



STATE OF MARYLAND

DHMH

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Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

December 26, 2014

The Honorable Thomas M. Middleton  
Chairman  
Senate Finance Committee  
3 East Miller Senate Office Bldg.  
Annapolis, MD 21401-1991

The Honorable Peter A. Hammen  
Chairman  
House Health and Government  
Operations Committee  
241 House Office Bldg.  
Annapolis, MD 21401-1991

**RE: HB 70 – DHMH – Commissions, Programs and Reports – Revision (Ch. 656 of the Acts of 2009), Previously SB 481 – Department of Health and Mental Hygiene – Reimbursement Rates (Ch. 464 of the Acts of 2002) and HB 627 – Community Health Care Access and Safety Net Act of 2005 (Ch. 280 of the Acts of 2005), and Health – General § 15-103.5**

Dear Chairmen Middleton and Hammen:

In 2009, the General Assembly passed HB 70 – *Commissions, Programs and Reports – Revision* (Ch. 656 of the Acts of 2009), which consolidated two physician fee reporting requirements for the Medical Assistance Program. The Department of Health and Mental Hygiene is now required to submit a single report on physician fee issues to the legislature by January 1 each year.

The enclosed report includes a review of the rates paid to providers under the federal Medicare fee schedule and a comparison of those rates to the fee-for-service rates paid to similar providers for the same services under the Medical Assistance program and the rates paid to managed care organization providers for the same services; whether the fee-for-service rates and MCO provider rates will exceed the rates paid under the Medicare fee schedule; an analysis of other states' rates compared to Maryland; the schedule for raising rates; and an analysis of the estimated cost of implementing these changes.

If further information on this subject is required, please contact Allison Taylor, Director of the Office of Governmental Affairs, at (410) 767-6480.

Sincerely,

Joshua M. Sharfstein, M.D.  
Secretary

Enclosure

cc: Chuck Lehman  
Tricia Roddy  
Audrey Parham-Stewart  
Susan Tucker  
Allison Taylor  
Sarah Albert, MSAR #7893



**Report on the Maryland Medical Assistance Program and the  
Maryland Children’s Health Program – Reimbursement Rates  
January 2015**

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# **Report on the Maryland Medical Assistance Program and the Maryland Children's Health Program – Reimbursement Rates January 2015**

## **I. Introduction**

Pursuant to SB 481 (Chapter 464 of the Acts of 2002), the Maryland Department of Health and Mental Hygiene (the Department) created an annual process to set the fee-for-service (FFS) reimbursement rates for Maryland Medicaid and the Maryland Children's Health Program (MCHP) (together referred to as Maryland Medical Assistance) in a manner that ensures provider participation. The law further stipulated that, in developing the rate-setting process, the Department should take into account community reimbursement rates and annual medical inflation, or utilize the Resource-Based Relative Value Scale (RBRVS) methodology and American Dental Association (ADA) Current Dental Terminology (CDT-3) codes. The RBRVS methodology is used by the Centers for Medicare & Medicaid Services (CMS) to set the Medicare fee schedule.<sup>1</sup>

The law also directed the Department to submit an annual report to the Governor and various House and Senate committees addressing:

- the progress of the rate-setting process;
- a comparison of Maryland Medicaid's reimbursement rates with those of other states;
- the schedule for adjusting Maryland's reimbursement rates to a level that ensures provider participation in the Medicaid program; and
- the estimated costs of implementing the above schedule and proposed changes to the FFS reimbursement rates.

In addition, Section 15 of HB 70 (Chapter 656 of the Acts of 2009) requires the Department to review the rates paid to providers under the federal Medicare fee schedule and compare them with the FFS rates for the same services paid to providers under the Maryland Medical Assistance program and within managed care organizations (MCOs). On or before January 1 of every year, the Department must report this information and determine whether the FFS rates and MCO provider rates will exceed the rates paid under the Medicare fee schedule. This report satisfies these requirements.

## **II. Background**

In September 2001, in response to HB 1071 (Chapter 702 of the Acts of 2001), the Department prepared the first annual report analyzing the physician fees that are paid by Maryland Medicaid

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<sup>1</sup>The Department used the RBRVS methodology as a benchmark, or point of reference, when it increased physician fees in fiscal years 2003, 2006, 2007, 2008, and 2009. The RBRVS methodology relates payments to the resources that physicians use and the complexity of services that they provide. See Appendix A for a more detailed description of the RBRVS methodology.

and MCHP. In 2002, SB 481 required the submission of this report on an annual basis. This is the fourteenth annual report.

The Department's first annual report showed that Maryland Medicaid's reimbursement rates in 2001 were, on average, approximately 36 percent of Medicare rates. Results from an American Academy of Pediatrics study from 1998-99 included in the report showed that Maryland's physician reimbursement rates for a subset of procedures ranked 47th among all Medicaid programs in the country. Based on the 2001 report, the Governor and the state legislature allocated \$50 million in additional total funds (\$25 million state general funds) to increase physician fees in the Medicaid program beginning July 2002. The increase targeted evaluation and management (E&M) procedure codes, which are used by both primary care and specialty care physicians.

SB 836 (Chapter 1 of the Acts of 2005) allocated funds to the Maryland Medical Assistance program to increase both FFS physician reimbursement rates and capitation payments to MCOs to enable these organizations to raise their physician fees.<sup>2</sup> The legislation also allocated \$15 million in additional state funds (\$30 million total funds) in fiscal year (FY) 2006 to increase fees for procedures commonly performed by obstetricians, neurosurgeons, orthopedic surgeons, and emergency medicine physicians. The legislation targeted the fee increase to these physician specialties in response to the substantial rise in their malpractice insurance premiums.

SB 836 also created the Maryland Health Care Provider Rate Stabilization Fund, which is administered by the Maryland Insurance Commissioner. The Fund was established in part to increase and maintain prior increases in physician fees through the Maryland Medical Assistance program. The primary revenues of the fund are derived from a tax imposed on MCOs and health maintenance organizations. Table 1 shows the amounts of Rate Stabilization Funds that were used to increase and maintain prior increases in physician fees from FY06 through FY09.

**Table 1. Rate Stabilization Funds to Increase and Maintain Physician Fees,  
FY06 – FY09 (Million Dollars)**

|   | <b>FY06</b>   | <b>FY07</b>   | <b>FY08</b>   | <b>FY09</b>    |
|---|---------------|---------------|---------------|----------------|
| State Rate Stabilization Funds          | \$15.0        | \$28.8        | \$47.5        | \$67.1         |
| Federal Matching Funds                  | \$15.0        | \$28.8        | \$47.5        | \$67.1         |
| <b>Total Funds</b>                      | <b>\$30.0</b> | <b>\$57.6</b> | <b>\$95.0</b> | <b>\$134.3</b> |
| Funds to Maintain Prior Fee Increases   | <b>\$0.0</b>  | \$32.4        | \$62.2        | \$102.6        |
| <b>Remaining Funds for Fee Increase</b> | <b>\$30.0</b> | <b>\$25.2</b> | <b>\$32.8</b> | <b>\$31.7</b>  |

Finally, SB 836 requires the Department to consult with the MCOs, the Maryland Hospital Association, the Maryland State Medical Society (MedChi), the Maryland Chapter of the American Academy of Pediatrics, the Maryland Chapter of the American College of Emergency Physicians, the Maryland State Dental Association, and the Maryland Dental Society to

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<sup>2</sup> To ensure that the MCOs use increased capitation payments to raise their physician fees, the Department requires MCOs to pay their network physicians at least 100 percent of the Medicaid physician fee schedule.

determine the new payment rates each year. These organizations are collectively referred to as stakeholders in this report.

For FY07 and FY08, based on stakeholders' recommendations, the Department increased fees for procedures in different specialties, as shown in Table 2. In addition, procedures with the lowest fees were raised to a minimum of 50 percent of Medicare fees in FY08. Subsequently, the Department implemented other fee changes for FY09. In previous years, fees for many specialties, including orthopedics, gynecology/obstetrics, neurosurgery, otorhinolaryngology (ENT), and emergency medicine were set at 100 percent of their corresponding Medicare fees. Medicare fees in general had not increased substantially between 2006 and 2008. However, updates in relative value units (RVUs) led to decreases in Medicare fees for many procedures, which caused Maryland Medicaid fees for some of these procedures to exceed Medicare fees. At the same time, Medicaid fees for other procedures remained at 50 percent of Medicare fees. Therefore, based on stakeholders' recommendations, the Department increased the lowest Medicaid fees and re-balanced any Medicaid fees that were higher than their corresponding Medicare fees.

Furthermore, separate fees for different sites of service were established so that Medicaid fees would have site-of-service differentials for facilities and non-facilities. "Facilities" include inpatient hospitals, nursing homes, and other medical care facilities, whereas "non-facilities" include physician offices and homes of patients. Medicaid fees higher than the Medicare fees were reduced to their corresponding Medicare fee levels by site of service, and the lowest fees were raised to 78.6 percent of their corresponding Medicare fees by site of service. *To this day, the Department continues to compare the Medicaid fee schedule with Medicare fees and reduces any Medicaid fees that exceed their corresponding Medicare facility or non-facility fees to the Medicare fee levels.*

The Department used the RBRVS methodology as a benchmark, or point of reference, when it increased physician fees in fiscal years 2003, 2006, 2007, 2008, and 2009. Table 2 shows the percentage of Medicare fees for targeted groups of procedures at the times of fee increases in FYs 2003, 2006, 2007, 2008, and 2009.

**Table 2. Prior Fee Increases to Percentage of Medicare Fees (FYs 2003 and 2006 – 2009)**

| <b>Fiscal Year</b> | <b>Procedure Code Group</b>                                | <b>Percent of Medicare Fees at Time of Fee Increase</b> |
|--------------------|--|---|
| 2003               | Evaluation & Management (99201-99499)                      | 80%   |
| 2006               | Orthopedics (20000-29999)                                  | 100%  |
|                    | Gynecology/Obstetrics (56405-59899)                        | 100%  |
|                    | Neurosurgery (61000-64999)                                 | 100%  |
|                    | Emergency Medicine (99281-99285)                           | 100%  |
| 2007               | Anesthesia (00100-01999)                                   | 100%  |
|                    | General Surgery (10000-19396)                              | 80%   |
|                    | Digestive System (40490-49905)                             | 80%   |
|                    | ENT (69000-69990, 92502-92700)                             | 100%  |
|                    | Radiation Oncology (77261-77799)                           | 80%   |
|                    | Allergy/Immunology (95004-95199)                           | 80%   |
|                    | Dermatology (96900-96999)                                  | 80%   |
| 2008               | Evaluation & Management (99201-99499)                      | 80%   |
|                    | Evaluation & Management in hospital outpatient departments | 50%   |
|                    | Neonatology (99294, 99296, 99299)                          | 90%   |
|                    | Radiology (70010-79900, excluding 77261-77799)             | 53%   |
|                    | Vaccine Administration                                     | 66%   |
|                    | Psychiatry (90801-90911)                                   | 61%   |
|                    | Floor for the lowest fees                                  | 50%   |
| 2009               | Set separate fees for facilities and non-facilities        |   |
|                    | Floor for the lowest fees                                  | 78.6%   |
|                    | Orthopedics (20000-29999),                                 | 100%  |
|                    | Gynecology/Obstetrics (56405-59899)                        | 100%  |
|                    | Neurosurgery (61000-64999)                                 | 100%  |
|                    | Emergency Medicine (99281-99285)                           | 100%  |

### **III. Physician Fee Changes in FY10 through FY14**

#### ***Physician Fees for FY10***

The national economic recession reduced state revenues in FY10 necessitating an \$11.5 million reduction in FY10 physician fee payments. Customized reductions were made to some codes, while most other procedures were subject to a 5.8 percent cut. Certain procedure codes and

orthopedics, gynecology/obstetrics, neurosurgery, and emergency medicine procedure codes were excluded from the reduction in fees. Of the \$11.5 million total funds reduction in payments, about \$3.0 million was from fee-for-service payments and approximately \$8.5 million was from the reduction of HealthChoice MCOs' payments for physician services. In FY10, \$111.7 million (\$227.9 million with matching federal funds) was allocated from the Rate Stabilization Fund to maintain prior fee increases.

### ***Physician Fees for FY11***

The Medicare program regularly updates RVUs for procedures, which results in fee *increases* for some procedures and fee *decreases* for other procedures. The Department compared the Maryland Medicaid fee for each procedure with its corresponding Medicare fee and then reduced fees for procedures that exceeded Medicare fees to the Medicare fee levels. Aside from these adjustments, the Department maintained FY11 physician fees at the same level as FY10 fees. \$117.7 million from the Rate Stabilization Fund (\$238.8 million with matching federal funds) was allocated to maintaining prior fee increases.

### ***Physician Fees for FY12***

The Department implemented a \$6.5 million total funds reduction in payments for physician services for FY12. Some groups of procedure codes were excluded from the reduction in fees:

1. The four specialties mentioned in SB 836 (Orthopedics, Obstetrics/Gynecology, Neurosurgery, and Emergency) were maintained at a maximum of 100 percent of Medicare fees, without increasing their fees.
2. Four obstetric (delivery) procedures, three neonatal intensive care unit procedures, and 22 procedure codes used by educational institutions were maintained at their original FY11 levels.

Then, an across-the-board 1.2 percent reduction in fees was applied to all remaining procedures to achieve the required reduction in FY12 payments. Overall, fees were reduced from an average of 75 percent to an average of 74 percent of Medicare 2011 fees. In FY12, \$104 million from the Rate Stabilization Fund (\$211.7 million with matching federal funds) was allocated to maintain prior fee increases.

### ***Physician Fees for CY13 and CY14***

There were no changes in Maryland Medicaid physician fees for the first six months of FY13. Under the Affordable Care Act (ACA), the federal government will pay for increasing Medicaid payment rates in FFS and MCOs for E&M and vaccine administration procedures provided by primary care physicians (PCPs) to 100 percent of the Medicare payment rates for calendar years (CYs) 2013 and 2014. For services provided between January 1, 2013, and December 31, 2014, states will receive 100 percent federal financing for increasing payment rates for physicians who self-attest that they are PCPs.

However, Maryland Medicaid allows patients who have medically complex conditions to select specialists as their PCPs. In order to improve access to primary care and specialists, the fees for E&M and vaccine administration procedures were increased for *all* providers, not just PCPs. The costs for this fee increase for physicians who do not self-attest as PCPs will be financed at the regular federal medical assistance percentage (FMAP).

In the first quarters of CY13 and CY14, CMS released the corresponding average Medicare fees for E&M and vaccine administration procedures in the three geographic regions of Maryland. The new fees were retroactive to include services provided on or after January 1 of each year. As specified in the ACA, Medicaid fees that were effective on July 1, 2009, were used to estimate the costs of increasing PCP fees subject to the 100 percent federal financial participation (FFP). Because Maryland Medicaid fees for E&M procedures were reduced after July 1, 2009, the State must pay for increasing fees to their July 1, 2009 levels at the regular FMAP rate.

### **Federal Share of Fee Increase for PCPs**

According to CMS, the federal government will provide 100 percent FFP only for physicians who self-attest that they are PCPs.<sup>3</sup> The Department has obtained self-attestations from approximately 3,600 physicians. Claims and encounter data from these physicians were identified, and payments for their 2013 E&M and vaccine administration procedures were projected. Then payments for these procedures for all physicians in CY13 and CY14 were estimated.

According to a CMS Technical Guide , base year utilization data for E&M and vaccine administration procedures and the trend factors (i.e., between the base years and implementation years) that were used for MCO rate setting were utilized to estimate the CY13 and CY14 costs of the fee increases, as shown in Table 3.

**Table 3. Projected Costs of E&M and Vaccine Administration Fee Increases to 100 Percent of Medicare Fees in CYs 2013 and 2014 (Million Dollars)**

| <b>Year</b>    | <b>Increase in FFS Payments</b> | <b>Increase in MCO Payments</b> | <b>Total Increase in Payments</b> |
|----------------|---------------------------------|---------------------------------|-----------------------------------|
| <b>CY 2013</b> | <b>\$23.7</b>                   | <b>\$155.5</b>                  | <b>\$179.2</b>                    |
| <b>CY 2014</b> | <b>\$21.6</b>                   | <b>\$165.6</b>                  | <b>\$187.2</b>                    |

CMS updated the practice expense RVUs for 2014 resulting in a decrease from the 2013 Medicare fees for E&M procedures. The decrease in estimated FFS payments in 2014 compared with 2013 in part reflects the decrease in 2014 fees. Enrollment growth due to the ACA Medicaid expansion resulted in an increase in the estimated payments to MCOs in 2014.

For the FFS system, actual claims data for services provided in 2013 and 2014 by self-attesting PCPs will be submitted to CMS to claim the 100 percent FFP. The estimated payments to MCOs shown in Table 3 were multiplied by the corresponding percentages pertaining to self-attesting

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<sup>3</sup> The federal statute specifies that higher payment applies to primary care services delivered by physician with a specialty designation of family medicine, general internal medicine, or pediatric medicine.

PCPs (shown in Table 4) to calculate the payments that will be subject to 100 percent FFP. To derive the percentages of the total costs of fee increases in Table 4 that would be subject to 100 percent federal financing, the estimated payments for E&M and vaccine administration claims and encounter data from self-attesting PCPs were divided by the corresponding estimated payments for all physicians (shown in Table 3).

**Table 4. Payments to Self-Attesting PCPs as Percentage of Total Physician Payments for E&M and Vaccine Administration Procedures**

| <b>Procedures</b>      | <b>FFS Payments</b> | <b>MCO Payments</b> | <b>Total Payments</b> |
|------------------------|---------------------|---------------------|-----------------------|
| Non-Facility E&M       | 37%                 | 42%                 | 42%                   |
| Facility E&M           | 25%                 | 17%                 | 18%                   |
| Vaccine Administration | 74%                 | 68%                 | 69%                   |
| <b>Total</b>           | <b>29.1%</b>        | <b>37.2%</b>        | <b>36.3%</b>          |

The pertinent numbers in Tables 3 and 4 correspond to payments for MCOs, as federal payments for FFS will be based on actual claims in CY13 and CY14. Because claims and encounter data for self-attesting PCPs are primarily office-based, their non-facility services comprise 42 percent of all physician services, compared with only 18 percent of physician services provided in facilities. Overall, the increase in payments to self-attesting PCPs is 36.3 percent of the total cost of the fee increase for these procedures.

To determine the portion of the MCOs' costs of the fee increase that is subject to 100 percent FFP, the estimated additional payments to MCOs (in Table 3) was multiplied by 37.2 percent. Table 5 shows the Department's estimated cost of fee increases for E&M and vaccine administration procedures in CY13 and CY14 that are subject to 100 percent federal financing.

**Table 5. Estimated Cost of Fee Increases for PCPs Subject to 100% FMAP (Million Dollars)<sup>4</sup>**

|         | <b>FFS</b> | <b>MCOs</b> | <b>Total</b> |
|---------|------------|-------------|--------------|
| CY 2013 | \$6.92     | \$57.86     | \$64.78      |
| CY 2014 | \$6.29     | \$61.65     | \$67.94      |

The amount of funding distributed to the Maryland Medical Assistance program from the Rate Stabilization Fund in FY13 was \$109.1 million. With 50 percent FMAP for Medicaid and 65 percent FMAP for MCHP, the combined total amount of \$221.6 million was allocated to maintaining prior fee increases and increasing provider reimbursement rates. The amount of

<sup>4</sup> The calculations shown in Table 5 were based on numbers corresponding to Tables 3 and 4 that were not rounded to the nearest dollar amount. Because rounded numbers are reported in these tables, they may not exactly add up.

funding distributed to the Maryland Medical Assistance program from the Rate Stabilization Fund in FY14 was \$122.5 million. With matching federal funds for Medicaid at 50 percent and for MCHP at 65 percent, total federal matching funds reached approximately \$125 million. The combined total amount of \$247.5 million was allocated for maintaining provider reimbursement rates.

