

**Physician Fee Schedule
Provider Specialty 010
Federally Qualified Health Center**

					Medicaid Maximum Allowable	
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
10021		3	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	59.31	113.83	1/1/2009
10022		3	FINE NEEDLE ASPIRATION: WITH IMAGING GUIDANCE	58.88	116.88	1/1/2009
10040		3	ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF	71.97	81.79	1/1/2009
10060		3	DRAINAGE OF ABSCESS	76.34	88.07	1/1/2009
10061		3	DRAINAGE OF ABSCESS	136.11	151.64	1/1/2009
10080		3	INCISION AND DRAINAGE OF PILONIDAL CYST;	78.03	130.00	1/1/2009
10081		3	INCISION AND DRAINAGE OF PILONIDAL CYST;	136.75	205.21	1/1/2009
10120		3	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES;	74.86	107.50	1/1/2009
10121		3	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES;	153.27	209.68	1/1/2009
10140		3	DRAINAGE OF BLOOD EFFUSION	97.80	123.79	1/1/2009
10160		3	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	78.75	100.62	1/1/2009
10180		3	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	144.33	185.85	1/1/2009
11000		3	SURGICAL CLEANSING OF SKIN	27.78	43.63	1/1/2009
11001		3	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH AI	14.00	18.44	1/1/2009
11004		3	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA F	497.43	497.43	1/1/2009
11005		3	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA F	649.17	649.17	1/1/2009
11006		3	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA F	614.21	614.21	1/1/2009
11008		3	REMOVAL OF PROSTHETIC MATERIAL OR MESH, ABDOMINAL WALL FOR N	234.01	234.01	1/1/2009
11040		3	DEBRIDEMENT;	23.82	38.09	1/1/2009
11041		3	DEBRIDEMENT;	29.70	44.60	1/1/2009
11042		3	DEBRIDEMENT;	39.74	60.34	1/1/2009
11043		3	DEBRIDEMENT;	193.20	220.14	1/1/2009
11044		3	DEBRIDEMENT;	265.84	300.71	1/1/2009
11055		3	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OI	19.94	38.96	1/1/2009
11056		3	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OI	28.13	47.78	1/1/2009
11057		3	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OI	36.53	57.76	1/1/2009
11100		3	BIOPSY OF SKIN LESION	41.08	82.60	1/1/2009
11101		3	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (	21.14	27.16	1/1/2009
11200		3	REMOVAL OF SKIN TAGS	55.51	65.34	1/1/2009
11201		3	REMOVAL OF SKIN TAGS, MULTIPLE FIBROSCUTANEOUS TAGS, ANY AREA;	14.17	15.44	1/1/2009
11300		3	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, AF	25.10	53.94	1/1/2009
11301		3	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, AF	42.67	74.36	1/1/2009
11302		3	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, AF	52.91	89.04	1/1/2009
11303		3	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, AF	62.07	104.54	1/1/2009
11305		3	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP,	31.77	55.85	1/1/2009
11306		3	SHAVING OF LESION SCALP/NECK/HAND/ETC .6- 1.0 CM	48.12	77.28	1/1/2009
11307		3	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP,	56.74	91.29	1/1/2009
11308		3	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP,	68.25	102.80	1/1/2009
11310		3	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE,	36.34	67.40	1/1/2009
11311		3	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE,	53.23	85.87	1/1/2009
11312		3	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE,	61.12	99.15	1/1/2009
11313		3	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE,	81.77	124.24	1/1/2009
11400		3	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE	60.59	91.65	1/1/2009
11401		3	REMOVAL OF SKIN LESION	80.82	113.14	1/1/2009
11402		3	REMOVAL OF SKIN LESION	89.51	126.27	1/1/2009
11403		3	REMOVAL SKIN LESION	113.88	145.58	1/1/2009
11404		3	AMB SURG EXC BEN LESIONS TRUNK ARM LEGS 3.0 TO 4.0	126.86	165.84	1/1/2009
11406		3	AMB SURG EXC BEN LESION TRUNK ARM LEG OVER 4.0 CM	190.18	234.87	1/1/2009
11420		3	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE	65.69	92.95	1/1/2009
11421		3	REMOVAL OF SKIN LESION	88.93	120.94	1/1/2009
11422		3	REMOVAL OF SKIN LESION	107.23	135.12	1/1/2009
11423		3	AMB SURG EXC BEN LESION SCALP NECK HAND 2.0 TO 3.0	125.24	157.57	1/1/2009
11424		3	AMB SURG EXC BEN LESION SCALP NECK HAND 3.0 TO 4.0	144.52	181.92	1/1/2009
11426		3	AMB SURG EXC BEN LESION SCALP NECK HAND OVER 4.0	221.19	261.76	1/1/2009
11440		3	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED	78.52	101.66	1/1/2009
11441		3	REMOVAL OF SKIN LESION	103.34	129.33	1/1/2009
11442		3	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED	115.39	145.81	1/1/2009
11443		3	AMB SURG EXC BEN LESION FACE EARS NOSE 2.0 TO 3.0	142.88	175.52	1/1/2009
11444		3	AMB SURG EXC BEN LESION FACE EARS NOSE 3.0 TO 4.0	183.56	221.91	1/1/2009
11446		3	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE,	260.20	302.99	1/1/2009
11450		3	EXC SKIN FOR HIDRADENITIS PRIMARY SUTURE/AXILLARY.	189.14	276.29	1/1/2009
11451		3	EXC SKIN FOR HIDRADENITIS W OTHER CLOSURE/AXILLARY	250.25	361.81	1/1/2009
11462		3	EXC SKIN FOR HIDRADENITIS W PRIM SUTURE/INGUINAL	181.80	272.44	1/1/2009
11463		3	EXC SKIN FOR HIDRADENITIS W OTH CLOSURE/INGUINAL	255.22	371.86	1/1/2009
11470		3	EXC SKIN FOR HIDRADENITIS W PRIMARY CLOSURE	215.55	303.65	1/1/2009
11471		3	EXC SKIN FOR HIDRADENITIS WITH OTHER CLOSURE	271.54	382.15	1/1/2009
11600		3	REMOVAL OF SKIN LESION	91.49	141.56	1/1/2009

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11601		3	REMOVAL OF SKIN LESION	118.41	175.14	1/1/2009
11602		3	REMOVAL OF SKIN LESION	130.33	192.45	1/1/2009
11603		3	EXCISION MALIGNANT LESION TRUNK ARMS OR LEGS DIAMET	155.12	219.14	1/1/2009
11604		3	AMB SURG EXCISION MALIGNANT LESION 3.0 TO 4.0 CM	170.51	242.14	1/1/2009
11606		3	AMB SURG EXCISION MALIGNANT LESION OVER 4.0 CM	253.22	341.96	1/1/2009
11620		3	REMOVAL OF SKIN LESION	92.88	144.54	1/1/2009
11621		3	REMOVAL OF SKIN LESION	119.70	176.75	1/1/2009
11622		3	REMOVAL OF SKIN LESION	138.10	200.22	1/1/2009
11623		3	EXCISION MALIGNANT LESION DIAMETER 2 TO 3 CM.	170.36	234.38	1/1/2009
11624		3	AMB SURG EXC MALIGNANT LESION 3.0 TO 4.0 SCALP ETC	193.79	263.83	1/1/2009
11626		3	AMB SURG EXC MALIGNANT LESION 4.0 SCALP NECK	242.71	321.63	1/1/2009
11640		3	REMOVAL OF SKIN LESION	97.83	151.08	1/1/2009
11641		3	REMOVAL OF SKIN LESION	127.77	186.09	1/1/2009
11642		3	REMOVAL OF SKIN LESION	150.82	214.84	1/1/2009
11643		3	AMB SURG EXC MALIGNANT LESION FACE EARS 2.0 TO 3.0	188.62	253.28	1/1/2009
11644		3	AMB SURG EXC MALIGNANT LESION FACE EARS 3.0 TO 4.0	235.21	312.86	1/1/2009
11646		3	AMB SURG EXC MALIGNANT LESION FACE EARS OVER 4.0	331.25	413.34	1/1/2009
11720		3	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE	14.69	25.14	1/1/2009
11721		3	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE	25.09	36.19	1/1/2009
11730		3	REMOVAL OF NAIL	50.87	79.71	1/1/2009
11732		3	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIO	26.44	37.21	1/1/2009
11740		3	EVACUATION OF SUBUNGUAL HEMATOMA	26.22	36.05	1/1/2009
11750		3	REMOVAL OF NAIL BED	144.69	172.58	1/1/2009
11752		3	EXC NAIL WITH AMPUTATION OF TUFT OF DISTAL PHALANX	216.22	245.69	1/1/2009
11755		3	BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIIUM, PROXIMA	72.01	107.19	1/1/2009
11760		3	RECONSTRUCTION OF NAIL BED	107.56	160.17	1/1/2009
11762		3	RECONSTRUCTION OF NAIL BED	166.16	216.55	1/1/2009
11765		3	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	55.22	101.50	1/1/2009
11770		3	AMB SURG EXC PILONIDAL CYST/SINUS SIMPLE	145.77	206.62	1/1/2009
11771		3	AMB SURG EXC PILONIDAL CYST/SINUS EXTENSIVE	337.60	425.08	1/1/2009
11772		3	AMB SURG EXC PILONIDAL CYST/SINUS COMPLICATED	439.79	515.85	1/1/2009
11900		3	INJECTION INTO SKIN LESIONS	26.17	45.19	1/1/2009
11901		3	INJECTION, INTRALESIONAL;	40.74	57.54	1/1/2009
11960		3	INSERTION OF TISSUE EXPENDER.	743.55	743.55	1/1/2009
11970		3	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	489.25	489.25	1/1/2009
11971		3	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS	241.18	360.66	1/1/2009
11975		3	INSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULE	70.88	108.60	1/1/2009
11976		3	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULE	82.98	122.28	1/1/2009
11980		3	SUBCUTANEOUS HORMONE PELLET (IMPLANTATION OF ESTRADIOL AND/OR	69.70	87.13	1/1/2009
11981		3	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	73.28	111.95	1/1/2009
11982		3	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	89.40	129.02	1/1/2009
11983		3	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IM	163.70	200.79	1/1/2009
12001		3	REPAIR OF RECENT WOUND	85.64	118.29	1/1/2009
12002		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 2.5-7.5	95.05	126.11	1/1/2009
12004		3	SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX	111.79	148.87	1/1/2009
12005		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 12.5-20.0	139.41	185.68	1/1/2009
12006		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 20.0-30.0	176.16	230.67	1/1/2009
12007		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND OVER 30.0	201.36	261.26	1/1/2009
12011		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 2.5 CM	88.55	125.63	1/1/2009
12013		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 2.5-5.0	100.99	138.70	1/1/2009
12014		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 5.0-7.5	121.66	163.82	1/1/2009
12015		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 7.5-12.5	152.73	205.98	1/1/2009
12016		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 12.5-20.0	186.46	246.36	1/1/2009
12017		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 20.0-30.0	222.01	222.01	1/1/2009
12018		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND OVER 30.0	274.40	274.40	1/1/2009
12020		3	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE.	154.02	213.60	1/1/2009
12021		3	TREATMENT OF SUPERFICIAL WOUND WITH PACKING.	111.73	127.26	1/1/2009
12031		3	AMB SURG CLOSURE WOUND UP TO 2.5 EXCLUD HAND/FEET	129.07	188.65	1/1/2009
12032		3	AMB SURG CLOSURE WOUND 2.5-7.5 EXCLUD HAND & FEET	158.52	242.51	1/1/2009
12034		3	AMB SURG REPAIR SIMPLE LACERATIONS 7.5 TO 12.5	166.07	239.91	1/1/2009
12035		3	AMB SURG CLOSURE WOUND 12.5 TO 20.0	194.80	292.41	1/1/2009
12036		3	AMB SURG CLOSURE WOUND 20.0 TO 30.0	224.90	321.25	1/1/2009
12037		3	AMB SURG CLOSURE WOUND OVER 30 CM SCALP AXILLAE	261.85	362.63	1/1/2009
12041		3	AMB SURG CLOSURE WOUND UP TO 2.5 CM NECK/HAND/FEET	138.31	197.90	1/1/2009
12042		3	AMB SURG CLOSURE WOUND 2.5-7.5 NECK/HAND/FEET	161.65	230.74	1/1/2009
12044		3	AMB SURG CLOSURE WOUND 7.5 T O 12.5 CM NECK/HAND	174.36	266.27	1/1/2009
12045		3	AMB SURG CLOSURE WOUND 12.5-20.0 NECK/FEET/GENTALI	202.43	295.29	1/1/2009

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
12046		3	AMB SURG CLOSURE WOUND 20.0-30.0 NECK/FEET/GENTALI	238.51	349.76	1/1/2009
12047		3	AMB SURG CLOSURE WOUND 30.0 CM NECK/HAND/FEET/GENI	261.01	375.42	1/1/2009
12051		3	AMB SURG CLOSURE WOUND UP TO 2.5 FACE/EYELID/NOSE	147.98	212.63	1/1/2009
12052		3	AMB SURG CLOSURE WOUND 2.5-5.0 FACE/EARS/EYELIDS	173.50	241.01	1/1/2009
12053		3	AMB SURG CLOSURE WOUND 5.0-7.5 FACE/EARS/EYELIDS	176.60	265.03	1/1/2009
12054		3	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS	187.85	280.71	1/1/2009
12055		3	AMB SURG CLOSURE WOUND 12.5-20.0 FACE/EARS/EYELIDS	229.41	338.75	1/1/2009
12056		3	AMB SURG CLOSURE WOUND 20.0 TO 30.0 FACE/EARS/EYE	279.86	399.98	1/1/2009
12057		3	AMB SURG CLOSURE WOUND OVER 30 CM FACE/EARS/EYELID	320.35	447.13	1/1/2009
13100		3	AMB SURG REPAIR COMPLEX TRUNK 1.0 TO 2.5 CM	193.10	252.69	1/1/2009
13101		3	AMB SURG REPAIR COMPLEX 2.5-7.5 CM TRUNK	234.75	319.05	1/1/2009
13102		3	COMPLEX REPAIR TRUNK EACH ADDITIONAL	63.06	86.83	1/1/2009
13120		3	AMB SURG REPAIR COMPLEX 1.0-2.5 SCLAP/ARMS/LEGS	201.81	262.66	1/1/2009
13121		3	AMB SURG REPAIR COMPLEX 2.5-7.5 SCALP/ARM/LEG	266.06	353.22	1/1/2009
13122		3	EACH ADDITIONAL -COMPLEX REPAIR TO SCALP,ARMS AND / OR LEGS	72.25	97.29	1/1/2009
13131		3	REPAIR OF WOUND OR LESION	227.76	290.20	1/1/2009
13132		3	REPAIR COMPLEX 2.5 TO 7.5 CM.	383.96	465.41	1/1/2009
13133		3	EACH ADDITIONAL-COMPLEX REPAIR TO FOREHEAD,CHEEKS,CHIN,MOUTI	112.23	137.90	1/1/2009
13150		3	REPAIR COMPLEX, EYE, NOSE, EAR AND/OR LIPS UP TO 1.0	226.70	289.13	1/1/2009
13151		3	REPAIR OF WOUND OR LESION	263.82	329.74	1/1/2009
13152		3	REPAIR COMPLEX,EYE,NOSE,EAR AND LIPS 2.5 TO 75.CM.	355.55	454.75	1/1/2009
13153		3	EACH ADDITIONAL -COMPLEX REPAIR TO EYELIDS,NOSE,EARS AND /OR LI	121.62	151.42	1/1/2009
13160		3	SECONDARY CLOSURE OF SURGICAL WOUND DEHISCENCE.	667.01	667.01	1/1/2009
14000		3	AMB SURG ADJACENT TISSUE TRANSFER TRUNK UP TO 10	406.83	492.08	1/1/2009
14001		3	AMB SURG ADJACENT TISSUE TRANSFER 10-30 SQ CM	540.62	640.77	1/1/2009
14020		3	AMB SURG ADJACENT TISSUE TRANSFER UP TO 10 SQ CM	465.51	554.25	1/1/2009
14021		3	AMB SURG ADJACENT TISSUE TRANSFER 10-30 SQ CM	602.40	703.50	1/1/2009
14040		3	AMB SURG ADJACENT TISSUE TRANSF 10 SQ CM CHEEK ETC	530.21	617.05	1/1/2009
14041		3	AMB SURG ADJACENT TISSUE TRANSF DEFECT 10-30 SQ CM	655.18	768.01	1/1/2009
14060		3	AMB SURG ADJACENT TISSUE TRANSF UP TO 10 SQ CM	560.07	628.53	1/1/2009
14061		3	AMB SURG ADJACENT TISSUE TRANS 10-30 SQ CM EYELIDS	698.62	822.55	1/1/2009
14300		3	AMB SURG ADJ TISSUE TRANSFER MORE THAN 30 SQ CM	783.15	892.18	1/1/2009
14350		3	AMB SURG FULLETED FINGER/TOE FLAP INC PREP RECIPIE	619.47	619.47	1/1/2009
15002		3	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION	190.54	268.18	1/1/2009
15003		3	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION	38.67	58.32	1/1/2009
15004		3	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION	238.22	325.69	1/1/2009
15005		3	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION	76.71	98.58	1/1/2009
15050		3	AMB SURG PINCH GRAFT SINGLE OR MULT COVER SM ULCER	356.43	430.91	1/1/2009
15100		3	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OF	585.60	694.63	1/1/2009
15101		3	SPLIT GRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EAC	94.26	151.94	1/1/2009
15120		3	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EA	642.55	755.38	1/1/2009
15121		3	SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GEN	144.31	214.98	1/1/2009
15200		3	AMB SURG FULL THICKNESS GRAFT UP TO 20 SQ CM TRUNK	536.22	644.93	1/1/2009
15201		3	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR	67.42	118.45	1/1/2009
15220		3	AMB SURG FULL THICKNESS GRAFT UP TO 20 SQ CM	506.16	612.65	1/1/2009
15221		3	SKIN GRAFT PROCEDURE	61.68	110.17	1/1/2009
15240		3	AMB SURG FULL THICKNESS GRAFT UP TO 20 CM	646.66	736.67	1/1/2009
15241		3	SKIN GRAFT PROCEDURE	96.30	147.96	1/1/2009
15260		3	AMB SURG FULL THICKNESS GRAFT 20 CM NOSE/EYELID	701.58	799.52	1/1/2009
15261		3	SKIN GRAFT PROCEDURE	120.90	172.56	1/1/2009
15400		3	XENOGRAFT, SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE; TRUNI	287.69	317.48	1/1/2009
15401		3	XENOGRAFT, SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE; EACH	48.71	75.97	1/1/2009
15570		3	PEDICLE FLAP GRAFT; TRUNK	585.99	709.28	1/1/2009
15572		3	PEDICLE FLAP GRAFT; SCALP, ARMS, OR LEGS	592.94	688.65	1/1/2009
15574		3	PEDICLE FLAP-FACE,NECK,AXILLA,GENITALIA,HANDS,FEET	626.44	726.59	1/1/2009
15576		3	PEDICLE FLAP; EYELIDS, NOSE, EARS, LIPS, INTRAORAL	550.06	645.46	1/1/2009
15600		3	AMB SURG SKIN GRAFT PROCEDURE AT TRUNK	162.05	257.45	1/1/2009
15610		3	AMB SURG SKIN GRAFT PROCEDURE SCALP/ARMS OR LEGS	192.04	259.87	1/1/2009
15620		3	AMB SURG SKIN GRAFT PROCEDURE EXCEPT 15625	255.24	345.57	1/1/2009
15630		3	AMB SURG SKIN GRAFT PROCEDURE EYELIDS/NOSE/EAR/LIP	279.01	365.53	1/1/2009
15650		3	AMB SURG TRANSFER PEDICLE FLAP ANY LOCATION INTERM	314.85	408.34	1/1/2009
15731		3	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG, AXIAL	833.93	916.96	1/1/2009
15732		3	MUSCLE, MYOCUTANEOUS, OR FASCIOTANEOUS FLAP; HEAD AND NEC	1087.98	1216.02	1/1/2009
15734		3	MUSCLE FLAP, TRUNK	1114.87	1248.62	1/1/2009
15736		3	MUSCLE FLAP, UPPER EXTREMITY	962.79	1105.41	1/1/2009
15738		3	MUSCLE FLAP, LOWER EXTREMITY	1049.92	1181.45	1/1/2009
15740		3	SKIN GRAFT PROCEDURE	706.76	817.69	1/1/2009

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
15750		3	SKIN GRAFT PROCEDURE	750.04	750.04	1/1/2009	
15760		3	AMB SURG GRAFT ISLAND PEDICLE FLAP INC PRIM CLOSUR	579.60	679.11	1/1/2009	
15770		3	SKIN GRAFT PROCEDURE	536.49	536.49	1/1/2009	
15780		3	ABRASION TREATMENT OF SKIN	529.23	666.47	1/1/2009	
15781		3	ABRASION SKIN REMOVAL TATTOOS LESS TOTAL FACE	347.08	426.31	1/1/2009	
15782		3	ABRASION SKIN REMOVAL TATTOOS REGIONAL NOT FACE	332.67	449.31	1/1/2009	
15783		3	SUPERFICIAL DERMABRASION	300.87	387.71	1/1/2009	
15786		3	ABRASION SINGLE LESION EG KERATOSIS SCAR	113.83	189.90	1/1/2009	
15787		3	ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS (LIST SEPARATELY)	15.98	38.80	1/1/2009	
15788		3	CHEMICAL PEEL, FACIAL;	190.00	334.52	1/1/2009	
15789		3	CHEMICAL PEEL, FACIAL;	345.94	451.80	1/1/2009	
15792		3	CHEMICAL PEEL, NONFACIAL;	207.91	328.66	1/1/2009	
15793		3	CHEMICAL PEEL, NONFACIAL;	286.51	375.25	1/1/2009	
15819		3	CERVICOPLASTY	604.46	604.46	1/1/2009	
15820		3	AMB SURG BLEPHAROPLASTY LOWER EYELIDS	389.45	428.75	1/1/2009	
15821		3	AMB SURG BLEPHAROPLASTY WITH EXTEN HERNIATE PADS	413.23	456.34	1/1/2009	
15822		3	BLEPHAROPLASTY, UPPER EYELID	297.90	335.30	1/1/2009	
15823		3	BLEPHAROPLASTY, UPPER EYELID; W/EXCESSIVE SKIN WEIGHTING LID	490.97	531.85	1/1/2009	
15830		3	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPE	963.75	963.75	1/1/2009	
15832		3	REMOVAL OF SKIN FURROWS	731.60	731.60	1/1/2009	
15833		3	REMOVAL OF SKIN FURROWS	689.65	689.65	1/1/2009	
15834		3	REMOVAL OF SKIN FURROWS	687.24	687.24	1/1/2009	
15835		3	REMOVAL OF SKIN FURROWS	726.85	726.85	1/1/2009	
15836		3	REMOVAL OF SKIN FURROWS	605.43	605.43	1/1/2009	
15837		3	REMOVAL OF SKIN FURROWS	547.93	623.68	1/1/2009	
15838		3	EXCISION EXCESS SKIN SUBMENTAL FAT PAD	471.98	471.98	1/1/2009	
15839		3	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA	593.71	689.75	1/1/2009	
15840		3	AMB SURG GRAFT FACIAL NERVE PARALYSIS	833.27	833.27	1/1/2009	
15841		3	FACIAL NERVE PARALYSIS FREE MUSCLE GRAFT	1396.13	1396.13	1/1/2009	
15842		3	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSV	2205.69	2205.69	1/1/2009	
15845		3	SKIN AND MUSCLE REPAIR, FACE	781.68	781.68	1/1/2009	
15850		3	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME	36.37	73.13	1/1/2009	
15851		3	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHE	39.01	74.82	1/1/2009	
15852		3	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OT-	40.61	40.61	1/1/2009	
15860		3	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCIN) TO TEST VASCU	95.50	95.50	1/1/2009	
15920		3	AMB SURG COCCYGECTOMY PRIMARY SUTURE	479.64	479.64	1/1/2009	
15922		3	REMOVAL OF TAIL BONE	609.24	609.24	1/1/2009	
15931		3	EXCISION SACRAL DECUBITIS ULCER PRIMARY SUTURE	547.49	547.49	1/1/2009	
15933		3	EXC SACRAL DECUBITUS ULCER WITH OSTECTOMY/PRIMARY	672.93	672.93	1/1/2009	
15934		3	EXCISION SACRAL DECUBITUS ULCER W SKIN FLAP CLOSUR	751.29	751.29	1/1/2009	
15935		3	EXC SACRAL PRESSURE ULCER LOCAL SKIN FLAP.	893.21	893.21	1/1/2009	
15936		3	EXC SACRAL PRESSURE ULCER OTHER FLAP CLOSURE.	728.33	728.33	1/1/2009	
15937		3	EXC SACRAL PRESSURE ULCER WITH OSTECTOMY.	851.13	851.13	1/1/2009	
15940		3	REMOVAL OF PRESSURE SORE.	562.80	562.80	1/1/2009	
15941		3	EXCISION SACRAL DECUBITUS ULCER WITH OSTECTOMY	729.59	729.59	1/1/2009	
15944		3	EXC ISCHIAL PRESSURE ULCER LOCAL SKIN FLAP CLOSURE	718.99	718.99	1/1/2009	
15945		3	EXC ISCHIAL PRESSURE ULCER WITH OSTECTOMY	798.62	798.62	1/1/2009	
15946		3	EXC ISCHIAL PRESSURE ULCER W MUSCLE FLAP/OSTECTOMY	1337.55	1337.55	1/1/2009	
15950		3	REMOVAL OF PRESSURE SORE	465.39	465.39	1/1/2009	
15951		3	EXCISION TROCHANTERIC DECUDITUS ULCER W OSTECTOMY	663.87	663.87	1/1/2009	
15952		3	REMOVAL OF PRESSURE SORE	698.24	698.24	1/1/2009	
15953		3	REMOVAL OF PRESSURE SORE	777.42	777.42	1/1/2009	
15956		3	EXC TROCHANTERIC PRESSURE ULCER MYOCUTANEOUS FLAP	936.76	936.76	1/1/2009	
15958		3	EXC TROCHANTERIC ULCER MYOCUTAN FLAP W OSTECTOMY	955.27	955.27	1/1/2009	
16000		3	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL	39.84	56.00	1/1/2009	
16020		3	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITI	46.90	65.28	1/1/2009	
16025		3	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITI	96.36	119.18	1/1/2009	
16030		3	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITI	109.44	142.40	1/1/2009	
16035		3	ESCHAROTOMY; INITIAL INCISION	181.24	181.24	1/1/2009	
16036		3	ESCHAROTOMY; EACH ADDITIONAL INCISION (LIST SEPARATELY IN ADDIT	72.22	72.22	1/1/2009	
17000		3	DESTRUCTION ANY METHOD PREMALIGNANT LESIONS ONE LE	44.08	62.78	1/1/2009	
17003		3	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SI	3.88	6.10	1/1/2009	
17004		3	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGER	111.34	141.45	1/1/2009	
17106		3	DESTRUCTION OF VASCULAR PROLIFERATIVE LESIONS	229.86	278.03	1/1/2009	
17107		3	DESTRUCTION VASCULAR PROLIFERATION LESION 10SQ LES	303.98	368.32	1/1/2009	
17108		3	DESTRUCTION VASCULAR LESIONS OVER 50.0 SQ CM	396.70	471.18	1/1/2009	
17110		3	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGER	54.79	86.80	1/1/2009	

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
17111		3	DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM	68.47	103.34	1/1/2009
17250		3	CHEMICAL CAUTERIZATION OF WOUND	30.16	59.00	1/1/2009
17260		3	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY)	55.24	76.15	1/1/2009
17261		3	DESTRUCT.MALIG. LESION-TRUNK,ARMS,LEGS; 0.6-1.0 CM	74.50	113.17	1/1/2009
17262		3	DESTRUCT.MALIG. LESION-TRUNK,ARMS,LEGS; 1.1-2.0 CM	95.42	138.21	1/1/2009
17263		3	DESTRUCT.MALIG. LESION-TRUNK,ARMS,LEGS; 2.1-3.0 CM	105.69	152.60	1/1/2009
17264		3	DESTRUCT.MALIG. LESION-TRUNK,ARMS,LEGS; 3.1-4.0 CM	112.95	163.34	1/1/2009
17266		3	DESTRUCT.MALIG. LESION-TRUNK,ARMS,LEGS; OVER 4. CM	131.62	185.82	1/1/2009
17270		3	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY)	80.59	117.68	1/1/2009
17271		3	DESTRUCTION MALIGNANT LESION SCALP,NECK-0.6-1.0 CM	90.76	130.06	1/1/2009
17272		3	DESTRUCTION MALIGNANT LESION SCALP,NECK 1.1-2.0 CM	105.32	149.06	1/1/2009
17273		3	DESTRUCTION MALIGNANT LESION SCALP,NECK 2.1-3.0 CM	118.94	166.48	1/1/2009
17274		3	DESTRUCTION MALIGNANT LESION SCALP,NECK-3.1-4.0 CM	146.11	197.46	1/1/2009
17276		3	DESTRUCTION MALIGNANT LESION SCALP,NECK OVER 4. CM	175.92	229.17	1/1/2009
17280		3	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY)	73.24	110.32	1/1/2009
17281		3	DESTRUCTION MALIGNANT LESION FACE 0.6-1.0 CM	102.34	141.32	1/1/2009
17282		3	DESTRUCTION MALIGNANT LESION FACE 1.1-2.0 CM	118.91	163.91	1/1/2009
17283		3	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS,	148.99	198.44	1/1/2009
17284		3	DESTRUCTION MALIGNANT LESION FACE 3.1-4.0 CM	177.83	231.08	1/1/2009
17286		3	DESTRUCTION MALIGNANT LESION FACE OVER 4.0 CM	239.24	293.12	1/1/2009
17311		3	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS	320.97	555.18	1/1/2009
17312		3	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS	170.72	331.73	1/1/2009
17313		3	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS	288.15	506.51	1/1/2009
17314		3	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS	158.48	307.44	1/1/2009
17315		3	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS	45.04	66.59	1/1/2009
17340		3	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE	38.85	40.12	1/1/2009
17360		3	ACNE THERAPY	82.65	106.42	1/1/2009
19000		3	PUNCTURE ASPIRATION OF CYST OF BREAST;	40.03	91.69	1/1/2009
19001		3	PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST (L)	20.01	23.50	1/1/2009
19020		3	INCISION OF BREAST LESION	231.73	344.25	1/1/2009
19030		3	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM	72.44	141.22	1/1/2009
19100		3	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGING	58.72	112.60	1/1/2009
19101		3	BIOPSY OF BREAST; OPEN, INCISIONAL	176.43	257.25	1/1/2009
19102		3	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, USING IMAGING GUIDANCE	94.70	185.03	1/1/2009
19103		3	BIOPSY OF BREAST; PERCUTANEOUS, AUTOMATED VACUUM ASSISTED OPEN	173.83	463.20	1/1/2009
19110		3	NIPPLE EXPLORATION WWO EXCISION.	261.90	357.93	1/1/2009
19112		3	EXCISION OF LACTIFEROUS DUCT FISTULA.	234.87	334.07	1/1/2009
19120		3	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR	322.13	373.47	1/1/2009
19125		3	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT	357.59	413.69	1/1/2009
19126		3	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT	135.59	135.59	1/1/2009
19260		3	REMOVAL CHEST WALL LESION.	984.84	984.84	1/1/2009
19271		3	REMOVAL OF CHEST WALL LESION	1333.51	1333.51	1/1/2009
19272		3	REMOVAL OF CHEST WALL LESION	1478.78	1478.78	1/1/2009
19290		3	PRE-OP PLACEMENT OF NEEDLE LOCALIZATION, BREAST	59.93	136.63	1/1/2009
19291		3	PRE-OP PLACEMENT NEEDLE, BREAST, EACH ADDITIONAL	29.74	59.22	1/1/2009
19295		3	IMAGE GUIDED PLACEMENT, METALLIC LOCALIZATION CLIP, PERCUTANEOUS	74.70	74.70	1/1/2009
19296		3	PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INTO	174.03	3126.92	1/1/2009
19297		3	PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INTO	78.79	78.79	1/1/2009
19298		3	PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHETER	286.87	1073.82	1/1/2009
19300		3	MASTECTOMY FOR GYNECOMASTIA	312.01	396.31	1/1/2009
19301		3	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY)	500.20	500.20	1/1/2009
19302		3	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY)	715.93	715.93	1/1/2009
19303		3	MASTECTOMY, SIMPLE, COMPLETE	773.94	773.94	1/1/2009
19304		3	MASTECTOMY, SUBCUTANEOUS	446.44	446.44	1/1/2009
19305		3	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMPH	892.49	892.49	1/1/2009
19306		3	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY AND	935.05	935.05	1/1/2009
19307		3	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES,	940.52	940.52	1/1/2009
19316		3	MASTOPEXY	637.81	637.81	1/1/2009
19318		3	REDUCTION MAMMAPLASTY	939.02	939.02	1/1/2009
19324		3	MAMMAPLASTY AUGMENTATION W/O PROSTHETIC IMPLANT	389.04	389.04	1/1/2009
19325		3	MAMMAPLASTY AUGMENTATION WITH PROSTHETIC IMPLANT	527.46	527.46	1/1/2009
19328		3	REMOVAL INTACT MAMMARY IMPLANT.	397.71	397.71	1/1/2009
19330		3	REMOVAL OF IMPLANT MATERIAL.	511.97	511.97	1/1/2009
19340		3	IMMEDIATE INSERTION OF BREAST PROsthESIS FOLLOWING MASTECTOMY OR	334.33	334.33	1/1/2009
19342		3	DELAYED INSERTION BREAST PROsthESIS FOLLOWING MASTECTOMY OR	752.93	752.93	1/1/2009
19350		3	NIPPLE/AREOLA RECONSTRUCTION	554.49	682.85	1/1/2009
19355		3	CORRECTION OF INVERTED NIPPLES	460.17	568.56	1/1/2009

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19357		3	BREAST RECONSTRUCTION IMMEDIATE OR DELAYED,WITH TISSUE EXPAN	1264.35	1264.35	1/1/2009	
19361		3	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP WITH OR W/O I	1360.19	1360.19	1/1/2009	
19364		3	BREAST RECONSTRUCTION WITH FREE FLAP.	2328.68	2328.68	1/1/2009	
19366		3	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE.	1150.70	1150.70	1/1/2009	
19367		3	BREAST RECONSTRUCTION WITH TRAM SINGLE PEDICLE, INCLUDING CLC	1504.65	1504.65	1/1/2009	
19368		3	BREAST RECONSTRUCTION TRAM SINGLE PEDICLE, INCLUDING CLOSURE	1866.51	1866.51	1/1/2009	
19369		3	BREAST RECONSTRUCTION TRAM DOUBLE PEDICLE, INCLUDING CLOSUR	1701.83	1701.83	1/1/2009	
19370		3	OPEN PERIPROSTHETIC CAPSULOTOMY BREAST.	554.74	554.74	1/1/2009	
19371		3	PERIPROSTHETIC CAPSULECTOMY BREAST.	640.06	640.06	1/1/2009	
19380		3	REVISION OF RECONSTRUCTED BREAST.	626.10	626.10	1/1/2009	
20000		3	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITI	128.83	165.28	1/1/2009	
20005		3	INCISION OF ABSCESS	198.18	246.36	1/1/2009	
20200		3	AMB SURG BIOPSY MUSCLE SUPERFICIAL	78.16	152.64	1/1/2009	
20205		3	MUSCLE BIOPSY	124.45	209.07	1/1/2009	
20206		3	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	54.77	210.39	1/1/2009	
20220		3	BONE BIOPSY	68.39	146.04	1/1/2009	
20225		3	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEML	103.71	546.79	1/1/2009	
20240		3	BONE BIOPSY	190.32	190.32	1/1/2009	
20245		3	BONE BIOPSY	519.42	519.42	1/1/2009	
20250		3	BONE BIOPSY	312.42	312.42	1/1/2009	
20251		3	BONE BIOPSY	346.40	346.40	1/1/2009	
20500		3	INJECTION OF SINUS TRACT;	79.03	95.51	1/1/2009	
20501		3	INJECTION OF SINUS TRACT DIAGNOSTIC SINOGRAM	36.10	106.46	1/1/2009	
20520		3	REMOVAL OF FOREIGN BODY	117.13	152.94	1/1/2009	
20525		3	REMOVAL OF FOREIGN BODY	205.82	371.26	1/1/2009	
20526		3	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), C	49.29	62.29	1/1/2009	
20550		3	INJECTION; TENDON SHEATH, LIGAMENT, GANGLION CYST	36.21	48.25	1/1/2009	
20551		3	INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	36.94	47.72	1/1/2009	
20552		3	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MU	31.31	43.35	1/1/2009	
20553		3	INJECTION; SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MI	34.81	48.43	1/1/2009	
20600		3	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION;	34.49	45.27	1/1/2009	
20605		3	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION;	35.81	48.49	1/1/2009	
20610		3	DRAINAGE OF JOINT OR BURSA	42.77	62.42	1/1/2009	
20612		3	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	36.93	48.34	1/1/2009	
20615		3	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	132.59	176.01	1/1/2009	
20650		3	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION,	130.73	160.53	1/1/2009	
20660		3	APPLICATION OF TONGS OR CALIPER INCLUDING REMOVAL	200.58	211.99	1/1/2009	
20661		3	FIXATION PROCEDURE	379.95	379.95	1/1/2009	
20662		3	APPLICATION OF HALO, INCLUDING REMOVAL;	394.95	394.95	1/1/2009	
20663		3	APPLICATION OF HALO, INCLUDING REMOVAL;	365.43	365.43	1/1/2009	
20664		3	APPLICATION OF HALO, INCLUDING REMOVAL, CRANIAL, 6 OR MORE PINS	625.28	625.28	1/1/2009	
20665		3	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER PHYSICIAN	83.93	99.46	1/1/2009	
20670		3	REMOVAL OF IMPLANT SUPERFICIAL EG BURIED WIRE PIN	122.80	311.69	1/1/2009	
20680		3	REMOVAL OF BURIED SUPPORT	342.36	476.42	1/1/2009	
20690		3	APPLICATION EXTERNAL FIXATION, UNIPLANE	451.82	451.82	1/1/2009	
20692		3	APPLICATION OF MULTIPLANE UNILATERAL EXTERNAL FIXATION SYSTEM	844.85	844.85	1/1/2009	
20693		3	ADJUSTMENT OR REVISION EXTERNAL FIXATION REQ ANEST	378.92	378.92	1/1/2009	
20694		3	REMOVAL UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	276.60	342.52	1/1/2009	
20802		3	REPLANTATION OF ARM	2077.13	2077.13	1/1/2009	
20805		3	REPLANTATION FOREARM, COMPLETE AMPUTATION	2544.07	2544.07	1/1/2009	
20808		3	REIMPLANTATION OF HAND	3435.43	3435.43	1/1/2009	
20816		3	REIMPLANTATION OF DIGIT	1895.54	1895.54	1/1/2009	
20822		3	REPLANTATION DIGIT EXCL THUMB, COMPLETE AMPUTATION	1606.99	1606.99	1/1/2009	
20824		3	REPLANTATION THUMB, COMPLETE AMPUTATION	1888.31	1888.31	1/1/2009	
20827		3	REPLANTATION THUMB, COMPLETE AMPUTATION	1669.75	1669.75	1/1/2009	
20838		3	REPLANTATION FOOT COMPLETE	2096.80	2096.80	1/1/2009	
20900		3	BONE GRAFT, ANY DONOR AREA;	219.56	339.04	1/1/2009	
20902		3	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	304.02	304.02	1/1/2009	
20910		3	CARTILAGE GRAFT; COSTOCHONDRAL	355.77	355.77	1/1/2009	
20912		3	CARTILAGE GRAFT;	399.77	399.77	1/1/2009	
20920		3	FASCIA LATA GRAFT;	336.96	336.96	1/1/2009	
20922		3	REMOVAL OF TISSUE FOR GRAFT	413.11	496.14	1/1/2009	
20924		3	REMOVAL OF TENDON FOR GRAFT.	417.00	417.00	1/1/2009	
20926		3	TISSUE GRAFTS, OTHER (E.G., PARATENON, FAT, DERMIS)	359.99	359.99	1/1/2009	
20950		3	MONITOR INTERSTITIAL PRESSURE	76.04	195.84	1/1/2009	
20955		3	FIBULA GRAFT W/MICROVASCULAR ANASTOMOSIS	2151.15	2151.15	1/1/2009	
20962		3	RIB GRAFT W/MISCROVASCULAR ANASTOMOSIS	2197.71	2197.71	1/1/2009	

