

## Appendix 2: Notes on the Fee Selection Process for Each State

**California** – The physician fees in California vary by provider type and place of service (pos). The fees listed in this study are the rates for physicians with the pos = office. These fees are currently reduced by 20% for common office procedures with the pos = hospital outpatient department, exclusive of ER. Most CPT codes and other “physician” services have higher rates than those shown when pos = ER. Primary care physician services have higher rates for children. Rates for CCS “physician services” and clinic “physician services” are higher. Rates for provider type = “hospital outpatient department” are expected to increase by approximately 30%.

For eye exam procedures (CPT 92004 and 92014), two fees were listed, one for physicians and one for optometrists. The fee for physicians was used. For code V5050, Medi-Cal pays the lesser of \$883.80, the one-unit wholesale cost plus \$256.37, or the amount billed. The flat cost of \$883.80 was used in this analysis. Two anesthesia rates (OB and non-OB) exist for a 15-minute time increment; the non-OB rate was used. For anesthesia codes 00840, 00850 and 00955, the base rate is shown. The total payment for anesthesia = base rate + (time units x conversion factor).

**Alabama** – Medicaid fees to physicians for the same service vary depending on geographic location. Rural physicians are paid \$1.00 more than urban physicians for office and hospital visits. Deliveries in rural counties are also priced \$400.00 higher than urban deliveries. The urban fees are used in this analysis. The dental codes D1110, D2150, and D7110 listed are for ages 0-20.

**Alaska** – No notes or comments.

**Arizona** – No notes or comments.

**Arkansas** – No notes or comments. The relatively high fees paid to physicians in this state were verified by phone call subsequent to receiving the survey response.

**Colorado** – The fee for CPT code 99431 is for patients under age 1. Psychiatry services, if covered, are provided through MHASA in the form of a capitation payment. CPT code 97140 is not a covered benefit. The fee for vision code V2020 is for patients under age 21. The fee for audiology code V5050 is priced by report or invoice, requires prior authorization, and is for patients under age 21. The fee for dental code D1110 is for those ages 0-20. Dental code D2150 sometimes requires prior authorization, and the fee for dental code D7110 is usually not paid for adults. The fee for DME code E0450 is the rental price, and DME code L3020 is priced by report or invoice.

**Connecticut** – Medicaid fees to physicians for the same services vary. Primary care physicians receive much higher fees (about 3 times higher) for certain services to children (mostly E&M services). Physicians specializing in obstetrics/gynecology, family practice, general practice receive higher fees (about 3 times higher) for obstetric services and E&M services to women. The fees used in the study are the normal adult fees, although the enhanced fees for women were used for the sampled maternity/delivery codes.

**Delaware** – Anesthesia services are billed using the surgery CPT code and the amount of time used in 15-minute units. For maternity services, antepartum care (prenatal visits) is paid separately in order to encourage access to care. Codes that bundle antepartum care with deliveries are not used. Cesarean deliveries are paid at the same rate as vaginal deliveries, in order to discourage unnecessary C-sections. Psychiatry services are paid at regular Office Visit rates, rather than the psych. specialty rates. Vision services are paid using locally assigned HCPC codes specific to EPSDT. Delaware does not cover vision services for clients over age 21. Audiology services are paid using locally assigned HCPC codes.

**District of Columbia** – No notes or comments.

**Florida** – Fee for E&M code 99213 is higher (\$31.31) for children age 0-19. Anesthesia code 00955 is limited to six hours. Maternity/delivery codes 59400 and 59510 are not used; 59410 and 59515 are used in lieu of 59409 and 59514, respectively. For audiology code V5050, two category codes were listed, and the fee depends upon manufacturer and approval based on hearing deficit. The price for Category I was used. The price used for DME code E0245 is a daily charge and the price used for DME code E0450 is a monthly charge.

**Georgia** – Vision code V2020, all audiology codes, dental code D1110, and DME codes L3020 and L8160 are not covered.

**Hawaii** – Medicaid fees to physicians for the same service vary depending on physician specialty. We selected the fee from the physician specialty we felt would most likely be providing that particular service (e.g. OB/GYN for maternity/delivery services). The fee for internists was used for most evaluation and management procedures.

**Idaho** – Idaho pays anesthesia in one minute units (\$1.05 per minute) on a base unit + time basis. Laboratory code 80074 is manually priced by report. Idaho has a single source vision contract for frames and lenses. Audiology codes V5010 and V5050 are manually priced by report; the usual pricing formula used is cost + 10%. Dental code D0110 is not used; instead, D0120 (\$17.00), D0140 (\$24.00), D0150 (\$25.00), and D0160 (\$37.00) are used.

**Illinois** – For E&M codes 99203, 99204, and 99213, the HM/HK program adds on \$2.05, \$3.45, and \$1.50 respectively. Anesthesia codes 00840, 00850, and 00955 are hand priced. Maternity codes 59400 and 59510 are hand priced; maternity codes 59409 and 59514 have a \$412.00 add-on for HM/HK program. Medicine and testing code 95904, audiology codes V5050 and 92525, dental code D1110, and DME codes E0450 and L8160 are hand priced as well.

**Indiana** – Pricing is based on RBRVS methodology for most procedures. Maternity code 59400 is no longer used. Laboratory fees are listed in Indiana's fee schedule under two headings: 60% and 62% fee schedule amount. The 62% fee schedule amount was used. Audiology code V5010 is manually priced. DME code E0450 shows the rental price and DME code L8160 is manually priced.

**Iowa** – No notes or comments.

**Kansas** – There are a few codes with different rates for adults and children; the children’s rate is generally higher. The fees for adults were used in this study. DME code E0450 is not used and DME code L8160 is manually priced.

**Kentucky** – Kentucky uses Medicare rates for the laboratory codes. Medicine and testing code 97140 and vision codes 92004 and 92014 have both inpatient and outpatient fees. The outpatient fees were used. The price used for DME code E0450 is the purchase price.

**Louisiana** – Maternity/delivery codes 59400, 59409, and 59514 are not used. CPT codes 59410 and 59515 (comparable codes for 59409 and 59514) pay \$774.00 and \$990.00 respectively. Psychiatric services are not payable except for crossovers.

**Maine** – No notes or comments.

**Maryland** – Medicaid fees to physicians for the same services vary. Many surgical procedures receive a supplemental 20% payment when provided in an office setting. E&M office visits provided in a hospital outpatient setting receive a payment of \$10 instead of \$25-50. Vaccine administration is not covered except for Vaccines for Children Program. Most anesthesia CPT codes are not used. Payment is 30% of the surgical fee with a minimum payment of \$30. Maternity/delivery codes 59400 and 59510 are not used. Antepartum care is payable as a separate encounter rather than as a group of visits. Specialty mental health services have been carved out of the Medicaid Program and operate under a separate system. Audiology code V5050 is not used; local codes are used for hearing aids with the payment being the list price. DME codes E0245, E0450, and L8160 require review for pricing which is the list price plus 15% increase. DME codes E0245 and L8160 also require preauthorization. DME code L3020 is for ages 0-20 only.

**Massachusetts** – Payments in the study for office visits were increased by \$10 from the base fee schedule, to reflect the enhancement made for the state’s primary care case management program (which covers most non-capitated beneficiaries). Anesthesia fees equal \$18.00 x (base units + time units). Vision code V2020 is not covered for MDs. Eyeglass frames are supplied by a single contractor and the doctors are paid a dispensing fee (code X8051) of \$11.25. Audiology codes V5050 and 92525 are based on individual consideration. Dental code D0110 is not covered; however, a similar ADA code D0120 (periodic oral exam), is paid \$15.00. DME code E0450 requires prior authorization.

**Michigan** – For dental codes, the adult fee was used. DME code E0245 is individually priced.

**Minnesota** – Medicaid fees to physicians for the same services vary. MN pays more for obstetric services, a limited number of services provided to a patient under the age of 18, dental services provided to MNCare patients, and services provided in a community/public health clinic. Vision code V2020 is a contract item. Audiology code V5010 is manually priced and code V5050 is a contract item. The fee listed for DME code E0450 is the rental price; DME code L8160 is manually priced.

**Mississippi** – Medicaid fees to physicians for the same services vary when performed where a site-of-service differential is applicable or in a RHC, FQHC, or Health Dept. Clinic. MS

Medicaid does not reimburse anesthesia by using anesthesia CPT codes, but instead by the reporting of surgical codes.

**Missouri** – Medicaid fees to physicians for the same services vary. Physicians are paid a higher rate for an office visit for a recipient under the age of 21. Anesthesia procedure codes 00100-01999 are non-covered. The appropriate CPT surgical procedure code should be billed using the appropriate type of service (TOS); i.e., G (Anesthesiologist), W (CRNA), or S (Supervision of Anesthetists).

**Nebraska** – Laboratory code 85025 cannot be billed with panel codes (medical necessity >2). The fee for the psychiatry codes depend on what educational level provider is doing the services. Vision codes 92004 and 92014 have two different fees for medical and consult and primary care. The medical and consult fees were used. Audiology codes V5010 and V5050 are paid at invoice cost with a maximum billable amount of \$631.50. Dental code D7110 has different fees for permanent teeth and primary teeth. The fees for permanent teeth were used. The fee listed for DME code E0450 is the rental price.

**Nevada** – E&M code 99431 includes a 1-3 day stay. Nevada pays U & C fee instead of audiology code V5010. Audiology code V5050 is paid the invoice price less than \$250.00 for each hearing aid. The fee for DME code listed is the monthly rental price.

**New Hampshire** – The fee for vision code V2020 is a Medicare only rate. New Hampshire uses CDT-2 codes for their dental services (i.e. 01110). DME E0450 and L3020 are paid under individual consideration and priced by a consultant.

**New Jersey** – Medicaid fees to physicians for the same services vary. New Jersey reimburses non-specialists 15% less than Board certified specialists. The fees for Board certified specialists were used. For anesthesia services, surgical procedure codes with modifier “AA” were used. Anesthesia reimbursement is set using the total of the anesthesia base units plus anesthesia time in 15-minute quantities. For maternity codes 59400, 59409, and 59514, a higher rate is available to providers enrolled in Healthstart, New Jersey’s program of enhanced maternity services. They are billed using level III (NJ Medicaid specific) procedure codes. The Healthstart fees were used. Audiology code V5050 and DME code E0245 are paid by report. The rental price for DME code E0450 was used.

**New Mexico** – The surveyed anesthesia codes are not used by New Mexico. Vision code V2020 and audiology code 92525 are not benefits.

**New York** – No notes or comments.

**North Carolina** – For many services, North Carolina pays a different fee for non-facility and facility services. The non-facility fees were used. Anesthesia code 00850 is not covered. Laboratory code 80074 is paid 60% of the billed amount. Audiology code V5050 is manually priced. DME codes E0245 and L8160 are not covered.

**North Dakota** – The fees listed for anesthesia services are the base rates. An additional payment for time is paid on a rate of \$1.00/minute. Maternity codes 59400 and 59510 are not covered.

Audiology code V5010 is not covered; the payment for audiology code V5050 is the cost of the hearing aids plus \$300 for testing and fitting. For dental services, two different rates exist for those under 21 and those 21 and older. The rate for those 21 and older are used. DME codes are paid at a rate of 83% of the billed amount.

**Ohio** – Anesthesia is billed using surgical procedure codes with anesthesia modifiers. Anesthesia is paid based on minutes. Maternity codes 59400 and 59510 are not covered. Vision code V2020, audiology codes V5010 and V5050, and DME code L8160 are not covered.

**Oklahoma** – Audiology code V5010 and DME code L8160 are individually priced. Audiology code 92525 and dental code D0110 are not covered.

**Oregon** – Anesthesia services are paid at a rate of 51% of the billed amount. Laboratory codes 87490 and 87590 are also paid at a rate of 51% of the billed amount. Psychiatry codes are not covered. These services are covered by the Mental Health and Developmental Disability Services Division using unique codes. For audiology code V5010, an alternative fee corresponding to code 92591 was used.

**Pennsylvania** – For E&M codes 99203, 99204, and 99213, the slightly higher fees for Ob/Gyns were used. Maternity/delivery codes 59409 and 59514 include post partum care.

**Rhode Island** – Generally, the reimbursement associated with a procedure code is the same for all providers that bill that code. Because some state-only codes are program specific, the reimbursement might be different even though it might be for a similar service. This is true many times in the case of children’s services as it might be more time consuming or more difficult to deal with a child than an adult. Anesthesia services are reimbursed using the surgical code with the “AA” modifier; time units are not a factor in the reimbursement. Audiology code V5010 and DME code E0245 are not covered. DME code E0450 requires prior authorization with the reimbursement amount.

**South Carolina** – Currently, Medicaid fees to physicians for the same services do not vary. However, beginning in 2001, pediatric sub-specialists and primary care physicians will receive enhanced rate reimbursement. Anesthesia payment equals \$12.00 per unit (a unit = minutes/15 + base). Dental code D7110 is not covered.

**South Dakota** – Payment for anesthesia services is based on the CPT code of the procedure being performed. Surgical code 11721 is paid at 40% of UCC. Laboratory codes 87490 and 87590 are paid at 60% of UCC. Medicine and testing code 97140 is paid at 40% of UCC. Vision code V2020 is not covered, but an alternate code (V0130) was provided and used. Audiology code V5010 is not covered, but an alternate code (92506) was provided and used. The fee for adults was used for dental codes D2150 and D7110. DME codes L3020 and L8160 are paid at 75% of UCC.

**Tennessee** – The state capitates all care through the TennCare initiative. In deriving the capitation rates for the program, physician fees are estimated to be 85% of the Medicare allowed charge.

**Texas** – Maternity codes 59400, 59409, 59510, and 59514 are not used; although 59410 and 59515 are used in lieu of 59409 and 59514, respectively. Vision code V2020 and all of the sampled audiology codes are not valid.

**Utah** – A 12% enhancement is given to rural physicians. Further, physicians associated with a teaching hospital (a faculty practice organization) are paid a 12 % enhancement.

**Vermont** – No notes or comments.

**Virginia** – Medicaid fees to physicians for the same service can vary according to age of patient, specialty of provider, or geographic location. Virginia does not use vision code V2020 but provided an alternate code (Z9510) that was used. Audiology codes V5010 and V5050 are not used, but a fee for a comprehensive audiometry threshold was provided and used as a replacement for code V5010. DME code L8160 is not used.

**Washington** – E&M codes are reimbursed at a higher rate for children (under 21); the adult rates were used. All fees shown are for a non-facility setting. Vision code V2020 is not used. The prescription for frames is paid for only through a specific contractor. Audiology code V5010 is bundled with the cost of purchase of the hearing aid. The fee for audiology code V5050 is the rental price per month. The fees for dental code D1110, D2150, and D7110 are for those 19 years old and older. The fee for DME code E0450 is the 6-month rental price. DME codes L3020 and L8160 are not covered.

**West Virginia** – For all anesthesia codes, base units as determined by ASA are added to billed units and then multiplied by the current RBRVS conversion factor to determine the fee. Anesthesia codes 00850 and 00955 are capped at 8 units. Audiology code V5010 is priced by the provider. Audiology code V5050 and dental codes D0110 and D1110 are not covered.

**Wisconsin** – Wisconsin provides a higher rate for primary care providers (family practice, general practice, Ob/Gyn, internal medicine, and pediatrics) for many codes. These include various incentive programs such as Health Professional Shortage Area (HPSA) bonuses. Lab and x-ray services don't vary by physician provider. The fee for primary care providers was only used for E&M codes 99203, 99204, and 99213. The base rate was used for all other codes. HPSA bonuses are available for the E&M services and for maternity/delivery services. Anesthesia is covered based on the surgical procedure code and type of service. The RVU and number of time units are added. Laboratory code 80074 is limited to Medicare rates. Vision code V2020 and audiology code V5010 are not covered; audiology code V5010 is considered part of the local code "dispensing." Audiology code 92525 is manually priced and not billable by audiologists or hearing aid dealers. The adult fees were used for dental codes D1110, D2150, and D7110. The fee shown for DME code E0450 is the rental price.

**Wyoming** – Medicine and testing code 97140 and audiology code V5050 are manually priced. Audiology code V5010 is not allowed. The fee used for DME code E0450 is the rental price and is capped at 10 months.

### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	Alabama			Alaska		
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted	Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>							
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$75.00	90.6%	\$80.65	\$136.14	136.3%	\$121.06
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$108.00	90.1%	\$116.14	\$196.09	136.3%	\$174.37
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$39.00	89.1%	\$41.94	\$72.19	136.3%	\$64.19
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$76.00	69.6%	\$81.73	\$174.65	136.3%	\$155.30
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$37.00	69.9%	\$39.79	\$84.46	136.3%	\$75.10
99283	EMERGENCY DEPARTMENT VISIT FOR TH	\$42.00	69.2%	\$45.17	\$97.06	136.3%	\$86.31
99431	HISTORY AND EXAMINATION OF THE NOF	\$50.00	71.1%	\$53.77	\$114.87	136.3%	\$102.15
<b>Anesthesia Services</b>							
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$11.24		\$12.09	\$42.90		\$38.15
00850	ANESTHESIA, C SECTION	\$11.24		\$12.09	\$42.90		\$38.15
00955	ANALGESIA, VAGINAL DELIVERY	\$11.24		\$12.09	\$42.90		\$38.15
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$0.00	0.0%	\$0.00	\$0.00	0.0%	\$0.00
<b>Surgical Services (excluding maternity/delivery)</b>							
11721	DEBRIDE NAIL	\$27.00	70.7%	\$29.04	\$63.90	136.3%	\$56.82
29881	KNEE ARTHROSCOPY W/ MENISCECTOM	\$512.00	90.0%	\$550.60	\$959.81	136.3%	\$853.49
33533	CABG, ARTERIAL, SINGLE	\$1,309.00	70.6%	\$1,407.68	\$3,130.31	136.3%	\$2,783.56
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$201.00	90.0%	\$216.15	\$378.70	136.3%	\$336.75
66984	EXTRACAPSULAR CATARACT REMOVAL \	\$623.00	90.0%	\$669.97	\$1,146.54	136.3%	\$1,019.54
<b>Maternity/Delivery</b>							
59025	FETAL NON-STRESS TEST	\$27.00	67.9%	\$29.04	\$52.38	105.0%	\$46.58
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,300.00	92.4%	\$1,398.00	\$2,349.25	136.3%	\$2,089.02
59409	VAGINAL DELIVERY ONLY (WITH OR WIT-	\$950.00	119.9%	\$1,021.62	\$1,316.90	136.3%	\$1,171.03
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,300.00	81.2%	\$1,398.00	\$2,670.47	136.3%	\$2,374.66
59514	CAESAREAN DELIVERY ONLY;	\$950.00	101.9%	\$1,021.62	\$1,549.62	136.3%	\$1,377.97
<b>Radiology</b>							
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HI	\$158.00	78.1%	\$169.91	\$364.48	136.3%	\$324.11
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$23.00	71.5%	\$24.73	\$56.87	136.3%	\$50.57
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$48.00	68.8%	\$51.62	\$108.34	155.2%	\$96.34
76805	ECHOGRAPHY, PREGNANT UTERUS, B-S	\$85.00	70.2%	\$91.41	\$211.90	136.3%	\$188.43
<b>Lab/Pathology</b>							
80074	HEPATITIS PANEL	\$42.08	66.0%	\$45.25	\$65.82	100.0%	\$58.53
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$9.89	92.1%	\$10.64	\$10.74	100.0%	\$9.55
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$25.88	95.0%	\$27.83	\$27.71	100.0%	\$24.64
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$25.88	95.0%	\$27.83	\$27.71	100.0%	\$24.64
<b>Psychiatry</b>							
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$41.00	69.9%	\$44.09	\$92.82	136.3%	\$82.54
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$46.00	70.1%	\$49.47	\$103.83	136.3%	\$92.33
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$63.00	70.1%	\$67.75	\$142.29	136.3%	\$126.53
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$67.00	70.0%	\$72.05	\$150.78	136.3%	\$134.08
<b>Medicine and Testing</b>							
97140	MANUAL THERAPY TECHNIQUES (EG, MO	\$17.00	68.1%	\$18.28	\$40.73	136.3%	\$36.22
93000	ELECTROCARDIOGRAM, ROUTINE ECG W/	\$23.00	88.8%	\$24.73	\$45.85	136.3%	\$40.77
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$133.00	70.1%	\$143.03	\$94.41	37.8%	\$83.95
94010	SPIROMETRY, INCLUDING GRAPHIC REC	\$24.00	90.5%	\$25.81	\$47.02	136.3%	\$41.81
94060	BRONCHOSPASM EVALUATION: SPIROME	\$36.00	70.6%	\$38.71	\$90.69	136.3%	\$80.64
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$24.00	83.4%	\$25.81	\$49.01	136.3%	\$43.58
<b>Vision/Ophthalmology</b>							
V2020	FRAMES, PURCHASES	\$12.95	21.2%	\$13.93	\$25.00	35.8%	\$22.23
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$69.00	70.1%	\$74.20	\$160.49	136.3%	\$142.71
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$50.00	69.8%	\$53.77	\$118.18	136.3%	\$105.09
<b>Audiology/Hearing</b>							
V5010	ASSESSMENT FOR HEARING AID	\$31.00		\$33.34	\$0.00		\$0.00
V5050	HEARING AID, MONAURAL, IN THE EAR	\$575.00		\$618.35	\$0.00		\$0.00
92525	EVALUATION OF SWALLOWING AND ORAI	\$0.00	0.0%	\$0.00	\$158.90	136.3%	\$141.30
<b>Dental Services</b>							
D1110	PROPHYLAXIS-ADULT	\$35.00		\$37.64	\$70.00		\$62.25
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$62.00		\$66.67	\$95.00		\$84.48
D7110	EXTRACTION - SINGLE TOOTH	\$53.00		\$57.00	\$77.00		\$68.47
<b>Durable Medical Equipment</b>							
E0245	TUB STOOL OR BENCH	\$0.00		\$0.00	\$40.00		\$35.57
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$506.22		\$544.38	\$300.00		\$266.77
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$65.00		\$69.90	\$0.00		\$0.00
L8160	GRADIENT COMPRESSION STOCKING, FL	\$31.00		\$33.34	\$0.00		\$0.00

### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	Arizona			Arkansas		
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted	Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>							
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$80.46	91.3%	\$81.19	\$59.00	74.0%	\$66.00
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$119.70	94.1%	\$120.78	\$80.00	69.2%	\$89.49
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$45.35	97.3%	\$45.76	\$33.00	77.7%	\$36.91
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$114.86	100.0%	\$115.90	\$84.00	79.8%	\$93.97
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$55.65	100.0%	\$56.15	\$46.00	90.1%	\$51.46
99283	EMERGENCY DEPARTMENT VISIT FOR TH	\$63.94	100.0%	\$64.52	\$49.00	84.6%	\$54.81
99431	HISTORY AND EXAMINATION OF THE NOF	\$74.58	100.0%	\$75.25	\$54.42	80.0%	\$60.88
<b>Anesthesia Services</b>							
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$25.40		\$25.63	\$0.00		\$0.00
00850	ANESTHESIA, C SECTION	\$25.40		\$25.63	\$0.00		\$0.00
00955	ANALGESIA, VAGINAL DELIVERY	\$25.40		\$25.63	\$0.00		\$0.00
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$0.00	0.0%	\$0.00	\$0.00	0.0%	\$0.00
<b>Surgical Services (excluding maternity/delivery)</b>							
11721	DEBRIDE NAIL	\$40.97	100.0%	\$41.34	\$42.47	115.9%	\$47.51
29881	KNEE ARTHROSCOPY W/ MENISCECTOM	\$613.32	100.0%	\$618.86	\$1,155.00	212.7%	\$1,292.02
33533	CABG, ARTERIAL, SINGLE	\$2,000.37	100.0%	\$2,018.42	\$2,825.00	160.9%	\$3,160.15
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$240.85	100.0%	\$243.02	\$373.00	173.0%	\$417.25
66984	EXTRACAPSULAR CATARACT REMOVAL \	\$764.37	103.5%	\$771.27	\$1,122.00	167.7%	\$1,255.11
<b>Maternity/Delivery</b>							
59025	FETAL NON-STRESS TEST	\$50.18	116.1%	\$50.63	\$75.20	202.2%	\$84.12
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,636.80	108.1%	\$1,651.57	\$1,100.00	83.4%	\$1,230.50
59409	VAGINAL DELIVERY ONLY (WITH OR WITH	\$994.91	116.9%	\$1,003.89	\$594.00	80.2%	\$664.47
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,854.08	107.7%	\$1,870.81	\$1,100.00	73.4%	\$1,230.50
59514	CAESAREAN DELIVERY ONLY;	\$1,165.32	116.3%	\$1,175.84	\$594.00	68.1%	\$664.47
<b>Radiology</b>							
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HI	\$224.23	100.0%	\$226.25	\$251.00	129.4%	\$280.78
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$35.35	100.0%	\$35.67	\$34.00	110.4%	\$38.03
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$63.34	90.7%	\$63.91	\$73.00	104.6%	\$81.66
76805	ECHOGRAPHY, PREGNANT UTERUS, B-S	\$132.46	100.0%	\$133.66	\$132.00	113.7%	\$147.66
<b>Lab/Pathology</b>							
80074	HEPATITIS PANEL	\$64.13	100.0%	\$64.71	\$35.67	54.2%	\$39.90
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$8.87	100.0%	\$8.95	\$10.74	100.0%	\$12.01
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$27.71	100.0%	\$27.96	\$27.71	100.0%	\$31.00
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$27.71	100.0%	\$27.96	\$27.71	100.0%	\$31.00
<b>Psychiatry</b>							
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$61.39	100.0%	\$61.94	\$56.63	99.8%	\$63.35
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$68.72	100.0%	\$69.34	\$70.13	110.6%	\$78.45
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$94.11	100.0%	\$94.96	\$88.13	101.4%	\$98.59
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$99.94	100.0%	\$100.84	\$98.26	106.2%	\$109.92
<b>Medicine and Testing</b>							
97140	MANUAL THERAPY TECHNIQUES (EG, MO	\$26.49	100.0%	\$26.73	\$18.13	75.3%	\$20.28
93000	ELECTROCARDIOGRAM, ROUTINE ECG W	\$28.47	100.0%	\$28.73	\$26.00	104.7%	\$29.08
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$209.91	100.0%	\$211.80	\$126.00	69.2%	\$140.95
94010	SPIROMETRY, INCLUDING GRAPHIC REC	\$29.19	100.0%	\$29.45	\$36.00	141.3%	\$40.27
94060	BRONCHOSPASM EVALUATION: SPIROME	\$56.21	100.0%	\$56.72	\$58.00	118.5%	\$64.88
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$31.11	100.0%	\$31.39	\$43.00	155.5%	\$48.10
<b>Vision/Ophthalmology</b>							
V2020	FRAMES, PURCHASES	\$63.31	100.0%	\$63.88	\$0.00	0.0%	\$0.00
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$93.71	89.8%	\$94.56	\$86.00	90.4%	\$96.20
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$65.44	85.8%	\$66.03	\$68.00	98.1%	\$76.07
<b>Audiology/Hearing</b>							
V5010	ASSESSMENT FOR HEARING AID	\$0.00		\$0.00	\$0.00		\$0.00
V5050	HEARING AID, MONAURAL, IN THE EAR	\$0.00		\$0.00	\$0.00		\$0.00
92525	EVALUATION OF SWALLOWING AND ORA	\$102.68	100.0%	\$103.61	\$153.16	163.9%	\$171.33
<b>Dental Services</b>							
D1110	PROPHYLAXIS-ADULT	\$48.81		\$49.25	\$33.25		\$37.19
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$70.06		\$70.69	\$51.30		\$57.39
D7110	EXTRACTION - SINGLE TOOTH	\$67.25		\$67.86	\$41.80		\$46.76
<b>Durable Medical Equipment</b>							
E0245	TUB STOOL OR BENCH	\$0.00		\$0.00	\$0.00		\$0.00
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$10,066.44		\$10,157.29	\$0.00		\$0.00
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$0.00		\$0.00	\$130.00		\$145.42
L8160	GRADIENT COMPRESSION STOCKING, FL	\$0.00		\$0.00	\$129.26		\$144.59



### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	California			Colorado		
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted	Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>							
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$57.20	60.2%	\$53.62	\$53.70	61.9%	\$55.15
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$68.90	50.3%	\$64.59	\$79.91	63.8%	\$82.07
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$24.00	47.2%	\$22.50	\$32.45	70.4%	\$33.33
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$73.20	59.9%	\$68.62	\$88.36	78.2%	\$90.75
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$37.80	64.1%	\$35.43	\$41.83	76.4%	\$42.96
99283	EMERGENCY DEPARTMENT VISIT FOR TH	\$44.60	66.7%	\$41.81	\$47.74	76.5%	\$49.03
99431	HISTORY AND EXAMINATION OF THE NOF	\$49.30	61.1%	\$46.22	\$57.06	77.5%	\$58.60
<b>Anesthesia Services</b>							
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$75.93		\$71.18	\$85.98		\$88.31
00850	ANESTHESIA, C SECTION	\$107.82		\$107.07	\$100.31		\$103.02
00955	ANALGESIA, VAGINAL DELIVERY	\$77.11		\$72.29	\$71.65		\$73.59
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$14.01	78.5%	\$13.13	\$0.00	0.0%	\$0.00
<b>Surgical Services (excluding maternity/delivery)</b>							
11721	DEBRIDE NAIL	\$33.13	74.7%	\$31.06	\$32.09	79.8%	\$32.96
29881	KNEE ARTHROSCOPY W/ MENISCECTOM	\$551.00	83.3%	\$516.52	\$294.18	49.1%	\$302.14
33533	CABG, ARTERIAL, SINGLE	\$1,871.92	87.6%	\$1,754.79	\$1,354.58	69.7%	\$1,391.22
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$234.18	88.4%	\$219.53	\$20.06	8.4%	\$20.60
66984	EXTRACAPSULAR CATARACT REMOVAL \	\$1,005.21	125.0%	\$942.31	\$869.18	119.3%	\$892.69
<b>Maternity/Delivery</b>							
59025	FETAL NON-STRESS TEST	\$22.80	50.0%	\$21.37	\$34.09	82.0%	\$35.01
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,088.56	68.9%	\$1,020.45	\$1,168.37	80.1%	\$1,199.97
59409	VAGINAL DELIVERY ONLY (WITH OR WITH	\$544.28	61.6%	\$510.22	\$708.71	86.6%	\$727.88
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,088.62	60.6%	\$1,020.50	\$1,402.38	84.6%	\$1,440.31
59514	CAESAREAN DELIVERY ONLY;	\$544.72	52.4%	\$510.64	\$830.73	86.2%	\$853.20
<b>Radiology</b>							
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HI	\$196.84	78.0%	\$184.52	\$179.57	81.6%	\$184.43
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$25.98	66.0%	\$24.35	\$21.21	61.1%	\$21.78
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$67.50	96.7%	\$63.28	\$21.21	30.4%	\$21.78
76805	ECHOGRAPHY, PREGNANT UTERUS, B-S	\$94.32	64.2%	\$88.42	\$100.18	77.0%	\$102.89
<b>Lab/Pathology</b>							
80074	HEPATITIS PANEL	\$62.94	95.6%	\$59.00	\$31.92	48.5%	\$32.78
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$10.11	94.1%	\$9.48	\$9.77	100.0%	\$10.03
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$27.07	97.7%	\$25.38	\$27.71	100.0%	\$28.46
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$27.07	97.7%	\$25.38	\$27.71	100.0%	\$28.46
<b>Psychiatry</b>							
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$29.18	44.7%	\$27.35	\$0.00	0.0%	\$0.00
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$32.98	45.3%	\$30.92	\$0.00	0.0%	\$0.00
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$46.44	46.5%	\$43.53	\$0.00	0.0%	\$0.00
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$49.22	46.5%	\$46.14	\$0.00	0.0%	\$0.00
<b>Medicine and Testing</b>							
97140	MANUAL THERAPY TECHNIQUES (EG, MO	\$22.21	78.1%	\$20.82	\$16.01	61.4%	\$16.44
93000	ELECTROCARDIOGRAM, ROUTINE ECG W	\$24.60	77.4%	\$23.06	\$21.28	76.1%	\$21.86
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$150.10	63.7%	\$140.71	\$132.72	64.4%	\$136.31
94010	SPIROMETRY, INCLUDING GRAPHIC REC	\$24.60	75.4%	\$23.06	\$30.80	107.4%	\$31.63
94060	BRONCHOSPASM EVALUATION: SPIROME	\$45.03	71.6%	\$42.21	\$39.20	71.0%	\$40.26
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$26.24	77.1%	\$24.60	\$22.40	73.3%	\$23.01
<b>Vision/Ophthalmology</b>							
V2020	FRAMES, PURCHASES	\$21.31	33.7%	\$19.98	\$18.00	32.4%	\$18.49
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$57.79	51.3%	\$54.17	\$28.58	27.8%	\$29.35
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$46.44	56.0%	\$43.53	\$28.00	37.2%	\$28.76
<b>Audiology/Hearing</b>							
V5010	ASSESSMENT FOR HEARING AID	\$52.70		\$49.40	\$56.50		\$58.03
V5050	HEARING AID, MONAURAL, IN THE EAR	\$883.80		\$828.50	\$0.00		\$0.00
92525	EVALUATION OF SWALLOWING AND ORA	\$73.47	65.8%	\$68.87	\$43.98	43.3%	\$45.17
<b>Dental Services</b>							
D1110	PROPHYLAXIS-ADULT	\$40.00		\$37.50	\$37.24		\$38.25
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$48.00		\$45.00	\$59.74		\$61.36
D7110	EXTRACTION - SINGLE TOOTH	\$45.00		\$42.18	\$52.87		\$54.30
<b>Durable Medical Equipment</b>							
E0245	TUB STOOL OR BENCH	\$55.07		\$51.62	\$50.00		\$51.35
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$657.79		\$616.63	\$652.00		\$669.63
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$72.38		\$67.85	\$0.00		\$0.00
L8160	GRADIENT COMPRESSION STOCKING, FL	\$39.43		\$36.96	\$28.12		\$28.88

### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	Connecticut			Delaware		
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted	Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>							
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$37.61	38.4%	\$34.16	\$82.89	91.5%	\$81.45
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$43.71	31.0%	\$39.70	\$119.76	91.5%	\$117.67
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$21.61	41.4%	\$19.63	\$44.11	91.5%	\$43.34
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$51.40	40.9%	\$46.68	\$107.73	91.5%	\$105.85
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$24.56	40.5%	\$22.30	\$52.15	91.5%	\$51.24
99283	EMERGENCY DEPARTMENT VISIT FOR TH	\$26.52	38.3%	\$24.08	\$59.44	91.5%	\$58.41
99431	HISTORY AND EXAMINATION OF THE NOF	\$64.73	78.0%	\$58.79	\$70.36	91.5%	\$69.13
<b>Anesthesia Services</b>							
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$48.00		\$43.59	\$0.00		\$0.00
00850	ANESTHESIA, C SECTION	\$56.00		\$50.86	\$0.00		\$0.00
00955	ANALGESIA, VAGINAL DELIVERY	\$40.00		\$36.33	\$0.00		\$0.00
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$0.00	0.0%	\$0.00	\$10.55	60.6%	\$10.37
<b>Surgical Services (excluding maternity/delivery)</b>							
11721	DEBRIDE NAIL	\$25.86	56.4%	\$23.49	\$38.52	91.5%	\$37.85
29881	KNEE ARTHROSCOPY W/ MENISCECTOM'	\$494.01	72.0%	\$448.64	\$574.49	91.5%	\$564.49
33533	CABG, ARTERIAL, SINGLE	\$1,893.85	85.2%	\$1,719.92	\$1,863.51	91.5%	\$1,831.07
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$161.36	59.0%	\$146.54	\$227.94	91.5%	\$223.97
66984	EXTRACAPSULAR CATARACT REMOVAL \	\$602.15	72.7%	\$546.85	\$697.73	91.5%	\$685.58
<b>Maternity/Delivery</b>							
59025	FETAL NON-STRESS TEST	\$93.92	196.4%	\$85.29	\$39.04	89.5%	\$38.36
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$2,798.27	169.3%	\$2,541.28	\$832.71	54.6%	\$818.21
59409	VAGINAL DELIVERY ONLY (WITH OR WIT-	\$1,584.61	171.4%	\$1,439.08	\$754.80	88.3%	\$741.66
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,190.80	63.4%	\$1,081.44	\$832.71	48.0%	\$818.21
59514	CAESAREAN DELIVERY ONLY;	\$1,626.64	149.6%	\$1,477.25	\$754.80	75.0%	\$741.66
<b>Radiology</b>							
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HI	\$127.77	48.7%	\$116.04	\$212.89	91.5%	\$209.18
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$18.23	44.6%	\$16.56	\$33.45	91.5%	\$32.87
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$37.26	53.4%	\$33.84	\$78.84	112.9%	\$77.47
76805	ECHOGRAPHY, PREGNANT UTERUS, B-S-	\$66.02	43.3%	\$59.96	\$125.30	91.5%	\$123.12
<b>Lab/Pathology</b>							
80074	HEPATITIS PANEL	\$65.82	100.0%	\$59.78	\$65.57	100.0%	\$64.43
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$10.74	100.0%	\$9.75	\$11.38	106.0%	\$11.18
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$27.71	100.0%	\$25.17	\$27.71	100.0%	\$27.23
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$27.71	100.0%	\$25.17	\$27.71	100.0%	\$27.23
<b>Psychiatry</b>							
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$28.65	42.8%	\$26.02	\$85.26	135.3%	\$83.78
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$31.43	42.0%	\$28.54	\$85.26	121.0%	\$83.78
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$50.00	48.8%	\$45.41	\$150.82	156.2%	\$148.19
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$45.51	41.9%	\$41.33	\$150.82	147.1%	\$148.19
<b>Medicine and Testing</b>							
97140	MANUAL THERAPY TECHNIQUES (EG, MO	\$10.31	35.2%	\$9.36	\$24.89	91.5%	\$24.46
93000	ELECTROCARDIOGRAM, ROUTINE ECG W	\$15.82	47.9%	\$14.37	\$26.98	91.5%	\$26.51
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$80.21	32.7%	\$72.84	\$199.20	91.5%	\$195.73
94010	SPIROMETRY, INCLUDING GRAPHIC RECI	\$20.05	59.2%	\$18.21	\$27.67	91.5%	\$27.19
94060	BRONCHOSPASM EVALUATION: SPIROME	\$25.69	39.4%	\$23.33	\$53.29	91.5%	\$52.36
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$23.35	66.3%	\$21.21	\$29.34	91.5%	\$28.83
<b>Vision/Ophthalmology</b>							
V2020	FRAMES, PURCHASES	\$9.85	18.4%	\$8.95	\$19.30	40.6%	\$18.96
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$43.82	37.8%	\$39.80	\$35.00	32.6%	\$34.39
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$32.19	37.7%	\$29.23	\$35.00	44.4%	\$34.39
<b>Audiology/Hearing</b>							
V5010	ASSESSMENT FOR HEARING AID	\$41.30		\$37.51	\$18.32		\$18.00
V5050	HEARING AID, MONAURAL, IN THE EAR	\$0.00		\$0.00	\$0.00		\$0.00
92525	EVALUATION OF SWALLOWING AND ORAI	\$46.33	40.3%	\$42.08	\$433.21	408.3%	\$425.67
<b>Dental Services</b>							
D1110	PROPHYLAXIS-ADULT	\$19.25		\$17.48	\$0.00		\$0.00
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$22.00		\$19.98	\$0.00		\$0.00
D7110	EXTRACTION - SINGLE TOOTH	\$19.00		\$17.26	\$0.00		\$0.00
<b>Durable Medical Equipment</b>							
E0245	TUB STOOL OR BENCH	\$75.00		\$68.11	\$0.00		\$0.00
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$850.00		\$771.94	\$0.00		\$0.00
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$133.84		\$121.55	\$0.00		\$0.00
L8160	GRADIENT COMPRESSION STOCKING, FL	\$100.00		\$90.82	\$0.00		\$0.00

### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	District of Columbia			Florida		
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted	Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>							
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$30.00	30.8%	\$27.36	\$47.61	53.3%	\$47.37
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$35.00	24.9%	\$31.92	\$69.21	53.8%	\$68.86
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$18.00	34.6%	\$16.42	\$26.29	55.9%	\$26.16
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$36.00	28.7%	\$32.84	\$61.71	53.3%	\$61.40
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$16.20	26.8%	\$14.78	\$30.15	53.7%	\$30.00
99283	EMERGENCY DEPARTMENT VISIT FOR TH	\$25.71	37.3%	\$23.45	\$40.62	62.6%	\$40.41
99431	HISTORY AND EXAMINATION OF THE NOF	\$75.00	90.8%	\$68.41	\$36.38	48.4%	\$36.19
<b>Anesthesia Services</b>							
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$0.00		\$0.00	\$83.64		\$83.21
00850	ANESTHESIA, C SECTION	\$0.00		\$0.00	\$97.58		\$97.08
00955	ANALGESIA, VAGINAL DELIVERY	\$0.00		\$0.00	\$69.70		\$69.34
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$0.00	0.0%	\$0.00	\$14.50	81.9%	\$14.43
<b>Surgical Services (excluding maternity/delivery)</b>							
11721	DEBRIDE NAIL	\$21.00	46.0%	\$19.15	\$22.71	54.5%	\$22.59
29881	KNEE ARTHROSCOPY W/ MENISCECTOM	\$341.00	50.0%	\$311.02	\$344.53	55.0%	\$342.77
33533	CABG, ARTERIAL, SINGLE	\$1,122.00	50.7%	\$1,023.37	\$1,032.38	50.3%	\$1,027.12
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$123.00	45.3%	\$112.19	\$150.39	61.5%	\$149.62
66984	EXTRACAPSULAR CATARACT REMOVAL \	\$426.00	51.7%	\$388.55	\$390.16	52.3%	\$388.17
<b>Maternity/Delivery</b>							
59025	FETAL NON-STRESS TEST	\$24.00	50.5%	\$21.89	\$22.92	51.2%	\$22.80
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,500.00	91.2%	\$1,368.14	\$1,400.00	89.5%	\$1,392.87
59409	VAGINAL DELIVERY ONLY (WITH OR WITH-	\$900.00	97.8%	\$820.89	\$800.00	91.0%	\$795.92
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,550.00	82.9%	\$1,413.75	\$1,400.00	78.8%	\$1,392.87
59514	CAESAREAN DELIVERY ONLY;	\$950.00	87.7%	\$866.49	\$800.00	77.3%	\$795.92
<b>Radiology</b>							
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HI	\$122.00	46.9%	\$111.28	\$124.02	53.8%	\$123.39
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$19.00	46.8%	\$17.33	\$19.50	53.8%	\$19.40
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$53.56	76.7%	\$48.85	\$40.04	57.4%	\$39.84
76805	ECHOGRAPHY, PREGNANT UTERUS, B-S	\$71.00	46.9%	\$64.76	\$72.77	53.7%	\$72.40
<b>Lab/Pathology</b>							
80074	HEPATITIS PANEL	\$42.00	63.8%	\$38.31	\$46.00	69.9%	\$45.77
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$5.30	49.3%	\$4.83	\$8.00	74.5%	\$7.96
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$13.30	48.0%	\$12.13	\$12.00	68.2%	\$11.94
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$13.30	48.0%	\$12.13	\$12.00	68.2%	\$11.94
<b>Psychiatry</b>							
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$21.00	31.4%	\$19.15	\$34.98	56.7%	\$34.80
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$27.00	36.2%	\$24.63	\$39.20	56.7%	\$39.00
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$37.80	36.9%	\$34.48	\$52.87	55.9%	\$52.60
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$43.80	40.4%	\$39.95	\$56.68	56.5%	\$56.39
<b>Medicine and Testing</b>							
97140	MANUAL THERAPY TECHNIQUES (EG, MO	\$14.30	49.0%	\$13.05	\$16.07	60.0%	\$15.99
93000	ELECTROCARDIOGRAM, ROUTINE ECG W/	\$16.00	48.9%	\$14.59	\$15.28	52.4%	\$15.20
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$117.00	48.1%	\$106.72	\$112.16	52.0%	\$111.59
94010	SPIROMETRY, INCLUDING GRAPHIC REC	\$17.00	50.6%	\$15.51	\$19.50	65.2%	\$19.40
94060	BRONCHOSPASM EVALUATION: SPIROME	\$31.00	47.9%	\$28.27	\$31.96	55.5%	\$31.80
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$18.00	51.4%	\$16.42	\$19.90	62.8%	\$19.80
<b>Vision/Ophthalmology</b>							
V2020	FRAMES, PURCHASES	\$0.00	0.0%	\$0.00	\$9.99	16.4%	\$9.94
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$55.00	47.7%	\$50.17	\$63.32	60.1%	\$63.00
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$41.00	48.2%	\$37.40	\$46.03	59.7%	\$45.80
<b>Audiology/Hearing</b>							
V5010	ASSESSMENT FOR HEARING AID	\$0.00		\$0.00	\$0.00		\$0.00
V5050	HEARING AID, MONAURAL, IN THE EAR	\$0.00		\$0.00	\$173.00		\$172.12
92525	EVALUATION OF SWALLOWING AND ORAL	\$55.00	48.1%	\$50.17	\$60.50	58.4%	\$60.19
<b>Dental Services</b>							
D1110	PROPHYLAXIS-ADULT	\$9.00		\$8.21	\$18.00		\$17.91
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$17.00		\$15.51	\$41.00		\$40.79
D7110	EXTRACTION - SINGLE TOOTH	\$14.00		\$12.77	\$27.00		\$26.86
<b>Durable Medical Equipment</b>							
E0245	TUB STOOL OR BENCH	\$0.00		\$0.00	\$0.50		\$0.50
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$0.00		\$0.00	\$756.60		\$752.74
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$0.00		\$0.00	\$77.60		\$77.20
L8160	GRADIENT COMPRESSION STOCKING, FL	\$0.00		\$0.00	\$111.50		\$110.93

### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	Georgia			Hawaii		
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted	Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>							
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$69.32	80.0%	\$71.19	\$60.70	63.5%	\$56.47
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$101.52	81.1%	\$104.25	\$79.48	57.7%	\$73.95
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$38.15	83.0%	\$39.18	\$26.60	52.0%	\$24.75
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$104.28	92.2%	\$107.09	\$78.13	64.2%	\$72.69
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$49.42	90.2%	\$50.75	\$38.46	65.5%	\$35.78
99283	EMERGENCY DEPARTMENT VISIT FOR T	\$55.56	88.7%	\$57.06	\$60.28	90.3%	\$56.08
99431	HISTORY AND EXAMINATION OF THE NOF	\$74.93	101.9%	\$76.95	\$80.97	100.0%	\$75.33
<b>Anesthesia Services</b>							
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$0.00		\$0.00	\$0.00		\$0.00
00850	ANESTHESIA, C SECTION	\$238.71		\$245.13	\$0.00		\$0.00
00955	ANALGESIA, VAGINAL DELIVERY	\$246.02		\$252.64	\$0.00		\$0.00
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$0.00	0.0%	\$0.00	\$22.80	127.8%	\$21.21
<b>Surgical Services (excluding maternity/delivery)</b>							
11721	DEBRIDE NAIL	\$36.43	90.6%	\$37.41	\$19.80	44.0%	\$18.42
29881	KNEE ARTHROSCOPY W/ MENISCECTOM'	\$569.12	94.8%	\$584.44	\$676.87	100.7%	\$629.74
33533	CABG, ARTERIAL, SINGLE	\$1,869.51	95.8%	\$1,919.83	\$2,174.19	100.0%	\$2,022.79
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$219.02	92.4%	\$224.91	\$235.73	87.5%	\$219.31
66984	EXTRACAPSULAR CATARACT REMOVAL \	\$708.07	97.4%	\$727.13	\$841.23	103.7%	\$782.65
<b>Maternity/Delivery</b>							
59025	FETAL NON-STRESS TEST	\$38.90	92.7%	\$39.95	\$43.24	92.6%	\$40.23
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,305.47	88.7%	\$1,340.61	\$588.80	36.7%	\$547.80
59409	VAGINAL DELIVERY ONLY (WITH OR WIT	\$797.43	96.5%	\$818.89	\$379.20	42.4%	\$352.79
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,605.00	96.0%	\$1,648.20	\$1,042.80	57.2%	\$970.18
59514	CAESAREAN DELIVERY ONLY;	\$196.43	20.2%	\$201.72	\$675.65	64.2%	\$628.60
<b>Radiology</b>							
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HI	\$204.74	93.2%	\$210.25	\$208.42	79.6%	\$193.91
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$30.37	87.7%	\$31.19	\$27.39	67.4%	\$25.48
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$60.88	87.2%	\$62.52	\$46.88	67.2%	\$43.62
76805	ECHOGRAPHY, PREGNANT UTERUS, B-S	\$120.03	92.4%	\$123.26	\$93.67	62.0%	\$87.15
<b>Lab/Pathology</b>							
80074	HEPATITIS PANEL	\$59.24	90.0%	\$60.83	\$49.68	75.5%	\$46.22
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$9.67	90.0%	\$9.93	\$10.74	100.0%	\$9.99
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$24.53	90.0%	\$25.19	\$27.00	97.4%	\$25.12
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$24.53	90.0%	\$25.19	\$24.94	90.0%	\$23.20
<b>Psychiatry</b>							
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$52.49	86.7%	\$53.90	\$42.00	64.9%	\$39.08
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$57.60	85.1%	\$59.15	\$42.00	58.1%	\$39.08
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$81.77	88.1%	\$83.97	\$78.00	78.7%	\$72.57
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$90.92	92.2%	\$93.37	\$78.00	74.3%	\$72.57
<b>Medicine and Testing</b>							
97140	MANUAL THERAPY TECHNIQUES (EG, MO	\$19.94	76.5%	\$20.48	\$22.96	80.5%	\$21.36
93000	ELECTROCARDIOGRAM, ROUTINE ECG W	\$25.96	93.0%	\$26.66	\$28.20	85.9%	\$26.24
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$195.79	95.2%	\$201.06	\$194.76	79.7%	\$181.20
94010	SPIROMETRY, INCLUDING GRAPHIC RECI	\$28.19	98.5%	\$28.95	\$31.62	93.9%	\$29.42
94060	BRONCHOSPASM EVALUATION: SPIROME	\$52.88	96.0%	\$54.30	\$56.22	86.5%	\$52.31
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$29.33	96.0%	\$30.12	\$34.70	100.0%	\$32.28
<b>Vision/Ophthalmology</b>							
V2020	FRAMES, PURCHASES	\$0.00	0.0%	\$0.00	\$15.00	20.1%	\$13.96
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$81.14	78.9%	\$83.32	\$54.00	47.8%	\$50.24
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$59.83	79.6%	\$61.44	\$53.64	64.2%	\$49.90
<b>Audiology/Hearing</b>							
V5010	ASSESSMENT FOR HEARING AID	\$0.00		\$0.00	\$84.00		\$78.15
V5050	HEARING AID, MONAURAL, IN THE EAR	\$0.00		\$0.00	\$0.00		\$0.00
92525	EVALUATION OF SWALLOWING AND ORAI	\$0.00	0.0%	\$0.00	\$85.69	76.2%	\$79.72
<b>Dental Services</b>							
D1110	PROPHYLAXIS-ADULT	\$0.00		\$0.00	\$22.50		\$20.93
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$75.00		\$77.02	\$27.60		\$25.68
D7110	EXTRACTION - SINGLE TOOTH	\$62.00		\$63.67	\$27.00		\$25.12
<b>Durable Medical Equipment</b>							
E0245	TUB STOOL OR BENCH	\$63.06		\$64.76	\$100.00		\$93.04
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$836.47		\$858.98	\$775.37		\$721.38
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$0.00		\$0.00	\$0.00		\$0.00
L8160	GRADIENT COMPRESSION STOCKING, FL	\$0.00		\$0.00	\$0.00		\$0.00

### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	Idaho			Illinois		
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted	Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>							
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$54.14	66.1%	\$58.94	\$44.00	48.7%	\$43.24
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$72.86	61.5%	\$79.31	\$70.27	53.9%	\$69.06
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$36.42	83.6%	\$39.65	\$30.00	62.8%	\$29.48
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$117.35	109.1%	\$127.74	\$54.43	46.4%	\$53.49
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$37.63	72.2%	\$40.96	\$26.39	46.5%	\$25.93
99283	EMERGENCY DEPARTMENT VISIT FOR TH	\$65.22	110.0%	\$71.00	\$34.16	52.2%	\$33.57
99431	HISTORY AND EXAMINATION OF THE NOF	\$81.48	116.9%	\$88.70	\$41.00	53.7%	\$40.29
<b>Anesthesia Services</b>							
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$78.75		\$85.73	\$0.00		\$0.00
00850	ANESTHESIA, C SECTION	\$94.50		\$102.87	\$0.00		\$0.00
00955	ANALGESIA, VAGINAL DELIVERY	\$236.25		\$257.18	\$0.00		\$0.00
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$15.75	99.4%	\$17.15	\$14.90	83.9%	\$14.64
<b>Surgical Services (excluding maternity/delivery)</b>							
11721	DEBRIDE NAIL	\$37.39	99.0%	\$40.70	\$19.17	45.4%	\$18.84
29881	KNEE ARTHROSCOPY W/ MENISCECTOM'	\$1,106.31	197.2%	\$1,204.31	\$357.85	56.5%	\$351.66
33533	CABG, ARTERIAL, SINGLE	\$2,474.00	136.2%	\$2,693.15	\$2,537.50	122.7%	\$2,493.63
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$327.29	147.1%	\$356.28	\$264.35	106.5%	\$259.78
66984	EXTRACAPSULAR CATARACT REMOVAL \	\$1,346.81	195.9%	\$1,466.11	\$1,113.10	146.9%	\$1,093.86
<b>Maternity/Delivery</b>							
59025	FETAL NON-STRESS TEST	\$40.78	105.5%	\$44.39	\$35.70	79.5%	\$35.08
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,304.51	95.5%	\$1,420.06	\$0.00	0.0%	\$0.00
59409	VAGINAL DELIVERY ONLY (WITH OR WIT-	\$730.71	95.3%	\$795.44	\$566.50	64.4%	\$556.71
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,578.61	101.7%	\$1,718.44	\$0.00	0.0%	\$0.00
59514	CAESAREAN DELIVERY ONLY;	\$1,174.41	130.1%	\$1,278.44	\$721.00	69.6%	\$708.54
<b>Radiology</b>							
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HI	\$214.00	105.6%	\$232.96	\$261.60	111.9%	\$257.08
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$35.79	111.6%	\$38.96	\$22.80	62.0%	\$22.41
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$55.94	80.1%	\$60.90	\$76.15	109.1%	\$74.83
76805	ECHOGRAPHY, PREGNANT UTERUS, B-S-	\$106.50	88.3%	\$115.93	\$76.15	55.4%	\$74.83
<b>Lab/Pathology</b>							
80074	HEPATITIS PANEL	\$65.82	100.0%	\$71.65	\$54.29	82.5%	\$53.35
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$10.74	100.0%	\$11.69	\$8.10	75.4%	\$7.96
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$27.71	100.0%	\$30.16	\$27.71	100.0%	\$27.23
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$27.71	100.0%	\$30.16	\$27.71	100.0%	\$27.23
<b>Psychiatry</b>							
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$36.77	63.6%	\$40.03	\$29.18	46.7%	\$28.68
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$45.85	70.9%	\$49.91	\$32.67	46.7%	\$32.11
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$57.54	64.9%	\$62.64	\$50.25	52.4%	\$49.38
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$64.02	67.9%	\$69.69	\$50.25	49.4%	\$49.38
<b>Medicine and Testing</b>							
97140	MANUAL THERAPY TECHNIQUES (EG, MO	\$23.69	96.0%	\$25.79	\$12.49	46.0%	\$12.27
93000	ELECTROCARDIOGRAM, ROUTINE ECG W	\$34.63	133.9%	\$37.70	\$23.45	79.2%	\$23.04
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$188.10	99.0%	\$204.76	\$96.30	44.0%	\$94.64
94010	SPIROMETRY, INCLUDING GRAPHIC RECI	\$43.28	163.2%	\$47.11	\$39.60	130.5%	\$38.92
94060	BRONCHOSPASM EVALUATION: SPIROME	\$80.96	158.7%	\$88.13	\$55.75	95.3%	\$54.79
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$38.95	136.3%	\$42.40	\$16.06	50.0%	\$15.79
<b>Vision/Ophthalmology</b>							
V2020	FRAMES, PURCHASES	\$15.95	29.7%	\$17.36	\$8.64	15.2%	\$8.49
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$54.09	55.5%	\$58.88	\$49.18	46.0%	\$48.33
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$54.09	76.0%	\$58.88	\$47.06	60.1%	\$46.25
<b>Audiology/Hearing</b>							
V5010	ASSESSMENT FOR HEARING AID	\$0.00		\$0.00	\$46.25		\$45.45
V5050	HEARING AID, MONAURAL, IN THE EAR	\$0.00		\$0.00	\$0.00		\$0.00
92525	EVALUATION OF SWALLOWING AND ORAI	\$91.25	95.2%	\$99.33	\$0.00	0.0%	\$0.00
<b>Dental Services</b>							
D1110	PROPHYLAXIS-ADULT	\$40.00		\$43.54	\$24.00		\$23.59
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$55.00		\$59.87	\$48.75		\$47.91
D7110	EXTRACTION - SINGLE TOOTH	\$43.00		\$46.81	\$44.00		\$43.24
<b>Durable Medical Equipment</b>							
E0245	TUB STOOL OR BENCH	\$116.07		\$126.35	\$41.48		\$40.76
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$650.68		\$708.32	\$0.00		\$0.00
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$139.06		\$151.38	\$131.50		\$129.23
L8160	GRADIENT COMPRESSION STOCKING, FL	\$72.37		\$78.78	\$0.00		\$0.00

### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	Indiana			Iowa		
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted	Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>							
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$46.85	56.2%	\$50.08	\$81.60	100.0%	\$89.09
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$70.14	58.0%	\$74.97	\$118.14	100.0%	\$128.98
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$25.98	58.4%	\$27.77	\$43.25	99.8%	\$47.22
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$80.67	73.6%	\$86.22	\$107.32	100.0%	\$117.17
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$37.20	70.0%	\$39.76	\$52.02	100.0%	\$56.79
99283	EMERGENCY DEPARTMENT VISIT FOR TH	\$43.82	72.8%	\$46.84	\$59.28	100.0%	\$64.72
99431	HISTORY AND EXAMINATION OF THE NOF	\$55.33	77.8%	\$59.14	\$69.44	100.0%	\$75.81
<b>Anesthesia Services</b>							
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$0.00		\$0.00	\$0.00		\$0.00
00850	ANESTHESIA, C SECTION	\$0.00		\$0.00	\$196.35		\$214.37
00955	ANALGESIA, VAGINAL DELIVERY	\$0.00		\$0.00	\$0.00		\$0.00
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$0.00	0.0%	\$0.00	\$0.00	0.0%	\$0.00
<b>Surgical Services (excluding maternity/delivery)</b>							
11721	DEBRIDE NAIL	\$29.86	77.6%	\$31.92	\$37.65	100.0%	\$41.11
29881	KNEE ARTHROSCOPY W/ MENISCECTOM'	\$508.62	89.2%	\$543.63	\$559.85	100.0%	\$611.24
33533	CABG, ARTERIAL, SINGLE	\$1,557.71	84.6%	\$1,664.95	\$1,815.60	100.0%	\$1,982.24
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$181.60	80.0%	\$194.10	\$221.43	100.0%	\$241.75
66984	EXTRACAPSULAR CATARACT REMOVAL \	\$711.78	101.4%	\$760.78	\$684.35	100.0%	\$747.16
<b>Maternity/Delivery</b>							
59025	FETAL NON-STRESS TEST	\$32.71	83.9%	\$34.96	\$38.72	100.0%	\$42.27
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$0.00	0.0%	\$0.00	\$1,368.21	100.0%	\$1,493.79
59409	VAGINAL DELIVERY ONLY (WITH OR WITH	\$657.53	85.1%	\$702.80	\$768.60	100.0%	\$839.15
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,171.90	74.9%	\$1,252.58	\$1,555.11	100.0%	\$1,697.84
59514	CAESAREAN DELIVERY ONLY;	\$762.02	83.8%	\$814.48	\$904.88	100.0%	\$987.93
<b>Radiology</b>							
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HI	\$156.93	76.0%	\$167.73	\$201.41	100.0%	\$219.90
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$25.03	76.6%	\$26.75	\$31.92	100.0%	\$34.85
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$59.63	85.4%	\$63.74	\$85.48	122.4%	\$93.33
76805	ECHOGRAPHY, PREGNANT UTERUS, B-S(C	\$94.94	77.2%	\$101.48	\$120.07	100.0%	\$131.09
<b>Lab/Pathology</b>							
80074	HEPATITIS PANEL	\$60.42	100.0%	\$64.58	\$57.91	100.0%	\$63.23
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$11.41	106.2%	\$12.20	\$10.74	100.0%	\$11.73
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$27.71	100.0%	\$29.62	\$27.71	100.0%	\$30.25
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$27.71	100.0%	\$29.62	\$27.71	100.0%	\$30.25
<b>Psychiatry</b>							
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$0.00	0.0%	\$0.00	\$57.69	100.0%	\$62.99
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$0.00	0.0%	\$0.00	\$64.50	100.0%	\$70.42
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$0.00	0.0%	\$0.00	\$88.39	100.0%	\$96.50
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$0.00	0.0%	\$0.00	\$94.00	100.0%	\$102.63
<b>Medicine and Testing</b>							
97140	MANUAL THERAPY TECHNIQUES (EG, MO	\$20.12	80.0%	\$21.50	\$24.60	100.0%	\$26.86
93000	ELECTROCARDIOGRAM, ROUTINE ECG W	\$20.63	78.3%	\$22.05	\$25.73	100.0%	\$28.09
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$152.26	78.6%	\$162.74	\$188.86	100.0%	\$206.19
94010	SPIROMETRY, INCLUDING GRAPHIC RECI	\$23.11	85.5%	\$24.70	\$26.37	100.0%	\$28.79
94060	BRONCHOSPASM EVALUATION: SPIROME	\$43.16	83.0%	\$46.13	\$50.73	100.0%	\$55.39
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$24.51	84.2%	\$26.20	\$28.46	100.0%	\$31.07
<b>Vision/Ophthalmology</b>							
V2020	FRAMES, PURCHASES	\$20.00	35.1%	\$21.38	\$13.74	27.5%	\$15.00
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$61.01	61.3%	\$65.21	\$97.14	100.0%	\$106.06
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$44.54	61.3%	\$47.61	\$70.86	100.0%	\$77.36
<b>Audiology/Hearing</b>							
V5010	ASSESSMENT FOR HEARING AID	\$0.00		\$0.00	\$0.00		\$0.00
V5050	HEARING AID, MONAURAL, IN THE EAR	\$0.00		\$0.00	\$401.00		\$437.81
92525	EVALUATION OF SWALLOWING AND ORAI	\$59.72	61.0%	\$63.83	\$95.46	100.0%	\$104.22
<b>Dental Services</b>							
D1110	PROPHYLAXIS-ADULT	\$22.08		\$23.60	\$35.00		\$38.21
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$29.50		\$31.53	\$57.00		\$62.23
D7110	EXTRACTION - SINGLE TOOTH	\$24.53		\$26.22	\$50.00		\$54.59
<b>Durable Medical Equipment</b>							
E0245	TUB STOOL OR BENCH	\$33.60		\$35.91	\$0.00		\$0.00
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$847.01		\$905.32	\$863.77		\$943.05
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$80.00		\$85.51	\$78.99		\$86.24
L8160	GRADIENT COMPRESSION STOCKING, FL	\$0.00		\$0.00	\$52.28		\$57.08

### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	Kansas			Kentucky		
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted	Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>							
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$42.33	51.0%	\$45.36	\$48.86	59.4%	\$52.87
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$62.93	52.4%	\$67.44	\$73.04	61.3%	\$79.03
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$24.04	54.6%	\$25.76	\$27.06	62.1%	\$29.28
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$69.54	63.8%	\$74.52	\$84.07	77.5%	\$90.97
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$32.94	62.4%	\$35.30	\$38.86	73.9%	\$42.05
99283	EMERGENCY DEPARTMENT VISIT FOR TH	\$55.23	91.3%	\$59.19	\$45.51	75.6%	\$49.24
99431	HISTORY AND EXAMINATION OF THE NOF	\$75.00	106.4%	\$80.37	\$48.95	70.0%	\$52.97
<b>Anesthesia Services</b>							
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$0.00		\$0.00	\$192.03		\$207.79
00850	ANESTHESIA, C SECTION	\$0.00		\$0.00	\$320.00		\$346.25
00955	ANALGESIA, VAGINAL DELIVERY	\$0.00		\$0.00	\$335.00		\$362.49
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$15.50	95.2%	\$16.61	\$0.00	0.0%	\$0.00
<b>Surgical Services (excluding maternity/delivery)</b>							
11721	DEBRIDE NAIL	\$18.46	48.0%	\$19.78	\$30.70	80.9%	\$33.22
29881	KNEE ARTHROSCOPY W/ MENISCECTOM'	\$463.00	80.8%	\$496.16	\$519.01	91.8%	\$561.59
33533	CABG, ARTERIAL, SINGLE	\$1,240.00	66.5%	\$1,328.81	\$1,651.21	89.8%	\$1,786.68
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$220.00	97.5%	\$235.76	\$179.22	80.6%	\$193.92
66984	EXTRACAPSULAR CATARACT REMOVAL \	\$750.00	107.8%	\$803.71	\$652.61	94.8%	\$706.15
<b>Maternity/Delivery</b>							
59025	FETAL NON-STRESS TEST	\$32.00	79.9%	\$34.29	\$34.83	88.5%	\$37.69
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,326.89	94.1%	\$1,421.92	\$1,102.30	79.1%	\$1,192.74
59409	VAGINAL DELIVERY ONLY (WITH OR WITH	\$666.02	84.0%	\$713.72	\$870.00	111.0%	\$941.38
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,496.23	93.3%	\$1,603.39	\$0.00	0.0%	\$0.00
59514	CAESAREAN DELIVERY ONLY;	\$916.91	98.2%	\$982.58	\$870.00	94.3%	\$941.38
<b>Radiology</b>							
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HI	\$188.17	91.0%	\$201.65	\$164.34	81.5%	\$177.82
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$30.51	93.2%	\$32.70	\$26.18	81.7%	\$28.33
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$115.00	164.7%	\$123.24	\$50.06	71.7%	\$54.17
76805	ECHOGRAPHY, PREGNANT UTERUS, B-S	\$116.17	94.5%	\$124.49	\$99.62	82.6%	\$107.79
<b>Lab/Pathology</b>							
80074	HEPATITIS PANEL	\$31.20	47.4%	\$33.43	\$65.82	100.0%	\$71.22
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$5.00	77.8%	\$5.36	\$10.74	100.0%	\$11.62
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$10.00	36.1%	\$10.72	\$27.25	100.0%	\$29.49
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$10.00	36.1%	\$10.72	\$27.25	100.0%	\$29.49
<b>Psychiatry</b>							
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$30.00	51.3%	\$32.15	\$42.23	72.5%	\$45.69
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$30.00	45.9%	\$32.15	\$52.60	80.7%	\$56.92
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$60.00	67.0%	\$64.30	\$65.73	73.6%	\$71.12
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$60.00	63.0%	\$64.30	\$73.50	77.4%	\$79.53
<b>Medicine and Testing</b>							
97140	MANUAL THERAPY TECHNIQUES (EG, MO	\$15.64	62.5%	\$16.76	\$17.52	70.6%	\$18.96
93000	ELECTROCARDIOGRAM, ROUTINE ECG W	\$24.16	91.6%	\$25.89	\$21.79	84.4%	\$23.58
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$200.00	103.2%	\$214.32	\$157.16	83.1%	\$170.05
94010	SPIROMETRY, INCLUDING GRAPHIC RECI	\$29.82	110.3%	\$31.96	\$24.44	92.4%	\$26.45
94060	BRONCHOSPASM EVALUATION: SPIROME	\$48.00	92.3%	\$51.44	\$45.35	89.2%	\$49.07
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$18.11	62.3%	\$19.41	\$25.94	90.6%	\$28.07
<b>Vision/Ophthalmology</b>							
V2020	FRAMES, PURCHASES	\$21.50	43.0%	\$23.04	\$25.00	41.0%	\$27.05
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$47.87	48.5%	\$51.30	\$63.02	64.4%	\$68.19
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$35.21	48.9%	\$37.73	\$46.07	64.6%	\$49.85
<b>Audiology/Hearing</b>							
V5010	ASSESSMENT FOR HEARING AID	\$5.25		\$5.63	\$0.00		\$0.00
V5050	HEARING AID, MONAURAL, IN THE EAR	\$220.00		\$235.76	\$0.00		\$0.00
92525	EVALUATION OF SWALLOWING AND ORAI	\$85.04	87.7%	\$91.13	\$63.19	65.8%	\$68.37
<b>Dental Services</b>							
D1110	PROPHYLAXIS-ADULT	\$33.00		\$35.36	\$37.00		\$40.04
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$55.00		\$58.94	\$50.00		\$54.10
D7110	EXTRACTION - SINGLE TOOTH	\$45.00		\$48.22	\$38.00		\$41.12
<b>Durable Medical Equipment</b>							
E0245	TUB STOOL OR BENCH	\$0.00		\$0.00	\$0.00		\$0.00
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$333.00		\$356.85	\$910.44		\$985.14
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$57.00		\$61.08	\$139.06		\$150.47
L8160	GRADIENT COMPRESSION STOCKING, FL	\$0.00		\$0.00	\$0.00		\$0.00

### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	Louisiana			Maine		
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted	Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>							
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$32.40	38.5%	\$34.29	\$38.66	45.4%	\$40.44
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$36.90	30.4%	\$39.05	\$57.66	46.8%	\$60.31
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$36.13	81.4%	\$38.24	\$28.94	63.8%	\$30.27
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$41.40	37.5%	\$43.82	\$63.05	56.8%	\$65.95
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$28.80	53.8%	\$30.48	\$31.78	59.2%	\$33.24
99283	EMERGENCY DEPARTMENT VISIT FOR TH	\$35.23	57.3%	\$37.29	\$25.73	42.1%	\$26.91
99431	HISTORY AND EXAMINATION OF THE NOF	\$54.00	75.8%	\$57.15	\$46.81	64.7%	\$48.96
<b>Anesthesia Services</b>							
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$0.00		\$0.00	\$0.00		\$0.00
00850	ANESTHESIA, C SECTION	\$0.00		\$0.00	\$0.00		\$0.00
00955	ANALGESIA, VAGINAL DELIVERY	\$0.00		\$0.00	\$0.00		\$0.00
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$13.50	81.2%	\$14.29	\$0.00	0.0%	\$0.00
<b>Surgical Services (excluding maternity/delivery)</b>							
11721	DEBRIDE NAIL	\$36.68	94.3%	\$38.82	\$24.00	60.8%	\$25.10
29881	KNEE ARTHROSCOPY W/ MENISCECTOM'	\$543.58	93.5%	\$575.31	\$411.70	70.0%	\$430.61
33533	CABG, ARTERIAL, SINGLE	\$1,840.00	97.0%	\$1,947.40	\$1,415.52	74.3%	\$1,480.54
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$177.66	78.0%	\$188.03	\$166.95	71.5%	\$174.62
66984	EXTRACAPSULAR CATARACT REMOVAL \	\$740.84	105.4%	\$784.08	\$741.83	103.5%	\$775.90
<b>Maternity/Delivery</b>							
59025	FETAL NON-STRESS TEST	\$48.60	118.9%	\$51.44	\$24.09	59.2%	\$25.20
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$0.00	0.0%	\$0.00	\$1,230.00	86.3%	\$1,286.50
59409	VAGINAL DELIVERY ONLY (WITH OR WIT-	\$774.00	95.4%	\$819.18	\$650.00	81.3%	\$679.86
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,291.77	78.8%	\$1,367.17	\$1,235.46	76.2%	\$1,292.21
59514	CAESAREAN DELIVERY ONLY;	\$990.00	103.7%	\$1,047.79	\$654.82	69.6%	\$684.90
<b>Radiology</b>							
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HI	\$156.65	75.1%	\$165.79	\$202.50	93.3%	\$211.80
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$27.97	84.6%	\$29.60	\$23.90	70.0%	\$25.00
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$36.55	52.4%	\$38.68	\$27.00	38.7%	\$28.24
76805	ECHOGRAPHY, PREGNANT UTERUS, B-S-	\$97.09	78.2%	\$102.76	\$89.61	70.0%	\$93.73
<b>Lab/Pathology</b>							
80074	HEPATITIS PANEL	\$65.82	100.0%	\$69.66	\$37.29	60.0%	\$39.00
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$9.14	85.1%	\$9.67	\$10.74	100.0%	\$11.23
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$27.71	100.0%	\$29.33	\$8.50	30.7%	\$8.89
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$27.71	100.0%	\$29.33	\$8.50	30.7%	\$8.89
<b>Psychiatry</b>							
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$0.00	0.0%	\$0.00	\$36.80	61.9%	\$38.49
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$0.00	0.0%	\$0.00	\$40.76	61.4%	\$42.63
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$0.00	0.0%	\$0.00	\$73.60	80.8%	\$76.98
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$0.00	0.0%	\$0.00	\$79.80	82.5%	\$83.47
<b>Medicine and Testing</b>							
97140	MANUAL THERAPY TECHNIQUES (EG, MO	\$20.70	81.7%	\$21.91	\$10.50	41.0%	\$10.98
93000	ELECTROCARDIOGRAM, ROUTINE ECG W	\$23.77	89.3%	\$25.16	\$19.18	69.6%	\$20.06
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$168.41	86.2%	\$178.24	\$25.39	12.5%	\$26.56
94010	SPIROMETRY, INCLUDING GRAPHIC RECI	\$43.99	161.4%	\$46.56	\$28.44	100.7%	\$29.75
94060	BRONCHOSPASM EVALUATION: SPIROME	\$45.68	87.1%	\$48.35	\$45.00	82.7%	\$47.07
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$26.65	90.7%	\$28.21	\$30.66	102.0%	\$32.07
<b>Vision/Ophthalmology</b>							
V2020	FRAMES, PURCHASES	\$0.00	0.0%	\$0.00	\$0.00	0.0%	\$0.00
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$45.00	45.1%	\$47.63	\$48.72	48.2%	\$50.96
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$40.50	55.7%	\$42.86	\$40.80	55.1%	\$42.67
<b>Audiology/Hearing</b>							
V5010	ASSESSMENT FOR HEARING AID	\$0.00		\$0.00	\$0.00		\$0.00
V5050	HEARING AID, MONAURAL, IN THE EAR	\$0.00		\$0.00	\$0.00		\$0.00
92525	EVALUATION OF SWALLOWING AND ORAI	\$71.26	72.8%	\$75.42	\$23.00	23.1%	\$24.06
<b>Dental Services</b>							
D1110	PROPHYLAXIS-ADULT	\$25.00		\$26.46	\$0.00		\$0.00
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$45.00		\$47.63	\$0.00		\$0.00
D7110	EXTRACTION - SINGLE TOOTH	\$35.00		\$37.04	\$0.00		\$0.00
<b>Durable Medical Equipment</b>							
E0245	TUB STOOL OR BENCH	\$50.40		\$53.34	\$0.00		\$0.00
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$9,519.00		\$10,074.62	\$0.00		\$0.00
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$61.00		\$64.56	\$0.00		\$0.00
L8160	GRADIENT COMPRESSION STOCKING, FL	\$67.20		\$71.12	\$0.00		\$0.00



### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	Maryland			Massachusetts		
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted	Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>							
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$37.00	41.4%	\$36.83	\$68.42	72.4%	\$64.44
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$48.00	37.2%	\$47.78	\$83.46	61.2%	\$78.60
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$31.00	65.3%	\$30.86	\$43.99	86.9%	\$41.43
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$24.50	21.1%	\$24.39	\$81.05	66.8%	\$76.34
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$16.00	28.5%	\$15.93	\$39.14	66.7%	\$36.86
99283	EMERGENCY DEPARTMENT VISIT FOR TH	\$18.50	28.8%	\$18.41	\$44.27	66.6%	\$41.69
99431	HISTORY AND EXAMINATION OF THE NOF	\$25.00	33.0%	\$24.88	\$59.02	73.5%	\$55.59
<b>Anesthesia Services</b>							
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$0.00		\$0.00	\$0.00		\$0.00
00850	ANESTHESIA, C SECTION	\$0.00		\$0.00	\$0.00		\$0.00
00955	ANALGESIA, VAGINAL DELIVERY	\$272.00		\$270.74	\$0.00		\$0.00
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$0.00	0.0%	\$0.00	\$18.00	101.7%	\$16.95
<b>Surgical Services (excluding maternity/delivery)</b>							
11721	DEBRIDE NAIL	\$16.00	38.5%	\$15.93	\$33.90	76.7%	\$31.93
29881	KNEE ARTHROSCOPY W/ MENISCECTOM	\$245.00	39.4%	\$243.87	\$539.70	82.0%	\$508.30
33533	CABG, ARTERIAL, SINGLE	\$1,038.00	51.4%	\$1,033.20	\$1,842.13	86.6%	\$1,734.97
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$234.00	95.2%	\$232.92	\$192.99	73.1%	\$181.76
66984	EXTRACAPSULAR CATARACT REMOVAL V	\$728.00	96.8%	\$724.64	\$688.29	85.9%	\$648.25
<b>Maternity/Delivery</b>							
59025	FETAL NON-STRESS TEST	\$18.00	41.5%	\$17.92	\$40.52	89.3%	\$38.16
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$0.00	0.0%	\$0.00	\$1,396.94	89.0%	\$1,315.68
59409	VAGINAL DELIVERY ONLY (WITH OR WITH	\$860.00	101.2%	\$856.03	\$637.08	72.6%	\$600.02
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$0.00	0.0%	\$0.00	\$1,587.62	89.0%	\$1,495.26
59514	CAESAREAN DELIVERY ONLY;	\$916.00	91.6%	\$911.77	\$751.66	72.8%	\$707.93
<b>Radiology</b>							
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HE	\$183.50	79.8%	\$182.65	\$204.04	80.9%	\$192.17
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$15.50	42.9%	\$15.43	\$26.63	67.8%	\$25.08
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$56.76	81.3%	\$56.50	\$57.82	82.8%	\$54.46
76805	ECHOGRAPHY, PREGNANT UTERUS, B-S	\$56.00	41.4%	\$55.74	\$131.91	90.0%	\$124.24
<b>Lab/Pathology</b>							
80074	HEPATITIS PANEL	\$60.60	99.9%	\$60.32	\$50.34	81.0%	\$47.41
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$11.00	102.4%	\$10.95	\$11.00	81.0%	\$8.19
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$27.70	100.0%	\$27.57	\$22.45	81.0%	\$21.14
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$27.71	100.0%	\$27.58	\$22.45	81.0%	\$21.14
<b>Psychiatry</b>							
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$21.00	33.8%	\$20.90	\$43.25	66.7%	\$40.73
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$24.00	34.6%	\$23.89	\$48.23	66.7%	\$45.42
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$40.50	42.6%	\$40.31	\$66.22	66.7%	\$62.37
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$43.50	43.1%	\$43.30	\$70.17	66.6%	\$66.09
<b>Medicine and Testing</b>							
97140	MANUAL THERAPY TECHNIQUES (EG, MO	\$10.00	37.3%	\$9.95	\$24.40	86.2%	\$22.98
93000	ELECTROCARDIOGRAM, ROUTINE ECG W	\$13.00	44.6%	\$12.94	\$24.28	76.5%	\$22.87
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$34.00	15.8%	\$33.84	\$206.05	87.5%	\$194.06
94010	SPIROMETRY, INCLUDING GRAPHIC REC	\$13.00	43.5%	\$12.94	\$27.65	84.9%	\$26.04
94060	BRONCHOSPASM EVALUATION: SPIROME	\$20.00	34.7%	\$19.91	\$51.86	82.6%	\$48.84
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$10.50	33.1%	\$10.45	\$25.59	75.4%	\$24.10
<b>Vision/Ophthalmology</b>							
V2020	FRAMES, PURCHASES	\$8.50	17.9%	\$8.46	\$0.00	0.0%	\$0.00
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$27.00	25.5%	\$26.88	\$75.07	67.0%	\$70.70
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$27.00	34.8%	\$26.88	\$55.50	67.1%	\$52.27
<b>Audiology/Hearing</b>							
V5010	ASSESSMENT FOR HEARING AID	\$40.00		\$39.82	\$42.60		\$40.12
V5050	HEARING AID, MONAURAL, IN THE EAR	\$0.00		\$0.00	\$0.00		\$0.00
92525	EVALUATION OF SWALLOWING AND ORAI	\$10.00	9.6%	\$9.95	\$0.00	0.0%	\$0.00
<b>Dental Services</b>							
D1110	PROPHYLAXIS-ADULT	\$36.00		\$35.83	\$38.00		\$35.79
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$45.00		\$44.79	\$57.00		\$53.68
D7110	EXTRACTION - SINGLE TOOTH	\$42.00		\$41.81	\$59.00		\$55.57
<b>Durable Medical Equipment</b>							
E0245	TUB STOOL OR BENCH	\$0.00		\$0.00	\$43.08		\$40.57
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$0.00		\$0.00	\$900.00		\$847.64
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$0.00		\$0.00	\$61.80		\$58.20
L8160	GRADIENT COMPRESSION STOCKING, FL	\$0.00		\$0.00	\$68.67		\$64.68

### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	Michigan			Minnesota		
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted	Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>							
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$62.80	67.9%	\$60.20	\$36.25	42.2%	\$37.59
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$89.05	66.9%	\$85.37	\$61.80	49.7%	\$64.09
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$31.63	65.7%	\$30.32	\$24.72	53.9%	\$25.64
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$66.39	55.2%	\$63.64	\$100.42	89.5%	\$104.14
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$32.97	56.5%	\$31.61	\$34.76	64.0%	\$36.05
99283	EMERGENCY DEPARTMENT VISIT FOR TH	\$41.10	60.0%	\$39.40	\$37.46	60.8%	\$38.85
99431	HISTORY AND EXAMINATION OF THE NOF	\$35.89	46.4%	\$34.41	\$49.82	68.1%	\$51.67
<b>Anesthesia Services</b>							
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$0.00		\$0.00	\$0.00		\$0.00
00850	ANESTHESIA, C SECTION	\$0.00		\$0.00	\$0.00		\$0.00
00955	ANALGESIA, VAGINAL DELIVERY	\$0.00		\$0.00	\$0.00		\$0.00
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$0.00	0.0%	\$0.00	\$18.00	109.7%	\$18.67
<b>Surgical Services (excluding maternity/delivery)</b>							
11721	DEBRIDE NAIL	\$24.22	56.0%	\$23.22	\$39.77	100.0%	\$41.24
29881	KNEE ARTHROSCOPY W/ MENISCECTOM'	\$357.53	54.5%	\$342.75	\$1,104.67	187.1%	\$1,145.60
33533	CABG, ARTERIAL, SINGLE	\$1,116.34	51.4%	\$1,070.18	\$2,729.08	143.1%	\$2,830.20
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$85.01	33.9%	\$81.49	\$325.99	138.4%	\$338.07
66984	EXTRACAPSULAR CATARACT REMOVAL \	\$400.60	52.2%	\$384.03	\$1,467.75	202.7%	\$1,522.14
<b>Maternity/Delivery</b>							
59025	FETAL NON-STRESS TEST	\$23.78	49.4%	\$22.80	\$52.76	130.2%	\$54.71
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$0.00	0.0%	\$0.00	\$982.42	69.0%	\$1,018.82
59409	VAGINAL DELIVERY ONLY (WITH OR WITH	\$460.94	48.6%	\$441.88	\$594.14	74.5%	\$616.16
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$0.00	0.0%	\$0.00	\$1,451.48	89.7%	\$1,505.26
59514	CAESAREAN DELIVERY ONLY;	\$545.05	48.8%	\$522.51	\$1,063.20	113.2%	\$1,102.60
<b>Radiology</b>							
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HI	\$136.15	57.5%	\$130.52	\$283.50	130.6%	\$294.00
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$21.08	56.4%	\$20.21	\$44.37	129.7%	\$46.01
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$41.89	60.0%	\$40.15	\$71.07	101.8%	\$73.70
76805	ECHOGRAPHY, PREGNANT UTERUS, B-S(	\$79.40	56.8%	\$76.12	\$89.83	70.0%	\$93.16
<b>Lab/Pathology</b>							
80074	HEPATITIS PANEL	\$57.75	90.0%	\$55.36	\$65.82	100.0%	\$68.26
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$5.63	52.5%	\$5.40	\$10.74	100.0%	\$11.14
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$24.94	90.0%	\$23.91	\$27.71	100.0%	\$28.74
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$24.94	90.0%	\$23.91	\$27.71	100.0%	\$28.74
<b>Psychiatry</b>							
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$39.25	61.6%	\$37.63	\$34.76	57.6%	\$36.05
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$44.41	62.0%	\$42.57	\$43.04	63.9%	\$44.63
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$59.89	61.2%	\$57.41	\$67.77	73.4%	\$70.28
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$63.48	61.1%	\$60.86	\$75.56	77.0%	\$78.36
<b>Medicine and Testing</b>							
97140	MANUAL THERAPY TECHNIQUES (EG, MO	\$16.37	59.0%	\$15.69	\$20.26	78.4%	\$21.01
93000	ELECTROCARDIOGRAM, ROUTINE ECG W	\$16.15	53.8%	\$15.48	\$35.53	128.7%	\$36.85
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$121.35	54.8%	\$116.33	\$173.81	85.5%	\$180.25
94010	SPIROMETRY, INCLUDING GRAPHIC RECI	\$15.03	48.9%	\$14.41	\$23.36	82.5%	\$24.23
94060	BRONCHOSPASM EVALUATION: SPIROME	\$31.40	53.0%	\$30.10	\$42.48	78.0%	\$44.05
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$16.37	49.9%	\$15.69	\$38.62	127.8%	\$40.05
<b>Vision/Ophthalmology</b>							
V2020	FRAMES, PURCHASES	\$0.00	0.0%	\$0.00	\$0.00	0.0%	\$0.00
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$76.26	70.3%	\$73.11	\$32.44	31.7%	\$33.64
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$55.85	70.6%	\$53.54	\$28.58	38.1%	\$29.64
<b>Audiology/Hearing</b>							
V5010	ASSESSMENT FOR HEARING AID	\$0.00		\$0.00	\$0.00		\$0.00
V5050	HEARING AID, MONAURAL, IN THE EAR	\$0.00		\$0.00	\$0.00		\$0.00
92525	EVALUATION OF SWALLOWING AND ORAI	\$0.00	0.0%	\$0.00	\$30.66	30.4%	\$31.80
<b>Dental Services</b>							
D1110	PROPHYLAXIS-ADULT	\$22.10		\$21.19	\$26.52		\$27.50
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$31.21		\$29.92	\$39.77		\$41.24
D7110	EXTRACTION - SINGLE TOOTH	\$27.85		\$26.70	\$33.66		\$34.91
<b>Durable Medical Equipment</b>							
E0245	TUB STOOL OR BENCH	\$0.00		\$0.00	\$145.60		\$151.00
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$959.49		\$919.81	\$910.44		\$944.18
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$71.74		\$68.77	\$75.00		\$77.78
L8160	GRADIENT COMPRESSION STOCKING, FL	\$58.15		\$55.75	\$0.00		\$0.00

### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	Mississippi			Missouri		
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted	Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>							
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$72.36	90.0%	\$80.18	\$32.50	38.9%	\$34.56
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$104.80	90.0%	\$116.12	\$38.50	31.8%	\$40.94
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$38.38	90.1%	\$42.53	\$24.00	54.4%	\$25.52
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$95.59	90.0%	\$105.92	\$25.00	22.8%	\$26.58
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$46.37	90.0%	\$51.38	\$30.00	56.3%	\$31.90
99283	EMERGENCY DEPARTMENT VISIT FOR TH	\$52.59	89.3%	\$58.27	\$15.00	24.4%	\$15.95
99431	HISTORY AND EXAMINATION OF THE NOF	\$61.54	90.0%	\$68.19	\$60.00	84.8%	\$63.80
<b>Anesthesia Services</b>							
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$0.00		\$0.00	\$0.00		\$0.00
00850	ANESTHESIA, C SECTION	\$0.00		\$0.00	\$0.00		\$0.00
00955	ANALGESIA, VAGINAL DELIVERY	\$0.00		\$0.00	\$0.00		\$0.00
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$0.00	0.0%	\$0.00	\$0.00	0.0%	\$0.00
<b>Surgical Services (excluding maternity/delivery)</b>							
11721	DEBRIDE NAIL	\$33.31	90.0%	\$36.91	\$25.00	64.6%	\$26.58
29881	KNEE ARTHROSCOPY W/ MENISCECTOM'	\$495.67	90.0%	\$549.22	\$294.00	50.7%	\$312.62
33533	CABG, ARTERIAL, SINGLE	\$1,610.69	90.0%	\$1,784.71	\$933.00	49.2%	\$992.08
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$195.08	90.0%	\$216.16	\$110.00	48.6%	\$116.97
66984	EXTRACAPSULAR CATARACT REMOVAL \	\$741.38	110.3%	\$821.48	\$500.00	71.6%	\$531.66
<b>Maternity/Delivery</b>							
59025	FETAL NON-STRESS TEST	\$33.71	88.1%	\$37.35	\$20.00	48.8%	\$21.27
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$0.00	0.0%	\$0.00	\$1,075.00	74.4%	\$1,143.07
59409	VAGINAL DELIVERY ONLY (WITH OR WIT-	\$664.10	87.0%	\$735.85	\$440.00	54.1%	\$467.86
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$0.00	0.0%	\$0.00	\$1,125.00	68.5%	\$1,196.23
59514	CAESAREAN DELIVERY ONLY;	\$782.43	87.1%	\$866.96	\$480.00	50.1%	\$510.39
<b>Radiology</b>							
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HI	\$181.15	92.8%	\$200.72	\$157.00	75.7%	\$166.94
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$28.84	92.8%	\$31.96	\$16.50	50.2%	\$17.54
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$56.00	80.2%	\$62.05	\$33.00	47.3%	\$35.09
76805	ECHOGRAPHY, PREGNANT UTERUS, B-S(	\$115.83	98.9%	\$128.34	\$65.00	52.6%	\$69.12
<b>Lab/Pathology</b>							
80074	HEPATITIS PANEL	\$51.19	90.0%	\$56.72	\$39.52	60.1%	\$42.02
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$11.46	106.7%	\$12.70	\$10.74	100.0%	\$11.42
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$27.71	100.0%	\$30.70	\$27.71	144.0%	\$29.46
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$27.71	100.0%	\$30.70	\$27.71	144.0%	\$29.46
<b>Psychiatry</b>							
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$51.42	90.0%	\$56.98	\$30.00	51.0%	\$31.90
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$57.54	90.0%	\$63.76	\$35.00	53.1%	\$37.22
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$78.80	90.0%	\$87.31	\$0.00	0.0%	\$0.00
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$83.84	90.0%	\$92.90	\$0.00	0.0%	\$0.00
<b>Medicine and Testing</b>							
97140	MANUAL THERAPY TECHNIQUES (EG, MO	\$21.84	90.0%	\$24.20	\$11.00	43.7%	\$11.70
93000	ELECTROCARDIOGRAM, ROUTINE ECG W	\$22.52	90.0%	\$24.95	\$16.50	62.3%	\$17.54
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$164.94	90.0%	\$182.76	\$110.00	56.6%	\$116.97
94010	SPIROMETRY, INCLUDING GRAPHIC RECI	\$23.08	90.0%	\$25.57	\$15.00	55.3%	\$15.95
94060	BRONCHOSPASM EVALUATION: SPIROME	\$44.38	90.0%	\$49.17	\$25.00	47.9%	\$26.58
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$25.09	90.0%	\$27.80	\$15.00	51.3%	\$15.95
<b>Vision/Ophthalmology</b>							
V2020	FRAMES, PURCHASES	\$36.73	60.2%	\$40.70	\$20.00	40.0%	\$21.27
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$86.15	90.0%	\$95.46	\$27.00	27.2%	\$28.71
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$62.69	90.0%	\$69.46	\$25.00	34.6%	\$26.58
<b>Audiology/Hearing</b>							
V5010	ASSESSMENT FOR HEARING AID	\$33.26		\$36.85	\$0.00		\$0.00
V5050	HEARING AID, MONAURAL, IN THE EAR	\$264.00		\$292.52	\$0.00		\$0.00
92525	EVALUATION OF SWALLOWING AND ORAI	\$84.46	90.0%	\$93.59	\$0.00	0.0%	\$0.00
<b>Dental Services</b>							
D1110	PROPHYLAXIS-ADULT	\$0.00		\$0.00	\$20.00		\$21.27
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$41.57		\$46.06	\$33.00		\$35.09
D7110	EXTRACTION - SINGLE TOOTH	\$41.25		\$45.71	\$31.00		\$32.96
<b>Durable Medical Equipment</b>							
E0245	TUB STOOL OR BENCH	\$0.00		\$0.00	\$0.00		\$0.00
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$619.10		\$685.99	\$825.00		\$877.24
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$126.10		\$139.72	\$85.00		\$90.38
L8160	GRADIENT COMPRESSION STOCKING, FL	\$0.00		\$0.00	\$0.00		\$0.00

### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	Montana			Nebraska		
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted	Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>							
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$61.41	75.5%	\$67.28	\$50.96	63.5%	\$56.58
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$81.20	69.0%	\$88.97	\$72.80	62.6%	\$80.83
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$33.79	78.3%	\$37.02	\$32.76	76.6%	\$36.37
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$99.65	93.3%	\$109.18	\$71.28	67.4%	\$79.14
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$48.29	93.2%	\$52.91	\$38.88	75.9%	\$43.17
99283	EMERGENCY DEPARTMENT VISIT FOR TH	\$55.15	93.3%	\$60.43	\$43.75	75.3%	\$48.58
99431	HISTORY AND EXAMINATION OF THE NOF	\$64.44	93.2%	\$70.60	\$80.08	117.0%	\$88.91
<b>Anesthesia Services</b>							
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$0.00		\$0.00	\$133.74		\$148.49
00850	ANESTHESIA, C SECTION	\$0.00		\$0.00	\$156.03		\$173.24
00955	ANALGESIA, VAGINAL DELIVERY	\$0.00		\$0.00	\$127.36		\$141.41
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$0.00	0.0%	\$0.00	\$0.00	0.0%	\$0.00
<b>Surgical Services (excluding maternity/delivery)</b>							
11721	DEBRIDE NAIL	\$35.00	93.2%	\$38.35	\$42.11	113.8%	\$46.75
29881	KNEE ARTHROSCOPY W/ MENISCECTOM'	\$1,063.31	190.3%	\$1,165.03	\$655.06	119.4%	\$727.31
33533	CABG, ARTERIAL, SINGLE	\$2,487.84	137.1%	\$2,725.83	\$2,058.76	116.1%	\$2,285.83
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$205.69	93.3%	\$225.37	\$201.20	92.3%	\$223.39
66984	EXTRACAPSULAR CATARACT REMOVAL \	\$1,054.81	154.8%	\$1,155.72	\$1,310.12	194.2%	\$1,454.62
<b>Maternity/Delivery</b>							
59025	FETAL NON-STRESS TEST	\$36.16	93.2%	\$39.62	\$46.79	124.4%	\$51.95
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,405.46	102.6%	\$1,539.91	\$1,093.10	82.2%	\$1,213.67
59409	VAGINAL DELIVERY ONLY (WITH OR WIT-	\$789.80	102.6%	\$865.35	\$568.04	76.1%	\$630.69
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,597.49	102.6%	\$1,750.31	\$1,554.27	102.8%	\$1,725.70
59514	CAESAREAN DELIVERY ONLY;	\$929.81	102.6%	\$1,018.76	\$901.48	102.5%	\$1,000.91
<b>Radiology</b>							
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HI	\$42.11	20.9%	\$46.14	\$376.93	190.8%	\$418.50
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$29.68	93.2%	\$32.52	\$55.58	177.5%	\$61.71
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$55.68	79.8%	\$61.01	\$78.17	112.0%	\$86.79
76805	ECHOGRAPHY, PREGNANT UTERUS, B-S-	\$121.76	101.7%	\$133.41	\$199.76	169.5%	\$221.79
<b>Lab/Pathology</b>							
80074	HEPATITIS PANEL	\$64.92	100.0%	\$71.13	\$58.81	100.0%	\$65.30
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$10.74	100.0%	\$11.77	\$6.43	100.0%	\$7.14
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$27.71	100.0%	\$30.36	\$27.71	100.0%	\$30.77
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$27.71	100.0%	\$30.36	\$27.71	100.0%	\$30.77
<b>Psychiatry</b>							
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$53.55	93.3%	\$58.67	\$0.00	0.0%	\$0.00
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$59.86	93.3%	\$65.59	\$0.00	0.0%	\$0.00
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$82.03	93.3%	\$89.88	\$0.00	0.0%	\$0.00
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$87.22	93.3%	\$95.56	\$0.00	0.0%	\$0.00
<b>Medicine and Testing</b>							
97140	MANUAL THERAPY TECHNIQUES (EG, MO	\$22.88	93.4%	\$25.07	\$19.44	80.3%	\$21.58
93000	ELECTROCARDIOGRAM, ROUTINE ECG W	\$23.94	93.3%	\$26.23	\$37.36	147.9%	\$41.48
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$177.53	94.2%	\$194.51	\$191.16	103.2%	\$212.24
94010	SPIROMETRY, INCLUDING GRAPHIC RECI	\$24.55	93.3%	\$26.90	\$34.02	131.4%	\$37.77
94060	BRONCHOSPASM EVALUATION: SPIROME	\$47.23	93.3%	\$51.75	\$64.80	130.2%	\$71.95
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$26.47	93.3%	\$29.00	\$32.40	115.9%	\$35.97
<b>Vision/Ophthalmology</b>							
V2020	FRAMES, PURCHASES	\$0.00	0.0%	\$0.00	\$24.63	49.2%	\$27.35
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$64.04	66.2%	\$70.17	\$46.79	48.9%	\$51.95
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$42.09	59.7%	\$46.12	\$40.55	58.0%	\$45.02
<b>Audiology/Hearing</b>							
V5010	ASSESSMENT FOR HEARING AID	\$0.00		\$0.00	\$0.00		\$0.00
V5050	HEARING AID, MONAURAL, IN THE EAR	\$0.00		\$0.00	\$0.00		\$0.00
92525	EVALUATION OF SWALLOWING AND ORAI	\$88.62	93.3%	\$97.10	\$346.06	367.5%	\$384.23
<b>Dental Services</b>							
D1110	PROPHYLAXIS-ADULT	\$25.00		\$27.39	\$30.00		\$33.31
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$42.00		\$46.02	\$56.00		\$62.18
D7110	EXTRACTION - SINGLE TOOTH	\$41.00		\$44.92	\$50.00		\$55.51
<b>Durable Medical Equipment</b>							
E0245	TUB STOOL OR BENCH	\$60.86		\$66.68	\$61.89		\$68.72
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$4,755.34		\$5,210.25	\$820.95		\$911.50
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$0.00		\$0.00	\$90.94		\$100.97
L8160	GRADIENT COMPRESSION STOCKING, FL	\$0.00		\$0.00	\$37.89		\$42.07

### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	Nevada			New Hampshire		
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted	Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>							
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$56.38	62.4%	\$55.48	\$38.00	42.4%	\$37.70
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$85.22	65.3%	\$83.86	\$57.00	44.1%	\$56.56
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$34.90	72.6%	\$34.34	\$38.14	80.0%	\$37.84
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$99.66	85.0%	\$98.07	\$86.00	74.2%	\$85.33
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$47.68	84.1%	\$46.92	\$30.00	53.5%	\$29.77
99283	EMERGENCY DEPARTMENT VISIT FOR TH	\$49.02	75.7%	\$48.24	\$36.00	56.2%	\$35.72
99431	HISTORY AND EXAMINATION OF THE NOF	\$83.23	108.6%	\$81.91	\$40.00	52.7%	\$39.69
<b>Anesthesia Services</b>							
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$222.12		\$218.59	\$0.00		\$0.00
00850	ANESTHESIA, C SECTION	\$259.14		\$255.02	\$0.00		\$0.00
00955	ANALGESIA, VAGINAL DELIVERY	\$534.93		\$526.42	\$0.00		\$0.00
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$0.00	0.0%	\$0.00	\$13.45	78.1%	\$13.35
<b>Surgical Services (excluding maternity/delivery)</b>							
11721	DEBRIDE NAIL	\$48.26	114.6%	\$47.49	\$26.87	64.3%	\$26.66
29881	KNEE ARTHROSCOPY W/ MENISCECTOM'	\$1,282.56	203.9%	\$1,262.16	\$462.00	73.9%	\$458.41
33533	CABG, ARTERIAL, SINGLE	\$3,944.22	193.0%	\$3,881.48	\$1,266.49	62.4%	\$1,256.64
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$455.10	182.7%	\$447.86	\$126.00	50.9%	\$125.02
66984	EXTRACAPSULAR CATARACT REMOVAL \	\$1,985.90	261.0%	\$1,954.31	\$750.00	99.3%	\$744.17
<b>Maternity/Delivery</b>							
59025	FETAL NON-STRESS TEST	\$28.96	65.9%	\$28.50	\$30.58	70.0%	\$30.34
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,306.00	85.2%	\$1,285.22	\$1,200.00	78.9%	\$1,190.67
59409	VAGINAL DELIVERY ONLY (WITH OR WIT-	\$940.54	109.5%	\$925.58	\$900.00	105.6%	\$893.00
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,663.19	95.5%	\$1,636.73	\$1,200.00	69.4%	\$1,190.67
59514	CAESAREAN DELIVERY ONLY;	\$1,299.11	128.5%	\$1,278.44	\$90.00	9.0%	\$89.30
<b>Radiology</b>							
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HI	\$237.75	101.5%	\$233.97	\$150.00	64.1%	\$148.83
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$52.89	143.9%	\$52.05	\$16.00	43.6%	\$15.88
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$62.64	89.7%	\$61.64	\$42.00	60.2%	\$41.67
76805	ECHOGRAPHY, PREGNANT UTERUS, B-S-	\$180.96	131.6%	\$178.08	\$64.00	46.7%	\$63.50
<b>Lab/Pathology</b>							
80074	HEPATITIS PANEL	\$65.87	100.1%	\$64.82	\$51.58	80.0%	\$51.18
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$11.33	105.5%	\$11.15	\$8.59	80.0%	\$8.52
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$28.54	103.0%	\$28.09	\$22.17	80.0%	\$22.00
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$28.54	103.0%	\$28.09	\$22.17	80.0%	\$22.00
<b>Psychiatry</b>							
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$45.10	72.0%	\$44.38	\$32.50	52.5%	\$32.25
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$57.99	82.8%	\$57.07	\$32.50	47.0%	\$32.25
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$81.62	85.1%	\$80.32	\$65.00	68.5%	\$64.49
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$94.51	92.8%	\$93.01	\$65.00	64.6%	\$64.49
<b>Medicine and Testing</b>							
97140	MANUAL THERAPY TECHNIQUES (EG, MO	\$27.13	100.0%	\$26.70	\$13.15	48.9%	\$13.05
93000	ELECTROCARDIOGRAM, ROUTINE ECG W	\$42.96	144.9%	\$42.28	\$19.00	64.2%	\$18.85
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$253.46	115.7%	\$249.43	\$121.89	55.7%	\$120.94
94010	SPIROMETRY, INCLUDING GRAPHIC RECI	\$51.55	169.6%	\$50.73	\$18.00	59.3%	\$17.86
94060	BRONCHOSPASM EVALUATION: SPIROME	\$85.92	146.7%	\$84.55	\$25.00	42.8%	\$24.81
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$45.10	140.4%	\$44.38	\$16.00	50.1%	\$15.88
<b>Vision/Ophthalmology</b>							
V2020	FRAMES, PURCHASES	\$27.31	43.1%	\$26.88	\$0.00	0.0%	\$0.00
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$87.91	82.1%	\$86.51	\$30.00	28.3%	\$29.77
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$60.94	77.5%	\$59.97	\$30.00	38.5%	\$29.77
<b>Audiology/Hearing</b>							
V5010	ASSESSMENT FOR HEARING AID	\$0.00		\$0.00	\$18.00		\$17.86
V5050	HEARING AID, MONAURAL, IN THE EAR	\$0.00		\$0.00	\$400.00		\$396.89
92525	EVALUATION OF SWALLOWING AND ORAI	\$0.00	0.0%	\$0.00	\$47.20	45.0%	\$46.83
<b>Dental Services</b>							
D1110	PROPHYLAXIS-ADULT	\$50.00		\$49.20	\$34.00		\$33.74
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$75.00		\$73.81	\$52.00		\$51.60
D7110	EXTRACTION - SINGLE TOOTH	\$67.00		\$65.93	\$40.00		\$39.69
<b>Durable Medical Equipment</b>							
E0245	TUB STOOL OR BENCH	\$80.00		\$78.73	\$0.00		\$0.00
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$600.00		\$590.46	\$0.00		\$0.00
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$85.00		\$83.65	\$0.00		\$0.00
L8160	GRADIENT COMPRESSION STOCKING, FL	\$80.00		\$78.73	\$80.00		\$79.38

### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	New Jersey			New Mexico		
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted	Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>							
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$22.00	22.8%	\$20.31	\$79.38	95.0%	\$84.62
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$22.00	15.8%	\$20.31	\$114.87	95.0%	\$122.45
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$16.00	31.0%	\$14.77	\$42.16	95.0%	\$44.94
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$22.00	17.7%	\$20.31	\$104.17	95.0%	\$111.04
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$16.00	26.7%	\$14.77	\$50.48	95.0%	\$53.81
99283	EMERGENCY DEPARTMENT VISIT FOR TH	\$9.00	13.2%	\$8.31	\$57.57	95.0%	\$61.37
99431	HISTORY AND EXAMINATION OF THE NOF	\$27.00	33.0%	\$24.92	\$67.50	95.0%	\$71.95
<b>Anesthesia Services</b>							
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$0.00		\$0.00	\$0.00		\$0.00
00850	ANESTHESIA, C SECTION	\$0.00		\$0.00	\$0.00		\$0.00
00955	ANALGESIA, VAGINAL DELIVERY	\$0.00		\$0.00	\$0.00		\$0.00
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$0.00	0.0%	\$0.00	\$0.00	0.0%	\$0.00
<b>Surgical Services (excluding maternity/delivery)</b>							
11721	DEBRIDE NAIL	\$21.00	46.6%	\$19.39	\$36.68	95.0%	\$39.10
29881	KNEE ARTHROSCOPY W/ MENISCECTOM'	\$284.00	42.3%	\$262.16	\$952.01	165.7%	\$1,014.80
33533	CABG, ARTERIAL, SINGLE	\$1,025.00	47.2%	\$946.18	\$1,794.03	96.2%	\$1,912.35
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$163.00	60.6%	\$150.47	\$228.71	100.7%	\$243.79
66984	EXTRACAPSULAR CATARACT REMOVAL \	\$513.00	62.9%	\$473.55	\$1,876.85	267.7%	\$2,000.64
<b>Maternity/Delivery</b>							
59025	FETAL NON-STRESS TEST	\$18.00	38.8%	\$16.62	\$49.74	124.9%	\$53.02
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$867.00	53.9%	\$800.33	\$1,294.13	92.1%	\$1,379.48
59409	VAGINAL DELIVERY ONLY (WITH OR WITH	\$487.00	54.2%	\$449.55	\$725.46	92.0%	\$773.31
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$598.00	32.7%	\$552.01	\$1,478.40	92.6%	\$1,575.91
59514	CAESAREAN DELIVERY ONLY;	\$595.00	56.2%	\$549.24	\$967.65	104.2%	\$1,031.47
<b>Radiology</b>							
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HI	\$125.00	48.7%	\$115.39	\$233.17	112.2%	\$248.55
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$15.00	37.5%	\$13.85	\$31.24	95.0%	\$33.30
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$36.00	51.6%	\$33.23	\$60.86	87.2%	\$64.87
76805	ECHOGRAPHY, PREGNANT UTERUS, B-S	\$55.00	36.9%	\$50.77	\$117.50	95.1%	\$125.25
<b>Lab/Pathology</b>							
80074	HEPATITIS PANEL	\$30.00	45.6%	\$27.69	\$109.70	166.7%	\$116.94
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$5.00	46.6%	\$4.62	\$17.90	166.7%	\$19.08
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$20.00	72.2%	\$18.46	\$46.18	166.7%	\$49.23
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$25.00	90.2%	\$23.08	\$46.18	166.7%	\$49.23
<b>Psychiatry</b>							
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$19.00	28.7%	\$17.54	\$55.95	95.0%	\$59.64
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$19.00	25.7%	\$17.54	\$62.56	95.0%	\$66.69
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$37.00	36.5%	\$34.15	\$85.72	95.0%	\$91.37
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$37.00	34.4%	\$34.15	\$91.13	95.0%	\$97.14
<b>Medicine and Testing</b>							
97140	MANUAL THERAPY TECHNIQUES (EG, MO	\$14.44	50.0%	\$13.33	\$23.91	95.0%	\$25.49
93000	ELECTROCARDIOGRAM, ROUTINE ECG W	\$16.00	49.5%	\$14.77	\$25.18	95.0%	\$26.84
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$60.00	25.0%	\$55.39	\$234.90	120.6%	\$250.39
94010	SPIROMETRY, INCLUDING GRAPHIC RECI	\$18.00	54.3%	\$16.62	\$36.96	136.0%	\$39.40
94060	BRONCHOSPASM EVALUATION: SPIROME	\$44.00	68.9%	\$40.62	\$49.66	95.0%	\$52.94
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$16.00	46.3%	\$14.77	\$27.77	95.0%	\$29.60
<b>Vision/Ophthalmology</b>							
V2020	FRAMES, PURCHASES	\$8.00	16.8%	\$7.38	\$0.00	0.0%	\$0.00
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$22.00	19.3%	\$20.31	\$94.41	95.0%	\$100.64
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$22.00	26.1%	\$20.31	\$68.93	95.0%	\$73.48
<b>Audiology/Hearing</b>							
V5010	ASSESSMENT FOR HEARING AID	\$0.00		\$0.00	\$12.75		\$13.59
V5050	HEARING AID, MONAURAL, IN THE EAR	\$0.00		\$0.00	\$200.00		\$213.19
92525	EVALUATION OF SWALLOWING AND ORAI	\$35.00	30.9%	\$32.31	\$0.00	0.0%	\$0.00
<b>Dental Services</b>							
D1110	PROPHYLAXIS-ADULT	\$17.00		\$15.69	\$41.00		\$43.70
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$38.00		\$35.08	\$65.00		\$69.29
D7110	EXTRACTION - SINGLE TOOTH	\$32.00		\$29.54	\$59.00		\$62.89
<b>Durable Medical Equipment</b>							
E0245	TUB STOOL OR BENCH	\$0.00		\$0.00	\$350.00		\$373.08
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$1,265.55		\$1,168.23	\$7,851.20		\$8,369.02
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$88.00		\$81.23	\$160.05		\$170.61
L8160	GRADIENT COMPRESSION STOCKING, FL	\$40.00		\$36.92	\$150.00		\$159.89

### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	New York			North Carolina		
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted	Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>							
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$11.00	11.2%	\$9.99	\$83.37	100.0%	\$89.13
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$19.50	13.8%	\$17.71	\$120.71	100.0%	\$129.05
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$11.00	21.2%	\$9.99	\$44.46	100.0%	\$47.53
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$20.00	15.9%	\$18.16	\$109.26	100.0%	\$116.80
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$7.50	12.4%	\$6.81	\$52.92	100.0%	\$56.57
99283	EMERGENCY DEPARTMENT VISIT FOR TH	\$20.00	28.7%	\$18.16	\$60.04	100.0%	\$64.19
99431	HISTORY AND EXAMINATION OF THE NOF	\$10.00	12.1%	\$9.08	\$76.72	108.0%	\$82.02
<b>Anesthesia Services</b>							
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$0.00		\$0.00	\$0.00		\$0.00
00850	ANESTHESIA, C SECTION	\$0.00		\$0.00	\$0.00		\$0.00
00955	ANALGESIA, VAGINAL DELIVERY	\$0.00		\$0.00	\$216.11		\$231.03
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$0.00	0.0%	\$0.00	\$14.85	92.8%	\$15.88
<b>Surgical Services (excluding maternity/delivery)</b>							
11721	DEBRIDE NAIL	\$12.00	26.1%	\$10.90	\$38.51	100.0%	\$41.17
29881	KNEE ARTHROSCOPY W/ MENISCECTOM'	\$225.00	32.6%	\$204.29	\$571.63	100.0%	\$611.10
33533	CABG, ARTERIAL, SINGLE	\$1,072.00	47.7%	\$973.32	\$1,848.09	100.0%	\$1,975.71
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$100.00	36.8%	\$90.80	\$239.03	105.1%	\$255.54
66984	EXTRACAPSULAR CATARACT REMOVAL \	\$440.00	53.4%	\$399.50	\$701.42	100.0%	\$749.86
<b>Maternity/Delivery</b>							
59025	FETAL NON-STRESS TEST	\$15.00	30.7%	\$13.62	\$39.25	100.0%	\$41.96
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,037.00	61.4%	\$941.55	\$1,382.67	100.0%	\$1,478.15
59409	VAGINAL DELIVERY ONLY (WITH OR WITH	\$630.00	66.6%	\$572.01	\$775.47	100.0%	\$829.02
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,037.00	54.0%	\$941.55	\$1,571.45	100.0%	\$1,679.97
59514	CAESAREAN DELIVERY ONLY;	\$685.00	61.5%	\$621.95	\$912.86	100.0%	\$975.90
<b>Radiology</b>							
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HI	\$120.00	45.9%	\$108.95	\$208.29	100.0%	\$222.67
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$15.00	36.7%	\$13.62	\$32.90	100.0%	\$35.17
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$51.00	73.1%	\$46.31	\$67.81	97.1%	\$72.49
76805	ECHOGRAPHY, PREGNANT UTERUS, B-S	\$55.00	36.2%	\$49.94	\$123.64	100.0%	\$132.18
<b>Lab/Pathology</b>							
80074	HEPATITIS PANEL	\$7.25	11.0%	\$6.58	\$64.41	100.0%	\$68.86
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$3.17	29.5%	\$2.88	\$10.74	100.0%	\$11.48
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$8.03	29.0%	\$7.29	\$27.71	100.0%	\$29.62
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$8.03	29.0%	\$7.29	\$27.71	100.0%	\$29.62
<b>Psychiatry</b>							
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$0.00	0.0%	\$0.00	\$58.74	100.0%	\$62.80
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$0.00	0.0%	\$0.00	\$65.62	100.0%	\$70.15
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$0.00	0.0%	\$0.00	\$89.97	100.0%	\$96.18
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$0.00	0.0%	\$0.00	\$95.66	100.0%	\$102.27
<b>Medicine and Testing</b>							
97140	MANUAL THERAPY TECHNIQUES (EG, MO	\$12.29	42.0%	\$11.16	\$25.11	100.0%	\$26.84
93000	ELECTROCARDIOGRAM, ROUTINE ECG W	\$15.00	45.6%	\$13.62	\$26.54	100.0%	\$28.37
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$90.00	36.9%	\$81.72	\$195.19	100.0%	\$208.67
94010	SPIROMETRY, INCLUDING GRAPHIC RECI	\$15.00	44.4%	\$13.62	\$27.22	100.0%	\$29.10
94060	BRONCHOSPASM EVALUATION: SPIROME	\$25.00	38.4%	\$22.70	\$52.36	100.0%	\$55.98
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$15.00	42.6%	\$13.62	\$29.20	100.0%	\$31.22
<b>Vision/Ophthalmology</b>							
V2020	FRAMES, PURCHASES	\$0.00	0.0%	\$0.00	\$24.58	40.3%	\$26.28
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$20.00	17.3%	\$18.16	\$99.98	100.7%	\$106.88
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$20.00	23.6%	\$18.16	\$72.61	100.0%	\$77.62
<b>Audiology/Hearing</b>							
V5010	ASSESSMENT FOR HEARING AID	\$0.00		\$0.00	\$0.00		\$0.00
V5050	HEARING AID, MONAURAL, IN THE EAR	\$0.00		\$0.00	\$0.00		\$0.00
92525	EVALUATION OF SWALLOWING AND ORAI	\$0.00	0.0%	\$0.00	\$97.82	100.0%	\$104.57
<b>Dental Services</b>							
D1110	PROPHYLAXIS-ADULT	\$30.00		\$27.24	\$25.53		\$27.29
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$60.00		\$54.48	\$65.10		\$69.60
D7110	EXTRACTION - SINGLE TOOTH	\$40.00		\$36.32	\$45.46		\$48.60
<b>Durable Medical Equipment</b>							
E0245	TUB STOOL OR BENCH	\$28.79		\$26.14	\$0.00		\$0.00
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$450.00		\$408.58	\$749.55		\$801.31
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$23.00		\$20.88	\$71.63		\$76.58
L8160	GRADIENT COMPRESSION STOCKING, FL	\$31.47		\$28.57	\$0.00		\$0.00

### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	North Dakota			Ohio		
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted	Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>							
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$72.18	89.1%	\$79.34	\$48.01	55.6%	\$49.44
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$104.51	89.1%	\$114.88	\$70.32	56.3%	\$72.41
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$38.54	89.5%	\$42.37	\$34.35	75.2%	\$35.37
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$95.04	89.2%	\$104.47	\$55.71	49.3%	\$57.37
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$46.05	89.2%	\$50.62	\$26.45	48.3%	\$27.24
99283	EMERGENCY DEPARTMENT VISIT FOR TH	\$54.58	92.7%	\$60.00	\$34.55	54.9%	\$35.58
99431	HISTORY AND EXAMINATION OF THE NOF	\$61.40	89.0%	\$67.49	\$55.41	75.7%	\$57.06
<b>Anesthesia Services</b>							
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$90.00		\$98.93	\$0.00		\$0.00
00850	ANESTHESIA, C SECTION	\$105.00		\$115.42	\$0.00		\$0.00
00955	ANALGESIA, VAGINAL DELIVERY	\$75.00		\$82.44	\$0.00		\$0.00
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$15.00	95.1%	\$16.49	\$0.00	0.0%	\$0.00
<b>Surgical Services (excluding maternity/delivery)</b>							
11721	DEBRIDE NAIL	\$33.31	89.1%	\$36.62	\$28.86	72.0%	\$29.72
29881	KNEE ARTHROSCOPY W/ MENISCECTOM'	\$496.11	89.2%	\$545.35	\$453.93	75.8%	\$467.43
33533	CABG, ARTERIAL, SINGLE	\$1,609.48	89.2%	\$1,769.22	\$1,489.17	76.3%	\$1,533.46
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$196.29	89.2%	\$215.77	\$172.53	73.4%	\$177.66
66984	EXTRACAPSULAR CATARACT REMOVAL \	\$606.17	89.2%	\$666.33	\$560.36	77.5%	\$577.03
<b>Maternity/Delivery</b>							
59025	FETAL NON-STRESS TEST	\$34.29	89.1%	\$37.69	\$30.98	73.7%	\$31.90
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$0.00	0.0%	\$0.00	\$0.00	0.0%	\$0.00
59409	VAGINAL DELIVERY ONLY (WITH OR WITH	\$681.29	89.2%	\$748.91	\$616.15	74.1%	\$634.48
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$0.00	0.0%	\$0.00	\$0.00	0.0%	\$0.00
59514	CAESAREAN DELIVERY ONLY;	\$802.13	89.2%	\$881.74	\$674.73	69.0%	\$694.80
<b>Radiology</b>							
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HI	\$178.65	89.2%	\$196.38	\$168.71	77.7%	\$173.73
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$28.41	89.5%	\$31.23	\$26.49	77.2%	\$27.28
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$45.72	65.5%	\$50.26	\$36.30	52.0%	\$37.38
76805	ECHOGRAPHY, PREGNANT UTERUS, B-S(	\$106.47	89.2%	\$117.04	\$99.87	77.6%	\$102.84
<b>Lab/Pathology</b>							
80074	HEPATITIS PANEL	\$62.38	99.2%	\$68.57	\$62.89	100.0%	\$64.76
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$10.74	100.0%	\$11.81	\$10.74	100.0%	\$11.06
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$27.71	100.0%	\$30.46	\$27.71	100.0%	\$28.53
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$27.71	100.0%	\$30.46	\$27.71	100.0%	\$28.53
<b>Psychiatry</b>							
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$50.95	89.0%	\$56.01	\$36.69	60.6%	\$37.78
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$57.16	89.3%	\$62.83	\$45.52	67.2%	\$46.87
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$78.38	89.3%	\$86.16	\$57.10	61.6%	\$58.80
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$83.28	89.3%	\$91.55	\$63.72	64.6%	\$65.62
<b>Medicine and Testing</b>							
97140	MANUAL THERAPY TECHNIQUES (EG, MO	\$21.88	89.6%	\$24.05	\$13.60	52.3%	\$14.00
93000	ELECTROCARDIOGRAM, ROUTINE ECG W	\$22.86	89.4%	\$25.13	\$20.14	72.9%	\$20.74
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$167.55	89.2%	\$184.18	\$151.53	74.5%	\$156.04
94010	SPIROMETRY, INCLUDING GRAPHIC RECI	\$23.52	89.7%	\$25.85	\$21.89	77.3%	\$22.54
94060	BRONCHOSPASM EVALUATION: SPIROME	\$45.07	89.4%	\$49.54	\$41.02	75.3%	\$42.24
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$25.15	88.9%	\$27.65	\$20.94	69.0%	\$21.56
<b>Vision/Ophthalmology</b>							
V2020	FRAMES, PURCHASES	\$16.00	28.8%	\$17.59	\$0.00	0.0%	\$0.00
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$31.20	32.3%	\$34.30	\$41.07	40.1%	\$42.29
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$31.20	44.3%	\$34.30	\$36.48	48.8%	\$37.57
<b>Audiology/Hearing</b>							
V5010	ASSESSMENT FOR HEARING AID	\$0.00		\$0.00	\$0.00		\$0.00
V5050	HEARING AID, MONAURAL, IN THE EAR	\$0.00		\$0.00	\$0.00		\$0.00
92525	EVALUATION OF SWALLOWING AND ORAI	\$84.59	89.2%	\$92.99	\$69.15	68.7%	\$71.21
<b>Dental Services</b>							
D1110	PROPHYLAXIS-ADULT	\$33.25		\$36.55	\$34.13		\$35.15
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$57.20		\$62.88	\$54.00		\$55.61
D7110	EXTRACTION - SINGLE TOOTH	\$51.00		\$56.06	\$52.45		\$54.01
<b>Durable Medical Equipment</b>							
E0245	TUB STOOL OR BENCH	\$0.00		\$0.00	\$45.00		\$46.34
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$0.00		\$0.00	\$750.00		\$772.31
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$0.00		\$0.00	\$105.69		\$108.83
L8160	GRADIENT COMPRESSION STOCKING, FL	\$0.00		\$0.00	\$0.00		\$0.00



### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	Oklahoma			Oregon		
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted	Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>							
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$57.96	71.0%	\$63.30	\$72.66	84.8%	\$75.54
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$83.99	71.0%	\$91.73	\$103.02	83.1%	\$107.11
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$30.87	71.0%	\$33.71	\$36.59	80.0%	\$38.04
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$76.40	71.0%	\$83.44	\$76.81	68.8%	\$79.86
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$37.03	71.0%	\$40.44	\$38.15	70.6%	\$39.66
99283	EMERGENCY DEPARTMENT VISIT FOR TH	\$32.43	54.8%	\$35.42	\$42.56	69.4%	\$44.25
99431	HISTORY AND EXAMINATION OF THE NOF	\$49.43	71.0%	\$53.99	\$41.52	56.9%	\$43.17
<b>Anesthesia Services</b>							
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$273.52		\$298.73	\$0.00		\$0.00
00850	ANESTHESIA, C SECTION	\$218.82		\$238.98	\$0.00		\$0.00
00955	ANALGESIA, VAGINAL DELIVERY	\$314.55		\$343.54	\$0.00		\$0.00
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$0.00	0.0%	\$0.00	\$0.00	0.0%	\$0.00
<b>Surgical Services (excluding maternity/delivery)</b>							
11721	DEBRIDE NAIL	\$26.60	70.8%	\$29.05	\$28.03	70.5%	\$29.14
29881	KNEE ARTHROSCOPY W/ MENISCECTOM'	\$395.62	71.0%	\$432.08	\$413.12	69.9%	\$429.51
33533	CABG, ARTERIAL, SINGLE	\$1,279.41	71.0%	\$1,397.31	\$1,291.53	67.6%	\$1,342.76
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$157.11	71.0%	\$171.59	\$118.59	50.4%	\$123.29
66984	EXTRACAPSULAR CATARACT REMOVAL \	\$486.63	71.0%	\$531.47	\$463.47	64.2%	\$481.85
<b>Maternity/Delivery</b>							
59025	FETAL NON-STRESS TEST	\$27.13	71.0%	\$29.63	\$26.73	65.7%	\$27.79
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,069.13	79.0%	\$1,167.65	\$1,127.32	79.1%	\$1,172.04
59409	VAGINAL DELIVERY ONLY (WITH OR WIT	\$600.26	79.0%	\$655.58	\$577.51	72.3%	\$600.42
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,215.11	79.0%	\$1,327.09	\$1,285.82	79.4%	\$1,336.82
59514	CAESAREAN DELIVERY ONLY;	\$706.71	79.0%	\$771.84	\$683.64	72.8%	\$710.76
<b>Radiology</b>							
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HI	\$141.96	71.0%	\$155.04	\$157.52	72.1%	\$163.77
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$22.52	71.0%	\$24.60	\$24.39	71.0%	\$25.36
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$34.50	49.4%	\$37.68	\$48.07	68.9%	\$49.98
76805	ECHOGRAPHY, PREGNANT UTERUS, B-S	\$84.82	71.0%	\$92.64	\$91.86	71.3%	\$95.50
<b>Lab/Pathology</b>							
80074	HEPATITIS PANEL	\$62.53	95.0%	\$68.29	\$37.95	57.7%	\$39.46
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$10.20	95.0%	\$11.14	\$11.14	99.3%	\$11.09
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$26.32	95.0%	\$28.75	\$22.17	80.0%	\$23.05
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$26.32	95.0%	\$28.75	\$22.17	80.0%	\$23.05
<b>Psychiatry</b>							
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$41.15	71.0%	\$44.94	\$0.00	0.0%	\$0.00
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$45.98	71.0%	\$50.22	\$0.00	0.0%	\$0.00
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$63.03	71.0%	\$68.84	\$0.00	0.0%	\$0.00
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$67.06	71.0%	\$73.24	\$0.00	0.0%	\$0.00
<b>Medicine and Testing</b>							
97140	MANUAL THERAPY TECHNIQUES (EG, MO	\$17.49	71.0%	\$19.10	\$18.94	73.5%	\$19.69
93000	ELECTROCARDIOGRAM, ROUTINE ECG W	\$18.16	71.0%	\$19.83	\$18.68	67.4%	\$19.42
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$133.18	71.0%	\$145.45	\$140.39	68.7%	\$145.96
94010	SPIROMETRY, INCLUDING GRAPHIC RECI	\$18.62	71.0%	\$20.34	\$17.39	61.2%	\$18.08
94060	BRONCHOSPASM EVALUATION: SPIROME	\$35.80	71.0%	\$39.10	\$36.33	66.4%	\$37.77
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$20.15	71.0%	\$22.01	\$9.60	31.7%	\$9.98
<b>Vision/Ophthalmology</b>							
V2020	FRAMES, PURCHASES	\$40.84	80.1%	\$44.60	\$50.00	93.1%	\$51.98
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$69.14	71.0%	\$75.51	\$44.37	43.5%	\$46.13
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$50.42	71.0%	\$55.07	\$64.62	86.5%	\$67.18
<b>Audiology/Hearing</b>							
V5010	ASSESSMENT FOR HEARING AID	\$0.00		\$0.00	\$81.09		\$84.31
V5050	HEARING AID, MONAURAL, IN THE EAR	\$467.00		\$510.04	\$600.00		\$623.80
92525	EVALUATION OF SWALLOWING AND ORAI	\$0.00	0.0%	\$0.00	\$78.37	77.9%	\$81.48
<b>Dental Services</b>							
D1110	PROPHYLAXIS-ADULT	\$36.91		\$40.31	\$36.50		\$37.95
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$79.10		\$86.39	\$45.74		\$47.55
D7110	EXTRACTION - SINGLE TOOTH	\$52.74		\$57.60	\$44.99		\$46.77
<b>Durable Medical Equipment</b>							
E0245	TUB STOOL OR BENCH	\$25.00		\$27.30	\$28.12		\$29.24
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$6,500.00		\$7,098.99	\$892.26		\$927.65
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$156.52		\$170.94	\$131.68		\$136.90
L8160	GRADIENT COMPRESSION STOCKING, FL	\$0.00		\$0.00	\$45.75		\$47.56

### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	Pennsylvania			Rhode Island		
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted	Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>							
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$25.00	28.5%	\$25.37	\$29.00	31.2%	\$27.75
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$25.00	19.7%	\$25.37	\$45.00	33.6%	\$43.06
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$25.00	53.6%	\$25.37	\$20.64	41.8%	\$19.75
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$29.50	25.8%	\$29.94	\$44.00	36.7%	\$42.10
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$17.00	30.7%	\$17.25	\$29.72	51.2%	\$28.44
99283	EMERGENCY DEPARTMENT VISIT FOR TH	\$35.00	55.4%	\$35.52	\$15.48	23.3%	\$14.81
99431	HISTORY AND EXAMINATION OF THE NOF	\$42.00	56.4%	\$42.62	\$38.18	48.6%	\$36.53
<b>Anesthesia Services</b>							
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$0.00		\$0.00	\$0.00		\$0.00
00850	ANESTHESIA, C SECTION	\$0.00		\$0.00	\$0.00		\$0.00
00955	ANALGESIA, VAGINAL DELIVERY	\$0.00		\$0.00	\$0.00		\$0.00
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$0.00	0.0%	\$0.00	\$0.00	0.0%	\$0.00
<b>Surgical Services (excluding maternity/delivery)</b>							
11721	DEBRIDE NAIL	\$20.00	49.2%	\$20.30	\$23.32	53.7%	\$22.31
29881	KNEE ARTHROSCOPY W/ MENISCECTOM'	\$543.50	89.6%	\$551.56	\$336.00	51.7%	\$321.52
33533	CABG, ARTERIAL, SINGLE	\$1,000.00	50.8%	\$1,014.83	\$814.80	38.5%	\$779.68
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$211.50	88.0%	\$214.64	\$184.80	72.0%	\$176.83
66984	EXTRACAPSULAR CATARACT REMOVAL \	\$927.00	125.7%	\$940.75	\$604.34	77.3%	\$578.29
<b>Maternity/Delivery</b>							
59025	FETAL NON-STRESS TEST	\$17.50	41.6%	\$17.76	\$26.01	57.0%	\$24.89
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$0.00	0.0%	\$0.00	\$815.00	51.4%	\$779.87
59409	VAGINAL DELIVERY ONLY (WITH OR WIT-	\$800.00	96.5%	\$811.87	\$428.40	48.1%	\$409.93
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$0.00	0.0%	\$0.00	\$815.00	45.2%	\$779.87
59514	CAESAREAN DELIVERY ONLY;	\$800.00	82.0%	\$811.87	\$428.40	40.9%	\$409.93
<b>Radiology</b>							
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HI	\$130.00	58.4%	\$131.93	\$126.52	52.0%	\$121.07
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$30.00	85.5%	\$30.45	\$20.02	52.5%	\$19.16
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$46.50	66.6%	\$47.19	\$31.88	45.7%	\$30.51
76805	ECHOGRAPHY, PREGNANT UTERUS, B-S-	\$77.50	58.9%	\$78.65	\$36.00	25.3%	\$34.45
<b>Lab/Pathology</b>							
80074	HEPATITIS PANEL	\$52.66	80.0%	\$53.44	\$39.05	60.0%	\$37.37
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$6.00	55.9%	\$6.09	\$6.44	60.0%	\$6.16
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$19.40	70.0%	\$19.68	\$16.63	60.0%	\$15.91
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$19.40	70.0%	\$19.68	\$16.63	60.0%	\$15.91
<b>Psychiatry</b>							
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$26.00	42.4%	\$26.39	\$31.17	48.7%	\$29.83
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$0.00	0.0%	\$0.00	\$38.60	53.9%	\$36.94
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$39.00	41.5%	\$39.58	\$48.50	49.4%	\$46.41
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$0.00	0.0%	\$0.00	\$54.08	52.0%	\$51.75
<b>Medicine and Testing</b>							
97140	MANUAL THERAPY TECHNIQUES (EG, MO	\$18.47	70.0%	\$18.74	\$9.29	33.3%	\$8.89
93000	ELECTROCARDIOGRAM, ROUTINE ECG W	\$21.50	76.0%	\$21.82	\$16.31	53.1%	\$15.61
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$158.00	75.8%	\$160.34	\$48.00	21.1%	\$45.93
94010	SPIROMETRY, INCLUDING GRAPHIC RECI	\$15.00	51.7%	\$15.22	\$18.00	57.1%	\$17.22
94060	BRONCHOSPASM EVALUATION: SPIROME	\$19.00	34.0%	\$19.28	\$25.20	41.5%	\$24.11
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$21.50	69.5%	\$21.82	\$19.20	57.9%	\$18.37
<b>Vision/Ophthalmology</b>							
V2020	FRAMES, PURCHASES	\$7.00	14.7%	\$7.10	\$12.00	22.4%	\$11.48
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$17.00	16.3%	\$17.25	\$28.07	25.5%	\$26.86
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$17.00	22.3%	\$17.25	\$28.07	34.8%	\$26.86
<b>Audiology/Hearing</b>							
V5010	ASSESSMENT FOR HEARING AID	\$0.00		\$0.00	\$0.00		\$0.00
V5050	HEARING AID, MONAURAL, IN THE EAR	\$0.00		\$0.00	\$575.00		\$550.22
92525	EVALUATION OF SWALLOWING AND ORAI	\$0.00	0.0%	\$0.00	\$46.65	43.0%	\$44.64
<b>Dental Services</b>							
D1110	PROPHYLAXIS-ADULT	\$34.00		\$34.50	\$30.00		\$28.71
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$50.00		\$50.74	\$37.00		\$35.41
D7110	EXTRACTION - SINGLE TOOTH	\$45.00		\$45.67	\$39.00		\$37.32
<b>Durable Medical Equipment</b>							
E0245	TUB STOOL OR BENCH	\$0.00		\$0.00	\$0.00		\$0.00
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$778.32		\$789.87	\$0.00		\$0.00
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$31.00		\$31.46	\$84.00		\$80.38
L8160	GRADIENT COMPRESSION STOCKING, FL	\$0.00		\$0.00	\$33.00		\$31.58

### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	South Carolina			South Dakota		
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted	Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>							
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$30.00	36.4%	\$32.50	\$49.00	61.6%	\$54.89
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$50.00	41.9%	\$54.16	\$68.00	59.0%	\$76.17
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$21.50	48.9%	\$23.29	\$28.70	67.6%	\$32.15
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$38.00	35.1%	\$41.16	\$86.30	82.5%	\$96.67
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$16.15	30.8%	\$17.49	\$44.54	87.9%	\$49.89
99283	EMERGENCY DEPARTMENT VISIT FOR TH	\$29.45	49.6%	\$31.90	\$47.40	82.5%	\$53.09
99431	HISTORY AND EXAMINATION OF THE NOF	\$50.00	71.1%	\$54.16	\$68.00	100.2%	\$76.17
<b>Anesthesia Services</b>							
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$0.00		\$0.00	\$0.00		\$0.00
00850	ANESTHESIA, C SECTION	\$0.00		\$0.00	\$0.00		\$0.00
00955	ANALGESIA, VAGINAL DELIVERY	\$0.00		\$0.00	\$0.00		\$0.00
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$0.00	0.0%	\$0.00	\$16.00	104.5%	\$17.92
<b>Surgical Services (excluding maternity/delivery)</b>							
11721	DEBRIDE NAIL	\$29.91	78.9%	\$32.40	\$36.70	100.0%	\$41.11
29881	KNEE ARTHROSCOPY W/ MENISCECTOM'	\$534.43	95.3%	\$578.92	\$1,064.70	195.6%	\$1,192.58
33533	CABG, ARTERIAL, SINGLE	\$1,681.57	93.0%	\$1,821.56	\$2,073.26	117.8%	\$2,322.27
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$152.44	68.0%	\$165.13	\$317.50	146.6%	\$355.63
66984	EXTRACAPSULAR CATARACT REMOVAL \	\$754.95	108.9%	\$817.80	\$1,618.20	241.8%	\$1,812.55
<b>Maternity/Delivery</b>							
59025	FETAL NON-STRESS TEST	\$32.20	84.4%	\$34.88	\$42.80	114.7%	\$47.94
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$0.00	0.0%	\$0.00	\$1,000.00	75.9%	\$1,120.10
59409	VAGINAL DELIVERY ONLY (WITH OR WITH	\$700.00	92.5%	\$758.27	\$605.00	81.8%	\$677.66
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$0.00	0.0%	\$0.00	\$1,380.00	92.1%	\$1,545.74
59514	CAESAREAN DELIVERY ONLY;	\$700.00	78.6%	\$758.27	\$985.00	113.2%	\$1,103.30
<b>Radiology</b>							
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HI	\$135.58	66.8%	\$146.87	\$258.00	130.9%	\$288.99
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$21.67	67.5%	\$23.47	\$34.70	111.3%	\$38.87
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$57.60	82.5%	\$62.40	\$60.00	85.9%	\$67.21
76805	ECHOGRAPHY, PREGNANT UTERUS, B-S	\$82.38	68.1%	\$89.24	\$100.00	85.2%	\$112.01
<b>Lab/Pathology</b>							
80074	HEPATITIS PANEL	\$45.30	74.0%	\$49.07	\$64.92	100.0%	\$72.72
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$7.19	70.1%	\$7.79	\$10.74	100.0%	\$12.03
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$20.51	74.0%	\$22.22	\$27.71	100.0%	\$31.04
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$20.51	74.0%	\$22.22	\$27.71	100.0%	\$31.04
<b>Psychiatry</b>							
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$35.96	61.6%	\$38.95	\$27.50	48.9%	\$30.80
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$44.70	68.5%	\$48.42	\$37.80	60.1%	\$42.34
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$55.94	62.5%	\$60.60	\$50.00	58.0%	\$56.01
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$62.46	65.6%	\$67.66	\$60.30	65.8%	\$67.54
<b>Medicine and Testing</b>							
97140	MANUAL THERAPY TECHNIQUES (EG, MO	\$15.10	60.8%	\$16.36	\$23.99	100.0%	\$26.87
93000	ELECTROCARDIOGRAM, ROUTINE ECG W	\$18.05	69.6%	\$19.55	\$30.20	120.1%	\$33.83
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$129.40	68.0%	\$140.17	\$194.78	105.4%	\$218.17
94010	SPIROMETRY, INCLUDING GRAPHIC RECI	\$20.19	75.9%	\$21.87	\$31.75	123.1%	\$35.56
94060	BRONCHOSPASM EVALUATION: SPIROME	\$37.49	73.3%	\$40.61	\$50.00	100.8%	\$56.01
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$21.48	74.9%	\$23.27	\$22.10	79.6%	\$24.75
<b>Vision/Ophthalmology</b>							
V2020	FRAMES, PURCHASES	\$30.60	50.1%	\$33.15	\$59.82	107.5%	\$67.00
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$52.95	53.8%	\$57.36	\$59.90	63.1%	\$67.09
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$37.90	52.8%	\$41.06	\$41.20	59.5%	\$46.15
<b>Audiology/Hearing</b>							
V5010	ASSESSMENT FOR HEARING AID	\$0.00		\$0.00	\$43.30		\$48.50
V5050	HEARING AID, MONAURAL, IN THE EAR	\$0.00		\$0.00	\$604.00		\$676.54
92525	EVALUATION OF SWALLOWING AND ORAI	\$52.78	54.5%	\$57.17	\$0.00	0.0%	\$0.00
<b>Dental Services</b>							
D1110	PROPHYLAXIS-ADULT	\$44.00		\$47.66	\$26.09		\$29.22
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$75.00		\$81.24	\$40.41		\$45.26
D7110	EXTRACTION - SINGLE TOOTH	\$62.00		\$67.16	\$32.89		\$36.84
<b>Durable Medical Equipment</b>							
E0245	TUB STOOL OR BENCH	\$0.00		\$0.00	\$60.00		\$67.21
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$0.00		\$0.00	\$859.84		\$963.11
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$0.00		\$0.00	\$0.00		\$0.00
L8160	GRADIENT COMPRESSION STOCKING, FL	\$0.00		\$0.00	\$0.00		\$0.00

### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	Tennessee			Texas		
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted	Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>							
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$70.40	85.0%	\$75.76	\$48.28	56.4%	\$50.22
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$101.96	85.0%	\$109.72	\$70.64	57.1%	\$73.47
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$37.46	85.0%	\$40.31	\$27.28	60.2%	\$28.37
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$92.61	85.0%	\$99.65	\$82.65	73.8%	\$85.96
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$44.88	85.0%	\$48.30	\$29.55	54.5%	\$30.73
99283	EMERGENCY DEPARTMENT VISIT FOR TH	\$51.03	85.0%	\$54.91	\$48.28	77.7%	\$50.22
99431	HISTORY AND EXAMINATION OF THE NOF	\$59.97	85.0%	\$64.53	\$63.03	86.9%	\$65.56
<b>Anesthesia Services</b>							
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$0.00		\$0.00	\$93.30		\$97.04
00850	ANESTHESIA, C SECTION	\$0.00		\$0.00	\$127.47		\$132.58
00955	ANALGESIA, VAGINAL DELIVERY	\$0.00		\$0.00	\$95.60		\$99.43
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$13.63	85.0%	\$14.67	\$0.00	0.0%	\$0.00
<b>Surgical Services (excluding maternity/delivery)</b>							
11721	DEBRIDE NAIL	\$32.46	85.0%	\$34.93	\$30.82	77.7%	\$32.06
29881	KNEE ARTHROSCOPY W/ MENISCECTOM'	\$481.99	85.0%	\$518.65	\$590.53	99.7%	\$614.20
33533	CABG, ARTERIAL, SINGLE	\$1,560.59	85.0%	\$1,679.28	\$1,647.74	85.5%	\$1,713.79
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$191.14	85.0%	\$205.68	\$209.84	90.1%	\$218.25
66984	EXTRACAPSULAR CATARACT REMOVAL \	\$590.99	85.0%	\$635.94	\$829.55	115.7%	\$862.80
<b>Maternity/Delivery</b>							
59025	FETAL NON-STRESS TEST	\$33.19	85.0%	\$35.71	\$36.28	87.5%	\$37.73
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,173.03	85.0%	\$1,262.25	\$0.00	0.0%	\$0.00
59409	VAGINAL DELIVERY ONLY (WITH OR WITH	\$658.64	85.0%	\$708.73	\$710.50	86.7%	\$738.98
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,333.23	85.0%	\$1,434.63	\$0.00	0.0%	\$0.00
59514	CAESAREAN DELIVERY ONLY;	\$775.41	85.0%	\$834.39	\$725.00	75.2%	\$754.06
<b>Radiology</b>							
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HI	\$173.62	85.0%	\$186.82	\$174.57	81.3%	\$181.57
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$27.51	85.0%	\$29.60	\$27.55	81.2%	\$28.65
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$59.34	85.0%	\$63.85	\$57.61	82.5%	\$59.92
76805	ECHOGRAPHY, PREGNANT UTERUS, B-S(	\$103.51	85.0%	\$111.38	\$104.19	81.8%	\$108.37
<b>Lab/Pathology</b>							
80074	HEPATITIS PANEL	\$54.09	85.0%	\$58.21	\$65.82	100.0%	\$68.46
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$9.13	85.0%	\$9.82	\$10.74	100.0%	\$11.17
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$23.55	85.0%	\$25.34	\$27.71	100.0%	\$28.82
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$23.55	85.0%	\$25.34	\$27.71	100.0%	\$28.82
<b>Psychiatry</b>							
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$49.82	85.0%	\$53.61	\$41.19	68.7%	\$42.84
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$55.69	85.0%	\$59.92	\$64.10	95.5%	\$66.67
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$76.32	85.0%	\$82.13	\$71.46	77.7%	\$74.32
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$81.18	85.0%	\$87.35	\$108.01	110.6%	\$112.34
<b>Medicine and Testing</b>							
97140	MANUAL THERAPY TECHNIQUES (EG, MO	\$21.23	85.0%	\$22.84	\$5.72	22.2%	\$5.95
93000	ELECTROCARDIOGRAM, ROUTINE ECG W	\$22.18	85.0%	\$23.87	\$22.63	82.8%	\$23.53
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$162.81	85.0%	\$175.19	\$161.12	80.1%	\$167.58
94010	SPIROMETRY, INCLUDING GRAPHIC RECI	\$22.74	85.0%	\$24.47	\$25.35	90.5%	\$26.37
94060	BRONCHOSPASM EVALUATION: SPIROME	\$43.73	85.0%	\$47.06	\$47.44	87.9%	\$49.34
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$24.54	85.0%	\$26.41	\$26.44	88.0%	\$27.50
<b>Vision/Ophthalmology</b>							
V2020	FRAMES, PURCHASES	\$51.89	85.0%	\$55.84	\$0.00	0.0%	\$0.00
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$83.88	85.0%	\$90.26	\$63.55	62.6%	\$66.10
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$61.20	85.0%	\$65.86	\$46.64	62.9%	\$48.51
<b>Audiology/Hearing</b>							
V5010	ASSESSMENT FOR HEARING AID	\$0.00		\$0.00	\$0.00		\$0.00
V5050	HEARING AID, MONAURAL, IN THE EAR	\$0.00		\$0.00	\$0.00		\$0.00
92525	EVALUATION OF SWALLOWING AND ORAI	\$82.47	85.0%	\$88.74	\$0.00	0.0%	\$0.00
<b>Dental Services</b>							
D1110	PROPHYLAXIS-ADULT	\$0.00		\$0.00	\$28.00		\$29.12
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$0.00		\$0.00	\$38.53		\$40.07
D7110	EXTRACTION - SINGLE TOOTH	\$0.00		\$0.00	\$32.50		\$33.80
<b>Durable Medical Equipment</b>							
E0245	TUB STOOL OR BENCH	\$0.00		\$0.00	\$25.00		\$26.00
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$0.00		\$0.00	\$8,407.89		\$8,744.93
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$0.00		\$0.00	\$91.56		\$95.23
L8160	GRADIENT COMPRESSION STOCKING, FL	\$0.00		\$0.00	\$17.80		\$18.51

### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	Utah			Vermont		
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted	Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>							
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$47.43	56.9%	\$50.67	\$39.51	46.0%	\$40.98
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$69.31	57.4%	\$74.05	\$62.83	50.6%	\$65.17
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$25.99	58.6%	\$27.77	\$30.70	66.9%	\$31.84
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$71.26	65.0%	\$76.13	\$62.83	56.2%	\$65.17
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$33.78	63.6%	\$36.09	\$35.10	64.9%	\$36.41
99283	EMERGENCY DEPARTMENT VISIT FOR TH	\$38.12	63.1%	\$40.73	\$32.12	52.4%	\$33.32
99431	HISTORY AND EXAMINATION OF THE NOF	\$51.11	72.0%	\$54.61	\$86.04	117.7%	\$89.25
<b>Anesthesia Services</b>							
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$0.00		\$0.00	\$105.00		\$108.92
00850	ANESTHESIA, C SECTION	\$0.00		\$0.00	\$122.50		\$127.07
00955	ANALGESIA, VAGINAL DELIVERY	\$0.00		\$0.00	\$140.00		\$145.22
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$14.26	88.3%	\$15.24	\$0.00	0.0%	\$0.00
<b>Surgical Services (excluding maternity/delivery)</b>							
11721	DEBRIDE NAIL	\$29.90	77.7%	\$31.95	\$28.89	72.5%	\$29.97
29881	KNEE ARTHROSCOPY W/ MENISCECTOM	\$388.36	67.9%	\$414.92	\$450.77	76.1%	\$467.58
33533	CABG, ARTERIAL, SINGLE	\$1,275.34	68.8%	\$1,362.57	\$1,162.15	60.7%	\$1,205.48
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$148.80	65.6%	\$158.98	\$138.03	58.4%	\$143.18
66984	EXTRACAPSULAR CATARACT REMOVAL	\$481.93	68.8%	\$514.89	\$966.04	133.3%	\$1,002.06
<b>Maternity/Delivery</b>							
59025	FETAL NON-STRESS TEST	\$5.84	14.8%	\$6.24	\$14.50	35.6%	\$15.04
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$952.00	68.4%	\$1,017.12	\$1,383.14	97.1%	\$1,434.71
59409	VAGINAL DELIVERY ONLY (WITH OR WITH	\$626.00	80.1%	\$668.82	\$970.45	121.7%	\$1,006.64
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$664.00	42.0%	\$709.42	\$1,383.14	85.5%	\$1,434.71
59514	CAESAREAN DELIVERY ONLY;	\$626.00	68.0%	\$668.82	\$970.45	103.4%	\$1,006.64
<b>Radiology</b>							
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HI	\$110.89	53.7%	\$118.47	\$280.50	127.4%	\$290.96
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$14.51	44.4%	\$15.50	\$34.10	98.6%	\$35.37
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$16.46	23.6%	\$17.59	\$74.80	107.1%	\$77.59
76805	ECHOGRAPHY, PREGNANT UTERUS, B-S	\$49.16	40.0%	\$52.52	\$110.00	84.9%	\$114.10
<b>Lab/Pathology</b>							
80074	HEPATITIS PANEL	\$38.99	60.4%	\$41.66	\$107.46	166.7%	\$111.47
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$6.42	87.8%	\$6.86	\$21.17	197.1%	\$21.96
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$20.90	95.0%	\$22.33	\$54.75	197.6%	\$56.79
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$20.90	95.0%	\$22.33	\$54.75	197.6%	\$56.79
<b>Psychiatry</b>							
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$35.95	61.0%	\$38.41	\$24.99	41.7%	\$25.92
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$39.42	59.9%	\$42.12	\$39.27	58.7%	\$40.73
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$55.23	61.2%	\$59.01	\$60.69	66.1%	\$62.95
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$58.48	60.9%	\$62.48	\$74.97	76.9%	\$77.77
<b>Medicine and Testing</b>							
97140	MANUAL THERAPY TECHNIQUES (EG, MC	\$13.64	54.3%	\$14.57	\$25.81	100.0%	\$26.77
93000	ELECTROCARDIOGRAM, ROUTINE ECG W	\$17.54	66.5%	\$18.74	\$23.20	83.1%	\$24.07
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$91.18	47.1%	\$97.42	\$171.10	83.1%	\$177.48
94010	SPIROMETRY, INCLUDING GRAPHIC REC	\$9.74	36.0%	\$10.41	\$31.90	111.4%	\$33.09
94060	BRONCHOSPASM EVALUATION: SPIROME	\$22.09	42.5%	\$23.60	\$40.60	73.7%	\$42.11
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$5.41	18.6%	\$5.78	\$53.65	176.7%	\$55.65
<b>Vision/Ophthalmology</b>							
V2020	FRAMES, PURCHASES	\$0.00	0.0%	\$0.00	\$0.00	0.0%	\$0.00
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$55.44	55.8%	\$59.23	\$33.56	32.9%	\$34.81
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$40.72	56.2%	\$43.51	\$30.70	41.0%	\$31.84
<b>Audiology/Hearing</b>							
V5010	ASSESSMENT FOR HEARING AID	\$36.35		\$38.84	\$0.00		\$0.00
V5050	HEARING AID, MONAURAL, IN THE EAR	\$0.00		\$0.00	\$0.00		\$0.00
92525	EVALUATION OF SWALLOWING AND ORA	\$59.13	60.5%	\$63.17	\$0.00	0.0%	\$0.00
<b>Dental Services</b>							
D1110	PROPHYLAXIS-ADULT	\$22.50		\$24.04	\$35.00		\$36.31
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$33.00		\$35.26	\$58.00		\$60.16
D7110	EXTRACTION - SINGLE TOOTH	\$31.50		\$33.65	\$65.00		\$67.42
<b>Durable Medical Equipment</b>							
E0245	TUB STOOL OR BENCH	\$0.00		\$0.00	\$53.04		\$55.02
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$0.00		\$0.00	\$0.00		\$0.00
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$0.00		\$0.00	\$190.94		\$198.06
L8160	GRADIENT COMPRESSION STOCKING, FL	\$0.00		\$0.00	\$0.00		\$0.00

### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	Virginia			Washington		
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted	Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>							
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$62.31	73.4%	\$65.40	\$51.02	58.0%	\$51.63
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$90.46	73.6%	\$94.95	\$73.67	57.9%	\$74.55
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$34.41	76.1%	\$36.12	\$27.10	57.8%	\$27.42
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$80.03	72.0%	\$84.00	\$70.02	61.3%	\$70.85
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$39.10	72.6%	\$41.04	\$33.78	61.1%	\$34.18
99283	EMERGENCY DEPARTMENT VISIT FOR TH	\$44.06	72.0%	\$46.25	\$38.48	61.2%	\$38.94
99431	HISTORY AND EXAMINATION OF THE NOF	\$47.19	65.3%	\$49.53	\$73.57	98.4%	\$74.45
<b>Anesthesia Services</b>							
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$56.50		\$59.31	\$90.60		\$91.68
00850	ANESTHESIA, C SECTION	\$67.80		\$71.17	\$135.90		\$137.52
00955	ANALGESIA, VAGINAL DELIVERY	\$56.50		\$59.31	\$90.60		\$91.68
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$11.30	69.2%	\$11.86	\$15.10	89.7%	\$15.28
<b>Surgical Services (excluding maternity/delivery)</b>							
11721	DEBRIDE NAIL	\$29.46	75.1%	\$30.92	\$25.05	61.3%	\$25.35
29881	KNEE ARTHROSCOPY W/ MENISCECTOM'	\$446.82	76.7%	\$469.01	\$372.91	61.2%	\$377.35
33533	CABG, ARTERIAL, SINGLE	\$1,338.91	71.0%	\$1,405.40	\$1,207.76	61.2%	\$1,222.15
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$195.00	84.1%	\$204.68	\$148.31	61.2%	\$150.08
66984	EXTRACAPSULAR CATARACT REMOVAL \	\$506.00	70.9%	\$531.13	\$453.89	61.2%	\$459.30
<b>Maternity/Delivery</b>							
59025	FETAL NON-STRESS TEST	\$33.80	84.3%	\$35.48	\$52.59	124.7%	\$53.22
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,110.12	78.6%	\$1,165.25	\$1,826.80	124.0%	\$1,848.57
59409	VAGINAL DELIVERY ONLY (WITH OR WITH	\$673.63	85.1%	\$707.08	\$894.84	108.4%	\$905.50
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,257.73	78.4%	\$1,320.19	\$1,826.80	109.1%	\$1,848.57
59514	CAESAREAN DELIVERY ONLY;	\$789.29	84.7%	\$828.48	\$894.84	92.1%	\$905.50
<b>Radiology</b>							
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HI	\$160.85	75.7%	\$168.84	\$138.92	61.3%	\$140.58
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$25.29	75.4%	\$26.55	\$21.92	61.6%	\$22.18
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$50.48	72.3%	\$52.99	\$44.07	63.1%	\$44.60
76805	ECHOGRAPHY, PREGNANT UTERUS, B-S	\$100.34	79.6%	\$105.32	\$81.65	61.3%	\$82.62
<b>Lab/Pathology</b>							
80074	HEPATITIS PANEL	\$65.82	100.0%	\$69.09	\$45.68	69.4%	\$46.22
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$10.53	98.0%	\$11.05	\$7.45	69.4%	\$7.54
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$27.05	100.0%	\$28.39	\$19.23	69.4%	\$19.46
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$27.05	100.0%	\$28.39	\$19.23	69.4%	\$19.46
<b>Psychiatry</b>							
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$45.36	75.9%	\$47.61	\$37.36	61.1%	\$37.81
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$50.83	76.1%	\$53.35	\$41.83	61.2%	\$42.33
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$68.56	74.9%	\$71.96	\$57.27	61.1%	\$57.95
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$73.51	75.6%	\$77.16	\$60.85	61.1%	\$61.58
<b>Medicine and Testing</b>							
97140	MANUAL THERAPY TECHNIQUES (EG, MO	\$19.01	74.4%	\$19.95	\$16.11	61.0%	\$16.30
93000	ELECTROCARDIOGRAM, ROUTINE ECG W	\$19.81	73.2%	\$20.79	\$17.67	61.6%	\$17.88
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$145.47	73.1%	\$152.69	\$129.97	61.3%	\$131.52
94010	SPIROMETRY, INCLUDING GRAPHIC RECI	\$25.29	91.1%	\$26.55	\$18.12	61.5%	\$18.34
94060	BRONCHOSPASM EVALUATION: SPIROME	\$41.45	77.6%	\$43.51	\$34.89	61.5%	\$35.31
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$25.81	86.7%	\$27.09	\$19.24	61.7%	\$19.47
<b>Vision/Ophthalmology</b>							
V2020	FRAMES, PURCHASES	\$25.00	52.7%	\$26.24	\$0.00	0.0%	\$0.00
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$82.12	81.2%	\$86.20	\$63.98	61.3%	\$64.74
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$59.70	80.8%	\$62.66	\$46.98	61.3%	\$47.54
<b>Audiology/Hearing</b>							
V5010	ASSESSMENT FOR HEARING AID	\$33.63		\$35.30	\$0.00		\$0.00
V5050	HEARING AID, MONAURAL, IN THE EAR	\$0.00		\$0.00	\$30.61		\$30.97
92525	EVALUATION OF SWALLOWING AND ORAI	\$78.47	78.8%	\$82.37	\$63.08	61.1%	\$63.83
<b>Dental Services</b>							
D1110	PROPHYLAXIS-ADULT	\$38.46		\$40.37	\$31.53		\$31.91
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$57.48		\$60.33	\$48.42		\$49.00
D7110	EXTRACTION - SINGLE TOOTH	\$47.56		\$49.92	\$41.00		\$41.49
<b>Durable Medical Equipment</b>							
E0245	TUB STOOL OR BENCH	\$31.04		\$32.58	\$82.39		\$83.37
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$25.74		\$27.02	\$773.87		\$783.09
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$125.00		\$131.21	\$0.00		\$0.00
L8160	GRADIENT COMPRESSION STOCKING, FL	\$0.00		\$0.00	\$0.00		\$0.00

### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	West Virginia		Wisconsin			
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted	Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>							
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$77.43	94.5%	\$84.07	\$26.13	30.7%	\$27.33
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$110.10	92.9%	\$119.54	\$33.93	27.6%	\$35.48
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$39.24	90.9%	\$42.60	\$28.21	62.4%	\$29.50
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$81.91	75.8%	\$88.93	\$62.83	56.4%	\$65.71
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$40.82	77.9%	\$44.32	\$42.26	78.3%	\$44.20
99283	EMERGENCY DEPARTMENT VISIT FOR TH	\$45.56	75.4%	\$49.47	\$21.60	35.0%	\$22.59
99431	HISTORY AND EXAMINATION OF THE NOF	\$44.25	63.7%	\$48.04	\$102.01	141.1%	\$106.68
<b>Anesthesia Services</b>							
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$0.00		\$0.00	\$0.00		\$0.00
00850	ANESTHESIA, C SECTION	\$0.00		\$0.00	\$0.00		\$0.00
00955	ANALGESIA, VAGINAL DELIVERY	\$0.00		\$0.00	\$0.00		\$0.00
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$0.00	0.0%	\$0.00	\$18.26	110.1%	\$19.10
<b>Surgical Services (excluding maternity/delivery)</b>							
11721	DEBRIDE NAIL	\$30.02	79.3%	\$32.59	\$31.09	78.9%	\$32.51
29881	KNEE ARTHROSCOPY W/ MENISCECTOM	\$441.45	78.0%	\$479.29	\$819.30	139.4%	\$856.81
33533	CABG, ARTERIAL, SINGLE	\$1,379.95	74.6%	\$1,498.24	\$1,923.41	100.8%	\$2,011.48
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$186.75	84.6%	\$202.76	\$457.86	197.3%	\$478.82
66984	EXTRACAPSULAR CATARACT REMOVAL \	\$495.19	72.5%	\$537.64	\$1,298.56	181.8%	\$1,358.02
<b>Maternity/Delivery</b>							
59025	FETAL NON-STRESS TEST	\$29.50	73.9%	\$32.03	\$52.17	127.5%	\$54.56
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,104.96	78.2%	\$1,199.68	\$982.59	68.3%	\$1,027.58
59409	VAGINAL DELIVERY ONLY (WITH OR WIT	\$847.29	106.5%	\$919.92	\$581.89	72.0%	\$608.53
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,259.84	78.4%	\$1,367.84	\$1,287.77	78.7%	\$1,346.74
59514	CAESAREAN DELIVERY ONLY;	\$1,002.02	106.9%	\$1,087.92	\$786.39	82.7%	\$822.40
<b>Radiology</b>							
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HI	\$168.04	83.9%	\$182.44	\$219.41	102.8%	\$229.46
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$26.07	81.8%	\$28.30	\$34.67	102.8%	\$36.26
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$25.81	37.0%	\$28.02	\$91.02	130.4%	\$95.19
76805	ECHOGRAPHY, PREGNANT UTERUS, B-S	\$98.24	81.9%	\$106.66	\$131.70	104.0%	\$137.73
<b>Lab/Pathology</b>							
80074	HEPATITIS PANEL	\$62.89	100.0%	\$68.28	\$65.82	100.0%	\$68.83
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$10.74	100.0%	\$11.66	\$10.74	100.0%	\$11.23
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$27.71	100.0%	\$30.09	\$27.71	100.0%	\$28.98
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$27.71	100.0%	\$30.09	\$27.71	100.0%	\$28.98
<b>Psychiatry</b>							
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$48.46	83.6%	\$52.61	\$39.22	65.6%	\$41.02
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$51.88	79.9%	\$56.33	\$39.22	58.7%	\$41.02
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$74.01	83.3%	\$80.35	\$78.43	85.6%	\$82.02
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$72.69	76.9%	\$78.92	\$78.43	80.6%	\$82.02
<b>Medicine and Testing</b>							
97140	MANUAL THERAPY TECHNIQUES (EG, MO	\$20.01	81.0%	\$21.73	\$24.75	96.6%	\$25.88
93000	ELECTROCARDIOGRAM, ROUTINE ECG W	\$20.01	78.1%	\$21.73	\$37.17	136.7%	\$38.87
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$149.87	79.8%	\$162.72	\$193.34	96.7%	\$202.19
94010	SPIROMETRY, INCLUDING GRAPHIC REC	\$18.43	70.2%	\$20.01	\$39.39	141.3%	\$41.19
94060	BRONCHOSPASM EVALUATION: SPIROME	\$38.71	76.6%	\$42.03	\$53.70	100.1%	\$56.16
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$20.28	71.1%	\$22.02	\$35.81	119.9%	\$37.45
<b>Vision/Ophthalmology</b>							
V2020	FRAMES, PURCHASES	\$70.00	147.4%	\$76.00	\$0.00	0.0%	\$0.00
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$94.29	97.0%	\$102.37	\$41.68	41.2%	\$43.59
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$69.01	97.6%	\$74.93	\$41.68	56.4%	\$43.59
<b>Audiology/Hearing</b>							
V5010	ASSESSMENT FOR HEARING AID	\$0.00		\$0.00	\$0.00		\$0.00
V5050	HEARING AID, MONAURAL, IN THE EAR	\$0.00		\$0.00	\$248.56		\$259.94
92525	EVALUATION OF SWALLOWING AND ORAI	\$83.76	88.0%	\$90.94	\$0.00	0.0%	\$0.00
<b>Dental Services</b>							
D1110	PROPHYLAXIS-ADULT	\$0.00		\$0.00	\$26.08		\$27.27
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$72.00		\$78.17	\$41.07		\$42.95
D7110	EXTRACTION - SINGLE TOOTH	\$44.00		\$47.77	\$38.53		\$40.29
<b>Durable Medical Equipment</b>							
E0245	TUB STOOL OR BENCH	\$157.50		\$171.00	\$55.08		\$57.60
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$885.64		\$961.56	\$19.98		\$20.89
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$159.30		\$172.96	\$88.90		\$92.97
L8160	GRADIENT COMPRESSION STOCKING, FL	\$33.00		\$35.83	\$51.10		\$53.44

### Appendix 3: BASELINE MEDICAID FEE DATA

Procedure Code	Description	Wyoming		
		Current (Dec '00) Medicaid Fee	% of Medicare	Geographically Adjusted
<b>Evaluation and Management Services</b>				
99203	OFFICE OR OTHER OUTPATIENT VISIT FC	\$70.27	85.0%	\$75.71
99204	OFFICE OR OTHER OUTPATIENT VISIT FC	\$101.72	85.0%	\$109.59
99213	OFFICE OR OTHER OUTPATIENT VISIT FC	\$37.32	85.0%	\$40.21
99222	INITIAL HOSPITAL CARE, PER DAY, FOR T	\$92.34	85.0%	\$99.49
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$44.75	85.0%	\$48.21
99283	EMERGENCY DEPARTMENT VISIT FOR TH	\$51.05	85.0%	\$55.00
99431	HISTORY AND EXAMINATION OF THE NOF	\$100.00	142.2%	\$107.74
<b>Anesthesia Services</b>				
00840	ANESTHESIA, SURGERY OF ABDOMEN	\$126.00		\$135.75
00850	ANESTHESIA, C SECTION	\$147.00		\$158.38
00955	ANALGESIA, VAGINAL DELIVERY	\$105.00		\$113.13
one 15 min time unit	ONE 15 MINUTE TIME UNIT	\$0.00	0.0%	\$0.00
<b>Surgical Services (excluding maternity/delivery)</b>				
11721	DEBRIDE NAIL	\$56.70	148.5%	\$61.09
29881	KNEE ARTHROSCOPY W/ MENISCECTOM	\$882.00	155.3%	\$950.27
33533	CABG, ARTERIAL, SINGLE	\$2,772.00	150.4%	\$2,986.55
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$270.90	120.7%	\$291.87
66984	EXTRACAPSULAR CATARACT REMOVAL I	\$1,764.00	254.5%	\$1,900.53
<b>Maternity/Delivery</b>				
59025	FETAL NON-STRESS TEST	\$63.00	160.0%	\$67.88
59400	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,260.00	90.7%	\$1,357.52
59409	VAGINAL DELIVERY ONLY (WITH OR WITH	\$787.50	100.9%	\$848.45
59510	ROUTINE OBSTETRIC CARE INCLUDING A	\$1,575.00	99.7%	\$1,696.91
59514	CAESAREAN DELIVERY ONLY;	\$1,102.50	119.9%	\$1,187.83
<b>Radiology</b>				
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HI	\$220.16	107.6%	\$237.20
71020	RADIOLOGIC EXAMINATION, CHEST, TWC	\$33.53	103.4%	\$36.13
76092	SCREENING MAMMOGRAPHY, BILATERAL	\$66.84	95.7%	\$72.01
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SC	\$127.95	105.0%	\$137.85
<b>Lab/Pathology</b>				
80074	HEPATITIS PANEL	\$62.30	100.0%	\$67.12
85025	BLOOD COUNT; HEMOGRAM AND PLATEL	\$10.74	100.0%	\$11.57
87490	INFECT AGT DET BY NUCL ACID DNA/RNA	\$27.71	100.0%	\$29.85
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	\$27.71	100.0%	\$29.85
<b>Psychiatry</b>				
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$40.00	68.5%	\$43.10
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$40.00	61.3%	\$43.10
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$60.00	67.1%	\$64.64
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT C	\$60.00	63.1%	\$64.64
<b>Medicine and Testing</b>				
97140	MANUAL THERAPY TECHNIQUES (EG, MO	\$24.92	100.0%	\$26.84
93000	ELECTROCARDIOGRAM, ROUTINE ECG V	\$30.00	114.8%	\$32.32
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC	\$143.00	74.5%	\$154.07
94010	SPIROMETRY, INCLUDING GRAPHIC RECI	\$37.00	138.1%	\$39.86
94060	BRONCHOSPASM EVALUATION: SPIROME	\$52.00	100.9%	\$56.02
95904	NERVE CONDUCTION, AMPLITUDE AND L	\$60.00	207.8%	\$64.64
<b>Vision/Ophthalmology</b>				
V2020	FRAMES, PURCHASES	\$60.00	107.8%	\$64.64
92004	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$70.00	71.2%	\$75.42
92014	OPHTHALMOLOGICAL SERVICES: MEDIC/	\$70.00	97.5%	\$75.42
<b>Audiology/Hearing</b>				
V5010	ASSESSMENT FOR HEARING AID	\$0.00		\$0.00
V5050	HEARING AID, MONAURAL, IN THE EAR	\$0.00		\$0.00
92525	EVALUATION OF SWALLOWING AND ORAI	\$55.00	56.9%	\$59.26
<b>Dental Services</b>				
D1110	PROPHYLAXIS-ADULT	\$36.00		\$38.79
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$58.00		\$62.49
D7110	EXTRACTION - SINGLE TOOTH	\$46.00		\$49.56
<b>Durable Medical Equipment</b>				
E0245	TUB STOOL OR BENCH	\$82.00		\$88.35
E0450	VOLUME VENTILATOR, STATIONARY OR F	\$650.00		\$700.31
L3020	FOOT, INSERT, REMOVABLE, MOLDED TC	\$100.00		\$107.74
L8160	GRADIENT COMPRESSION STOCKING, FL	\$70.00		\$75.42



**Appendix 4: State-Specific Rankings Overview**

Procedure Code	Description	# of States For Which Fee Was Obtained	Alabama			Alaska		
			Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>								
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	8	8	8	1	1	1
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	8	8	8	1	1	1
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	9	10	10	1	1	1
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	29	26	26	1	1	1
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	29	24	26	1	1	1
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	29	26	27	1	1	1
99431	HISTORY AND EXAMINATION OF THE NORMAL N	51	33	35	33	1	3	3
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>14</b>	<b>12</b>	<b>12</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>Surgical Services (excluding maternity/delivery)</b>								
11721	DEBRIDE NAIL	51	34	35	34	1	2	2
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (MED	51	25	23	23	7	10	10
33533	CABG, ARTERIAL, SINGLE	51	35	33	35	2	5	6
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	24	24	22	3	7	7
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	34	33	33	9	12	12
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>33</b>	<b>31</b>	<b>31</b>	<b>3</b>	<b>9</b>	<b>9</b>
<b>Maternity/Delivery</b>								
59025	FETAL NON-STRESS TEST	51	37	36	36	6	12	13
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	16	11	11	2	2	2
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	5	3	4	2	2	2
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	22	21	21	1	1	1
59514	CAESAREAN DELIVERY ONLY;	51	13	12	15	2	2	2
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>6</b>	<b>5</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>2</b>
<b>Radiology</b>								
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	33	32	30	2	2	2
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	35	34	30	1	3	3
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	33	30	33	2	2	2
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	35	34	32	1	2	2
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>36</b>	<b>36</b>	<b>32</b>	<b>1</b>	<b>2</b>	<b>2</b>
<b>Lab/Pathology</b>								
80074	HEPATITIS PANEL	51	40	40	40	4	28	10
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	31	27	34	8	34	9
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	34	27	35	4	36	5
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	33	27	34	4	35	5
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>35</b>	<b>33</b>	<b>34</b>	<b>5</b>	<b>32</b>	<b>11</b>
<b>Psychiatry</b>								
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	21	18	18	1	2	1
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	19	20	20	1	1	1
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	25	23	23	2	2	2
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	25	24	24	2	2	2
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>24</b>	<b>22</b>	<b>23</b>	<b>1</b>	<b>2</b>	<b>2</b>
<b>Medicine and Testing</b>								
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	32	32	32	1	1	1
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH A	51	24	22	21	1	3	4
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	33	32	31	44	45	45
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	28	28	25	2	4	7
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	38	38	37	1	3	3
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	29	27	27	3	5	6
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>33</b>	<b>30</b>	<b>30</b>	<b>5</b>	<b>18</b>	<b>21</b>
<b>Vision/Ophthalmology</b>								
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	17	15	16	1	1	1
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	20	17	18	1	1	1
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>17</b>	<b>15</b>	<b>16</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>Dental Services</b>								
D1110	PROPHYLAXIS-ADULT	45	16	14	NA	1	1	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	10	10	NA	1	2	NA
D7110	EXTRACTION - SINGLE TOOTH	48	9	9	NA	1	1	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>8</b>	<b>7</b>	<b>NA</b>	<b>1</b>	<b>1</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.

**Appendix 4: State-Specific Rankings Overview**

Procedure Code	Description	# of States For Which Fee Was Obtained	Arizona			Arkansas		
			Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>								
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	5	7	7	20	16	16
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	4	5	5	21	17	17
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	2	4	4	23	20	20
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	3	5	5	20	17	17
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	2	4	2	12	7	9
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	3	4	5	17	16	16
99431	HISTORY AND EXAMINATION OF THE NORMAL N	51	13	14	14	30	25	25
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>2</b>	<b>4</b>	<b>4</b>	<b>20</b>	<b>17</b>	<b>17</b>
<b>Surgical Services (excluding maternity/delivery)</b>								
11721	DEBRIDE NAIL	51	6	6	6	4	3	3
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (MED	51	13	13	14	2	1	1
33533	CABG, ARTERIAL, SINGLE	51	12	12	12	3	2	2
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	10	12	13	4	3	3
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	19	24	23	10	9	9
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>14</b>	<b>14</b>	<b>14</b>	<b>7</b>	<b>4</b>	<b>4</b>
<b>Maternity/Delivery</b>								
59025	FETAL NON-STRESS TEST	51	8	10	10	2	2	1
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	4	4	4	27	21	21
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	3	5	5	41	36	35
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	2	2	3	34	31	31
59514	CAESAREAN DELIVERY ONLY;	51	5	6	6	45	42	41
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>36</b>	<b>34</b>	<b>34</b>
<b>Radiology</b>								
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	10	13	15	7	6	5
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	6	10	12	10	7	7
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	14	15	14	9	6	9
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	4	7	10	5	4	4
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>6</b>	<b>10</b>	<b>11</b>	<b>4</b>	<b>4</b>	<b>4</b>
<b>Lab/Pathology</b>								
80074	HEPATITIS PANEL	51	17	20	18	47	43	47
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	36	36	27	8	6	9
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	4	26	5	4	4	5
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	4	26	5	4	4	5
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>27</b>	<b>24</b>	<b>18</b>	<b>34</b>	<b>25</b>	<b>35</b>
<b>Psychiatry</b>								
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	3	6	4	6	3	6
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	4	6	4	3	3	3
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	3	6	5	6	3	3
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	4	7	7	5	4	4
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>3</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>3</b>
<b>Medicine and Testing</b>								
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	3	7	8	29	26	26
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH A	51	9	10	12	13	9	9
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	3	6	8	37	33	32
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	16	16	16	9	6	5
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	7	6	11	5	5	5
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	11	12	14	5	3	3
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>7</b>	<b>9</b>	<b>11</b>	<b>19</b>	<b>13</b>	<b>12</b>
<b>Vision/Ophthalmology</b>								
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	6	8	8	9	6	6
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	8	10	10	7	4	4
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>6</b>	<b>8</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>6</b>
<b>Dental Services</b>								
D1110	PROPHYLAXIS-ADULT	45	3	2	NA	22	16	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	7	7	NA	24	20	NA
D7110	EXTRACTION - SINGLE TOOTH	48	2	2	NA	27	23	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>4</b>	<b>5</b>	<b>NA</b>	<b>24</b>	<b>18</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.

**Appendix 4: State-Specific Rankings Overview**

Procedure Code	Description	# of States For Which Fee Was Obtained	California			Colorado		
			Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>								
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	22	27	27	25	25	25
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	34	37	37	22	21	21
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	44	46	46	25	26	26
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	30	34	34	16	19	18
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	25	32	30	17	19	18
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	23	28	28	19	21	19
99431	HISTORY AND EXAMINATION OF THE NORMAL N	51	37	41	41	27	28	28
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>34</b>	<b>41</b>	<b>41</b>	<b>21</b>	<b>24</b>	<b>24</b>
<b>Surgical Services (excluding maternity/delivery)</b>								
11721	DEBRIDE NAIL	51	20	29	30	22	21	21
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (MED	51	19	28	28	47	48	48
33533	CABG, ARTERIAL, SINGLE	51	15	24	24	33	36	36
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	13	20	24	51	51	51
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	13	14	15	16	16	16
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>13</b>	<b>16</b>	<b>24</b>	<b>44</b>	<b>43</b>	<b>43</b>
<b>Maternity/Delivery</b>								
59025	FETAL NON-STRESS TEST	51	44	44	43	25	28	29
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	29	33	33	22	23	23
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	46	46	46	25	28	28
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	35	35	35	17	17	19
59514	CAESAREAN DELIVERY ONLY;	51	47	47	46	23	25	25
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>46</b>	<b>46</b>	<b>46</b>	<b>24</b>	<b>27</b>	<b>27</b>
<b>Radiology</b>								
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	21	25	31	25	26	24
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	30	36	37	40	40	40
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	12	18	12	50	50	50
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	30	36	36	23	26	29
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>24</b>	<b>33</b>	<b>35</b>	<b>34</b>	<b>32</b>	<b>33</b>
<b>Lab/Pathology</b>								
80074	HEPATITIS PANEL	51	18	27	26	48	49	48
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	30	35	33	32	28	29
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	30	31	31	4	23	5
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	30	31	31	4	23	5
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>22</b>	<b>31</b>	<b>26</b>	<b>39</b>	<b>37</b>	<b>38</b>
<b>Psychiatry</b>								
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	37	39	39	NA	NA	NA
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	37	40	40	NA	NA	NA
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	40	40	40	NA	NA	NA
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	39	39	39	NA	NA	NA
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>39</b>	<b>39</b>	<b>39</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>
<b>Medicine and Testing</b>								
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	16	24	24	36	34	34
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH A	51	17	27	30	31	31	32
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	27	34	36	34	36	35
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	25	33	35	14	14	14
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	24	31	34	34	36	36
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	21	29	29	31	32	32
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>25</b>	<b>31</b>	<b>33</b>	<b>34</b>	<b>34</b>	<b>36</b>
<b>Vision/Ophthalmology</b>								
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	25	28	28	45	45	45
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	24	31	32	46	45	45
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>26</b>	<b>30</b>	<b>30</b>	<b>45</b>	<b>45</b>	<b>45</b>
<b>Dental Services</b>								
D1110	PROPHYLAXIS-ADULT	45	6	15	NA	10	11	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	29	34	NA	12	15	NA
D7110	EXTRACTION - SINGLE TOOTH	48	19	28	NA	10	14	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>21</b>	<b>27</b>	<b>NA</b>	<b>9</b>	<b>12</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.

**Appendix 4: State-Specific Rankings Overview**

Procedure Code	Description	# of States For Which Fee Was Obtained	Connecticut			Delaware		
			Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>								
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	40	44	44	3	6	6
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	44	45	45	3	7	7
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	46	48	48	4	6	6
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	42	42	42	5	10	9
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	45	45	45	4	9	7
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	43	44	44	6	10	9
99431	HISTORY AND EXAMINATION OF THE NORMAL N	51	19	27	26	15	18	18
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>44</b>	<b>47</b>	<b>47</b>	<b>4</b>	<b>6</b>	<b>6</b>
<b>Surgical Services (excluding maternity/delivery)</b>								
11721	DEBRIDE NAIL	51	37	40	40	8	15	15
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (MED	51	29	36	36	15	20	21
33533	CABG, ARTERIAL, SINGLE	51	14	26	27	17	19	20
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	38	43	43	16	18	19
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	37	39	39	30	32	32
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>35</b>	<b>41</b>	<b>42</b>	<b>17</b>	<b>20</b>	<b>20</b>
<b>Maternity/Delivery</b>								
59025	FETAL NON-STRESS TEST	51	1	1	2	17	19	19
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	1	1	1	38	37	37
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	1	1	1	21	25	25
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	31	34	34	38	38	38
59514	CAESAREAN DELIVERY ONLY;	51	1	1	1	32	35	35
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>22</b>	<b>32</b>	<b>32</b>
<b>Radiology</b>								
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	44	47	48	14	18	19
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	45	46	46	12	15	18
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	41	45	41	5	8	5
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	44	46	46	9	16	15
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>47</b>	<b>47</b>	<b>47</b>	<b>10</b>	<b>16</b>	<b>17</b>
<b>Lab/Pathology</b>								
80074	HEPATITIS PANEL	51	4	26	10	13	22	9
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	8	32	9	5	18	5
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	4	34	5	4	30	5
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	24	34	25	4	30	5
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>9</b>	<b>28</b>	<b>19</b>	<b>4</b>	<b>22</b>	<b>5</b>
<b>Psychiatry</b>								
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	39	41	40	2	1	2
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	40	41	41	2	2	2
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	37	39	39	1	1	1
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	40	41	41	1	1	1
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>40</b>	<b>40</b>	<b>40</b>	<b>2</b>	<b>1</b>	<b>1</b>
<b>Medicine and Testing</b>								
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	48	49	49	7	13	13
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH A	51	48	49	49	11	15	17
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	47	47	47	6	12	13
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	36	40	42	19	21	23
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	44	48	48	10	15	17
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	30	37	37	13	18	18
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>45</b>	<b>46</b>	<b>47</b>	<b>11</b>	<b>15</b>	<b>16</b>
<b>Vision/Ophthalmology</b>								
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	37	39	39	40	41	41
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	40	44	44	39	39	39
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>39</b>	<b>39</b>	<b>39</b>	<b>40</b>	<b>40</b>	<b>40</b>
<b>Dental Services</b>								
D1110	PROPHYLAXIS-ADULT	45	42	43	NA	NA	NA	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	47	47	NA	NA	NA	NA
D7110	EXTRACTION - SINGLE TOOTH	48	47	47	NA	NA	NA	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>44</b>	<b>44</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.

**Appendix 4: State-Specific Rankings Overview**

**Washington, D.C.**

**Florida**

Procedure Code	Description	# of States For Which Fee Was Obtained	Washington, D.C.			Florida		
			Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>								
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	45	47	47	32	34	34
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	47	48	48	33	34	34
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	49	49	49	38	39	39
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	46	46	46	39	39	39
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	47	49	49	37	40	40
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	45	45	45	31	31	31
99431	HISTORY AND EXAMINATION OF THE NORMAL N	51	10	19	19	47	47	47
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>49</b>	<b>49</b>	<b>49</b>	<b>39</b>	<b>39</b>	<b>39</b>
<b>Surgical Services (excluding maternity/delivery)</b>								
11721	DEBRIDE NAIL	51	44	47	47	43	42	42
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (MED	51	45	47	47	44	43	43
33533	CABG, ARTERIAL, SINGLE	51	43	46	46	47	45	47
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	46	48	48	41	42	40
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	49	49	51	51	50	49
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>49</b>	<b>49</b>	<b>49</b>	<b>47</b>	<b>48</b>	<b>48</b>
<b>Maternity/Delivery</b>								
59025	FETAL NON-STRESS TEST	51	41	43	42	43	41	41
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	5	14	13	7	12	15
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	7	16	16	13	20	23
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	13	20	20	18	22	25
59514	CAESAREAN DELIVERY ONLY;	51	13	24	23	25	31	33
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>9</b>	<b>19</b>	<b>20</b>	<b>19</b>	<b>26</b>	<b>31</b>
<b>Radiology</b>								
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	48	49	49	47	44	44
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	44	45	45	43	42	42
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	28	33	28	40	40	40
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	43	44	44	42	42	42
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>43</b>	<b>46</b>	<b>46</b>	<b>42</b>	<b>43</b>	<b>43</b>
<b>Lab/Pathology</b>								
80074	HEPATITIS PANEL	51	41	46	41	37	39	38
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	48	49	49	40	40	43
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	47	47	48	48	48	46
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	47	47	48	48	48	46
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>49</b>	<b>49</b>	<b>49</b>	<b>45</b>	<b>46</b>	<b>43</b>
<b>Psychiatry</b>								
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	43	44	44	31	32	32
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	42	42	42	33	34	34
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	43	43	43	35	36	36
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	41	42	42	36	36	36
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>41</b>	<b>42</b>	<b>42</b>	<b>35</b>	<b>36</b>	<b>36</b>
<b>Medicine and Testing</b>								
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	40	43	42	35	37	37
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH A	51	46	48	48	49	46	46
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	40	42	42	41	41	41
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	45	46	47	37	38	38
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	43	43	44	41	41	41
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	42	42	42	38	38	38
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>43</b>	<b>44</b>	<b>44</b>	<b>40</b>	<b>40</b>	<b>40</b>
<b>Vision/Ophthalmology</b>								
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	27	33	33	21	24	24
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	31	38	38	26	28	26
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>30</b>	<b>36</b>	<b>36</b>	<b>20</b>	<b>25</b>	<b>25</b>
<b>Dental Services</b>								
D1110	PROPHYLAXIS-ADULT	45	45	45	NA	43	42	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	48	48	NA	36	38	NA
D7110	EXTRACTION - SINGLE TOOTH	48	48	48	NA	44	43	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>45</b>	<b>45</b>	<b>NA</b>	<b>37</b>	<b>38</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.

**Appendix 4: State-Specific Rankings Overview**

Procedure Code	Description	# of States For Which Fee Was Obtained	Georgia			Hawaii		
			Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>								
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	14	14	14	19	23	22
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	14	14	14	23	30	29
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	12	15	15	37	44	44
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	7	8	8	26	32	31
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	7	10	8	23	31	28
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	9	12	13	4	13	11
99431	HISTORY AND EXAMINATION OF THE NORMAL N	51	12	10	10	7	13	12
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>7</b>	<b>13</b>	<b>13</b>	<b>24</b>	<b>32</b>	<b>31</b>
<b>Surgical Services (excluding maternity/delivery)</b>								
11721	DEBRIDE NAIL	51	15	16	16	47	49	49
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (MED	51	17	17	18	11	12	12
33533	CABG, ARTERIAL, SINGLE	51	16	17	18	9	11	15
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	19	17	17	12	21	26
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	28	29	29	17	22	22
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>19</b>	<b>19</b>	<b>18</b>	<b>16</b>	<b>24</b>	<b>26</b>
<b>Maternity/Delivery</b>								
59025	FETAL NON-STRESS TEST	51	18	17	17	12	16	18
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	14	16	17	40	40	40
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	15	18	18	51	51	51
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	5	10	10	36	36	36
59514	CAESAREAN DELIVERY ONLY;	51	50	50	50	40	43	43
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>45</b>	<b>43</b>	<b>42</b>	<b>48</b>	<b>49</b>	<b>48</b>
<b>Radiology</b>								
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	17	17	17	15	22	29
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	17	20	20	25	30	36
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	16	19	16	34	37	34
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	13	15	14	31	37	37
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>17</b>	<b>18</b>	<b>18</b>	<b>23</b>	<b>35</b>	<b>38</b>
<b>Lab/Pathology</b>								
80074	HEPATITIS PANEL	51	26	24	28	36	38	36
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	33	30	35	8	29	9
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	36	33	37	32	35	32
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	37	33	37	36	37	38
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>28</b>	<b>26</b>	<b>30</b>	<b>29</b>	<b>35</b>	<b>31</b>
<b>Psychiatry</b>								
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	9	11	11	18	24	23
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	11	13	12	26	33	33
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	9	11	11	14	18	17
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	10	10	11	17	23	22
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>10</b>	<b>12</b>	<b>12</b>	<b>16</b>	<b>23</b>	<b>21</b>
<b>Medicine and Testing</b>								
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	24	25	25	14	22	20
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH A	51	14	14	15	10	16	22
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	7	11	11	10	17	24
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	18	19	19	13	17	20
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	11	13	12	6	16	23
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	14	15	15	9	10	11
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>15</b>	<b>14</b>	<b>15</b>	<b>10</b>	<b>17</b>	<b>22</b>
<b>Vision/Ophthalmology</b>								
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	12	12	12	29	32	32
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	13	13	13	18	20	21
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>12</b>	<b>13</b>	<b>13</b>	<b>25</b>	<b>29</b>	<b>29</b>
<b>Dental Services</b>								
D1110	PROPHYLAXIS-ADULT	45	NA	NA	NA	37	41	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	3	5	NA	46	46	NA
D7110	EXTRACTION - SINGLE TOOTH	48	5	6	NA	44	46	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>43</b>	<b>43</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.