***Caveat:***

For physician services provided to dually eligible beneficiaries, Medicare pays physicians 80 percent of its reimbursement rate and Medicaid pays the remaining portion up to the Medicaid rate. There are three different Medicare fees in Maryland, based on the geographic location of physicians. The statewide average Medicaid fees are higher than Medicare fees in some counties and lower than Medicare fees for the Maryland suburbs of Washington, D.C. (Montgomery and Prince George's counties). In areas where the statewide average Medicaid reimbursement rates are higher than Medicare rates, the Medicaid copayment is 20 percent of Medicare rates, which is slightly less than 20 percent of the Medicaid reimbursement rate. In the Maryland suburbs of Washington, D.C., with higher Medicare rates, the copayment is 20 percent of Medicaid rates. Therefore, for Tables 3 through 5, it was assumed that the Medicaid costs of fee increases for dually eligible beneficiaries were 20 percent of the current Medicaid fees for each procedure.

#### **IV. Maryland's Medicaid Fees Compared with Medicare and Other States' Fees**

Maryland's neighboring states have their own Medicaid fee schedules. For this report, we collected data on the Medicaid physician fees of Delaware, Pennsylvania, Virginia, West Virginia, and Washington, D.C. We obtained the current physician fee schedules from the states' websites and compiled data on each state's Medicaid fees.

Table 6 compares Maryland's FY14 Medicaid fees with the corresponding Medicare 2014 reimbursement rates for Baltimore region, and neighboring states' Medicaid fees for a sample of approximately 270 high-volume procedures in various specialty groups. In this table, procedure fees are rounded to the nearest dollar amount, and the last row of each section shows each state's weighted average Medicaid fees for the surveyed procedures as a percentage of Medicare fees in the Baltimore region. Maryland Medicaid's numbers of claims and encounters were used as the weights for fees. The average percentages of Medicare fees reported in this table correspond to the appropriate Medicare non-facility and facility fees. More specifically, Medicaid non-facility fees are compared with Medicare non-facility fees, and Medicaid facility fees reported for Maryland and West Virginia are compared with Medicare facility fees.

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 comprises, on average, approximately 40 percent 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; as such, these fees are compared with the corresponding Medicare facility and non-facility fees. Delaware and

Pennsylvania do not separate non-facility and facility fees. Therefore, their fees are compared with Medicare non-facility fees. Hence, for Delaware and Pennsylvania, the percentages of Medicare fees reported in Table 6 underestimate the percentages of Medicare fees for procedures performed in facilities. Virginia and Washington, D.C.,<sup>5</sup> have separate facility and non-facility fees for some procedures, but they did not report facility fees for many of the procedures that are included in Table 6. Therefore, the table only compares Virginia and Washington, D.C., Medicaid's non-facility fees with the corresponding Medicare non-facility fees for Baltimore region.

For this report, we compared Maryland's and other states' Medicaid reimbursement rates with the Medicare fee schedule for Maryland. Average Medicare fees in Maryland are approximately 4 percent higher than Medicare fees in Delaware and Pennsylvania, 1 percent higher than Medicare fees in Virginia, and 12 percent higher than Medicare fees in West Virginia. On the other hand, average Medicare fees in Maryland are approximately 5 percent lower than average Medicare fees in Washington, D.C.

### ***Comparisons of E&M and Specialty Procedures***

The following paragraphs compare Maryland's fees with other states' fees for E&M and each group of specialty procedures shown in Table 6.

#### **E&M Procedures**

As an average percentage of Medicare 2014 fees for Baltimore region, E&M facility and non-facility fees in Maryland are highest in the region. Virginia non-facility fees rank third; Pennsylvania fees rank fourth; Delaware fees rank fifth; Washington, D. C., fees rank sixth; and West Virginia facility fees and non-facility fees rank seventh and eighth, respectively.

All states and the District of Columbia were required by the ACA to increase fees for their E&M and vaccine administration procedures to their corresponding Medicare fees in 2013 and 2014. Therefore, Maryland established its fees for E&M and vaccine administration procedures as equal to their corresponding Medicare fees. The 2014 benchmark Medicare reimbursement rates were provided by CMS and represent the average of Medicare fees in Maryland counties, using Medicare's 2009 conversion factor, as required by the law.

#### **Surgery**

##### **Integumentary Procedures**

In addition to the integumentary<sup>6</sup> procedures included in last year's report, the following three high volume procedures were added: 10061 (drainage of skin abscess), 11056 (trim 2 to 4 skin lesions), and 11100 (biopsy of single skin lesion).

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<sup>5</sup> Washington, D.C., has very recently implemented site-of-service fee differentials for some procedures and was changing its fees at the time of this writing. Therefore, the fees included in this report are accurate as of September 2014.

<sup>6</sup> Integumentary procedures are related to the skin.

Adding these new procedures did not alter the state ranking order from last year: Delaware fees still rank first, followed by Washington, D.C., fees (second), Virginia non-facility fees (third), Maryland facility fees (fourth), Maryland non-facility fees (fifth), West Virginia facility fees (sixth), West Virginia non-facility fees (seventh), and Pennsylvania fees (eighth).

### **Musculoskeletal System Procedures**

In addition to the musculoskeletal procedures in last year's report, the following two new high-volume procedures were added: 20553 (injections; single or multiple trigger points, 3 or more muscles) and 29540 (strapping of ankle and/or foot).

Similar to integumentary procedures, adding the fees for the two new procedures did not change the state ranking order from last year. Delaware fees for musculoskeletal system procedures still are the highest in the region. Maryland non-facility fees rank second; Maryland facility fees rank third; Washington, D.C., fees rank fourth; Virginia non-facility fees rank fifth; West Virginia facility fees rank sixth; West Virginia non-facility fees rank seventh; and Pennsylvania fees rank last. Washington D.C., data include one missing fee for procedure code 20552 (injection trigger point, 1 or 2 muscles), and Pennsylvania data are missing a value for procedure code 29130 (Application of finger splint).

### **Respiratory Procedures**

Two high-volume respiratory procedures were added for this report: 31237 (nasal/sinus endoscopy surgery) and 32551 (insertion of chest tube).

Similar to last year's ranking order, Washington, D.C., respiratory procedure fees rank first, followed, in ranking order, by Delaware fees, Virginia non-facility fees, Maryland facility fees, West Virginia facility fees, Maryland non-facility fees, West Virginia non-facility fees, and Pennsylvania fees.

### **Cardiovascular Surgical Procedures**

Two new high-volume cardiovascular surgical procedures were added this year: 36558 (insert tunneled central venous catheter *without* port, > 5 years) and 36561 (insert tunneled central venous catheter *with* port, > 5 years).

Similar to last year's ranking order, Washington, D.C., has the highest fees for cardiovascular surgical procedures. Virginia non-facility fees rank second; Maryland non-facility fees rank third; West Virginia facility fees rank fourth; Maryland facility fees rank fifth; West Virginia non-facility fees rank sixth; Delaware fees rank seventh; and Pennsylvania fees rank eighth. Because Pennsylvania data have missing fees for three surveyed procedures, the state's percentage of Medicare fees is lower than it would have been if fees for these procedures were included.

### **Hemic, Lymphatic, and Mediastinum Procedures**

For hemic, lymphatic, and mediastinum procedures, the following three high-volume procedures were added: 38500 (biopsy/removal lymph nodes), 38505 (needle biopsy lymph nodes), and 38900 (intra-operative identification of sentinel lymph nodes).

Adding the new procedures did not change the state ranking order from last year. Delaware has the highest fees for hemic, lymphatic, and mediastinum procedures in the region followed by Washington, D.C., fees (second), Virginia non-facility fees (third), Maryland non-facility fees (fourth), West Virginia facility fees (fifth), Maryland facility fees (sixth), West Virginia non-facility fees (seventh), and Pennsylvania fees (eighth). Pennsylvania data have missing fees for procedure 38792 (identify sentinel node).

### **Digestive Procedures**

For selected digestive system procedures, similar to last year's report, Delaware fees rank the highest, followed by Washington, D.C., fees (second), Virginia non-facility fees (third), Maryland facility fees (fourth), West Virginia facility fees (fifth), Maryland non-facility fees (sixth), West Virginia non-facility fees (seventh), and Pennsylvania fees (eighth).

### **Urinary and Male Genital Procedures**

For urinary and male genital procedures, the following three high-volume procedures were added: 51700 (irrigation of bladder), 51741 (electro-uroflowmetry), 52332 (cystoscopy and treatment), and 54161 (circumcision 28 days or older).

Washington, D.C., fees for urinary and male genital procedures rank highest in the region. Maryland non-facility fees rank second; Virginia non-facility fees rank third; Maryland facility fees rank fourth; West Virginia facility fees rank fifth; West Virginia non-facility fees rank sixth; and Delaware fees rank seventh. Pennsylvania fees rank last in the region.

### **Gynecology and Obstetrics Procedures**

The following two high-volume gynecology and obstetrics procedures were added: 58100 (biopsy of uterus lining) and 58301 (remove intrauterine device).

Similar to last year's report, Pennsylvania has the highest fees for the selected gynecology and obstetrics procedures; although its data have missing values for procedure 59430 (care after delivery). Following Pennsylvania, in ranking order, are: West Virginia facility fees (second), Maryland non-facility fees (third), Maryland facility fees (fourth), West Virginia non-facility fees (fifth), Delaware fees (sixth), Washington, D.C., fees (seventh), and Virginia non-facility fees (eighth).

### **Endocrine System Procedures**

The following two high-volume endocrinology procedures were added: 60220 (partial removal of thyroid) and 60500 (explore parathyroid glands).

For the selected endocrine system procedures, similar to last year's report ranking, Delaware fees rank the highest. Washington, D.C., fees rank second; Virginia non-facility fees rank third; West Virginia facility fees rank fourth; West Virginia non-facility fees rank fifth; Maryland non-facility fees rank sixth; Maryland facility fees rank seventh; and Pennsylvania fees rank eighth.

### **Nervous System Procedures**

For nervous system procedures, code 61614 is no longer used, and the following three high-volume procedures were added: 64484 (injection(s), anesthetic agent/steroid, transforaminal epidural), 64494 (injection(s), diagnostic or therapeutic agent, paravertebral facet), and 64495 (injection(s), diagnostic or therapeutic agent, paravertebral facet, third and any additional level(s)).

Maryland non-facility fees for nervous system procedures are the highest in the region, followed, in ranking order, by Maryland facility fees, Washington, D.C., fees, Delaware fees, Virginia non-facility fees, West Virginia facility fees, West Virginia non-facility fees, and Pennsylvania fees.

### **Eye Surgery Procedures**

The following four high-volume eye surgery procedures were added: 65222 (remove foreign body from eye), 66821 (after cataract laser surgery), 66982 (cataract surgery complex), and 67800 (remove eyelid lesion).

Delaware fees for eye surgery procedures still rank first; Washington, D.C., fees rank second; Virginia non-facility fees rank third; Maryland non-facility fees rank fourth; Pennsylvania fees rank fifth; Maryland facility fees rank sixth; West Virginia facility fees rank seventh; and West Virginia non-facility fees have the last ranking.

### **Ear Surgery Procedures**

The following three high-volume ear surgery procedures were added: 69205 (clear outer ear canal), 69401 (inflate middle ear canal), and 69424 (remove ventilating tube).

Washington, D.C., has the highest fees for ear surgery procedures in the region, followed by Maryland non-facility fees (second), Maryland facility fees (third), Virginia non-facility fees (fourth), West Virginia facility fees (fifth), West Virginia non-facility fees (sixth), Delaware fees (seventh), and Pennsylvania fees (eighth).

Delaware data have missing fees for procedure code 69210 (remove impacted ear wax), and Pennsylvania data have missing fees for procedure code 69401 (inflate middle ear canal), which reduce their percentage of Medicare fees.

### **Radiology Procedures**

The following seven high-volume procedures were added: 74177 (CT abdomen and pelvis, with contrast), 76816 (ultrasound, uterus, follow-up per fetus), 76817 (transvaginal ultrasound, pregnant uterus), 76819 (fetal biophysical profile, without non-stress testing), 76820 (umbilical artery echo), 76830 (transvaginal ultrasound), and 76856 (ultrasound exam, pelvic, complete).

For the selected radiology procedures, Delaware fees are highest in the region. Following Delaware, in ranking order, are: Washington, D.C., fees (second), Virginia non-facility fees (third), Maryland facility and non-facility fees (fourth and fifth), Pennsylvania (sixth), West Virginia facility and non-facility fees (seventh and eighth).

## **Laboratory Procedures**

Medicare has one fee for each laboratory procedure, regardless of place of service. Delaware has the highest fees for the selected laboratory procedures in the region, followed, in ranking order, by West Virginia, Virginia, Maryland, Pennsylvania, and Washington, D.C. fees.

## **Medicine**

### **Psychiatry Procedures**

For psychiatry procedures, high-volume procedure 90833 was added (psychotherapy, 30 minutes with patient and/or family member).

Last year's report indicated that there were major changes<sup>7</sup> to the codes in the Psychiatry section of the AMA's Current Procedural Terminology. Procedure 90801 is now divided into procedures 90791 and 90792. Procedure code 90791 is used for a psychiatric diagnostic evaluation. CPT code 90792 is used when additional medical services, such as physical examination and prescription of pharmaceuticals, are provided in addition to the diagnostic evaluation. The psychotherapy codes 90832, 90834, and 90837 replace codes 90804, 90805, and 90806, respectively.

For selected psychiatry procedures, Delaware fees rank first in the region; Maryland facility fees rank second; Maryland non-facility fees rank third; Virginia non-facility fees rank fourth; Washington, D.C. fees rank fifth; West Virginia facility and non-facility fees rank sixth and seventh, respectively. Pennsylvania fees rank last. Pennsylvania data have a missing value for procedure code 90833, which reduced its percentage of Medicare fees.

### **Dialysis Procedures**

Four high-volume procedures were added: 90960 (ESRD service with 4 visits per month, age 20+), 90961 (ESRD service 2-3 visits per month, age 20+), 90962 (ESRD service 1 visit per month, age 20+), and 90970 (ESRD services, per day, age 20+).

Delaware fees for dialysis procedures are highest in the region, followed, in ranking order, by Virginia non-facility, Washington, D.C., Pennsylvania, West Virginia, and Maryland fees. Pennsylvania data have missing fees for four newly added procedures.

### **Gastroenterology Procedures**

The following high-volume gastroenterology procedures were added: 91038 (esophageal function test, gastroesophageal reflux test with recording, analysis and interpretation, 1 hour+), 91065 (breath hydrogen/methane test), and 91122 (anal pressure record).

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<sup>7</sup> Current Procedural Terminology (CPT) code changes for 2013:  
<http://www.psychiatry.org/practice/managing-a-practice/cpt-changes-2013>

Similar to last year, Delaware's gastroenterology fees are highest in the region, followed, in ranking order, by Washington, D.C., Virginia, Maryland, West Virginia, and Pennsylvania fees. Pennsylvania data have missing fees for procedure code 91100 (GI tract capsule endoscopy).

### **Ophthalmology and Vision Care Procedures**

The following high-volume ophthalmology and vision care procedures were added: 92083 (visual field examination) and 92250 (eye exam with photos).

For the selected ophthalmology and vision care procedures, Delaware fees rank first in the region, followed by Washington, D.C., fees (second), Virginia non-facility fees (third), West Virginia facility fees (fourth), West Virginia non-facility fees (fifth), Maryland non-facility fees (sixth), Maryland facility fees (seventh), and Pennsylvania fees (eighth).

Pennsylvania data were missing fees for procedure codes 92083, 92250, and 92060.

### **Otorhinolaryngology Procedures**

For Ear, Nose, and Throat (ENT), or otorhinolaryngology procedures, three high-volume procedure codes were added: 92504 (ear microscopy examination), 92546 (sinusoidal rotational test), and 92547 (supplemental electrical test).

Similar to last year's report, Delaware fees are the highest for the selected ENT procedures in the region. Washington, D.C., fees rank second; Maryland facility and non-facility fees rank third and fourth, respectively; Virginia non-facility fees rank fifth; Pennsylvania fees rank sixth; and West Virginia facility and non-facility fees rank seventh and eighth, respectively.

Although Pennsylvania did not report a fee for one of the newly added procedures (92504), its percentage of Medicare fees is still higher than West Virginia facility and non-facility fees.

### **Cardiovascular Medicine Procedures**

The following three high-volume cardiovascular medicine procedures were added: 93015 (cardiovascular stress test, with supervision, interpretation and report), 93018 (cardiovascular stress test, only with interpretation and report), and 93306 (echocardiography, trans-thoracic, real-time with image documentation).

For the selected cardiovascular medicine procedures, Delaware fees rank first, followed in ranking order by Washington, D.C., Maryland, Virginia, Pennsylvania, and West Virginia fees. Pennsylvania data have missing fees for procedure code 93325 (Doppler color flow add-on).

### **Noninvasive Vascular Diagnostic Studies**

For noninvasive vascular diagnostic studies procedures, the following two high-volume procedures were added: 93922 (noninvasive physiologic studies of upper or lower extremity arteries) and 93975 (vascular study).

For the selected procedures, Delaware fees rank first, followed in ranking order by Washington, D.C. fees, Virginia non-facility fees, Maryland fees, Pennsylvania fees, and West Virginia fees, respectively.

### **Pulmonary Procedures**

Similar to last year's report, for the selected pulmonary procedures, Delaware fees rank first in the region followed in ranking order by Washington, D.C., Virginia non-facility, Maryland, West Virginia, and Pennsylvania fees. Pennsylvania's fee schedule does not provide a fee for procedure 94640 (airway inhalation treatment).

### **Allergy and Immunology Procedures**

For selected allergy and immunology procedures, similar to last year's report, Maryland facility fees rank first; Maryland non-facility fees rank second; Delaware fees rank third; Washington, D.C., fees rank fourth; Virginia non-facility fees rank fifth; West Virginia facility fees rank sixth; West Virginia non-facility fees rank seventh; and Pennsylvania fees rank eighth.

### **Neurology and Neuromuscular Procedures**

For neurology and neuromuscular procedures, the following high-volume procedures were added: 95810 (polysomnography, sleep staging with 4 or more additional parameters of sleep), 95886 (needle electromyography, each extremity, with nerve conduction), 95930 (visual evoked potential test), and 95951 (monitoring cerebral seizure, EEG monitoring, video recording, and interpretation).

Washington, D.C., fees are the highest in the region for neurology and neuromuscular procedures, followed in ranking order by Delaware fees, Virginia fees, Maryland fees, West Virginia fees, and Pennsylvania fees.

### **Central Nervous System Assessment Tests**

For central nervous system (CNS) assessment procedures, the following three high-volume procedures were added: 96102 (psychological testing by technician), 96116 (neurobehavioral status exam), and 96118 (neuropsychological testing per hour of the psychologist's or physician's time).

For the selected CNS assessment procedures, similar to last year's ranking, Washington, D.C., fees rank first; Maryland facility and non-facility fees rank second and third; Virginia non-facility fees rank fourth; West Virginia facility fees rank fifth; West Virginia non-facility fees rank sixth; Pennsylvania fees rank seventh; and Delaware fees rank eighth.

Because Delaware's fee schedule lists \$0 for procedures 96102, 96111, and 96116, its ranking as a percentage of Medicare fees in Maryland is the lowest. Similarly, Pennsylvania's fees for the newly added procedure codes 96102 and 96118 are not available.

### **Chemotherapy Administration**

For chemotherapy administration procedures, Delaware fees rank first, followed by Maryland non-facility fees (second), Washington, D.C., fees (third), Maryland facility fees (fourth),

Pennsylvania fees (fifth), Virginia non-facility fees (sixth), West Virginia facility fees (seventh), and West Virginia non-facility fees (eight).

### **Special Dermatological Procedures**

The following three high-volume dermatology procedures were added: 96920 (laser treatment for skin disease [psoriasis]; total area less than 250 sq cm), 96921 (laser treatment for skin disease; 250-500 sq cm), and 96922 (laser treatment for skin disease; over 500 sq cm).