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					Medicaid Maximum Allowable	
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
20969		3	FREE OSTEOCUTANEOUS FLAP W MICROVASCULAR ANASTOMOS	2383.60	2383.60	1/1/2009
20970		3	OSTEOCUTANEOUS GRAFT W/MICROVASCULAR ANASTOMOSIS	2394.64	2394.64	1/1/2009
20972		3	OSTEOCUTANEOUS FLAP MICROVASCULAR ANASTOMO METARSA	2191.59	2191.59	1/1/2009
20973		3	FREE OSTEOCUTANEOUS FLAP GREAT TOE WEB SPACE	2300.88	2300.88	1/1/2009
20974		3	BIO-OSTEGEN SYSTEM	39.80	53.11	1/1/2009
20979		3	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NON-IF	30.80	43.80	1/1/2009
20982		3	ABLATION, BONE TUMOR(S) (EG, OSTEOID OSTEOOMA, METASTASIS) RADIC	356.31	3006.85	1/1/2009
21010		3	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	604.54	604.54	1/1/2009
21015		3	RADICAL RESECTION OF TUMOR SOFT FACE OR SCALP	351.26	351.26	1/1/2009
21025		3	EXCISION OF BONE, MANDIBLE	616.60	718.97	1/1/2009
21026		3	REMOVAL OF ELONGATED STYLOID PROCESS (FACIAL BONE)	394.60	473.52	1/1/2009
21029		3	REMOVAL BY CONTOURING BENIGN TUMOR FACIAL BONE	516.42	605.79	1/1/2009
21030		3	EXCISION BENIGN TUMOR OF CYST OF FACIAL BONE OTHER	328.32	396.46	1/1/2009
21031		3	EXCISION OF TORUS MANDIBULARIS	234.95	304.36	1/1/2009
21032		3	EXCISION OF MAXILLARY TORUS PALATINUS	231.62	308.32	1/1/2009
21034		3	EXCISION OF MALIGNANT TUMOR OF FACIAL BONE OTHER THAN MANDIBL	974.29	1088.71	1/1/2009
21040		3	AMB SURG EXCISION BENIGN CYST/TUMOR MANDIBLE SIMP	326.42	399.63	1/1/2009
21044		3	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	728.32	728.32	1/1/2009
21045		3	EXC MALIGNANCY MANDIBLE RADICAL	1016.47	1016.47	1/1/2009
21046		3	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-O	895.58	895.58	1/1/2009
21047		3	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-	1087.65	1087.65	1/1/2009
21048		3	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-OF	907.91	907.91	1/1/2009
21049		3	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-O	1051.49	1051.49	1/1/2009
21050		3	ARTHRECTOMY TEMPOROMANDIBULAR JOINT UNILATERAL	713.84	713.84	1/1/2009
21060		3	MENISECTOMY TEMPOROMANDIBULAR JOINT UNILATERAL	652.59	652.59	1/1/2009
21070		3	CORONOIDECTOMY	529.91	529.91	1/1/2009
21100		3	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION,	324.95	565.18	1/1/2009
21110		3	APPLICATION OF INTERDENTAL FIXATION DEVICE/OTHER THAN FRACTUR	510.39	596.91	1/1/2009
21116		3	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAFI	37.30	119.70	1/1/2009
21120		3	GENIOPLASTY; AUGMENTATION	401.43	496.19	1/1/2009
21121		3	GENIOPLASTY; AUGMENTATION SLIDING OSTEOTOMY SINGLE	534.07	621.87	1/1/2009
21122		3	GENIOPLASTY; AUGMENTATION 2 OR MORE OSTEOTOMIES	588.86	588.86	1/1/2009
21123		3	GENIOPLASTY; AUGMENTATION SLIDING INTERPOSITIONAL	706.43	706.43	1/1/2009
21125		3	AUGMENTATION MANDIBULAR BODY OR ANGLE PROSTHETIC	618.58	2400.07	1/1/2009
21127		3	AUGMENTATION MANDIBULAR BODY ANGLE W/ BONE GRAFT	722.75	2856.36	1/1/2009
21137		3	REDUCTION FOREHEAD; CONTOURING ONLY	596.01	596.01	1/1/2009
21138		3	REDUCTION FOREHEAD CONTOURING & APPLICATION GRAFT	744.53	744.53	1/1/2009
21139		3	REDUCTION FOREHEAD CONTOURING, SETBACK SINUS WALL	835.98	835.98	1/1/2009
21145		3	RECONSTRUCTION MIDFACE SINGLE REQUIRING BONE GRAFT	1289.62	1289.62	1/1/2009
21146		3	RECONSTRUCTION MIDFACE 2 PIECES REQUIRING BONE GRAFT	1376.28	1376.28	1/1/2009
21147		3	RECONSTRUCT MIDFACE 3 OR MORE PIECES WITH BONE GRAFT	1417.26	1417.26	1/1/2009
21150		3	RECONSTRUCTION MIDFACE ANTERIOR INTRUSION	1407.03	1407.03	1/1/2009
21151		3	RECONSTRUCT MIDFACE ANY DIRECTION REQ BONE GRAFT	1698.83	1698.83	1/1/2009
21154		3	RECONSTRUCT MIDFACE ANY TYPE REQUIRING BONE GRAFT	1717.93	1717.93	1/1/2009
21155		3	RECONSTRUCT MIDFACE ANY TYPE W GRAFT, W LEFORT I	1949.50	1949.50	1/1/2009
21159		3	RECONSTRUCT MIDFACE, LEFORT III, W BONE GRAFTS	2358.59	2358.59	1/1/2009
21160		3	RECONSTRUCT MIDFACE, LEFORT III W/ LEFORT I, GRAFT	2428.82	2428.82	1/1/2009
21172		3	RECONSTRUCT ORBITAL RIM/FOREHEAD W/WO GRAFTS	1492.96	1492.96	1/1/2009
21175		3	RECONSTRUCT BIFRONTAL ORBITAL RIMS/FOREHEAD, GRAFT	1802.66	1802.66	1/1/2009
21179		3	RECONSTRUCT FOREHEAD/ORBITAL RIMS WITH GRAFTS	1234.55	1234.55	1/1/2009
21180		3	RECONSTRUCT FOREHEAD/ORBITAL RIMS WITH AUTOGRAFT	1407.40	1407.40	1/1/2009
21181		3	REMOVAL BY CONTOURING OF BENIGN TUMOR CRANIAL BONE	587.60	587.60	1/1/2009
21182		3	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOIC	1712.95	1712.95	1/1/2009
21183		3	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOIC	1915.71	1915.71	1/1/2009
21184		3	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOIC	2049.03	2049.03	1/1/2009
21188		3	RECONSTR. MIDFACE, OSTEOTOMIES, W BONE GRAFTS	1354.51	1354.51	1/1/2009
21193		3	RECONSTRUCT MANDIBULAR RAMUS, OSTEOTOMY, W/O GRAFT	1035.98	1035.98	1/1/2009
21194		3	RECONSTR. MANDIBULAR RAMUS, OSTEOTOMY W BONE GRAFT	1183.05	1183.05	1/1/2009
21195		3	RECONSTRUCTION MANDIBULAR RAMUS W/O INTERNAL RIGID FIXATION	1110.06	1110.06	1/1/2009
21196		3	RECONSTR. MANDIBULAR RAMUS W INTER. RIGID FIXATION	1209.80	1209.80	1/1/2009
21198		3	OSTEOTOMY, MANDIBLE, SEGMENTAL	950.56	950.56	1/1/2009
21199		3	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMI	863.66	863.66	1/1/2009
21206		3	OSTEOTOMY, MAXILLA, SEGMENTAL	936.45	936.45	1/1/2009
21208		3	AUGMENTATION OSTEOPLASTY OF FACIAL BONES	681.45	1373.32	1/1/2009
21209		3	REDUCTION OSTEOPLASTY OF FACIAL BONES	522.36	655.79	1/1/2009
21210		3	BONE GRAFT	681.26	1640.00	1/1/2009
21215		3	BONE GRAFT	710.47	2777.52	1/1/2009

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						Medicaid Maximum Allowable	
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
21230		3	CARTILAGE GRAFT	636.12	636.12	1/1/2009	
21235		3	CARTILAGE GRAFT	464.65	583.19	1/1/2009	
21240		3	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT W/WO GRAFT	919.77	919.77	1/1/2009	
21242		3	ARTHROPLASTY TEMPOROMANDIBULAR JOINT W ALLOPLASTIC	842.35	842.35	1/1/2009	
21243		3	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT	1383.83	1383.83	1/1/2009	
21244		3	RECONSTRUCTION OF MANDIBLE	859.19	859.19	1/1/2009	
21247		3	RECONST. MANDIBULAR CONDYLE W BONE/CARTILAGE GRAFT	1346.87	1346.87	1/1/2009	
21255		3	RECONST. ZYGOMATIC ARCH, GLENOID FOSSA W BONE/CART	1187.84	1187.84	1/1/2009	
21256		3	RECONST. ORBIT W OSTEOTOMIES AND BONE GRAFTS	972.69	972.69	1/1/2009	
21260		3	ORBITAL HYPERTELORISM CORRECTION OSTEOTOMIES	1093.85	1093.85	1/1/2009	
21261		3	ORBITAL HYPERTELORISM COMB WITH INTRA AND EXTRACRA	1875.94	1875.94	1/1/2009	
21263		3	ORBITAL HYPERTELORISM WITH FOREHEAD ADVANCEMENT	1688.43	1688.43	1/1/2009	
21267		3	ORBITAL REPOSITIONING	1276.62	1276.62	1/1/2009	
21268		3	ORBITAL REPOSITIONING INTRA AND EXTERNAL APPROACH	1588.16	1588.16	1/1/2009	
21270		3	MALAR AUGMENTATION, BONE OR ALLOPLASTIC MATERIAL	580.51	738.35	1/1/2009	
21275		3	SECONDARY REV ORBITOCRANIOFACIAL RECONSTRUCTION	668.70	668.70	1/1/2009	
21280		3	MEDIAL CANTHOPLASTY	430.37	430.37	1/1/2009	
21282		3	LATERAL CANTHOPEXY	283.70	283.70	1/1/2009	
21295		3	REDUCTION MASSETER MUSCLE EXTRAORAL APPROACH	141.58	141.58	1/1/2009	
21296		3	REDUCTION MASSETER MUSCLE INTRAORAL APPROACH	344.56	344.56	1/1/2009	
21310		3	TREATMENT OF CLOSED OR OPEN NASAL FRACTURE MANIPUL	24.76	84.35	1/1/2009	
21315		3	TREATMENT OF NOSE FRACTURE	120.76	206.97	1/1/2009	
21320		3	MANIPULATION INSTRUMENTAL COMPLICATED NASAL FRACTURE	113.28	199.49	1/1/2009	
21325		3	AMB SURG OPEN REDUCT NASAL FRACTURE COMPLICATED	377.23	377.23	1/1/2009	
21330		3	AMB SURG OPEN REDUCT NASAL FRAC COMPLIC INT/EXTERN	464.13	464.13	1/1/2009	
21335		3	REPAIR OF NOSE FRACTURE	602.48	602.48	1/1/2009	
21336		3	OPEN TX NASAL SEPTAL FX, W/WO STABILIZATION	518.47	518.47	1/1/2009	
21337		3	TREATMENT CLOSED SEPTAL FRACTURE	231.24	311.11	1/1/2009	
21338		3	OPEN TREATMENT NASOETHMOID FRACTURE W/O EXTERNAL FIXATION	592.67	592.67	1/1/2009	
21339		3	OPEN TREATMENT NASOETHMOID FRACTURE W EXTERNAL FIX	662.02	662.02	1/1/2009	
21340		3	TR CLOSED/OPEN NASOETH COM FR W SPLINT WIRE HEADCA	665.78	665.78	1/1/2009	
21343		3	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS	941.98	941.98	1/1/2009	
21344		3	OPEN TX OF FRONTAL SINUS FRACTURE	1242.84	1242.84	1/1/2009	
21345		3	TR NASOMAX COMP FR WITH INTERDENTAL WIRE FIX OR FI	539.73	649.39	1/1/2009	
21346		3	OP TR NASOMAX COM FR W WIRING A/O LOCAL FIXATION	779.50	779.50	1/1/2009	
21347		3	OP TR NASOMAX COM FR W WIR A/O LO FI W MUL APPROACH	904.27	904.27	1/1/2009	
21348		3	OPEN TX NASOMAXILLARY FX WITH BONE GRAFTING	965.20	965.20	1/1/2009	
21355		3	REPAIR CHEEK BONE FRACTURE	266.01	350.95	1/1/2009	
21356		3	OPEN TX DEPRESSED ZYGOMATIC ARCH FRACTURE	305.09	392.89	1/1/2009	
21360		3	OPEN TREATMENT OF CLOSED OR OPEN DEPRESSED FX INC	434.75	434.75	1/1/2009	
21365		3	REPAIR CHEEK BONE FRACTURE	914.51	914.51	1/1/2009	
21366		3	OPEN TX MALAR AREA FX INC ZYGOMATIC ARCH W/GRAFT	1016.69	1016.69	1/1/2009	
21385		3	REPAIR EYE SOCKET FRACTURE	586.71	586.71	1/1/2009	
21386		3	OPEN TX ORBITAL FLOOR FX; PERIORBITAL APPROACH.	548.68	548.68	1/1/2009	
21387		3	OPEN TREATMENT OF ORBITAL FLOOR	612.35	612.35	1/1/2009	
21390		3	REPAIR EYE SOCKET FRACTURE	634.96	634.96	1/1/2009	
21395		3	OPEN TX ORBITAL FLOOR FX; PERIORBITAL APPROACH.	802.24	802.24	1/1/2009	
21400		3	TX OF FX OF ORBIT, WO MANIPULATION.	116.30	140.71	1/1/2009	
21401		3	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT";	239.92	374.62	1/1/2009	
21406		3	OPEN TX OF FX OF ORBIT,WO IMPLANT.	443.81	443.81	1/1/2009	
21407		3	OPEN TREATMENT OF FRACTURE ORBIT, EXCEPT BLOWOUT; WITH IMPLA	526.01	526.01	1/1/2009	
21408		3	OPEN TX OF FX ORBIT EXCEPT "BLOWOUT" W/BONE GRAFT	724.33	724.33	1/1/2009	
21421		3	TX PAL/ALV RI FX,CLOSED MANIPULATION W WIRE FIX.	497.29	579.38	1/1/2009	
21422		3	TX PAL/ALV RI FX,OPEN TX W WIRE FIXATION.	549.49	549.49	1/1/2009	
21423		3	OPEN TX OF PALATAL OR MAXILLARY FX, MULT APPROACH	653.80	653.80	1/1/2009	
21431		3	REPAIR UPPER JAW FRACTURE	597.02	597.02	1/1/2009	
21432		3	OPEN RX CRANIOFACIAL SEPARATION	548.15	548.15	1/1/2009	
21433		3	DP TR CRANIOE SEP W W/LOC FIX COMPLICATED	1415.15	1415.15	1/1/2009	
21435		3	OPEN TX CRANIOFACIAL SEPARATION (LEFORTE III TYPE);COMPLICATED	1114.89	1114.89	1/1/2009	
21436		3	OPEN TX CRANIOFACIAL SEPARATION W/BONE GRAFT	1641.66	1641.66	1/1/2009	
21440		3	REPAIR DENTAL RIDGE FX.	349.78	419.19	1/1/2009	
21445		3	REPAIR DENTAL RIDGE FRACTURE.	497.09	598.20	1/1/2009	
21450		3	TREAT LOWER JAW FRACTURE	366.82	436.86	1/1/2009	
21451		3	TREATMENT CLOSED OR OPEN MANDIBULAR FRACTURE WITH	494.88	578.55	1/1/2009	
21452		3	TREATMENT OF OPEN MANDIBULAR FRACTURE WITHOUT MANI	264.35	470.99	1/1/2009	
21453		3	RX OPEN MANDIBULAR FRACTURE WITH MANIPULATION	596.67	669.88	1/1/2009	
21454		3	OPEN RX CLOSED/OPEN MANDIBULAR FX W EXTERNAL FIX.	452.69	452.69	1/1/2009	

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					Medicaid Maximum Allowable	
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
21461		3	OPEN TX CLOSED/OPEN MAND FX WO INTERDENTAL FIX.	739.64	1505.99	1/1/2009
21462		3	OPEN TX CLOSED/OPEN MAND FX W INTERDENTAL FIXATION	820.98	1629.80	1/1/2009
21465		3	OPEN TREATMENT MANDIBULAR CONDYLAR FRACTURE	752.48	752.48	1/1/2009
21470		3	REPAIR LOWER JAW FRACTURE	982.76	982.76	1/1/2009
21480		3	RESET DISLOCATED JAW	27.91	71.96	1/1/2009
21485		3	COMPLICATED MANIPULATIVE TREATMENT OF TEMPOROMANDI	443.10	516.63	1/1/2009
21490		3	RESET DISLOCATED JAW	762.26	762.26	1/1/2009
21495		3	REPAIR HYOID BONE FRACTURE	549.13	549.13	1/1/2009
21497		3	INTERDENTAL WIRING FOR CONDITION OTHER THAN FRACTURE	447.62	521.47	1/1/2009
21501		3	INCISION/DRAINAGE DEEP ABCESS OR HEMATOMA	256.67	347.95	1/1/2009
21502		3	DRAINAGE OF RIB ABSCESS	430.95	430.95	1/1/2009
21510		3	INC DEEP OPENING OF BONE CORTEX OSTEOMYELITIS BONE	380.00	380.00	1/1/2009
21550		3	EXCISIONAL BIOPSY SOFT TISSUE	130.84	204.05	1/1/2009
21555		3	EXCISION BENIGN TUMOR SUBCUTANEOUS	271.32	344.53	1/1/2009
21556		3	EXCISION DEEP SUBFACIAL INTRAMUSCULAR	339.50	339.50	1/1/2009
21557		3	RADICAL RESECTION OF SOFT TISSUE TUMOR	482.46	482.46	1/1/2009
21600		3	EXCISION OF RIB PARTIAL	453.77	453.77	1/1/2009
21610		3	PARTIAL REMOVAL OF RIB	886.75	886.75	1/1/2009
21615		3	EXCISION FIRST AND/OR CERVICAL RIB;	560.65	560.65	1/1/2009
21616		3	EXC FIRST A/O CERV RIB F OUTLET COMP SYND OTH CAUS	714.64	714.64	1/1/2009
21620		3	PARTIAL REMOVAL STERNUM	432.05	432.05	1/1/2009
21627		3	STERNAL DEBRIDEMENT	453.26	453.26	1/1/2009
21630		3	RADICAL RESECTION OF STERNUM;	1059.72	1059.72	1/1/2009
21632		3	RADICAL RESECTION OF STERNUM W MEDIASTINAL LYMPHAD	1049.54	1049.54	1/1/2009
21685		3	HYOID MYOTOMY AND SUSPENSION	826.69	826.69	1/1/2009
21700		3	REVISION OF NECK MUSCLE	350.99	350.99	1/1/2009
21705		3	REVISION OF NECK MUSCLE	540.29	540.29	1/1/2009
21720		3	DIVISION STERNOCLEIDOMASTOID FOR TORTICOLLIS,OPEN	338.41	338.41	1/1/2009
21725		3	DIVISION STERNOCLEIDOMASTOID OPEN OP W CAST APPLIC	438.80	438.80	1/1/2009
21740		3	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARIN	914.71	914.71	1/1/2009
21750		3	CLOSURE OF MEDIAN STERNOTOMY SEPARATION WITH OR WITHOUT DEE	606.22	606.22	1/1/2009
21800		3	TREATMENT OF RIB FRACTURE(S)	79.27	78.00	1/1/2009
21805		3	TX OF RIB FX OPEN, EACH	209.41	209.41	1/1/2009
21810		3	TX OF RIB FX; OPEN/CLOSED W EXTERNAL FIXATION.	412.82	412.82	1/1/2009
21820		3	TX STERNUM FX; CLOSED	105.41	104.14	1/1/2009
21825		3	TREATMENT OF STERNUM FRACTURE OPEN	468.46	468.46	1/1/2009
21920		3	BIOPSY, SOFT TISSUE OF BACK OR FLANK;	130.72	203.62	1/1/2009
21925		3	BIOPSY, SOFT TISSUE OF BACK OR FLANK;	275.71	337.52	1/1/2009
21930		3	EXCISION TUMOR, SOFT TISSUE OF BACK	305.61	376.60	1/1/2009
21935		3	RADICAL RECTION OF TUMOR, SOFT TISSUE OF BACK.	969.51	969.51	1/1/2009
22100		3	REMOVAL PART VERTEBRA; CERVICAL	671.03	671.03	1/1/2009
22101		3	REMOVAL PART OF VERTEBRA; THORACIC.	669.41	669.41	1/1/2009
22102		3	REMOVAL PART OF VERTEBRA; LUMBAR.	666.86	666.86	1/1/2009
22110		3	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, V	834.41	834.41	1/1/2009
22112		3	REMOVAL PART OF VERTEBRA	808.78	808.78	1/1/2009
22114		3	REMOVAL PART OF VERTEBRA	829.23	829.23	1/1/2009
22210		3	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, O	1461.39	1461.39	1/1/2009
22212		3	POSTERIOR APPROACH OSTEOTOMY SPINE, THORACIC	1208.53	1208.53	1/1/2009
22214		3	POSTERIOR APPROACH OSTEOTOMY SPINE, LUMBAR	1215.79	1215.79	1/1/2009
22220		3	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH,	1315.97	1315.97	1/1/2009
22222		3	ANTERIOR APPROACH OSTEOTOMY SPINE, THORACIC	1204.12	1204.12	1/1/2009
22224		3	ANTERIOR APPROACH OSTEOTOMY SPINE, LUMBAR	1303.04	1303.04	1/1/2009
22305		3	CLOSED TREATMENT OF VERTEBRAL PROCESS FRACTURE(S)	138.37	149.47	1/1/2009
22310		3	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MAN	217.16	232.06	1/1/2009
22315		3	CLOSED TX VERTEBRAL FX,W/O ANES BY MANIPULATION.	616.71	690.23	1/1/2009
22318		3	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE (CERVI	1314.34	1314.34	1/1/2009
22319		3	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE (CERVI	1445.10	1445.10	1/1/2009
22325		3	OPEN TX VERTEBRAL FX AND/OR DISLOCATION; LUMBAR.	1150.80	1150.80	1/1/2009
22326		3	OPEN TX VERTEBRAL FX AND/OR DISLOCATION; CERVICAL.	1199.91	1199.91	1/1/2009
22327		3	OPEN TX VERTEBRAL FX AND/OR DISLOCATION; THORACIC	1190.68	1190.68	1/1/2009
22505		3	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	102.32	102.32	1/1/2009
22520		3	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL	493.55	1844.64	1/1/2009
22521		3	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL	465.07	1795.88	1/1/2009
22522		3	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL	218.07	218.07	1/1/2009
22532		3	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIM	1435.54	1435.54	1/1/2009
22533		3	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIM	1353.04	1353.04	1/1/2009
22534		3	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIM	314.79	314.79	1/1/2009

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
22548		3	ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIV	1527.41	1527.41	1/1/2009	
22554		3	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL I	1054.73	1054.73	1/1/2009	
22556		3	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL I	1369.10	1369.10	1/1/2009	
22558		3	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL I	1259.74	1259.74	1/1/2009	
22585		3	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL I	290.77	290.77	1/1/2009	
22590		3	ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)	1267.46	1267.46	1/1/2009	
22595		3	ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	1203.40	1203.40	1/1/2009	
22600		3	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE L	1031.03	1031.03	1/1/2009	
22610		3	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE L	1017.82	1017.82	1/1/2009	
22612		3	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE L	1320.34	1320.34	1/1/2009	
22630		3	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINEC	1268.59	1268.59	1/1/2009	
22800		3	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT	1120.75	1120.75	1/1/2009	
22802		3	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT	1784.55	1784.55	1/1/2009	
22810		3	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT C	1695.22	1695.22	1/1/2009	
22812		3	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT C	1854.69	1854.69	1/1/2009	
22818		3	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION	1869.47	1869.47	1/1/2009	
22819		3	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION	2153.38	2153.38	1/1/2009	
22830		3	EXPLORATION OF SPINAL FUSION	667.43	667.43	1/1/2009	
22840		3	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD	662.31	662.31	1/1/2009	
22842		3	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DU/	663.77	663.77	1/1/2009	
22845		3	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS	633.50	633.50	1/1/2009	
22849		3	REINSERTION OF SPINAL FIXATION DEVICE	1084.56	1084.56	1/1/2009	
22850		3	HARRINGTON ROD REMOVAL	590.29	590.29	1/1/2009	
22852		3	REMOVAL OF SEGMENTAL INSTRUMENTATION	564.32	564.32	1/1/2009	
22855		3	DWYER INSTRUMENT REMOVAL	917.57	917.57	1/1/2009	
22865		3	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR /	1770.99	1770.99	1/1/2009	
22900		3	EXCISION ABDOMINAL WALL TUMOR SUBFASCIAL	338.45	338.45	1/1/2009	
23000		3	REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN	291.99	421.93	1/1/2009	
23020		3	RELEASE SHOULDER JOINT	568.73	568.73	1/1/2009	
23030		3	INCISION AND DRAINAGE DEEP ABSCESS OR HEMATOMA	211.38	336.57	1/1/2009	
23031		3	INCISION AND DRAINAGE INFECTED BURSA	174.92	306.45	1/1/2009	
23035		3	INCISION DEEP WITH OPENING OF CORTEX FOR OSTEOMYEL	563.85	563.85	1/1/2009	
23040		3	INCISION OF SHOULDER JOINT	592.27	592.27	1/1/2009	
23044		3	INCISION, COLLARBONE JOINT	469.27	469.27	1/1/2009	
23065		3	BIOPSY,SOFT TISSUE SHOULDER; SUPERFICIAL	136.98	171.84	1/1/2009	
23066		3	BIOPSY SOFT TISSUES DEEP	276.15	401.34	1/1/2009	
23075		3	EXCISION TUMOR SHOULDER; SUBCUTANEOUS.	145.74	206.28	1/1/2009	
23076		3	EXCISION, TUMOR, SHOULDER AREA;	462.87	462.87	1/1/2009	
23077		3	RADICAL RESECTION OF TUMOR; SOFT TUSSUE SHOULDER.	986.30	986.30	1/1/2009	
23100		3	INCISION SHOULDER JOINT	398.60	398.60	1/1/2009	
23101		3	INCISION OF SHOULDER JOINT	366.52	366.52	1/1/2009	
23105		3	ARTHROTOMY FOR SYNOVECTOMY: GLENOHUMERAL JNT.	523.30	523.30	1/1/2009	
23106		3	ARTHROTOMY FOR SYNOVECTOMY, STERNOCLAVICULAR JNT	389.09	389.09	1/1/2009	
23107		3	ARTHROTOMY,GLENOHUMERAL JNT,W EXPLORATION.	543.88	543.88	1/1/2009	
23120		3	AMB SURG CLAVICULECTOMY PARTIAL	469.68	469.68	1/1/2009	
23125		3	CLAVICULECTOMY; TOTAL	579.11	579.11	1/1/2009	
23130		3	ACROMIONECTOMY PARTIAL OR TOTAL	494.09	494.09	1/1/2009	
23140		3	REMOVAL BONE LESION	421.80	421.80	1/1/2009	
23145		3	EXCISION OF BONE CYST CLAVICE, SCAPULA	568.38	568.38	1/1/2009	
23146		3	EXCISION OF BONE LESION OF SCAPULA WITH ALLOGRAFT.	493.49	493.49	1/1/2009	
23150		3	REMOVAL BONE LESION	537.76	537.76	1/1/2009	
23155		3	REMOVAL BONE CYST; HUMERUS W AUTOGRAFT.	651.93	651.93	1/1/2009	
23156		3	REMOVAL BONE CYST; HUMERUS,W ALLOGRAFT.	553.59	553.59	1/1/2009	
23170		3	SEQUESTRECTOMY FOR OSTEOMYELITIS BONE ABCESS CLAVI	434.94	434.94	1/1/2009	
23172		3	SEQUESTRECTOMY FOR OSTEOMYELITIS OF BONE ABCESS SC	445.80	445.80	1/1/2009	
23174		3	SEQUESTREC FOR OSTEMYELITIS OR BONE ABCESS HUMER	618.77	618.77	1/1/2009	
23180		3	PARTIAL EXCISION OF BONE FOR OSTEOMYELITIS CLAVICL	562.72	562.72	1/1/2009	
23182		3	REMOVAL BONE LESION	542.78	542.78	1/1/2009	
23184		3	REMOVAL BONE LESION	613.23	613.23	1/1/2009	
23190		3	PARTIAL REMOVAL OF SHOULDER	456.66	456.66	1/1/2009	
23195		3	REMOVAL OF HEAD OF HUMERUS	620.32	620.32	1/1/2009	
23200		3	REMOVAL OF COLLARBONE	733.35	733.35	1/1/2009	
23210		3	REMOVAL OF SHOULDERBLADE	766.93	766.93	1/1/2009	
23220		3	RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS;	888.75	888.75	1/1/2009	
23221		3	PARTIAL REMOVAL OF HUMERUS	1038.60	1038.60	1/1/2009	
23222		3	PARTIAL REMOVAL OF HUMERUS	1414.80	1414.80	1/1/2009	
23330		3	REMOVAL FOREIGN BODY, SUBCUTANEOUS, SHOULDER.	121.26	177.68	1/1/2009	

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
23331		3	REMOVAL OF PROSTHETIC DEVICE	481.41	481.41	1/1/2009	
23332		3	REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHC	733.17	733.17	1/1/2009	
23350		3	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY OR ENHANCEC	47.29	127.80	1/1/2009	
23395		3	MUSCLE TRANSFER ANY TYPE FOR PARALYSIS OF SHOULDER	1069.28	1069.28	1/1/2009	
23397		3	MUSCLE TRANSFERS, MULTIPLE	958.27	958.27	1/1/2009	
23400		3	SCAPULOPEXY	811.35	811.35	1/1/2009	
23405		3	TENOMYOTOMY SINGLE	520.64	520.64	1/1/2009	
23406		3	TENOMYOTOMY MULTIPLE THRU SAME INCISION	651.69	651.69	1/1/2009	
23410		3	REPAIR OF RUPTURED SUPRASPINATUS TENDON, ACUTE	690.85	690.85	1/1/2009	
23412		3	REPAIR OF RUPTURED SUPRASPINATU TENDON; CHRONIC.	722.12	722.12	1/1/2009	
23415		3	RELEASE OF SHOULDER LIGAMENT.	574.54	574.54	1/1/2009	
23420		3	REPAIR OF SHOULDER INJURY	809.54	809.54	1/1/2009	
23430		3	REPAIR RUPTURED TENDON.	612.56	612.56	1/1/2009	
23440		3	REMOVAL/TRANSPLANT TENDON	632.23	632.23	1/1/2009	
23450		3	CAPSULORRHAPHY REPAIR SHOULDER.	794.18	794.18	1/1/2009	
23455		3	REPAIR SHOULDER CAPSULE	847.27	847.27	1/1/2009	
23460		3	REPAIR SHOULDER CAPSULE.	916.94	916.94	1/1/2009	
23462		3	REPAIR SHOULDER CAPSULE.	900.00	900.00	1/1/2009	
23465		3	REPAIR SHOULDER CAPSULE.	938.73	938.73	1/1/2009	
23466		3	CAPSULORRHAPHY FOR RECURRENT DISLOCATION.	924.30	924.30	1/1/2009	
23470		3	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	1021.76	1021.76	1/1/2009	
23472		3	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AN	1266.39	1266.39	1/1/2009	
23480		3	AMB SURG OSTEOTOMY CLAVICLE W/WO INTERNAL FIXATION	681.81	681.81	1/1/2009	
23485		3	OSTEOTOMY CLAVICLE, WITH BONE GRAFT.	806.35	806.35	1/1/2009	
23490		3	PROPHLACTIC TX OF CLAVICLE.	696.43	696.43	1/1/2009	
23491		3	PROPHYLACTIC TX PROXIMAL HUMEROUS/HUMERAL HEAD.	848.77	848.77	1/1/2009	
23500		3	TREATMENT CLAVICLE FRACTURE	163.80	164.75	1/1/2009	
23505		3	TREATMENT CLAVICLE FRACTURE	258.66	272.29	1/1/2009	
23515		3	REPAIR CLAVICLE FRACTURE	578.09	578.09	1/1/2009	
23520		3	TREATMENT OF CLAVICLE DISLOCATION.	171.85	170.90	1/1/2009	
23525		3	TREATMENT CLAVICLE DISLOCATION W MANIPULATION	249.84	266.32	1/1/2009	
23530		3	OPEN TX CLAVICLE DISLOCATION.	443.08	443.08	1/1/2009	
23532		3	OPEN TX OF CLOSED/OPEN STERNOCLAV DISLOCATION.	509.03	509.03	1/1/2009	
23540		3	TX CLOSED CLAVICLE DISLOCATION.	166.82	169.04	1/1/2009	
23545		3	TX CLOSED CLAVICLE DISLOCATION W MANIPULATION.	225.95	244.33	1/1/2009	
23550		3	OPEN REPAIR CLAVICLE DISLOCATION.	469.48	469.48	1/1/2009	
23552		3	OPEN REPAIR CLAVICLE DISLOCATION	540.89	540.89	1/1/2009	
23570		3	TX OF CLOSED SCAPULAR FX.	178.49	176.27	1/1/2009	
23575		3	REPAIR SCAPULA FX W MANIPULATION.	285.19	301.67	1/1/2009	
23585		3	REPAIR SCAPULA FRACTURE	786.84	786.84	1/1/2009	
23600		3	TX HUMEROUS FRACTURE	228.26	246.01	1/1/2009	
23605		3	REPAIR HUMERUS FRACTURE	338.37	364.99	1/1/2009	
23615		3	REPAIR HUMERUS FX W/WO TUBEROSITY	718.91	718.91	1/1/2009	
23616		3	OPEN TX PROXIMAL HUMERAL FX PROSTHETIC REPLACE	1075.07	1075.07	1/1/2009	
23620		3	TX HUMERUS FRACTURE.	191.54	202.64	1/1/2009	
23625		3	REPAIR HUMERUS FRACTURE	278.67	295.79	1/1/2009	
23630		3	REPAIR HUMERUS FRACTURE	617.17	617.17	1/1/2009	
23650		3	REPAIR SHOULDER DISLOCATION.	211.86	230.56	1/1/2009	
23655		3	REPAIR SHOULDER DISLOCATION	307.08	307.08	1/1/2009	
23660		3	REPAIR SHOULDER DISLOCATION	475.92	475.92	1/1/2009	
23665		3	REPAIR DISLOCATION/FRACTURE	311.06	329.45	1/1/2009	
23670		3	REPAIR DISLOCATION/FRACTURE	694.24	694.24	1/1/2009	
23675		3	REPAIR DISLOCATION/FRACTURE	400.58	431.01	1/1/2009	
23680		3	REPAIR DISLOCATION/FRACTURE	751.76	751.76	1/1/2009	
23700		3	FIXATION OF SHOULDER	159.97	159.97	1/1/2009	
23800		3	FUSION OF SHOULDER JNT	854.16	854.16	1/1/2009	
23802		3	FUSION OF SHOULDER JOINT	1038.30	1038.30	1/1/2009	
23900		3	AMPUTATION OF ARM	1111.31	1111.31	1/1/2009	
23920		3	AMPUTATION OF ARM	898.60	898.60	1/1/2009	
23921		3	DISARTICULATION OF SHOULDER;	324.84	324.84	1/1/2009	
23930		3	INCISION AND DRAINAGE DEEP ABSCESS OR HEMATOMA	177.63	279.69	1/1/2009	
23931		3	INCISION AND DRAINAGE INFECTED BURSA.	127.37	217.06	1/1/2009	
23935		3	INCISION DEEP W/OPENING OF CORTEX FOR OSTEOMYELITI	405.30	405.30	1/1/2009	
24000		3	INCISION OF ELBOW JOINT	385.41	385.41	1/1/2009	
24006		3	ARTHROTOMY ELBOW W/CAPSULAR RELEASE	585.00	585.00	1/1/2009	
24065		3	BIOPSY SOFT TISSUES SUPERFICIAL.	135.86	199.57	1/1/2009	
24066		3	BIOPSY SOFT TISSUES, DEEP.	325.01	464.46	1/1/2009	

