		Optometry Services Fee Schedule
		Fee Schedule Effective January 1, 2017
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CODE	MODE	Description
CODE 11623	MODE	Description EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,
16000		TREATMENT OF BURNS
16020		DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;
24361		ARTHROPLASTY, ELBOW W/ HUMERAL PROSTHETIC REPLACE.
37200		TRANSCATHETER BIOPSY
37203		TRANSCATHETER RETRIEVAL PERCUTANEOUS, INTRAVASC.
37204		TRANSCATHETER OCCLUSION/EMBOLIZATION, PERCUTANEOUS
42550		INJECTION FOR SIALOGRAPHY
46942		TREATMENT OF ANAL FISSURE
61624		TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION,
61626		TRANSCATH.OCCULSION/EMBOLIZATION,PERCU; NON-CNS
64561		PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE
64886		NERVE GRAFT, HEAD/NECK; MORE THAN 4 CM.
65205		REMOVE FOREIGN BODY FROM EYE
65210		REMOVE FOREIGN BODY FROM EYE
65220		REMOVE FOREIGN BODY FROM EYE
65222		REMOVE FOREIGN BODY FROM EYE
65430 65435		CORNEAL SMEAR CURETTE/TREAT CORNEA
66820		INCISION OF LENS LESION
66821		DISCISSION SECONDARY CATARACT; LASER
66830		REMOVAL OF LENS LESION
66982		EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS
66983		INTRACAPSULAR EXTRACTION WITH INSERTION OF PROSTHE
66984		EXTRACAPSULAR CATARACT REMOVAL WITH LENS PROSTHES
66985		INSERT LENS PROSTHESIS
67041		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL
67042		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMITING
67043		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL
67113		REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITREORETINOPATHY,
67820		REVISE EYELASHES
67938		REMOVE FOREIGN BODY, EYELID
68040		TREATMENT OF EYELID LESIONS
68761		CLOSURE OF LACRIMAL PUNCTUM; BY PLUG, EACH
68801		DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION
68816		PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL
76510	00	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED
76510	26 TC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED
76510	TC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED
76511 76512		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SCAN ONLY OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WITHOUT SUPERIMPOSED
76512		ECHO EXAM OF EYE, WATER BATH
76513		OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL
76514	26	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC, CORNEAL PACHYMETRY, UNILATERAL
76514	TC	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC, CORNEAL PACHYMETRY, UNILATERAL
76516	.0	ECHO EXAM OF EYE
76519		OPTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY
76529		ECHO EXAM OF EYE
83861		MICROFLUID ANALYSIS OF TEARS
92002		EYE EXAM & TREATMENT, INITIAL
92004		EYE EXAM & TREATMENT, INITIAL
92012		EYE EXAM & TREATMENT
92014		EYE EXAM & TREATMENT
92015		DETERMINATION OF REFRACTIVE STATE
92020		GONIOSCOPY (SEPARATE PROCEDURE)
92025		COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION

	1	Optometry Services Fee Schedule
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CODE	MODE	
92025		COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION
92025 92060	TC	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG,
92060 92060	26	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG, SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG,
92060 92060		SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG, SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG,
92000 92070	10	THERAPEUTIC BANDAGE LENS
92070		FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE
92072		FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTIN
92081		VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND
92081	26	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND
92081		VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND
92082	10	SPECIAL EYE EXAM
92082	26	SPECIAL EYE EXAM
92082		SPECIAL EYE EXAM
92083		SPECIAL EYE EXAM
92083	26	SPECIAL EYE EXAM
92083		SPECIAL EYE EXAM
92132		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH
92132	26	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH
92132	тс	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH
92133		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH
92133	26	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH
92133	TC	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH
92134		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH
92134	26	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH
92134	TC	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH
92136		OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS
92136	26	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS
92136	TC	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS
92228		REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG,
92228		REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG,
92228	TC	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG,
92250		FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT
92250		FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT
92250	TC	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT
92270	00	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT
92270		ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT
92270	TC	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT
92275	26	ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT
92275 92275		ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT
92275	10	COLOR VISION EXAMINATION
92283	26	COLOR VISION EXAMINATION
92283	-	COLOR VISION EXAMINATION
92283	.0	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT
92284	26	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT
92284	-	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT
92531		SPONTANEOUS NYSTAGMUS TEST
92532		POSITIONAL NYSTAGMUS TEST
92534		OPTOKINETIC NYSTAGMUS TEST
92542		SPECIAL EYE TEST
92551		HEARING TEST
92552		HEARING TEST
92950		HEART-LUNG RESUSCITATION
95060		ALLERGY EYE TESTS
95824		ELECTROENCEPHALOGRAM

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CODE 95851	MODE	Description RANGE OF MOTION EVALUATION
95851	26	RANGE OF MOTION MEASRMTS & REPORT; @EXTREM, EX HND
95933	20	ORBISULARIS OCCULI REFLEX BY ELECTRODIAGNOSTIC TES
97161		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES
97162		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 30 MINUTES
97163		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 45 MINUTES
97164		RE-EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES
97165		EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES
97166		EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES
97167		EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 60 MINUTES
97168		RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 30 MINS
99050		SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFFICE
99051		SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED EVENING, WEEKEND
99053		SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-HOUR FACILITY, IN
99058		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS IN THE OFFICE, WHICH DISRUPTS OTHER
99060		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE OFFICE, WHICH DISRUPTS
99070		SPECIAL SUPPLIES
99082		UNUSUAL TRAVEL
99201		OV NEW PT MINOR-PHYS TIME APPROX. 10 MINUTES
99202		OV NEW PT, MODERATE-PHYS TIME APPROX 20 MINUTES
99203		OV NEW PT, MODERATE-PHYS TIME APPROX 30 MINUTES
