty continued

Procedure Code	Procedure Description
ENT (Otorhinolaryngology)	
92551	Pure tone hearing test air
92552	Pure tone audiometry air
92587	Evoked auditory test limited
92567	Tympanometry
92550	Tympanometry & reflex thresh
Cardiovascular	
93010	Electrocardiogram report
93000	Electrocardiogram complete
93306	Tte w/doppler complete
93325	Doppler color flow add-on
93320	Doppler echo exam heart
93015	Cardiovascular stress test
93303	Echo transthoracic
93042	Rhythm ecg report
93018	Cardiovascular stress test
Non-Invasive Vascular Tests	
93971	Extremity study
93976	Vascular study
93970	Extremity study
93880	Extracranial bilat study
93975	Vascular study
93922	Upr/l xtremity art 2 levels
93923	Upr/lxtr art stdy 3+ lvls
93925	Lower extremity study
Pulmonary	
94760	Measure blood oxygen level
94010	Breathing capacity test
94640	Airway inhalation treatment
94060	Evaluation of wheezing
94664	Evaluate pt use of inhaler
94729	Co/membrane diffuse capacity
94150	Vital capacity test
94761	Measure blood oxygen level

Procedure Code	Procedure Description
Allergy/Immunology	
95117	Immunotherapy injections
95115	Immunotherapy one injection
95004	Percut allergy skin tests
95165	Antigen therapy services
95012	Exhaled nitric oxide meas
Neurology/Neuromuscular	
95886	Musc test done w/n test comp
95810	Polysom 6/> yrs 4/> param
95819	Eeg awake and asleep
95951	Eeg monitoring/videorecord
95806	Sleep study unatt&resp efft
95811	Polysom 6/>yrs cpap 4/> parm
95930	Visual ep test cns w/i&r
95816	Eeg awake and drowsy
95911	Nrv cndj test 9-10 studies
95910	Nrv cndj test 7-8 studies
95923	Autonomic nrv syst funj test
95885	Musc tst done w/nerv tst lim
CNS Assessment Tests	
96110	Developmental screen w/score
96127	Brief emotional/behav assmt
96116	Nubhvl xm phys/qhp 1st hr
96152	Intervene hlth/behave indiv
96150	Assess hlth/behave init
Chemotherapy Administration	
96413	Chemo iv infusion 1 hr
96415	Chemo iv infusion addl hr
96401	Chemo anti-neopl sq/im
96417	Chemo iv infus each addl seq
96523	Irrig drug delivery device
96411	Chemo iv push addl drug
96416	Chemo prolong infuse w/pump
96450	Chemotherapy into cns

Procedure Code	Procedure Description
Special Dermatological Procedures	
96910	Photochemotherapy with uv-b
96900	Ultraviolet light therapy
96920	Laser tx skin < 250 sq cm
96921	Laser tx skin 250-500 sq cm
96912	Photochemotherapy with uv-a
Phys Medicine/Rehab/Therapy	
97110	Therapeutic exercises
97140	Manual therapy 1/> regions
97112	Neuromuscular reeducation
97530	Therapeutic activities
97014	Electric stimulation therapy
97010	Hot or cold packs therapy
97802	Medical nutrition indiv in
97803	Med nutrition indiv subseq
97597	Rmvl devital tis 20 cm/<
97150	Group therapeutic procedures
97035	Ultrasound therapy
97012	Mechanical traction therapy
Osteo/Chiropractic & Other Medicine	
99173	Visual acuity screen
99177	Ocular instrumnt screen bil
99174	Ocular instrumnt screen bil
99152	Mod sed same phys/qhp 5/>yrs
99153	Mod sed same phys/qhp ea

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