



ANNUAL PHYSICIAN FEE SCHEDULE PAYMENT AMOUNT FILE
 CPT Code 94016
 Review Patient Spirometry
 30 day period of time; physician review and interpretation only
 Calendar Year 2021

STATE/REGION CODE	STATE	STATE/REGION	NON-FACILITY*	FACILITY**
0210201	AK	ALASKA	34.67	34.67
1011200	AL	ALABAMA	24.36	24.36
0710213	AR	ARKANSAS	23.79	23.79
0310200	AZ	ARIZONA	24.72	24.72
0111254	CA1	BAKERSFIELD	25.96	25.96
0111255	CA1	CHICO	25.74	25.74
0111256	CA1	FRESNO	25.74	25.74
0111257	CA1	HANFORD-CORCORAN	25.74	25.74
0111258	CA1	MADERA	25.74	25.74
0111259	CA1	MERCED	25.74	25.74
0111260	CA1	MODESTO	25.74	25.74
0111251	CA1	NAPA	26.96	26.96
0111207	CA1	OAKLAND/BERKELEY, CALIFORNIA	28.21	28.21
0111261	CA1	REDDING	25.74	25.74
0111275	CA1	REST OF CALIFORNIA	25.74	25.74
0111262	CA1	RIVERSIDE-SANBERNARDINO-ONTARIO	25.95	25.95
0111263	CA1	SACRAMENTO-ROSEVILLE-ARDEN-ARCADE	25.99	25.99
0111264	CA1	SALINAS	26.66	26.66
0111205	CA1	SAN FRANCISCO, CALIFORNIA	28.21	28.21
0111252	CA1	SAN FRANCISCO-OAKLAND-HAYWARD (MARIN CNTY)	28.02	28.02
0111265	CA1	SAN JOSE-SUNNYVALE-SANTA CLARA (SAN BENITO CNTY)	28.44	28.44
0111206	CA1	SAN MATEO, CALIFORNIA	28.21	28.21
0111209	CA1	SANTA CLARA, CALIFORNIA	28.86	28.86
0111266	CA1	SANTA CRUZ-WATSONVILLE	26.74	26.74
0111267	CA1	SANTA ROSA	26.60	26.60
0111268	CA1	STOCKTON-LODI	25.74	25.74
0111253	CA1	VALLEGO-FAIRFIELD	26.96	26.96
0111269	CA1	VISALIA-PORTERVILLE	25.74	25.74
0111270	CA1	YUBA CITY	25.74	25.74
0118226	CA2	ANAHEIM/SANTA ANA, CALIFORNIA	26.92	26.92
0118271	CA2	EL CENTRO	25.75	25.75
0118218	CA2	LOS ANGELES, CALIFORNIA	26.92	26.92
0118272	CA2	SAN DIEGO - CARLSBAD	26.40	26.40
0118273	CA2	SAN LUIS OBISPO-PASO ROBLES-ARROYO GRANDE	25.87	25.87
0118274	CA2	SANTA MARIA-SANTA BARBARA	26.52	26.52
0118217	CA2	VENTURA, CALIFORNIA	26.55	26.55
0411201	CO	COLORADO	25.27	25.27
1310200	CT	CONNECTICUT	26.46	26.46
1220201	DC	DC + MARYLAND/VIRGINIA SUBURBS	27.79	27.79
1210201	DE	DELAWARE	25.30	25.30
0910203	FL	FORT LAUDERDALE, FLORIDA	25.73	25.73
0910204	FL	MIAMI, FLORIDA	26.40	26.40
0910299	FL	REST OF FLORIDA	25.04	25.04
1020201	GA	ATLANTA, GEORGIA	25.04	25.04
1020299	GA	REST OF GEORGIA	24.29	24.29
0121201	HI	HAWAII/GUAM	25.98	25.98
0510200	IA	IOWA	24.14	24.14
0220200	ID	IDAHO	23.94	23.94
0610216	IL	CHICAGO, ILLINOIS	26.21	26.21
0610212	IL	EAST ST. LOUIS, ILLINOIS	25.22	25.22
0610299	IL	REST OF ILLINOIS	24.70	24.70



ANNUAL PHYSICIAN FEE SCHEDULE PAYMENT AMOUNT FILE
 CPT Code 94016
 Review Patient Spirometry
 30 day period of time; physician review and interpretation only
 Calendar Year 2021