**Appendix 4: State-Specific Rankings Overview**

Procedure Code	Description	# of States For Which Fee Was Obtained	Idaho			Illinois		
			Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>								
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	24	21	21	35	36	36
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	26	23	23	30	33	33
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	17	14	14	30	33	32
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	2	2	2	41	41	41
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	26	22	22	44	44	44
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	2	2	2	39	40	41
99431	HISTORY AND EXAMINATION OF THE NORMAL	51	6	6	6	44	44	44
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>17</b>	<b>15</b>	<b>15</b>	<b>35</b>	<b>37</b>	<b>37</b>
<b>Surgical Services (excluding maternity/delivery)</b>								
11721	DEBRIDE NAIL	51	11	11	11	48	48	48
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (MED	51	3	3	3	42	42	42
33533	CABG, ARTERIAL, SINGLE	51	8	7	7	6	8	8
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	5	4	4	9	9	9
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	6	6	6	11	11	11
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>9</b>	<b>6</b>	<b>6</b>	<b>12</b>	<b>12</b>	<b>12</b>
<b>Maternity/Delivery</b>								
59025	FETAL NON-STRESS TEST	51	14	13	12	22	27	31
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	15	10	9	NA	NA	NA
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	22	21	20	45	45	45
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	8	6	6	NA	NA	NA
59514	CAESAREAN DELIVERY ONLY;	51	4	4	3	35	37	38
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>10</b>	<b>8</b>	<b>8</b>	<b>41</b>	<b>42</b>	<b>44</b>
<b>Radiology</b>								
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	13	11	10	5	7	8
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	5	5	5	36	38	38
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	26	24	26	7	9	7
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	18	18	18	41	41	41
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>18</b>	<b>15</b>	<b>15</b>	<b>25</b>	<b>30</b>	<b>31</b>
<b>Lab/Pathology</b>								
80074	HEPATITIS PANEL	51	11	4	18	30	33	32
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	8	10	9	39	39	42
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	4	10	5	4	29	5
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	4	10	5	4	29	5
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>8</b>	<b>5</b>	<b>17</b>	<b>30</b>	<b>34</b>	<b>32</b>
<b>Psychiatry</b>								
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	27	23	24	37	38	38
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	21	19	19	38	39	38
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	30	28	29	36	37	37
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	27	25	25	38	38	38
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>27</b>	<b>24</b>	<b>24</b>	<b>38</b>	<b>38</b>	<b>38</b>
<b>Medicine and Testing</b>								
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	13	10	10	44	44	44
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH A	51	6	5	5	22	28	27
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	14	9	9	43	44	44
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	4	2	2	5	9	10
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	3	1	1	8	12	13
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	6	6	5	44	45	45
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>39</b>	<b>39</b>	<b>39</b>
<b>Vision/Ophthalmology</b>								
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	28	26	26	31	34	34
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	17	15	15	21	25	25
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>24</b>	<b>21</b>	<b>21</b>	<b>31</b>	<b>33</b>	<b>32</b>
<b>Dental Services</b>								
D1110	PROPHYLAXIS-ADULT	45	6	6	NA	36	38	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	20	18	NA	27	28	NA
D7110	EXTRACTION - SINGLE TOOTH	48	25	21	NA	23	27	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>16</b>	<b>14</b>	<b>NA</b>	<b>29</b>	<b>30</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.

**Appendix 4: State-Specific Rankings Overview**

Procedure Code	Description	# of States For Which Fee Was Obtained	Indiana			Iowa		
			Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>								
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	34	32	32	4	3	2
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	31	27	27	5	3	3
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	40	36	37	6	3	3
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	24	21	23	6	3	3
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	27	25	25	5	2	3
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	26	24	24	7	3	3
99431	HISTORY AND EXAMINATION OF THE NORMAL N	51	29	26	27	16	12	13
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>33</b>	<b>29</b>	<b>29</b>	<b>5</b>	<b>3</b>	<b>3</b>
<b>Surgical Services (excluding maternity/delivery)</b>								
11721	DEBRIDE NAIL	51	29	28	27	10	10	9
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (MED	51	26	26	25	18	15	13
33533	CABG, ARTERIAL, SINGLE	51	29	29	29	21	14	14
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	32	30	31	17	13	12
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	27	25	25	32	27	26
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>27</b>	<b>26</b>	<b>25</b>	<b>20</b>	<b>15</b>	<b>15</b>
<b>Maternity/Delivery</b>								
59025	FETAL NON-STRESS TEST	51	29	29	28	19	14	15
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	NA	NA	NA	11	6	6
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	32	32	29	20	14	15
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	32	30	30	11	7	7
59514	CAESAREAN DELIVERY ONLY;	51	31	29	28	19	16	16
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>33</b>	<b>33</b>	<b>30</b>	<b>18</b>	<b>14</b>	<b>14</b>
<b>Radiology</b>								
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	36	34	33	20	15	13
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	32	28	28	14	13	10
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	19	17	19	4	4	4
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	29	29	28	12	10	9
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>32</b>	<b>27</b>	<b>26</b>	<b>12</b>	<b>9</b>	<b>8</b>
<b>Lab/Pathology</b>								
80074	HEPATITIS PANEL	51	25	21	18	28	23	17
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	4	4	4	8	9	9
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	26	14	27	4	9	5
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	24	14	25	4	9	5
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>15</b>	<b>10</b>	<b>4</b>	<b>23</b>	<b>13</b>	<b>14</b>
<b>Psychiatry</b>								
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	NA	NA	NA	5	4	3
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	NA	NA	NA	6	4	6
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	NA	NA	NA	5	4	4
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	NA	NA	NA	8	5	6
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>6</b>	<b>4</b>	<b>4</b>
<b>Medicine and Testing</b>								
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	22	21	22	9	3	3
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH A	51	32	30	28	15	12	10
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	25	24	25	13	8	7
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	31	30	29	22	20	18
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	29	27	25	15	11	9
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	28	26	26	16	14	13
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>28</b>	<b>26</b>	<b>26</b>	<b>16</b>	<b>11</b>	<b>9</b>
<b>Vision/Ophthalmology</b>								
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	23	22	22	3	3	3
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	27	23	24	3	3	2
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>23</b>	<b>23</b>	<b>23</b>	<b>3</b>	<b>3</b>	<b>3</b>
<b>Dental Services</b>								
D1110	PROPHYLAXIS-ADULT	45	40	37	NA	16	12	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	45	44	NA	17	13	NA
D7110	EXTRACTION - SINGLE TOOTH	48	46	45	NA	14	13	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>42</b>	<b>41</b>	<b>NA</b>	<b>14</b>	<b>10</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.



**Appendix 4: State-Specific Rankings Overview**

Procedure Code	Description	# of States For Which Fee Was Obtained	Kansas			Kentucky		
			Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>								
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	36	35	35	29	28	28
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	36	35	35	25	24	24
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	43	40	40	36	34	34
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	34	31	32	19	18	19
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	35	33	33	22	20	20
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	10	9	10	22	20	21
99431	HISTORY AND EXAMINATION OF THE NORMAL N	51	10	9	9	38	36	36
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>38</b>	<b>36</b>	<b>36</b>	<b>29</b>	<b>25</b>	<b>25</b>
<b>Surgical Services (excluding maternity/delivery)</b>								
11721	DEBRIDE NAIL	51	49	45	45	25	20	20
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (MED	51	31	30	30	24	21	20
33533	CABG, ARTERIAL, SINGLE	51	40	39	39	24	21	22
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	18	14	14	33	31	30
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	21	20	20	33	31	31
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>26</b>	<b>25</b>	<b>23</b>	<b>30</b>	<b>28</b>	<b>27</b>
<b>Maternity/Delivery</b>								
59025	FETAL NON-STRESS TEST	51	31	31	30	23	23	22
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	12	9	10	26	25	25
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	29	29	32	10	6	6
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	14	12	12	NA	NA	NA
59514	CAESAREAN DELIVERY ONLY;	51	16	17	18	22	19	19
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>23</b>	<b>21</b>	<b>22</b>	<b>12</b>	<b>10</b>	<b>10</b>
<b>Radiology</b>								
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	22	19	20	31	30	25
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	16	16	15	28	25	25
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	1	1	1	31	28	31
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	15	13	13	26	23	22
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>15</b>	<b>14</b>	<b>14</b>	<b>26</b>	<b>23</b>	<b>23</b>
<b>Lab/Pathology</b>								
80074	HEPATITIS PANEL	51	49	48	49	11	5	18
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	49	48	41	26	12	28
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	49	49	49	29	15	27
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	49	49	49	29	15	25
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>50</b>	<b>50</b>	<b>50</b>	<b>11</b>	<b>7</b>	<b>22</b>
<b>Psychiatry</b>								
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	35	34	34	17	15	15
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	41	38	39	15	15	15
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	27	26	26	22	20	20
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	33	32	32	21	17	17
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>34</b>	<b>35</b>	<b>35</b>	<b>20</b>	<b>16</b>	<b>16</b>
<b>Medicine and Testing</b>								
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	37	33	33	30	30	30
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH A	51	19	18	16	29	25	24
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	5	4	4	24	22	21
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	15	13	13	27	24	22
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	18	18	16	22	22	20
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	41	40	39	22	20	20
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>21</b>	<b>19</b>	<b>18</b>	<b>26</b>	<b>25</b>	<b>24</b>
<b>Vision/Ophthalmology</b>								
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	33	30	30	22	19	19
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	38	36	36	25	21	20
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>36</b>	<b>34</b>	<b>34</b>	<b>21</b>	<b>18</b>	<b>18</b>
<b>Dental Services</b>								
D1110	PROPHYLAXIS-ADULT	45	24	21	NA	11	9	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	20	19	NA	25	23	NA
D7110	EXTRACTION - SINGLE TOOTH	48	19	19	NA	35	31	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>20</b>	<b>17</b>	<b>NA</b>	<b>25</b>	<b>21</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.

**Appendix 4: State-Specific Rankings Overview**

Procedure Code	Description	# of States For Which Fee Was Obtained	Louisiana			Maine		
			Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>								
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	44	43	43	38	38	38
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	46	46	46	39	39	39
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	18	16	16	31	31	31
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	44	43	43	36	35	35
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	42	39	39	36	35	35
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	36	35	35	44	43	43
99431	HISTORY AND EXAMINATION OF THE NORMAL N	51	31	29	29	40	39	39
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>36</b>	<b>35</b>	<b>35</b>	<b>40</b>	<b>38</b>	<b>38</b>
<b>Surgical Services (excluding maternity/delivery)</b>								
11721	DEBRIDE NAIL	51	13	13	13	41	39	39
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (MED	51	20	19	19	38	38	38
33533	CABG, ARTERIAL, SINGLE	51	20	16	16	31	32	32
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	34	32	32	36	36	36
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	25	21	21	23	23	24
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>22</b>	<b>21</b>	<b>19</b>	<b>34</b>	<b>33</b>	<b>32</b>
<b>Maternity/Delivery</b>								
59025	FETAL NON-STRESS TEST	51	10	9	9	40	39	39
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	NA	NA	NA	19	18	18
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	19	17	19	33	33	34
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	23	24	24	28	29	29
59514	CAESAREAN DELIVERY ONLY;	51	9	10	11	42	40	39
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>13</b>	<b>13</b>	<b>15</b>	<b>37</b>	<b>37</b>	<b>37</b>
<b>Radiology</b>								
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	37	36	36	19	16	16
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	22	22	23	34	33	33
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	42	41	42	48	48	48
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	28	28	26	34	31	33
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>29</b>	<b>28</b>	<b>28</b>	<b>33</b>	<b>31</b>	<b>30</b>
<b>Lab/Pathology</b>								
80074	HEPATITIS PANEL	51	4	7	10	46	45	44
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	34	33	37	8	16	9
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	4	17	5	50	50	50
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	4	17	5	50	50	50
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>24</b>	<b>21</b>	<b>27</b>	<b>46</b>	<b>45</b>	<b>46</b>
<b>Psychiatry</b>								
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	NA	NA	NA	26	26	25
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	NA	NA	NA	28	26	26
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	NA	NA	NA	17	16	16
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	NA	NA	NA	15	15	15
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>19</b>	<b>19</b>	<b>18</b>
<b>Medicine and Testing</b>								
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	20	18	18	47	47	47
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH A	51	21	19	20	36	36	37
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	18	19	17	51	51	51
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	3	3	3	17	15	15
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	21	24	22	25	25	26
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	18	19	19	12	11	10
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>20</b>	<b>20</b>	<b>17</b>	<b>47</b>	<b>45</b>	<b>45</b>
<b>Vision/Ophthalmology</b>								
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	35	35	35	32	31	31
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	35	33	33	32	34	34
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>35</b>	<b>35</b>	<b>35</b>	<b>33</b>	<b>32</b>	<b>33</b>
<b>Dental Services</b>								
D1110	PROPHYLAXIS-ADULT	45	34	35	NA	NA	NA	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	31	29	NA	NA	NA	NA
D7110	EXTRACTION - SINGLE TOOTH	48	36	35	NA	NA	NA	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>30</b>	<b>31</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.

**Appendix 4: State-Specific Rankings Overview**

Procedure Code	Description	# of States For Which Fee Was Obtained	Maryland			Massachusetts		
			Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>								
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	41	41	41	15	18	18
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	42	42	42	19	25	25
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	27	29	30	5	11	11
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	49	49	49	23	29	29
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	49	48	48	19	27	27
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	48	47	47	24	29	29
99431	HISTORY AND EXAMINATION OF THE NORMAL N	51	50	50	49	26	31	31
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>43</b>	<b>43</b>	<b>43</b>	<b>12</b>	<b>18</b>	<b>18</b>
<b>Surgical Services (excluding maternity/delivery)</b>								
11721	DEBRIDE NAIL	51	50	50	50	17	27	28
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (MED	51	50	50	50	22	29	29
33533	CABG, ARTERIAL, SINGLE	51	46	44	43	19	25	25
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	14	15	15	28	33	34
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	26	30	30	31	35	35
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>31</b>	<b>34</b>	<b>35</b>	<b>24</b>	<b>32</b>	<b>33</b>
<b>Maternity/Delivery</b>								
59025	FETAL NON-STRESS TEST	51	46	46	47	15	20	20
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	NA	NA	NA	8	17	16
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	11	12	12	34	43	41
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	NA	NA	NA	7	16	16
59514	CAESAREAN DELIVERY ONLY;	51	17	20	21	33	38	36
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>14</b>	<b>17</b>	<b>18</b>	<b>34</b>	<b>39</b>	<b>38</b>
<b>Radiology</b>								
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	23	27	28	18	23	27
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	48	49	49	26	32	34
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	24	26	24	21	27	21
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	47	47	47	6	14	16
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>44</b>	<b>44</b>	<b>44</b>	<b>14</b>	<b>20</b>	<b>21</b>
<b>Lab/Pathology</b>								
80074	HEPATITIS PANEL	51	24	25	24	35	36	33
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	7	26	7	37	38	39
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	28	28	30	38	42	39
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	24	28	25	39	43	40
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>21</b>	<b>23</b>	<b>6</b>	<b>37</b>	<b>40</b>	<b>36</b>
<b>Psychiatry</b>								
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	43	43	43	16	22	21
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	43	43	43	18	23	23
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	41	41	41	21	29	27
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	42	40	40	23	28	26
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>42</b>	<b>41</b>	<b>41</b>	<b>22</b>	<b>27</b>	<b>26</b>
<b>Medicine and Testing</b>								
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	49	48	48	10	16	16
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH A	51	51	51	51	18	29	31
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	50	50	50	4	14	16
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	50	50	50	20	26	31
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	50	50	50	14	23	27
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	49	49	49	24	30	30
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>51</b>	<b>51</b>	<b>51</b>	<b>14</b>	<b>23</b>	<b>25</b>
<b>Vision/Ophthalmology</b>								
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	47	47	48	14	17	17
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	47	46	47	16	19	19
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>47</b>	<b>47</b>	<b>48</b>	<b>15</b>	<b>17</b>	<b>17</b>
<b>Dental Services</b>								
D1110	PROPHYLAXIS-ADULT	45	14	19	NA	9	20	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	31	35	NA	17	24	NA
D7110	EXTRACTION - SINGLE TOOTH	48	26	29	NA	7	11	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>28</b>	<b>28</b>	<b>NA</b>	<b>10</b>	<b>20</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.

**Appendix 4: State-Specific Rankings Overview**

Procedure Code	Description	# of States For Which Fee Was Obtained	Michigan			Minnesota		
			Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>								
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	16	20	20	42	40	40
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	16	19	19	38	38	38
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	26	30	29	42	41	42
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	35	38	38	9	12	11
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	34	37	36	31	30	31
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	30	32	34	34	34	33
99431	HISTORY AND EXAMINATION OF THE NORMAL N	51	48	48	48	35	37	37
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>22</b>	<b>27</b>	<b>26</b>	<b>41</b>	<b>40</b>	<b>40</b>
<b>Surgical Services (excluding maternity/delivery)</b>								
11721	DEBRIDE NAIL	51	40	41	41	7	7	6
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (MED	51	43	44	44	4	6	6
33533	CABG, ARTERIAL, SINGLE	51	44	43	44	5	4	4
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	50	50	50	6	6	6
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	50	51	50	5	5	5
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>50</b>	<b>50</b>	<b>50</b>	<b>5</b>	<b>7</b>	<b>7</b>
<b>Maternity/Delivery</b>								
59025	FETAL NON-STRESS TEST	51	42	42	44	4	4	4
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	NA	NA	NA	35	34	32
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	48	49	49	40	40	39
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	NA	NA	NA	16	15	15
59514	CAESAREAN DELIVERY ONLY;	51	46	46	48	7	8	7
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>49</b>	<b>50</b>	<b>50</b>	<b>20</b>	<b>20</b>	<b>19</b>
<b>Radiology</b>								
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	41	43	43	3	3	4
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	41	41	41	4	4	4
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	39	39	39	10	10	10
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	39	40	40	33	32	34
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>41</b>	<b>41</b>	<b>42</b>	<b>9</b>	<b>11</b>	<b>10</b>
<b>Lab/Pathology</b>								
80074	HEPATITIS PANEL	51	29	31	30	4	15	10
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	47	47	48	8	22	9
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	35	37	36	4	21	5
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	35	36	36	24	21	25
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>40</b>	<b>41</b>	<b>40</b>	<b>9</b>	<b>17</b>	<b>19</b>
<b>Psychiatry</b>								
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	23	30	26	32	31	31
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	24	27	25	25	24	24
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	29	34	33	20	21	21
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	29	35	34	18	19	18
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>26</b>	<b>33</b>	<b>30</b>	<b>21</b>	<b>21</b>	<b>20</b>
<b>Medicine and Testing</b>								
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	33	38	38	21	23	23
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH A	51	45	45	44	5	6	6
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	39	40	40	16	18	18
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	46	48	48	30	32	32
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	42	42	42	30	28	28
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	43	46	46	7	7	7
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>41</b>	<b>42</b>	<b>43</b>	<b>12</b>	<b>12</b>	<b>13</b>
<b>Vision/Ophthalmology</b>								
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	13	16	15	42	43	43
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	15	18	17	44	43	43
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>14</b>	<b>16</b>	<b>15</b>	<b>43</b>	<b>43</b>	<b>43</b>
<b>Dental Services</b>								
D1110	PROPHYLAXIS-ADULT	45	39	40	NA	30	30	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	44	45	NA	38	37	NA
D7110	EXTRACTION - SINGLE TOOTH	48	43	44	NA	37	38	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>41</b>	<b>42</b>	<b>NA</b>	<b>35</b>	<b>34</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.

**Appendix 4: State-Specific Rankings Overview**

Procedure Code	Description	# of States For Which Fee Was Obtained	Mississippi			Missouri		
			Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>								
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	10	9	9	43	42	42
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	9	9	9	45	44	44
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	11	8	8	44	42	41
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	12	9	10	48	48	48
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	10	8	10	38	36	37
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	13	11	12	50	49	49
99431	HISTORY AND EXAMINATION OF THE NORMAL N	51	22	20	20	24	24	24
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>9</b>	<b>7</b>	<b>7</b>	<b>45</b>	<b>44</b>	<b>44</b>
<b>Surgical Services (excluding maternity/delivery)</b>								
11721	DEBRIDE NAIL	51	18	17	17	39	37	36
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (MED	51	28	24	22	48	46	46
33533	CABG, ARTERIAL, SINGLE	51	26	22	21	50	48	48
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	26	23	21	48	47	47
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	24	18	18	42	41	41
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>23</b>	<b>18</b>	<b>16</b>	<b>48</b>	<b>46</b>	<b>46</b>
<b>Maternity/Delivery</b>								
59025	FETAL NON-STRESS TEST	51	27	24	23	45	45	45
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	NA	NA	NA	30	30	31
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	30	27	26	49	47	48
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	NA	NA	NA	33	32	33
59514	CAESAREAN DELIVERY ONLY;	51	29	23	24	48	48	47
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>29</b>	<b>24</b>	<b>25</b>	<b>50</b>	<b>47</b>	<b>49</b>
<b>Radiology</b>								
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	24	20	18	35	35	34
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	20	18	17	46	44	44
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	25	21	25	46	44	46
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	16	11	11	45	43	43
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>19</b>	<b>17</b>	<b>16</b>	<b>45</b>	<b>42</b>	<b>41</b>
<b>Lab/Pathology</b>								
80074	HEPATITIS PANEL	51	34	30	29	42	41	43
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	3	3	3	8	15	9
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	4	6	5	4	16	3
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	4	6	5	4	16	3
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>26</b>	<b>15</b>	<b>25</b>	<b>31</b>	<b>30</b>	<b>29</b>
<b>Psychiatry</b>								
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	10	9	9	35	35	35
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	12	10	10	36	35	36
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	11	9	9	NA	NA	NA
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	12	12	12	NA	NA	NA
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>12</b>	<b>10</b>	<b>10</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>
<b>Medicine and Testing</b>								
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	18	14	14	46	45	45
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH A	51	27	21	18	43	43	42
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	20	16	14	42	39	38
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	32	29	27	47	45	44
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	26	21	18	46	44	43
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	26	21	21	47	43	43
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>23</b>	<b>22</b>	<b>19</b>	<b>44</b>	<b>43</b>	<b>41</b>
<b>Vision/Ophthalmology</b>								
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	8	7	7	47	46	46
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	10	8	8	48	48	48
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>9</b>	<b>7</b>	<b>7</b>	<b>48</b>	<b>46</b>	<b>46</b>
<b>Dental Services</b>								
D1110	PROPHYLAXIS-ADULT	45	NA	NA	NA	41	39	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	34	31	NA	42	42	NA
D7110	EXTRACTION - SINGLE TOOTH	48	28	24	NA	42	41	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>40</b>	<b>39</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.

**Appendix 4: State-Specific Rankings Overview**

Procedure Code	Description	# of States For Which Fee Was Obtained	Montana			Nebraska		
			Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>								
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	18	15	15	27	22	23
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	20	18	18	27	22	22
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	22	19	19	24	21	21
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	11	7	7	31	28	28
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	8	6	6	21	18	19
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	11	7	7	27	22	23
99431	HISTORY AND EXAMINATION OF THE NORMAL N	51	20	17	17	8	5	5
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>18</b>	<b>14</b>	<b>14</b>	<b>23</b>	<b>20</b>	<b>20</b>
<b>Surgical Services (excluding maternity/delivery)</b>								
11721	DEBRIDE NAIL	51	16	14	14	5	5	5
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (MED	51	6	5	5	12	11	11
33533	CABG, ARTERIAL, SINGLE	51	7	6	5	11	10	10
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	22	16	16	23	19	18
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	12	10	10	7	7	7
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>11</b>	<b>11</b>	<b>11</b>	<b>10</b>	<b>10</b>	<b>10</b>
<b>Maternity/Delivery</b>								
59025	FETAL NON-STRESS TEST	51	21	18	16	11	8	8
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	6	5	5	28	22	22
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	16	11	11	44	39	38
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	6	4	5	12	5	4
59514	CAESAREAN DELIVERY ONLY;	51	15	13	13	20	15	14
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>15</b>	<b>12</b>	<b>12</b>	<b>30</b>	<b>25</b>	<b>23</b>
<b>Radiology</b>								
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	51	51	51	1	1	1
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	19	17	16	2	1	1
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	27	23	27	6	5	6
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	11	8	7	2	1	1
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>31</b>	<b>24</b>	<b>25</b>	<b>2</b>	<b>1</b>	<b>1</b>
<b>Lab/Pathology</b>								
80074	HEPATITIS PANEL	51	14	6	4	27	17	23
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	8	8	9	44	43	8
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	4	8	5	4	5	5
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	4	8	5	4	5	5
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>12</b>	<b>4</b>	<b>7</b>	<b>33</b>	<b>27</b>	<b>21</b>
<b>Psychiatry</b>								
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	8	8	8	NA	NA	NA
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	9	9	9	NA	NA	NA
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	8	8	8	NA	NA	NA
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	11	9	9	NA	NA	NA
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>11</b>	<b>8</b>	<b>9</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>
<b>Medicine and Testing</b>								
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	15	12	12	25	20	21
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH A	51	20	17	14	3	2	1
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	15	13	12	12	5	5
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	26	22	21	10	10	9
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	20	17	15	4	4	4
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	19	17	17	10	9	9
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>18</b>	<b>16</b>	<b>14</b>	<b>9</b>	<b>3</b>	<b>3</b>
<b>Vision/Ophthalmology</b>								
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	18	18	18	34	29	29
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	28	27	27	34	29	29
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>22</b>	<b>19</b>	<b>19</b>	<b>34</b>	<b>31</b>	<b>31</b>
<b>Dental Services</b>								
D1110	PROPHYLAXIS-ADULT	45	34	31	NA	26	25	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	33	32	NA	19	14	NA
D7110	EXTRACTION - SINGLE TOOTH	48	29	26	NA	14	12	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>31</b>	<b>29</b>	<b>NA</b>	<b>19</b>	<b>15</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.

**Appendix 4: State-Specific Rankings Overview**

Procedure Code	Description	# of States For Which Fee Was Obtained	Nevada			New Hampshire		
			Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>								
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	23	24	24	39	39	39
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	17	20	20	40	40	40
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	19	24	24	13	18	18
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	10	15	13	18	23	21
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	9	15	15	38	41	41
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	16	23	20	35	36	36
99431	HISTORY AND EXAMINATION OF THE NORMAL N	51	5	8	7	45	45	45
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>16</b>	<b>21</b>	<b>21</b>	<b>26</b>	<b>28</b>	<b>28</b>
<b>Surgical Services (excluding maternity/delivery)</b>								
11721	DEBRIDE NAIL	51	3	4	4	35	36	37
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (MED	51	1	2	2	32	35	35
33533	CABG, ARTERIAL, SINGLE	51	1	1	1	39	40	40
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	2	2	2	45	45	45
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	1	2	2	21	28	28
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>39</b>	<b>38</b>	<b>39</b>
<b>Maternity/Delivery</b>								
59025	FETAL NON-STRESS TEST	51	35	37	37	33	34	35
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	13	19	19	20	26	27
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	6	7	7	7	10	10
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	4	11	11	30	33	32
59514	CAESAREAN DELIVERY ONLY;	51	3	3	4	51	51	51
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>43</b>	<b>44</b>	<b>43</b>
<b>Radiology</b>								
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	8	10	12	38	39	40
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	3	2	2	47	47	48
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	15	22	15	38	38	38
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	3	3	3	46	45	45
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>46</b>	<b>45</b>	<b>45</b>
<b>Lab/Pathology</b>								
80074	HEPATITIS PANEL	51	3	18	3	33	34	35
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	6	20	6	38	37	40
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	3	25	4	39	41	40
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	3	25	4	40	42	41
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>3</b>	<b>20</b>	<b>3</b>	<b>36</b>	<b>38</b>	<b>37</b>
<b>Psychiatry</b>								
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	15	17	16	33	33	33
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	10	14	14	39	37	37
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	10	15	13	23	25	24
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	7	11	10	26	31	30
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>9</b>	<b>14</b>	<b>13</b>	<b>30</b>	<b>34</b>	<b>32</b>
<b>Medicine and Testing</b>								
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	2	8	4	43	42	43
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH A	51	2	1	2	37	40	41
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	1	2	2	38	38	39
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	1	1	1	41	42	41
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	2	2	2	46	45	45
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	4	4	4	45	44	44
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>42</b>	<b>41</b>	<b>42</b>
<b>Vision/Ophthalmology</b>								
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	7	10	10	44	44	44
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	12	14	14	43	42	42
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>8</b>	<b>11</b>	<b>11</b>	<b>44</b>	<b>44</b>	<b>44</b>
<b>Dental Services</b>								
D1110	PROPHYLAXIS-ADULT	45	2	3	NA	20	24	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	3	6	NA	23	25	NA
D7110	EXTRACTION - SINGLE TOOTH	48	3	5	NA	31	33	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>2</b>	<b>4</b>	<b>NA</b>	<b>22</b>	<b>24</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.

**Appendix 4: State-Specific Rankings Overview**

Procedure Code	Description	# of States For Which Fee Was Obtained	New Jersey			New Mexico		
			Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>								
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	50	50	50	6	4	4
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	50	50	50	6	4	4
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	50	50	50	7	5	5
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	50	50	50	8	6	6
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	49	50	50	6	5	5
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	51	51	51	8	6	6
99431	HISTORY AND EXAMINATION OF THE NORMAL N	51	49	49	50	18	16	16
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>50</b>	<b>50</b>	<b>50</b>	<b>6</b>	<b>5</b>	<b>5</b>
<b>Surgical Services (excluding maternity/delivery)</b>								
11721	DEBRIDE NAIL	51	44	46	46	13	12	12
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (MED	51	49	49	49	8	7	7
33533	CABG, ARTERIAL, SINGLE	51	48	50	50	22	18	17
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	37	40	42	15	11	11
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	40	46	46	2	1	1
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>43</b>	<b>47</b>	<b>47</b>	<b>8</b>	<b>8</b>	<b>8</b>
<b>Maternity/Delivery</b>								
59025	FETAL NON-STRESS TEST	51	46	48	48	9	7	6
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	37	38	38	17	13	12
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	47	48	47	23	22	22
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	41	41	41	15	13	13
59514	CAESAREAN DELIVERY ONLY;	51	44	45	45	12	11	10
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>47</b>	<b>48</b>	<b>47</b>	<b>17</b>	<b>16</b>	<b>16</b>
<b>Radiology</b>								
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	46	48	47	9	8	7
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	49	50	50	15	14	14
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	44	46	44	17	14	17
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	48	49	49	14	12	12
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>49</b>	<b>49</b>	<b>49</b>	<b>13</b>	<b>13</b>	<b>13</b>
<b>Lab/Pathology</b>								
80074	HEPATITIS PANEL	51	50	50	50	1	1	1
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	49	50	50	2	2	2
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	43	45	43	2	2	2
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	34	38	35	2	2	2
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>48</b>	<b>48</b>	<b>48</b>	<b>2</b>	<b>2</b>	<b>2</b>
<b>Psychiatry</b>								
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	45	45	45	7	7	7
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	44	44	44	8	7	8
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	44	44	44	7	7	7
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	43	43	43	9	8	8
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>43</b>	<b>43</b>	<b>43</b>	<b>8</b>	<b>7</b>	<b>7</b>
<b>Medicine and Testing</b>								
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	39	41	41	12	11	11
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH A	51	46	47	47	16	13	13
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	48	48	48	2	1	1
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	41	44	45	8	8	8
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	27	34	38	17	14	14
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	45	47	47	17	16	16
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>48</b>	<b>49</b>	<b>49</b>	<b>4</b>	<b>5</b>	<b>5</b>
<b>Vision/Ophthalmology</b>								
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	49	49	49	4	5	5
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	49	49	49	6	7	7
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>49</b>	<b>49</b>	<b>49</b>	<b>4</b>	<b>5</b>	<b>5</b>
<b>Dental Services</b>								
D1110	PROPHYLAXIS-ADULT	45	44	44	NA	5	5	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	40	43	NA	9	9	NA
D7110	EXTRACTION - SINGLE TOOTH	48	40	42	NA	7	7	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>38</b>	<b>40</b>	<b>NA</b>	<b>6</b>	<b>6</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.