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
24075		3	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUBCUTANEOUS	253.70	375.72	1/1/2009	
24076		3	EXCISION BENIGN TUMOR DEEP SUBFASCIAL OR INTRAMUSCULAR	388.15	388.15	1/1/2009	
24077		3	RADICAL RESECTION SOFT TISSUE TUMOR, ARM/ELBOW.	674.27	674.27	1/1/2009	
24100		3	ARTHROTOMY ELBOW WITH SYNOVIAL BIOPSY ONLY	328.55	328.55	1/1/2009	
24101		3	EXPLORATION OF ELBOW JOINT	404.98	404.98	1/1/2009	
24102		3	EXPLORATION ELBOW JOINT.	504.00	504.00	1/1/2009	
24105		3	AMB SURG EXCISION OLECRANON BURSA	270.53	270.53	1/1/2009	
24110		3	REMOVAL OF BONE LESION	476.11	476.11	1/1/2009	
24115		3	REMOVAL OF BONE LESION/GRAFT	602.88	602.88	1/1/2009	
24116		3	REMOVAL OF BONE LESION/GRAFT	716.71	716.71	1/1/2009	
24120		3	AMB SURG EXC BONE CYST/BENIGN TUMOR/OLECRANON	426.22	426.22	1/1/2009	
24125		3	REMOVAL OF BONE LESION/GRAFT	493.05	493.05	1/1/2009	
24126		3	REMOVAL OF BONE LESION/GRAFT	523.40	523.40	1/1/2009	
24130		3	REMOVAL OF HEAD OF RADIUS	411.21	411.21	1/1/2009	
24134		3	SEQUESTRECTOMY FOR OSTEOMYELITIS OR BONE ABSCESS	620.02	620.02	1/1/2009	
24136		3	SEQUESTRECTOMY FOR OSTEOMYELITIS OR BONE ABSCESS	490.87	490.87	1/1/2009	
24138		3	SEQUESTRECTOMY FOR OSTEOMYELITIS OR BONE ABSCESS	540.50	540.50	1/1/2009	
24140		3	PARTIAL REMOVAL OF BONE	590.12	590.12	1/1/2009	
24145		3	PARTIAL REMOVAL OF BONE	494.14	494.14	1/1/2009	
24147		3	PARTIAL REMOVAL OF BONE	512.63	512.63	1/1/2009	
24150		3	REMOVAL HUMERUS LESION.	808.43	808.43	1/1/2009	
24151		3	REMOVAL OF HUMERUS LESION	930.07	930.07	1/1/2009	
24152		3	REMOVAL RADIUS LESION.	607.40	607.40	1/1/2009	
24153		3	RADICAL RESECTION TUMOR RADIAL HEAD/NECK GRAFT.	651.57	651.57	1/1/2009	
24155		3	REMOVAL OF ELBOW JOINT	703.70	703.70	1/1/2009	
24160		3	REMOVAL PROSTHETIC DEVICE	495.71	495.71	1/1/2009	
24164		3	IMPLANT REMOVAL RADIAL HEAD	404.73	404.73	1/1/2009	
24200		3	REMOVAL OF FOREIGN BODY SUBCUTANEOUS	110.34	155.98	1/1/2009	
24201		3	REMOVAL OF FOREIGN BODY DEEP	295.93	435.07	1/1/2009	
24220		3	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	62.47	140.75	1/1/2009	
24300		3	MANIPULATION, ELBOW, UNDER ANESTHESIA	313.72	313.72	1/1/2009	
24301		3	MUSCLE OR TENDON TRANSFER ANY TYPE SINGLE	621.50	621.50	1/1/2009	
24305		3	TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON	473.41	473.41	1/1/2009	
24310		3	REVISION OF ARM TENDON	387.20	387.20	1/1/2009	
24320		3	REPAIR OF ARM TENDON	640.64	640.64	1/1/2009	
24330		3	REVISION OF ARM MUSCLES	590.47	590.47	1/1/2009	
24331		3	REVISION OF ARM MUSCLES	653.46	653.46	1/1/2009	
24332		3	TENOLYSIS, TRICEPS	493.88	493.88	1/1/2009	
24340		3	REPAIR OF RUPTURED TENDON	502.58	502.58	1/1/2009	
24342		3	REPAIR OF RUPTURED TENDON	649.58	649.58	1/1/2009	
24343		3	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	574.57	574.57	1/1/2009	
24344		3	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON	899.09	899.09	1/1/2009	
24345		3	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	570.99	570.99	1/1/2009	
24346		3	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON	900.97	900.97	1/1/2009	
24360		3	REPAIR ELBOW JOINT	747.27	747.27	1/1/2009	
24361		3	ARTHROPLASTY ELBOW W HUMERAL PROTHETIC REPLACEMENT	838.55	838.55	1/1/2009	
24362		3	REPAIR OF ELBOW JOINT	887.41	887.41	1/1/2009	
24363		3	ARTHROPLASTY W HUMERUS/ULNAR PROSTHETIC REPLACEMENT	1247.20	1247.20	1/1/2009	
24365		3	REPAIR OF HEAD OF RADIUS	526.32	526.32	1/1/2009	
24366		3	REPAIR OF HEAD OF RADIUS W IMPLANT.	564.20	564.20	1/1/2009	
24400		3	REVISION OF HUMERUS	681.42	681.42	1/1/2009	
24410		3	MULTIPLE OSTEOTOMIES HUMERUS.	872.57	872.57	1/1/2009	
24420		3	REPAIR OF HUMERUS	818.18	818.18	1/1/2009	
24430		3	REPAIR NONUNION HUMEROUS	870.42	870.42	1/1/2009	
24435		3	REPAIR/GRAFT OF HUMERUS	881.96	881.96	1/1/2009	
24470		3	REVISION OF ELBOW JOINT	519.73	519.73	1/1/2009	
24495		3	DECOMPRESSION OF FOREARM	538.85	538.85	1/1/2009	
24498		3	PROPHYLACTIC TX HUMERUS.	724.67	724.67	1/1/2009	
24500		3	TREATMENT HUMERUS FRACTURE	243.71	267.79	1/1/2009	
24505		3	TREATMENT HUMERUS FRACTURE	358.95	390.65	1/1/2009	
24515		3	REPAIR HUMERUS FRACTURE	725.84	725.84	1/1/2009	
24516		3	OPEN TX HUMERAL SHAFT FX W INTRAMEDULLARY IMPLANT	718.49	718.49	1/1/2009	
24530		3	TREATMENT HUMERUS FX W/O INTERCONDYLAR EXTENSION	262.43	288.42	1/1/2009	
24535		3	REPAIR HUMERUS FRACTURE	458.07	490.08	1/1/2009	
24538		3	FIXATION HUMERAL FX W/O INTERCONDYLAR EXTENSION	610.89	610.89	1/1/2009	
24545		3	REPAIR HUMERUS FX W/O INTERCONDYLAR EXTENSION	756.13	756.13	1/1/2009	
24546		3	OPEN TX HUMERAL SUPRA/TRANSCONDYLAR FX; W/O FIX.	878.62	878.62	1/1/2009	

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24560		3	TREAT HUMERUS FRACTURE	214.38	240.37	1/1/2009	
24565		3	REPAIR HUMERUS FRACTURE	374.13	402.66	1/1/2009	
24566		3	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACT	571.42	571.42	1/1/2009	
24575		3	REPAIR HUMERUS FRACTURE	606.44	606.44	1/1/2009	
24576		3	TREAT HUMERUS FRACTURE	227.99	252.71	1/1/2009	
24577		3	REPAIR HUMERUS FRACTURE	388.15	418.90	1/1/2009	
24579		3	REPAIR HUMERUS FRACTURE	690.11	690.11	1/1/2009	
24582		3	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTUR	637.56	637.56	1/1/2009	
24586		3	REPAIR ELBOW FRACTURE	914.18	914.18	1/1/2009	
24587		3	REPAIR ELBOW FX WITH IMPLANT	910.33	910.33	1/1/2009	
24600		3	TREATMENT OF CLOSED ELBOW DISLOCATION;	260.51	284.60	1/1/2009	
24605		3	TREATMENT OF CLOSED ELBOW DISLOCATION;	369.10	369.10	1/1/2009	
24615		3	REPAIR ELBOW DISLOCATION	590.92	590.92	1/1/2009	
24620		3	TREAT ELBOW FRACTURE	447.09	447.09	1/1/2009	
24635		3	REPAIR ELBOW FRACTURE	617.71	617.71	1/1/2009	
24640		3	TREAT ELBOW DISLOCATION	69.45	93.53	1/1/2009	
24650		3	TREAT RADIUS FRACTURE	176.85	194.91	1/1/2009	
24655		3	TREAT RADIUS FRACTURE	311.64	338.58	1/1/2009	
24665		3	REPAIR RADIUS FRACTURE	530.33	530.33	1/1/2009	
24666		3	REPAIR RADIUS FRACTURE	603.45	603.45	1/1/2009	
24670		3	TREAT ULNA FRACTURE	197.83	219.38	1/1/2009	
24675		3	TREAT ULNA FRACTURE	330.99	357.93	1/1/2009	
24685		3	REPAIR ULNA FRACTURE	532.69	532.69	1/1/2009	
24800		3	FUSION OF ELBOW JOINT	656.72	656.72	1/1/2009	
24802		3	FUSION/GRAFT OF ELBOW JOINT	832.30	832.30	1/1/2009	
24900		3	AMPUTATION OF ARM	593.07	593.07	1/1/2009	
24920		3	AMPUTATION OF ARM	589.37	589.37	1/1/2009	
24925		3	AMPUTATION, ARM THROUGH HUMERUS;	455.89	455.89	1/1/2009	
24930		3	AMPUTATION FOLLOW-UP SURGERY	625.34	625.34	1/1/2009	
24931		3	AMPUTATION FOLLOW-UP SURGERY	702.08	702.08	1/1/2009	
24935		3	REVISION OF AMPUTATION	852.19	852.19	1/1/2009	
24940		3	AMPUTATION OF ARM	978.79	978.79	1/1/2009	
25000		3	INCISION OF TENDON SHEATH	280.04	280.04	1/1/2009	
25001		3	INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CARPI RADIALIS	266.08	266.08	1/1/2009	
25020		3	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR E	464.67	464.67	1/1/2009	
25023		3	DECOMP FASCIOTOMY FLEX/EXTEN COMP W DEBR NONVIABLE	899.72	899.72	1/1/2009	
25024		3	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND	631.44	631.44	1/1/2009	
25025		3	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND	976.96	976.96	1/1/2009	
25028		3	INCISION AND DRAINAGE DEEP ABSCESS OR HEMATOMA	413.76	413.76	1/1/2009	
25031		3	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA	304.92	304.92	1/1/2009	
25035		3	INCISION DEEP W OPENING OF CORTEX FOR OSTEOMYELITI	528.37	528.37	1/1/2009	
25040		3	EXPLORTION OF WRIST JOINT	469.03	469.03	1/1/2009	
25065		3	BIOPSY SOFT TISSUES SUPERFICIAL.	133.93	197.95	1/1/2009	
25066		3	BIOPSY SOFT TISSUES DEEP	305.45	305.45	1/1/2009	
25075		3	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; SUB	267.60	267.60	1/1/2009	
25076		3	REMOVAL OF FOREARM LESION	361.31	361.31	1/1/2009	
25077		3	RADICAL RESECTION SOFT TISSUE TUMOR,FOREARM/WRIST	616.00	616.00	1/1/2009	
25085		3	CAPSULOTOMY WRIST	376.92	376.92	1/1/2009	
25100		3	BIOPSY OF WRIST JOINT	279.34	279.34	1/1/2009	
25101		3	ARTHROTOMY WITH JOINT EXPLORATION	329.56	329.56	1/1/2009	
25105		3	EXPLORATION OF WRIST JOINT	400.92	400.92	1/1/2009	
25107		3	ARTHROTOMY DIST RADIOULINAR JOINT EXCISION TRIANGU	498.75	498.75	1/1/2009	
25109		3	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR	426.92	426.92	1/1/2009	
25110		3	AMB SURG EXCISION LESION TENDON SHEATH	292.41	292.41	1/1/2009	
25111		3	AMB SURG EXCISION GANGLION WRIST PRIMARY	253.62	253.62	1/1/2009	
25112		3	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR);	310.95	310.95	1/1/2009	
25115		3	AMB SURG EXCISION BURSA WRIST/FOREARM	657.63	657.63	1/1/2009	
25116		3	REMOVAL WRIST/ROREARM LESION.	530.52	530.52	1/1/2009	
25118		3	EXPLORE WRIST TENDON SHEATH.	311.37	311.37	1/1/2009	
25119		3	SYNOVECTOMY WRIST W RESECTION OF ULNA.	413.05	413.05	1/1/2009	
25120		3	REMOVAL OF FOREARM LESION	452.42	452.42	1/1/2009	
25125		3	REMOVAL OF FOREARM LESION	527.34	527.34	1/1/2009	
25126		3	REMOVAL OF FOREARM LESION	532.72	532.72	1/1/2009	
25130		3	REMOVAL OF WRIST LESION	365.73	365.73	1/1/2009	
25135		3	REMOVAL OF WRIST LESION	457.45	457.45	1/1/2009	
25136		3	REMOVAL OF WRIST LESION	404.25	404.25	1/1/2009	
25145		3	SEQUESTRECTOMY FOR OSTEOMYELITIS OR BONE ABSCESS	464.74	464.74	1/1/2009	

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25150		3	PARTIAL EXC BONE FOR OSTEOMYELITIS ULNA	474.48	474.48	1/1/2009
25151		3	PARTIAL REMOVAL RADIUS/ULNA	523.98	523.98	1/1/2009
25170		3	REMOVAL RADIUS/ULNA LESION.	731.15	731.15	1/1/2009
25210		3	REMOVAL OF WRIST BONE	401.26	401.26	1/1/2009
25215		3	REMOVAL OF WRIST BONES	517.74	517.74	1/1/2009
25230		3	PARTIAL REMOVAL OF RADIUS	355.27	355.27	1/1/2009
25240		3	AMB SURG EXCISION DISTAL ULNA (DURRACH PROCEDURE)	359.99	359.99	1/1/2009
25246		3	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	68.75	143.23	1/1/2009
25248		3	EXPLORATION FOR REMOVAL OF DEEP FOREIGN BODY	358.30	358.30	1/1/2009
25250		3	REMOVAL OF WRIST PROSTHESIS SEPARATE PROCEDURE.	427.30	427.30	1/1/2009
25251		3	REMOVAL WRIST PROTHESIS COMPLICATED TOTAL WRIST.	585.07	585.07	1/1/2009
25259		3	MANIPULATION, WRIST, UNDER ANESTHESIA	314.65	314.65	1/1/2009
25260		3	AMB SURG REPAIR TENDON/MUSCLE PRIMARY SINGLE	555.44	555.44	1/1/2009
25263		3	REPAIR ADDITIONAL TENDON	554.62	554.62	1/1/2009
25265		3	REPAIR TENDON OR MUSCLE SECONDARY WITH FREE GRAFT	659.71	659.71	1/1/2009
25270		3	REPAIR TENDON OR MUSCLE EXTENSOR PRIMARY SINGLE EA	445.37	445.37	1/1/2009
25272		3	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST;	501.91	501.91	1/1/2009
25274		3	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SEC	595.75	595.75	1/1/2009
25275		3	REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FI	550.30	550.30	1/1/2009
25280		3	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TE	508.70	508.70	1/1/2009
25290		3	TENOTOMY OPEN SINGLE FLEXOR OR EXTENSOR TENDON EAC	429.29	429.29	1/1/2009
25295		3	TENOLYSIS SING FLEXOR OR EXTENSOR TENDON EACH TEND	473.23	473.23	1/1/2009
25300		3	FUSION OF WRIST TENDONS	560.46	560.46	1/1/2009
25301		3	FUSION OF WRIST TENDONS	533.75	533.75	1/1/2009
25310		3	TRANSPLANT WRIST TENDON	550.93	550.93	1/1/2009
25312		3	TRANSPLANT WRIST TENDON	639.03	639.03	1/1/2009
25315		3	REVISE PALSY HAND	685.51	685.51	1/1/2009
25316		3	REVISE PALSY HAND	794.05	794.05	1/1/2009
25320		3	REPAIR WRIST JOINT	788.77	788.77	1/1/2009
25332		3	REPAIR WRIST JOINT W INTERNAL FIXATION	698.26	698.26	1/1/2009
25335		3	CENTRALZATION OF HAND ON ULNA	792.88	792.88	1/1/2009
25337		3	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA	726.13	726.13	1/1/2009
25350		3	OSTEOTOMY RADIUS	607.19	607.19	1/1/2009
25355		3	OSTEOTOMY RADIUS	683.52	683.52	1/1/2009
25360		3	REVISION ULNA	589.04	589.04	1/1/2009
25365		3	REVISION RADIUS/ULNA	804.25	804.25	1/1/2009
25370		3	REVISION RADIUS OR ULNA	876.61	876.61	1/1/2009
25375		3	REVISION RADIUS AND ULNA	846.00	846.00	1/1/2009
25390		3	REVISE RADIUS OR ULNA	687.71	687.71	1/1/2009
25391		3	REVISE RADIUS OR ULNA	875.63	875.63	1/1/2009
25392		3	REVISE RADIUS & ULNA	888.91	888.91	1/1/2009
25393		3	REVISE/GRAFT RADIUS/ULNA	999.61	999.61	1/1/2009
25394		3	OSTEOPLASTY, CARPAL BONE, SHORTENING	641.42	641.42	1/1/2009
25400		3	REPAIR NONUNION/MALUNION RADIUS OR ULNA	721.64	721.64	1/1/2009
25405		3	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAF	918.88	918.88	1/1/2009
25415		3	REPAIR RADIUS AND ULNA	862.75	862.75	1/1/2009
25420		3	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRA	1028.31	1028.31	1/1/2009
25425		3	REPAIR/GRAFT RADIUS OR ULNA	886.90	886.90	1/1/2009
25426		3	REPAIR/GRAFT RADIUS AND ULNA	933.07	933.07	1/1/2009
25430		3	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HARI PROCE	584.32	584.32	1/1/2009
25431		3	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID	647.84	647.84	1/1/2009
25440		3	REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR \	643.49	643.49	1/1/2009
25441		3	ARTHROPLASTY PROSTHETIC REPLACE DISTAL RADIUS	780.67	780.67	1/1/2009
25442		3	ARTHROPLASTY W PROSTHETIC REPLACEMENT DISTAL ULNA	664.58	664.58	1/1/2009
25443		3	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (I	637.42	637.42	1/1/2009
25444		3	ARTHROPLASTY W PROSTHETIC REPLACEMENT LUNATE	680.25	680.25	1/1/2009
25445		3	ARTHROPLASTY W PROTHETIC REPLACEMENT TRAPEZIUM	595.32	595.32	1/1/2009
25446		3	ARTHROPLASTY W PROSTHETIC REPLACE DISTAL RAD/CARP	982.85	982.85	1/1/2009
25447		3	INTERPOSITION ARTHROPLASTY INTERCARPAL/CARPOMETA	671.63	671.63	1/1/2009
25449		3	ARTHROPLASTY W REMOVAL OF IMPLANT	860.53	860.53	1/1/2009
25450		3	REVISION OF WRIST JOINT	498.41	498.41	1/1/2009
25455		3	REVISION OF WRIST JOINT	568.71	568.71	1/1/2009
25490		3	PROPHYLACTIC TREATMENT RADIUS	625.61	625.61	1/1/2009
25491		3	PROPHYLACTIC TX ULNA	660.17	660.17	1/1/2009
25492		3	PROPHYLACTIC TX RADIUS AND ULNA	796.74	796.74	1/1/2009
25500		3	TREAT FRACTURE OF RADIUS	183.30	200.41	1/1/2009
25505		3	REPAIR FRACTURE OF RADIUS	364.05	392.58	1/1/2009

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25515		3	REPAIR FRACTURE OF RADIUS	548.31	548.31	1/1/2009	
25520		3	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE AND CLOSED TREATM	415.03	434.36	1/1/2009	
25525		3	OPEN TX RADIAL SHAFT FX & CLOSED TX RADIOULNAR JNT	662.74	662.74	1/1/2009	
25526		3	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/OF	813.85	813.85	1/1/2009	
25530		3	TREAT FRACTURE OF ULNA	174.55	193.56	1/1/2009	
25535		3	REPAIR FRACTURE OF ULNA	357.92	380.74	1/1/2009	
25545		3	REPAIR FRACTURE OF ULNA	512.47	512.47	1/1/2009	
25560		3	TREAT FRACTURE RADIUS & ULNA	182.32	202.92	1/1/2009	
25565		3	REPAIR FRACTURE RADIUS/ULNA	378.43	411.40	1/1/2009	
25574		3	OPEN TX RADIAL/ULNAR SHAFT FXS	539.42	539.42	1/1/2009	
25575		3	REPAIR FRACTURE RADIUS/ULNA	734.93	734.93	1/1/2009	
25600		3	TREAT FRACTURE RADIUS/ULNA	200.49	221.09	1/1/2009	
25605		3	REPAIR FRACTURE RADIUS/ULNA	459.39	484.11	1/1/2009	
25606		3	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR E	538.80	538.80	1/1/2009	
25607		3	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR E	583.49	583.49	1/1/2009	
25608		3	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR E	666.25	666.25	1/1/2009	
25609		3	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR E	851.17	851.17	1/1/2009	
25622		3	RX CLOSED CARPAL SCAPHOID FX WITHOUT MANIPULATION	204.69	226.56	1/1/2009	
25624		3	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE;	329.79	359.58	1/1/2009	
25628		3	OPEN RX CLOSED OR OPEN CARPAL SCAPHOID FRACTURE	586.33	586.33	1/1/2009	
25630		3	TREAT WRIST FRACTURE(S)	210.98	232.53	1/1/2009	
25635		3	REPAIR WRIST FRACTURE(S)	305.51	340.38	1/1/2009	
25645		3	OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL S	462.26	462.26	1/1/2009	
25650		3	TREATMENT OF CLOSED ULNAR STYLOID FRACTURE	224.12	242.50	1/1/2009	
25651		3	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	381.59	381.59	1/1/2009	
25652		3	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	503.66	503.66	1/1/2009	
25660		3	REPAIR WRIST DISLOCATION	318.84	318.84	1/1/2009	
25670		3	OPNE RX OF CLOSED OR OPEN RADIOCARPAL OR INTERCARP	498.99	498.99	1/1/2009	
25671		3	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATI	420.19	420.19	1/1/2009	
25675		3	REPAIR WRIST DISLOCATION	310.92	335.95	1/1/2009	
25676		3	REPAIR WRIST DISLOCATION	516.63	516.63	1/1/2009	
25680		3	REPAIR WRIST FRACTURE	369.47	369.47	1/1/2009	
25685		3	REPAIR WRIST FRACTURE	602.02	602.02	1/1/2009	
25690		3	REPAIR WRIST DISLOCATION	372.26	372.26	1/1/2009	
25695		3	REPAIR WRIST DISLOCATION	518.69	518.69	1/1/2009	
25800		3	FUSION OF WRIST	613.68	613.68	1/1/2009	
25805		3	FUSION/GRAFT OF WRIST	707.73	707.73	1/1/2009	
25810		3	FUSION/GRAFT OF WRIST	714.51	714.51	1/1/2009	
25820		3	INTERCARPAL FUSION WO BONE GRAFT	500.31	500.31	1/1/2009	
25825		3	INTERCARPAL FUSION W AUTOGENOUS BONE GRAFT	617.07	617.07	1/1/2009	
25830		3	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION	768.54	768.54	1/1/2009	
25900		3	AMPUTATION FOREARM THROUGH RADIUS AND ULNA	614.79	614.79	1/1/2009	
25905		3	AMPUTATION OF FOREARM	608.14	608.14	1/1/2009	
25907		3	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;	530.26	530.26	1/1/2009	
25909		3	AMPUTATION FOLLOW-UP SURGERY	597.83	597.83	1/1/2009	
25915		3	AMPUTATION OF FOREARM	1049.19	1049.19	1/1/2009	
25920		3	DISARTICULATION THROUGH WRIST	562.51	562.51	1/1/2009	
25922		3	DISARTICULATION W SECONDARY CLOSURE REVISION	475.37	475.37	1/1/2009	
25924		3	REAMPUTATION	549.25	549.25	1/1/2009	
25927		3	TRANSMETACARPAL AMPUTATION	636.04	636.04	1/1/2009	
25929		3	TRANSMETACARP AMPUT SEC CLOSURE OR SCAR REVISION	460.71	460.71	1/1/2009	
25931		3	TRANSMETACARPAL REAMPUTATION	579.08	579.08	1/1/2009	
26010		3	DRAINAGE OF FINGER ABSCESS	106.49	196.81	1/1/2009	
26011		3	DRAINAGE OF FINGER ABSCESS;	148.81	299.99	1/1/2009	
26020		3	DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH	343.03	343.03	1/1/2009	
26025		3	DRAINAGE OF PALM BURSA	335.49	335.49	1/1/2009	
26030		3	DRAINAGE OF PALM BURSAS	397.12	397.12	1/1/2009	
26034		3	INC DEEP W/OPEN CORTEX FOR OSTEO/BONE ABSCESS HAND	430.03	430.03	1/1/2009	
26035		3	DECOMPRESSION FINGER/HAND	672.25	672.25	1/1/2009	
26037		3	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)	464.34	464.34	1/1/2009	
26040		3	FASCIOTOMY PALMAR FOR DUPUYTREN CONTRACTURE OPEN P	245.54	245.54	1/1/2009	
26045		3	RELEASE PALM CONTRACTURE	375.67	375.67	1/1/2009	
26055		3	AMB SURG TENDON SHEATH INCISION FOR TRIGGER FINGER	234.78	437.94	1/1/2009	
26060		3	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT	210.11	210.11	1/1/2009	
26070		3	EXPLORATION OF HAND JOINT	240.28	240.28	1/1/2009	
26075		3	ARTHROTOMY WITH EXPLORATION METACARPOPHALANGEAL JO	254.30	254.30	1/1/2009	
26080		3	EXPLORATION OF FINGER JOINT	306.35	306.35	1/1/2009	

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26100		3	BIOPSY OF HAND JOINT	257.38	257.38	1/1/2009	
26105		3	ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH	263.32	263.32	1/1/2009	
26110		3	BIOPSY OF FINGER JOINT	252.68	252.68	1/1/2009	
26115		3	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND	286.26	482.13	1/1/2009	
26116		3	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND	386.05	386.05	1/1/2009	
26117		3	RADICAL RESECTION SOFT TISSUE TUMOR HAND/FINGER	529.36	529.36	1/1/2009	
26121		3	FASCIECTOMY PALMAR W/WO Z-PLASTY OR SKIN GRAFTING	485.83	485.83	1/1/2009	
26123		3	FASCIECTOMY, PALMAR WITH RELEASE OF SINGLE DIGIT.	665.31	665.31	1/1/2009	
26125		3	FASCIECTOMY, PALMER W/ RELEASE ADDITIONAL DIGITS.	240.01	240.01	1/1/2009	
26130		3	EXPLORATION HAND JOINT	367.28	367.28	1/1/2009	
26135		3	EXPLORATION FINGER JOINT	447.91	447.91	1/1/2009	
26140		3	AMB SURG SYNOVECTOMY INTERPHALANGEAL JOINT	406.81	406.81	1/1/2009	
26145		3	TENDON EXCISION PALM/DIGIT	413.67	413.67	1/1/2009	
26160		3	EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE (EG, CYST,	256.29	439.48	1/1/2009	
26170		3	REMOVAL OF PALM TENDON	324.66	324.66	1/1/2009	
26180		3	REMOVAL OF FINGER TENDON	354.95	354.95	1/1/2009	
26200		3	AMB SURG EXCISION/CURRENTTAGE BONE CYST METACARPAL	364.92	364.92	1/1/2009	
26205		3	REMOVAL/GRAFT JOINT LESION	491.14	491.14	1/1/2009	
26210		3	REMOVAL OF FINGER LESION	353.19	353.19	1/1/2009	
26215		3	REMOVAL/GRAFT FINGER LESION	450.12	450.12	1/1/2009	
26230		3	PARTIAL REMOVAL OF HAND BONE	408.83	408.83	1/1/2009	
26235		3	PARTIAL REMOVAL FINGER BONE	401.47	401.47	1/1/2009	
26236		3	PARTIAL REMOVAL FINGER BONE	355.30	355.30	1/1/2009	
26250		3	REMOVAL OF HAND BONE	474.78	474.78	1/1/2009	
26255		3	REMOVAL/GRAFT OF HAND BONE	725.34	725.34	1/1/2009	
26260		3	RADICAL RESECTION FOR TUMOR OF FINGER	444.57	444.57	1/1/2009	
26261		3	PARTIAL REMOVAL/GRAFT FINGER	551.91	551.91	1/1/2009	
26262		3	RADICAL RESECTION FOR TUMOR OF FINGER	370.72	370.72	1/1/2009	
26320		3	REMOVAL OF IMPLANT HAND	276.06	276.06	1/1/2009	
26340		3	MANIPULATION FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	245.62	245.62	1/1/2009	
26350		3	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLE	569.20	569.20	1/1/2009	
26352		3	REMOVAL/GRAFT TENDON	649.18	649.18	1/1/2009	
26356		3	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR	848.37	848.37	1/1/2009	
26357		3	FLEXOR TENDON REPAIR SECONDARY EACH TENDON	697.99	697.99	1/1/2009	
26358		3	REPAIR/GRAFT TENDON	738.25	738.25	1/1/2009	
26370		3	REPAIR TENDON	617.68	617.68	1/1/2009	
26372		3	REPAIR/GRAFT TENDON	717.55	717.55	1/1/2009	
26373		3	PROFUNDUS TENDON REPAIR SECONDARY WITHOUT FREE GRA	681.58	681.58	1/1/2009	
26390		3	EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOI	671.73	671.73	1/1/2009	
26392		3	REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAF	784.34	784.34	1/1/2009	
26410		3	AMB SURG EXTENSOR TENDON REPAIR DORSUM OF HAND	452.26	452.26	1/1/2009	
26412		3	REPAIR/GRAFT TENDON	550.88	550.88	1/1/2009	
26415		3	EXCISION OF EXTENSOR TENDON, WITH IMPLANTATION OF SYNTHETIC R	583.25	583.25	1/1/2009	
26416		3	REMOVAL OF SYNTHETIC ROD AND INSERTION OF EXTENSOR TENDON GI	625.53	625.53	1/1/2009	
26418		3	REPAIR TENDON	453.23	453.23	1/1/2009	
26420		3	REPAIR/GRAFT TENDON	572.93	572.93	1/1/2009	
26426		3	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTO	462.87	462.87	1/1/2009	
26428		3	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTO	602.41	602.41	1/1/2009	
26432		3	AMB SURG REPAIR MULLET FINGER DEFORMITY	395.49	395.49	1/1/2009	
26433		3	REPAIR TENDON	424.92	424.92	1/1/2009	
26434		3	REPAIR/GRAFT TENDON	511.41	511.41	1/1/2009	
26437		3	EXTENSOR TENDON REALIGNMENT	498.12	498.12	1/1/2009	
26440		3	AMB SURG TENOLYSIS FLEXOR TENDON HAND	498.39	498.39	1/1/2009	
26442		3	RELEASE TENDON PALM & FINGER	759.15	759.15	1/1/2009	
26445		3	TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER; EACH TENDON	461.74	461.74	1/1/2009	
26449		3	RELEASE TENDON FOREARM	611.14	611.14	1/1/2009	
26450		3	INCISION OF TENDON	321.22	321.22	1/1/2009	
26455		3	INCISION OF TENDON	319.02	319.02	1/1/2009	
26460		3	TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH TENDON	309.99	309.99	1/1/2009	
26471		3	FUSION OF TENDONS	490.70	490.70	1/1/2009	
26474		3	FUSION OF TENDON	470.24	470.24	1/1/2009	
26476		3	TENDON LENGTHENING EXTENSOR SINGLE EACH	457.86	457.86	1/1/2009	
26477		3	TENDON SHORTENING EXTENSOR SINGLE EACH	461.70	461.70	1/1/2009	
26478		3	TENDON LENGTHENING FLEXOR HAND/FINGER	501.77	501.77	1/1/2009	
26479		3	TENDON SHORTENING FLEXOR HAND/FINGER	496.35	496.35	1/1/2009	
26480		3	TENDON TRANSPLANT	603.04	603.04	1/1/2009	
26483		3	TENDON TRANSPLANT	682.73	682.73	1/1/2009	

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26485		3	TENDON TRANSPLANT	653.47	653.47	1/1/2009
26489		3	TENDON TRANSPLANT & GRAFT	709.73	709.73	1/1/2009
26490		3	TENDON TRANSFER	633.77	633.77	1/1/2009
26492		3	TENDON TRANSFER WITH GRAFT	706.96	706.96	1/1/2009
26494		3	TENDON/MUSCLE TRANSFER	641.47	641.47	1/1/2009
26496		3	REPAIR THUMB TENDON	696.85	696.85	1/1/2009
26497		3	SUBLIMIS TRANSFER TO CORRECT CLAW FINGER IV AND V	697.20	697.20	1/1/2009
26498		3	SUBLIMIS TRANSFER TO CORRECT CLAW FINGER 2/3/4/5	934.55	934.55	1/1/2009
26499		3	CORRECTION CLAW FINGER, OTHER METHODS	665.85	665.85	1/1/2009
26500		3	TENDON RECONSTRUCTION	501.23	501.23	1/1/2009
26502		3	TENDON RECONSTRUCTION/GRAFT	566.94	566.94	1/1/2009
26508		3	RELEASE THUMB CONTRACTURE	504.05	504.05	1/1/2009
26510		3	CROSS INTRINSIC TRANSFER, EACH TENDON	477.20	477.20	1/1/2009
26516		3	FUSION OF KNUCKLE JOINT	565.37	565.37	1/1/2009
26517		3	FUSION OF KNUCKLE JOINTS	666.93	666.93	1/1/2009
26518		3	FUSION OF KNUCKLE JOINTS	673.40	673.40	1/1/2009
26520		3	RELEASE KNUCKLE CONTRACTURE	521.13	521.13	1/1/2009
26525		3	RELEASE FINGER CONTRACTURE	523.33	523.33	1/1/2009
26530		3	REPAIR KNUCKLE	434.23	434.23	1/1/2009
26531		3	REPAIR KNUCKLE WITH IMPLANT	505.82	505.82	1/1/2009
26535		3	REPAIR FINGER JOINT	326.01	326.01	1/1/2009
26536		3	REPAIR FINGER JOINT-IMPLANT	537.84	537.84	1/1/2009
26540		3	RECONSTRUCTION COLLATERAL LIGAMENT METACARPOPHALAN	530.07	530.07	1/1/2009
26541		3	RECONSTRUCT COLLATERAL LIG METACARPO JT WITH TENDO	649.78	649.78	1/1/2009
26542		3	PRIM REPAIR COLLATERAL LIGAMENT W/ LOCAL TISSUE	548.42	548.42	1/1/2009
26545		3	RECONSTRUCT FINGER JOINT	558.33	558.33	1/1/2009
26548		3	REPAIR/RECONSTRUCT FINGER VOLAR PLATE	615.78	615.78	1/1/2009
26550		3	CONSTRUCT THUMB REPLACEMENT	1225.99	1225.99	1/1/2009
26555		3	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR A	1120.06	1120.06	1/1/2009
26560		3	AMB SURG REPAIR SYNDACTYLY FINGERS	456.16	456.16	1/1/2009
26561		3	REPAIR WEB FINGER	737.01	737.01	1/1/2009
26562		3	REPAIR WEB FINGER COMPLEX	1073.94	1073.94	1/1/2009
26565		3	AMB SURG OSTEOTOMY CORRECTION DEFORMITY METACARPAL	543.44	543.44	1/1/2009
26567		3	AMB SURG OSTEOTOMY CORRECT DEFORMITY PHALANX	548.95	548.95	1/1/2009
26568		3	OSTEOPLASTY FOR LENGTHENING OF METACARPAL/PHALANX	723.03	723.03	1/1/2009
26580		3	REPAIR HAND DEFORMITY	1145.74	1145.74	1/1/2009
26587		3	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE	786.73	786.73	1/1/2009
26590		3	REPAIR MACRODACTYLIA, EACH DIGIT	1045.13	1045.13	1/1/2009
26591		3	REPAIR INTRINSIC MUSCLES OF HAND	346.94	346.94	1/1/2009
26593		3	RELEASE INTRINSIC MUSCLES OF HAND	475.75	475.75	1/1/2009
26596		3	EXCISION OF CONSTRICTING RING W Z-PLASTICS	595.89	595.89	1/1/2009
26600		3	TREAT METACARPAL FRACTURE	195.44	210.97	1/1/2009
26605		3	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE;	223.21	243.81	1/1/2009
26607		3	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION,	352.88	352.88	1/1/2009
26608		3	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH	381.07	381.07	1/1/2009
26615		3	AMB SURG OPEN REDUCTION METACARPAL FRACTURE	443.38	443.38	1/1/2009
26641		3	TREATMENT CARPOMETACARP DISLOC THUMB W/MANIPULATIO	258.38	281.52	1/1/2009
26645		3	REPAIR THUMB DISLOCATION	297.66	321.43	1/1/2009
26650		3	AMB SURG CLOSED REDUCTION BENNETT FX PIN FIXATION	380.80	380.80	1/1/2009
26665		3	REPAIR THUMB DISLOCATION	492.44	492.44	1/1/2009
26670		3	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAI	230.75	254.52	1/1/2009
26675		3	REPAIR HAND DISLOCATION	318.19	342.91	1/1/2009
26676		3	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATI	399.27	399.27	1/1/2009
26685		3	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN T	454.72	454.72	1/1/2009
26686		3	OPEN TREAT CLO/OPEN CARPOMETACA DISLO CMPL/MUL/DEL	504.99	504.99	1/1/2009
26700		3	REPAIR FINGER DISLOCATION	227.34	243.19	1/1/2009
26705		3	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLI	289.93	314.33	1/1/2009
26706		3	TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATIO	346.92	346.92	1/1/2009
26715		3	REPAIR FINGER DISLOCATION	444.05	444.05	1/1/2009
26720		3	TREAT FINGER FRACTURES	134.14	146.18	1/1/2009
26725		3	RX CLOSED PHALANGEAL SHAFT FX PROX OR MID PHALANX	236.69	262.36	1/1/2009
26727		3	REPAIR FINGER FRACTURES	374.47	374.47	1/1/2009
26735		3	REPAIR FINGER FRACTURES	462.72	462.72	1/1/2009
26740		3	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPC	160.17	170.32	1/1/2009
26742		3	TX CLOSED ARTICULAR FX OF FINGERS W MANIPULATION	262.86	287.90	1/1/2009
26746		3	OPEN RX CLOSED OR OPEN ARTICULAR FX EACH	567.99	567.99	1/1/2009
26750		3	TREAT FINGER FRACTURE	133.49	136.98	1/1/2009