As an average percentage of Medicare fees in Maryland for the selected dermatology procedures, Delaware has the highest fees. Virginia non-facility fees rank second; West Virginia facility fees rank third; Maryland non-facility and facility fees rank fourth and fifth, respectively; Washington, D.C., fees rank sixth; West Virginia non-facility fees rank seventh; and Pennsylvania fees rank eighth.

Because Pennsylvanian and Washington, D.C., data have missing values for three newly added, surveyed procedures (96920, 96921, and 96922), their percentages of Medicare fees are lower than they would have been if these fees were included.

### **Physical Medicine and Rehabilitation Procedures**

Delaware fees rank highest for physical medicine and rehabilitation procedures followed in ranking order by Washington, D.C., Virginia, Maryland, West Virginia, and Pennsylvania fees.

### **Osteopathy, Chiropractic, and Other Medicine Procedures**

For the selected osteopathy, chiropractic, and other medicine procedures, Virginia non-facility fees are highest, followed in ranking order by Pennsylvania fees, Delaware fees, Washington D.C., fees, Maryland facility and non-facility fees, and West Virginia non-facility and facility fees.

Pennsylvania's fee schedule for two procedure codes, 98941 (chiropractic manipulation) and 99144 (moderate sedation by same physician, first 30 minutes, age 5 years or older) were not available. Also, Washington, D.C., data have a missing fee for 99144 (chiropractic manipulation). Interestingly, Virginia's non-facility fee for procedure code 99173 (visual acuity screening) is nearly 21 times the Medicare fee for this procedure.

**Table 6. Comparison of Maryland and Neighboring States' Medicaid Fees with Medicare Fees, in FY 2015**

| <b>Procedure Code</b>                      | <b>Procedure Description</b>         | <b>MC NF</b> | <b>MC FA</b> | <b>MD NF</b> | <b>MD FA</b> | <b>DE</b> | <b>VA NF</b> | <b>WV NF</b> | <b>WV F</b> | <b>PA</b> | <b>DC</b> |
|--|--------------------------------------|--------------|--------------|--------------|--------------|-----------|--------------|--------------|-------------|-----------|-----------|
|  | <b>1-Evaluation &amp; Management</b> |              |              |              |              |           |              |              |             |           |           |
| 99203                                      | Office/outpatient visit, new         | 115          | 81           | 114          | 80           | 108       | 83           | 74           | 55          | 106       | 98        |
| 99204                                      | Office/outpatient visit, new         | 177          | 139          | 174          | 137          | 166       | 128          | 115          | 94          | 163       | 149       |
| 99212                                      | Office/outpatient visit, est         | 47           | 27           | 46           | 26           | 44        | 34           | 29           | 18          | 42        | 40        |
| 99213                                      | Office/outpatient visit, est         | 78           | 54           | 77           | 54           | 73        | 56           | 50           | 37          | 71        | 66        |
| 99214                                      | Office/outpatient visit, est         | 115          | 83           | 113          | 82           | 108       | 83           | 74           | 56          | 106       | 97        |
| 99223                                      | Initial hospital care                | N/A          | 215          | N/A          | 212          | 203       | 157          | N/A          | 145         | 203       | 180       |
| 99232                                      | Subsequent hospital care             | N/A          | 76           | N/A          | 75           | 72        | 56           | N/A          | 51          | 72        | 64        |
| 99238                                      | Hospital discharge day               | N/A          | 77           | N/A          | 76           | 72        | 56           | N/A          | 51          | 72        | N/A       |
| 99244                                      | Office consultation                  | 197          | 165          | 194          | 163          | 0         | 143          | 129          | 112         | 183       | 166       |
| 99283                                      | Emergency dept visit                 | N/A          | 65           | N/A          | 64           | 61        | 44           | N/A          | 45          | 62        | 54        |
| 99284                                      | Emergency dept visit                 | N/A          | 124          | N/A          | 122          | 117       | 83           | N/A          | 86          | 118       | 103       |
| 99285                                      | Emergency dept visit                 | N/A          | 182          | N/A          | 180          | 172       | 122          | N/A          | 126         | 174       | 151       |
| 99291                                      | Critical care, first hour            | 291          | 236          | 287          | 233          | 274       | 212          | 192          | 161         | 271       | 245       |
| 99308                                      | Nursing fac care, subseq             | 73           | 73           | 72           | 72           | 69        | 53           | 48           | 48          | 68        | 61        |
| 99381                                      | Init pm e/m, new pat, inf            | 118          | 82           | 117          | 81           | 111       | 81           | 76           | 56          | 109       | 100       |
| 99391                                      | Per pm reeval, est pat, inf          | 106          | 75           | 105          | 74           | 100       | 73           | 68           | 51          | 98        | 90        |
| 99392                                      | Prev visit, est, age 1-4             | 114          | 82           | 112          | 81           | 107       | 78           | 73           | 56          | 104       | 96        |
| 99393                                      | Prev visit, est, age 5-11            | 113          | 82           | 112          | 81           | 106       | 78           | 73           | 56          | 104       | 96        |
| 99394                                      | Prev visit, est, age 12-17           | 124          | 92           | 122          | 91           | 116       | 85           | 80           | 63          | 114       | 105       |
| 99469                                      | Neonate crit care, subsq             | N/A          | 417          | N/A          | 413          | 395       | 306          | N/A          | 283         | 395       | 347       |
| 99472                                      | Ped critical care, subsq             | N/A          | 424          | N/A          | 419          | 401       | 311          | N/A          | 288         | 401       | 353       |
| 99479                                      | Ic lbw inf 1500-2500 g subsq         | N/A          | 132          | N/A          | 130          | 124       | 97           | N/A          | 90          | 125       | 110       |
| <b>Weighted Average % of Medicare Fees</b> |                                      |              |              | 99%          | 99%          | 91%       | 96%          | 64%          | 68%         | 92%       | 85%       |
| <b>Ranking</b>                             |                                      |              |              | 2            | 1            | 5         | 3            | 8            | 7           | 4         | 6         |

*MC: Medicare Part B; NF: non-facility (e.g., office); FA: facility (e.g., hospital); N/A: data not available or not applicable.*

**Table 6. Comparison of Maryland and Neighboring States' Medicaid Fees with Medicare Fees, in FY 2015 (Continued)**

| <b>Procedure Code</b>                      | <b>Procedure Description</b>               | <b>MC NF</b> | <b>MC FA</b> | <b>MD NF</b> | <b>MD FA</b> | <b>DE</b> | <b>VA NF</b> | <b>WV NF</b> | <b>WV F</b> | <b>PA</b> | <b>DC</b> |
|--|--|--------------|--------------|--------------|--------------|-----------|--------------|--------------|-------------|-----------|-----------|
|  | <b>2-Integumentary and General Surgery</b> |              |              |              |              |           |              |              |             |           |           |
| 10060                                      | Drainage of skin abscess                   | 125          | 104          | 74           | 66           | 117       | 101          | 78           | 66          | 24        | 107       |
| 10061                                      | Drainage of skin abscess                   | 222          | 194          | 131          | 117          | 207       | 179          | 141          | 125         | 53        | 188       |
| 11042                                      | Debride skin/tissue                        | 126          | 67           | 54           | 35           | 118       | 101          | 78           | 44          | 33        | 108       |
| 11056                                      | Trim skin lesions 2 to 4                   | 63           | 24           | 40           | 24           | 59        | 50           | 39           | 17          | 30        | 54        |
| 11100                                      | Biopsy skin lesion                         | 111          | 53           | 67           | 34           | 103       | 88           | 68           | 35          | 35        | 95        |
| 11721                                      | Debride nail, 6 or more                    | 48           | 27           | 31           | 21           | 45        | 39           | 31           | 18          | 20        | 41        |
| 12001                                      | Repair superficial wound(s)                | 97           | 49           | 102          | 58           | 90        | 78           | 60           | 33          | 25        | 83        |
| 12011                                      | Repair superficial wound(s)                | 119          | 61           | 113          | 69           | 110       | 95           | 74           | 42          | 32        | 101       |
| 17110                                      | Destruct b9 lesion, 1-14                   | 118          | 75           | 70           | 43           | 110       | 94           | 71           | 47          | 49        | 102       |
| 17250                                      | Chemical cautery, tissue                   | 86           | 41           | 54           | 26           | 80        | 69           | 52           | 26          | 26        | 74        |
| <b>Weighted Average % of Medicare Fees</b> |  |              |              | 67%          | 71%          | 146%      | 80%          | 62%          | 65%         | 29%       | 86%       |
| <b>Ranking</b>                             |  |              |              | 5            | 4            | 1         | 3            | 7            | 6           | 8         | 2         |

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**Table 6. Comparison of Maryland and Neighboring States' Medicaid Fees with Medicare Fees, in FY 2015 (Continued)**

| <b>Procedure Code</b>                      | <b>Procedure Description</b>    | <b>MC NF</b> | <b>MC FA</b> | <b>MD NF</b> | <b>MD FA</b> | <b>DE</b> | <b>VA NF</b> | <b>WV NF</b> | <b>WV F</b> | <b>PA</b> | <b>DC</b> |
|--|---------------------------------|--------------|--------------|--------------|--------------|-----------|--------------|--------------|-------------|-----------|-----------|
|  | <b>3-Musculoskeletal System</b> |              |              |              |              |           |              |              |             |           |           |
| 20550                                      | Inj tendon sheath/ligament      | 63           | 45           | 56           | 39           | 59        | 51           | 40           | 30          | 32        | 54        |
| 20552                                      | Inj trigger point, 1/2 muscl    | 60           | 41           | 50           | 33           | 56        | 48           | 38           | 28          | 31        | N/A       |
| 20553                                      | Inject trigger points 3/>       | 69           | 47           | 55           | 37           | 65        | 56           | 44           | 31          | 34        | 59        |
| 20610                                      | Drain/inject, joint/bursa       | 65           | 50           | 72           | 48           | 61        | 53           | 42           | 34          | 24        | 55        |
| 25600                                      | Treat fracture radius/ulna      | 358          | 339          | 259          | 232          | 332       | 286          | 221          | 210         | 115       | 307       |
| 29075                                      | Application of forearm cast     | 95           | 68           | 80           | 58           | 88        | 76           | 59           | 44          | 46        | 81        |
| 29125                                      | Apply forearm splint            | 71           | 43           | 61           | 39           | 66        | 57           | 43           | 28          | 26        | 61        |
| 29130                                      | Application of finger splint    | 45           | 31           | 37           | 27           | 42        | 36           | 29           | 21          | N/A       | 38        |
| 29515                                      | Application lower leg splint    | 79           | 55           | 65           | 47           | 73        | 63           | 49           | 36          | 35        | 67        |
| 29540                                      | Strapping of ankle and/or ft    | 40           | 28           | 35           | 25           | 38        | 32           | 25           | 18          | 20        | 34        |
| <b>Weighted Average % of Medicare Fees</b> |                                 |              |              | 90%          | 85%          | 93%       | 80%          | 63%          | 65%         | 38%       | 81%       |
| <b>Ranking</b>                             |                                 |              |              | 2            | 3            | 1         | 5            | 7            | 6           | 8         | 4         |

*MC: Medicare Part B; NF: non-facility (e.g., office); FA: facility (e.g., hospital); N/A: data not available or not applicable.*

**Table 6. Comparison of Maryland and Neighboring States' Medicaid Fees with Medicare Fees, in FY 2015 (Continued)**

| <b>Procedure Code</b>                      | <b>Procedure Description</b>           | <b>MC NF</b> | <b>MC FA</b> | <b>MD NF</b> | <b>MD FA</b> | <b>DE</b> | <b>VA NF</b> | <b>WV NF</b> | <b>WV F</b> | <b>PA</b> | <b>DC</b> |
|--|--|--------------|--------------|--------------|--------------|-----------|--------------|--------------|-------------|-----------|-----------|
|  | <b>4-Respiratory</b>                   |              |              |              |              |           |              |              |             |           |           |
| 30300                                      | Remove nasal foreign body              | 257          | 140          | 161          | 88           | 238       | 204          | 151          | 85          | 23        | 222       |
| 31231                                      | Nasal endoscopy, dx                    | 230          | 70           | 134          | 57           | 214       | 183          | 136          | 47          | 59        | 199       |
| 31237                                      | Nasal/sinus endoscopy surg             | 283          | 177          | 232          | 136          | 264       | 227          | 176          | 117         | 160       | 242       |
| 31500                                      | Insert emergency airway                | 120          | 120          | 77           | 77           | 112       | 98           | 84           | 84          | 72        | 99        |
| 31575                                      | Diagnostic laryngoscopy                | 125          | 83           | 83           | 57           | 116       | 100          | 77           | 54          | 69        | 107       |
| 31622                                      | Dx bronchoscope/wash                   | 341          | 160          | 236          | 108          | 150       | 273          | 210          | 109         | 134       | 292       |
| 31624                                      | Dx bronchoscope/lavage                 | 339          | 161          | 241          | 108          | 151       | 272          | 208          | 109         | 135       | 290       |
| 32551                                      | Insertion of chest tube                | 196          | 196          | 128          | 128          | 180       | 159          | 135          | 135         | 133       | 162       |
| <b>Weighted Average % of Medicare Fees</b> |  |              |              | 64%          | 69%          | 84%       | 80%          | 62%          | 67%         | 40%       | 85%       |
| <b>Ranking</b>                             |  |              |              | 6            | 4            | 2         | 3            | 7            | 5           | 8         | 1         |
|  | <b>5-Cardiovascular System Surgery</b> |              |              |              |              |           |              |              |             |           |           |
| 36400                                      | Bl draw < 3 yrs fem/jugular            | 33           | 22           | 18           | 13           | 31        | 27           | 21           | 15          | N/A       | 28        |
| 36406                                      | Bl draw < 3 yrs other vein             | 21           | 10           | 13           | 7            | 19        | 17           | 13           | 7           | N/A       | 18        |
| 36410                                      | Non-routine bl draw > 3 yrs            | 19           | 11           | 14           | 7            | 17        | 15           | 12           | 7           | N/A       | 16        |
| 36556                                      | Insert non-tunnel cv cath              | 255          | 133          | 194          | 90           | 124       | 205          | 160          | 92          | 113       | 218       |
| 36558                                      | Insert tunneled cv cath                | 864          | 307          | 670          | 217          | 286       | 688          | 517          | 206         | 266       | 745       |
| 36561                                      | Insert tunneled cv cath                | 1,303        | 393          | 938          | 259          | 364       | 1,034        | 772          | 264         | 319       | 1,126     |
| 36569                                      | Insert PICC cath                       | 273          | 100          | 226          | 72           | 94        | 218          | 165          | 68          | 87        | 235       |
| 36620                                      | Insertion catheter, artery             | 55           | 55           | 36           | 36           | 52        | 45           | 39           | 39          | 48        | 46        |
| <b>Weighted Average % of Medicare Fees</b> |  |              |              | 75%          | 68%          | 43%       | 80%          | 61%          | 68%         | 33%       | 86%       |
| <b>Ranking</b>                             |  |              |              | 3            | 5            | 7         | 2            | 6            | 4           | 8         | 1         |

MC: Medicare Part B; NF: non-facility (e.g., office); FA: facility (e.g., hospital); N/A: data not available or not applicable.

**Table 6. Comparison of Maryland and Neighboring States' Medicaid Fees with Medicare Fees, in FY 2015 (Continued)**

| <b>Procedure Code</b>                      | <b>Procedure Description</b>                         | <b>MC NF</b> | <b>MC FA</b> | <b>MD NF</b> | <b>MD FA</b> | <b>DE</b> | <b>VA NF</b> | <b>WV NF</b> | <b>WV F</b> | <b>PA</b> | <b>DC</b> |
|--|--|--------------|--------------|--------------|--------------|-----------|--------------|--------------|-------------|-----------|-----------|
|  | <b>6-Hemic, Lymphatic, and Mediastinum</b>           |              |              |              |              |           |              |              |             |           |           |
| 38220                                      | Bone marrow aspiration                               | 175          | 66           | 123          | 44           | 163       | 140          | 105          | 44          | 55        | 151       |
| 38221                                      | Bone marrow biopsy                                   | 181          | 81           | 136          | 56           | 169       | 145          | 110          | 54          | 70        | 155       |
| 38500                                      | Biopsy/removal lymph nodes                           | 361          | 277          | 218          | 168          | 334       | 290          | 231          | 184         | 114       | 306       |
| 38505                                      | Needle biopsy lymph nodes                            | 139          | 78           | 93           | 56           | 129       | 111          | 85           | 51          | 67        | 119       |
| 38525                                      | Biopsy/removal, lymph nodes                          | 474          | 474          | 281          | 281          | 438       | 383          | 315          | 315         | 156       | 399       |
| 38792                                      | Identify sentinel node                               | 45           | 45           | 30           | 30           | 41        | 36           | 29           | 29          | N/A       | 38        |
| 38900                                      | Intraoperative identification of sentinel lymph node | 150          | 150          | 113          | 113          | 138       | 122          | 103          | 103         | 110       | 125       |
| <b>Weighted Average % of Medicare Fees</b> |  |              |              | 67%          | 64%          | 93%       | 80%          | 63%          | 67%         | 36%       | 85%       |
| <b>Ranking</b>                             |  |              |              | 4            | 6            | 1         | 3            | 7            | 5           | 8         | 2         |
|  | <b>7-Digestive System</b>                            |              |              |              |              |           |              |              |             |           |           |
| 42820                                      | Remove tonsils and adenoids                          | 321          | 321          | 212          | 212          | 300       | 260          | 209          | 209         | 184       | 271       |
| 42830                                      | Removal of adenoids                                  | 231          | 231          | 151          | 151          | 215       | 186          | 148          | 148         | 134       | 196       |
| 43235                                      | Upper GI endoscopy, diagnosis                        | 344          | 145          | 229          | 104          | 319       | 274          | 208          | 97          | 125       | 296       |
| 43239                                      | Upper GI endoscopy, biopsy                           | 440          | 162          | 263          | 123          | 408       | 350          | 263          | 108         | 149       | 379       |
| 45378                                      | Diagnostic colonoscopy                               | 426          | 236          | 299          | 155          | 395       | 341          | 264          | 158         | 221       | 364       |
| 45380                                      | Colonoscopy and biopsy                               | 507          | 281          | 357          | 186          | 471       | 406          | 315          | 189         | 225       | 433       |
| 45385                                      | Lesion removal colonoscopy                           | 571          | 334          | 400          | 221          | 531       | 458          | 357          | 225         | 268       | 487       |
| 47562                                      | Laparoscopic cholecystectomy                         | 715          | 715          | 502          | 502          | 660       | 578          | 480          | 480         | 589       | 598       |
| 49082                                      | Abd paracentesis                                     | 209          | 80           | 141          | 59           | 195       | 167          | 125          | 53          | 55        | 180       |
| <b>Weighted Average % of Medicare Fees</b> |  |              |              | 66%          | 69%          | 93%       | 80%          | 62%          | 67%         | 48%       | 85%       |
| <b>Ranking</b>                             |  |              |              | 6            | 4            | 1         | 3            | 7            | 5           | 8         | 2         |

*MC: Medicare Part B; NF: non-facility (e.g., office); FA: facility (e.g., hospital); N/A: data not available or not applicable.*