99204		OV NEW PT, COMPLEX-PHYS TIME APPROX 45 MINUTES
99205		OV NEW PT, SEVERE-PHYS TIME APPROX 60 MINUTES
99211		OV ESTAB PT, MINIMAL W/WO PHYS, TIME APPROX 5 MIN
99212		OV ESTABLISHED PT, MINOR-PHYS TIME APPROX 10 MIN.
99213		OV ESTAB. PT, MODERATE. PHYS TIME APPROX 15 MIN.
99214		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 25 MIN.
99215		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 40 MIN.
99231		HOSP VISIT, STABLE. PHYS TIME APPROX 15 MINUTES
99232		HOSP VISIT, MODERATE. PHYS TIME APPROX 25 MINUTES
99233		HOSP VISIT, COMPLEX. PHYS TIME APPROX 35 MINUTES
99241		OUTPT. CONSULT, MINOR- PHYS TIME APPROX 15 MIN.
99242		OUTPT. CONSULT, MODERATE- PHYS TIME APPROX 30 MIN.
99243		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN.
99244		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 60 MIN.
99245		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN.
99251		INITIAL INPT CONSULT- PHYS TIME APPROX 20 MIN.
99252		INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.
99253		INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.
99254		INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.
99255		INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.
99281		ER VISIT, MINOR ER VISIT, LOW SEVERITY
99282 99283		ER VISIT, LOW SEVERITY ER VISIT, MODERATE SEVERITY
99283 99284		ER VISIT, MODERATE SEVERITY ER VISIT, HIGH SEVERITY
99284 99285		ER VISIT, HIGH SEVERITY/LIFE THREATENING
99285 99307		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF
99307 99308		SUBSEQUENT NORSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF
99308		SUBSEQUENT NORSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF
99309 99310		SUBSEQUENT NORSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF
99310 99324		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF
99324 99325		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW
99325 99326		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW
99326 99327		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW
99327		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW
00020		

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CODE	MODE	Description
		Description
99335		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN
99335 99336		
		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN
99336		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN
99336 99337		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

Modicaid	Maximum	
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	NON-	EFFECTIVE
FACILITY	FACILITY	DATE
\$147.37 \$34.46	\$202.75 \$48.44	1/1/2014 1/1/2014
\$40.58	\$56.46	1/1/2014
\$725.39	\$725.39	1/1/2014
\$188.18	\$188.18	1/1/2014
\$213.73	\$990.44 \$747.72	1/1/2014
\$747.72 \$51.25	\$747.72 \$107.46	1/1/2014 1/1/2014
\$91.47	\$134.25	1/1/2014
\$845.10	\$845.10	1/1/2014
\$688.86	\$688.86	1/1/2014
\$318.94 \$976.09	\$823.39 \$976.09	1/1/2014 1/1/2014
\$30.38	\$976.09 \$37.79	1/1/2014
\$36.62	\$46.21	1/1/2014
\$29.93	\$38.71	1/1/2014
\$40.11	\$50.80	1/1/2014
\$70.11 \$46.67	\$76.96 \$52.97	1/1/2014 1/1/2014
\$257.14	\$257.14	1/1/2014
\$197.52	\$209.04	1/1/2014
\$466.31	\$466.31	1/1/2014
\$705.26 \$486.17	\$705.26 \$486.17	1/1/2014 1/1/2014
\$400.17 \$505.21	\$400.17 \$505.21	1/1/2014
\$498.86	\$498.86	1/1/2014
\$880.61	\$880.61	1/1/2014
\$1,009.46	\$1,009.46	1/1/2014
\$1,058.63 \$1,158.94	\$1,058.63 \$1,158.94	1/1/2014 1/1/2014
\$36.33	\$35.23	1/1/2014
\$75.69	\$157.10	1/1/2014
\$36.64	\$43.77	1/1/2014
\$77.68 \$68.87	\$96.04 \$79.29	1/1/2014 1/1/2014
\$163.21	\$439.01	1/1/2014
\$114.44	\$114.44	1/1/2014
\$63.78	\$63.78	1/1/2014
\$50.66	\$50.66	1/1/2014