**Appendix 4: State-Specific Rankings Overview**

Procedure Code	Description	# of States For Which Fee Was Obtained	New York			North Carolina		
			Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>								
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	51	51	51	2	2	3
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	51	51	51	2	2	2
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	51	51	51	3	2	2
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	51	51	51	4	4	4
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	51	51	51	3	3	4
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	47	48	48	5	5	4
99431	HISTORY AND EXAMINATION OF THE NORMAL	51	51	51	51	9	7	8
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>51</b>	<b>51</b>	<b>51</b>	<b>3</b>	<b>2</b>	<b>2</b>
<b>Surgical Services (excluding maternity/delivery)</b>								
11721	DEBRIDE NAIL	51	51	51	51	9	8	10
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (MED	51	51	51	51	16	16	15
33533	CABG, ARTERIAL, SINGLE	51	45	49	49	18	15	13
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	49	49	49	11	10	10
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	48	48	48	29	26	27
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>51</b>	<b>51</b>	<b>51</b>	<b>15</b>	<b>13</b>	<b>13</b>
<b>Maternity/Delivery</b>								
59025	FETAL NON-STRESS TEST	51	49	50	50	16	15	14
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	32	36	36	10	7	7
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	35	44	44	18	15	14
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	37	37	37	10	9	8
59514	CAESAREAN DELIVERY ONLY;	51	38	44	44	18	18	17
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>40</b>	<b>45</b>	<b>45</b>	<b>16</b>	<b>15</b>	<b>13</b>
<b>Radiology</b>								
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	49	50	50	16	14	14
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	49	51	51	13	12	11
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	29	35	29	11	11	11
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	48	50	50	10	9	8
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>48</b>	<b>50</b>	<b>50</b>	<b>11</b>	<b>12</b>	<b>9</b>
<b>Lab/Pathology</b>								
80074	HEPATITIS PANEL	51	51	51	51	16	9	18
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	51	51	51	8	14	9
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	51	51	51	4	13	5
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	51	51	51	4	13	5
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>51</b>	<b>51</b>	<b>51</b>	<b>14</b>	<b>9</b>	<b>16</b>
<b>Psychiatry</b>								
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	NA	NA	NA	4	5	5
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	NA	NA	NA	5	5	5
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	NA	NA	NA	4	5	6
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	NA	NA	NA	6	6	5
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>5</b>	<b>5</b>	<b>6</b>
<b>Medicine and Testing</b>								
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	45	46	46	5	5	2
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH A	51	50	50	50	12	11	11
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	46	46	46	8	7	6
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	47	49	49	21	18	17
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	46	49	49	12	10	10
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	47	48	48	15	13	12
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>46</b>	<b>48</b>	<b>48</b>	<b>13</b>	<b>10</b>	<b>10</b>
<b>Vision/Ophthalmology</b>								
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	50	50	50	2	2	2
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	50	50	50	2	2	3
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>50</b>	<b>50</b>	<b>50</b>	<b>2</b>	<b>2</b>	<b>2</b>
<b>Dental Services</b>								
D1110	PROPHYLAXIS-ADULT	45	26	34	NA	33	32	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	11	22	NA	8	8	NA
D7110	EXTRACTION - SINGLE TOOTH	48	31	37	NA	18	18	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>18</b>	<b>25</b>	<b>NA</b>	<b>11</b>	<b>11</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.

**Appendix 4: State-Specific Rankings Overview**

**North Dakota**

**Ohio**

Procedure Code	Description	# of States For Which Fee Was Obtained	North Dakota			Ohio		
			Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>								
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	11	10	10	31	33	33
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	10	10	10	29	32	32
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	10	9	9	21	23	23
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	13	11	12	40	40	40
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	11	11	11	43	43	43
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	12	8	8	38	37	38
99431	HISTORY AND EXAMINATION OF THE NORMAL	51	23	21	21	28	30	30
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>28</b>	<b>26</b>	<b>27</b>
<b>Surgical Services (excluding maternity/delivery)</b>								
11721	DEBRIDE NAIL	51	18	18	18	32	32	32
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (MED	51	27	25	26	33	34	34
33533	CABG, ARTERIAL, SINGLE	51	27	23	23	30	30	30
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	25	25	23	35	34	33
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	35	34	34	39	38	37
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>28</b>	<b>23</b>	<b>21</b>	<b>37</b>	<b>37</b>	<b>37</b>
<b>Maternity/Delivery</b>								
59025	FETAL NON-STRESS TEST	51	24	22	21	32	33	33
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	NA	NA	NA	NA	NA	NA
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	27	24	24	37	38	40
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	NA	NA	NA	NA	NA	NA
59514	CAESAREAN DELIVERY ONLY;	51	24	22	22	41	39	40
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>26</b>	<b>22</b>	<b>21</b>	<b>38</b>	<b>38</b>	<b>39</b>
<b>Radiology</b>								
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	26	21	21	29	31	32
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	21	19	19	27	27	27
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	36	31	36	43	43	43
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	19	17	17	25	27	27
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>20</b>	<b>19</b>	<b>19</b>	<b>27</b>	<b>29</b>	<b>29</b>
<b>Lab/Pathology</b>								
80074	HEPATITIS PANEL	51	22	11	25	19	19	7
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	8	7	9	8	24	9
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	4	7	5	4	22	5
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	4	7	5	4	22	5
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>19</b>	<b>6</b>	<b>23</b>	<b>17</b>	<b>19</b>	<b>9</b>
<b>Psychiatry</b>								
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	11	10	10	28	29	30
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	13	11	11	22	22	22
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	13	10	10	32	32	31
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	13	13	13	28	29	29
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>13</b>	<b>11</b>	<b>11</b>	<b>28</b>	<b>29</b>	<b>29</b>
<b>Medicine and Testing</b>								
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	17	15	15	42	40	40
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH A	51	25	20	19	33	35	35
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	19	15	15	26	27	27
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	29	27	28	34	34	33
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	23	19	19	32	30	31
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	25	22	22	35	36	36
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>22</b>	<b>21</b>	<b>20</b>	<b>31</b>	<b>32</b>	<b>31</b>
<b>Vision/Ophthalmology</b>								
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	43	42	42	39	38	38
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	41	40	40	37	37	37
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>42</b>	<b>41</b>	<b>41</b>	<b>38</b>	<b>38</b>	<b>38</b>
<b>Dental Services</b>								
D1110	PROPHYLAXIS-ADULT	45	22	17	NA	19	22	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	16	11	NA	22	21	NA
D7110	EXTRACTION - SINGLE TOOTH	48	13	10	NA	12	15	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>15</b>	<b>9</b>	<b>NA</b>	<b>17</b>	<b>19</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.

**Appendix 4: State-Specific Rankings Overview**

Procedure Code	Description	# of States For Which Fee Was Obtained	Oklahoma			Oregon		
			Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>								
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	21	19	19	9	13	13
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	18	16	16	11	13	13
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	28	25	25	16	17	17
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	28	25	25	27	27	27
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	28	23	23	24	26	24
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	40	39	39	28	27	26
99431	HISTORY AND EXAMINATION OF THE NORMAL N	51	36	34	35	43	42	42
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>25</b>	<b>22</b>	<b>22</b>	<b>15</b>	<b>16</b>	<b>16</b>
<b>Surgical Services (excluding maternity/delivery)</b>								
11721	DEBRIDE NAIL	51	36	34	33	33	33	35
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (MED	51	39	37	37	37	39	39
33533	CABG, ARTERIAL, SINGLE	51	37	35	34	36	38	38
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	39	37	37	47	46	46
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	44	42	42	46	45	45
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>41</b>	<b>39</b>	<b>38</b>	<b>46</b>	<b>45</b>	<b>45</b>
<b>Maternity/Delivery</b>								
59025	FETAL NON-STRESS TEST	51	36	35	34	38	38	38
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	31	28	26	23	27	24
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	39	37	37	43	42	42
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	29	27	23	25	26	22
59514	CAESAREAN DELIVERY ONLY;	51	36	32	31	39	36	37
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>39</b>	<b>36</b>	<b>36</b>	<b>42</b>	<b>41</b>	<b>40</b>
<b>Radiology</b>								
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	39	38	38	34	37	37
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	37	35	31	33	31	32
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	45	42	45	32	32	32
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	36	33	31	32	30	30
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>38</b>	<b>37</b>	<b>36</b>	<b>35</b>	<b>34</b>	<b>34</b>
<b>Lab/Pathology</b>								
80074	HEPATITIS PANEL	51	21	13	27	45	44	46
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	29	21	32	27	23	30
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	33	20	34	40	38	41
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	32	20	33	41	39	42
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>25</b>	<b>16</b>	<b>28</b>	<b>38</b>	<b>36</b>	<b>39</b>
<b>Psychiatry</b>								
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	20	16	17	NA	NA	NA
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	20	18	18	NA	NA	NA
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	24	22	22	NA	NA	NA
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	24	22	23	NA	NA	NA
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>23</b>	<b>20</b>	<b>22</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>
<b>Medicine and Testing</b>								
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	31	29	29	27	28	28
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH A	51	39	37	36	38	39	39
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	32	31	30	31	30	33
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	38	36	36	44	41	40
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	39	37	35	37	39	39
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	37	34	34	50	50	50
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>35</b>	<b>35</b>	<b>32</b>	<b>38</b>	<b>38</b>	<b>37</b>
<b>Vision/Ophthalmology</b>								
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	16	13	14	36	36	36
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	19	16	16	9	9	9
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>16</b>	<b>14</b>	<b>14</b>	<b>27</b>	<b>26</b>	<b>26</b>
<b>Dental Services</b>								
D1110	PROPHYLAXIS-ADULT	45	12	8	NA	13	13	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	2	1	NA	30	30	NA
D7110	EXTRACTION - SINGLE TOOTH	48	11	8	NA	22	22	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>5</b>	<b>3</b>	<b>NA</b>	<b>26</b>	<b>23</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.

**Appendix 4: State-Specific Rankings Overview**

Procedure Code	Description	# of States For Which Fee Was Obtained	Pennsylvania			Rhode Island		
			Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>								
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	49	49	49	47	46	46
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	49	49	49	43	43	43
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	41	43	43	48	47	47
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	47	47	47	43	44	44
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	46	47	47	40	42	42
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	37	38	37	49	50	50
99431	HISTORY AND EXAMINATION OF THE NORMAL N	51	42	43	43	46	46	46
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>47</b>	<b>46</b>	<b>46</b>	<b>48</b>	<b>48</b>	<b>48</b>
<b>Surgical Services (excluding maternity/delivery)</b>								
11721	DEBRIDE NAIL	51	46	44	44	42	43	43
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (MED	51	21	22	24	46	45	45
33533	CABG, ARTERIAL, SINGLE	51	49	47	45	51	51	51
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	20	26	25	31	35	35
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	15	15	14	36	37	38
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>21</b>	<b>22</b>	<b>22</b>	<b>40</b>	<b>42</b>	<b>41</b>
<b>Maternity/Delivery</b>								
59025	FETAL NON-STRESS TEST	51	48	47	46	39	40	40
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	NA	NA	NA	39	39	39
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	13	19	17	50	50	50
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	NA	NA	NA	39	39	39
59514	CAESAREAN DELIVERY ONLY;	51	25	30	30	49	49	49
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>21</b>	<b>23</b>	<b>24</b>	<b>51</b>	<b>51</b>	<b>51</b>
<b>Radiology</b>								
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	43	42	42	45	45	46
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	18	21	21	42	43	43
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	35	34	35	47	47	47
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	40	39	39	51	51	51
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>37</b>	<b>39</b>	<b>39</b>	<b>50</b>	<b>51</b>	<b>51</b>
<b>Lab/Pathology</b>								
80074	HEPATITIS PANEL	51	32	32	34	43	47	45
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	46	46	47	43	45	46
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	44	43	44	46	46	47
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	44	44	44	46	46	47
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>43</b>	<b>43</b>	<b>45</b>	<b>47</b>	<b>47</b>	<b>47</b>
<b>Psychiatry</b>								
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	41	40	41	34	37	37
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	NA	NA	NA	34	36	35
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	42	42	42	39	38	38
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	NA	NA	NA	37	37	37
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>37</b>	<b>37</b>	<b>37</b>
<b>Medicine and Testing</b>								
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	28	31	31	50	50	50
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH A	51	30	32	33	44	44	45
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	23	26	26	49	49	49
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	47	47	46	41	43	43
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	51	51	51	45	46	47
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	33	35	35	40	41	41
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>32</b>	<b>33</b>	<b>34</b>	<b>50</b>	<b>50</b>	<b>50</b>
<b>Vision/Ophthalmology</b>								
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	51	51	51	46	48	47
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	51	51	51	45	47	46
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>51</b>	<b>51</b>	<b>51</b>	<b>46</b>	<b>48</b>	<b>47</b>
<b>Dental Services</b>								
D1110	PROPHYLAXIS-ADULT	45	20	23	NA	26	29	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	25	26	NA	41	40	NA
D7110	EXTRACTION - SINGLE TOOTH	48	19	25	NA	33	34	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>23</b>	<b>22</b>	<b>NA</b>	<b>33</b>	<b>36</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.

**Appendix 4: State-Specific Rankings Overview**

Procedure Code	Description	# of States For Which Fee Was Obtained	South Carolina			South Dakota		
			Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>								
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	45	45	45	28	26	26
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	41	41	41	35	26	26
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	47	45	45	32	27	27
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	45	45	45	17	16	16
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	48	46	46	15	12	12
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	42	42	42	20	17	17
99431	HISTORY AND EXAMINATION OF THE NORMAL N	51	33	33	34	17	11	11
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>46</b>	<b>45</b>	<b>45</b>	<b>27</b>	<b>23</b>	<b>23</b>
<b>Surgical Services (excluding maternity/delivery)</b>								
11721	DEBRIDE NAIL	51	27	24	23	12	9	6
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (MED	51	23	18	17	5	4	4
33533	CABG, ARTERIAL, SINGLE	51	23	20	19	10	9	9
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	40	38	38	7	5	5
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	20	19	19	4	4	4
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>29</b>	<b>27</b>	<b>28</b>	<b>6</b>	<b>3</b>	<b>3</b>
<b>Maternity/Delivery</b>								
59025	FETAL NON-STRESS TEST	51	30	30	26	13	11	11
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	NA	NA	NA	33	31	30
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	26	23	21	38	34	33
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	NA	NA	NA	20	14	14
59514	CAESAREAN DELIVERY ONLY;	51	37	33	32	10	7	8
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>32</b>	<b>28</b>	<b>26</b>	<b>25</b>	<b>18</b>	<b>17</b>
<b>Radiology</b>								
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	42	40	39	6	5	3
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	39	37	35	7	6	6
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	23	20	23	18	13	18
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	37	35	35	24	20	19
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>39</b>	<b>38</b>	<b>37</b>	<b>16</b>	<b>7</b>	<b>7</b>
<b>Lab/Pathology</b>								
80074	HEPATITIS PANEL	51	39	35	37	14	3	4
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	42	41	44	8	5	9
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	42	40	42	26	3	27
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	43	41	43	24	3	25
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>41</b>	<b>39</b>	<b>42</b>	<b>13</b>	<b>3</b>	<b>15</b>
<b>Psychiatry</b>								
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	29	25	27	40	36	36
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	23	21	21	35	28	29
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	33	30	30	37	35	35
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	30	26	28	32	27	27
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>29</b>	<b>26</b>	<b>27</b>	<b>36</b>	<b>30</b>	<b>33</b>
<b>Medicine and Testing</b>								
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	38	35	36	11	2	4
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH A	51	40	38	38	7	7	7
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	36	35	34	9	3	3
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	35	35	34	12	11	11
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	36	35	33	16	9	7
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	34	31	31	32	28	28
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>36</b>	<b>36</b>	<b>35</b>	<b>17</b>	<b>8</b>	<b>7</b>
<b>Vision/Ophthalmology</b>								
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	30	27	27	24	20	20
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	36	35	35	30	26	28
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>32</b>	<b>28</b>	<b>28</b>	<b>28</b>	<b>22</b>	<b>22</b>
<b>Dental Services</b>								
D1110	PROPHYLAXIS-ADULT	45	4	4	NA	31	27	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	3	3	NA	37	33	NA
D7110	EXTRACTION - SINGLE TOOTH	48	5	4	NA	38	36	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>3</b>	<b>2</b>	<b>NA</b>	<b>34</b>	<b>32</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.

**Appendix 4: State-Specific Rankings Overview**

Procedure Code	Description	# of States For Which Fee Was Obtained	Tennessee			Texas		
			Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>								
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	12	11	11	30	31	31
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	12	11	12	28	31	31
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	14	12	13	34	35	35
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	14	13	14	21	22	22
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	13	13	13	41	38	38
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	15	15	15	18	18	18
99431	HISTORY AND EXAMINATION OF THE NORMAL N	51	25	23	23	21	22	22
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>13</b>	<b>11</b>	<b>11</b>	<b>31</b>	<b>30</b>	<b>30</b>
<b>Surgical Services (excluding maternity/delivery)</b>								
11721	DEBRIDE NAIL	51	21	19	19	24	25	25
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (MED	51	30	27	27	14	14	16
33533	CABG, ARTERIAL, SINGLE	51	28	28	28	25	27	26
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	29	27	27	21	22	20
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	38	36	36	18	17	17
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>32</b>	<b>30</b>	<b>29</b>	<b>18</b>	<b>17</b>	<b>17</b>
<b>Maternity/Delivery</b>								
59025	FETAL NON-STRESS TEST	51	28	25	25	20	21	24
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	21	20	20	NA	NA	NA
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	31	30	31	24	26	27
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	21	19	18	NA	NA	NA
59514	CAESAREAN DELIVERY ONLY;	51	30	26	26	34	34	34
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>31</b>	<b>29</b>	<b>28</b>	<b>27</b>	<b>31</b>	<b>33</b>
<b>Radiology</b>								
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	28	24	22	27	29	26
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	24	23	22	23	24	26
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	20	16	20	22	25	22
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	21	21	20	20	22	24
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>22</b>	<b>21</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>22</b>
<b>Lab/Pathology</b>								
80074	HEPATITIS PANEL	51	31	29	31	4	12	10
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	35	31	38	8	19	9
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	37	32	38	4	19	5
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	38	32	39	4	19	5
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>32</b>	<b>29</b>	<b>33</b>	<b>5</b>	<b>14</b>	<b>11</b>
<b>Psychiatry</b>								
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	12	12	12	19	20	19
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	14	12	13	7	8	7
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	15	12	14	18	17	18
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	14	14	14	3	3	3
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>14</b>	<b>13</b>	<b>14</b>	<b>7</b>	<b>9</b>	<b>8</b>
<b>Medicine and Testing</b>								
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	19	17	17	51	51	51
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH A	51	28	24	23	26	26	26
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	21	21	19	22	23	22
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	33	31	30	23	25	26
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	28	26	24	19	20	21
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	27	25	25	20	23	23
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>24</b>	<b>24</b>	<b>23</b>	<b>27</b>	<b>27</b>	<b>27</b>
<b>Vision/Ophthalmology</b>								
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	10	9	9	20	21	21
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	11	11	11	23	22	22
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>10</b>	<b>9</b>	<b>9</b>	<b>19</b>	<b>20</b>	<b>20</b>
<b>Dental Services</b>								
D1110	PROPHYLAXIS-ADULT	45	NA	NA	NA	29	28	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	NA	NA	NA	39	39	NA
D7110	EXTRACTION - SINGLE TOOTH	48	NA	NA	NA	39	39	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>36</b>	<b>35</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.

## Appendix 4: State-Specific Rankings Overview

Procedure Code	Description	# of States For Which Fee Was Obtained	Utah			Vermont		
			Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>								
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	33	30	30	37	37	37
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	32	29	30	37	36	36
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	39	37	36	29	28	28
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	32	30	30	37	37	37
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	32	29	32	30	28	29
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	33	30	30	41	41	40
99431	HISTORY AND EXAMINATION OF THE NORMAL N	51	32	32	32	4	4	4
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>37</b>	<b>33</b>	<b>34</b>	<b>32</b>	<b>31</b>	<b>32</b>
<b>Surgical Services (excluding maternity/delivery)</b>								
11721	DEBRIDE NAIL	51	28	26	26	31	31	31
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (MED	51	40	40	40	34	33	33
33533	CABG, ARTERIAL, SINGLE	51	38	37	37	42	42	42
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	42	39	39	44	44	44
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	45	44	44	14	13	13
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>42</b>	<b>40</b>	<b>40</b>	<b>25</b>	<b>29</b>	<b>30</b>
<b>Maternity/Delivery</b>								
59025	FETAL NON-STRESS TEST	51	51	51	51	50	49	49
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	36	35	34	9	8	8
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	36	35	36	4	4	3
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	40	40	40	19	18	17
59514	CAESAREAN DELIVERY ONLY;	51	43	41	42	11	14	12
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>44</b>	<b>40</b>	<b>41</b>	<b>5</b>	<b>7</b>	<b>7</b>
<b>Radiology</b>								
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	50	46	45	4	4	6
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	51	48	47	9	11	13
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	51	51	51	8	7	8
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	50	48	48	17	19	21
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>51</b>	<b>48</b>	<b>48</b>	<b>7</b>	<b>8</b>	<b>12</b>
<b>Lab/Pathology</b>								
80074	HEPATITIS PANEL	51	44	42	42	2	2	2
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	45	44	36	1	1	1
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	41	39	33	1	1	1
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	42	40	32	1	1	1
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>44</b>	<b>44</b>	<b>41</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>Psychiatry</b>								
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	30	27	29	42	42	42
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	30	30	30	31	32	31
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	34	31	32	26	27	28
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	35	33	35	19	20	20
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>33</b>	<b>31</b>	<b>34</b>	<b>25</b>	<b>25</b>	<b>25</b>
<b>Medicine and Testing</b>								
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	41	39	39	4	6	4
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH A	51	42	41	40	23	23	25
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	45	43	43	17	20	20
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	51	51	51	11	12	12
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	49	47	46	33	32	32
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	51	51	51	2	2	2
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>49</b>	<b>47</b>	<b>46</b>	<b>8</b>	<b>7</b>	<b>8</b>
<b>Vision/Ophthalmology</b>								
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	26	25	25	41	40	40
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	33	32	31	42	41	41
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>29</b>	<b>27</b>	<b>27</b>	<b>41</b>	<b>42</b>	<b>42</b>
<b>Dental Services</b>								
D1110	PROPHYLAXIS-ADULT	45	37	36	NA	16	18	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	42	41	NA	13	17	NA
D7110	EXTRACTION - SINGLE TOOTH	48	41	40	NA	4	3	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>39</b>	<b>37</b>	<b>NA</b>	<b>7</b>	<b>8</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.

**Appendix 4: State-Specific Rankings Overview**

Procedure Code	Description	# of States For Which Fee Was Obtained	Virginia			Washington		
			Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>								
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	17	17	17	26	29	29
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	15	15	15	24	28	28
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	20	22	22	35	38	38
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	25	24	24	33	33	33
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	20	21	21	32	34	34
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	25	25	25	32	33	32
99431	HISTORY AND EXAMINATION OF THE NORMAL N	51	39	38	38	14	15	15
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>19</b>	<b>19</b>	<b>19</b>	<b>30</b>	<b>34</b>	<b>33</b>
<b>Surgical Services (excluding maternity/delivery)</b>								
11721	DEBRIDE NAIL	51	30	30	29	38	38	38
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (MED	51	35	32	32	41	41	41
33533	CABG, ARTERIAL, SINGLE	51	34	34	33	41	41	41
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	27	28	29	43	41	41
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	41	43	43	47	47	47
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>36</b>	<b>36</b>	<b>36</b>	<b>45</b>	<b>44</b>	<b>44</b>
<b>Maternity/Delivery</b>								
59025	FETAL NON-STRESS TEST	51	26	26	27	5	6	7
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	24	29	28	3	3	3
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	28	31	30	9	9	8
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	27	28	28	3	3	2
59514	CAESAREAN DELIVERY ONLY;	51	27	27	27	21	21	20
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>28</b>	<b>30</b>	<b>29</b>	<b>8</b>	<b>11</b>	<b>11</b>
<b>Radiology</b>								
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	32	33	35	40	41	41
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	31	29	29	38	39	39
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	30	29	30	37	36	37
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	22	25	25	38	38	38
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>28</b>	<b>26</b>	<b>27</b>	<b>40</b>	<b>40</b>	<b>40</b>
<b>Lab/Pathology</b>								
80074	HEPATITIS PANEL	51	4	8	10	38	37	39
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	28	25	31	41	42	45
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	31	24	26	45	44	45
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	31	24	24	45	45	45
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>16</b>	<b>18</b>	<b>24</b>	<b>42</b>	<b>42</b>	<b>44</b>
<b>Psychiatry</b>								
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	14	14	14	25	28	28
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	17	17	17	27	29	28
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	19	19	19	31	33	34
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	20	21	21	31	34	33
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>18</b>	<b>18</b>	<b>19</b>	<b>32</b>	<b>32</b>	<b>31</b>
<b>Medicine and Testing</b>								
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	26	27	27	34	36	35
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH A	51	35	34	34	41	42	43
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	29	29	29	35	37	37
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	24	23	24	40	39	39
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	31	29	29	40	40	40
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	23	24	24	39	39	40
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>29</b>	<b>28</b>	<b>29</b>	<b>37</b>	<b>37</b>	<b>38</b>
<b>Vision/Ophthalmology</b>								
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	11	11	11	19	23	23
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	14	12	12	22	24	23
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>11</b>	<b>10</b>	<b>10</b>	<b>18</b>	<b>24</b>	<b>24</b>
<b>Dental Services</b>								
D1110	PROPHYLAXIS-ADULT	45	8	7	NA	25	26	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	15	16	NA	28	27	NA
D7110	EXTRACTION - SINGLE TOOTH	48	16	16	NA	29	30	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>12</b>	<b>16</b>	<b>NA</b>	<b>27</b>	<b>26</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.



**Appendix 4: State-Specific Rankings Overview**

Procedure Code	Description	# of States For Which Fee Was Obtained	West Virginia			Wisconsin		
			Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>								
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	7	5	5	48	48	48
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	7	6	6	48	47	47
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	8	7	7	33	32	33
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	22	20	20	37	36	36
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	18	16	17	16	17	16
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	21	19	22	46	46	46
99431	HISTORY AND EXAMINATION OF THE NORMAL N	51	41	40	40	2	2	2
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>10</b>	<b>9</b>	<b>9</b>	<b>42</b>	<b>42</b>	<b>42</b>
<b>Surgical Services (excluding maternity/delivery)</b>								
11721	DEBRIDE NAIL	51	26	22	22	23	23	24
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (MED	51	36	31	31	10	9	9
33533	CABG, ARTERIAL, SINGLE	51	32	31	31	13	13	11
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	30	29	28	1	1	1
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	43	40	40	8	8	8
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>38</b>	<b>35</b>	<b>34</b>	<b>4</b>	<b>5</b>	<b>5</b>
<b>Maternity/Delivery</b>								
59025	FETAL NON-STRESS TEST	51	34	32	32	7	5	5
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	25	24	29	34	32	35
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	12	8	9	42	41	43
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	26	23	27	24	25	26
59514	CAESAREAN DELIVERY ONLY;	51	8	9	9	28	28	29
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>11</b>	<b>9</b>	<b>9</b>	<b>35</b>	<b>35</b>	<b>35</b>
<b>Radiology</b>								
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	30	28	23	12	12	11
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	29	26	24	8	8	9
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	49	49	49	3	3	3
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	27	24	23	7	6	6
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>30</b>	<b>25</b>	<b>24</b>	<b>5</b>	<b>5</b>	<b>5</b>
<b>Lab/Pathology</b>								
80074	HEPATITIS PANEL	51	19	14	7	4	10	10
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	8	11	9	8	17	9
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	4	11	5	4	18	5
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	4	11	5	4	18	5
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>17</b>	<b>8</b>	<b>9</b>	<b>5</b>	<b>12</b>	<b>11</b>
<b>Psychiatry</b>								
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	13	13	13	24	21	22
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	16	16	16	32	31	32
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	16	14	15	12	13	12
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	22	18	19	16	16	16
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>15</b>	<b>15</b>	<b>15</b>	<b>17</b>	<b>17</b>	<b>17</b>
<b>Medicine and Testing</b>								
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	23	19	19	8	9	9
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH A	51	34	33	29	4	4	3
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	28	25	23	11	10	10
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	39	37	37	6	5	4
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	35	33	30	9	7	8
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	36	33	33	8	8	8
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>30</b>	<b>29</b>	<b>28</b>	<b>3</b>	<b>6</b>	<b>6</b>
<b>Vision/Ophthalmology</b>								
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	5	4	4	38	37	37
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	5	6	5	29	30	30
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>37</b>	<b>37</b>	<b>37</b>
<b>Dental Services</b>								
D1110	PROPHYLAXIS-ADULT	45	NA	NA	NA	32	33	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	6	4	NA	35	36	NA
D7110	EXTRACTION - SINGLE TOOTH	48	23	20	NA	34	32	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>32</b>	<b>33</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.

**Appendix 4: State-Specific Rankings Overview**

**Wyoming**

Procedure Code	Description	# of States For Which Fee Was Obtained	Unadjusted Fee	Geographically Adjusted Fee	% of Medicare Allowed Charge
<b>Evaluation and Management Services</b>					
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	13	12	12
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	13	12	11
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	51	15	13	12
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EV	51	15	14	15
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	51	14	14	14
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVA	51	14	14	14
99431	HISTORY AND EXAMINATION OF THE NORMAL N	51	3	1	1
<b>E&amp;M Weighted Average Ranking</b>		<b>51</b>	<b>11</b>	<b>10</b>	<b>10</b>
<b>Surgical Services (excluding maternity/delivery)</b>					
11721	DEBRIDE NAIL	51	2	1	1
29881	KNEE ARTHROSCOPY W/ MENISCECTOMY (ME	51	9	8	8
33533	CABG, ARTERIAL, SINGLE	51	4	3	3
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCL	51	8	8	8
66984	EXTRACAPSULAR CATARACT REMOVAL WITH I	51	3	3	3
<b>Surgical Services Weighted Average Ranking</b>		<b>51</b>	<b>2</b>	<b>2</b>	<b>2</b>
<b>Maternity/Delivery</b>					
59025	FETAL NON-STRESS TEST	51	3	3	3
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	40	18	15	14
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	51	17	13	13
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEP	41	9	8	9
59514	CAESAREAN DELIVERY ONLY;	51	6	5	5
<b>Maternity Weighted Average Ranking*</b>		<b>51</b>	<b>7</b>	<b>6</b>	<b>5</b>
<b>Radiology</b>					
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD O	51	11	9	9
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEW	51	11	9	8
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO	51	13	12	13
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN A	51	8	5	5
<b>Radiology Weighted Average Ranking</b>		<b>51</b>	<b>8</b>	<b>6</b>	<b>6</b>
<b>Lab/Pathology</b>					
80074	HEPATITIS PANEL	51	23	16	6
85025	BLOOD COUNT; HEMOGRAM AND PLATELET CO	51	8	13	9
87490	INFECT AGT DET BY NUCL ACID DNA/RNA;	51	4	12	5
87590	INFECT AGE DET BY NUCL ACID DNA/RNA	51	4	12	5
<b>Lab/Pathology Weighted Average Ranking</b>		<b>51</b>	<b>20</b>	<b>11</b>	<b>8</b>
<b>Psychiatry</b>					
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	45	22	19	20
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	29	25	27
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	44	27	24	25
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENT	43	33	30	31
<b>Psychiatry Weighted Average Ranking</b>		<b>43</b>	<b>31</b>	<b>28</b>	<b>28</b>
<b>Medicine and Testing</b>					
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZA	51	6	4	4
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT	51	8	8	8
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL	51	30	28	28
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, T	51	7	7	6
94060	BRONCHOSPASM EVALUATION: SPIROMETRY A	51	13	8	6
95904	NERVE CONDUCTION, AMPLITUDE AND LATENC	51	1	1	1
<b>Medicine/Testing Weighted Average Ranking</b>		<b>51</b>	<b>6</b>	<b>4</b>	<b>4</b>
<b>Vision/Ophthalmology</b>					
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	15	14	13
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXA	51	4	5	6
<b>Vision Weighted Average Ranking</b>		<b>51</b>	<b>13</b>	<b>12</b>	<b>12</b>
<b>Dental Services</b>					
D1110	PROPHYLAXIS-ADULT	45	14	10	NA
D2150	AMALGAM-TWO SURFACES, PERMANENT	48	13	12	NA
D7110	EXTRACTION - SINGLE TOOTH	48	17	17	NA
<b>Dental Services Weighted Average Ranking</b>		<b>45</b>	<b>13</b>	<b>13</b>	<b>NA</b>

\* The Maternity Weighted Average only includes codes 59025, 59409, and 49514.