**Table 6. Comparison of Maryland and Neighboring States' Medicaid Fees with Medicare Fees, in FY 2015 (Continued)**

| <b>Procedure Code</b>                      | <b>Procedure Description</b>          | <b>MC NF</b> | <b>MC FA</b> | <b>MD NF</b> | <b>MD FA</b> | <b>DE</b> | <b>VA NF</b> | <b>WV NF</b> | <b>WV F</b> | <b>PA</b> | <b>DC</b> |
|--|---------------------------------------|--------------|--------------|--------------|--------------|-----------|--------------|--------------|-------------|-----------|-----------|
|  | <b>8-Urinary and Male Genital</b>     |              |              |              |              |           |              |              |             |           |           |
| 51600                                      | Injection for bladder x-ray           | 199          | 48           | 162          | 34           | 45        | 158          | 117          | 33          | 32        | 172       |
| 51700                                      | Irrigation of bladder                 | 89           | 48           | 70           | 34           | 83        | 72           | 56           | 33          | 29        | 76        |
| 51701                                      | Insert bladder catheter               | 59           | 30           | 53           | 21           | 55        | 47           | 36           | 20          | 25        | 51        |
| 51741                                      | Electro-uroflowmetry first            | 17           | 17           | 46           | 46           | 16        | 14           | 11           | 11          | 24        | 14        |
| 51798                                      | Ultrasound urine capacity measurement | 21           | 21           | 16           | 16           | 19        | 16           | 12           | 12          | 14        | 0         |
| 52000                                      | Cystoscopy                            | 218          | 136          | 163          | 94           | 128       | 175          | 137          | 91          | 75        | 186       |
| 52332                                      | Cystoscopy and treatment              | 527          | 168          | 346          | 120          | 157       | 420          | 314          | 113         | 144       | 456       |
| 54150                                      | Circumcision w/regional block         | 167          | 106          | 145          | 73           | 99        | 135          | 107          | 73          | 79        | 142       |
| 54161                                      | Circum 28 days or older               | 212          | 212          | 144          | 144          | 198       | 173          | 141          | 141         | 128       | 178       |
| <b>Weighted Average % of Medicare Fees</b> |                                       |              |              | 81%          | 71%          | 34%       | 80%          | 60%          | 68%         | 25%       | 86%       |
| <b>Ranking</b>                             |                                       |              |              | 2            | 4            | 7         | 3            | 6            | 5           | 8         | 1         |
|  | <b>9-Gynecology and Obstetrics</b>    |              |              |              |              |           |              |              |             |           |           |
| 57452                                      | Exam of cervix w/scope                | 120          | 101          | 108          | 88           | 111       | 97           | 78           | 68          | 40        | 101       |
| 57454                                      | Bx/curett of cervix w/scope           | 169          | 150          | 152          | 133          | 157       | 137          | 111          | 101         | 106       | 142       |
| 58100                                      | Biopsy of uterus lining               | 120          | 98           | 109          | 85           | 112       | 98           | 78           | 66          | 51        | 102       |
| 58300                                      | Insert intrauterine device            | 75           | 55           | 76           | 52           | 0         | 62           | 49           | 37          | 17        | 64        |
| 58301                                      | Remove intrauterine device            | 105          | 75           | 95           | 66           | 98        | 85           | 68           | 51          | 17        | 89        |
| 59025                                      | Fetal non-stress test                 | 52           | 52           | 46           | 46           | 48        | 42           | 33           | 33          | 18        | 45        |
| 59409                                      | Obstetrical care                      | 918          | 918          | 860          | 860          | 839       | 744          | 900          | 900         | 1,200     | 763       |
| 59410                                      | Obstetrical care                      | 1,169        | 1,169        | 942          | 942          | 1,069     | 948          | 1,143        | 1,143       | 1,200     | 973       |
| 59430                                      | Care after delivery                   | 206          | 157          | 139          | 125          | 189       | 166          | 193          | 154         | N/A       | 173       |
| 59514                                      | Cesarean delivery only                | 1,033        | 1,033        | 993          | 993          | 839       | 837          | 1,014        | 1,014       | 1,200     | 858       |
| 59515                                      | Cesarean delivery w/ postpartum       | 1,417        | 1,417        | 1,124        | 1,124        | 1,069     | 1,147        | 1,383        | 1,383       | 2,050     | 1,179     |
| <b>Weighted Average % of Medicare Fees</b> |                                       |              |              | 90%          | 90%          | 85%       | 81%          | 89%          | 90%         | 92%       | 84%       |
| <b>Ranking</b>                             |                                       |              |              | 3            | 4            | 6         | 8            | 5            | 2           | 1         | 7         |

**Table 6. Comparison of Maryland and Neighboring States' Medicaid Fees with Medicare Fees, in FY 2015 (Continued)**

| <b>Procedure Code</b>                      | <b>Procedure Description</b> | <b>MC NF</b> | <b>MC FA</b> | <b>MD NF</b> | <b>MD FA</b> | <b>DE</b> | <b>VA NF</b> | <b>WV NF</b> | <b>WV F</b> | <b>PA</b> | <b>DC</b> |
|--|------------------------------|--------------|--------------|--------------|--------------|-----------|--------------|--------------|-------------|-----------|-----------|
|  | <b>10-Endocrine System</b>   |              |              |              |              |           |              |              |             |           |           |
| 60100                                      | Biopsy of thyroid            | 123          | 86           | 82           | 57           | 115       | 99           | 79           | 59          | 66        | 104       |
| 60220                                      | Partial removal of thyroid   | 777          | 777          | 518          | 518          | 720       | 629          | 517          | 517         | 521       | 652       |
| 60240                                      | Removal of thyroid           | 1,006        | 1,006        | 662          | 662          | 932       | 815          | 674          | 674         | 591       | 843       |
| 60500                                      | Explore parathyroid glands   | 1,055        | 1,055        | 683          | 683          | 976       | 854          | 707          | 707         | 705       | 884       |
| <b>Weighted Average % of Medicare Fees</b> |                              |              |              | 66%          | 66%          | 93%       | 81%          | 67%          | 67%         | 62%       | 84%       |
| <b>Ranking</b>                             |                              |              |              | 6            | 7            | 1         | 3            | 5            | 4           | 8         | 2         |
|  | <b>11-Neurosurgery</b>       |              |              |              |              |           |              |              |             |           |           |
| 62270                                      | Spinal fluid tap, diagnostic | 175          | 86           | 150          | 73           | 163       | 140          | 108          | 59          | 42        | 150       |
| 62311                                      | Inject spine l/s (cd)        | 117          | 77           | 183          | 79           | 109       | 94           | 73           | 51          | 75        | 100       |
| 64450                                      | N block, other peripheral    | 87           | 50           | 99           | 68           | 81        | 70           | 54           | 33          | 21        | 75        |
| 64483                                      | Inj foramen epidural l/s     | 243          | 123          | 257          | 101          | 227       | 195          | 148          | 81          | 95        | 208       |
| 64484                                      | Inj foramen epidural add-on  | 96           | 57           | 113          | 55           | 90        | 77           | 60           | 39          | 60        | 82        |
| 64494                                      | Inj paravert f jnt l/s 2 lev | 95           | 57           | 87           | 54           | 53        | 76           | 60           | 38          | 42        | 81        |
| 64495                                      | Inj paravert f jnt l/s 3 lev | 95           | 57           | 88           | 55           | 54        | 77           | 60           | 39          | 42        | 81        |
| <b>Weighted Average % of Medicare Fees</b> |                              |              |              | 106%         | 93%          | 86%       | 80%          | 55%          | 78%         | 41%       | 86%       |
| <b>Ranking</b>                             |                              |              |              | 1            | 2            | 4         | 5            | 7            | 6           | 8         | 3         |

MC: Medicare Part B; NF: non-facility (e.g., office); FA: facility (e.g., hospital); N/A: data not available or not applicable.

**Table 6. Comparison of Maryland and Neighboring States' Medicaid Fees with Medicare Fees, in FY 2015 (Continued)**

| <b>Procedure Code</b>                      | <b>Procedure Description</b> | <b>MC NF</b> | <b>MC FA</b> | <b>MD NF</b> | <b>MD FA</b> | <b>DE</b> | <b>VA NF</b> | <b>WV NF</b> | <b>WV F</b> | <b>PA</b> | <b>DC</b> |
|--|------------------------------|--------------|--------------|--------------|--------------|-----------|--------------|--------------|-------------|-----------|-----------|
|  | <b>12-Eye Surgery</b>        |              |              |              |              |           |              |              |             |           |           |
| 65222                                      | Remove foreign body from eye | 75           | 60           | 49           | 36           | 70        | 61           | 48           | 39          | 26        | 64        |
| 65855                                      | Laser surgery of eye         | 379          | 336          | 227          | 195          | 352       | 305          | 240          | 216         | 237       | 322       |
| 66821                                      | After cataract laser surgery | 369          | 349          | 203          | 190          | 342       | 296          | 230          | 220         | 217       | 314       |
| 66982                                      | Cataract surgery complex     | 896          | 896          | 678          | 678          | 833       | 723          | 581          | 581         | 697       | 758       |
| 66984                                      | Cataract surg w/iol, 1 stage | 721          | 721          | 494          | 494          | 670       | 581          | 464          | 464         | 603       | 610       |
| 67028                                      | Injection eye drug           | 114          | 112          | 136          | 111          | 106       | 92           | 74           | 73          | 106       | 96        |
| 67210                                      | Treatment of retinal lesion  | 580          | 561          | 430          | 413          | 539       | 467          | 369          | 359         | 375       | 493       |
| 67228                                      | Treatment of retinal lesion  | 1,125        | 1,068        | 731          | 636          | 1,046     | 908          | 728          | 696         | 491       | 951       |
| 67311                                      | Revise eye muscle            | 678          | 678          | 370          | 370          | 629       | 545          | 435          | 435         | 468       | 574       |
| 67800                                      | Remove eyelid lesion         | 143          | 118          | 81           | 65           | 133       | 115          | 90           | 76          | 41        | 122       |
| <b>Weighted Average % of Medicare Fees</b> |                              |              |              | 70%          | 68%          | 93%       | 81%          | 64%          | 65%         | 69%       | 85%       |
| <b>Ranking</b>                             |                              |              |              | 4            | 6            | 1         | 3            | 8            | 7           | 5         | 2         |
|  | <b>13-Ear Surgery</b>        |              |              |              |              |           |              |              |             |           |           |
| 69200                                      | Clear outer ear canal        | 136          | 64           | 113          | 49           | 126       | 108          | 81           | 41          | 30        | 117       |
| 69205                                      | Clear outer ear canal        | 112          | 112          | 91           | 91           | 104       | 90           | 71           | 71          | 89        | 95        |
| 69210                                      | Remove impacted ear wax      | 54           | 36           | 44           | 29           | N/A       | 43           | 34           | 24          | 20        | 46        |
| 69401                                      | Inflate middle ear canal     | 98           | 55           | 72           | 45           | 91        | 78           | 59           | 35          | N/A       | 84        |
| 69424                                      | Remove ventilating tube      | 142          | 69           | 115          | 55           | 132       | 113          | 85           | 44          | 54        | 122       |
| 69436                                      | Create eardrum opening       | 177          | 177          | 149          | 149          | 165       | 143          | 113          | 113         | 99        | 150       |
| 69990                                      | Microsurgery add-on          | 239          | 239          | 199          | 199          | 217       | 192          | 164          | 164         | 201       | 199       |
| <b>Weighted Average % of Medicare Fees</b> |                              |              |              | 82%          | 81%          | 51%       | 80%          | 62%          | 67%         | 42%       | 85%       |
| <b>Ranking</b>                             |                              |              |              | 2            | 3            | 7         | 4            | 6            | 5           | 8         | 1         |

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**Table 6. Comparison of Maryland and Neighboring States' Medicaid Fees with Medicare Fees, in FY 2015 (Continued)**

| <b>Procedure Code</b>                      | <b>Procedure Description</b>       | <b>MC NF</b> | <b>MC FA</b> | <b>MD NF</b> | <b>MD FA</b> | <b>DE</b> | <b>VA NF</b> | <b>WV NF</b> | <b>WV F</b> | <b>PA</b> | <b>DC</b> |
|--|------------------------------------|--------------|--------------|--------------|--------------|-----------|--------------|--------------|-------------|-----------|-----------|
|  | <b>14-Radiology</b>                |              |              |              |              |           |              |              |             |           |           |
| 70450                                      | CT head/brain w/o dye              | 135          | 135          | 177          | 177          | 126       | 108          | 81           | 81          | 117       | 117       |
| 71010                                      | Chest x-ray                        | 26           | 26           | 20           | 20           | 24        | 21           | 16           | 16          | 19        | 22        |
| 71020                                      | Chest x-ray                        | 34           | 34           | 26           | 26           | 31        | 27           | 20           | 20          | 25        | 29        |
| 72193                                      | CT pelvis w/dye                    | 258          | 258          | 259          | 259          | 240       | 205          | 152          | 152         | 140       | 224       |
| 73610                                      | X-ray exam of ankle                | 37           | 37           | 24           | 24           | 35        | 30           | 22           | 22          | 27        | 32        |
| 73630                                      | X-ray exam of foot                 | 35           | 35           | 24           | 24           | 33        | 28           | 21           | 21          | 19        | 30        |
| 74000                                      | X-ray exam of abdomen              | 27           | 27           | 21           | 21           | 25        | 22           | 17           | 17          | 18        | 23        |
| 74160                                      | CT abdomen w/dye                   | 263          | 263          | 263          | 263          | 245       | 209          | 155          | 155         | 149       | 228       |
| 74177                                      | CT abd & pelv w/contrast           | 355          | 355          | 287          | 287          | 331       | 283          | 210          | 210         | 263       | 307       |
| 76805                                      | Ob ultrasound /= 14 wks, snl fetus | 160          | 160          | 110          | 110          | 149       | 128          | 95           | 95          | 78        | 138       |
| 76815                                      | Ob ultrasound, limited, fetus(s)   | 99           | 99           | 70           | 70           | 92        | 79           | 59           | 59          | 64        | 85        |
| 76816                                      | Ob ultrasound follow-up per fetus  | 127          | 127          | 78           | 78           | 119       | 102          | 76           | 76          | 72        | 110       |
| 76817                                      | Transvaginal ultrasound obstetric  | 111          | 111          | 74           | 74           | 104       | 89           | 67           | 67          | 88        | 96        |
| 76819                                      | Fetal biophys profil w/o nst       | 98           | 98           | 78           | 78           | 91        | 79           | 59           | 59          | 86        | 84        |
| 76820                                      | Umbilical artery echo              | 53           | 53           | 50           | 50           | 50        | 43           | 33           | 33          | 46        | 45        |
| 76830                                      | Transvaginal ultrasound non-ob     | 139          | 139          | 88           | 88           | 129       | 111          | 82           | 82          | 77        | 120       |
| 76856                                      | Ultrasound exam pelvic complete    | 136          | 136          | 88           | 88           | 127       | 109          | 80           | 80          | 77        | 118       |
| <b>Weighted Average % of Medicare Fees</b> |                                    |              |              | 79%          | 79%          | 93%       | 80%          | 60%          | 60%         | 68%       | 86%       |
| <b>Ranking</b>                             |                                    |              |              | 5            | 4            | 1         | 3            | 8            | 7           | 6         | 2         |

MC: Medicare Part B; NF: non-facility (e.g., office); FA: facility (e.g., hospital); N/A: data not available or not applicable.

**Table 6. Comparison of Maryland and Neighboring States' Medicaid Fees with Medicare Fees, in FY 2015 (Continued)**

| <b>Procedure Code</b>                      | <b>Procedure Description</b> | <b>MC</b> | <b>MD</b> | <b>DE</b> | <b>VA</b> | <b>WV</b> | <b>PA</b> | <b>DC</b> |
|--|------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
|  | <b>15- Laboratory</b>        |           |           |           |           |           |           |           |
| 80053                                      | Comprehen metabolic panel    | 14        | 11        | 14        | 12        | 13        | 12        | 12        |
| 80061                                      | Lipid panel                  | 17        | 13        | 18        | 15        | 16        | 14        | 17        |
| 81002                                      | Urinalysis nonauto w/o scope | 3         | 3         | 3         | 3         | 3         | 4         | 2         |
| 83655                                      | Assay of lead                | 17        | 12        | 16        | 14        | 15        | 10        | 8         |
| 85025                                      | Complete CBC w/auto diff wbc | 11        | 8         | 10        | 9         | 10        | 6         | 5         |
| 86592                                      | Blood serology, qualitative  | 5         | 4         | 6         | 4         | 5         | 4         | 3         |
| 87081                                      | Culture screen only          | 9         | 7         | 9         | 8         | 8         | 5         | 4         |
| 87086                                      | Urine culture/colony count   | 11        | 9         | 11        | 8         | 10        | 8         | 6         |
| 87491                                      | Chylmd trach, dna, amp probe | 42        | 33        | 47        | 38        | 43        | 23        | 23        |
| 87880                                      | Strep a assay w/optic        | 16        | 13        | 15        | 14        | 15        | 6         | 7         |
| <b>Weighted Average % of Medicare Fees</b> |                              |           | 77%       | 102%      | 86%       | 95%       | 62%       | 61%       |
| <b>Ranking</b>                             |                              |           | 4         | 1         | 3         | 2         | 5         | 6         |

| <b>Procedure Code</b>                      | <b>Procedure Description</b>   | <b>MC NF</b> | <b>MC FA</b> | <b>MD NF</b> | <b>MD FA</b> | <b>DE</b> | <b>VA NF</b> | <b>WV NF</b> | <b>WV F</b> | <b>PA</b> | <b>DC</b> |
|--|--------------------------------|--------------|--------------|--------------|--------------|-----------|--------------|--------------|-------------|-----------|-----------|
|  | <b>16-Psychiatry</b>           |              |              |              |              |           |              |              |             |           |           |
| 90791                                      | Psy dx evaluation (no medical) | 140          | 135          | 147          | 147          | 133       | 116          | 97           | 94          | 26        | 116       |
| 90792                                      | Psy dx evaluation (w/ medical) | 150          | 146          | 147          | 147          | 143       | 125          | 104          | 102         | 75        | 125       |
| 90832                                      | Psytx, pt &/ family 30 minutes | 67           | 67           | 48           | 48           | 64        | 56           | 47           | 47          | 26        | 56        |
| 90833                                      | Psytx pt &/fam w/ E&M 30 min   | 69           | 69           | 48           | 48           | 66        | 57           | 48           | 48          | N/A       | 57        |
| 90834                                      | Psytx, pt &/ family 45 minutes | 89           | 89           | 88           | 88           | 85        | 74           | 63           | 62          | 39        | 74        |
| 90837                                      | Psytx, pt &/ family 60 minutes | 134          | 133          | 98           | 98           | 127       | 111          | 93           | 93          | 52        | 111       |
| 90847                                      | Family psytx w/ patient        | 112          | 111          | 92           | 87           | 107       | 93           | 78           | 77          | 13        | 92        |
| 90853                                      | Group psychotherapy            | 28           | 27           | 24           | 24           | 26        | 23           | 19           | 19          | 4         | 23        |
| <b>Weighted Average % of Medicare Fees</b> |                                |              |              | 91%          | 92%          | 95%       | 83%          | 70%          | 70%         | 30%       | 83%       |
| <b>Ranking</b>                             |                                |              |              | 3            | 2            | 1         | 4            | 7            | 6           | 8         | 5         |