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26755		3	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR TH	211.18	240.98	1/1/2009	
26756		3	TX OF CLOSED DISTAL PHALANGEAL FX W PINNING	329.56	329.56	1/1/2009	
26765		3	OPEN RX CLOSED OR OPEN DISTAL PHALANGEAL FX FINGER	375.71	375.71	1/1/2009	
26770		3	REPAIR FINGER DISLOCATION	189.34	206.13	1/1/2009	
26775		3	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE	264.22	292.74	1/1/2009	
26776		3	TX OF CLOSED INTERPHALANGEAL JOINT DISLOCATION	350.93	350.93	1/1/2009	
26785		3	OPEN RX CLOSED OR OPEN INTERPHALANGEAL JOINT DISLO	410.38	410.38	1/1/2009	
26820		3	THUMB FUSION WITH GRAFT	634.71	634.71	1/1/2009	
26841		3	THUMB FUSION	586.44	586.44	1/1/2009	
26842		3	THUMB FUSION WITH GRAFT	638.42	638.42	1/1/2009	
26843		3	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, E	590.77	590.77	1/1/2009	
26844		3	AMB SURG ARTHRODESIS FINGERS (26843-26860)	659.86	659.86	1/1/2009	
26850		3	AMB SURG ARTHRODESIS FINGERS (26843-26860)	559.28	559.28	1/1/2009	
26852		3	AMB SURG ARTHRODESIS FINGERS (26843-26860)	642.51	642.51	1/1/2009	
26860		3	AMB SURG ARTHRODESIS FINGERS	446.44	446.44	1/1/2009	
26861		3	ARTHRODESIS EACH ADDITIONAL INTERPHALANGEAL JOINT	90.52	90.52	1/1/2009	
26862		3	AMB SURG ARTHRODESIS WITH AUTOGENOUS GRAFT	583.39	583.39	1/1/2009	
26863		3	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL F	201.86	201.86	1/1/2009	
26910		3	AMPUTATION METACARPAL BONE	575.14	575.14	1/1/2009	
26951		3	AMB SURG AMPUTATION FINGER/ANY JOINT PRIMARY/SECON	495.08	495.08	1/1/2009	
26952		3	AMPUTATION OF FINGER	519.70	519.70	1/1/2009	
26990		3	INCISION/DRAINAGE ABSCESS OR HEMATOMA	503.67	503.67	1/1/2009	
26991		3	INCISION/DRAINAGE INFECTED BURSA	426.15	558.63	1/1/2009	
26992		3	INCIS W/OPEN BONE CORT EX FOR OSTEOMYELITIS OR BON	796.50	796.50	1/1/2009	
27000		3	AMB SURG TENOTOMY ADDUCTOR UNILATERAL HIP	365.76	365.76	1/1/2009	
27001		3	AMB SURG TENOTOP ADDUCTOR OPEN HIP	444.08	444.08	1/1/2009	
27003		3	INCISION OF HIT TENDON	477.05	477.05	1/1/2009	
27005		3	TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)	603.23	603.23	1/1/2009	
27006		3	TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE	609.32	609.32	1/1/2009	
27025		3	INCISION OF HIP FASCIA	739.24	739.24	1/1/2009	
27030		3	DRAINAGE OF HIP JOINT	788.97	788.97	1/1/2009	
27033		3	EXPLORATION OF HIP JOINT	816.79	816.79	1/1/2009	
27035		3	HIP JOINT DEVERVATION FEMORAL OR OBTURATOR NERVES	917.45	917.45	1/1/2009	
27040		3	BIOPSY SOFT TISSUE SUPERFICIAL	167.64	271.28	1/1/2009	
27041		3	BIOPSY SOFT TISSUE DEEP	571.17	571.17	1/1/2009	
27047		3	EXCISION BENIGN TUMOR SUBCUTANEOUS	426.12	503.13	1/1/2009	
27048		3	EXCISION BENIGN TUMOR DEEP	390.55	390.55	1/1/2009	
27049		3	RADICAL RESECTION SOFT TISSUE TUMOR PELVIS/HIP	832.00	832.00	1/1/2009	
27050		3	BIOPSY OF SACROILIAC JOINT	285.50	285.50	1/1/2009	
27052		3	BIOPSY OF HIP JOINT	455.43	455.43	1/1/2009	
27054		3	ARTHROTOMY WITH SYNOVECTOMY, HIP JOINT	559.85	559.85	1/1/2009	
27060		3	REMOVAL OF ISCHIAL BURSA	352.34	352.34	1/1/2009	
27062		3	REMOVAL OF FEMUR LESION	367.21	367.21	1/1/2009	
27065		3	REMOVAL OF HIP BONE LESION	409.94	409.94	1/1/2009	
27066		3	EXCISION OF BONE CYST OR TUMOR DEEP WITH OR WITHOU	668.12	668.12	1/1/2009	
27067		3	EXCISION BENIGN TUMOR W/BONE GRAFT REQ SEPERATE IN	848.73	848.73	1/1/2009	
27070		3	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELI	699.38	699.38	1/1/2009	
27071		3	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELI	750.70	750.70	1/1/2009	
27075		3	RADICAL RESECTION OF TUMOR OR INFECTION; WING OF ILIUM, ONE PUB	1947.28	1947.28	1/1/2009	
27076		3	PARTIAL REMOVAL OF HIP BONE	1340.61	1340.61	1/1/2009	
27077		3	REMOVAL OF HIP BONE	2250.48	2250.48	1/1/2009	
27078		3	PARTIAL REMOVAL OF HIP BONES	845.18	845.18	1/1/2009	
27079		3	RADICAL RESECTION OF TUMOR OR INFECTION;	811.21	811.21	1/1/2009	
27080		3	COCCYGECTOMY PRIMARY	405.32	405.32	1/1/2009	
27086		3	REMOVAL FOREIGN BODY SUBTANEOUS TISSUE	121.22	194.11	1/1/2009	
27087		3	REMOVAL OF FOREIGN BODY DEEP TISSUE	521.75	521.75	1/1/2009	
27090		3	REMOVAL OF HIP PROSTHESIS	691.07	691.07	1/1/2009	
27091		3	REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PRI	1343.39	1343.39	1/1/2009	
27093		3	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY;	63.21	157.34	1/1/2009	
27095		3	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY WITH ANES	72.18	189.77	1/1/2009	
27096		3	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHOGRAPHY AND/OR	60.80	144.79	1/1/2009	
27097		3	HAMSTRING RECESSON PROXIMAL	550.80	550.80	1/1/2009	
27098		3	ADDUCT TRANSF TO ISHIUM	515.25	515.25	1/1/2009	
27100		3	TRANSFER OF ABDOMINAL MUSCLE	679.00	679.00	1/1/2009	
27105		3	TRANSFER OF SPINAL MUSCLE	711.22	711.22	1/1/2009	
27110		3	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR	795.39	795.39	1/1/2009	
27111		3	TRANSFER ILIOPSOAS TO FEMORAL NECK	710.15	710.15	1/1/2009	

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27120		3	RECONSTRUCTION OF HIP	1080.32	1080.32	1/1/2009
27122		3	ACETABULOPLASTY; RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PR	924.15	924.15	1/1/2009
27125		3	HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BI	941.37	941.37	1/1/2009
27130		3	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC RE	1215.38	1215.38	1/1/2009
27132		3	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY	1420.91	1420.91	1/1/2009
27134		3	REVISION OF TOTAL HIP, BOTH COMPONENTS	1650.15	1650.15	1/1/2009
27137		3	REVISION OF TOTAL HIP, ACETABULAR COMPONENT ONLY	1256.35	1256.35	1/1/2009
27138		3	REVISION OF TOTAL HIP, FEMORAL COMPONENT ONLY	1307.94	1307.94	1/1/2009
27140		3	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER OF FEMUR (SEF	749.22	749.22	1/1/2009
27146		3	INCISION OF HIP BONE	1058.99	1058.99	1/1/2009
27147		3	OSTEOTOMY WITH OPEN REDUCTION OF HIP	1234.37	1234.37	1/1/2009
27151		3	INCISION OF HIP BONES	1288.86	1288.86	1/1/2009
27156		3	REVISION OF HIP BONES	1441.52	1441.52	1/1/2009
27158		3	OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFORMATION)	1158.29	1158.29	1/1/2009
27161		3	INCISION OF NECK OF FEMUR	1023.40	1023.40	1/1/2009
27165		3	OSTEOTOMY INCLUDING INTERNAL OR EXTERNAL FIXATION	1143.76	1143.76	1/1/2009
27170		3	REPAIR/GRAFT FEMUR	991.01	991.01	1/1/2009
27175		3	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS;	549.69	549.69	1/1/2009
27176		3	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS;	759.84	759.84	1/1/2009
27177		3	REPAIR SLIPPED EPIPHYSIS	927.93	927.93	1/1/2009
27178		3	OPEN RX SLIPPED FEM EPIPHYSIS CLOSED MANIP W/SINGL	752.05	752.05	1/1/2009
27179		3	REVISION OF NECK OF FEMUR	810.42	810.42	1/1/2009
27181		3	FIXATION SLIPPED EPIPHYSIS	903.32	903.32	1/1/2009
27185		3	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROC	572.99	572.99	1/1/2009
27187		3	PROPHYLACTIC TX FEMORAL NECK AND PROXIMAL FEMUR	830.81	830.81	1/1/2009
27193		3	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTA	382.00	378.83	1/1/2009
27194		3	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTA	592.61	592.61	1/1/2009
27200		3	REPAIR TAIL BONE FRACTURE	139.56	136.71	1/1/2009
27202		3	REPAIR TAIL BONE FRACTURE	522.77	522.77	1/1/2009
27215		3	OPEN TX OF ILIAC SPINE S/INTERNAL FIXATION	613.73	613.73	1/1/2009
27216		3	PERCUTANEOUS SKELETAL FX POST PELVIC RING FX/DISLOCATION	898.35	898.35	1/1/2009
27217		3	OPEN TX ANT. RING FX/DISLOCATION W/INTERNAL FIX	849.59	849.59	1/1/2009
27218		3	OPEN TX POST RING FX/DISLOCATION W/INTERNAL FIX.	1163.13	1163.13	1/1/2009
27220		3	TREATMENT HIP SOCKET FRACTURE	424.00	426.86	1/1/2009
27222		3	REPAIR HIP SOCKET FRACTURE	814.54	814.54	1/1/2009
27226		3	OPEN TX POST/ANT. ACETABULAR WALL FX, INTERNAL FIX	868.38	868.38	1/1/2009
27227		3	OPEN TREATMENT ACETABULAR FX W/INTERNAL FIX.	1407.41	1407.41	1/1/2009
27228		3	OPEN TX ACETABULAR FX W/INTERNAL FIXATION	1612.66	1612.66	1/1/2009
27230		3	TREATMENT FRACTURE OF FEMUR	374.38	379.13	1/1/2009
27232		3	REPAIR FRACTURE OF FEMUR	648.46	648.46	1/1/2009
27235		3	FIXATION OF FEMUR FRACTURE	759.61	759.61	1/1/2009
27236		3	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTEF	995.42	995.42	1/1/2009
27238		3	CLSD TRTMNT INTEROCHANTERIC, PERTROCHANTERIC, SUBTROCHANTER	366.93	366.93	1/1/2009
27240		3	RX CLOSED INTERTROCHANTERIC OR PERTRO FEMORAL FX W	795.03	795.03	1/1/2009
27244		3	FIXATION OF FEMUR FRACTURE	1024.17	1024.17	1/1/2009
27245		3	OPEN TX FEMORAL FX; W/INTRAMEDULLARY IMPLANT	1060.43	1060.43	1/1/2009
27246		3	TREATMENT OF FEMUR FRACTURE	311.24	310.61	1/1/2009
27248		3	REPAIR OF FEMUR FRACTURE	627.54	627.54	1/1/2009
27250		3	REPAIR OF HIP DISLOCATION	198.87	198.87	1/1/2009
27252		3	REPAIR OF HIP DISLOCATION	628.27	628.27	1/1/2009
27253		3	REPAIR OF HIP DISLOCATION	789.60	789.60	1/1/2009
27254		3	REPAIR OF HIP DISLOCATION	1069.15	1069.15	1/1/2009
27256		3	TREATMENT OF HIP DISLOCATION	205.69	241.18	1/1/2009
27257		3	REPAIR OF HIP DISLOCATION	281.33	281.33	1/1/2009
27258		3	REPAIR OF HIP DISLOCATION	926.62	926.62	1/1/2009
27259		3	OPEN RX CLOSED/OPEN ACETAB FX W/FEMORAL SHAFT SHOR	1301.26	1301.26	1/1/2009
27265		3	TX ATRAUMATIC HIP DISLOCATION W/O ANESTHESIA	318.42	318.42	1/1/2009
27266		3	TX ATRAUMATIC HIP DISLOCATION W/ GEN ANESTHESIA	475.91	475.91	1/1/2009
27275		3	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	147.47	147.47	1/1/2009
27280		3	FUSION OF SACROILIAC JOINT	856.54	856.54	1/1/2009
27282		3	FUSION OF PUBIC BONES	671.94	671.94	1/1/2009
27284		3	ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT);	1310.64	1310.64	1/1/2009
27286		3	FUSION OF HIP JOINT	1380.89	1380.89	1/1/2009
27290		3	AMPUTATION OF LEG AT HIP	1320.18	1320.18	1/1/2009
27295		3	AMPUTATION OF LEG AT HIP	1065.95	1065.95	1/1/2009
27301		3	INCISION AND DRAINAGE DEEP ABSCESS INFECTED BURSA	405.79	527.50	1/1/2009
27303		3	INCISION DEEP W/OPENING BONE CORTEX FOR OSTEOMYE O	525.51	525.51	1/1/2009

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				Medicaid Maximum Allowable		
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
27305		3	INCISION OF TENDON & FASCIA	382.73	382.73	1/1/2009
27306		3	INCISION OF TENDON	309.03	309.03	1/1/2009
27307		3	INCISION OF TENDONS	381.17	381.17	1/1/2009
27310		3	EXPLORATION OF KNEE JOINT	599.79	599.79	1/1/2009
27323		3	BIOPSY SOFT TISSUES SUPERFICAL	145.82	211.11	1/1/2009
27324		3	AMB SURG BIOPSY SOFT TISSUE DEEP	311.72	311.72	1/1/2009
27325		3	NEURECTOMY, HAMSTRING MUSCLE	432.68	432.68	1/1/2009
27326		3	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	398.78	398.78	1/1/2009
27327		3	EXCISION BENIGN TUMOR SUBCUTANEOUS	284.77	359.57	1/1/2009
27328		3	EXC BENIGN TUMOR DEEP	344.24	344.24	1/1/2009
27329		3	RACICAL RESECTION SOFT TISSUE TUMOR THIGH/KNEE	864.12	864.12	1/1/2009
27330		3	BIOPSY OF KNEE	326.33	326.33	1/1/2009
27331		3	EXPLORATION OF KNEE JOINT	385.71	385.71	1/1/2009
27332		3	ARTHROTOMY KNEE EXC SEMILUNAR CARTILAGE MEDIAL OR	524.41	524.41	1/1/2009
27333		3	ARTHROTOMY KNEE EXC SEMILUNAR CARTILAGE MEDIAL AND	474.64	474.64	1/1/2009
27334		3	ARTHROTOMY KNEE FOR SYNOVECTOMY ANTERIOR OR POSTER	558.77	558.77	1/1/2009
27335		3	ARTHROTOMY KNEE ANTERIOR AND POSTERIOR INCLUDING P	632.77	632.77	1/1/2009
27340		3	REMOVAL OF KNEECAP BURSA	294.32	294.32	1/1/2009
27345		3	REMOVAL OF KNEE CYST	390.47	390.47	1/1/2009
27347		3	EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION),	419.15	419.15	1/1/2009
27350		3	REMOVAL OF KNEECAP	533.68	533.68	1/1/2009
27355		3	REMOVAL OF FEMUE LESION	494.56	494.56	1/1/2009
27356		3	REMOVAL & GRAFT FEMUR LESION	607.54	607.54	1/1/2009
27357		3	REMOVAL & GRAFT FEMUR LESION	673.71	673.71	1/1/2009
27358		3	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	247.70	247.70	1/1/2009
27360		3	PARTIAL REMOVAL LEG BONE(S)	700.76	700.76	1/1/2009
27365		3	RADICAL RESECTION OF TUMOR, BONE, FEMUR OR KNEE	1025.38	1025.38	1/1/2009
27370		3	INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY	46.04	134.15	1/1/2009
27372		3	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	329.32	471.63	1/1/2009
27380		3	REPAIR KNEECAP TENDON	483.17	483.17	1/1/2009
27381		3	REPAIR/GRAFT KNEECAP TENDON	661.01	661.01	1/1/2009
27385		3	REPAIR OF THIGH MUSCLE	517.90	517.90	1/1/2009
27386		3	REPAIR/GRAFT OF THIGH MUSCLE	685.40	685.40	1/1/2009
27390		3	INCISION THIGH TENDON	358.19	358.19	1/1/2009
27391		3	INCISION THIGH TENDONS	467.84	467.84	1/1/2009
27392		3	INCISION THIGH TENDONS	578.00	578.00	1/1/2009
27393		3	LENGTHNING OF THIGH TENDON	414.58	414.58	1/1/2009
27394		3	LENGTHENING OF THIGH TENDONS	536.93	536.93	1/1/2009
27395		3	LENGTHENING OF THIGH TENDONS	728.51	728.51	1/1/2009
27396		3	TRANSPLANT OF THIGH TENDON	504.26	504.26	1/1/2009
27397		3	TRANSPLANTS OF THIGH TENDONS	744.63	744.63	1/1/2009
27400		3	REVISION OF THIGH MUSCLES	562.39	562.39	1/1/2009
27403		3	ARTHROTOMY WITH OPEN MENISCUS REPAIR	528.24	528.24	1/1/2009
27405		3	REPAIR OF KNEE LIGAMENT	556.59	556.59	1/1/2009
27407		3	REPAIR OF KNEE LIGAMENT	637.21	637.21	1/1/2009
27409		3	REPAIR OF KNEE LIGAMENTS	801.92	801.92	1/1/2009
27418		3	ANTERIOR TIBIAL TUBERCLE PLASTY CHONDROMALA PATELL	691.07	691.07	1/1/2009
27420		3	REPAIR OF UNSTABLE KNEECAP	618.38	618.38	1/1/2009
27422		3	REPAIR OF UNSTABLE KNEECAP	615.81	615.81	1/1/2009
27424		3	REVISION/REMOVAL OF KNEECAP	617.47	617.47	1/1/2009
27425		3	AMB SURG LATERAL RETINACULAR RELEASE KNEE	357.98	357.98	1/1/2009
27427		3	RECONSTRUCTION KNEE EXTRA-ARTICULAR	592.71	592.71	1/1/2009
27428		3	RECONSTRUCTION KNEE INTRA-ARTICULAR	914.31	914.31	1/1/2009
27429		3	RECONSTRUCTION KNEE INTRA AND EXTRA-ARTICULAR	1024.19	1024.19	1/1/2009
27430		3	REPAIR OF THIGH MUSCLES	611.98	611.98	1/1/2009
27435		3	INCISION OF KNEE JOINT	656.09	656.09	1/1/2009
27437		3	ARTHROPLASTY PATELLA W/O PROSTHESIS	543.75	543.75	1/1/2009
27438		3	ARTHROPLASTY PATELLA W/PROSTHESIS	698.45	698.45	1/1/2009
27440		3	REPAIR OF KNEE JOINT	638.53	638.53	1/1/2009
27441		3	REPAIR OF KNEE JOINT	659.59	659.59	1/1/2009
27442		3	REPAIR OF KNEE JOINT	723.65	723.65	1/1/2009
27443		3	REPAIR OF KNEE JOINT	677.12	677.12	1/1/2009
27445		3	ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)	1058.23	1058.23	1/1/2009
27446		3	TOTAL KNEE REPLACEMENT	937.95	937.95	1/1/2009
27447		3	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL C	1301.11	1301.11	1/1/2009
27448		3	OSTEOTOMY FEMUR SHAFT OR SUPRACONDYLAR W/O FIXATIO	682.28	682.28	1/1/2009
27450		3	OSTEOTOMY FEMUR SHAFT OR SUPRACONDYLAR WITH FIXATI	850.93	850.93	1/1/2009

**Physician Fee Schedule
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						Medicaid Maximum Allowable	
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
27454		3	OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD,	1075.79	1075.79	1/1/2009	
27455		3	OSTEOTOMY PROXIMAL TIBIA UNILATERAL BEFORE EPIPHYS	785.86	785.86	1/1/2009	
27457		3	OSTEOTOMY PROXIMAL TIBIA AFTER EPIPHYSEAL CLOSURE	810.38	810.38	1/1/2009	
27465		3	REVISION OF FEMUR	1022.91	1022.91	1/1/2009	
27466		3	REVISION OF FEMUR	990.56	990.56	1/1/2009	
27468		3	OSTEOPLASTY, FEMUR;	1123.40	1123.40	1/1/2009	
27470		3	REPAIR OF FEMUR	987.42	987.42	1/1/2009	
27472		3	REPAIR/GRAFT OF FEMUR	1068.29	1068.29	1/1/2009	
27475		3	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYDIODESIS); DISTAL FEML	540.92	540.92	1/1/2009	
27477		3	REPAIR LOWER LEG EPIPHYSES	607.12	607.12	1/1/2009	
27479		3	REPAIR OF LEG EPIPHYSES	782.82	782.82	1/1/2009	
27485		3	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL TIBIA OR FIBUL	553.69	553.69	1/1/2009	
27486		3	REVISION OF TOTAL KNEE ARTHROPLASTY, ONE COMPONENT	1186.48	1186.48	1/1/2009	
27487		3	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAI	1498.72	1498.72	1/1/2009	
27488		3	REMOVAL OF PROSTHESIS, INCLUDING TOTAL KNEE PROSTHESIS, METH	1002.65	1002.65	1/1/2009	
27495		3	PROPHYLACTIC TREATMENT FEMUR	949.67	949.67	1/1/2009	
27496		3	DECOMPRESSION FASCIOTOMY, THIGH/KNEE, 1 COMPART.	412.29	412.29	1/1/2009	
27497		3	DECOMPRESSION FASCIOTOMY, THIGH/KNEE W/ DEBRIDEMENT	449.18	449.18	1/1/2009	
27498		3	DECOMPRESSION FASCIOTOMY, THIGH/KNEE, MULTIPLE	490.06	490.06	1/1/2009	
27499		3	DECOMPRESSION FASCIOTOMY; THIGH/KNEE W/ DEBRIDEMENT	543.30	543.30	1/1/2009	
27500		3	TREATMENT OF FEMUR FRACTURE	386.74	414.00	1/1/2009	
27501		3	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMOR	402.19	407.58	1/1/2009	
27502		3	TREATMENT OF CLOSED FEMORAL SHAFT FRACTURE WITH MA	654.10	654.10	1/1/2009	
27503		3	CLOSED TX SUPRA/TRANSCONDYLAR FEM FX; S/MANIPULA.	664.94	664.94	1/1/2009	
27506		3	REPAIR FEMUR FX W/INSERTION INTRAMEDULLARY IMPLANT	1114.61	1114.61	1/1/2009	
27507		3	OPEN TX FEM SHAFT FX WITH PLATE SCREWS	826.01	826.01	1/1/2009	
27508		3	TREATMENT OF FEMUR FRACTURE	394.83	417.02	1/1/2009	
27509		3	PERCUTANEOUS SKELETAL FIX FEM FX W/WO INTERCON EXT	526.39	526.39	1/1/2009	
27510		3	REPAIR OF FEMUR FRACTURE	577.25	577.25	1/1/2009	
27511		3	OPEN TX FEMORAL FX WO INTERCONDYLAR EXTENSION	855.57	855.57	1/1/2009	
27513		3	OPEN TX FEMORAL FX W/INTERCONDYLAR EXTENSION	1077.10	1077.10	1/1/2009	
27514		3	REPAIR OF FEMUR FRACTURE	863.51	863.51	1/1/2009	
27516		3	TREATMENT OF FEMUR EPIPHYSIS	368.50	389.42	1/1/2009	
27517		3	REPAIR OF FEMUR EPIPHYSIS	552.87	552.87	1/1/2009	
27519		3	REPAIR OF FEMUR EPIPHYSIS	780.85	780.85	1/1/2009	
27520		3	TREATMENT KNEECAP FRACTURE	221.85	244.03	1/1/2009	
27524		3	REPAIR OF KNEECAP FRACTURE	624.70	624.70	1/1/2009	
27530		3	TREATMENT OF KNEE FRACTURE	287.06	307.35	1/1/2009	
27532		3	REPAIR OF KNEE FRACTURE	470.21	495.25	1/1/2009	
27535		3	OPEN TX FIBIAL FX, PROXIMAL; UNICONDYLAR	763.30	763.30	1/1/2009	
27536		3	TX TIBIAL FX BICONDYLAR	993.02	993.02	1/1/2009	
27538		3	TREATMENT OF KNEE FRACTURE	346.64	368.50	1/1/2009	
27540		3	REPAIR KNEE FRACTURE	690.53	690.53	1/1/2009	
27550		3	REPAIR KNEE DISLOCATION	365.88	391.24	1/1/2009	
27552		3	REPAIR KNEE DISLOCATION	508.49	508.49	1/1/2009	
27556		3	OPEN RX CLOSED OR OPEN KNEE DISLOC W/O PRIMARY LIG	767.72	767.72	1/1/2009	
27557		3	OSTEOTOMY PROXIMAL TIBIA BILATERAL WITH PRIMARY LI	919.76	919.76	1/1/2009	
27558		3	OPEN TX KNEE DISLOCATION; W/LIG REPAIR	1033.45	1033.45	1/1/2009	
27560		3	REPAIR KNEECAP DISLOCATION	259.85	285.20	1/1/2009	
27562		3	CLOSED TREATMENT OF PATELLAR DISLOCATION;	374.92	374.92	1/1/2009	
27566		3	REPAIR KNEECAP DISLOCATION	745.14	745.14	1/1/2009	
27570		3	AMB SURG MANIPULATION OF KNEE UNDER ANESTHESIA	120.07	120.07	1/1/2009	
27580		3	ARTHRODESIS, KNEE, ANY TECHNIQUE	1209.47	1209.47	1/1/2009	
27590		3	AMPUTATION OF LEG	695.73	695.73	1/1/2009	
27591		3	AMPUTATION THIGH THRU FEM IMMED FIT TECH INCLUD FI	768.31	768.31	1/1/2009	
27592		3	AMPUTATION OF LEG	589.01	589.01	1/1/2009	
27594		3	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;	424.07	424.07	1/1/2009	
27596		3	AMPUTATION FOLLOW-UP SURGERY	616.44	616.44	1/1/2009	
27598		3	AMPUTATION OF LOWER LEG	625.93	625.93	1/1/2009	
27600		3	DECOMPRESSION OF LEG	352.15	352.15	1/1/2009	
27601		3	FASCIOTOMY LEG FOR CLOSEDSPACE DECOMPRESSION, ANT.	364.47	364.47	1/1/2009	
27602		3	DECOMPRESSION OF LEG	432.91	432.91	1/1/2009	
27603		3	INCISION AND DRAINAGE DEEP ABSCESS OR HEMATOMA	318.28	417.48	1/1/2009	
27604		3	INCISION AND DRAINAGE INFECTED BURSA	280.44	366.33	1/1/2009	
27605		3	AMB SURG ARCHILLES TENOTOMY LOCAL ANESTHESIA	168.46	290.17	1/1/2009	
27606		3	TENOTOMY ACHILLES TENDON SUBCUTANEOUS GENERAL ANES	247.51	247.51	1/1/2009	
27607		3	INCISION DEEP W/OPENING BN CORTEX FOR OSTEOMYELITI	509.57	509.57	1/1/2009	

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					Medicaid Maximum Allowable	
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
27610		3	EXPLORATION OF ANKLE JOINT	543.87	543.87	1/1/2009
27612		3	EXPLORATION OF ANKLE JOINT	474.90	474.90	1/1/2009
27613		3	BIOPSY SOFT TISSUES SUPERFICIAL	137.06	198.23	1/1/2009
27614		3	BIOPSY SOFT TISSUE DEEP	340.63	449.02	1/1/2009
27615		3	RADICAL RESECTION SOFT TISSUE TUMOR LEG/ANKLE	734.33	734.33	1/1/2009
27618		3	EXC BENIGN TUMOR SUBSQ	315.36	392.37	1/1/2009
27619		3	EXCISION BENIGN TUMOR DEEP SUBFASCIAL OR INTRAMUSC	490.41	626.69	1/1/2009
27620		3	BIOPSY OF ANKLE JOINT	381.74	381.74	1/1/2009
27625		3	EXPLORATION OF ANKLE JOINT	495.56	495.56	1/1/2009
27626		3	AMB SURG SYNOVECTOMY ANKLE INCLUD TENOSYNOVECTOMY	535.07	535.07	1/1/2009
27630		3	AMB SURG EXCISION LESION OF TENDON SHEATH LEG	307.12	427.56	1/1/2009
27635		3	REMOVAL OF BONE LESION	491.54	491.54	1/1/2009
27637		3	REMOVAL/GRAFT OF BONE LESION	623.80	623.80	1/1/2009
27638		3	REMOVAL/GRAFT OF BONE LESION	650.97	650.97	1/1/2009
27640		3	PARTIAL REMOVAL OF TIBIA	721.23	721.23	1/1/2009
27641		3	PARITAL REMOVAL OF FIBULA	578.08	578.08	1/1/2009
27645		3	RADICAL RESECTION OF TUMOR, BONE; TIBIA	875.28	875.28	1/1/2009
27646		3	REMOVAL OF FIBULA	774.37	774.37	1/1/2009
27647		3	RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS	688.01	688.01	1/1/2009
27648		3	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	45.72	129.39	1/1/2009
27650		3	REPAIR ACHILLES TENDON	561.60	561.60	1/1/2009
27652		3	REPAIR/GRAFT ACHILLES TENDON	620.29	620.29	1/1/2009
27654		3	REPAIR ACHILLES TENDON	605.34	605.34	1/1/2009
27656		3	REPAIR FASCIAL DEFECT OF LEG	290.23	429.37	1/1/2009
27658		3	REPAIR OF LEG TENDON	318.18	318.18	1/1/2009
27659		3	REPAIR OF LEG TENDON	419.11	419.11	1/1/2009
27664		3	REPAIR OF LEG TENDON	302.90	302.90	1/1/2009
27665		3	REPAIR OF LEG TENDON	347.45	347.45	1/1/2009
27675		3	REPAIR FOR DISLOCATING PERONEAL TENDONS W/O FIBULA	427.48	427.48	1/1/2009
27676		3	REPAIR DISLOC PERONEAL TENDONS WITH FIBULAR OSTEO	518.42	518.42	1/1/2009
27680		3	RELEASE OF LEG TENDON	360.89	360.89	1/1/2009
27681		3	AMB SURG TENOLYSIS MULTIPLE ANKLE FLEXOR	430.11	430.11	1/1/2009
27685		3	LENGTHENING OR SHORTENING OF TENDON SINGLE	398.63	509.55	1/1/2009
27686		3	LENGTHENING OR SHORTENING OF TENDON MULTIPLE EACH	469.68	469.68	1/1/2009
27687		3	GASTROCNEMIUS RECESSON	386.54	386.54	1/1/2009
27690		3	REVISION OF LEG TENDON	533.02	533.02	1/1/2009
27691		3	REVISION OF LEG TENDON	624.92	624.92	1/1/2009
27692		3	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIREC	96.06	96.06	1/1/2009
27695		3	REPAIR OF ANKLE LIGAMENT	411.17	411.17	1/1/2009
27696		3	REPAIR OF ANKLE LIGAMENTS	492.62	492.62	1/1/2009
27698		3	SUTURE SECONDARY REPAIR LIGAMENT ANKLE COLLATERAL	553.27	553.27	1/1/2009
27700		3	REPAIR OF ANKLE	524.67	524.67	1/1/2009
27702		3	ARTHROPLASTY ANKLE WITH IMPLANT	836.05	836.05	1/1/2009
27703		3	ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE	968.24	968.24	1/1/2009
27704		3	REMOVAL OF ANKLE IMPLANT	472.36	472.36	1/1/2009
27705		3	INCISION OF TIBIA	640.89	640.89	1/1/2009
27707		3	INCISION OF FIBULA	323.26	323.26	1/1/2009
27709		3	INCISION OF TIBIA & FIBULA	939.30	939.30	1/1/2009
27712		3	OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD	914.69	914.69	1/1/2009
27715		3	REVISION OF LOWER LEG	893.41	893.41	1/1/2009
27720		3	REPAIR OF LOWER LEG	733.26	733.26	1/1/2009
27722		3	REPAIR/GRAFT OF LOWER LEG	731.81	731.81	1/1/2009
27724		3	REPAIR/GRAFT OF LOWER LEG	1080.68	1080.68	1/1/2009
27725		3	REPAIR MALUNION TIBIA BY SYNOSTOSIS WITH FIBULA	1003.26	1003.26	1/1/2009
27727		3	REPAIR CONGENITAL PSEUDARTHROSIS TIBIA	816.54	816.54	1/1/2009
27730		3	REPAIR OF TIBIA EPIPHYSIS	486.85	486.85	1/1/2009
27732		3	REPAIR OF FIBULA EPIPHYSIS	330.98	330.98	1/1/2009
27734		3	REPAIR LOWER LEG EPIPHYSES	498.30	498.30	1/1/2009
27740		3	REPAIR LOWER LEG EPIPHYSES	552.73	552.73	1/1/2009
27742		3	REPAIR OF LEG EPIPHYSES	583.30	583.30	1/1/2009
27745		3	PROPHYLACTIC TREATMENT TIBIA	628.71	628.71	1/1/2009
27750		3	TREATMENT OF TIBIA FRACTURE	243.13	264.05	1/1/2009
27752		3	REPAIR OF TIBIA FRACTURE	400.95	428.21	1/1/2009
27756		3	REPAIR OF TIBIA FRACTURE	466.41	466.41	1/1/2009
27758		3	OPEN RX CLOSED OR OPEN TIBIAL SHAFT FX COMPLICATED	739.21	739.21	1/1/2009
27759		3	OPEN TX TIBIAL SHAFT FX BY INTERMEDULLARY IMPLANT	838.56	838.56	1/1/2009
27760		3	TREATMENT OF ANKLE FRACTURE	231.67	254.17	1/1/2009

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
27762		3	REPAIR OF ANKLE FRACTURE	355.12	382.69	1/1/2009
27766		3	REPAIR OF ANKLE FRACTURE	501.83	501.83	1/1/2009
27780		3	TREATMENT OF FIBULA FRACTURE	206.69	227.29	1/1/2009
27781		3	REPAIR OF FIBULA FRACTURE	309.73	330.97	1/1/2009
27784		3	REPAIR OF FIBULA FRACTURE	570.93	570.93	1/1/2009
27786		3	TREATMENT OF ANKLE FRACTURE	217.77	240.91	1/1/2009
27788		3	REPAIR OF ANKLE FRACTURE	309.13	333.85	1/1/2009
27792		3	REPAIR OF ANKLE FRACTURE	577.11	577.11	1/1/2009
27808		3	TREATMENT OF ANKLE FRACTURE	226.97	251.69	1/1/2009
27810		3	REPAIR OF ANKLE FRACTURE	346.21	374.42	1/1/2009
27814		3	REPAIR OF ANKLE FRACTURE	644.11	644.11	1/1/2009
27816		3	TREATMENT OF ANKLE FRACTURE	215.98	238.80	1/1/2009
27818		3	REPAIR OF ANKLE FRACTURE	354.45	386.46	1/1/2009
27822		3	OPEN RX CLOSED OR OPEN TRIMALLEOLAR ANKLE FX MED A	704.24	704.24	1/1/2009
27823		3	OPEN RX CLOSED OR OPEN TRIMALLEOLAR ANKLE FX W/INT	803.48	803.48	1/1/2009
27824		3	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PO	231.93	240.49	1/1/2009
27825		3	CLOSED TX FX ST BEARING PORTION TIBIA; WITH SKEL TRAC	407.40	440.99	1/1/2009
27826		3	OPEN TX FX DISTAL TIBIA W FIXATION OF FIBULA ONLY	676.12	676.12	1/1/2009
27827		3	OPEN TX FIX TIBIA WITH FIXATION FIBULA OR TIBIA ONLY	902.09	902.09	1/1/2009
27828		3	OPEN TX FX TIBIA W FIX FIBULA ONLY/TIBIA & FIBULA	1080.70	1080.70	1/1/2009
27829		3	OPEN TX TIBIOFIBULAR JNT	539.79	539.79	1/1/2009
27830		3	REPAIR LOWER LEG DISLOCATION	263.13	279.93	1/1/2009
27831		3	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION;	306.95	306.95	1/1/2009
27832		3	REPAIR LOWER LEG DISLOCATION	582.77	582.77	1/1/2009
27840		3	REPAIR ANKLE DISLOCATION	283.73	283.73	1/1/2009
27842		3	REPAIR ANKLE DISLOCATION	397.10	397.10	1/1/2009
27846		3	REPAIR ANKLE DISLOCATION	615.04	615.04	1/1/2009
27848		3	REPAIR ANKLE DISLOCATION	696.43	696.43	1/1/2009
27860		3	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPI	148.28	148.28	1/1/2009
27870		3	AMB SURG ARTHRODESIS ANKLE ANY METHOD	879.74	879.74	1/1/2009
27871		3	ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL OR DISTAL	576.30	576.30	1/1/2009
27880		3	AMPUTATION OF LOWER LEG	781.63	781.63	1/1/2009
27881		3	AMPUTATION LEG W/IMMEDIATE FITTING TECHNIQUE INC A	750.63	750.63	1/1/2009
27882		3	AMPUTATION OF LOWER LEG	529.54	529.54	1/1/2009
27884		3	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA;	491.46	491.46	1/1/2009
27886		3	AMPUTATION FOLLOW-UP SURGERY	560.68	560.68	1/1/2009
27888		3	AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (EG, SYN	592.49	592.49	1/1/2009
27889		3	ANKLE DISARTICULATION	580.31	580.31	1/1/2009
27892		3	DECOMPRESSION FASCIOTOMY, LEG: ANT &/OR LAT COMPAR	454.42	454.42	1/1/2009
27893		3	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPART.	459.71	459.71	1/1/2009
27894		3	DECOMPRESSION FASCIOTOMY, LEG; ANT &/OR LAT & POST	707.02	707.02	1/1/2009
28001		3	INCISION AND DRAINAGE, BURSA, FOOT	154.64	217.39	1/1/2009
28002		3	DEEP INFEC REQ DISSEC SING BURSAL SPACE	326.02	406.84	1/1/2009
28003		3	DRAINAGE OF FOOT	481.53	563.30	1/1/2009
28005		3	DRAINAGE OF FOOT	523.55	523.55	1/1/2009
28008		3	AMB SURG FASCIOTOMY PLANTAR AND/OR TOE	261.33	343.73	1/1/2009
28010		3	INCISION OF TOE TENDON	180.37	192.10	1/1/2009
28011		3	INCISION OF TOE TENDON	254.63	272.38	1/1/2009
28020		3	EXPLORATION OF A FOOT JOINT	306.28	407.38	1/1/2009
28022		3	EXPLORATION OF A FOOT JOINT	283.58	376.13	1/1/2009
28024		3	EXPLORATION OF A TOE JOINT	268.66	357.40	1/1/2009
28035		3	TARSAL TUNNEL RELEASE	309.22	410.01	1/1/2009
28043		3	EXCISION BENIGN TUMOR SUBCUTANEOUS.	221.71	273.69	1/1/2009
28045		3	EXCISION BENIGN TUMOR DEEP SUBFASCIAL INTRAMUSCULA	282.34	383.13	1/1/2009
28046		3	RADICAL RESECTION SOFT TISSUE TUMOR FOOT	579.28	702.25	1/1/2009
28050		3	ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOIN	266.22	359.72	1/1/2009
28052		3	ARTHROTOMY FOR SYNOVIAL BIOPSY;	242.33	331.70	1/1/2009
28054		3	ARTHROTOMY FOR SYNOVIAL BIOPSY;	220.53	310.86	1/1/2009
28055		3	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	340.39	340.39	1/1/2009
28060		3	AMB SURG FASCIECTOMY PLANTAR	310.87	404.69	1/1/2009
28062		3	AMB SURG FASCIECTOMY PLANTAR	365.50	477.06	1/1/2009
28070		3	AMB SURG SYNOVECTOMY INTERTARSAL/TARSOMETATARSAL	304.19	401.17	1/1/2009
28072		3	AMB SURG SYNOVECTOMY METATARSOPHALANGEAL JOINT	293.53	394.32	1/1/2009
28080		3	AMB SURG EXCISION MORTON NEUROMA SINGLE EACH	296.31	386.95	1/1/2009
28086		3	SYNOVECTOMY, TENDON SHEATH, FOOT;	306.56	422.87	1/1/2009
28088		3	AMB SURG SYNOVECTOMY TENDON SHEATH EXTENSOR FOOT	254.95	358.27	1/1/2009
28090		3	AMB SURG SYNOVECTOMY FOOT TENDON/FIBROUS TISSUE	267.68	363.08	1/1/2009