\$74.43 \$69.87	\$74.43 \$69.87	1/1/2014 1/1/2014
\$64.04	\$64.04	1/1/2014
\$9.80	\$9.80	1/1/2014
\$7.15	\$7.15	1/1/2014
\$2.65 \$51.23	\$2.65 \$51.23	1/1/2014 1/1/2014
\$54.80	\$54.80	1/1/2014
\$51.95	\$51.95	1/1/2014
\$5.02	\$5.02	6/1/2018
\$34.68	\$52.78	1/1/2014
\$71.97 \$36.70	\$99.66 \$55.60	1/1/2014 1/1/2014
\$56.36	\$33.00 \$81.31	1/1/2014
\$15.02	\$24.61	1/1/2014
\$14.99	\$18.83	1/1/2014
\$24.18	\$24.18	1/1/2014

	Maximum	
Allov	vable NON-	EFFECTIVE
FACILITY	FACILITY	DATE
\$14.12	\$14.12	1/1/2014
\$10.06	\$10.06	1/1/2014
\$42.13	\$42.13	1/1/2014
\$27.96 \$14.17	\$27.96 \$14.17	1/1/2014 1/1/2014
\$28.26	\$47.17	1/1/2014
\$18.73	\$20.97	1/1/2014
\$53.78	\$66.85	1/1/2014
\$37.09 \$15.59	\$37.09 \$15.59	1/1/2014 1/1/2014
\$15.58 \$22.67	\$15.58 \$22.67	1/1/2014
\$49.06	\$49.06	1/1/2014
\$17.62	\$17.62	1/1/2014
\$31.45	\$31.45	1/1/2014
\$56.05 \$20.21	\$56.05 \$20.21	1/1/2014 1/1/2014
\$35.83	\$35.83	1/1/2014
\$28.59	\$28.59	1/1/2014
\$16.67	\$16.67	1/1/2014
\$11.92 \$25.46	\$11.92	1/1/2014
\$35.16 \$23.24	\$35.16 \$23.24	1/1/2014 1/1/2014
\$11.92	\$11.92	1/1/2014
\$35.16	\$35.16	1/1/2014
\$23.24	\$23.24	1/1/2014
\$11.92 \$58.09	\$11.92 \$58.09	1/1/2014 1/1/2014
\$30.03 \$22.22	\$22.22	1/1/2014
\$35.86	\$35.86	1/1/2014
\$23.63	\$23.63	1/1/2014
\$13.85	\$13.85 \$0.79	1/1/2014
\$9.78 \$58.61	\$9.78 \$58.61	1/1/2014 1/1/2014
\$18.30	\$18.30	1/1/2014
\$40.30	\$40.30	1/1/2014
\$63.33	\$63.33	1/1/2014
\$31.97 \$31.36	\$31.97 \$21.26	1/1/2014
\$94.21	\$31.36 \$94.21	1/1/2014 1/1/2014
\$41.48	\$41.48	1/1/2014
\$52.74	\$52.74	1/1/2014
\$31.74	\$31.74	1/1/2014
\$6.88 \$24.86	\$6.88 \$24.86	1/1/2014 1/1/2014
\$42.58	\$42.58	1/1/2014
\$9.22	\$9.22	1/1/2014
\$33.37	\$33.37	1/1/2014
\$17.16 \$17.50	\$17.16	1/1/2014
\$17.50 \$32.96	\$17.50 \$32.96	1/1/2014 1/1/2014
\$45.43	\$45.43	1/1/2014
\$7.86	\$7.86	1/1/2014
\$15.83	\$15.83	1/1/2014
\$140.62 \$17.36	\$211.35 \$17.36	1/1/2014 1/1/2014
\$17.30 \$47.43	\$17.30 \$47.43	1/1/2014
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	Maximum wable	
	NON-	EFFECTIVE
ACILITY	FACILITY	DATE
\$6.30 \$4.73	\$12.60 \$10.16	1/1/2014 1/1/2014
\$48.70	\$48.70	1/1/2014
\$66.11	\$66.11	1/1/2017
\$66.11 \$66.11	\$66.11 \$66.11	1/1/2017 1/1/2017
\$44.79	\$44.79	1/1/2017
\$64.14	\$64.14	1/1/2017
\$64.14	\$64.14 ¢c4.44	1/1/2017
\$64.14 \$42.32	\$64.14 \$42.32	1/1/2017 1/1/2017
\$25.95	\$25.95	1/1/2014
\$25.95	\$25.95	1/1/2014
\$25.95 \$17.30	\$25.95 \$17.30	1/1/2014 1/1/2014
\$9.27	\$9.27	1/1/2014
\$9.23	\$9.23	1/1/2014
\$0.81	\$0.81	1/1/2014
\$20.40 \$39.33	\$31.54 \$54.70	1/1/2014 1/1/2014
\$59.36	\$79.24	1/1/2014
\$99.69	\$122.88	1/1/2014
\$129.73 \$7.55	\$155.34 \$15.99	1/1/2014 1/1/2014
\$20.10	\$31.85	1/1/2014
\$39.32	\$53.18	1/1/2014
\$60.84	\$80.12	1/1/2014
\$86.38 \$32.60	\$108.37 \$32.60	1/1/2014 1/1/2014
\$58.75	\$58.75	1/1/2014
\$84.16	\$84.16	1/1/2014
\$26.21 \$55.31	\$38.00 \$71.20	1/1/2014 1/1/2014
\$77.09	\$71.20 \$97.91	1/1/2014
\$122.40	\$145.43	1/1/2014
\$152.70	\$178.74 \$28.80	1/1/2014
\$38.80 \$60.13	\$38.80 \$60.13	1/1/2014 1/1/2014
\$91.29	\$91.28	1/1/2014
\$132.03	\$132.03	1/1/2014
\$160.87 \$16.19	\$160.87 \$16.19	1/1/2014 1/1/2014
\$31.50	\$31.50	1/1/2014
\$48.81	\$48.81	1/1/2014
\$91.39 \$135.87	\$91.39 \$135.87	1/1/2014
\$135.87 \$34.72	\$135.87 \$34.72	1/1/2014 1/1/2014
\$53.07	\$53.07	1/1/2014
\$70.40	\$70.40	1/1/2014
\$104.10 \$47.19	\$104.10 \$47.19	1/1/2014 1/1/2014
\$68.72	\$68.72	1/1/2014
6113.64	\$113.64	1/1/2014
		1/1/0011
\$148.22 \$174.48	\$148.22 \$174.48	1/1/2014 1/1/2014

Medicaid	Maximum	
Allov	vable	
	NON-	EFFECTIVE
FACILITY	FACILITY	DATE
\$75.34	\$75.34	1/1/2014
\$75.34 \$106.09	\$75.34 \$106.09	1/1/2014 1/1/2014
•	+	
\$106.09	\$106.09	1/1/2014