**Table 6. Comparison of Maryland and Neighboring States' Medicaid Fees with Medicare Fees, in FY 2015 (Continued)**

| <b>Procedure Code</b>                      | <b>Procedure Description</b>   | <b>MC NF</b> | <b>MC FA</b> | <b>MD NF</b> | <b>MD FA</b> | <b>DE</b> | <b>VA NF</b> | <b>WV NF</b> | <b>WV F</b> | <b>PA</b> | <b>DC</b> |
|--|--------------------------------|--------------|--------------|--------------|--------------|-----------|--------------|--------------|-------------|-----------|-----------|
|  | <b>17-Dialysis</b>             |              |              |              |              |           |              |              |             |           |           |
| 90935                                      | Hemodialysis, one evaluation   | 77           | 77           | 49           | 49           | 73        | 63           | 52           | 52          | 165       | 64        |
| 90937                                      | Hemodialysis, repeated eval    | 110          | 110          | 80           | 80           | 105       | 138          | 75           | 75          | 165       | 92        |
| 90945                                      | Dialysis, one evaluation       | 91           | 91           | 51           | 51           | 86        | 138          | 61           | 61          | 165       | 77        |
| 90960                                      | ESRD srv 4 visits p mo 20+     | 302          | 302          | 207          | 207          | 285       | 248          | 202          | 202         | N/A       | 253       |
| 90961                                      | ESRD srv 2-3 visits p mo 20+   | 255          | 255          | 170          | 170          | 240       | 208          | 170          | 170         | N/A       | 214       |
| 90962                                      | ESRD serv 1 visit p mo 20+     | 197          | 197          | 133          | 133          | 186       | 161          | 130          | 130         | N/A       | 165       |
| 90970                                      | ESRD home pt serv p day 20+    | 8            | 8            | 6            | 6            | 8         | 7            | 6            | 6           | N/A       | 7         |
| <b>Weighted Average % of Medicare Fees</b> |                                |              |              | 66%          | 66%          | 94%       | 87%          | 67%          | 67%         | 82%       | 84%       |
| <b>Ranking</b>                             |                                |              |              | 6            | 6            | 1         | 2            | 5            | 5           | 4         | 3         |
|  | <b>18-Gastroenterology</b>     |              |              |              |              |           |              |              |             |           |           |
| 91034                                      | Gastroesophageal reflux test   | 208          | 208          | 167          | 167          | 193       | 165          | 122          | 122         | 172       | 180       |
| 91038                                      | Esoph impeded funct test > 1hr | 498          | 498          | 106          | 106          | 463       | 394          | 285          | 285         | 98        | 434       |
| 91065                                      | Breath hydrogen/methane test   | 91           | 91           | 48           | 48           | 84        | 72           | 52           | 52          | 17        | 79        |
| 91110                                      | GI tract capsule endoscopy     | 978          | 978          | 733          | 733          | 911       | 777          | 569          | 569         | N/A       | 849       |
| 91122                                      | Anal pressure record           | 241          | 241          | 190          | 190          | 226       | 193          | 146          | 146         | 69        | 208       |
| <b>Weighted Average % of Medicare Fees</b> |                                |              |              | 73%          | 73%          | 93%       | 79%          | 58%          | 58%         | 8%        | 87%       |
| <b>Ranking</b>                             |                                |              |              | 4            | 4            | 1         | 3            | 5            | 5           | 6         | 2         |

*MC: Medicare Part B; NF: non-facility (e.g., office); FA: facility (e.g., hospital); N/A: data not available or not applicable.*

| Procedure Code                             | Procedure Description                   | MC NF | MC FA | MD NF | MD FA | DE  | VA NF | WV NF | WV F | PA  | DC  |
|--|---|-------|-------|-------|-------|-----|-------|-------|------|-----|-----|
|  | <b>19-Ophthalmology and Vision Care</b> |       |       |       |       |     |       |       |      |     |     |
| 92004                                      | Eye exam, new patient                   | 162   | 108   | 95    | 65    | 152 | 130   | 102   | 72   | 59  | 137 |
| 92012                                      | Eye exam, established pat               | 93    | 58    | 53    | 32    | 87  | 75    | 58    | 39   | 29  | 80  |
| 92014                                      | Eye exam & treatment                    | 135   | 87    | 77    | 50    | 126 | 109   | 85    | 58   | 45  | 115 |
| 92015                                      | Refraction                              | 22    | 21    | 28    | 14    | 20  | 18    | 15    | 14   | 5   | 18  |
| 92060                                      | Special eye evaluation                  | 71    | 71    | 40    | 40    | 67  | 57    | 44    | 44   | 34  | 61  |
| 92081                                      | Visual field examination(s)             | 37    | 37    | 38    | 38    | 35  | 30    | 23    | 23   | 28  | 32  |
| 92083                                      | Visual field examination(s)             | 70    | 70    | 57    | 57    | 66  | 56    | 42    | 42   | 63  | 61  |
| 92250                                      | Eye exam with photos                    | 86    | 86    | 54    | 54    | 80  | 68    | 51    | 51   | 53  | 74  |
| <b>Weighted Average % of Medicare Fees</b> |   |       |       | 62%   | 60%   | 94% | 81%   | 63%   | 66%  | 39% | 85% |
| <b>Ranking</b>                             |   |       |       | 6     | 7     | 1   | 3     | 5     | 4    | 8   | 2   |

*MC: Medicare Part B; NF: non-facility (e.g., office); FA: facility (e.g., hospital); N/A: data not available or not applicable.*

**Table 6. Comparison of Maryland and Neighboring States' Medicaid Fees with Medicare Fees, in FY 2015 (Continued)**

| <b>Procedure Code</b>                      | <b>Procedure Description</b>                   | <b>MC NF</b> | <b>MC FA</b> | <b>MD NF</b> | <b>MD FA</b> | <b>DE</b> | <b>VA NF</b> | <b>WV NF</b> | <b>WV F</b> | <b>PA</b> | <b>DC</b> |
|--|--|--------------|--------------|--------------|--------------|-----------|--------------|--------------|-------------|-----------|-----------|
|  | <b>20-ENT (Otorhinolaryngology)</b>            |              |              |              |              |           |              |              |             |           |           |
| 92504                                      | Ear microscopy examination                     | 33           | 10           | 26           | 9            | 31        | 26           | 20           | 7           | N/A       | 29        |
| 92546                                      | Sinusoidal rotational test                     | 113          | 113          | 82           | 82           | 105       | 89           | 65           | 65          | 22        | 98        |
| 92547                                      | Supplemental electrical test                   | 7            | 7            | 5            | 5            | 6         | 5            | 4            | 4           | 4         | 6         |
| 92551                                      | Pure tone hearing test, air                    | 13           | 13           | 8            | 8            | 12        | 10           | 7            | 7           | 8         | 11        |
| 92552                                      | Pure tone audiometry, air                      | 34           | 34           | 18           | 18           | 31        | 27           | 19           | 19          | 8         | 30        |
| 92557                                      | Comprehensive hearing test                     | 40           | 35           | 47           | 44           | 38        | 33           | 26           | 23          | 29        | 34        |
| 92567                                      | Tympanometry                                   | 16           | 12           | 16           | 13           | 15        | 13           | 10           | 8           | 12        | 13        |
| 92568                                      | Acoustic refl threshold tst                    | 17           | 17           | 16           | 16           | 16        | 14           | 11           | 11          | 10        | 14        |
| 92585                                      | Auditory evoked potentials (ABR comprehensive) | 143          | 143          | 101          | 101          | 133       | 113          | 83           | 83          | 27        | 124       |
| 92587                                      | Evoked auditory (otoacoustic emission) testing | 24           | 24           | 40           | 40           | 22        | 19           | 16           | 16          | 34        | 20        |
| <b>Weighted Average % of Medicare Fees</b> |  |              |              | 83%          | 83%          | 93%       | 79%          | 58%          | 60%         | 62%       | 87%       |
| <b>Ranking</b>                             |  |              |              | 4            | 3            | 1         | 5            | 8            | 7           | 6         | 2         |

*MC: Medicare Part B; NF: non-facility (e.g., office); FA: facility (e.g., hospital); N/A: data not available or not applicable.*

**Table 6. Comparison of Maryland and Neighboring States' Medicaid Fees with Medicare Fees, in FY 2015 (Continued)**

| <b>Procedure Code</b>                      | <b>Procedure Description</b>                   | <b>MC NF</b> | <b>MC FA</b> | <b>MD NF</b> | <b>MD FA</b> | <b>DE</b> | <b>VA NF</b> | <b>WV NF</b> | <b>WV F</b> | <b>PA</b> | <b>DC</b> |
|--|--|--------------|--------------|--------------|--------------|-----------|--------------|--------------|-------------|-----------|-----------|
|  | <b>21 - Cardiovascular Medicine Procedures</b> |              |              |              |              |           |              |              |             |           |           |
| 93000                                      | Electrocardiogram, complete                    | 18           | 18           | 18           | 18           | 17        | 15           | 11           | 11          | 19        | 15        |
| 93010                                      | Electrocardiogram report                       | 9            | 9            | 6            | 6            | 9         | 7            | 6            | 6           | 8         | 8         |
| 93015                                      | Cardiovascular stress test                     | 81           | 81           | 80           | 80           | 76        | 66           | 50           | 50          | 90        | 70        |
| 93016                                      | Cardiovascular stress test                     | 23           | 23           | 18           | 18           | 0         | 19           | 16           | 16          | 22        | 19        |
| 93018                                      | Cardiovascular stress test                     | 15           | 15           | 12           | 12           | 15        | 13           | 10           | 10          | 15        | 13        |
| 93042                                      | Rhythm ECG, report                             | 8            | 8            | 6            | 6            | 7         | 6            | 5            | 5           | 7         | 6         |
| 93303                                      | Echo transthoracic (TT)                        | 259          | 259          | 171          | 171          | 242       | 207          | 153          | 153         | 157       | 224       |
| 93306                                      | Echo TT w/doppler complete                     | 248          | 248          | 206          | 206          | 232       | 198          | 147          | 147         | 141       | 215       |
| 93307                                      | Ech TT w/o doppler, complete                   | 143          | 143          | 148          | 148          | 134       | 114          | 86           | 86          | 140       | 123       |
| 93320                                      | Doppler echo exam, heart                       | 59           | 59           | 66           | 66           | 55        | 47           | 36           | 36          | 61        | 51        |
| 93325                                      | Doppler color flow add-on                      | 29           | 29           | 39           | 39           | 26        | 23           | 17           | 17          | N/A       | 25        |
| <b>Weighted Average % of Medicare Fees</b> |  |              |              | 84%          | 84%          | 93%       | 80%          | 60%          | 60%         | 65%       | 86%       |
| <b>Ranking</b>                             |  |              |              | 3            | 3            | 1         | 4            | 6            | 6           | 5         | 2         |
|  | <b>22-Noninvasive Vascular Tests</b>           |              |              |              |              |           |              |              |             |           |           |
| 93880                                      | Extracranial study                             | 209          | 209          | 140          | 140          | 194       | 166          | 121          | 121         | 148       | 182       |
| 93922                                      | Upr/l extremity art 2 levels                   | 97           | 97           | 97           | 97           | 90        | 77           | 56           | 56          | 49        | 85        |
| 93970                                      | Extremity study                                | 206          | 206          | 143          | 143          | 191       | 163          | 120          | 120         | 147       | 179       |
| 93971                                      | Extremity study                                | 125          | 125          | 91           | 91           | 116       | 99           | 73           | 73          | 100       | 108       |
| 93975                                      | Vascular study                                 | 305          | 305          | 185          | 185          | 284       | 312          | 231          | 231         | 182       | 340       |
| 93976                                      | Vascular study                                 | 231          | 231          | 162          | 162          | 216       | 184          | 137          | 137         | 131       | 200       |
| <b>Weighted Average % of Medicare Fees</b> |  |              |              | 70%          | 70%          | 93%       | 82%          | 61%          | 61%         | 64%       | 89%       |
| <b>Ranking</b>                             |  |              |              | 4            | 4            | 1         | 3            | 6            | 6           | 5         | 2         |

MC: Medicare Part B; NF: non-facility (e.g., office); FA: facility (e.g., hospital); N/A: data not available or not applicable.

**Table 6. Comparison of Maryland and Neighboring States' Medicaid Fees with Medicare Fees, in FY 2015 (Continued)**

| <b>Procedure Code</b>                      | <b>Procedure Description</b>     | <b>MC NF</b> | <b>MC FA</b> | <b>MD NF</b> | <b>MD FA</b> | <b>DE</b> | <b>VA NF</b> | <b>WV NF</b> | <b>WV F</b> | <b>PA</b> | <b>DC</b> |
|--|----------------------------------|--------------|--------------|--------------|--------------|-----------|--------------|--------------|-------------|-----------|-----------|
|  | <b>23-Pulmonary</b>              |              |              |              |              |           |              |              |             |           |           |
| 94010                                      | Breathing capacity test          | 39           | 39           | 26           | 26           | 37        | 31           | 23           | 23          | 15        | 34        |
| 94060                                      | Evaluation of wheezing           | 66           | 66           | 45           | 45           | 62        | 53           | 39           | 39          | 19        | 57        |
| 94375                                      | Respiratory flow volume loop     | 43           | 43           | 28           | 28           | 40        | 34           | 26           | 26          | 31        | 37        |
| 94640                                      | Airway inhalation treatment      | 20           | 20           | 11           | 11           | 19        | 16           | 11           | 11          | N/A       | 18        |
| 94664                                      | Evaluate pt use of inhaler       | 19           | 19           | 12           | 12           | 17        | 15           | 11           | 11          | 12        | 17        |
| 94760                                      | Measure blood oxygen level       | 4            | 4            | 2            | 2            | 3         | 3            | 2            | 2           | 2         | 3         |
| 94761                                      | Measure blood oxygen level       | 6            | 6            | 5            | 5            | 5         | 4            | 3            | 3           | 4         | 5         |
| <b>Weighted Average % of Medicare Fees</b> |                                  |              |              | 63%          | 63%          | 92%       | 79%          | 58%          | 58%         | 34%       | 87%       |
| <b>Ranking</b>                             |                                  |              |              | 4            | 4            | 1         | 3            | 5            | 5           | 6         | 2         |
|  | <b>24-Allergy and Immunology</b> |              |              |              |              |           |              |              |             |           |           |
| 95004                                      | Percut allergy skin tests        | 7            | 7            | 4            | 4            | 7         | 6            | 4            | 4           | 2         | 6         |
| 95024                                      | Id allergy test, drug/bug        | 9            | 1            | 5            | 5            | 8         | 7            | 5            | 1           | 5         | 8         |
| 95115                                      | Immunotherapy, one injection     | 10           | 10           | 10           | 10           | 9         | 8            | 6            | 6           | 4         | 9         |
| 95117                                      | Immunotherapy injections         | 11           | 11           | 13           | 13           | 11        | 9            | 6            | 6           | 7         | 10        |
| 95165                                      | Antigen therapy services         | 14           | 3            | 9            | 2            | 13        | 11           | 8            | 2           | 8         | 12        |
| <b>Weighted Average % of Medicare Fees</b> |                                  |              |              | 99%          | 105%         | 92%       | 79%          | 56%          | 56%         | 53%       | 87%       |
| <b>Ranking</b>                             |                                  |              |              | 2            | 1            | 3         | 5            | 7            | 6           | 8         | 4         |

*MC: Medicare Part B; NF: non-facility (e.g., office); FA: facility (e.g., hospital); N/A: data not available or not applicable.*

**Table 6. Comparison of Maryland and Neighboring States' Medicaid Fees with Medicare Fees, in FY 2015 (Continued)**

| <b>Procedure Code</b>                      | <b>Procedure Description</b>          | <b>MC NF</b> | <b>MC FA</b> | <b>MD NF</b> | <b>MD FA</b> | <b>DE</b> | <b>VA NF</b> | <b>WV NF</b> | <b>WV F</b> | <b>PA</b> | <b>DC</b> |
|--|---------------------------------------|--------------|--------------|--------------|--------------|-----------|--------------|--------------|-------------|-----------|-----------|
|  | <b>25-Neurology and Neuromuscular</b> |              |              |              |              |           |              |              |             |           |           |
| 95810                                      | Polysomnography, 4 or more            | 676          | 676          | 628          | 628          | 628       | 536          | 394          | 394         | 347       | 586       |
| 95811                                      | Polysom 6/>yrs cpap 4/> parm          | 709          | 709          | 691          | 691          | 659       | 562          | 413          | 413         | 648       | 615       |
| 95816                                      | EEG, awake and drowsy                 | 387          | 387          | 165          | 165          | 359       | 306          | 223          | 223         | 23        | 336       |
| 95819                                      | EEG, awake and asleep                 | 442          | 442          | 167          | 167          | 410       | 349          | 253          | 253         | 23        | 385       |
| 95860                                      | Muscle test, one limb                 | 131          | 131          | 64           | 64           | 123       | 105          | 79           | 79          | 30        | 113       |
| 95886                                      | Musc test done w/n test comp          | 99           | 99           | 48           | 48           | 93        | 79           | 61           | 61          | 66        | 85        |
| 95926                                      | Somatosensory testing                 | 159          | 159          | 78           | 78           | 148       | 126          | 92           | 92          | 58        | 138       |
| 95930                                      | Visual evoked potential test          | 146          | 146          | 83           | 83           | 136       | 116          | 84           | 84          | 74        | 127       |
| 95951                                      | EEG monitoring/videorecord            | 2018         | 2018         | 244          | 244          | 0         | 247          | 234          | 234         | 228       | 449       |
| 95957                                      | EEG digital analysis                  | 481          | 481          | 181          | 181          | 448       | 382          | 281          | 281         | 138       | 417       |
| <b>Weighted Average % of Medicare Fees</b> |                                       |              |              | 52%          | 52%          | 62%       | 57%          | 42%          | 42%         | 34%       | 65%       |
| <b>Ranking</b>                             |                                       |              |              | 4            | 4            | 2         | 3            | 5            | 5           | 6         | 1         |
|  | <b>26-CNS Assessment Tests</b>        |              |              |              |              |           |              |              |             |           |           |
| 96102                                      | Psycho testing by technician          | 72           | 25           | 0            | 0            | 0         | 57           | 43           | 17          | N/A       | 62        |
| 96110                                      | Developmental test, lim               | 9            | 9            | 9            | 9            | 8         | 7            | 5            | 5           | 7         | 8         |
| 96111                                      | Developmental test, extend            | 136          | 129          | 96           | 94           | 0         | 112          | 93           | 89          | 50        | 114       |
| 96116                                      | Neurobehavioral status exam           | 100          | 93           | 72           | 70           | 0         | 82           | 68           | 64          | 53        | 83        |
| 96118                                      | Neuropsych test by psych/phys         | 104          | 83           | 84           | 68           | 99        | 86           | 70           | 58          | N/A       | 87        |
| <b>Weighted Average % of Medicare Fees</b> |                                       |              |              | 82%          | 84%          | 40%       | 81%          | 63%          | 63%         | 54%       | 85%       |
| <b>Ranking</b>                             |                                       |              |              | 3            | 2            | 8         | 4            | 6            | 5           | 7         | 1         |

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**Table 6. Comparison of Maryland and Neighboring States' Medicaid Fees with Medicare Fees, in FY 2015 (Continued)**

| <b>Procedure Code</b>                      | <b>Procedure Description</b>                | <b>MC NF</b> | <b>MC FA</b> | <b>MD NF</b> | <b>MD FA</b> | <b>DE</b> | <b>VA NF</b> | <b>WV NF</b> | <b>WV F</b> | <b>PA</b> | <b>DC</b> |
|--|---|--------------|--------------|--------------|--------------|-----------|--------------|--------------|-------------|-----------|-----------|
|  | <b>27-Chemotherapy Administration</b>       |              |              |              |              |           |              |              |             |           |           |
| 96411                                      | Chemo, IV push, addl drug                   | 67           | 67           | 53           | 53           | 62        | 53           | 39           | 39          | 53        | 58        |
| 96413                                      | Chemo, IV infusion, 1 hr                    | 146          | 146          | 126          | 126          | 135       | 115          | 83           | 83          | 125       | 127       |
| 96415                                      | Chemo, IV infusion, addl hr                 | 30           | 30           | 28           | 28           | 28        | 24           | 18           | 18          | 28        | 26        |
| 96417                                      | Chemo IV infus each addl seq                | 68           | 68           | 62           | 62           | 63        | 54           | 39           | 39          | 62        | 59        |
| 96450                                      | Chemotherapy, into CNS                      | 196          | 86           | 212          | 75           | 183       | 157          | 119          | 58          | 77        | 168       |
| 96523                                      | Irrig drug delivery device                  | 27           | 27           | 21           | 21           | 25        | 21           | 15           | 15          | 19        | 24        |
| <b>Weighted Average % of Medicare Fees</b> |   |              |              | 88%          | 86%          | 93%       | 79%          | 58%          | 58%         | 82%       | 87%       |
| <b>Ranking</b>                             |   |              |              | 2            | 4            | 1         | 6            | 8            | 7           | 5         | 3         |
|  | <b>28-Special Dermatological Procedures</b> |              |              |              |              |           |              |              |             |           |           |
| 96910                                      | Photochemotherapy with UV-B                 | 76           | 76           | 46           | 46           | 71        | 60           | 43           | 43          | 20        | 67        |
| 96912                                      | Photochemotherapy with UV-A                 | 98           | 98           | 59           | 59           | 91        | 77           | 55           | 55          | 20        | 86        |
| 96920                                      | Laser tx skin < 250 sq cm                   | 165          | 71           | 120          | 48           | 155       | 132          | 99           | 47          | N/A       | N/A       |
| 96921                                      | Laser tx skin 250-500 sq cm                 | 182          | 80           | 118          | 48           | 171       | 146          | 110          | 52          | N/A       | N/A       |
| 96922                                      | Laser tx skin >500 sq cm                    | 252          | 130          | 174          | 81           | 236       | 203          | 154          | 85          | N/A       | N/A       |
| <b>Weighted Average % of Medicare Fees</b> |   |              |              | 64%          | 61%          | 93%       | 79%          | 47%          | 71%         | 16%       | 57%       |
| <b>Ranking</b>                             |   |              |              | 4            | 5            | 1         | 2            | 7            | 3           | 8         | 6         |