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28092		3	AMB SURG SYNOVECTOMY TOES	234.38	326.92	1/1/2009
28100		3	REMOVAL OF HEEL LESION	347.55	468.30	1/1/2009
28102		3	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR	474.26	474.26	1/1/2009
28103		3	REMOVAL/GRAFT HEEL LESION	383.67	383.67	1/1/2009
28104		3	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OF	304.54	402.48	1/1/2009
28106		3	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL	406.03	406.03	1/1/2009
28107		3	REMOVAL/GRAFT FOOT LESION	332.24	446.34	1/1/2009
28108		3	REMOVAL OF TOE LESIONS	251.16	338.32	1/1/2009
28110		3	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE	250.54	354.49	1/1/2009
28111		3	AMB SURG OSTECTOMY COMP EXCISION 1ST METATARS HEAD	293.47	404.39	1/1/2009
28112		3	AMB SURG OSTECTOMY COMPL EXCISION OTH METATAR HEAD	274.03	382.10	1/1/2009
28113		3	AMB SURG OSTECTOMY COMP EXCISION 5TH METATARS HEAD	357.77	457.93	1/1/2009
28114		3	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PART	692.65	834.96	1/1/2009
28116		3	REVISION OF FOOT	493.18	598.40	1/1/2009
28118		3	PARTIAL REMOVAL OF HEEL	356.04	461.58	1/1/2009
28119		3	AMB SURG OSTECTOMY FOR SPUR W/WO PLANTAR FAC RELEA	315.09	411.44	1/1/2009
28120		3	AMB SURG PARTIAL EXC BONE-SEQUESTRECTOMY	338.65	455.60	1/1/2009
28122		3	AMB SURG PARTIAL EXC TARSAL/METATARSAL BONE	435.30	532.28	1/1/2009
28124		3	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOM	290.22	376.42	1/1/2009
28126		3	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE	217.96	303.22	1/1/2009
28130		3	REMOVAL OF BONE OF ANKLE	540.94	540.94	1/1/2009
28140		3	AMB SURG METATARSECTOMY	396.50	500.78	1/1/2009
28150		3	AMB SURG PHALANGECTOMY SINGLE EACH	249.08	338.45	1/1/2009
28153		3	RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE	226.39	315.13	1/1/2009
28160		3	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PRI	235.90	323.37	1/1/2009
28171		3	RADICAL RESECTION FOR TUMOR TARSAL	531.83	531.83	1/1/2009
28173		3	RADICAL RESECTION FOR TUMOR METATARSAL	485.27	598.42	1/1/2009
28175		3	RADICAL RESECTION FOR TUMOR PLHALANX	341.68	437.71	1/1/2009
28190		3	REMOVAL OF FOREIGN BODY, FOOT;	115.72	192.42	1/1/2009
28192		3	AMB SURG REMOVAL FOREIGN BODY FOOT DEEP	277.27	372.03	1/1/2009
28193		3	REMOVAL OF FOREIGN BODY, FOOT;	330.24	427.86	1/1/2009
28200		3	AMB SURG REPAIR/SUTURE OF TENDON FOOT FLEXOR SINGL	276.53	371.93	1/1/2009
28202		3	REPAIR/GRAFT OF FOOT TENDON	387.23	496.58	1/1/2009
28208		3	REPAIR OF FOOT TENDON	265.46	358.01	1/1/2009
28210		3	REPAIR/GRAFT OF FOOT TENDON	361.46	462.56	1/1/2009
28220		3	AMB SURG TENOLYSIS FLEXOR SINGLE	268.19	354.08	1/1/2009
28222		3	RELEASE OF FOOT TENDONS	319.87	410.20	1/1/2009
28225		3	AMB SURG TENOLYSIS EXTENSOR SINGLE	222.02	306.96	1/1/2009
28226		3	RELEASE OF FOOT TENDONS	276.97	369.19	1/1/2009
28230		3	INCISION OF FOOT TENDONS	254.94	339.88	1/1/2009
28232		3	TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE P	216.14	300.45	1/1/2009
28234		3	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON	225.97	311.22	1/1/2009
28238		3	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH E	434.93	545.23	1/1/2009
28240		3	RELEASE OF BIG TOE	261.61	349.72	1/1/2009
28250		3	REVISION OF FOOT FASCIA	347.55	445.80	1/1/2009
28260		3	RELEASE OF MIDFOOT JOINT	449.62	546.92	1/1/2009
28261		3	AMB SURG CAPSULOTOMY WITH TENDON LENGTHENING	685.94	795.92	1/1/2009
28262		3	REVISION OF FOOT AND ANKLE	959.09	1110.58	1/1/2009
28264		3	AMB SURG CAPSULOTOMY MIDTARSAL REYMAN TYPE PROC	602.47	709.60	1/1/2009
28270		3	AMB SURG CAPSULOTOMY FOR CONTRACTURE METATARSOPHAL	289.54	378.29	1/1/2009
28272		3	CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROC	225.87	308.91	1/1/2009
28280		3	AMB SURG WEBBING OPERATION FOR SOFT CORN	314.88	415.03	1/1/2009
28285		3	CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OF	278.00	366.42	1/1/2009
28286		3	REVISION OF HAMMER TOE	267.32	358.28	1/1/2009
28288		3	OSTECTOMY PART EXOTECTOMY CONDYLEC SINGLE 2-5	361.52	458.82	1/1/2009
28289		3	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND I	471.50	582.11	1/1/2009
28290		3	AMB SURG HALLUX VALGUS (BUNIONECTOMY)	344.38	452.45	1/1/2009
28292		3	AMB SURG KELLER/MCBRIDE/MAYO TYPE BUNIONECTOMY	507.44	618.68	1/1/2009
28293		3	AMB SURG RESECTION OF JOINT WITH IMPLANT	615.32	824.18	1/1/2009
28294		3	REVISION OF BUNION	469.92	598.59	1/1/2009
28296		3	AMB SURG BUNIONECTOMY WITH METATARSAL OSTEOTOMY	466.44	586.56	1/1/2009
28297		3	HALLUX VALGUS CORRECTION, LAPIDUS TYPE PROCEDURE	524.20	662.70	1/1/2009
28298		3	INCISION OF TOE	446.54	572.04	1/1/2009
28299		3	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDE	605.43	737.59	1/1/2009
28300		3	AMB SURG OSTEOTOMY CALCANEUS DWYER/CHAMBERS PROC	564.93	564.93	1/1/2009
28302		3	AMB SURG OSTEOTOMY TALUS	559.81	559.81	1/1/2009
28304		3	INCISION OF MIDFOOT BONES	515.46	636.52	1/1/2009

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28305		3	INCISION/GRAFT MIDFOOT BONES	592.43	592.43	1/1/2009
28306		3	INCISION OF METATARSALS	348.15	474.29	1/1/2009
28307		3	OSTEOTOMY, 1ST METATARSAL, WITH AUTOGRAFT	391.89	557.65	1/1/2009
28308		3	INCISION OF METATARSALS	318.98	429.59	1/1/2009
28309		3	INCISION OF METATARSALS	764.67	764.67	1/1/2009
28310		3	AMB SURG OSTEOTOMY PHALANGES	311.68	423.56	1/1/2009
28312		3	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION	277.15	386.81	1/1/2009
28313		3	RECONSTRUCTION, DEFORMITY OF TOE, SOFT TISSUE PROC	316.96	406.97	1/1/2009
28315		3	AMB SURG SESAMOIDECTOMY FIRST TOE	283.65	374.30	1/1/2009
28320		3	REPAIR OF FOOT BONES	534.67	534.67	1/1/2009
28322		3	REPAIR OF METATARSALS	493.23	617.15	1/1/2009
28340		3	RECONSTRUCT TOE, MACRODACTYLY; SOFT TISSUE RESECTION	385.60	492.41	1/1/2009
28341		3	RECONSTRUCT TOE, MACRODACTYLY; REQUIRING BONE RESECTION	457.01	568.57	1/1/2009
28344		3	RECONSTRUCT TOE(S); POLYDACTYLY	269.05	375.22	1/1/2009
28345		3	RECONSTRUCT TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S)/	352.53	454.90	1/1/2009
28360		3	RECONSTRUCTION CLEFT FOOT	824.00	824.00	1/1/2009
28400		3	TREATMENT OF HEEL FRACTURE	176.21	191.11	1/1/2009
28405		3	REPAIR OF HEEL FRACTURE	296.20	314.90	1/1/2009
28406		3	TREAT CLOSED CALCAN FIXATION W/MANIPULATION SKELET	432.71	432.71	1/1/2009
28415		3	REPAIR OF HEEL FRACTURE	956.32	956.32	1/1/2009
28420		3	REPAIR/GRAFT HEEL FRACTURE	1008.11	1008.11	1/1/2009
28430		3	TREATMENT OF ANKLE FRACTURE	160.24	178.94	1/1/2009
28435		3	REPAIR OF ANKLE FRACTURE	236.33	254.08	1/1/2009
28436		3	TREATMENT OF CLOSED TALUS FX W/MANIP AND PINNING	345.86	345.86	1/1/2009
28445		3	REPAIR OF ANKLE FRACTURE	903.09	903.09	1/1/2009
28450		3	TREATMENT MIDFOOT FRACTURE	148.96	165.44	1/1/2009
28455		3	REPAIR MIDFOOT FRACTURE	216.37	230.95	1/1/2009
28456		3	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FX. WITH MANIPU	221.05	221.05	1/1/2009
28465		3	REPAIR MIDFOOT FRACTURE(S)	512.94	512.94	1/1/2009
28470		3	TREAT METATARSAL FRACTURES	149.81	165.34	1/1/2009
28475		3	REPAIR METATARSAL FRACTURES	195.94	211.15	1/1/2009
28476		3	TREATMENT OF CLOSED METATARSAL FX W/MANIP, PINNING	273.85	273.85	1/1/2009
28485		3	REPAIR METATARSAL FRACTURES	442.10	442.10	1/1/2009
28490		3	TREAT BIG TOE FRACTURE	93.39	106.07	1/1/2009
28495		3	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGE	120.07	134.65	1/1/2009
28496		3	TREATMENT OF CLOSED TOE FX W/MANIP AND PLANNING.	183.84	322.97	1/1/2009
28505		3	REPAIR OF BIG TOE FRACTURE	407.39	524.02	1/1/2009
28510		3	TREATMENT OF TOE FRACTURE	90.86	92.44	1/1/2009
28515		3	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER T	112.67	121.86	1/1/2009
28525		3	REPAIR OF TOE FRACTURE	323.23	439.54	1/1/2009
28530		3	TREATMENT OF CLOSED SESAMOID FRACTURE	82.83	89.17	1/1/2009
28531		3	OPEN TX SESAMOID FX	159.94	286.40	1/1/2009
28540		3	REPAIR FOOT DISLOCATION	148.91	158.74	1/1/2009
28545		3	REPAIR FOOT DISLOCATION	180.56	195.14	1/1/2009
28546		3	TREATMENT TARSAL DISLOC WITH PERCUTANEOUS SKELETAL	243.48	364.23	1/1/2009
28555		3	REPAIR OF FOOT DISLOCATION	547.10	685.60	1/1/2009
28570		3	REPAIR FOOT DISLOCATION	123.78	136.77	1/1/2009
28575		3	REPAIR FOOT DISLOCATION	246.19	262.36	1/1/2009
28576		3	PERCUTANEOUS SKELETAL FIX TALOTARSEL JNT DISLOC	290.19	290.19	1/1/2009
28585		3	REPAIR OF FOOT DISLOCATION	615.87	733.46	1/1/2009
28600		3	REPAIR FOOT DISLOCATION	149.03	164.88	1/1/2009
28605		3	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION;	200.61	213.92	1/1/2009
28606		3	TREAT CLSD TARS/METATARS DISLOC W/PERCUT SKEL FIX	321.21	321.21	1/1/2009
28615		3	REPAIR FOOT DISLOCATION	644.62	644.62	1/1/2009
28630		3	REPAIR OF TOE DISLOCATION	92.75	118.42	1/1/2009
28635		3	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION;	115.51	141.19	1/1/2009
28636		3	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT	171.12	231.66	1/1/2009
28645		3	REPAIR OF TOE DISLOCATION	398.10	496.99	1/1/2009
28660		3	REPAIR OF TOE DISLOCATION	70.69	86.22	1/1/2009
28665		3	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION;	114.91	126.31	1/1/2009
28666		3	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLC	163.87	163.87	1/1/2009
28675		3	OPEN TREATMENT OF CLOSED OR OPEN INTERPHALANGEAL J	330.92	449.45	1/1/2009
28705		3	AMB SURG PANTALAR ARTHRODESIS	1115.91	1115.91	1/1/2009
28715		3	TRIPLE ARTHRODESIS	824.82	824.82	1/1/2009
28725		3	AMB SURG ARTHRODESIS SUBTALAR	679.26	679.26	1/1/2009
28730		3	AMB SURG ARTHRODESIS MIDTARSAL OR TARSOMETATARSAL	709.68	709.68	1/1/2009
28735		3	FUSION OF FOOT BONES	679.63	679.63	1/1/2009

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
28737		3	ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTA	602.99	602.99	1/1/2009	
28740		3	AMB SURG ARTHRODESIS MIDTARSAL OR TARSOMETATARSAL	531.92	678.34	1/1/2009	
28750		3	AMB SURG ARTHRODESIS GREAT TOE	505.61	659.33	1/1/2009	
28755		3	AMB SURG ARTHRODESIS GREAT TOE	287.58	396.29	1/1/2009	
28760		3	AMB SURG ARTHRODESIS GREAT TOE	499.95	626.09	1/1/2009	
28800		3	AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART TYPE PROCEDURE)	486.80	486.80	1/1/2009	
28805		3	AMPUTATION THRU METATARSAL	643.26	643.26	1/1/2009	
28810		3	AMPUTATION TOE & METATARSAL	374.56	374.56	1/1/2009	
28820		3	AMB SURG AMPUTATION TOE METATARSOPHALANGEAL JOINT	294.90	418.82	1/1/2009	
28825		3	AMB SURG AMPUTATION TOE INTERPHALANGEAL JOINT	336.49	455.03	1/1/2009	
29000		3	APPLICATION OF BODY CAST	141.78	212.14	1/1/2009	
29010		3	APPLICATION OF BODY CAST	130.75	193.50	1/1/2009	
29015		3	APPLICATION OF BODY CAST	134.61	188.81	1/1/2009	
29020		3	APPLICATION OF BODY CAST	120.85	180.11	1/1/2009	
29025		3	APPLICATION OF BODY CAST	146.94	204.62	1/1/2009	
29035		3	APPLICATION OF BODY CAST	115.85	188.11	1/1/2009	
29040		3	APPLICATION OF BODY CAST	130.16	183.09	1/1/2009	
29044		3	APPLICATION OF BODY CAST, SHOULDER TO HIPS;	135.07	204.48	1/1/2009	
29046		3	APPLICATION OF BODY CAST, SHOULDER TO HIPS;	154.77	223.54	1/1/2009	
29049		3	APPLICATION, CAST; FIGURE-OF-EIGHT	50.75	68.18	1/1/2009	
29055		3	APPLICATION;	111.56	162.27	1/1/2009	
29058		3	APPLICATION;	69.50	88.51	1/1/2009	
29065		3	APPLICATION;	55.89	73.95	1/1/2009	
29075		3	APPLICATION CAST FIGURE 8 ELBOW TO FINGER	50.44	68.51	1/1/2009	
29085		3	APPLICATION CAST: HAND AND LOWER FOREARM	54.40	73.10	1/1/2009	
29086		3	APPLICATION, CAST; FINGER (EG, CONTRACTURE)	39.88	55.73	1/1/2009	
29105		3	APPLICATION OF LONG ARM CAST	49.21	67.91	1/1/2009	
29125		3	APPLICATION OF SHORT ARM SPLINT	35.05	52.48	1/1/2009	
29126		3	APPLICATION OF SHORT ARM DYNAMIC	43.12	60.55	1/1/2009	
29130		3	APPLICATION OF FINGER SPLINT	24.46	32.38	1/1/2009	
29131		3	APPLICATION OF FINGER SPLINT DYNAMIC	27.42	39.78	1/1/2009	
29200		3	STRAPPING;	33.92	42.79	1/1/2009	
29220		3	STRAPPING;	35.16	44.03	1/1/2009	
29240		3	STRAPPING: SHOULDER	37.67	47.82	1/1/2009	
29260		3	STRAPPING: ELBOW OR WRIST	31.02	41.17	1/1/2009	
29280		3	STRAPPING: HAND OR FINGER	29.22	39.68	1/1/2009	
29305		3	APPLICATION OF HIP CAST	130.09	183.33	1/1/2009	
29325		3	APPLICATION OF HIP SPICA CAST; 1 & 1/2 SPICA OR BOTH LEGS	147.13	204.18	1/1/2009	
29345		3	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	84.56	106.74	1/1/2009	
29355		3	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	90.08	110.68	1/1/2009	
29358		3	APPLICATION LONG LEG CLAST BRACE	86.12	119.72	1/1/2009	
29365		3	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	73.30	95.49	1/1/2009	
29405		3	APPLICATION OF SHORT LEG CAST	53.74	70.22	1/1/2009	
29425		3	APPLICATION OF SHORT LEG CAST-WALKING	59.42	76.21	1/1/2009	
29435		3	APPLICATION PATELLAR TENDON BEARING CAST	71.71	93.27	1/1/2009	
29440		3	ADDING WALKER TO PREVIOUSLY APPLIED CAST	29.51	41.87	1/1/2009	
29445		3	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	95.70	117.88	1/1/2009	
29450		3	APPLICATION CLUBFOOT CAST, LONG OR SHORT LEG	106.61	124.99	1/1/2009	
29505		3	APPLICATION OF LONG LEG CAST	39.64	59.61	1/1/2009	
29515		3	APPLICATION OF SHORT LEG CAST	41.55	56.13	1/1/2009	
29520		3	STRAPPING;	30.88	40.07	1/1/2009	
29530		3	STRAPPING OF KNEE	31.71	41.85	1/1/2009	
29540		3	STRAPPING OF ANKLE	28.29	34.62	1/1/2009	
29550		3	STRAPPING;	26.60	33.57	1/1/2009	
29580		3	STRAPPING;	31.14	42.23	1/1/2009	
29590		3	DENIS-BROWNE SPLINT STRAPPING	36.55	45.74	1/1/2009	
29700		3	REMOVAL/REVISION OF CAST	29.83	50.74	1/1/2009	
29705		3	REMOVAL OF FULL ARM OR LEG CAST	40.91	53.90	1/1/2009	
29710		3	REMOVAL OR BIVALVING;	70.22	94.31	1/1/2009	
29715		3	REMOVAL/REVISION OF CAST	48.11	71.56	1/1/2009	
29720		3	REPAIR OF CAST	37.63	62.67	1/1/2009	
29730		3	WINDOWING OF CAST	39.40	52.39	1/1/2009	
29740		3	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)	57.50	75.25	1/1/2009	
29750		3	REVISION OF CAST	65.80	82.28	1/1/2009	
29800		3	ARTHROSCOPY, TM JOINT WITH OR W/O SYNOVIAL BIOPSY	426.10	426.10	1/1/2009	
29804		3	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	529.98	529.98	1/1/2009	
29805		3	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL F	385.42	385.42	1/1/2009	

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
29806		3	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	886.33	886.33	1/1/2009
29807		3	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	863.10	863.10	1/1/2009
29819		3	ARTHROSCOPY SHOULDER SURGICAL WITH REMOVAL OF FB	483.88	483.88	1/1/2009
29820		3	ARTHROSCOPY SYNOVECTOMY PARTIAL	446.67	446.67	1/1/2009
29821		3	ARTHROSCOPY SYNOVECTOMY COMPLETE	487.84	487.84	1/1/2009
29822		3	ARTHROSCOPY DEBRIDEMENT LIMITED	473.65	473.65	1/1/2009
29823		3	ARTHROSCOPY DEBRIDEMENT EXTENSIVE	518.33	518.33	1/1/2009
29824		3	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLU	552.37	552.37	1/1/2009
29825		3	ARTHROSCOPY WITH LYSIS OF ADHESIONS	483.25	483.25	1/1/2009
29826		3	ARTHROSCOPY SHOULDER W/ DECOMPR SUBACROMIAL SPACE	555.15	555.15	1/1/2009
29827		3	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	909.03	909.03	1/1/2009
29830		3	ARTHROSCOPY ELBOW DIAGNOSTIC	372.05	372.05	1/1/2009
29834		3	ARTHROSCOPY ELBOW SURGICAL WITH REMOVAL OF FB	405.47	405.47	1/1/2009
29835		3	ARTHROSCOPY ELBOW SYNOVECTOMY PARTIAL	416.26	416.26	1/1/2009
29836		3	ARTHROSCOPY ELBOW SYNOVECTOMY COMPLETE	478.68	478.68	1/1/2009
29837		3	ARTHROSCOPY ELBOW DEBRIDEMENT LIMITED	436.63	436.63	1/1/2009
29838		3	ARTHROSCOPY ELBOW DEBRIDEMENT EXTENSIVE	488.11	488.11	1/1/2009
29840		3	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOP	364.44	364.44	1/1/2009
29843		3	SURGICAL ARTHROSCOPY FOR INFECTION	391.79	391.79	1/1/2009
29844		3	SURGICAL ARTHROSCOPY FOR PARTIAL SYNOVECTOMY	407.37	407.37	1/1/2009
29845		3	SURGICAL ARTHROSCOPY FOR COMPLETE SYNOVECTOMY	465.68	465.68	1/1/2009
29846		3	SURGICAL ARTHROSCOPY FOR EXCISION FIBROCARILAGE	428.65	428.65	1/1/2009
29847		3	SURGICAL ARTHROSCOPY FOR FIXATION OF FRACTURE	445.24	445.24	1/1/2009
29848		3	ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPA	404.90	404.90	1/1/2009
29850		3	ARTHROSCOPICALLY AIDED TX OF FX KNEE	473.50	473.50	1/1/2009
29851		3	ARTHROSCOPICALLY AIDED TX FX OF KNEE	779.70	779.70	1/1/2009
29855		3	ARTHROSCOPICALLY AIDED TX OF TIBIAL FX	651.86	651.86	1/1/2009
29856		3	ARTHROSCOPICALLY AIDED TX OF TIBIAL FX	835.75	835.75	1/1/2009
29860		3	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (:	536.88	536.88	1/1/2009
29861		3	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOF	596.05	596.05	1/1/2009
29862		3	ARTHROSCOPY, HIP, SURGICAL, WITH DEBRIDEMENT/SHAVING OF ARTIC	665.24	665.24	1/1/2009
29863		3	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	658.36	658.36	1/1/2009
29870		3	ARTHROSCOPY KNEE DIAGNOSTIC	334.27	334.27	1/1/2009
29871		3	ARTHROSCOPY KNEE SURGICAL	420.78	420.78	1/1/2009
29873		3	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	418.88	418.88	1/1/2009
29874		3	ARTHROSCOPY KNEE WITH REMOVAL OF FOREIGN BODY	441.70	441.70	1/1/2009
29875		3	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED	407.03	407.03	1/1/2009
29876		3	ARTHROSCOPY KNEE SYNOVECTOMY MAJOR	535.81	535.81	1/1/2009
29877		3	ARTHROSCOPY KNEE DEBRIDEMENT/SHAVING	506.72	506.72	1/1/2009
29879		3	ARTHROSCOPY KNEE ABRASION ARTHROPLASTY	542.58	542.58	1/1/2009
29880		3	ARTHROSCOPY W/MENISCECTOMY, KNEE	566.73	566.73	1/1/2009
29881		3	ARTHROSCOPY KNEE WITH MENISCECTOMY	527.78	527.78	1/1/2009
29882		3	ARTHROSCOPY KNEE WITH MENISCUS REPAIR	572.21	572.21	1/1/2009
29883		3	ARTHROSCOPY W/MENISCUS REPAIR, KNEE	698.98	698.98	1/1/2009
29884		3	ARTHROSCOPY KNEE WITH LYSIS OF ADHESIONS	505.18	505.18	1/1/2009
29885		3	SURGICAL ARTHROSCOPY W/BONE GRAFTING, KNEE	613.47	613.47	1/1/2009
29886		3	ARTHROSCOPY KNEE DRILLING	516.83	516.83	1/1/2009
29887		3	ARTHROSCOPY KNEE DRILLING WITH INTERNAL FIXATION	609.95	609.95	1/1/2009
29888		3	LIGAMENT REPAIR BY ARTHROSCOPY, ANTERIOR	829.58	829.58	1/1/2009
29889		3	LIGAMENT REPAIR BY ARTHROSCOPY, POSTERIOR	1013.02	1013.02	1/1/2009
29891		3	ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFE	575.26	575.26	1/1/2009
29892		3	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSE	588.96	588.96	1/1/2009
29893		3	ENDOSCOPIC PLANTAR FASCIOTOMY	361.78	474.92	1/1/2009
29894		3	ARTHROSCOPY ANKLE SURGICAL	432.20	432.20	1/1/2009
29895		3	ARTHROSCOPY ANKLE SYNOVECTOMY PARTIAL	418.09	418.09	1/1/2009
29897		3	ARTHROSCOPY ANKLE DEBRIDEMENT LIMITED	437.63	437.63	1/1/2009
29898		3	ARTHROSCOPY ANKLE DEBRIDEMENT EXTENSIVE	489.88	489.88	1/1/2009
29899		3	ENDOSCOPIC PLANTAR FASCIOTOMY WITH ANKLE ARTHRODESIS	881.56	881.56	1/1/2009
29900		3	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDE:	374.61	374.61	1/1/2009
29901		3	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBR	411.05	411.05	1/1/2009
29902		3	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH REDU	439.81	439.81	1/1/2009
30000		3	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	96.03	180.33	1/1/2009
30020		3	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	96.66	174.63	1/1/2009
30100		3	BIOPSY, INTRANASAL	58.45	109.79	1/1/2009
30110		3	AMB SURG-REMOVAL OF NASAL POLYP(S)	107.12	177.16	1/1/2009
30115		3	EXCISION NASAL POLYPS, EXTENSIVE	346.92	346.92	1/1/2009
30117		3	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; INTERNAL	268.37	643.31	1/1/2009

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
30118		3	REMOVAL OF NOSE LESION	631.34	631.34	1/1/2009
30120		3	REVISION OF NOSE	366.60	417.31	1/1/2009
30124		3	EXCISION DERMOID CYST, NOSE;	220.46	220.46	1/1/2009
30125		3	REMOVAL OF NOSE LESION	501.91	501.91	1/1/2009
30130		3	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	301.69	301.69	1/1/2009
30140		3	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE,	343.62	343.62	1/1/2009
30150		3	PARTIAL REMOVAL OF NOSE	645.05	645.05	1/1/2009
30160		3	REMOVAL OF NOSE	649.22	649.22	1/1/2009
30200		3	INJECTION INTO TURBINATE(S), THERAPEUTIC	49.90	87.93	1/1/2009
30210		3	DISPLACEMENT THERAPY (PROETZ TYPE)	80.53	115.71	1/1/2009
30220		3	INSERTION NASAL SEPTAL PROSTHESIS (BUTTON)	102.65	226.25	1/1/2009
30300		3	REMOVAL FOREIGN BODY, INTRANASAL;	97.32	175.29	1/1/2009
30310		3	AMB SURG REMOVE FOREIGN BODY ANESTHESIA REQUIRED	164.81	164.81	1/1/2009
30320		3	REMOVE FOREIGN BODY,NOSE	364.07	364.07	1/1/2009
30400		3	AMB SURG RHINOPLASTY PRIMARY	838.95	838.95	1/1/2009
30410		3	RHINOPLASTY, COMPLETE	997.58	997.58	1/1/2009
30420		3	RHINOPLASTY, INCLUDING MAJOR SEPTAL REPAIR	1124.12	1124.12	1/1/2009
30430		3	AMB SURG RHINOPLASTY SECONDARY MINOR REVISION	730.32	730.32	1/1/2009
30435		3	RHINOPLASTY, INTERMEDIATE REVISION	969.05	969.05	1/1/2009
30450		3	AMB SURG RHINOPLASTY SECONDARY MAJOR REVISION	1294.42	1294.42	1/1/2009
30460		3	RHINOPLASTY FOR NASAL DEFORMITY, TIP ONLY	628.68	628.68	1/1/2009
30462		3	RHINOPLASTY FOR NASAL DEFORMITY; TIP, SEPTUM, OSTEOTOMIES	1263.70	1263.70	1/1/2009
30520		3	REPAIR OF NASAL SEPTUM	489.37	489.37	1/1/2009
30540		3	REPAIR NASAL LESION	546.79	546.79	1/1/2009
30545		3	REPAIR NASAL LESION	791.85	791.85	1/1/2009
30560		3	LYSIS INTRANASAL SYNECHIA	111.00	207.67	1/1/2009
30580		3	AMB SURG REPAIR FISTULA OROMAXILLARY	412.59	508.94	1/1/2009
30600		3	REPAIR MOUTH/NOSE FISTULA	366.12	467.86	1/1/2009
30620		3	RECONSTRUCTION INNER NOSE	496.97	496.97	1/1/2009
30630		3	AMB SURG REPAIR SEPTAL PERFORATION	507.42	507.42	1/1/2009
30801		3	CAUTERY AND/OR ABLATION, MUCOSA OF INFERIOR TURBINATES, UNILAT	105.91	174.69	1/1/2009
30802		3	CAUTERY/ABLATION MUCOSA OF TURBINATES; INTRAMURAL	152.32	227.43	1/1/2009
30901		3	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE	53.99	84.73	1/1/2009
30903		3	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX ANY METHOD	70.17	153.52	1/1/2009
30905		3	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL P.	90.21	191.31	1/1/2009
30906		3	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL	117.45	220.45	1/1/2009
30915		3	LIGATION NASAL SINUS ARTERY	473.00	473.00	1/1/2009
30920		3	LIGATION UPPER JAW ARTERY	682.13	682.13	1/1/2009
30930		3	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	98.44	98.44	1/1/2009
31000		3	LAVAGE BY CANNULATION; MAXILLARY SINUS	85.15	139.98	1/1/2009
31002		3	LAVAGE BY CANNULATION;	161.93	161.93	1/1/2009
31020		3	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL	281.16	378.78	1/1/2009
31030		3	SINUSOTOMY, MAXILLARY; RADICAL W/O REMOVAL POLYPS	425.13	556.02	1/1/2009
31032		3	SINUSOTOMY, MAXILLARY; RADICAL WITH REMOVAL OF POLYPS	464.64	464.64	1/1/2009
31040		3	EXPLORATION BEHIND UPPER JAW	614.52	614.52	1/1/2009
31050		3	AMB SURG SINUSOTOMY SPHENOID	400.18	400.18	1/1/2009
31051		3	SINUSOTOMY W/ MUCOSAL STRIPPING OR POLYP REMOVAL	523.44	523.44	1/1/2009
31070		3	AMB SURG SINUSOTOMY FRONTAL TREPHINE	350.55	350.55	1/1/2009
31075		3	AMB SURG SINUSOTOMY FRONTAL	640.72	640.72	1/1/2009
31080		3	AMB SURG SINUSOTOMY FRONTAL	828.78	828.78	1/1/2009
31081		3	AMB SURG SINUSOTOMY FRONTAL	1009.99	1009.99	1/1/2009
31084		3	AMB SURG SINUSOTOMY FRONTAL	967.97	967.97	1/1/2009
31085		3	AMB SURG SINUSOTOMY FRONTAL	1023.63	1023.63	1/1/2009
31086		3	NONOBLITERATIVE W OSTEOPLASTIC FLAP BROW INCISION	916.63	916.63	1/1/2009
31087		3	NONOBLITERATIVE W OSTEOPLASTIC FLAP CORONAL INCIS	909.41	909.41	1/1/2009
31090		3	AMB SURG SINUSOTOMY COMBINED THREE OR MORE SINUSES	811.88	811.88	1/1/2009
31200		3	AMB SURG ETHMOIDECTOMY	430.29	430.29	1/1/2009
31201		3	AMB SURG ETHMOIDECTOMY	596.49	596.49	1/1/2009
31205		3	AMB SURG ETHMOIDECTOMY	700.69	700.69	1/1/2009
31225		3	REMOVAL OF UPPER JAW	1519.50	1519.50	1/1/2009
31230		3	REMOVAL OF UPPER JAW	1705.68	1705.68	1/1/2009
31231		3	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATI	65.32	150.57	1/1/2009
31233		3	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY	118.34	213.74	1/1/2009
31235		3	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY	141.42	246.01	1/1/2009
31237		3	NASAL/SINUS ENDOSCOPY, SURGICAL;	157.63	265.39	1/1/2009
31238		3	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMOR	171.13	273.81	1/1/2009
31239		3	NASAL/SINUS ENDOSCOPY, SURGICAL;	551.57	551.57	1/1/2009