STATE/REGION CODE	STATE	STATE/REGION	NON-FACILITY*	FACILITY**
0610215	IL	SUBURBAN CHICAGO, ILLINOIS	25.97	25.97
0810200	IN	INDIANA	24.12	24.12
0520200	KS	KANSAS	24.17	24.17
1510200	KY	KENTUCKY	24.18	24.18
0720201	LA	NEW ORLEANS, LOUISIANA	25.03	25.03
0720299	LA	REST OF LOUISIANA	24.53	24.53
1421201	MA	METROPOLITAN BOSTON, MASSACHUSETTS	27.18	27.18
1421299	MA	REST OF MASSACHUSETTS	25.87	25.87
1230201	MD	BALTIMORE/SURROUNDING COUNTIES, MARYLAND	26.45	26.45
1230299	MD	REST OF MARYLAND	25.60	25.60
1411299	ME	REST OF MAINE	24.24	24.24
1411203	ME	SOUTHERN MAINE	24.86	24.86
0820201	MI	DETROIT, MI	25.54	25.54
0820299	MI	REST OF MICHIGAN	24.55	24.55
0620200	MN	MINNESOTA	24.75	24.75
0530202	MO	METROPOLITAN KANSAS, MISSOURI	24.76	24.76
0530201	MO	METROPOLITAN ST. LOUIS, MISSOURI	24.89	24.89
0530299	MO	REST OF MISSOURI	24.07	24.07
0730200	MS	MISSISSIPPI	23.90	23.90
0320201	MT	MONTANA	25.11	25.11
1150200	NC	NORTH CAROLINA	24.54	24.54
0330201	ND	NORTH DAKOTA	24.73	24.73
0540200	NE	NEBRASKA	24.01	24.01
1431240	NH	NEW HAMPSHIRE	25.30	25.30
1240201	NJ	NORTHERN NEW JERSEY	27.23	27.23
1240299	NJ	REST OF NEW JERSEY	26.65	26.65
0421205	NM	NEW MEXICO	24.59	24.59
0131200	NV	NEVADA	25.46	25.46
1328299	NY1	REST OF NEW YORK	24.67	24.67
1320201	NY2	MANHATTAN, NY	28.13	28.13
1320202	NY2	NYC SUBURBS/LONG ISLAND, NEW YORK	28.55	28.55
1320203	NY2	POUGHKEEPSIE/NORTH NYC SUBURBS	26.72	26.72
1329204	NY3	QUEENS, NEW YORK	28.73	28.73
1520200	OH	OHIO	24.64	24.64
0431200	OK	OKLAHOMA	24.22	24.22
0230201	OR	PORTLAND, OR	25.59	25.59
0230299	OR	REST OF OREGON	24.47	24.47
1250201	PA	METROPOLITAN PHILADELPHIA, PENNSYLVANIA	26.18	26.18
1250299	PA	REST OF PENNSYLVANIA	24.66	24.66
0920220	PRV	PUERTO RICO	25.16	25.16
0920250	PRV	VIRGIN ISLANDS	25.16	25.16
1441201	RI	RHODE ISLAND	25.79	25.79
1120201	SC	SOUTH CAROLINA	24.30	24.30
0340202	SD	SOUTH DAKOTA	24.67	24.67
1030235	TN	TENNESSEE	24.09	24.09
0441231	TX	AUSTIN, TEXAS	25.17	25.17
0441220	TX	BEAUMONT, TEXAS	24.46	24.46
0441209	TX	BRAZORIA, TEXAS	25.53	25.53
0441211	TX	DALLAS, TEXAS	25.39	25.39
0441228	TX	FORT WORTH, TEXAS	25.06	25.06
0441215	TX	GALVESTON, TEXAS	25.55	25.55



ANNUAL PHYSICIAN FEE SCHEDULE PAYMENT AMOUNT FILE
 CPT Code 94016
 Review Patient Spirometry
 30 day period of time; physician review and interpretation only
 Calendar Year 2021

STATE/REGION CODE	STATE	STATE/REGION	NON-FACILITY*	FACILITY**
0441218	TX	HOUSTON, TEXAS	25.82	25.82
0441299	TX	REST OF TEXAS	24.55	24.55
0350209	UT	UTAH	24.47	24.47
1130200	VA	VIRGINIA	25.02	25.02
1451250	VT	VERMONT	24.83	24.83
0240299	WA	REST OF WASHINGTON	25.03	25.03
0240202	WA	SEATTLE (KING COUNTY) WASHINGTON	26.84	26.84
0630200	WI	WISCONSIN	24.27	24.27
1140216	WV	WEST VIRGINIA	24.37	24.37
0360221	WY	WYOMING	25.01	25.01

*Facility: Includes hospitals (inpatient, outpatient and emergency department), ambulatory surgical centers (ASCs) and skilled nursing facilities (SNFs)

**Non Facility: Includes all other settings.

SOURCE: Centers for Medicare and Medicaid Services