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**Table 6. Comparison of Maryland and Neighboring States' Medicaid Fees with Medicare Fees, in FY 2015 (Continued)**

| <b>Procedure Code</b>                      | <b>Procedure Description</b>                           | <b>MC NF</b> | <b>MC FA</b> | <b>MD NF</b> | <b>MD FA</b> | <b>DE</b> | <b>VA NF</b> | <b>WV NF</b> | <b>WV F</b> | <b>PA</b> | <b>DC</b> |
|--|--|--------------|--------------|--------------|--------------|-----------|--------------|--------------|-------------|-----------|-----------|
|  | <b>29-Physical Medicine and Rehabilitation</b>         |              |              |              |              |           |              |              |             |           |           |
| 97001                                      | Pt evaluation  | 80           | 80           | 72           | 72           | 76        | 66           | 52           | 52          | 45        | 68        |
| 97010                                      | Hot or cold packs therapy                              | 7            | 7            | 4            | 4            | 6         | 5            | 4            | 4           | 17        | 6         |
| 97014                                      | Electric stimulation therapy                           | 17           | 17           | 10           | 10           | 16        | 14           | 11           | 11          | 17        | 15        |
| 97035                                      | Ultrasound therapy                                     | 14           | 14           | 9            | 9            | 13        | 11           | 9            | 9           | 10        | 11        |
| 97110                                      | Therapeutic exercises                                  | 34           | 34           | 29           | 29           | 32        | 28           | 22           | 22          | 8         | 29        |
| 97112                                      | Neuromuscular reeducation                              | 36           | 36           | 21           | 21           | 34        | 29           | 23           | 23          | 17        | 30        |
| 97140                                      | Manual therapy   | 32           | 32           | 19           | 19           | 30        | 26           | 20           | 20          | 21        | 27        |
| 97530                                      | Therapeutic activities                                 | 37           | 37           | 31           | 31           | 35        | 30           | 23           | 23          | 13        | 32        |
| <b>Weighted Average % of Medicare Fees</b> |  |              |              | 73%          | 73%          | 94%       | 81%          | 64%          | 64%         | 49%       | 85%       |
| <b>Ranking</b>                             |  |              |              | 4            | 4            | 1         | 3            | 5            | 5           | 6         | 2         |
|  | <b>30-Osteopathy, Chiropractic, and Other Medicine</b> |              |              |              |              |           |              |              |             |           |           |
| 98941                                      | Chiropractic manipulation                              | 44           | 37           | 25           | 21           | 0         | 36           | 29           | 25          | N/A       | 0         |
| 99144                                      | Mod sedation by same phys, 5 yrs +                     | 45           | 45           | 28           | 28           | 0         | 66           | 0            | 0           | N/A       | N/A       |
| 99173                                      | Visual acuity screen                                   | 3            | 3            | 2            | 2            | 3         | 64           | 2            | 2           | 6         | 3         |
| 99183                                      | Hyperbaric oxygen therapy                              | 231          | 130          | 150          | 85           | 215       | 186          | 145          | 89          | 107       | 197       |
| <b>Weighted Average % of Medicare Fees</b> |  |              |              | 67%          | 68%          | 78%       | 872%         | 53%          | 52%         | 97%       | 73%       |
| <b>Ranking</b>                             |  |              |              | 6            | 5            | 3         | 1            | 7            | 8           | 2         | 4         |

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For each of the 30 specialty groups that were presented in Table 6, the last two rows are shown in Table 7.

**Table 7. Comparison of Maryland and Neighboring States' Medicaid Reimbursement Rates  
as Percentages of Medicare Rates (Region Rank), by Specialty, in FY 2015**

|   | MD NF   | MD FA   | DE      | VA NF   | WV NF  | WV F   | PA     | DC     |
|---|---------|---------|---------|---------|--------|--------|--------|--------|
| <b>1-Evaluation &amp; Management</b>                  | 99% (2) | 99% (1) | 91% (5) | 96%(3)  | 64%(8) | 68%(7) | 92%(4) | 85%(6) |
| <b>2-Integumentary and General Surgery</b>            | 67%(5)  | 71%(4)  | 146%(1) | 80%(3)  | 62%(7) | 65%(6) | 29%(8) | 86%(2) |
| <b>3-Musculoskeletal System</b>                       | 90%(2)  | 85%(3)  | 93%(1)  | 80%(5)  | 63%(7) | 65%(6) | 38%(8) | 81%(4) |
| <b>4-Respiratory</b>                                  | 64%(6)  | 69%(4)  | 84%(2)  | 80%(3)  | 62%(7) | 67%(5) | 40%(8) | 85%(1) |
| <b>5-Cardiovascular System Surgery</b>                | 75%(3)  | 68%(5)  | 43%(7)  | 80%(2)  | 61%(6) | 68%(4) | 33%(8) | 86%(1) |
| <b>6-Hemic, Lymphatic, and Mediastinum</b>            | 67%(4)  | 64%(6)  | 93%(1)  | 80%(3)  | 63%(7) | 67%(5) | 36%(8) | 85%(2) |
| <b>7-Digestive System</b>                             | 66%(6)  | 69%(4)  | 93%(1)  | 80%(3)  | 62%(7) | 67%(5) | 48%(8) | 85%(2) |
| <b>8-Urinary and Male Genital</b>                     | 81%(2)  | 71%(4)  | 34%(7)  | 80%(3)  | 60%(6) | 68%(5) | 25%(8) | 86%(1) |
| <b>9-Gynecology and Obstetrics</b>                    | 90%(3)  | 90%(4)  | 85%(6)  | 81%(8)  | 89%(5) | 90%(2) | 92%(1) | 84%(7) |
| <b>10-Endocrine System</b>                            | 66%(6)  | 66%(7)  | 93%(1)  | 81%(3)  | 67%(5) | 67%(4) | 62%(8) | 84%(2) |
| <b>11-Neurosurgery</b>                                | 106%(1) | 93%(2)  | 86%(4)  | 80%(5)  | 55%(7) | 78%(6) | 41%(8) | 86%(3) |
| <b>12-Eye Surgery</b>                                 | 70%(4)  | 68%(6)  | 93%(1)  | 81%(3)  | 64%(8) | 65%(7) | 69%(5) | 85%(2) |
| <b>13-Ear Surgery</b>                                 | 82%(2)  | 81%(3)  | 51%(7)  | 80%(4)  | 62%(6) | 67%(5) | 42%(8) | 85%(1) |
| <b>14-Radiology</b>                                   | 79%(4)  | 79%(4)  | 93%(1)  | 80%(3)  | 60%(7) | 60%(7) | 68%(6) | 86%(2) |
| <b>15-Laboratory</b>                                  | 77%(5)  | 77%(5)  | 102%(1) | 86%(4)  | 95%(2) | 95%(2) | 62%(7) | 61%(8) |
| <b>16-Psychiatry</b>                                  | 91%(3)  | 92%(2)  | 95%(1)  | 83%(4)  | 70%(7) | 70%(6) | 30%(8) | 83%(5) |
| <b>17-Dialysis</b>                                    | 66%(6)  | 66%(7)  | 94%(1)  | 87%(2)  | 67%(5) | 67%(5) | 82%(4) | 84%(3) |
| <b>18-Gastroenterology</b>                            | 73%(4)  | 73%(4)  | 93%(1)  | 79%(3)  | 58%(6) | 58%(6) | 8%(8)  | 87%(2) |
| <b>19-Ophthalmology and Vision Care</b>               | 62%(6)  | 60%(7)  | 94%(1)  | 81%(3)  | 63%(5) | 66%(4) | 39%(8) | 85%(2) |
| <b>20-ENT (Otorhinolaryngology)</b>                   | 83%(4)  | 83%(3)  | 93%(1)  | 79%(5)  | 58%(8) | 60%(7) | 62%(6) | 87%(2) |
| <b>21-Cardiovascular Medicine Procedures</b>          | 84%(3)  | 84%(3)  | 93%(1)  | 80%(5)  | 60%(7) | 60%(7) | 65%(6) | 86%(2) |
| <b>22-Noninvasive Vascular Tests</b>                  | 70%(4)  | 70%(4)  | 93%(1)  | 82%(3)  | 61%(7) | 61%(7) | 64%(6) | 89%(2) |
| <b>23-Pulmonary</b>                                   | 63%(4)  | 63%(4)  | 92%(1)  | 79%(3)  | 58%(6) | 58%(6) | 34%(8) | 87%(2) |
| <b>24-Allergy and Immunology</b>                      | 99%(2)  | 105%(1) | 92%(3)  | 79%(5)  | 56%(7) | 56%(6) | 53%(8) | 87%(4) |
| <b>25-Neurology and Neuromuscular</b>                 | 52%(4)  | 52%(4)  | 62%(2)  | 57%(3)  | 42%(6) | 42%(6) | 34%(8) | 65%(1) |
| <b>26-CNS Assessment Tests</b>                        | 82%(3)  | 84%(2)  | 40%(8)  | 81%(4)  | 63%(6) | 63%(5) | 54%(7) | 85%(1) |
| <b>27-Chemotherapy Administration</b>                 | 88%(2)  | 86%(4)  | 93%(1)  | 79%(6)  | 58%(8) | 58%(7) | 82%(5) | 87%(3) |
| <b>28-Special Dermatological</b>                      | 64%(4)  | 61%(5)  | 93%(1)  | 79%(2)  | 47%(7) | 71%(3) | 16%(8) | 57%(6) |
| <b>29-Physical Medicine and Rehabilitation</b>        | 73%(4)  | 73%(4)  | 94%(2)  | 168%(1) | 64%(6) | 64%(6) | 49%(8) | 85%(3) |
| <b>30-Osteopathy, Chiropractic and Other Medicine</b> | 67%(6)  | 68%(5)  | 78%(3)  | 872%(1) | 53%(7) | 52%(8) | 97%(2) | 73%(4) |

## **V. Trauma Center Payment Issues**

In 2003, SB 479 (Chapter 385 of the Acts of 2003) created a Trauma and Emergency Medical Fund financed by motor vehicle registration surcharges. The Maryland Health Care Commission (MHCC) and the Health Services Cost Review Commission (HSCRC) have oversight responsibility for the fund. Based on the law, Maryland Medicaid is required to pay physicians 100 percent of the Medicare facility rates for the Baltimore area when they provide trauma care to Medicaid FFS and HealthChoice program enrollees. The enhanced Medicaid fees apply only to services rendered in trauma centers designated by the Maryland Institute for Emergency Medical Services Systems for patients who are placed on Maryland's Trauma Registry. Initially, the enhanced Medicaid fees were limited to trauma surgeons, critical care physicians, anesthesiologists, orthopedic surgeons, and neurosurgeons. However, HB 1164 (Chapter 484 of the Acts of 2006) extended the enhanced rates to any physician who provides trauma care to Medicaid beneficiaries, beginning July 1, 2006. MHCC and the HSCRC fully cover the additional outlay of general funds that the Maryland Medical Assistance program incurs due to enhanced trauma fees (i.e., the state's share of the difference between current Medicare rates and Medicaid rates). MHCC pays physicians directly for uncompensated care and on-call services.

## **VI. Reimbursement for Oral Health Services**

Historically, the Maryland Medical Assistance program has had low dental fees. Unlike fees for physician services, there is no federal public program (such as Medicare) to serve as a benchmark for oral health service fees. However, every two years, the American Dental Association (ADA) publishes a survey, reporting the national and regional average charges for approximately 165 of the most common dental procedures, offering data for comparison. Also, a book entitled the National Dental Advisory Service (NDAS) contains the percentile of charges for approximately 550 (of a total of approximately 580) dental procedures.

During the 2003 session, the Maryland General Assembly allocated \$7.5 million through budgetary language to increase Medicaid fees for dental procedures. Effective March 1, 2004, MCOs were required to reimburse their contracted providers at the ADA's then-current 50<sup>th</sup> percentile of charges for 12 restorative procedures. At the same time, Medicaid increased FFS rates to the ADA's 50<sup>th</sup> percentile levels for the 12 restorative procedures.

In June 2007, the Secretary of the Department convened the Dental Action Committee to increase access to dental care services for Maryland children of low income families. The Dental Action Committee recommended increasing the dental reimbursement rates to the 50<sup>th</sup> percentile of the ADA's South Atlantic region charges for all dental procedures. Subsequently, SB 545 (Chapter 589 of the Acts of 2008) allocated \$7 million in state funds (\$14 million with matching federal funds) for increasing dental fees in FY09. The rate increase targeted preventive procedures and went into effect on July 1, 2008.

Based on the recommendations of the Dental Action Committee, effective July 1, 2009, an administrative service organization (ASO)—DentaQuest, formerly Doral Dental—coordinates the provision of dental services for Medicaid beneficiaries in the FFS program. Fees for some of

the dental procedures were streamlined and adjusted, effective July 1, 2009, to coincide with the provision of all Medicaid dental services through the ASO.

In FY15, the General Assembly allocated approximately \$940,000 in state general funds (with matching federal funds, \$2.15 million total funds), to increase fees for five dental procedures in January through June 2015. The annual equivalent amount of \$4.3 million was allocated to the following five procedures: D1208 (Topical Application of Fluoride), D1330 (Oral Hygiene Instructions), D2940 (Protective Restoration), D3120 (Pulp Cap, Indirect), and D9941 (Athletic Mouth-guard). Table 8 presents Maryland Medicaid dental fees in 2014 and 2015 for the five selected dental procedures for which fees will increase in January 2015.

**Table 8. Maryland 2014 and 2015 Medicaid Dental Fees**

| <b>Procedure Code</b> | <b>Description</b>              | <b>Median ADA fees in 2013</b> | <b>Medicaid 2014 Fees</b> | <b>Medicaid 2015 Fees</b> |
|-----------------------|---------------------------------|--------------------------------|---------------------------|---------------------------|
| D1208                 | Topical Application of Fluoride | \$33.00                        | \$21.60                   | \$23.00                   |
| D1330                 | Oral Hygiene Instructions       | \$16.00                        | \$0.00                    | \$6.00                    |
| D2940                 | Protective Restoration          | \$100.00                       | \$18.00                   | \$50.00                   |
| D3120                 | Pulp Cap, Indirect              | \$70.00                        | \$15.00                   | \$35.00                   |
| D9941                 | Athletic Mouth-guard            | \$206.00                       | \$40.00                   | \$103.00                  |

Table 9 shows Maryland Medicaid weighted average dental fees by specialty groups of procedures, before and after the fee increase, as percentages of the ADA's 50<sup>th</sup> percentile of charges in 2013.

**Table 9. Average of Maryland Medicaid Dental Fees as a Percentage of the ADA's 50th Percentile of Charges in 2013**

| <b>Procedure Group</b>                                 | <b>CY14 Average Medicaid Fees</b> | <b>CY15 Average Medicaid Fees</b> |
|--|-----------------------------------|-----------------------------------|
| D0100-D1999 Diagnostic & Preventive Procedures         | 57%                               | 59%                               |
| D2000-D2999 Restorative Procedures                     | 56%                               | 57%                               |
| D3000-D3999 Endodontics                                | 62%                               | 64%                               |
| D4210-D6999 Periodontics & Prosthodontics              | 51%                               | 51%                               |
| D7000-D7999 Oral and Maxillofacial Surgery             | 59%                               | 59%                               |
| D8000-D9999 Orthodontics & Adjunctive General Services | 32%                               | 32%                               |
| <b>All Procedures Combined</b>                         | <b>54%</b>                        | <b>55%</b>                        |

Table 10 compares Maryland Medicaid dental fees for selected high-volume procedures with the corresponding fees in Delaware, Virginia, West Virginia, Pennsylvania, and Washington, D.C. Numbers of claims in Maryland were used to calculate the weighted average rank of Maryland and its neighboring states' fees.

The ranking of states' weighted average fees are: Delaware (first), Washington, D.C., (second), Maryland (third), West Virginia (fourth), Virginia (fifth), and Pennsylvania (sixth). ADA fees correspond to CY 2013, and the states' fees correspond to FY 2014.

**Table 10. Maryland Medicaid and Neighboring States' FY 2014 Dental Fees**

| <b>Procedure Code</b> | <b>Procedure Description</b>                    | <b>ADA CY13</b> | <b>MD</b> | <b>DE</b> | <b>VA</b> | <b>WV</b> | <b>PA</b> | <b>DC</b> |
|-----------------------|---|-----------------|-----------|-----------|-----------|-----------|-----------|-----------|
| D0120                 | Periodic oral evaluation                        | \$45            | \$29      | \$45      | \$20      | \$25      | \$20      | \$35      |
| D0140                 | Limited oral evaluation, problem focus          | \$65            | \$43      | \$68      | \$25      | \$35      | N/A       | \$50      |
| D0145                 | Oral evaluation, pt < 3yrs                      | \$55            | \$40      | \$60      | \$20      | \$25      | N/A       | \$40      |
| D0150                 | Comprehensive oral evaluation                   | \$73            | \$52      | \$80      | \$31      | \$35      | \$20      | \$78      |
| D1110                 | Prophylaxis – adult (12 years of age and older) | \$82            | \$58      | \$82      | \$47      | N/A       | \$36      | \$78      |
| D1120                 | Dental prophylaxis child                        | \$61            | \$42      | \$60      | \$34      | \$40      | \$30      | \$47      |
| D1206                 | Topical fluoride varnish                        | \$35            | \$25      | \$38      | \$21      | \$20      | \$18      | \$29      |
| D1351                 | Dental sealant per tooth                        | \$48            | \$33      | \$50      | \$32      | \$30      | \$25      | \$38      |
| D7140                 | Extraction erupted tooth                        | \$155           | \$103     | \$160     | N/A       | \$80      | \$65      | \$110     |
| D7286                 | Biopsy of oral tissue soft                      | \$289           | \$231     | 0         | \$82      | \$130     | N/A       | 0         |
| D7451                 | Remove odontogen cyst > 1.25 cm                 | N/A             | \$125     | 0         | \$161     | \$840     | \$80      | \$593     |
| D9248                 | Nonintravenous conscious sedation               | \$170           | \$187     | \$294     | N/A       | 0         | \$184     | 0         |
| <b>Ranking</b>        |   |                 | 3         | 1         | 5         | 4         | 6         | 2         |

## VII. Physician Participation in the Maryland Medicaid Program

Physician claims and encounter data pertaining to FY02 (the year before the July 2002 fee increase) and FY10 through FY14 were analyzed to determine the number of physicians who had partial or full participation in the Medicaid program.

Because FY14 claims data, in particular the MCOs' encounter data, were not complete (i.e., claims were incurred but not reported [IBNR]), data for FY14 showed an insignificant decrease in the total number of participating physicians in FY14 compared with FY13. Therefore, FY13 data were used as the last year for comparison in Tables 11, 12, and 13.<sup>8</sup>

Tables 11, 12, and 13 show the percentage changes in the numbers of participating physicians from all specialties (including primary care) who participated in the FFS program, MCO networks, and the total Medicaid program. Physicians with fewer than 25 claims during the fiscal year are included in the data for all physicians, but are not shown separately. Physicians who submitted more than 25 claims, but treated fewer than 50 Medicaid patients, were considered partial participants in the Medicaid program. Physicians with at least 50 Medicaid patients during the year were considered full participants in the Medicaid program.