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
31240		3	NASAL/SINUS ENDOSCOPY, SURGICAL;	139.96	139.96	1/1/2009
31254		3	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ETHMOIDECTOMY,PARTIAL	240.07	240.07	1/1/2009
31255		3	NASAL/SINUS ENDOSCOPY, SURGICAL, W/ETHMOIDECTOMY,ANTERIOR &	354.77	354.77	1/1/2009
31256		3	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY	173.77	173.77	1/1/2009
31267		3	MAXILLARY SINUS ENDOSCOPY, SURGICAL; W/ REMOVAL MUCOUS MEMB	280.14	280.14	1/1/2009
31276		3	NASAL/SINUS ENDOSCOPY W/FRONTAL SINUS EXPLORATION W/WO TISSL	447.43	447.43	1/1/2009
31287		3	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	204.24	204.24	1/1/2009
31288		3	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	236.94	236.94	1/1/2009
31290		3	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL	985.02	985.02	1/1/2009
31291		3	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL	1038.13	1038.13	1/1/2009
31292		3	NASAL/SINUS ENDOSCOPY, SURGICAL;	851.91	851.91	1/1/2009
31293		3	NASAL/SINUS ENDOSCOPY, SURGICAL;	928.46	928.46	1/1/2009
31294		3	NASAL/SINUS ENDOSCOPY, SURGICAL;	1066.70	1066.70	1/1/2009
31300		3	REMOVAL OF LARYNX LESION	1035.61	1035.61	1/1/2009
31320		3	INCISION OF LARYNX	521.39	521.39	1/1/2009
31360		3	REMOVAL OF LARYNX	1664.34	1664.34	1/1/2009
31365		3	REMOVAL OF LARYNX	2086.90	2086.90	1/1/2009
31367		3	PARTIAL REMOVAL OF LARYNX	1794.74	1794.74	1/1/2009
31368		3	PARTIAL REMOVAL OF LARYNX	2005.55	2005.55	1/1/2009
31370		3	PARTIAL REMOVAL OF LARYNX	1685.38	1685.38	1/1/2009
31375		3	PARTIAL REMOVAL OF LARYNX	1593.98	1593.98	1/1/2009
31380		3	PARTIAL REMOVAL OF LARYNX	1570.66	1570.66	1/1/2009
31382		3	PARTIAL LARYNGECTOMY ANTERO-LATERO-VERTICAL	1721.61	1721.61	1/1/2009
31390		3	REMOVAL OF LARYNX & PHARYNX	2323.60	2323.60	1/1/2009
31395		3	RECONSTRUCT LARYNX & PHARYNX	2462.29	2462.29	1/1/2009
31400		3	REVISION OF LARYNX	820.85	820.85	1/1/2009
31420		3	REMOVAL OF EPIGLOTTIS	692.72	692.72	1/1/2009
31500		3	INSERTION OF WINDPIPE AIRWAY	98.11	98.11	1/1/2009
31502		3	TRACHEOSTOMY CHANGE	30.96	30.96	1/1/2009
31505		3	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE);	41.00	66.99	1/1/2009
31510		3	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE);	104.12	171.95	1/1/2009
31511		3	LARYNGOSCOPY INDIRECT WITH REMOVAL FOREIGN BODY	112.05	172.90	1/1/2009
31512		3	LARYNGOSCOPY INDIRECT WITH REMOVAL LESION	112.23	170.55	1/1/2009
31513		3	LARYNGOSCOPY INDIRECT WITH VOCA CORD INJECTION	114.31	114.31	1/1/2009
31515		3	AMB SURG LARYNGOSCOPY	95.14	169.62	1/1/2009
31520		3	AMB SURG LARYNGOSCOPY	133.26	133.26	1/1/2009
31525		3	AMB SURG LARYNGOSCOPY	138.41	205.28	1/1/2009
31526		3	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOS	137.31	137.31	1/1/2009
31527		3	AMB SURG LARYNGOSCOPY	168.08	168.08	1/1/2009
31528		3	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILA	125.27	125.27	1/1/2009
31529		3	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILA	141.29	141.29	1/1/2009
31530		3	AMB SURG LARYNGOSCOPY	173.14	173.14	1/1/2009
31531		3	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; V	186.33	186.33	1/1/2009
31535		3	AMB SURG LARYNGOSCOPY	165.58	165.58	1/1/2009
31536		3	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING M	184.98	184.98	1/1/2009
31540		3	AMB SURG LARYNGOSCOPY	212.67	212.67	1/1/2009
31541		3	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ C	232.63	232.63	1/1/2009
31545		3	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE O	315.17	315.17	1/1/2009
31546		3	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE O	480.59	480.59	1/1/2009
31560		3	AMB SURG LARYNGOSCOPY	275.63	275.63	1/1/2009
31561		3	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH C	302.09	302.09	1/1/2009
31570		3	AMB SURG LARYNGOSCOPY	199.21	286.37	1/1/2009
31571		3	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAI	219.49	219.49	1/1/2009
31575		3	LARYNGOSCOPY FLEXIBLE FIBERSCOPIC DIAGNOSTIC	65.32	94.79	1/1/2009
31576		3	LARYNGOSCOPY FLEXIBLE FIBERSCOPIC WITH BIOPSY	106.67	183.69	1/1/2009
31577		3	LARYNGOSCOPY FLEX FIBERSCOPIC W/REMOVAL FOREIGN BO	129.76	199.17	1/1/2009
31578		3	LARYNGOSCOPY FLEX FIBERSCOPIC W/REMOVAL OF LESION	147.63	231.30	1/1/2009
31579		3	LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY	121.60	179.60	1/1/2009
31580		3	REVISION OF LARYNX	987.19	987.19	1/1/2009
31582		3	REVISION OF LARYNX	1569.49	1569.49	1/1/2009
31584		3	REPAIR OF LARYNX	1261.05	1261.05	1/1/2009
31587		3	LARYNGOPLASTY, CRICOID SPLIT	828.18	828.18	1/1/2009
31588		3	LARYNGOPLASTY NOS	933.75	933.75	1/1/2009
31590		3	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	721.17	721.17	1/1/2009
31595		3	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PR	628.66	628.66	1/1/2009
31600		3	INCISION OF WINDPIPE	346.08	346.08	1/1/2009
31601		3	TRACHEOSTOMY UNDER TWO YEARS	228.01	228.01	1/1/2009

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
31603		3	TRACHEOSTOMY EMERGENCY PROCEDURE TRANSTRACHAEL	195.46	195.46	1/1/2009
31605		3	CRICOTHYROIDOSTOMY	161.44	161.44	1/1/2009
31610		3	INCISION OF WINDPIPE	587.11	587.11	1/1/2009
31611		3	CONST TRACH FISTULA W/ INSERT SPEECH PROSTHESIS	437.54	437.54	1/1/2009
31612		3	TRACHEAL PUNCTURE PERCUTAN FOR ASPIRATION OF MUCOU	42.11	66.83	1/1/2009
31613		3	TRACHEOSTOMA REVISION;	361.41	361.41	1/1/2009
31614		3	TRACHEOSTOMY REVISION COMPLEX WITH FLAP ROTATION	601.36	601.36	1/1/2009
31615		3	VISUALIZATION OF WINDPIPE	110.27	152.10	1/1/2009
31620		3	ENDOBONCHIAL ULTRASOUND (EBUS) DURING BRONCHOSCOPIC DIAGN	63.04	233.86	1/1/2009
31622		3	BRONCHOSCOPY, (RIGID OR FLEXIBLE); DIAGNOSTIC, WITH OR WITHOUT I	129.59	265.55	1/1/2009
31623		3	BRONCHOSCOPY; WITH BRUSHING OR PROTECTED BRUSHINGS	131.29	290.40	1/1/2009
31624		3	BRONCHOSCOPY; WITH BRONCHIAL ALVEOLAR LAVAGE	131.61	270.43	1/1/2009
31625		3	AMB SURG BRONCHOSCOPY	153.26	292.08	1/1/2009
31628		3	BRONCHOSCOPY;	171.19	350.26	1/1/2009
31629		3	BRONCHOSCOPY;	183.23	532.18	1/1/2009
31630		3	AMB SURG BRONCHOSCOPY	182.50	182.50	1/1/2009
31631		3	BRONCHOSCOPY DIAG W/ TRACHEAL DILATION AND STENT	205.90	205.90	1/1/2009
31632		3	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIK	47.44	65.51	1/1/2009
31633		3	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIK	59.48	79.13	1/1/2009
31635		3	AMB SURG BRONCHOSCOPY	169.94	300.52	1/1/2009
31636		3	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIK	201.29	201.29	1/1/2009
31637		3	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIK	71.54	71.54	1/1/2009
31638		3	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIK	225.86	225.86	1/1/2009
31640		3	AMB SURG BRONCHOSCOPY	233.74	233.74	1/1/2009
31641		3	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH DESTRUCTION OF TUMOR C	231.27	231.27	1/1/2009
31643		3	BRONCHOSCOPY; WITH PLACEMENT OF CATHETER(S) FOR INTRACAVITAI	158.79	158.79	1/1/2009
31645		3	AMB SURG BRONCHOSCOPY	144.08	261.98	1/1/2009
31646		3	AMB SURG BRONCHOSCOPY	124.76	237.59	1/1/2009
31656		3	AMB SURG BRONCHOSCOPY	101.06	269.36	1/1/2009
31715		3	TRANSTRACHEAL INJECTION FOR BRONCHOGRAPHY	50.01	50.01	1/1/2009
31717		3	CATH WITH BRONCHIAL BRUSH BIOPSY	99.13	253.16	1/1/2009
31720		3	SUCTION	47.03	47.03	1/1/2009
31725		3	CATHETER ASPIRATION (SEPARATE PROCEDURE);	84.78	84.78	1/1/2009
31730		3	TRANSTRACHEAL INTRO DILAT OR /STENT / TUBE FOR OXYGEN	129.47	712.63	1/1/2009
31750		3	REPAIR OF WINDPIPE	1099.81	1099.81	1/1/2009
31755		3	REPAIR OF WINDPIPE	1389.06	1389.06	1/1/2009
31760		3	REPAIR OF WINDPIPE	1205.50	1205.50	1/1/2009
31766		3	CARINAL RECONSTRUCTION	1576.61	1576.61	1/1/2009
31770		3	REPAIR/GRAFT OF BRONCHUS	1167.92	1167.92	1/1/2009
31775		3	REPAIR OF BRONCHUS	1208.07	1208.07	1/1/2009
31780		3	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS CERVICA	1018.58	1018.58	1/1/2009
31781		3	EXCISION TRACHEAL STENOSIS AND ANASTAMOSIS CERVICO	1237.02	1237.02	1/1/2009
31785		3	EXCIS TRACHEAL TUMOR OR CARCINOMA CERVICAL	933.15	933.15	1/1/2009
31786		3	EXCIS TRACHEAL TUMOR OR CARCINOMA THORACIC	1298.69	1298.69	1/1/2009
31800		3	REPAIR OF WINDPIPE INJURY	576.45	576.45	1/1/2009
31805		3	REPAIR OF WINDPIPE INJURY	714.24	714.24	1/1/2009
31820		3	CLOSURE OF WINDPIPE LESION	273.26	349.64	1/1/2009
31825		3	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA;	403.43	490.59	1/1/2009
31830		3	REVISION TRACH SCAR	282.70	352.11	1/1/2009
32035		3	THORACOSTOMY W/RIB RESECTION	607.62	607.62	1/1/2009
32036		3	THORACOSTOMY W/OPEN FLAP DRAINING FOR EMPYEMA	659.23	659.23	1/1/2009
32095		3	BIOPSY THRU CHEST WALL	541.07	541.07	1/1/2009
32100		3	EXPLORATION/BIOPSY OF CHEST	837.63	837.63	1/1/2009
32110		3	THORACOTOMY MAJOR W CONT OF TRAM HEM AND OR REPAIR	1264.14	1264.14	1/1/2009
32120		3	EXPLORATION OF CHEST	750.32	750.32	1/1/2009
32124		3	EXPLORE CHEST,FREE ADHESIONS	798.21	798.21	1/1/2009
32140		3	THORACOTOMY MAJOR W CYST REMOVAL W OR WO PLEURAL P	854.18	854.18	1/1/2009
32141		3	THORACOT MAJOR W/EXC-PLICA BULLAE W/WO PLEUR PROCE	1294.21	1294.21	1/1/2009
32150		3	REMOVAL OF LUNG LESION(S)	860.85	860.85	1/1/2009
32151		3	THORACOT MAJOR W/REMOVAL INTRAPULMONARY FOR BODY	879.88	879.88	1/1/2009
32160		3	OPEN CHEST HEART MASSAGE	661.24	661.24	1/1/2009
32200		3	DRAINAGE OF LUNG LESION	965.55	965.55	1/1/2009
32201		3	PNEUMONOSTOMY; WITH PERCUTANEOUS DRAINAGE OF ABSCESS OR C	189.46	777.06	1/1/2009
32215		3	PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	692.08	692.08	1/1/2009
32220		3	RELEASE OF LUNG	1384.64	1384.64	1/1/2009
32225		3	PARTIAL RELEASE OF LUNG	861.66	861.66	1/1/2009
32310		3	PLEURECTOMY, PARIETAL (SEPARATE PROCEDURE)	794.56	794.56	1/1/2009

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
32320		3	DECORTICATION/PARIETAL PLEURECTOMY	1388.66	1388.66	1/1/2009
32400		3	BIOPSY, PLEURA;	81.49	131.25	1/1/2009
32402		3	BIOPSY, PLEURA;	486.95	486.95	1/1/2009
32405		3	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE	91.65	91.97	1/1/2009
32420		3	PNEUMOCENTESIS, PUNCTURE OF LUNG FOR ASPIRATION	101.39	101.39	1/1/2009
32440		3	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;	1388.88	1388.88	1/1/2009
32442		3	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;	2591.56	2591.56	1/1/2009
32445		3	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; EXTRAPLEURAL	2943.59	2943.59	1/1/2009
32480		3	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE LOB	1310.96	1310.96	1/1/2009
32482		3	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY;	1397.92	1397.92	1/1/2009
32484		3	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY;	1265.37	1265.37	1/1/2009
32486		3	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY;	2023.09	2023.09	1/1/2009
32488		3	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY;	2048.80	2048.80	1/1/2009
32500		3	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WEDGE RES	1266.45	1266.45	1/1/2009
32540		3	REMOVAL OF LUNG LESION	1456.82	1456.82	1/1/2009
32601		3	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE);	275.42	275.42	1/1/2009
32602		3	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE);	298.83	298.83	1/1/2009
32603		3	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE);	387.42	387.42	1/1/2009
32604		3	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE);	435.08	435.08	1/1/2009
32605		3	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE);	343.45	343.45	1/1/2009
32606		3	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE);	415.71	415.71	1/1/2009
32650		3	THORACOSCOPY, SURGICAL; WITH PLEURODESIS (EG, MECHANICAL OR C	587.48	587.48	1/1/2009
32651		3	THORACOSCOPY, SURGICAL;	930.77	930.77	1/1/2009
32652		3	THORACOSCOPY, SURGICAL;	1414.56	1414.56	1/1/2009
32653		3	THORACOSCOPY, SURGICAL;	902.07	902.07	1/1/2009
32654		3	THORACOSCOPY, SURGICAL;	997.54	997.54	1/1/2009
32655		3	THORACOSCOPY, SURGICAL;	822.67	822.67	1/1/2009
32656		3	THORACOSCOPY, SURGICAL;	703.94	703.94	1/1/2009
32657		3	THORACOSCOPY, SURGICAL;	694.18	694.18	1/1/2009
32658		3	THORACOSCOPY, SURGICAL;	634.18	634.18	1/1/2009
32659		3	THORACOSCOPY, SURGICAL;	644.39	644.39	1/1/2009
32660		3	THORACOSCOPY, SURGICAL;	911.41	911.41	1/1/2009
32661		3	THORACOSCOPY, SURGICAL;	708.95	708.95	1/1/2009
32662		3	THORACOSCOPY, SURGICAL;	793.71	793.71	1/1/2009
32663		3	THORACOSCOPY, SURGICAL;	1225.04	1225.04	1/1/2009
32664		3	THORACOSCOPY, SURGICAL;	754.31	754.31	1/1/2009
32665		3	THORACOSCOPY, SURGICAL;	1060.77	1060.77	1/1/2009
32800		3	REPAIR LUNG HERNIA THRU CHEST WALL	811.29	811.29	1/1/2009
32810		3	CLOSE CHEST WALL FOLL OPEN FLAP DRAIN FOR EMPYEMA	784.48	784.48	1/1/2009
32815		3	OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	2332.49	2332.49	1/1/2009
32820		3	MAJOR RECONSTRUCT CHEST WALL POST TRAUMA	1169.01	1169.01	1/1/2009
32900		3	RESECTION RIBS EXTRAPLEURAL ALL STAGES	1194.72	1194.72	1/1/2009
32905		3	THORACOPLASTY SCHEDE TYPE OR EXTRAPLEURAL	1178.19	1178.19	1/1/2009
32906		3	THORACOPLASTY WITH CLOSURE BRONCHOPLEURAL FISTULA	1464.05	1464.05	1/1/2009
32940		3	REVISION OF LUNG	1079.53	1079.53	1/1/2009
32960		3	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	89.34	120.40	1/1/2009
32997		3	TOTAL LUNG LAVAGE (UNILATERAL)	321.36	321.36	1/1/2009
33010		3	PERICARDIOCENTESIS, INITIAL	111.48	111.48	1/1/2009
33011		3	PERICARDIOCENTESIS; SUBSEQUENT	109.17	109.17	1/1/2009
33015		3	INCISION OF HEART SAC	470.96	470.96	1/1/2009
33020		3	INCISION OF HEART SAC	763.80	763.80	1/1/2009
33025		3	INCISION OF HEART SAC	705.10	705.10	1/1/2009
33030		3	PARTIAL REMOVAL OF HEART SAC	1129.31	1129.31	1/1/2009
33031		3	PERICARDIECTOMY W/O CARDIOPULMONARY BYPASS	1261.83	1261.83	1/1/2009
33050		3	REMOVAL OF HEART SAC LESION	872.20	872.20	1/1/2009
33120		3	REMOVAL OF HEART LESION	1379.37	1379.37	1/1/2009
33130		3	REMOVAL OF HEART LESION	1214.60	1214.60	1/1/2009
33140		3	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY (SE	1387.28	1387.28	1/1/2009
33141		3	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PE	134.66	134.66	1/1/2009
33202		3	INSERTION OF EPICARDIAL ELECTRODE(S); OPEN INCISION (EG, THORAC	687.70	687.70	1/1/2009
33203		3	INSERTION OF EPICARDIAL ELECTRODE(S); ENDOSCOPIC APPROACH (EG	724.88	724.88	1/1/2009
33206		3	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANS	419.28	419.28	1/1/2009
33207		3	INSERTION PERMANENT PACEMAKER VENTRICULAR	449.19	449.19	1/1/2009
33208		3	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANS	484.30	484.30	1/1/2009
33210		3	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS SINGLE CI	167.05	167.05	1/1/2009
33211		3	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHA	167.94	167.94	1/1/2009
33212		3	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY	313.50	313.50	1/1/2009

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33213		3	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY	357.95	357.95	1/1/2009	
33214		3	UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE	443.66	443.66	1/1/2009	
33215		3	INSERT TRANSVENOUS ELECTRODE; SINGLE CHAMBER (1 ELECTRODE) P	283.34	283.34	1/1/2009	
33216		3	INSERTION OF A TRANSVENOUS ELECTRODE; SINGLE CHAMBER (ONE ELI	348.56	348.56	1/1/2009	
33217		3	INSERTION OR REPOSITIONING OF A TRANSVENOUS ELECTRODE (15 DAY	345.65	345.65	1/1/2009	
33218		3	REPAIR OF PACEMAKER ELECTRODE(S) ONLY; SINGLE CHAMBER, ATRIAL	360.28	360.28	1/1/2009	
33220		3	REPAIR OF PACEMAKER ELECTRODE(S) ONLY;	363.66	363.66	1/1/2009	
33222		3	REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKER	316.75	316.75	1/1/2009	
33223		3	REVISION OF SKIN POCKET FOR SINGLE OR DUAL CHAMBER PACING	384.27	384.27	1/1/2009	
33224		3	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEF	471.38	471.38	1/1/2009	
33225		3	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEF	425.45	425.45	1/1/2009	
33226		3	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM	455.38	455.38	1/1/2009	
33233		3	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR	221.25	221.25	1/1/2009	
33234		3	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); SINGLE LEAD ;	450.38	450.38	1/1/2009	
33235		3	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL LEAD SY	581.75	581.75	1/1/2009	
33236		3	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES B	688.80	688.80	1/1/2009	
33237		3	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES B	760.48	760.48	1/1/2009	
33238		3	REMOVAL OF PERMANENT TRANSVENOUS ELECTRODE(S) BY THORACOT	821.51	821.51	1/1/2009	
33240		3	INSERTION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRI	430.65	430.65	1/1/2009	
33241		3	REMOVAL OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENI	209.42	209.42	1/1/2009	
33243		3	REMOVAL OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENI	1210.01	1210.01	1/1/2009	
33244		3	REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBI	791.41	791.41	1/1/2009	
33249		3	INSERTION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRI	838.16	838.16	1/1/2009	
33250		3	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCU	1297.75	1297.75	1/1/2009	
33251		3	ABLAT SUPRAVENT ARRHYTH FOCUS WITH CARD-PUL BYPASS	1438.65	1438.65	1/1/2009	
33254		3	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED	1209.68	1209.68	1/1/2009	
33255		3	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENS	1479.92	1479.92	1/1/2009	
33256		3	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENS	1765.71	1765.71	1/1/2009	
33261		3	OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH	1431.81	1431.81	1/1/2009	
33265		3	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRU	1207.14	1207.14	1/1/2009	
33266		3	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRU	1657.84	1657.84	1/1/2009	
33282		3	IMPLANTATION OF PATIENT-ACTIVATED CARDIAC EVENT RECORDER	297.56	297.56	1/1/2009	
33284		3	REMOVAL OF AN IMPLANTABLE, PATIENT-ACTIVATED CARDIAC EVENT REI	213.69	213.69	1/1/2009	
33300		3	REPAIR OF HEART WOUND	2058.27	2058.27	1/1/2009	
33305		3	REPAIR OF HEART WOUND	3438.01	3438.01	1/1/2009	
33310		3	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, A	1034.31	1034.31	1/1/2009	
33315		3	CARDIOTOMY EXPLOR WITH BYPASS	1315.93	1315.93	1/1/2009	
33320		3	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT SHUNT OR CA	937.89	937.89	1/1/2009	
33321		3	SUTURE REPAIR OF AORTA OR GREAT VESSELS;	1057.73	1057.73	1/1/2009	
33322		3	REPAIR MAJOR BLOOD VESSELS	1228.46	1228.46	1/1/2009	
33330		3	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITHOUT SHUNT, OR	1241.24	1241.24	1/1/2009	
33332		3	INSERTION OF GRAFT, AORTA OR GREAT VESSELS;	1238.59	1238.59	1/1/2009	
33335		3	INSERTION OF HEART GRAFT	1674.48	1674.48	1/1/2009	
33400		3	REPAIR OF AORTIC VALVE	2018.29	2018.29	1/1/2009	
33401		3	VALVULOPLASTY, AORTIC VALVE;	1328.47	1328.47	1/1/2009	
33403		3	VALVULOPLASTY, AORTIC VALVE;	1336.89	1336.89	1/1/2009	
33404		3	CONSTRUCTION OF APICAL-AORTIC CONDUIT	1586.63	1586.63	1/1/2009	
33405		3	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH	2057.96	2057.96	1/1/2009	
33406		3	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH	2542.66	2542.66	1/1/2009	
33410		3	REPLACEMENT AORTIC VALVE, WITH CARDIOPULMONARY BYPASS;WITH ;	2243.49	2243.49	1/1/2009	
33411		3	REPLACEMENT AORTIC VALVE W/ ANNULUS ENLARGEMENT	2932.55	2932.55	1/1/2009	
33412		3	REPLACEMENT AORTIC VALVE, KONNO PROCEDURE	2220.09	2220.09	1/1/2009	
33413		3	REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PL	2888.54	2888.54	1/1/2009	
33414		3	REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATC	1929.44	1929.44	1/1/2009	
33415		3	REVISION OF AORTIC VALVE	1789.83	1789.83	1/1/2009	
33416		3	VENTRICULOMYOTOMY/MYECTOMY FOR SUBAORTIC STENOSIS	1796.27	1796.27	1/1/2009	
33417		3	REVISION OF AORTIC VALVE	1495.47	1495.47	1/1/2009	
33420		3	VALVOTOMY, MITRAL VALVE; CLOSED HEART	1217.00	1217.00	1/1/2009	
33422		3	VALVOTOMY, MITRAL VALVE; OPEN HEART, WITH CARDIOPULMONARY BY	1502.00	1502.00	1/1/2009	
33425		3	REVISION OF MITRAL VALVE	2347.86	2347.86	1/1/2009	
33426		3	VALVULOPLASTY MV W/ CARD-PUL BYPASS W/ PROSTH RING	2126.84	2126.84	1/1/2009	
33427		3	VALVULOPLASTY MV W/ CPB RADICAL RECONSTR W/WO RING	2219.13	2219.13	1/1/2009	
33430		3	REPLACEMENT OF MITRAL VALVE	2461.65	2461.65	1/1/2009	
33460		3	VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	2089.64	2089.64	1/1/2009	
33463		3	VALVULOPLASTY, TRICUSPID VALVE;	2641.35	2641.35	1/1/2009	
33464		3	VALVULOPLASTY, TRICUSPID VALVE;	2125.43	2125.43	1/1/2009	
33465		3	REPLACEMENT, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	2380.53	2380.53	1/1/2009	

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33468		3	REVISION OF TRICUSPID VALVE	1673.13	1673.13	1/1/2009
33470		3	VALVOTOMY, PULMONARY VALVE, CLOSED HEART; TRANSVENTRICULAR	1057.13	1057.13	1/1/2009
33471		3	VALVOTOMY PULMONARY VALVE, CLOSED HEART VIA PULMONARY ARTEI	1178.20	1178.20	1/1/2009
33472		3	VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH INFLOW OCCLUSIC	1189.46	1189.46	1/1/2009
33474		3	REVISION OF TRICUSPID VALVE	1833.19	1833.19	1/1/2009
33475		3	REPLACEMENT, PULMONARY VALVE	2061.23	2061.23	1/1/2009
33476		3	REVISION OF HEART CHAMBER	1303.56	1303.56	1/1/2009
33478		3	REVISION OF HEART CHAMBER	1400.42	1400.42	1/1/2009
33496		3	REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH C	1498.78	1498.78	1/1/2009
33500		3	REPAIR CORONARY FISTULA W/CARDIO-PULMONARY BYPASS	1406.19	1406.19	1/1/2009
33501		3	REPAIR OF CORONARY FISTULA; WO CP BYPASS	975.67	975.67	1/1/2009
33502		3	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY	1126.23	1126.23	1/1/2009
33503		3	ANOMALOUS CORONARY ARTERY GRAFT WITHOUT BYPASS	1204.27	1204.27	1/1/2009
33504		3	ANOMALOUS CORONARY ARTERY GRAFT WITH BYPASS	1286.90	1286.90	1/1/2009
33505		3	REPAIR OF ANOMALOUS CORONARY ARTERY;	1775.81	1775.81	1/1/2009
33506		3	REPAIR OF ANOMALOUS CORONARY ARTERY;	1838.19	1838.19	1/1/2009
33508		3	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN	14.66	14.66	1/1/2009
33510		3	CORONARY ARTERY BYPASS SINGLE VENOUS GRAFT	1749.80	1749.80	1/1/2009
33511		3	CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS	1910.30	1910.30	1/1/2009
33512		3	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	2152.56	2152.56	1/1/2009
33513		3	CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	2199.68	2199.68	1/1/2009
33514		3	CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS	2331.03	2331.03	1/1/2009
33516		3	CORONARY ARTERY BYPASS 6 OR MORE VENOUS GRAFTS	2423.35	2423.35	1/1/2009
33517		3	CORONARY ARTERY BYPASS; SINGLE VEIN GRAFT	167.03	167.03	1/1/2009
33518		3	CORONARY ARTERY BY PASS; 2 VENOUS GRAFTS	361.73	361.73	1/1/2009
33519		3	CORONARY ARTERY BYPASS; 3 VENOUS GRAFTS	482.48	482.48	1/1/2009
33521		3	CORONARY ARTERY BYPASS; 4 VENOUS GRAFTS	583.79	583.79	1/1/2009
33522		3	CORONARY ARTERY BYPASS; 5 VENOUS GRAFTS	663.87	663.87	1/1/2009
33523		3	CORONARY ARTERY BYPASS; 6 OR MORE VENOUS GRAFTS	757.59	757.59	1/1/2009
33533		3	CORONARY ARTERY BYPASS; SINGLE ARTERIAL GRAFT	1703.63	1703.63	1/1/2009
33534		3	CORONARY ARTERY BYPASS; 2 ARTERIAL GRAFTS	1981.67	1981.67	1/1/2009
33535		3	CORONARY ARTERY BYPASS; 3 ARTERIAL GRAFTS	2201.03	2201.03	1/1/2009
33536		3	CORONARY ARTERY BYPASS; 4 OR MORE ARTERIAL GRAFTS	2359.16	2359.16	1/1/2009
33542		3	REMOVAL OF HEART LESION	2275.61	2275.61	1/1/2009
33545		3	REPAIR OF HEART DEFECT	2685.30	2685.30	1/1/2009
33572		3	CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOF	211.89	211.89	1/1/2009
33600		3	CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY SUT	1525.22	1525.22	1/1/2009
33602		3	CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE O	1453.60	1453.60	1/1/2009
33606		3	ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANS	1582.97	1582.97	1/1/2009
33608		3	REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRI	1624.64	1624.64	1/1/2009
33610		3	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE WITH	1585.58	1585.58	1/1/2009
33611		3	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR	1744.50	1744.50	1/1/2009
33612		3	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR	1801.50	1801.50	1/1/2009
33615		3	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, TRICUSPID ATRESIA)	1794.19	1794.19	1/1/2009
33617		3	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE)	1926.28	1926.28	1/1/2009
33619		3	REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION	2361.43	2361.43	1/1/2009
33641		3	REPAIR OF HEART DEFECT	1434.32	1434.32	1/1/2009
33645		3	REVISION OF HEART VEINS	1411.20	1411.20	1/1/2009
33647		3	REPAIR OF ASD AND VSD, DIRECT OF PATCH CLOSURE	1500.28	1500.28	1/1/2009
33660		3	REPAIR OF INCOMPLETE OR PARTIAL ATRIOVENTRICULAR CANAL (OSTIUI	1573.64	1573.64	1/1/2009
33665		3	REPAIR OF INTERMEDIATE OR TRANSITIONAL ATRIOVENTRICULAR CANAL	1703.24	1703.24	1/1/2009
33670		3	REPAIR OF HEART CHAMBERS	1772.09	1772.09	1/1/2009
33675		3	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS;	1767.59	1767.59	1/1/2009
33676		3	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONA	1839.12	1839.12	1/1/2009
33677		3	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH REMOVAL	1911.57	1911.57	1/1/2009
33681		3	REPAIR OF HEART DEFECT	1633.09	1633.09	1/1/2009
33684		3	REPAIR OF HEART DEFECT	1668.79	1668.79	1/1/2009
33688		3	REPAIR OF HEART DEFECT	1676.69	1676.69	1/1/2009
33690		3	BANDING OF PULMONARY ARTERY	1028.40	1028.40	1/1/2009
33692		3	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRES	1576.55	1576.55	1/1/2009
33694		3	REPAIR OF HEART DEFECTS	1776.00	1776.00	1/1/2009
33697		3	COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA	1911.22	1911.22	1/1/2009
33702		3	REPAIR OF HEART DEFECTS	1367.27	1367.27	1/1/2009
33710		3	REPAIR OF HEART DEFECTS	1651.28	1651.28	1/1/2009
33720		3	REPAIR OF HEART DEFECT	1385.06	1385.06	1/1/2009
33722		3	CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL	1380.78	1380.78	1/1/2009
33724		3	REPAIR OF ISOLATED PARTIAL ANOMALOUS PULMONARY VENOUS RETUF	1405.78	1405.78	1/1/2009

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33726		3	REPAIR OF PULMONARY VENOUS STENOSIS	1837.94	1837.94	1/1/2009
33730		3	COMPLETE REPAIR ANOMALOUS VENOUS RETURN	1752.57	1752.57	1/1/2009
33732		3	REPAIR OF COR TRIATRIATUM OR SUPRAVALVULAR MITRAL RING BY RES	1460.99	1460.99	1/1/2009
33735		3	ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED HEART (BLALOCK-HANL	1112.54	1112.54	1/1/2009
33736		3	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1240.39	1240.39	1/1/2009
33737		3	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART, WITH INFLOW OCC	1156.78	1156.78	1/1/2009
33750		3	SHUNT SUBCLAVIAN TO PULMONARY ARTERY	1163.59	1163.59	1/1/2009
33755		3	SHUNT ASCENDING AORTA TO PULMONARY ARTERY	1150.28	1150.28	1/1/2009
33762		3	SHUNT DESCENDING AORTA TO PULMONARY ARTERY	1148.31	1148.31	1/1/2009
33764		3	SHUNT, CENTRAL W/ PROSTHETIC GRAFT	1131.86	1131.86	1/1/2009
33766		3	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO OI	1244.74	1244.74	1/1/2009
33767		3	SHUNT;	1260.98	1260.98	1/1/2009
33770		3	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULA	1918.35	1918.35	1/1/2009
33771		3	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULA	1967.01	1967.01	1/1/2009
33774		3	REP TRANSPOSITION GRT ARTERIES W CARDIOPULM BYPASS	1615.55	1615.55	1/1/2009
33775		3	REP TRANSPOSITION GRT ART W CPB W REM PULM BAND	1680.78	1680.78	1/1/2009
33776		3	REP TRANSPO GRT ART W CPB W CL VENT SEPTAL DEFECT	1768.45	1768.45	1/1/2009
33777		3	REP TRANSPO GRT ART W CPB W REP SUBPULM OBSTRUCT	1732.55	1732.55	1/1/2009
33778		3	REPAIR TRANSPO GRT ARTERIES W CARDIOPULM BYPASS	2129.66	2129.66	1/1/2009
33779		3	REP TRANSPO GRT ARTERIES W CPB W REMOVAL PULM BAND	2045.19	2045.19	1/1/2009
33780		3	REPAIR AORTIC ARTERY W/ CLOSURE SEPTAL DEFECT	2124.98	2124.98	1/1/2009
33781		3	REPAIR AORTIC ARTERY W/ REPAIR OF OBSTRUCTION	2089.92	2089.92	1/1/2009
33786		3	TOTAL REPAIR TRUNCUS ARTERIOSUS	2054.00	2054.00	1/1/2009
33788		3	REVISION OF PULMONARY ARTERY	1385.40	1385.40	1/1/2009
33800		3	AORTIC SUSPENSION FOR TRACHEAL DECOMPRESSION	869.14	869.14	1/1/2009
33802		3	DIVISION ABERRANT VESSEL	934.16	934.16	1/1/2009
33803		3	DIVISION OF ABERRANT VESSEL W/ REANASTOMOSIS	1017.03	1017.03	1/1/2009
33813		3	OBLITERATION SEPTAL DEFECT W/O BYPASS	1151.01	1151.01	1/1/2009
33814		3	OBLITERATION SEPTAL DEFECT WITH BYPASS	1358.39	1358.39	1/1/2009
33820		3	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY LIGATION	869.27	869.27	1/1/2009
33822		3	PATENT DUCTUS ARTERIOSUS DIVISION UNDER 18 YRS	923.12	923.12	1/1/2009
33824		3	PATENE DUCTUS ARTERIOSUS DIVISION 18 YRS OLDER	1044.00	1044.00	1/1/2009
33840		3	EXC OF COARCTATION OF AORTA W/WO ASSOC PAT DUC W/D	1056.35	1056.35	1/1/2009
33845		3	EXC COARCTATION OF AORTA W/WO ASSOC PAT DUC ART WI	1216.82	1216.82	1/1/2009
33851		3	EXCISION COARCTATION OF AORTA WALDHUSEN PROCEDURE	1120.09	1120.09	1/1/2009
33852		3	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOG	1217.01	1217.01	1/1/2009
33853		3	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOG	1677.65	1677.65	1/1/2009
33860		3	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR	2808.95	2808.95	1/1/2009
33861		3	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR	2185.23	2185.23	1/1/2009
33863		3	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR	2806.06	2806.06	1/1/2009
33870		3	TRANSVERSE ARCH GRAFT W/BYPASS	2281.03	2281.03	1/1/2009
33875		3	DESCEND THORACIC AORTA GRAFT W/O BYPASS	1770.23	1770.23	1/1/2009
33877		3	REPAIR THORACOOAAA W/ GRFT, W/WO CP BYPASS	3156.16	3156.16	1/1/2009
33910		3	PULMONARY ARTERY EMBOLECTOMY WITH BYPASS	1480.89	1480.89	1/1/2009
33915		3	PULMONARY ARTERY EMBOLECTOMY WITHOUT BYPASS	1185.35	1185.35	1/1/2009
33916		3	PULMONARY ENDARTERECTOMY W/ BYPASS	1480.72	1480.72	1/1/2009
33917		3	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH I	1339.51	1339.51	1/1/2009
33920		3	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT,	1621.24	1621.24	1/1/2009
33922		3	TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPA	1225.21	1225.21	1/1/2009
33967		3	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	246.65	246.65	1/1/2009
33968		3	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	31.69	31.69	1/1/2009
33970		3	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE FE	331.78	331.78	1/1/2009
33971		3	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE INCLUDING REPAIF	635.22	635.22	1/1/2009
33973		3	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE AS	483.46	483.46	1/1/2009
33974		3	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE FROM THE ASCENI	808.92	808.92	1/1/2009
33975		3	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE	1001.98	1001.98	1/1/2009
33976		3	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENT	1112.66	1112.66	1/1/2009
33977		3	REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE	1072.30	1072.30	1/1/2009
33978		3	REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENT	1181.66	1181.66	1/1/2009
33979		3	INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPC	2197.36	2197.36	1/1/2009
33980		3	REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOI	3223.44	3223.44	1/1/2009
34001		3	REMOVAL BLOOD CLOT ARTERY	866.17	866.17	1/1/2009
34051		3	REMOVAL OF BLOOD CLOT,ARTERY	867.00	867.00	1/1/2009
34101		3	AMB SURG-REMOVAL OF BLOOD CLOT, ARTERY	550.71	550.71	1/1/2009
34111		3	EMBOLECTOMY/THROMBECTOMY, RADIAL OR ULNAR ARTERY	550.50	550.50	1/1/2009
34151		3	REMOVAL OF BLOOD CLOT,ARTERY	1277.61	1277.61	1/1/2009
34201		3	REMOVAL BLOOD CLOT ARTERY	901.21	901.21	1/1/2009