The data in Table 11 demonstrate significant increases in physician participation in the FFS program, MCO networks, and the total Medicaid program between FY02 and FY13. Comparable figures (from January 2014 report) for the FY02 through FY12 period for "All Physicians" in the FFS program, MCO networks, and total Medicaid program were 41.7 percent, 86.4 percent, and 125.2 percent, respectively.

**Table 11. Percentage Change in the Number of Participating Physicians of All Specialties, FY02-FY13**

|                       | <b>FFS</b> | <b>MCO Networks</b> | <b>Total Medicaid</b> |
|-----------------------|------------|---------------------|-----------------------|
| Partial Participation | 50.8%      | 82.8%               | 136.5%                |
| Full Participation    | 59.3%      | 178.0%              | 155.8%                |
| All Physicians        | 46.1%      | 107.3%              | 145.9%                |

*FFS: fee-for-service program; MCO: managed care organization*

Because some physicians participate in both FFS and MCO networks, the percentages of total physicians participating in the Medicaid program do not equal the sum of FFS and MCO network physicians.

Similarly, examination of the data in Table 12 shows that, following the FY08 and FY09 fee increases, with the exception of full participation in the FFS program, physician participation increased significantly between FY11 and FY13.

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<sup>8</sup> The data in these tables pertain to FY02 through FY13. Therefore, to some extent, these tables reflect the impact of fee changes in FY10 through FY13 on physician participation in the Medicaid program.

**Table 12. Percentage Change in the Number of Participating Physicians of All Specialties, FY11-FY13**

|                       | <b>FFS</b> | <b>MCO Networks</b> | <b>Total Medicaid</b> |
|-----------------------|------------|---------------------|-----------------------|
| Partial Participation | 3%         | 20.5%               | 13.2%                 |
| Full Participation    | -13%       | 17.1%               | 11.4%                 |
| All Physicians        | 7%         | 23.4%               | 18.5%                 |

*FFS: fee-for-service program; MCO: managed care organization*

The increase in “All Physician” participation within the FFS program (particularly the increase in partial participation among physicians) compensates for the physicians who reduced their level of participation in the FFS program. Furthermore, there was 23.4 percent increase in the number of physicians who participated in MCO networks, both partial and full participants. Table 12 shows that, between FY11 and FY13, the total number of partial and full participating physicians increased by 13.2 percent and 11.4 percent, respectively. Moreover, participation of all physicians in the Medicaid program increased by 18.5 percent in FY13, compared with FY11.

Table 13 shows that the increasing trend in total physician participation in the Medicaid program continued between FY12 and FY13.

**Table 13. Percentage Change in the Number of Participating Physicians of All Specialties, FY12-FY13**

|                       | <b>FFS</b> | <b>MCO Networks</b> | <b>Total Medicaid</b> |
|-----------------------|------------|---------------------|-----------------------|
| Partial Participation | 0.3%       | 9.7%                | 6.1%                  |
| Full Participation    | -4.2%      | 5.5%                | 4.1%                  |
| All Physicians        | 3.0%       | 9.2%                | 7.8%                  |

*FFS: fee-for-service program; MCO: managed care organization*

It is likely that, with the reductions in Medicaid physician fees in FY11 and FY12, as well as increasing costs, some physicians decided to reduce their level of participation in the Medicaid FFS program. However, the 4.2 percent decrease in the number of FFS physicians with full participation between FY12 and FY13 should not pose a problem for access of FFS Medicaid beneficiaries to physician services. National data have shown similar trends, indicating that fewer physicians provide services to higher percentages of Medicaid beneficiaries; in other words, Medicaid beneficiaries constitute an increasing share of some physicians’ practices.

The increase in the number of participating physicians is, to some extent, the result of pre-ACA Medicaid expansion and increased enrollment. Therefore, to separate the effects of the increase in fees from the effects of the increase in Medicaid enrollment on physician participation, we conducted an additional analysis in which we calculated the number of claims per enrollee for each year, beginning in FY02 (see Table 14). For this analysis, we excluded radiology and laboratory procedures for all years, because they may not be representative of patient access to physician services.

**Table 14. Number of Claims per Medicaid Enrollee**

| <b>Fiscal Year</b> | <b>Average Monthly Medicaid Enrollment</b> | <b>Number of Physician Claims and Encounters</b> | <b>Average Number of Claims Per Enrollee</b> | <b>Annual % Increase in Claims Per Enrollee</b> | <b>Increase in Claims Per Enrollee From Each Year to 2013</b> |
|--------------------|--|--|--|---|---|
| 2002               | 617,929                                    | 3,919,805  | 6.3  | N/A   | 51.5%   |
| 2003               | 652,414                                    | 4,281,928  | 6.6  | 3.5%  | 46.4%   |
| 2004               | 669,021                                    | 4,789,248  | 7.2  | 9.1%  | 34.2%   |
| 2005               | 687,269                                    | 4,891,558  | 7.1  | -0.6%   | 35.0%   |
| 2006               | 690,227                                    | 5,253,246  | 7.6  | 6.9%  | 26.3%   |
| 2007               | 700,930                                    | 5,527,421  | 7.9  | 3.6%  | 21.9%   |
| 2008               | 709,832                                    | 6,079,603  | 8.6  | 8.6%  | 12.2%   |
| 2009               | 772,582                                    | 6,933,686  | 9.0  | 4.8%  | 7.1%  |
| 2010               | 867,788                                    | 8,168,426  | 9.4  | 4.9%  | 2.1%  |
| 2011               | 951,716                                    | 9,185,576  | 9.7  | 2.5%  | -0.4%   |
| 2012               | 1,013,543                                  | 9,708,887  | 9.6  | -0.8%   | 0.3%  |
| 2013               | 1,066,380                                  | 10,247,847                                       | 9.6  | 0.3%  | N/A   |

*N/A: Not Applicable*

The continued increase in the average number of claims per enrollee shows that, as physician reimbursement rates increased during the FY06 to FY09 period, Medicaid enrollees' utilization of physician services also increased steadily, from an average of 6.3 claims per enrollee in FY02 to an average of 9.6 claims per enrollee in FY13. This is approximately a 52 percent increase in utilization of physician services by Medicaid enrollees, which is a proxy for increase in the participation of physicians in the Maryland Medicaid program and may be interpreted as an increase in the access of Medicaid enrollees to physician services.

### ***Comparison of Access to Medical Care for Medicaid and Private Coverage***

In a report published in November 2012, the U.S. Government Accountability Office (GAO) analyzed two national surveys – the National Health Interview Survey (NHIS) and the Medical Expenditure Panel Survey (MEPS) – for 2008 and 2009 to evaluate the extent to which Medicaid beneficiaries reported difficulties obtaining medical care. These national surveys rely on information reported by individuals who voluntarily participate in the surveys. The GAO also compared the results for Medicaid with private/commercial insurance coverage.

The GAO found that,

Beneficiaries covered by Medicaid for a full year reported low rates of difficulty obtaining necessary medical care and prescription medicine, similar to those with private insurance coverage for a full year. In calendar years 2008 and 2009, approximately 3.7 percent of Medicaid beneficiaries enrolled for a full year and 3 percent of individuals enrolled in private insurance for a full year reported difficulties obtaining needed medical care; the difference between these two groups was not statistically significant. In addition, 2.7 percent of full-year Medicaid beneficiaries reported difficulty obtaining

needed prescription medicines and about 2.4 percent of individuals with full-year private insurance reported the same issue—also not statistically significant.

However, 5.4 percent of full-year Medicaid beneficiaries, compared with 3.7 percent with full year private insurance coverage, reported experiencing difficulty obtaining necessary dental care. (United States Government Accountability Office, November 2012).

A recent study in the *Journal of General Internal Medicine*, using descriptive and multivariate analysis of data from the 2005–2008 MEPS, indicates that Medicaid actually does a better job delivering access and affordable coverage than either private coverage or Medicare. Given the fact that more than one-third of low-income adults nationally were underinsured, the results of this study show the importance of safety net programs such as Medicaid. Magge et al. (2013) indicate that, in a comparison of different insurance groups, Medicaid recipients were less likely to be underinsured than privately insured adults, indicating potential benefits of Medicaid Expansion under the ACA.

## **VIII. Plan for the Future**

The Department remains dedicated to ensuring physicians are reimbursed equitably for their services. The provision of the ACA requiring parity with the rates paid by Medicare for E&M services and vaccine administration provided by Medicaid PCPs expires at the end of the current calendar year. While the Department’s goal remains to reimburse PCPs and specialists at 100 percent of the Medicare rate, this may not be feasible given the current budget challenges facing the State. Nonetheless, the Department will continue to monitor provider network adequacy to ensure patient access to care is not compromised. The Department notes that several bills before Congress seek to extend the enhanced payment mandate for PCPs, *see, e.g. Medicaid Parity Act of 2014, H.R. 5353, 113<sup>th</sup> Cong. (2014)*. The Department strongly supports these federal efforts to extend the enhanced payment and will be monitoring them closely.

## **Appendix A:**

### **Medicare Resource-Based Relative Value Scale and Anesthesia Reimbursement**

Medicare payments for physician services are made according to a fee schedule. The Medicare Resource-Based Relative Value Scale (RBRVS) methodology relates payments to the resources and skills that physicians use to provide services. There are three components that determine the relative weight of each procedure: physician work, malpractice expense, and practice expense. A geographic cost index and conversion factor are used to convert the weights to fees.

For approximately 11,000 physician procedures, the Centers for Medicare & Medicaid Services (CMS) determines the associated relative value units (RVUs) and various payment policy indicators needed for payment adjustment. Medicare fees are adjusted depending on the site in which each procedure is performed. For example, Medicare fees for some procedures are lower if they are performed in facilities (e.g., hospitals and skilled nursing facilities) than if they are performed in non-facilities (e.g., offices), where physicians must pay for practice expenses. The implementation of RBRVS in 1992 resulted in increased payments for office-based (non-facility) procedures and reduced payments for hospital-based procedures.

The RVU weights reflect the resource requirements of each procedure performed by physicians. The Medicare physician fees are adjusted to reflect the variations in practice costs for different areas. A geographic practice cost index (GPCI) has been established for every Medicare payment locality for each of the three components of a procedure's RVU (i.e., physician work, practice expense, and malpractice expense). Each locality's GPCIs are used to calculate fees by multiplying the RVU for each component by the GPCI for that component. The resulting weights are multiplied by a conversion factor to determine the payment for each procedure.

CMS updates the conversion factor based on the Sustainable Growth Rate (SGR) system, which ties the updates to growth in the national economy. The SGR system is based on formulas that are designed to control overall spending, while accounting for factors that affect the costs of providing care. Medicare rates are adjusted annually. In 2002, overall Medicare rates actually decreased. However, following federal legislative mandates, Medicare physician fees increased by small percentages in subsequent years.

Currently, a proposal is under consideration in the U.S. Congress that would permanently repeal the SGR update mechanism, reform the FFS payment system through greater focus on value over volume, and encourage participation in alternative payment models.

#### **Payment for Anesthesia Procedures**

Prior to December 1, 2003, the Maryland Medicaid program reimbursed anesthesia services based on a percentage of the surgical fee. The program in general did not use the anesthesia CPT codes, but rather the surgical CPT codes with a modifier. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) required that national standard code sets be used. In late 2003, the Medicaid program complied with the federal standards and began transitioning from a fixed anesthesia rate for each surgical procedure to Medicare's national methodology.

Medicare payments for anesthesia services represent a departure from the RBRVS methodology. Medicare's methodology recognizes anesthesia time as the key element for determining the payment rate. The anesthesia time for any additional procedures performed during the same operative session is added to the time for the primary procedure. This time is then converted to units, with 15 minutes equal to 1 unit.

More than 5,000 surgical procedure codes exist, but there are less than 300 anesthesia codes. Each anesthesia procedure code has a non-variable number of base units. Similar to the RBRVS, the base units represent the difficulty associated with a given group of procedures. The base units for the selected anesthesia codes are added to the units related to anesthesia time, and the result is multiplied by a conversion factor to determine the payment amount. The Maryland Medicaid program calculates the payment slightly differently, but the net result is the same.

## **Appendix B: Number of Physicians and Dentists in Each State, and per 10,000 Population in 2013**

Source: All data in this appendix were downloaded from the website of the Kaiser Family Foundation, State Health Facts:

<http://www.statehealthfacts.org>

Annual Estimates of the Resident Population for the United States in 2013 are from the Census Bureau, US Department of Commerce:

<https://www.census.gov/popest/data/state/totals/2013/index.html>

**Table B.1. Number of Physicians by State in 2013,  
Ranked by Number per 10,000 Population**

| <b>Rank</b> | <b>Geographic Area</b> | <b>Primary<br/>Care<br/>Physicians</b> | <b>Specialist<br/>Physicians</b> | <b>Total<br/>Physicians</b> | <b>Physicians<br/>in Patient<br/>Care Per<br/>10,000</b> |
|-------------|------------------------|--|----------------------------------|-----------------------------|--|
|             | <b>United States</b>   | <b>425,032</b>                         | <b>468,819</b>                   | <b>893,851</b>              | <b>28.27</b>   |
| 1           | District of Columbia   | 2,685                                  | 3,466                            | 6,151                       | 95.15  |
| 2           | Massachusetts          | 13,971                                 | 17,392                           | 31,363                      | 46.86  |
| 3           | Rhode Island           | 2,154                                  | 2,254                            | 4,408                       | 41.92  |
| 4           | New York               | 34,578                                 | 42,754                           | 77,332                      | 39.35  |
| 5           | Connecticut            | 6,061                                  | 7,642                            | 13,703                      | 38.11  |
| <b>6</b>    | <b>Maryland</b>        | <b>9,886</b>                           | <b>12,187</b>                    | <b>22,073</b>               | <b>37.23</b>   |
| 7           | Pennsylvania           | 21,066                                 | 24,101                           | 45,167                      | 35.36  |
| 8           | Michigan               | 16,214                                 | 17,962                           | 34,176                      | 34.54  |
| 9           | Vermont                | 1,035                                  | 1,080                            | 2,115                       | 33.75  |
| 10          | Maine                  | 2,207                                  | 2,117                            | 4,324                       | 32.55  |
| 11          | Ohio                   | 17,216                                 | 20,181                           | 37,397                      | 32.32  |
| 12          | Delaware               | 1,329                                  | 1,486                            | 2,815                       | 30.41  |
| 13          | Missouri               | 8,603                                  | 9,712                            | 18,315                      | 30.30  |
| 14          | New Jersey             | 12,856                                 | 14,070                           | 26,926                      | 30.26  |
| 15          | Minnesota              | 7,795                                  | 8,374                            | 16,169                      | 29.83  |
| 16          | Illinois               | 19,321                                 | 19,076                           | 38,397                      | 29.81  |
| 17          | New Hampshire          | 1,830                                  | 2,011                            | 3,841                       | 29.02  |
| 18          | Washington             | 9,530                                  | 10,068                           | 19,598                      | 28.11  |
| 19          | Wisconsin              | 7,630                                  | 8,293                            | 15,923                      | 27.73  |
| 20          | Oregon                 | 5,291                                  | 5,599                            | 10,890                      | 27.71  |
| 21          | West Virginia          | 2,533                                  | 2,520                            | 5,053                       | 27.25  |
| 22          | Tennessee              | 8,167                                  | 9,302                            | 17,469                      | 26.89  |
| 23          | California             | 48,472                                 | 52,760                           | 101,232                     | 26.41  |
| 24          | Virginia               | 10,568                                 | 11,223                           | 21,791                      | 26.38  |
| 25          | Louisiana              | 5,553                                  | 6,582                            | 12,135                      | 26.24  |
| 26          | Nebraska               | 2,513                                  | 2,367                            | 4,880                       | 26.12  |
| 27          | Hawaii                 | 1,764                                  | 1,881                            | 3,645                       | 25.96  |
| 28          | Florida                | 24,172                                 | 25,859                           | 50,031                      | 25.59  |
| 29          | Colorado               | 6,546                                  | 6,752                            | 13,298                      | 25.24  |
| 30          | North Carolina         | 11,707                                 | 12,769                           | 24,476                      | 24.85  |
| 31          | North Dakota           | 957                                    | 822                              | 1,779                       | 24.59  |
| 32          | Arizona                | 7,829                                  | 8,452                            | 16,281                      | 24.57  |
| 33          | Kentucky               | 4,958                                  | 5,799                            | 10,757                      | 24.47  |
| 34          | New Mexico             | 2,546                                  | 2,529                            | 5,075                       | 24.34  |
| 35          | Iowa                   | 3,920                                  | 3,565                            | 7,485                       | 24.22  |

**Table B.1. Number of Physicians by State in 2013,  
Ranked by Number per 10,000 Population, Continued**

| <b>Rank</b> | <b>Geographic Area</b> | <b>Primary<br/>Care<br/>Physicians</b> | <b>Specialist<br/>Physicians</b> | <b>Total<br/>Physicians</b> | <b>Physicians<br/>in Patient<br/>Care Per<br/>10,000</b> |
|-------------|------------------------|--|----------------------------------|-----------------------------|--|
| 36          | Indiana                | 7,528                                  | 8,126                            | 15,654                      | 23.82  |
| 37          | South Carolina         | 5,677                                  | 5,617                            | 11,294                      | 23.65  |
| 38          | Kansas                 | 3,523                                  | 3,252                            | 6,775                       | 23.41  |
| 39          | Alaska                 | 920                                    | 790                              | 1,710                       | 23.26  |
| 40          | Georgia                | 11,201                                 | 11,512                           | 22,713                      | 22.73  |
| 41          | Alabama                | 5,251                                  | 5,684                            | 10,935                      | 22.62  |
| 42          | Oklahoma               | 4,248                                  | 4,249                            | 8,497                       | 22.07  |
| 43          | Arkansas               | 3,177                                  | 3,339                            | 6,516                       | 22.02  |
| 44          | South Dakota           | 953                                    | 901                              | 1,854                       | 21.94  |
| 45          | Texas                  | 27,615                                 | 30,200                           | 57,815                      | 21.86  |
| 46          | Montana                | 1,033                                  | 1,109                            | 2,142                       | 21.10  |
| 47          | Utah                   | 2,701                                  | 3,352                            | 6,053                       | 20.87  |
| 48          | Mississippi            | 2,963                                  | 3,024                            | 5,987                       | 20.02  |
| 49          | Nevada                 | 2,721                                  | 2,753                            | 5,474                       | 19.62  |
| 50          | Wyoming                | 581                                    | 537                              | 1,118                       | 19.19  |
| 51          | Idaho                  | 1,477                                  | 1,367                            | 2,844                       | 17.64  |

**Note:** Physician data include all active allopathic and osteopathic physicians. The last column is based on numbers of physicians in patient care per 10,000 population. Maryland ranks sixth in number of physicians per 10,000 population among all states and the District of Columbia.