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
34203		3	EMBOLECTOMY/THROMBECTOMY, POPLITEAL-TIBIO-PERONEAL	881.56	881.56	1/1/2009
34401		3	REMOVAL OF BLOOD CLOT, VEIN	1315.48	1315.48	1/1/2009
34421		3	REMOVAL OF BLOOD CLOT, VEIN	667.47	667.47	1/1/2009
34451		3	REMOVAL OF BLOOD CLOT, VEIN	1379.48	1379.48	1/1/2009
34471		3	REMOVAL OF BLOOD CLOT, VEIN	967.33	967.33	1/1/2009
34490		3	REMOVAL OF BLOOD CLOT, VEIN	553.51	553.51	1/1/2009
34501		3	VALVULOPLASTY FEMORAL VEIN	858.20	858.20	1/1/2009
34502		3	RECONSTRUCTION OF VENA CAVA, ANY METHOD	1390.62	1390.62	1/1/2009
34510		3	VENOUS VALVE TRANSPOSITION ANY VEIN DONOR	975.92	975.92	1/1/2009
34520		3	CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	937.31	937.31	1/1/2009
34530		3	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	880.56	880.56	1/1/2009
34800		3	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM	1048.93	1048.93	1/1/2009
34802		3	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM	1145.70	1145.70	1/1/2009
34803		3	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM	1173.09	1173.09	1/1/2009
34804		3	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM	1145.05	1145.05	1/1/2009
34805		3	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM	1075.97	1075.97	1/1/2009
34808		3	ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE (LIST	191.70	191.70	1/1/2009
34812		3	OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF AORTIC ENDOVASC	317.10	317.10	1/1/2009
34813		3	PLACEMENT OF FEMORAL-FEMORAL PROSTHETIC GRAFT DURING ENDOV	220.51	220.51	1/1/2009
34820		3	OPEN ILIAC ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PRO	455.37	455.37	1/1/2009
34825		3	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR END	640.49	640.49	1/1/2009
34826		3	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR END	190.34	190.34	1/1/2009
34830		3	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS	1677.68	1677.68	1/1/2009
34831		3	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS	1778.98	1778.98	1/1/2009
34832		3	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS	1802.83	1802.83	1/1/2009
34833		3	OPEN ILIAC ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIV	566.25	566.25	1/1/2009
34834		3	OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST IN THE DEPLOYMENT OF	256.52	256.52	1/1/2009
34900		3	ENDOVASCULAR GRAFT REPLACEMENT FOR REPAIR OF ILIAC ARTERY	832.29	832.29	1/1/2009
35001		3	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI	1037.79	1037.79	1/1/2009
35002		3	REPAIR RUPTURE ANEURYSM ARTERY NECK INCISION	1096.27	1096.27	1/1/2009
35005		3	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI	953.29	953.29	1/1/2009
35011		3	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIA	911.44	911.44	1/1/2009
35013		3	REPAIR RUPTURED ANEURYSM ARTERY ARM INCISION	1131.07	1131.07	1/1/2009
35021		3	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI	1108.27	1108.27	1/1/2009
35022		3	RUPTURED ANEURYSM INNOMINATE ARTERY THORACIC	1254.12	1254.12	1/1/2009
35045		3	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI	886.27	886.27	1/1/2009
35081		3	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI	1590.52	1590.52	1/1/2009
35082		3	REPAIR RUPTURED ANEURYSM ABDOMINAL AORTA	1997.91	1997.91	1/1/2009
35091		3	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI	1683.22	1683.22	1/1/2009
35092		3	REPAIR RUPT ANEURYSM ABD AORTA VISCERAL VESSELS	2387.68	2387.68	1/1/2009
35102		3	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI	1726.02	1726.02	1/1/2009
35103		3	REPAIR RUPT ANEURYSM ABD AORTA ILIAC VESSELS	2064.97	2064.97	1/1/2009
35111		3	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI	1270.92	1270.92	1/1/2009
35112		3	REPAIR RUPT ANEURYSM SPLENIC ARTERY	1557.95	1557.95	1/1/2009
35121		3	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI	1509.69	1509.69	1/1/2009
35122		3	REPAIR RUPT ANEURYSM HEPATIC CELIAC RENAL MESENTER	1807.40	1807.40	1/1/2009
35131		3	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI	1286.64	1286.64	1/1/2009
35132		3	RUPTURE ANEURYSM ILIAC ARTERY	1556.08	1556.08	1/1/2009
35141		3	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI	1020.43	1020.43	1/1/2009
35142		3	REPAIR DEFECT OF ARTERY	1220.91	1220.91	1/1/2009
35151		3	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI	1150.95	1150.95	1/1/2009
35152		3	RUPTURE ANEURYSM POPLITEAL ARTERY	1336.72	1336.72	1/1/2009
35180		3	REPAIR CONGENITAL A-V FISTULA, HEAD AND NECK	763.26	763.26	1/1/2009
35182		3	REPAIR CONGENITAL A-V FISTULA, THORAX AND ABDOMEN	1570.07	1570.07	1/1/2009
35184		3	REPAIR CONGENITAL A-V FISTULA, EXTREMITIES	925.20	925.20	1/1/2009
35188		3	REPAIR ACQ OR TRAUMATIC A-V FISTULA, HEAD AND NECK	774.61	774.61	1/1/2009
35189		3	REPAIR ACQ OR TRAUMATIC A-V FISTULA, THORAX/ABD	1449.94	1449.94	1/1/2009
35190		3	REPAIR ACQ OR TRAUMATIC A-V FISTULA, EXTREMITIES	676.80	676.80	1/1/2009
35201		3	REPAIR BLOOD VESSEL LESION	849.36	849.36	1/1/2009
35206		3	REPAIR BLOOD VESSEL LESION	694.01	694.01	1/1/2009
35207		3	REPAIR BLOOD VESSELS HAND, FINGER	624.49	624.49	1/1/2009
35211		3	REPAIR BLOOD VESSEL LESION	1233.19	1233.19	1/1/2009
35216		3	REPAIR BLOOD VESSEL LESION	1720.12	1720.12	1/1/2009
35221		3	REPAIR BLOOD VESSEL LESION	1272.55	1272.55	1/1/2009
35226		3	REPAIR BLOOD VESSEL LESION	766.31	766.31	1/1/2009
35231		3	REPAIR BLOOD VESSEL LESION	1064.90	1064.90	1/1/2009
35236		3	REPAIR BLOOD VESSEL LESION	888.69	888.69	1/1/2009

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35241		3	REPAIR BLOOD VESSEL LESION	1287.93	1287.93	1/1/2009	
35246		3	REPAIR BLOOD VESSEL LESION	1401.11	1401.11	1/1/2009	
35251		3	REPAIR BLOOD VESSEL LESION	1513.73	1513.73	1/1/2009	
35256		3	REPAIR BLOOD VESSEL LESION	934.69	934.69	1/1/2009	
35261		3	REPAIR BLOOD VESSEL LESION	944.14	944.14	1/1/2009	
35266		3	REPAIR BLOOD VESSEL LESION	782.72	782.72	1/1/2009	
35271		3	REPAIR BLOOD VESSEL LESION	1231.37	1231.37	1/1/2009	
35276		3	REPAIR BLOOD VESSEL LESION	1292.70	1292.70	1/1/2009	
35281		3	REPAIR BLOOD VESSEL LESION	1445.47	1445.47	1/1/2009	
35286		3	REPAIR BLOOD VESSEL LESION	856.80	856.80	1/1/2009	
35301		3	RECHANNELING OF ARTERY	961.91	961.91	1/1/2009	
35302		3	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED	1024.24	1024.24	1/1/2009	
35303		3	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED	1127.39	1127.39	1/1/2009	
35304		3	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED	1172.51	1172.51	1/1/2009	
35305		3	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED	1126.12	1126.12	1/1/2009	
35306		3	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED	422.43	422.43	1/1/2009	
35311		3	RECHANNELING OF ARTERY	1379.83	1379.83	1/1/2009	
35321		3	RECHANNELING OF ARTERY	817.72	817.72	1/1/2009	
35331		3	RECHANNELING OF ARTERY	1350.90	1350.90	1/1/2009	
35341		3	RECHANNELING OF ARTERY	1271.77	1271.77	1/1/2009	
35351		3	RECHANNELING OF ARTERY	1182.65	1182.65	1/1/2009	
35355		3	THROMBOENDARTERECTOMY W/ OR W/O PATCH, ILIOFEMORAL	960.12	960.12	1/1/2009	
35361		3	RECHANNELING OF ARTERY	1455.55	1455.55	1/1/2009	
35363		3	THROMBOENDARTERECTOMY W/ OR W/O PATCH AORTOILIOFEM	1583.74	1583.74	1/1/2009	
35371		3	RECHANNELING OF ARTERY	755.94	755.94	1/1/2009	
35372		3	THROMBOENDARTERECTOMY, W/O PATCH GRFT, DEEP FEMORAL	907.79	907.79	1/1/2009	
35390		3	REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE	148.77	148.77	1/1/2009	
35450		3	TRANSLUMINAL ANGIOPLASTY, INTRAOPERATIVE, RENAL	475.77	475.77	1/1/2009	
35452		3	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN;	330.05	330.05	1/1/2009	
35454		3	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN;	289.53	289.53	1/1/2009	
35456		3	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN;	350.47	350.47	1/1/2009	
35458		3	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN	449.80	449.80	1/1/2009	
35459		3	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN;	412.91	412.91	1/1/2009	
35460		3	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN;	287.07	287.07	1/1/2009	
35470		3	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; TIBIOPERONE	422.22	2430.32	1/1/2009	
35471		3	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS;	504.06	2672.22	1/1/2009	
35472		3	TRANSLUMINAL ANGIOPLASTY PERCUTANEOUS; AORTIC	337.44	1853.35	1/1/2009	
35473		3	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS;	298.51	1768.45	1/1/2009	
35474		3	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS;	360.88	2357.26	1/1/2009	
35475		3	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; BRACHIOCEPI	452.38	1913.77	1/1/2009	
35476		3	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS;	288.79	1442.75	1/1/2009	
35480		3	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN;	516.42	516.42	1/1/2009	
35481		3	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN;	371.47	371.47	1/1/2009	
35482		3	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN;	324.81	324.81	1/1/2009	
35483		3	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN;	392.18	392.18	1/1/2009	
35484		3	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN	489.20	489.20	1/1/2009	
35485		3	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN	454.93	454.93	1/1/2009	
35490		3	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS;	562.03	562.03	1/1/2009	
35491		3	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS;	377.58	377.58	1/1/2009	
35492		3	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS;	341.76	341.76	1/1/2009	
35493		3	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS;	416.45	416.45	1/1/2009	
35494		3	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; BRACHIO	528.31	528.31	1/1/2009	
35495		3	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS;	482.74	482.74	1/1/2009	
35500		3	HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT, FOR LOWER EXTR	297.91	297.91	1/1/2009	
35501		3	ARTERY BYPASS GRAFT	1432.89	1432.89	1/1/2009	
35506		3	ARTERY BYPASS GRAFT	1219.97	1219.97	1/1/2009	
35508		3	BYPASS GRAFT W/ VEIN, CAROTID-VERTEBRAL	1260.22	1260.22	1/1/2009	
35509		3	ARTERY BYPASS GRAFT	1377.60	1377.60	1/1/2009	
35510		3	BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIAL	1156.90	1156.90	1/1/2009	
35511		3	ARTERY BYPASS GRAFT	1087.34	1087.34	1/1/2009	
35512		3	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRACHIAL	1128.04	1128.04	1/1/2009	
35515		3	BYPASS GRAFT W/ VEIN, SUBCLAVIAN-VERTEBRAL	1218.39	1218.39	1/1/2009	
35516		3	ARTERY BYPASS GRAFT	1116.21	1116.21	1/1/2009	
35518		3	BYPASS GRAFT W/ VEIN, AXILLARY-AXILLARY	1106.95	1106.95	1/1/2009	
35521		3	ARTERY BYPASS GRAFT	1165.10	1165.10	1/1/2009	
35522		3	BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL	1101.73	1101.73	1/1/2009	
35525		3	BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHIAL	1033.96	1033.96	1/1/2009	

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
35526		3	ARTERY BYPASS GRAFT	1525.40	1525.40	1/1/2009
35531		3	ARTERY BYPASS GRAFT	1861.71	1861.71	1/1/2009
35533		3	BYPASS GRAFT W/ VAIN, AXILLARY-FEMORAL-FEMORAL	1440.61	1440.61	1/1/2009
35536		3	ARTERY BYPASS GRAFT	1605.31	1605.31	1/1/2009
35537		3	BYPASS GRAFT, WITH VEIN; AORTOILIAC	1991.17	1991.17	1/1/2009
35538		3	BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC	2234.90	2234.90	1/1/2009
35539		3	BYPASS GRAFT, WITH VEIN; AORTOFEMORAL	2073.46	2073.46	1/1/2009
35540		3	BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL	2322.59	2322.59	1/1/2009
35548		3	ARTERY BYPASS GRAFT	1104.60	1104.60	1/1/2009
35549		3	ARTERY BYPASS GRAFT	1200.09	1200.09	1/1/2009
35551		3	ARTERY BYPASS GRAFT	1367.51	1367.51	1/1/2009
35556		3	ARTERY BYPASS GRAFT	1271.96	1271.96	1/1/2009
35558		3	ARTERY BYPASS GRAFT	1125.47	1125.47	1/1/2009
35560		3	BYPASS GRAFT W/ VEIN, AORTORENAL	1638.38	1638.38	1/1/2009
35563		3	ARTERY BYPASS GRAFT	1255.70	1255.70	1/1/2009
35565		3	ARTERY BYPASS GRAFT	1216.05	1216.05	1/1/2009
35566		3	ARTERY BYPASS GRAFT	1526.92	1526.92	1/1/2009
35571		3	ARTERY BYPASS GRAFT	1233.82	1233.82	1/1/2009
35572		3	HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR R	322.35	322.35	1/1/2009
35583		3	IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	1313.77	1313.77	1/1/2009
35585		3	IN-SITU VEIN BYPASS; FEMORAL-ANT TIB,POST TIB,PERO	1538.34	1538.34	1/1/2009
35587		3	IN-SITU VEIN BYPASS; POPLITEAL, PERONEAL	1272.09	1272.09	1/1/2009
35600		3	HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONAR	237.10	237.10	1/1/2009
35601		3	ARTERY BYPASS GRAFT	1324.73	1324.73	1/1/2009
35606		3	ARTERY BYPASS GRAFT	1078.96	1078.96	1/1/2009
35612		3	ARTERY BYPASS GRAFT	842.97	842.97	1/1/2009
35616		3	ARTERY BYPASS GRAFT	1033.23	1033.23	1/1/2009
35621		3	ARTERY BYPASS GRAFT	1019.27	1019.27	1/1/2009
35623		3	BYPASS GRAFT, WITH OTHER THAN VEIN;	1251.03	1251.03	1/1/2009
35626		3	ARTERY BYPASS GRAFT	1435.49	1435.49	1/1/2009
35631		3	ARTERY BYPASS GRAFT	1713.05	1713.05	1/1/2009
35636		3	BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL (SPLENIC TO RE	1520.15	1520.15	1/1/2009
35637		3	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOILIAC	1573.03	1573.03	1/1/2009
35638		3	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBI-ILIAC	1606.92	1606.92	1/1/2009
35642		3	BYPASS GRAFT W/ OTHER THAN VEIN, CAROTID-VERTEBRAL	950.21	950.21	1/1/2009
35645		3	BYPASS GRAFT W/ OTHER THAN VEIN, SUBCLAVIAN-VERT	901.70	901.70	1/1/2009
35646		3	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBIFEMORAL	1586.45	1586.45	1/1/2009
35647		3	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL	1435.92	1435.92	1/1/2009
35650		3	BYPASS GRAFT W/ OTHER THAN VEIN, AXILLARY-AXILLARY	981.63	981.63	1/1/2009
35651		3	ARTERY BYPASS GRAFT	1270.87	1270.87	1/1/2009
35654		3	BYPASS GRAFT W/ OTHER THAN VEIN, AXIL-FEM-FEM	1267.47	1267.47	1/1/2009
35656		3	ARTERY BYPASS GRAFT	998.42	998.42	1/1/2009
35661		3	ARTERY BYPASS GRAFT	999.10	999.10	1/1/2009
35663		3	ARTERY BYPASS GRAFT	1159.08	1159.08	1/1/2009
35665		3	ARTERY BYPASS GRAFT	1085.65	1085.65	1/1/2009
35666		3	ARTERY BYPASS GRAFT	1169.93	1169.93	1/1/2009
35671		3	ARTERY BYPASS GRAFT	1030.64	1030.64	1/1/2009
35681		3	BYPASS GRAFT; COMPOSITE, PROSTHETIC AND VEIN (LIST SEPARATELY I	74.40	74.40	1/1/2009
35682		3	BYPASS GRAFT; AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS F	332.12	332.12	1/1/2009
35683		3	BYPASS GRAFT; AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS	391.76	391.76	1/1/2009
35685		3	PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPA	186.52	186.52	1/1/2009
35686		3	CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREM	156.03	156.03	1/1/2009
35691		3	TRANSPOSITION AND/OR REIMPLANTATION;	908.67	908.67	1/1/2009
35693		3	TRANSPOSITION AND/OR REIMPLANTATION;	804.69	804.69	1/1/2009
35694		3	TRANSPOSITION AND/OR REIMPLANTATION;	939.92	939.92	1/1/2009
35695		3	TRANSPOSITION AND/OR REIMPLANTATION;	978.93	978.93	1/1/2009
35697		3	REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHE	138.95	138.95	1/1/2009
35700		3	REOPERATION, FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL) -ANTERIC	142.98	142.98	1/1/2009
35701		3	EXPLORATION,CAROTID ARTERY	485.43	485.43	1/1/2009
35721		3	EXPLORATION,FEMORAL ARTERY	412.24	412.24	1/1/2009
35741		3	EXPLORATION POPLITEAL ARTERY	451.82	451.82	1/1/2009
35761		3	EXPLORATION OF ARTERY/VEIN	332.71	332.71	1/1/2009
35800		3	EXPLORATION OF NECK	428.78	428.78	1/1/2009
35820		3	EXPLORATION OF CHEST	1690.25	1690.25	1/1/2009
35840		3	EXPLORATION OF ABDOMEN	561.29	561.29	1/1/2009
35860		3	EXPLORATION OF LIMB	362.24	362.24	1/1/2009
35870		3	REPAIR OF GRAFT-ENTERIC FISTULA	1177.75	1177.75	1/1/2009

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					Medicaid Maximum Allowable	
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
35875		3	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMOD	541.62	541.62	1/1/2009
35876		3	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT;	868.83	868.83	1/1/2009
35879		3	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECT	850.14	850.14	1/1/2009
35881		3	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECT	945.20	945.20	1/1/2009
35883		3	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GF	1103.47	1103.47	1/1/2009
35884		3	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GF	1164.40	1164.40	1/1/2009
35901		3	EXCISION OF INFECTED GRAFT;	453.15	453.15	1/1/2009
35903		3	EXCISION OF INFECTED GRAFT;	512.69	512.69	1/1/2009
35905		3	EXCISION OF INFECTED GRAFT;	1602.76	1602.76	1/1/2009
35907		3	EXCISION OF INFECTED GRAFT;	1766.40	1766.40	1/1/2009
36000		3	INSERTION VEIN ACCESS DEVICE	8.60	21.60	1/1/2009
36002		3	INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATM	100.32	147.86	1/1/2009
36005		3	INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUDING INTR	45.36	289.09	1/1/2009
36010		3	INSERTION VEIN ACCESS DEVICE	114.23	501.21	1/1/2009
36011		3	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM;	147.68	791.69	1/1/2009
36012		3	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM;	166.46	745.82	1/1/2009
36013		3	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTE	119.66	687.30	1/1/2009
36014		3	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTER\	144.68	718.02	1/1/2009
36015		3	SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PU	167.30	787.86	1/1/2009
36100		3	ESTABLISH ACCESS TO ARTERY	146.52	459.34	1/1/2009
36120		3	INTRODUCTION OF NEEDLE OR INTRACATHETER;	92.51	378.70	1/1/2009
36140		3	INTRODUCTION OF NEEDLE OR INTRACATHETER;	95.16	417.80	1/1/2009
36145		3	INTRODUCTION OF NEEDLE OR INTRACATHETER;	93.13	413.87	1/1/2009
36160		3	INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR	123.69	460.59	1/1/2009
36200		3	ESTABLISH ACCESS TO AORTA	142.28	559.37	1/1/2009
36215		3	ARTERIAL CATH. PLACEMENT; 1ST ORDER THORACIC OR BRACHIOCEPHA	225.46	983.57	1/1/2009
36216		3	ARTERIAL CATH PLACEMENT, 2ND ORDER THORACIC BRANCH	254.18	1075.36	1/1/2009
36217		3	ARTERIAL CATH PLACEMENT, 3RD ORDER THORACIC BRANCH	304.31	1746.37	1/1/2009
36218		3	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SEC	48.49	165.44	1/1/2009
36245		3	INTRODUCTION OF CATHETER AORTA, EACH ADDITIONAL	232.03	1083.64	1/1/2009
36246		3	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM;	253.48	1066.42	1/1/2009
36247		3	ARTERIAL CATHETER PLACEMENT;3RD ORDER, ABD, PELVIC,LEG	301.79	1669.37	1/1/2009
36248		3	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SEC	48.49	142.62	1/1/2009
36260		3	INSERTION IMPLANTABLE INFUSION PUMP	515.98	515.98	1/1/2009
36261		3	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	313.44	313.44	1/1/2009
36262		3	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	238.29	238.29	1/1/2009
36400		3	VENIPUNCTURE, UNDER AGE 3 YEARS; FEMORAL OR JUGULAR	16.21	22.55	1/1/2009
36405		3	VENIPUNCTURE, UNDER AGE 3 YEARS;	14.13	20.46	1/1/2009
36406		3	VENIPUNCTURE, UNDER AGE 3 YEARS;	8.29	14.62	1/1/2009
36410		3	VENIPUNCTURE, CHILD OVER AGE 3 YEARS OR ADULT, NECESSITATING	7.97	16.21	1/1/2009
36415		3	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	3.06	3.06	1/1/2009
36420		3	VENIPUNCTURE, CUTDOWN;	44.05	44.05	1/1/2009
36425		3	VENIPUNCTURE, CUTDOWN;	34.63	34.63	1/1/2009
36430		3	BLOOD TRANSFUSION SERVICE	31.10	31.10	1/1/2009
36440		3	PUSH TRANSFUSION, BLOOD, 2 YEARS OR UNDER	46.34	46.34	1/1/2009
36450		3	EXCHANGE TRANSFUSION, BLOOD;	106.32	106.32	1/1/2009
36455		3	EXCHANGE TRANSFUSION, BLOOD;	115.99	115.99	1/1/2009
36460		3	TRANSFUSION, INTRAUTERINE, FETAL	303.47	303.47	1/1/2009
36470		3	INJECTION OF SCLEROSING SOLUTION;	61.19	116.97	1/1/2009
36471		3	INJECTION OF SCLEROSING SOLUTION;	86.21	144.84	1/1/2009
36475		3	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, I	308.01	1506.35	1/1/2009
36476		3	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, I	150.78	327.95	1/1/2009
36478		3	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, I	310.87	1244.24	1/1/2009
36479		3	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, I	151.73	344.43	1/1/2009
36481		3	PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD	372.49	372.49	1/1/2009
36500		3	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING	166.44	166.44	1/1/2009
36510		3	CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEI	51.56	94.35	1/1/2009
36511		3	THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS	81.01	81.01	1/1/2009
36512		3	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	82.27	82.27	1/1/2009
36513		3	THERAPEUTIC APHERESIS; FOR PLATELETS	84.86	84.86	1/1/2009
36514		3	THERAPEUTIC APHERESIS, FOR PLASMA PHERESIS	80.37	438.83	1/1/2009
36515		3	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTIO	78.79	1625.43	1/1/2009
36516		3	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORP	56.53	1838.35	1/1/2009
36522		3	PHOTOPHERESIS, EXTRACORPOREAL	90.79	1148.72	1/1/2009
36555		3	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	115.45	236.52	1/1/2009
36556		3	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	109.44	202.30	1/1/2009
36557		3	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATI	268.60	718.97	1/1/2009

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						Medicaid Maximum Allowable	
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
36558		3	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER	256.74	695.38	1/1/2009	
36560		3	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE	318.15	985.30	1/1/2009	
36561		3	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE	307.68	974.51	1/1/2009	
36563		3	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE	319.45	985.65	1/1/2009	
36565		3	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE	303.24	826.50	1/1/2009	
36566		3	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE	324.81	3045.39	1/1/2009	
36568		3	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (F)	88.46	265.94	1/1/2009	
36569		3	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (F)	88.36	231.61	1/1/2009	
36570		3	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE	283.75	999.39	1/1/2009	
36571		3	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE	276.09	1036.10	1/1/2009	
36575		3	REPAIR OF TUNNELED OR NON-TUNNELED CENTRAL VENOUS ACCESS DEVICE	35.22	136.96	1/1/2009	
36576		3	REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT	167.36	309.03	1/1/2009	
36578		3	REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE	191.27	429.92	1/1/2009	
36580		3	REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED	63.59	198.29	1/1/2009	
36581		3	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL	181.29	644.65	1/1/2009	
36582		3	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL	266.31	900.18	1/1/2009	
36583		3	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL	266.76	900.63	1/1/2009	
36584		3	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VEIN	65.21	195.15	1/1/2009	
36585		3	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VEIN	250.07	923.24	1/1/2009	
36589		3	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS	124.51	146.06	1/1/2009	
36590		3	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS	176.56	236.78	1/1/2009	
36595		3	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, BLOOD)	175.42	522.15	1/1/2009	
36596		3	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE	41.36	117.11	1/1/2009	
36597		3	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER (F)	58.51	111.12	1/1/2009	
36600		3	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	13.93	26.61	1/1/2009	
36620		3	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING	46.31	46.31	1/1/2009	
36625		3	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING	95.69	95.69	1/1/2009	
36640		3	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY)	106.94	106.94	1/1/2009	
36660		3	CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY	60.83	60.83	1/1/2009	
36680		3	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION	53.65	53.65	1/1/2009	
36800		3	AMB SURG INSERTION OF CANNULA FOR HEMODIALYSIS	140.03	140.03	1/1/2009	
36810		3	REDIRECTION OF BLOOD FLOW	188.88	188.88	1/1/2009	
36815		3	REDIRECTION OF BLOOD FLOW	133.19	133.19	1/1/2009	
36818		3	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRUNK	605.66	605.66	1/1/2009	
36819		3	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRUNK	714.06	714.06	1/1/2009	
36820		3	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FOREARM VEIN TRANSPOSITION	716.38	716.38	1/1/2009	
36821		3	ARTERIOVENOUS ANASTOMOSIS DIRECT ANY SITE	595.08	595.08	1/1/2009	
36823		3	INSERTION OF ARTERIAL AND VENOUS CANNULA(S) FOR ISOLATED EXTRAHEPATIC	1139.74	1139.74	1/1/2009	
36825		3	AMB SURG INTERNAL A-V FISTULA ARTERIOVENOUS	516.48	516.48	1/1/2009	
36830		3	ARTERIOVENOUS FISTULA NONAUTOGENOUS GRAFT	591.74	591.74	1/1/2009	
36831		3	THROMBECTOMY, OPEN, ARTERIOVENOUS FISTULA WITHOUT REVISION, INITIAL	408.10	408.10	1/1/2009	
36832		3	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, INITIAL	521.62	521.62	1/1/2009	
36833		3	REVISION, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AUTOGENOUS	589.50	589.50	1/1/2009	
36834		3	PLASTIC REPAIR OF ARTERIOVENOUS ANEURYSM (SEPARATE PROCEDURE)	553.05	553.05	1/1/2009	
36835		3	THOMAS SHUNT	407.39	407.39	1/1/2009	
36838		3	DISTAL REVASCLARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXTREMITY	1053.83	1053.83	1/1/2009	
36860		3	CANNULA DEBLOTING WITHOUT BALLOON CATHETER	92.81	165.39	1/1/2009	
36861		3	CANNULA DEBLOTING WITH BALLOON CATHETER	134.36	134.36	1/1/2009	
36870		3	THROMBECTOMY, PERCUTANEOUS, ARTERIOVENOUS FISTULA, AUTOGENOUS	276.62	1565.91	1/1/2009	
37140		3	VENOUS ANASTOMOSIS, OPEN; PORTOCAVAL	1205.03	1205.03	1/1/2009	
37145		3	VENOUS ANASTOMOSIS; RENOPORTAL	1299.22	1299.22	1/1/2009	
37160		3	VENOUS ANASTOMOSIS; CAVAL-MESENTERIC	1130.45	1130.45	1/1/2009	
37180		3	VENOUS ANASTOMOSIS; SPLENORENAL, PROXIMAL	1266.94	1266.94	1/1/2009	
37181		3	SPLENORENAL DISTAL (SELECTIVE DECOMPRESSION)	1369.43	1369.43	1/1/2009	
37182		3	INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S)	819.00	819.00	1/1/2009	
37183		3	REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S)	389.20	389.20	1/1/2009	
37195		3	THROMBOLYSIS, CEREBRAL, BY INTRAVENOUS INFUSION	275.85	275.85	1/1/2009	
37200		3	TRANSCATHETER BIOPSY	217.54	217.54	1/1/2009	
37201		3	TRANSCATHETER THERAPY, INFUSION FOR THROMBOLYSIS OTHER THAN	256.74	256.74	1/1/2009	
37202		3	TRANSCATHETER THERAPY, INFUSION NOT FOR THROMBOLYSIS	308.20	308.20	1/1/2009	
37203		3	TRANSCATHETER RETRIEVAL PERCUTANEOUS, INTRAVASCULAR	247.08	1144.96	1/1/2009	
37204		3	TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTROY)	864.37	864.37	1/1/2009	
37205		3	PLACEMENT INTRAVAS STENT, PERCU; INITIAL VESSEL	406.05	2830.61	1/1/2009	
37206		3	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CATHETER)	197.97	1689.47	1/1/2009	
37207		3	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CATHETER)	394.35	394.35	1/1/2009	
37208		3	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CATHETER)	191.06	191.06	1/1/2009	
37209		3	EXCHANGE OF A PREVIOUSLY PLACED INTRAVASCULAR CATHETER DURING	106.71	106.71	1/1/2009	

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37210		3	UTERINE FIBROID EMBOLIZATION (UFE, EMBOLIZATION OF THE UTERINE /	514.73	3007.74	1/1/2009	
37215		3	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL	1007.37	1007.37	1/1/2009	
37216		3	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL	925.81	925.81	1/1/2009	
37500		3	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORATOR VE	614.58	614.58	1/1/2009	
37565		3	LIGATION, INTERNAL JUGULAR VEIN	611.44	611.44	1/1/2009	
37600		3	LIGATION, EXTERNAL CAROTID ARTERY	625.53	625.53	1/1/2009	
37605		3	LIGATION; INTERNAL OR COMMON CAROTID ARTERY	716.13	716.13	1/1/2009	
37606		3	LIGATION OF NECK ARTERY	465.90	465.90	1/1/2009	
37607		3	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	332.61	332.61	1/1/2009	
37609		3	AMB SURG TEMPORAL ARTERY LIGATION OR BIOPSY	171.20	246.63	1/1/2009	
37615		3	LIGATION MAJOR ARTERY NECK	412.08	412.08	1/1/2009	
37616		3	LIGATION MAJOR ARTERY CHEST	960.59	960.59	1/1/2009	
37617		3	LIGATE MAJOR ARTERY ABDOMEN	1145.88	1145.88	1/1/2009	
37618		3	LIGATION MAJOR ARTERY EXTREMITY	329.03	329.03	1/1/2009	
37620		3	INTERRUPTION, PARTIAL OR COMPLETE, OF INFERIOR VENA CAVA BY SU	596.64	596.64	1/1/2009	
37650		3	LIGATION OF FEMORAL VEIN	449.86	449.86	1/1/2009	
37660		3	LIGATION OF COMMON ILIAC VEIN	1072.72	1072.72	1/1/2009	
37700		3	AMB SURG VARICOSE VEIN LIGATION W/WO STRIP PARTIAL	220.21	220.21	1/1/2009	
37735		3	REMOVAL OF LEG VEIN(S)	560.37	560.37	1/1/2009	
37760		3	REVISION OF LEG VEINS	551.90	551.90	1/1/2009	
37765		3	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB II	396.41	396.41	1/1/2009	
37766		3	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN	482.56	482.56	1/1/2009	
37780		3	REVISION OF LEG VEIN	227.15	227.15	1/1/2009	
37785		3	AMB SURG VARICOSE VEIN LEG LIGATION	227.68	301.53	1/1/2009	
38100		3	REMOVAL OF SPLEEN	928.45	928.45	1/1/2009	
38101		3	SPLENECTOMY PARTIAL	933.18	933.18	1/1/2009	
38102		3	SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCT	222.49	222.49	1/1/2009	
38115		3	REPAIR RUPTURED SPLEEN W/WO PARTIAL SPLENECTOMY	1032.90	1032.90	1/1/2009	
38120		3	LAPAROSCOPY, SURGICAL, SPLENECTOMY	858.84	858.84	1/1/2009	
38200		3	INJECTION FOR SPLEEN X-RAY	124.56	124.56	1/1/2009	
38204		3	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR	91.06	91.06	1/1/2009	
38205		3	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR T	71.93	71.93	1/1/2009	
38206		3	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR T	71.93	71.93	1/1/2009	
38207		3	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CF	44.66	44.66	1/1/2009	
38208		3	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TH	28.50	28.50	1/1/2009	
38209		3	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TH	12.24	12.24	1/1/2009	
38220		3	BONE MARROW ASPIRATION	53.94	131.59	1/1/2009	
38221		3	BONE MARROW BIOPSY, NEEDLE OR TROCAR	68.43	146.39	1/1/2009	
38230		3	BONE MARROW HARVESTING FOR TRANSPLANTATION	274.73	274.73	1/1/2009	
38240		3	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLAI	111.15	111.15	1/1/2009	
38241		3	BONE MARROW TRANSPLANTATION;	111.78	111.78	1/1/2009	
38242		3	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLAI	84.73	84.73	1/1/2009	
38300		3	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE	148.84	218.25	1/1/2009	
38305		3	DRAINAGE LYMPH NODE LESION	379.19	379.19	1/1/2009	
38308		3	INCISION OF LYMPH CHANNELS	364.74	364.74	1/1/2009	
38380		3	SUTURE AND OR LIGATION OF THORACIC DUCT CERVICAL A	469.17	469.17	1/1/2009	
38381		3	SUTURE AND OR LIGATION OF THORACIC DUCT THORACIC A	701.32	701.32	1/1/2009	
38382		3	SUTURE/LIGATION THORACIC DUCT ABDOMINAL APPROACH	566.08	566.08	1/1/2009	
38500		3	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	205.40	258.01	1/1/2009	
38505		3	BIOPSY OR EXCISION OF LYMPH NODE(S);	65.42	107.57	1/1/2009	
38510		3	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S	348.82	418.54	1/1/2009	
38520		3	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S	380.93	380.93	1/1/2009	
38525		3	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S	345.24	345.24	1/1/2009	
38530		3	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INTERNAL MAMMARY NC	444.26	444.26	1/1/2009	
38542		3	DISSECTION DEEP JUGULAR NODE	424.31	424.31	1/1/2009	
38550		3	EXCISION OF CYSTIC HYGROMA AXILLARY OR CERVICAL	392.68	392.68	1/1/2009	
38555		3	REMOVAL NECK/ARMPIT LESION	818.54	818.54	1/1/2009	
38562		3	LIMITED LYMPHADENECTOMY FOR STAGING PELVIC	587.85	587.85	1/1/2009	
38564		3	LIMITED LYMPHADENECTOMY FOR STAGING RETROPERITONEA	584.12	584.12	1/1/2009	
38570		3	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMF	476.57	476.57	1/1/2009	
38571		3	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENE	749.56	749.56	1/1/2009	
38572		3	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENE	824.86	824.86	1/1/2009	
38700		3	REMOVAL OF LYMPH NODES, NECK	660.23	660.23	1/1/2009	
38720		3	REMOVAL OF LYMPH NODES, NECK	1097.66	1097.66	1/1/2009	
38724		3	CERVICAL LYMPHADENECTOMY	1190.75	1190.75	1/1/2009	
38740		3	AMB SURG AXILLARY LYMPH NODE DISSECT SUPERFICIAL	553.11	553.11	1/1/2009	
38745		3	AMB SURG AXILLARY LYMPH NODE DISSECT COMPLETE	704.37	704.37	1/1/2009	

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38746		3	THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL AN	232.60	232.60	1/1/2009
38747		3	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, GASTR	226.75	226.75	1/1/2009
38760		3	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL	694.81	694.81	1/1/2009
38765		3	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL	1081.57	1081.57	1/1/2009
38770		3	PELVIC LYMPHADENECTOMY INC EXT ILIAC HYPOGASTRIC W	724.30	724.30	1/1/2009
38780		3	RETROPERITONEAL LYMPHADENECTOMY EXTENS INC PEL AOR	912.12	912.12	1/1/2009
38790		3	INJECTION FOR LYMPHATIC X-RAY	71.11	71.11	1/1/2009
38792		3	INJECTION PROCEDURE; FOR IDENTIFICATION OF SENTINEL NODE	34.33	34.33	1/1/2009
38794		3	CANNULATION, THORACIC DUCT	269.24	269.24	1/1/2009
39000		3	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIG	420.17	420.17	1/1/2009
39010		3	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIG	697.87	697.87	1/1/2009
39200		3	REMOVAL MEDIASTINAL LESION	774.30	774.30	1/1/2009
39220		3	REMOVAL MEDIASTINAL LESION	997.23	997.23	1/1/2009
39400		3	VISUALIZATION OF MEDIASTINUM	433.27	433.27	1/1/2009
39501		3	REPAIR, LACERATION OF DIAPHRAGM, ANY APPROACH	709.82	709.82	1/1/2009
39502		3	REPAIR DIAPHRAGMATIC HERNIA EXCEPT NEONATAL	852.34	852.34	1/1/2009
39503		3	REPAIR DIAPHRAGMATIC HERNIA NEONATAL	4983.08	4983.08	1/1/2009
39520		3	REPAIR OF DIAPHRAGM HERNIA	850.77	850.77	1/1/2009
39530		3	REPAIR OF DIAPHRAGM HERNIA	814.88	814.88	1/1/2009
39531		3	REP DIAPHRAG HERNIA COMB THORACICOABDOMINAL W/DILA	851.88	851.88	1/1/2009
39540		3	REPAIR OF DIAPHRAGM HERNIA	725.79	725.79	1/1/2009
39541		3	REPARI DIAPHR HERNIA TRAUMATIC CHRONIC	782.94	782.94	1/1/2009
39545		3	IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR TI	769.94	769.94	1/1/2009
39560		3	RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE)	665.61	665.61	1/1/2009
39561		3	RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MATI	1034.50	1034.50	1/1/2009
40490		3	BIOPSY OF LIP	62.54	105.32	1/1/2009
40500		3	AMB SURG VERMILIONECTOMY (LIP SHAVE)	295.48	397.54	1/1/2009
40510		3	AMB SURG EXCISION LIP TRANSVERSE WEDGE EXCISION	293.49	386.35	1/1/2009
40520		3	PARTIAL EXCISION OF LIP	296.60	396.75	1/1/2009
40525		3	EXCISION LIP FULL THICKNESS LOCAL FLAP	461.45	461.45	1/1/2009
40527		3	EXCISION LIP FULL THICKNESS CROSS LIP FLAP	545.47	545.47	1/1/2009
40530		3	PARTIAL REMOVAL OF LIP	336.55	438.29	1/1/2009
40650		3	REPAIR LIP	236.11	328.97	1/1/2009
40652		3	REPAIR LIP	287.67	387.19	1/1/2009
40654		3	REPAIR LIP	349.47	457.23	1/1/2009
40700		3	REPAIR CLEFT LIP	774.71	774.71	1/1/2009
40701		3	REPAIR CLEFT LIP	961.32	961.32	1/1/2009
40702		3	REPAIR CLEFT LIP	747.51	747.51	1/1/2009
40720		3	REPAIR CLEFT LIP	822.85	822.85	1/1/2009
40761		3	REPAIR CLEFT LIP	890.97	890.97	1/1/2009
40800		3	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH;	102.55	157.69	1/1/2009
40801		3	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH;	179.41	243.75	1/1/2009
40804		3	REMOVAL FOREIGN BODY, MOUTH	103.88	160.93	1/1/2009
40805		3	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH;	186.06	255.47	1/1/2009
40808		3	BIOPSY MOUTH LESION	86.14	141.61	1/1/2009
40810		3	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOU	102.59	158.05	1/1/2009
40812		3	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOU	160.08	223.47	1/1/2009
40814		3	EXCISION MOUTH LESION	246.92	301.43	1/1/2009
40816		3	EXC LESION OF MUCOSA AND SUBMUCOSA W/O REPAIR	258.43	317.70	1/1/2009
40818		3	EXCISION ORAL NUCOSA, GRAFT	220.10	278.09	1/1/2009
40820		3	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH, BY PHYSIC	137.26	205.08	1/1/2009
40830		3	CLOSURE OF LACERATION, VESTIBULE OF MOUTH;	129.14	190.31	1/1/2009
40831		3	CLOSURE OF LACERATION, VESTIBULE OF MOUTH;	181.55	252.86	1/1/2009
40840		3	RECONSTRUCTION MOUTH	527.14	653.91	1/1/2009
40842		3	RECONSTRUCTION MOUTH	516.36	644.09	1/1/2009
40843		3	RECONSTRUCTION MOUTH	672.73	842.29	1/1/2009
40844		3	RECONSTRUCTION MOUTH	938.58	1117.02	1/1/2009
40845		3	RECONSTRUCTION MOUTH	1052.50	1217.63	1/1/2009
41000		3	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	90.94	126.43	1/1/2009
41005		3	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	103.20	176.09	1/1/2009
41006		3	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	212.85	285.74	1/1/2009
41007		3	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	206.55	286.10	1/1/2009
41008		3	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	220.70	294.86	1/1/2009
41009		3	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	239.49	313.34	1/1/2009
41010		3	INCISION OF LINGUAL FRENUM (FRENOTOMY)	88.60	158.01	1/1/2009
41015		3	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOM/	274.45	337.21	1/1/2009
41016		3	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOM/	284.81	346.30	1/1/2009