**Table B.2. Primary Care Physicians by Field, 2013**

| <b>Geographic Area</b>  | <b>Internal<br/>Medicine</b> | <b>Family Medicine/<br/>General Practice</b> | <b>Pediatrics</b> | <b>Obstetrics<br/>and<br/>Gynecology</b> | <b>Total<br/>Primary<br/>Care</b> |
|-------------------------|------------------------------|--|-------------------|--|-----------------------------------|
| United States           | 175,888                      | 124,529                                      | 76,590            | 48,025                                   | 425,032                           |
| Alabama                 | 2,094                        | 1,645  | 905               | 607                                      | 5,251                             |
| Alaska                  | 196                          | 517  | 119               | 88                                       | 920                               |
| Arizona                 | 3,114                        | 2,486  | 1,332             | 897                                      | 7,829                             |
| Arkansas                | 828                          | 1,522  | 537               | 290                                      | 3,177                             |
| California              | 20,021                       | 13,618                                       | 9,360             | 5,473                                    | 48,472                            |
| Colorado                | 2,294                        | 2,446  | 1,059             | 747                                      | 6,546                             |
| Connecticut             | 3,368                        | 689  | 1,173             | 831                                      | 6,061                             |
| Delaware                | 465                          | 345  | 368               | 151                                      | 1,329                             |
| District of<br>Columbia | 1,352                        | 298  | 712               | 323                                      | 2,685                             |
| Florida                 | 10,060                       | 7,390  | 4,199             | 2,523                                    | 24,172                            |
| Georgia                 | 4,430                        | 3,064  | 2,175             | 1,532                                    | 11,201                            |
| Hawaii                  | 746                          | 459  | 303               | 256                                      | 1,764                             |
| Idaho                   | 351                          | 823  | 150               | 153                                      | 1,477                             |
| Illinois                | 8,610                        | 5,285  | 3,247             | 2,179                                    | 19,321                            |
| Indiana                 | 2,441                        | 3,092  | 1,164             | 831                                      | 7,528                             |
| Iowa                    | 1,086                        | 1,976  | 554               | 304                                      | 3,920                             |
| Kansas                  | 1,063                        | 1,647  | 447               | 366                                      | 3,523                             |
| Kentucky                | 1,778                        | 1,742  | 834               | 604                                      | 4,958                             |
| Louisiana               | 2,186                        | 1,569  | 1,045             | 753                                      | 5,553                             |
| Maine                   | 739                          | 974  | 303               | 191                                      | 2,207                             |
| Maryland                | 5,162                        | 1,559  | 1,974             | 1,191                                    | 9,886                             |
| Massachusetts           | 8,205                        | 1,739  | 2,785             | 1,242                                    | 13,971                            |
| Michigan                | 6,619                        | 5,329  | 2,294             | 1,972                                    | 16,214                            |
| Minnesota               | 2,880                        | 3,170  | 1,059             | 686                                      | 7,795                             |
| Mississippi             | 1,057                        | 1,056  | 456               | 394                                      | 2,963                             |
| Missouri                | 3,374                        | 2,469  | 1,811             | 949                                      | 8,603                             |
| Montana                 | 304                          | 511  | 104               | 114                                      | 1,033                             |
| Nebraska                | 800                          | 1,087  | 383               | 243                                      | 2,513                             |
| Nevada                  | 1,206                        | 832  | 378               | 305                                      | 2,721                             |
| New Hampshire           | 780                          | 551  | 306               | 193                                      | 1,830                             |
| New Jersey              | 6,167                        | 2,366  | 2,776             | 1,547                                    | 12,856                            |
| New Mexico              | 854                          | 1,000  | 443               | 249                                      | 2,546                             |
| New York                | 17,949                       | 5,328  | 7,252             | 4,049                                    | 34,578                            |
| North Carolina          | 4,549                        | 3,527  | 2,191             | 1,440                                    | 11,707                            |

**Table B.2. Primary Care Physicians by Field, 2013, Continued**

| <b>Geographic Area</b> | <b>Internal<br/>Medicine</b> | <b>Family Medicine/<br/>General Practice</b> | <b>Pediatrics</b> | <b>Obstetrics<br/>and<br/>Gynecology</b> | <b>Total<br/>Primary<br/>Care</b> |
|------------------------|------------------------------|--|-------------------|--|-----------------------------------|
| North Dakota           | 290                          | 515  | 97                | 55                                       | 957                               |
| Ohio                   | 7,024                        | 4,930  | 3,401             | 1,861                                    | 17,216                            |
| Oklahoma               | 1,157                        | 2,003  | 663               | 425                                      | 4,248                             |
| Oregon                 | 2,215                        | 1,810  | 704               | 562                                      | 5,291                             |
| Pennsylvania           | 9,214                        | 6,286  | 3,311             | 2,255                                    | 21,066                            |
| Rhode Island           | 1,195                        | 241  | 469               | 249                                      | 2,154                             |
| South Carolina         | 1,893                        | 2,114  | 953               | 717                                      | 5,677                             |
| South Dakota           | 310                          | 472  | 103               | 68                                       | 953                               |
| Tennessee              | 3,310                        | 2,348  | 1,541             | 968                                      | 8,167                             |
| Texas                  | 9,908                        | 8,785  | 5,350             | 3,572                                    | 27,615                            |
| Utah                   | 842                          | 924  | 580               | 355                                      | 2,701                             |
| Vermont                | 386                          | 343  | 204               | 102                                      | 1,035                             |
| Virginia               | 3,944                        | 3,346  | 2,015             | 1,263                                    | 10,568                            |
| Washington             | 3,308                        | 3,894  | 1,453             | 875                                      | 9,530                             |
| West Virginia          | 854                          | 1,098  | 344               | 237                                      | 2,533                             |
| Wisconsin              | 2,776                        | 2,978  | 1,151             | 725                                      | 7,630                             |
| Wyoming                | 134                          | 331  | 53                | 63                                       | 581                               |

**Note:** Physician data include all allopathic and osteopathic physicians.

**Table B.3. Non-Primary Care Physicians by Specialty, 2013**

| <b>Geographic Area</b> | <b>Psychiatry</b> | <b>Surgery</b> | <b>Anesthesiology</b> | <b>Emergency Medicine</b> | <b>Radiology</b> | <b>Cardiology</b> | <b>Oncology (Cancer)</b> | <b>Endocrinology, Diabetes, and Metabolism</b> | <b>All Other Specialties</b> | <b>Total</b> |
|------------------------|-------------------|----------------|-----------------------|---------------------------|------------------|-------------------|--------------------------|--|------------------------------|--------------|
| United States          | 50,416            | 48,806         | 46,089                | 45,140                    | 43,822           | 28,700            | 16,217                   | 6,546  | 183,083                      | 468,819      |
| Alabama                | 457               | 702            | 535                   | 387                       | 602              | 364               | 182                      | 53   | 2,402                        | 5,684        |
| Alaska                 | 106               | 79             | 76                    | 115                       | 65               | 35                | 12                       | 5  | 297                          | 790          |
| Arizona                | 836               | 912            | 990                   | 928                       | 808              | 483               | 210                      | 88   | 3,197                        | 8,452        |
| Arkansas               | 308               | 350            | 324                   | 269                       | 338              | 188               | 110                      | 34   | 1,418                        | 3,339        |
| California             | 6,706             | 4,991          | 5,609                 | 5,000                     | 4,586            | 2,908             | 1,544                    | 703  | 20,713                       | 52,760       |
| Colorado               | 748               | 656            | 818                   | 815                       | 583              | 309               | 202                      | 89   | 2,532                        | 6,752        |
| Connecticut            | 1,133             | 733            | 619                   | 636                       | 701              | 522               | 252                      | 163  | 2,883                        | 7,642        |
| Delaware               | 148               | 156            | 94                    | 194                       | 180              | 102               | 55                       | 11   | 546                          | 1,486        |
| District of Columbia   | 504               | 361            | 246                   | 275                       | 246              | 222               | 146                      | 63   | 1,403                        | 3,466        |
| Florida                | 2,062             | 2,607          | 2,614                 | 2,441                     | 2,500            | 1,938             | 903                      | 370  | 10,424                       | 25,859       |
| Georgia                | 1,157             | 1,328          | 1,151                 | 1,185                     | 1,082            | 727               | 386                      | 142  | 4,354                        | 11,512       |
| Hawaii                 | 307               | 174            | 178                   | 196                       | 163              | 69                | 38                       | 22   | 734                          | 1,881        |
| Idaho                  | 101               | 152            | 112                   | 172                       | 205              | 48                | 27                       | 10   | 540                          | 1,367        |
| Illinois               | 1,901             | 1,908          | 1,933                 | 2,114                     | 1,852            | 1,206             | 635                      | 292  | 7,235                        | 19,076       |
| Indiana                | 617               | 805            | 1,112                 | 812                       | 823              | 535               | 297                      | 116  | 3,009                        | 8,126        |
| Iowa                   | 301               | 448            | 418                   | 279                       | 364              | 231               | 111                      | 29   | 1,384                        | 3,565        |
| Kansas                 | 406               | 416            | 358                   | 222                       | 301              | 179               | 98                       | 36   | 1,236                        | 3,252        |
| Kentucky               | 526               | 745            | 572                   | 573                       | 509              | 331               | 166                      | 65   | 2,312                        | 5,799        |
| Louisiana              | 571               | 755            | 542                   | 645                       | 561              | 429               | 202                      | 77   | 2,800                        | 6,582        |
| Maine                  | 303               | 254            | 202                   | 269                       | 192              | 112               | 61                       | 14   | 710                          | 2,117        |
| Maryland               | 1,581             | 1,149          | 1,058                 | 854                       | 970              | 714               | 545                      | 222  | 5,094                        | 12,187       |
| Massachusetts          | 2,630             | 1,697          | 1,582                 | 1,405                     | 1,738            | 1,303             | 875                      | 370  | 5,792                        | 17,392       |

**Table B.3. Non-Primary Care Physicians by Specialty, 2013, Continued**

| <b>Geographic Area</b> | <b>Psychiatry</b> | <b>Surgery</b> | <b>Anesthesiology</b> | <b>Emergency Medicine</b> | <b>Radiology</b> | <b>Cardiology</b> | <b>Oncology (Cancer)</b> | <b>Endocrinology, Diabetes, and Metabolism</b> | <b>All Other Specialties</b> | <b>Total</b> |
|------------------------|-------------------|----------------|-----------------------|---------------------------|------------------|-------------------|--------------------------|--|------------------------------|--------------|
| Michigan               | 1,440             | 2,008          | 1,460                 | 2,584                     | 1,851            | 941               | 543                      | 181  | 6,954                        | 17,962       |
| Minnesota              | 731               | 880            | 637                   | 772                       | 871              | 594               | 333                      | 151  | 3,405                        | 8,374        |
| Mississippi            | 263               | 366            | 282                   | 311                       | 294              | 171               | 98                       | 35   | 1,204                        | 3,024        |
| Missouri               | 894               | 1,012          | 1,013                 | 928                       | 1,013            | 580               | 345                      | 153  | 3,774                        | 9,712        |
| Montana                | 102               | 133            | 141                   | 112                       | 112              | 48                | 29                       | 6  | 426                          | 1,109        |
| Nebraska               | 229               | 289            | 285                   | 182                       | 251              | 163               | 87                       | 27   | 854                          | 2,367        |
| Nevada                 | 246               | 270            | 334                   | 335                       | 250              | 166               | 69                       | 32   | 1,051                        | 2,753        |
| New Hampshire          | 232               | 229            | 206                   | 196                       | 172              | 134               | 66                       | 25   | 751                          | 2,011        |
| New Jersey             | 1,540             | 1,376          | 1,531                 | 1,153                     | 1,163            | 1,108             | 462                      | 237  | 5,500                        | 14,070       |
| New Mexico             | 351               | 235            | 256                   | 297                       | 209              | 129               | 66                       | 34   | 952                          | 2,529        |
| New York               | 6,300             | 3,838          | 3,792                 | 3,285                     | 3,542            | 2,669             | 1,654                    | 677  | 16,997                       | 42,754       |
| North Carolina         | 1,405             | 1,340          | 999                   | 1,372                     | 1,201            | 819               | 485                      | 167  | 4,981                        | 12,769       |
| North Dakota           | 117               | 122            | 69                    | 67                        | 89               | 33                | 27                       | 10   | 288                          | 822          |
| Ohio                   | 1,591             | 2,197          | 1,812                 | 2,198                     | 1,754            | 1,241             | 672                      | 252  | 8,464                        | 20,181       |
| Oklahoma               | 382               | 458            | 464                   | 468                       | 409              | 218               | 133                      | 35   | 1,682                        | 4,249        |
| Oregon                 | 599               | 632            | 610                   | 634                       | 457              | 250               | 183                      | 77   | 2,157                        | 5,599        |
| Pennsylvania           | 2,509             | 2,774          | 2,158                 | 2,575                     | 2,353            | 1,692             | 929                      | 337  | 8,774                        | 24,101       |
| Rhode Island           | 250               | 263            | 123                   | 302                       | 191              | 142               | 106                      | 44   | 833                          | 2,254        |
| South Carolina         | 636               | 738            | 517                   | 581                       | 507              | 320               | 157                      | 71   | 2,090                        | 5,617        |
| South Dakota           | 86                | 124            | 65                    | 49                        | 104              | 51                | 26                       | 9  | 387                          | 901          |
| Tennessee              | 710               | 1,120          | 836                   | 716                       | 945              | 579               | 373                      | 122  | 3,901                        | 9,302        |
| Texas                  | 2,716             | 3,325          | 3,489                 | 2,536                     | 2,829            | 1,822             | 1,108                    | 389  | 11,986                       | 30,200       |
| Utah                   | 273               | 285            | 411                   | 377                       | 300              | 158               | 83                       | 32   | 1,433                        | 3,352        |

**Table B.3. Non-Primary Care Physicians by Specialty, 2013, Continued**

| <b>Geographic Area</b> | <b>Psychiatry</b> | <b>Surgery</b> | <b>Anesthesiology</b> | <b>Emergency Medicine</b> | <b>Radiology</b> | <b>Cardiology</b> | <b>Oncology (Cancer)</b> | <b>Endocrinology, Diabetes, and Metabolism</b> | <b>All Other Specialties</b> | <b>Total</b> |
|------------------------|-------------------|----------------|-----------------------|---------------------------|------------------|-------------------|--------------------------|--|------------------------------|--------------|
| Vermont                | 174               | 126            | 102                   | 78                        | 106              | 52                | 35                       | 14   | 393                          | 1,080        |
| Virginia               | 1,253             | 1,148          | 1,021                 | 1,142                     | 1,147            | 627               | 320                      | 185  | 4,380                        | 11,223       |
| Washington             | 945               | 955            | 1,158                 | 1,001                     | 1,050            | 477               | 404                      | 119  | 3,959                        | 10,068       |
| West Virginia          | 213               | 310            | 201                   | 276                       | 232              | 129               | 71                       | 34   | 1,054                        | 2,520        |
| Wisconsin              | 767               | 807            | 915                   | 756                       | 1,007            | 412               | 287                      | 113  | 3,229                        | 8,293        |
| Wyoming                | 53                | 68             | 59                    | 71                        | 44               | 20                | 9                        | 4  | 209                          | 537          |

**Note:** Physician data include all allopathic and osteopathic physicians.

**Table B.4. Number of Dentists by State in 2013,  
Ranked by Number per 10,000 Population**

| <b>Rank</b> | <b>Geographic Area</b> | <b>Total Dentists</b> | <b>Dentists Per 10,000 Population</b> | <b>Total Population</b> |
|-------------|------------------------|-----------------------|---------------------------------------|-------------------------|
|             | <b>United States</b>   | <b>200,946</b>        | <b>6.36</b>                           | <b>316,128,839</b>      |
| 1           | District of Columbia   | 691                   | 10.69                                 | 646,449                 |
| 2           | Massachusetts          | 5,759                 | 8.60                                  | 6,692,824               |
| 3           | New Jersey             | 7,475                 | 8.40                                  | 8,899,339               |
| 4           | California             | 31,640                | 8.25                                  | 38,332,521              |
| 5           | New York               | 15,642                | 7.96                                  | 19,651,127              |
| 6           | Connecticut            | 2,855                 | 7.94                                  | 3,596,080               |
| 7           | Alaska                 | 570                   | 7.75                                  | 735,132                 |
| <b>8</b>    | <b>Maryland</b>        | <b>4,583</b>          | <b>7.73</b>                           | <b>5,928,814</b>        |
| 9           | Hawaii                 | 1,079                 | 7.68                                  | 1,404,054               |
| 10          | Washington             | 5,222                 | 7.49                                  | 6,971,406               |
| 11          | Colorado               | 3,821                 | 7.25                                  | 5,268,367               |
| 12          | Illinois               | 8,846                 | 6.87                                  | 12,882,135              |
| 13          | Nebraska               | 1,267                 | 6.78                                  | 1,868,516               |
| 14          | Virginia               | 5,493                 | 6.65                                  | 8,260,405               |
| 15          | New Hampshire          | 867                   | 6.55                                  | 1,323,459               |
| 16          | Utah                   | 1,886                 | 6.50                                  | 2,900,872               |
| 17          | Pennsylvania           | 8,273                 | 6.48                                  | 12,773,801              |
| 18          | Michigan               | 6,291                 | 6.36                                  | 9,895,622               |
| 19          | Minnesota              | 3,411                 | 6.29                                  | 5,420,380               |
| 20          | Montana                | 631                   | 6.22                                  | 1,015,165               |
| 21          | Kentucky               | 2,647                 | 6.02                                  | 4,395,295               |
| 22          | Vermont                | 374                   | 5.97                                  | 626,630                 |
| 23          | Wisconsin              | 3,321                 | 5.78                                  | 5,742,713               |
| 24          | North Dakota           | 413                   | 5.71                                  | 723,393                 |
| 25          | Arizona                | 3,767                 | 5.68                                  | 6,626,624               |
| 26          | Idaho                  | 913                   | 5.66                                  | 1,612,136               |
| 27          | Iowa                   | 1,715                 | 5.55                                  | 3,090,416               |
| 28          | Florida                | 10,848                | 5.55                                  | 19,552,860              |
| 29          | Nevada                 | 1,504                 | 5.39                                  | 2,790,136               |
| 30          | Wyoming                | 314                   | 5.39                                  | 582,658                 |
| 31          | Ohio                   | 6,219                 | 5.37                                  | 11,570,808              |
| 32          | Texas                  | 14,164                | 5.36                                  | 26,448,193              |
| 33          | Tennessee              | 3,455                 | 5.32                                  | 6,495,978               |
| 34          | South Dakota           | 448                   | 5.30                                  | 844,877                 |
| 35          | Rhode Island           | 556                   | 5.29                                  | 1,051,511               |
| 36          | New Mexico             | 1,095                 | 5.25                                  | 2,085,287               |

**Table B.4. Number of Dentists by State in 2013,  
Ranked by Number per 10,000 Population Continued**

| <b>Rank</b> | <b>Geographic Area</b> | <b>Total Dentists</b> | <b>Dentists Per 10,000 Population</b> | <b>Total Population</b> |
|-------------|------------------------|-----------------------|---------------------------------------|-------------------------|
| 37          | Maine                  | 693                   | 5.22                                  | 1,328,302               |
| 38          | Kansas                 | 1,502                 | 5.19                                  | 2,893,957               |
| 39          | Oklahoma               | 1,980                 | 5.14                                  | 3,850,568               |
| 40          | North Carolina         | 4,990                 | 5.07                                  | 9,848,060               |
| 41          | West Virginia          | 936                   | 5.05                                  | 1,854,304               |
| 42          | Missouri               | 3,050                 | 5.05                                  | 6,044,171               |
| 43          | Louisiana              | 2,326                 | 5.03                                  | 4,625,470               |
| 44          | South Carolina         | 2,353                 | 4.93                                  | 4,774,839               |
| 45          | Indiana                | 3,232                 | 4.92                                  | 6,570,902               |
| 46          | Georgia                | 4,845                 | 4.85                                  | 9,992,167               |
| 47          | Delaware               | 433                   | 4.68                                  | 925,749                 |
| 48          | Alabama                | 2,233                 | 4.62                                  | 4,833,722               |
| 49          | Oregon                 | 1,780                 | 4.53                                  | 3,930,065               |
| 50          | Mississippi            | 1,304                 | 4.36                                  | 2,991,207               |
| 51          | Arkansas               | 1,234                 | 4.17                                  | 2,959,373               |

Maryland has the eighth highest number of dentists per 10,000 people among all states.

**Note:** Data include all professionally active dentists.

Source: Census, 2013 and Kaiser Family Foundation web-sites:

<http://kff.org/other/state-indicator/total-dentists/#>

**Census Bureau, Annual Estimates of the Resident Population for the United States in 2013**

<https://www.census.gov/popest/data/state/totals/2013/index.html>

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