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41017		3	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	286.08	348.84	1/1/2009	
41018		3	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	335.41	400.70	1/1/2009	
41100		3	BIOPSY TONGUE	90.50	133.60	1/1/2009	
41105		3	BIOPSY OF TONGUE;	91.78	133.93	1/1/2009	
41108		3	BIOPSY FLOOR OF MOUTH	73.70	114.58	1/1/2009	
41110		3	EXCISION TONGUE LESION	107.54	164.91	1/1/2009	
41112		3	EXCISION OF LESION OF TONGUE WITH CLOSURE;	204.00	261.04	1/1/2009	
41113		3	EXCISION TONGUE LESION	227.08	286.67	1/1/2009	
41114		3	EXC LESION TONGUE LOCAL TONGUE FLAP	528.18	528.18	1/1/2009	
41115		3	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	121.58	191.94	1/1/2009	
41116		3	EXCISION, LESION OF FLOOR OF MOUTH	178.69	255.07	1/1/2009	
41120		3	PARTIAL REMOVAL OF TONGUE	855.60	855.60	1/1/2009	
41130		3	PARTIAL REMOVAL OF TONGUE	1060.63	1060.63	1/1/2009	
41135		3	TONGUE AND NECK SURGERY	1777.82	1777.82	1/1/2009	
41140		3	REMOVAL OF TONGUE	1824.34	1824.34	1/1/2009	
41145		3	TONGUE REMOVAL; NECK SURGERY	2287.82	2287.82	1/1/2009	
41150		3	MOUTH AND JAW SURGERY	1808.75	1808.75	1/1/2009	
41153		3	GLOSSECTOMY COMPOSITE PROC W/RESECTION FLOOR MOUTH	1964.24	1964.24	1/1/2009	
41155		3	MOUTH, JAW, AND NECK SURGERY	2447.95	2447.95	1/1/2009	
41250		3	REPAIR LACERATION TONGUE	116.63	180.02	1/1/2009	
41251		3	REPAIR LACERATION TO 2CM POSTERIOR ONE THIRD TONGUE	135.85	186.88	1/1/2009	
41252		3	REPAIR LACERATED TONGUE	175.94	245.03	1/1/2009	
41500		3	FIXATION TONGUE	360.32	360.32	1/1/2009	
41510		3	TONGUE TO LIP SURGERY	330.78	330.78	1/1/2009	
41520		3	FRENOPLASTY	206.63	272.87	1/1/2009	
41800		3	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUC	103.97	177.18	1/1/2009	
41805		3	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUC	131.62	182.96	1/1/2009	
41806		3	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUC	206.80	269.55	1/1/2009	
41820		3	EXCISION, GUM	383.09	383.09	1/1/2009	
41821		3	EXCISION, GUM FLAP	319.26	319.26	1/1/2009	
41822		3	EXCISION GUM LESION	144.62	226.39	1/1/2009	
41823		3	EXCISION GUM LESION	259.78	337.42	1/1/2009	
41825		3	EXCISION GUM LESION	102.76	161.08	1/1/2009	
41826		3	EXCISION GUM LESION	165.95	227.44	1/1/2009	
41827		3	EXCISION GUM LESION	246.62	337.90	1/1/2009	
41830		3	AMB SURG ALVEOLECTOMY INC CURETTAGE OSTEITIS	228.37	305.39	1/1/2009	
41850		3	DESTRUCTION OF LESION EXCEPT EXCISION	38.31	38.31	1/1/2009	
41870		3	GRAFT GUM	510.80	510.80	1/1/2009	
41872		3	GINGIVOPLASTY, EACH QUADRANT (SPECIFY)	211.74	285.90	1/1/2009	
41874		3	ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)	208.61	290.70	1/1/2009	
42000		3	DRAINAGE OF ABSCESS OF PALATE, UVULA	84.42	124.67	1/1/2009	
42100		3	BIOPSY ROOF OF MOUTH	89.60	118.75	1/1/2009	
42104		3	EXCISION, LESION OF PALATE, UVULA;	112.65	164.94	1/1/2009	
42106		3	EXCISION LESION, MOUTH ROOF	147.48	209.28	1/1/2009	
42107		3	EXCISION LESION PALATE, UVULA LOCAL FLAP CLOSURE	284.76	365.26	1/1/2009	
42120		3	RESECTION PALATE OR EXTENSIVE RESECTION OF LESION	798.84	798.84	1/1/2009	
42140		3	UVULECTOMY, EXCISION OF UVULA	126.23	196.27	1/1/2009	
42145		3	PALATOPHARYNGOPLASTY	583.36	583.36	1/1/2009	
42160		3	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEM	125.64	190.29	1/1/2009	
42180		3	REPAIR PALATE	153.02	194.86	1/1/2009	
42182		3	REPAIR PALATE	223.61	267.67	1/1/2009	
42200		3	RECONSTRUCTION CLEFT PALATE	740.26	740.26	1/1/2009	
42205		3	RECONSTRUCTION CLEFT PALATE	789.91	789.91	1/1/2009	
42210		3	PALATOPLASTY WITH BONE GRAFT TO ALVEOLAR RIDGE-INCLUDES OBTA	890.79	890.79	1/1/2009	
42215		3	RECONSTRUCTION CLEFT PALATE	582.46	582.46	1/1/2009	
42220		3	RECONSTRUCTION CLEFT PALATE	452.70	452.70	1/1/2009	
42225		3	RECONSTRUCTION CLEFT PALATE	772.77	772.77	1/1/2009	
42226		3	LENGTHENING PALATE AND PHARYNGEAL FLAP	768.97	768.97	1/1/2009	
42227		3	LENGTHENING OF PALATE WITH ISLAND FLAP	747.24	747.24	1/1/2009	
42235		3	REPAIR PALATE	609.96	609.96	1/1/2009	
42260		3	REPAIR NOSE TO LIP FISTULA	572.78	683.08	1/1/2009	
42300		3	DRAINAGE OF ABSCESS;	126.07	166.32	1/1/2009	
42305		3	DRAINAGE OF ABSCESS;	361.14	361.14	1/1/2009	
42310		3	DRAINAGE OF ABSCESS;	102.92	129.54	1/1/2009	
42320		3	DRAINAGE OF ABSCESS;	147.89	200.18	1/1/2009	
42330		3	SIALOLITHOTOMY;	137.27	186.39	1/1/2009	
42335		3	TREATMENT SALIVARY STONE	214.89	296.66	1/1/2009	

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42340		3	TREATMENT SALIVARY STONE	283.15	373.80	1/1/2009
42400		3	BIOPSY OF SALIVARY GLAND;	49.26	87.61	1/1/2009
42405		3	BIOPSY OF SALIVARY GLAND;	191.76	246.27	1/1/2009
42408		3	AMB SURG EXCISION SALIVARY CYST	274.78	366.05	1/1/2009
42409		3	AMB SURG TREATMENT SALIVARY CYST	185.92	263.89	1/1/2009
42410		3	EXCISION PAROTID GLAND	524.55	524.55	1/1/2009
42415		3	EX PAROTID TUMOR PAROTID GL LAT LOB W DISSECAN PRE	948.55	948.55	1/1/2009
42420		3	EXCISION PAROTID GLAND	1087.82	1087.82	1/1/2009
42425		3	EXCISION PAROTID GLAND	715.29	715.29	1/1/2009
42426		3	EXCISION PAROTID TUMOR OR PAROTID GLAND TOTAL	1164.36	1164.36	1/1/2009
42440		3	EXCISION SUBMAXILLARY GLAND	394.46	394.46	1/1/2009
42450		3	EXCISION SUBLINGUAL GLAND	298.73	365.92	1/1/2009
42500		3	REPAIR SALIVARY DUCT	284.07	348.72	1/1/2009
42505		3	REPAIR SALIVARY DUCT	381.02	453.92	1/1/2009
42507		3	PAROID DUCT DIVERS BILATERAL	426.45	426.45	1/1/2009
42508		3	PAROTID DUCT DIVERS BILAT W/EXC ONE SUBMANOLB GLAN	607.90	607.90	1/1/2009
42509		3	PAROTID DUCT DIVERSION BILAT W/EXC BOTH SUBMANDIBU	698.27	698.27	1/1/2009
42510		3	PAROTID DUCT DIVERSION BILAT LIGAT SUBMANDIBULAR	526.81	526.81	1/1/2009
42550		3	INJECTION PROCEDURE FOR SIALOGRAPHY	59.25	124.22	1/1/2009
42600		3	CLOSURE SALIVARY FISTULA	296.61	392.01	1/1/2009
42650		3	DILATION SALIVARY DUCT	49.46	66.89	1/1/2009
42660		3	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT	66.03	86.31	1/1/2009
42665		3	LIGATION SALIVARY DUCT	171.97	246.77	1/1/2009
42700		3	INCISION AND DRAINAGE ABSCESS;	112.26	150.29	1/1/2009
42720		3	DRAINAGE THROAT ABSCESS	335.74	379.47	1/1/2009
42725		3	DRAINAGE THROAT ABSCESS	683.61	683.61	1/1/2009
42800		3	BIOPSY;	92.85	126.13	1/1/2009
42802		3	BIOPSY;	112.47	191.07	1/1/2009
42804		3	BIOPSY;	95.10	159.44	1/1/2009
42806		3	BIOPSY;	111.84	180.30	1/1/2009
42808		3	EXCISION LESION PHARYNX	138.13	184.72	1/1/2009
42809		3	REMOVAL OF FOREIGN BODY FROM PHARYNX	108.33	137.81	1/1/2009
42810		3	AMB SURG BRANCHIAL CLEFT CYST	235.37	309.53	1/1/2009
42815		3	AMB SURG BRANCHIAL CLEFT CYST	462.55	462.55	1/1/2009
42820		3	AMB SURG TONSILLECTOMY & ADENOIDECTOMY UNDER 12	245.01	245.01	1/1/2009
42821		3	AMB SURG TONSILLECTOMY & ADENOIDECTOMY OVER 12	255.75	255.75	1/1/2009
42825		3	AMB SURG TONSILLECTOMY UNDER AGE 12	218.72	218.72	1/1/2009
42826		3	AMB SURG TONSILLECTOMY AGE 12 OR OVER	211.42	211.42	1/1/2009
42830		3	AMB SURG ADENOIDECTOMY PRIMARY UNDER AGE 12	172.03	172.03	1/1/2009
42831		3	AMB SURG ADENOIDECTOMY AGE 12 OR OVER/PRIMARY	185.53	185.53	1/1/2009
42835		3	AMB SURG ADENOIDECTOMY SECONDARY UNDER AGE 12	155.07	155.07	1/1/2009
42836		3	AMB SURG ADENOIDECTOMY AGE 12 OR OVER/SECONDARY	202.79	202.79	1/1/2009
42842		3	RADICAL RESECTION TONSIL WITHOUT CLOSURE	803.15	803.15	1/1/2009
42844		3	RADICAL RESECTION TONSIL CLOSURE WITH LOCAL FLAP	1130.50	1130.50	1/1/2009
42845		3	RADICAL RESECTION TONSIL CLOSURE WITH OTHER FLAP	1856.83	1856.83	1/1/2009
42860		3	EXCISION TONSIL TAGS	155.48	155.48	1/1/2009
42870		3	EXCISION LINGUAL TONSIL	470.73	470.73	1/1/2009
42890		3	PARTIAL REMOVAL PHARYNX	1152.18	1152.18	1/1/2009
42892		3	RESECT LATERAL PHARYNGEAL WALL DIRECT CLOSURE	1513.27	1513.27	1/1/2009
42894		3	RESECT PHARYNGEAL WALL WITH MYOCUTANEOUS FLAP	1940.18	1940.18	1/1/2009
42900		3	REPAIR THROAT WOUND	292.51	292.51	1/1/2009
42950		3	RECONSTRUCTION OF THROAT	652.73	652.73	1/1/2009
42953		3	PHARYNGOESOPHAGEAL REPAIR	801.52	801.52	1/1/2009
42955		3	SURGICAL OPENING OF THROAT	615.19	615.19	1/1/2009
42960		3	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (E	142.01	142.01	1/1/2009
42961		3	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (E	352.11	352.11	1/1/2009
42962		3	CONTROL BLEEDING THROAT	436.75	436.75	1/1/2009
42970		3	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDAI	327.22	327.22	1/1/2009
42971		3	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDAI	385.07	385.07	1/1/2009
42972		3	CONTROL BLEEDING, NOSE/THROAT	433.11	433.11	1/1/2009
43020		3	INCISION OF ESOPHAGUS	446.13	446.13	1/1/2009
43030		3	CRICOPHARYNGEAL MYOTOMY	441.53	441.53	1/1/2009
43045		3	ESOPHAGOTOMY, THORACIC APPROACH, WITH REMOVAL OF FOREIGN BO	1124.32	1124.32	1/1/2009
43100		3	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL AP	528.07	528.07	1/1/2009
43101		3	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC OF	878.47	878.47	1/1/2009
43107		3	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY;	2176.29	2176.29	1/1/2009
43108		3	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WI	3679.90	3679.90	1/1/2009

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
43112		3	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY;	2326.78	2326.78	1/1/2009
43113		3	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH C	3671.72	3671.72	1/1/2009
43116		3	PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT,	4179.43	4179.43	1/1/2009
43117		3	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY	2128.73	2128.73	1/1/2009
43118		3	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY /	3027.31	3027.31	1/1/2009
43121		3	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY	2401.51	2401.51	1/1/2009
43122		3	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPR	2152.63	2152.63	1/1/2009
43123		3	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPR	3699.08	3699.08	1/1/2009
43124		3	TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION	3157.77	3157.77	1/1/2009
43130		3	REMOVAL ESOPHAGUS POUCH	669.41	669.41	1/1/2009
43135		3	REMOVAL ESOPHAGUS POUCH	1257.58	1257.58	1/1/2009
43200		3	AMB SURG ESOPHAGOSCOPY RIGID/FIBEROPTIC DIAGNOSTIC	89.63	176.79	1/1/2009
43201		3	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH DIRECTED SUBMUCOSAL IN	112.90	242.84	1/1/2009
43202		3	AMB SURG ESOPHAGOSCOPY WITH BIOPSY	99.71	231.87	1/1/2009
43204		3	ESOPHAGOSCOPY-RIGID OR FIBEROPTIC DIAGNOSTIC W INJ	196.52	196.52	1/1/2009
43205		3	ESOPHAGOSCOPY, RIGID OR FLEXIBLE;	197.08	197.08	1/1/2009
43215		3	AMB SURG ESOPHAGOSCOPY WITH REMOVAL FOREIGN BODY	134.75	134.75	1/1/2009
43216		3	ESOPHAGOSCOPY, RIGID OR FLEXIBLE;	125.56	166.76	1/1/2009
43217		3	AMB SURG ESOPHAGOSCOPY WITH REMOVAL POLYP(S)	148.11	311.34	1/1/2009
43219		3	ESOPHAGOSCOPY W/INSERTION PLASTIC TUBE OR STENT	149.64	149.64	1/1/2009
43220		3	DILATION OF ESOPHAGUS	110.83	110.83	1/1/2009
43226		3	ESOPHAGOGASTROSCOPY W INSERTION WIRE TO GUIDE DILA	123.60	123.60	1/1/2009
43227		3	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH CONTROL OF BLEEDING (EC	184.23	184.23	1/1/2009
43228		3	ESOPHAGOGASTROSCOPY WITH ABLATION MUCOSAL LESION	196.43	196.43	1/1/2009
43231		3	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND	167.22	167.22	1/1/2009
43232		3	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH TRANSENDOSCOPIC ULTRA	230.59	230.59	1/1/2009
43234		3	UPPER GASTROINTESTINAL ENDOSCOPY SIMPLE	104.26	230.40	1/1/2009
43235		3	AMB SURG ESOPHAGOGASTRODUODENOSCOPY	127.22	249.56	1/1/2009
43236		3	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOM.	154.69	310.62	1/1/2009
43237		3	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOM.	210.68	210.68	1/1/2009
43238		3	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOM.	261.21	261.21	1/1/2009
43239		3	AMB SURG ESOPHAGOGASTRODUODENOSCOPY W BIOPSY	150.66	289.16	1/1/2009
43240		3	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOM.	350.82	350.82	1/1/2009
43241		3	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOM.	136.72	136.72	1/1/2009
43242		3	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOM.	374.15	374.15	1/1/2009
43243		3	UGI ENDOSCOPY FOR INJ SCLEROSIS ESPH GAS VARICES	235.67	235.67	1/1/2009
43244		3	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOM.	261.23	261.23	1/1/2009
43245		3	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOM.	164.68	164.68	1/1/2009
43246		3	UPPER GASTROINTESTINAL ENDOSCOPY FOR PLACEMENT TUB	220.69	220.69	1/1/2009
43247		3	AMB SURG ESOPHAGOGASTRODUODENOSCOPY W/REMOVAL FB	176.19	176.19	1/1/2009
43248		3	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOM.	166.49	166.49	1/1/2009
43249		3	UPPER GI ENDOSCOPY, INCLUDING ESOPHAGUS, STOMACH	153.27	153.27	1/1/2009
43250		3	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOM.	164.73	164.73	1/1/2009
43251		3	AMB SURG ESOPHAGOGASTRODUODENOSCOPY W POLYPECTOMY	191.68	191.68	1/1/2009
43255		3	AMB SURG ESOPHAGOGASTRODUODENOSCOPY W COAGULATION	249.43	249.43	1/1/2009
43256		3	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOM.	224.11	224.11	1/1/2009
43258		3	AMB SURG ESOPHAGOGASTRODUODENOSCOPY FULGURAT MUCOS	234.99	234.99	1/1/2009
43259		3	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOM.	267.83	267.83	1/1/2009
43260		3	AMB SURG ESOPHAGOGASTRODUODENOSCOPY	306.70	306.70	1/1/2009
43261		3	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	322.41	322.41	1/1/2009
43262		3	ERCP FOR SPHINCTEROTOMY/PAPILLOTOMY	378.69	378.69	1/1/2009
43263		3	ERCP FOR PRESSURE MEASUREMENT OF SPHINCTER OF ODDI	374.63	374.63	1/1/2009
43264		3	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WI	454.69	454.69	1/1/2009
43267		3	ENDOSCOPY FOR INSERTION OF DRAINAGE TUBE	377.11	377.11	1/1/2009
43268		3	ERCP W BILIARY CATHETER FOR BILIARY OBSTRUCTION	383.13	383.13	1/1/2009
43269		3	ERCP FOR REMOVAL CHNG TUBE STENT OR FOREIGN BODY	419.82	419.82	1/1/2009
43271		3	ENDOSCOPY FOR BALLOON DILATION	378.37	378.37	1/1/2009
43272		3	ENDOSCOPY FOR ABLATION OF TUMOR OR LESION	377.74	377.74	1/1/2009
43280		3	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISS	889.39	889.39	1/1/2009
43300		3	REPAIR OF ESOPHAGUS	524.03	524.03	1/1/2009
43305		3	REPAIR ESOPHAGUS AND FISTULA	941.09	941.09	1/1/2009
43310		3	REPAIR OF ESOPHAGUS	1315.51	1315.51	1/1/2009
43312		3	ESOPHAGOPLASTY WITH REPAIR OF TRACHEOESOPHAGEAL FI	1453.10	1453.10	1/1/2009
43313		3	ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR REC	2315.05	2315.05	1/1/2009
43314		3	ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR REC	2650.77	2650.77	1/1/2009
43320		3	ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH OR WITHOUT VAGOTC	1155.78	1155.78	1/1/2009
43324		3	ESOPHAGOGASTRIC FUNDOPLASTY	1121.48	1121.48	1/1/2009

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
43325		3	ESOPHAGOGASTRIC FUNDOPLASTY WITH FUNDIC PATCH (THA	1103.70	1103.70	1/1/2009
43326		3	ESOPHAGOGASTRIC FUNDOPLASTY WITH GASTROPLASTY	1123.83	1123.83	1/1/2009
43330		3	ESOPHAGOMYOTOMY (HELLER TYPE); ABDOMINAL APPROACH	1082.69	1082.69	1/1/2009
43331		3	ESOPHAGOMYOTOMY THORACIC APPROACH	1172.16	1172.16	1/1/2009
43340		3	ESOPHAGOJEJUNOSTOMY W TOT GASTREC ABD APPROACH	1123.84	1123.84	1/1/2009
43341		3	ESOPHAGOJEJUNOSTOMY THORACIC APPROACH	1235.90	1235.90	1/1/2009
43350		3	AMB SURG ESOPHAGOSTOMY	958.38	958.38	1/1/2009
43351		3	AMB SURG ESOPHAGOSTOMY	1124.37	1124.37	1/1/2009
43352		3	AMB SURG ESOPHAGOSTOMY	919.29	919.29	1/1/2009
43360		3	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOM	1972.03	1972.03	1/1/2009
43361		3	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOM	2203.77	2203.77	1/1/2009
43400		3	LIGATION ESOPHAGEAL VEINS	1352.95	1352.95	1/1/2009
43401		3	TRANSECTION OF ESOPH W/ REPAIR FOR ESOPH VARICES	1283.84	1283.84	1/1/2009
43405		3	LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EX	1242.30	1242.30	1/1/2009
43410		3	REPAIR WOUND,ESOPHAGUS	849.35	849.35	1/1/2009
43415		3	SUTURE OF ESOPHAGEAL WOUND OR INJURY; TRANSTHORACIC OR TRAN	1448.29	1448.29	1/1/2009
43420		3	REPAIR OPENING,ESOPHAGUS	850.34	850.34	1/1/2009
43425		3	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; TRANSTHORACIC OR TRAN:	1272.07	1272.07	1/1/2009
43450		3	AMB SURG ESOPHAGEAL DILATION BOUGIE INITIAL	77.56	132.71	1/1/2009
43453		3	DILATION ESOPHAGUS OVER GUIDE WIRE OR STRING	84.24	246.82	1/1/2009
43456		3	DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR, RETROGRADE	136.14	498.40	1/1/2009
43458		3	DILATION OF ESOPHAGUS WITH BALLOON (30 MM DIAMETER OR LARGER)	159.18	323.36	1/1/2009
43460		3	ESOPHAGOGASTRIC TAMPONADE, WITH BALLOON (SENGSTAAKEN TYPE)	193.32	193.32	1/1/2009
43500		3	INCISION OF STOMACH	635.59	635.59	1/1/2009
43501		3	GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER	1094.32	1094.32	1/1/2009
43502		3	GASTROTOMY;	1239.45	1239.45	1/1/2009
43510		3	GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PERMAN	784.46	784.46	1/1/2009
43520		3	INCISION PYLORIC MUSCLE	574.64	574.64	1/1/2009
43600		3	BIOPSY OF STOMACH;	93.84	93.84	1/1/2009
43605		3	BIOPSY OF STOMACH	675.04	675.04	1/1/2009
43610		3	EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH	797.67	797.67	1/1/2009
43611		3	EXCISION, LOCAL;	992.63	992.63	1/1/2009
43620		3	GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY	1619.34	1619.34	1/1/2009
43621		3	GASTRECTOMY, TOTAL;	1844.68	1844.68	1/1/2009
43622		3	GASTRECTOMY, TOTAL;	1871.90	1871.90	1/1/2009
43631		3	GASTRECTOMY, PARTIAL, DISTAL;	1186.80	1186.80	1/1/2009
43632		3	GASTRECTOMY, PARTIAL, DISTAL;	1619.16	1619.16	1/1/2009
43633		3	GASTRECTOMY, PARTIAL, DISTAL;	1540.43	1540.43	1/1/2009
43634		3	GASTRECTOMY, PARTIAL, DISTAL;	1701.40	1701.40	1/1/2009
43635		3	VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LI	95.15	95.15	1/1/2009
43640		3	DIVISION VAGUS NERVE	953.80	953.80	1/1/2009
43641		3	VAGOTOMY W/ PYLOROPLASTY PARIETAL CELL	962.15	962.15	1/1/2009
43644		3	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GA	1412.48	1412.48	1/1/2009
43651		3	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL	528.74	528.74	1/1/2009
43652		3	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIV	619.48	619.48	1/1/2009
43653		3	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OI	450.74	450.74	1/1/2009
43760		3	CHANGE OF GASTROSTOMY TUBE	44.52	275.88	1/1/2009
43761		3	REPOSITIONING OF THE GASTRIC FEEDING TUBE, ANY METHOD, THROUG	95.46	107.51	1/1/2009
43800		3	RECONSTRUCTION OF PYLORUS	756.91	756.91	1/1/2009
43810		3	FUSION STOMACH AND BOWEL	820.61	820.61	1/1/2009
43820		3	GASTROJEJUNOSTOMY; WITHOUT VAGOTOMY	1063.78	1063.78	1/1/2009
43825		3	FUSION STOMACH AND BOWEL	1055.86	1055.86	1/1/2009
43830		3	GASTROSTOMY, OPEN; WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG,	560.61	560.61	1/1/2009
43831		3	TEMPORARY OPENING,STOMACH	467.65	467.65	1/1/2009
43832		3	GASTROSTOMY PERMANENT W CONSTRUCTION GASTRIC TUBE	864.17	864.17	1/1/2009
43840		3	REPAIR LESION,STOMACH	1078.93	1078.93	1/1/2009
43842		3	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MC	1048.55	1048.55	1/1/2009
43843		3	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MC	1029.26	1029.26	1/1/2009
43846		3	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID	1327.46	1327.46	1/1/2009
43847		3	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID	1450.95	1450.95	1/1/2009
43848		3	REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OI	1574.54	1574.54	1/1/2009
43850		3	REVISION STOMACHBOWEL FUSION	1318.89	1318.89	1/1/2009
43855		3	REVISION STOMACHBOWEL FUSION	1378.16	1378.16	1/1/2009
43860		3	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) V	1339.04	1339.04	1/1/2009
43865		3	REVISION STOMACHBOWEL FUSION	1392.95	1392.95	1/1/2009
43870		3	REPAIR OPENING STOMACH.	572.75	572.75	1/1/2009
43880		3	REPAIR STOMACH-BOWEL FISTULA	1308.14	1308.14	1/1/2009

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
44005		3	FREEING OF BOWEL ADHESION	893.57	893.57	1/1/2009
44010		3	DUODENOTOMY	702.13	702.13	1/1/2009
44015		3	TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR EXTERNAL ALIMENTATI	122.09	122.09	1/1/2009
44020		3	ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR EXPLOF	789.60	789.60	1/1/2009
44021		3	ENTEROTOMY SMALL BOWEL FOR DECOMPRESSION	798.60	798.60	1/1/2009
44025		3	EXPLORATION OF LARGE BOWEL	803.89	803.89	1/1/2009
44050		3	REDUCTION BOWEL OBSTRUCTION	760.86	760.86	1/1/2009
44055		3	CORRECTION OF MALROTATION	1220.03	1220.03	1/1/2009
44100		3	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPEI	101.09	101.09	1/1/2009
44110		3	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NC	688.52	688.52	1/1/2009
44111		3	EXCISION BOWEL LESIONS	802.00	802.00	1/1/2009
44120		3	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AI	994.03	994.03	1/1/2009
44121		3	ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RE	205.30	205.30	1/1/2009
44125		3	ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH ENTEROSTOMY	964.81	964.81	1/1/2009
44126		3	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATR	1993.89	1993.89	1/1/2009
44127		3	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATR	2322.03	2322.03	1/1/2009
44128		3	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATR	206.26	206.26	1/1/2009
44130		3	ENTERENTEROSTOMY, ANASTOMOSIS OF INTESTINE, WITH OR WITHOU	1041.16	1041.16	1/1/2009
44139		3	MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN	102.77	102.77	1/1/2009
44140		3	PARTIAL REMOVAL OF COLON	1097.82	1097.82	1/1/2009
44141		3	COLECTOMY PARTIAL WITH CECOSTOMY COLOSTOMY	1445.74	1445.74	1/1/2009
44143		3	COLECTOMY PARTIAL WITH END COLOSTOMY CLOSURE DISTA	1352.71	1352.71	1/1/2009
44144		3	COLECTOMY PARTIAL W/RESEC COLOS ILEOS MUCOFISTULA	1421.85	1421.85	1/1/2009
44145		3	PARTIAL REMOVAL OF COLON	1368.90	1368.90	1/1/2009
44146		3	COLECTOMY PARTIAL W/COLOPROCTOSTOMY COLOSTOMY	1710.71	1710.71	1/1/2009
44147		3	COLECTOMY PARTIAL ABD AND TRANSANAL APPROACH	1544.93	1544.93	1/1/2009
44150		3	REMOVAL OF COLON	1498.64	1498.64	1/1/2009
44151		3	COLECTOMY TOTAL WITH CONTINENT ILEOSTOMY	1714.24	1714.24	1/1/2009
44155		3	REMOVAL OF COLON	1679.87	1679.87	1/1/2009
44156		3	COLECTOMY TOTAL ABD W/ PROCTECTOMY W/ CONTINENT	1845.71	1845.71	1/1/2009
44157		3	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL	1753.33	1753.33	1/1/2009
44158		3	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL	1797.39	1797.39	1/1/2009
44160		3	COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCC	1011.64	1011.64	1/1/2009
44202		3	LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL INTES	1136.19	1136.19	1/1/2009
44203		3	LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECT	204.45	204.45	1/1/2009
44204		3	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	1269.11	1269.11	1/1/2009
44205		3	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TE	1107.96	1107.96	1/1/2009
44206		3	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOM	1439.65	1439.65	1/1/2009
44207		3	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, I	1513.46	1513.46	1/1/2009
44208		3	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, I	1644.41	1644.41	1/1/2009
44210		3	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT F	1469.21	1469.21	1/1/2009
44211		3	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROC	1803.92	1803.92	1/1/2009
44212		3	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROC	1691.73	1691.73	1/1/2009
44300		3	SURGICAL OPENING OF BOWEL	683.10	683.10	1/1/2009
44310		3	ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	854.84	854.84	1/1/2009
44312		3	REPAIR SMALL BOWEL OPENING	485.14	485.14	1/1/2009
44314		3	REPAIR SMALL BOWEL OPENING	827.08	827.08	1/1/2009
44316		3	CONTINENT ILEOSTOMY	1133.47	1133.47	1/1/2009
44320		3	COLOSTOMY OR SKIN LEVEL CECOSTOMY;	974.59	974.59	1/1/2009
44322		3	COLOSTOMY OR SKIN LEVEL CECOSTOMY; WITH MULTIPLE BIOPSIES (EG,	770.21	770.21	1/1/2009
44340		3	AMB SURG REVISION COLOSTOMY SIMPLE	487.70	487.70	1/1/2009
44345		3	REVISION OF COLOSTOMY, COMPLICATED	852.67	852.67	1/1/2009
44346		3	REVISE COLOSTOMY W/ REPAIR PARACOLOSTOMY HERNIA	957.73	957.73	1/1/2009
44360		3	SM INTESTINE-ENDOSCOPY/ENTEROSCOPY DIAGNOSTIC	138.51	138.51	1/1/2009
44361		3	SM INTEST ENDOSCOPY ENTEROSCOPY W/BIOP COLLEC SPEC	152.66	152.66	1/1/2009
44363		3	SM INTEST ENDOSCOPY ENTEROSCOPY W/REMOVAL F/B	180.91	180.91	1/1/2009
44364		3	SM INTEST ENDOSCOPY ENTEROSCOPY W/REMOV POLYPS	194.84	194.84	1/1/2009
44365		3	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORT	173.46	173.46	1/1/2009
44366		3	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORT	229.65	229.65	1/1/2009
44369		3	SM INTEST ENDOSCOPY FOR ABLATION TUMOR/LESION	234.59	234.59	1/1/2009
44370		3	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORT	252.66	252.66	1/1/2009
44372		3	SMALL INTEST ENDO ENTERO PLACEMENT J TUBE	223.65	223.65	1/1/2009
44373		3	SMALL INT ENDOSCOPY CONVERSION OF GTUBE TO JTUBE	180.91	180.91	1/1/2009
44376		3	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORT	267.61	267.61	1/1/2009
44377		3	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORT	283.71	283.71	1/1/2009
44378		3	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORT	363.96	363.96	1/1/2009
44379		3	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORT	385.71	385.71	1/1/2009

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
44380		3	FIBEROPTIC ILEOSCOPY VIA STOMA	60.22	60.22	1/1/2009	
44382		3	ILEOSCOPY, THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE	72.43	72.43	1/1/2009	
44383		3	ILEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLACEM	155.69	155.69	1/1/2009	
44385		3	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC)	92.87	205.07	1/1/2009	
44386		3	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC)	108.99	284.26	1/1/2009	
44388		3	COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLL	144.74	284.83	1/1/2009	
44389		3	COLONOSCOPY THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE	161.60	330.53	1/1/2009	
44390		3	FIBEROPTIC COLONOSCOPY W REMOVAL FOREIGN BODY	193.93	382.19	1/1/2009	
44391		3	COLONOSCOPY THROUGH STOMA; WITH CONTROL OF BLEEDING (EG, INJ	220.98	428.26	1/1/2009	
44392		3	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYPI	190.86	359.15	1/1/2009	
44393		3	COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYPI	243.07	418.34	1/1/2009	
44394		3	COLONOSCOPY THROUGH STOMA;	224.99	420.22	1/1/2009	
44397		3	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLA	242.72	242.72	1/1/2009	
44500		3	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT	23.15	23.15	1/1/2009	
44602		3	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULC	1129.90	1129.90	1/1/2009	
44603		3	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULC	1294.73	1294.73	1/1/2009	
44604		3	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCEI	867.37	867.37	1/1/2009	
44605		3	REPAIR BOWEL LESION	1069.06	1069.06	1/1/2009	
44615		3	INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) V	880.60	880.60	1/1/2009	
44620		3	REPAIR BOWEL OPENING	702.92	702.92	1/1/2009	
44625		3	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESEC	832.89	832.89	1/1/2009	
44626		3	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESEC	1325.33	1325.33	1/1/2009	
44640		3	REPAIR BOWEL-SKIN FISTULA	1155.90	1155.90	1/1/2009	
44650		3	REPAIR BOWEL FISTULA	1202.09	1202.09	1/1/2009	
44660		3	REPAIR BOWEL-BLADDER FISTULA	1164.71	1164.71	1/1/2009	
44661		3	CLOSURE OF ENTEROVESICAL FISTULA; WITH INTESTINE AND/OR BLADDE	1306.63	1306.63	1/1/2009	
44680		3	SURGICAL FOLDING INTESTINE	869.69	869.69	1/1/2009	
44700		3	EXCLUSION OF SMALL INTESTINE FROM PELVIS BY MESH OR OTHER PRO	842.16	842.16	1/1/2009	
44701		3	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO C	142.14	142.14	1/1/2009	
44800		3	EXCISION BOWEL POUCH	617.89	617.89	1/1/2009	
44820		3	EXCISION MESENTERY LESION	683.15	683.15	1/1/2009	
44850		3	REPAIR OF MESENTERY	602.75	602.75	1/1/2009	
44900		3	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; OPEN	617.72	617.72	1/1/2009	
44901		3	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; PERCUTANEOUS	159.55	812.75	1/1/2009	
44950		3	APPENDECTOMY	523.29	523.29	1/1/2009	
44955		3	APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTI	71.35	71.35	1/1/2009	
44960		3	APPENDECTOMY FOR RUPT APPEN W/ABSCESS OR GENERALIZ	704.99	704.99	1/1/2009	
44970		3	LAPAROSCOPY, SURGICAL, APPENDECTOMY	480.46	480.46	1/1/2009	
45000		3	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	334.97	334.97	1/1/2009	
45005		3	AMB SURG INCISION AND DRAINAGE SUBMUCOUS ABSCESS	124.03	198.83	1/1/2009	
45020		3	DRAINAGE OF RECTAL ABSCESS	437.70	437.70	1/1/2009	
45100		3	BIOPSY OF RECTUM	232.08	232.08	1/1/2009	
45108		3	ANORECTAL MYOMECTOMY	282.80	282.80	1/1/2009	
45110		3	PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLC	1511.52	1511.52	1/1/2009	
45111		3	PROCTECTOMY; PARTIAL RESECTION OF RECTUM, TRANSABDOMINAL AP	887.72	887.72	1/1/2009	
45112		3	PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROCE	1560.93	1560.93	1/1/2009	
45113		3	PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSECTOMY, ILEOANAL	1599.10	1599.10	1/1/2009	
45114		3	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; ABDOMINAL AND TRANS	1461.28	1461.28	1/1/2009	
45116		3	PARTIAL REMOVAL OF RECTUM	1313.02	1313.02	1/1/2009	
45119		3	PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCE	1601.70	1601.70	1/1/2009	
45120		3	PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINA	1279.34	1279.34	1/1/2009	
45121		3	PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINA	1400.33	1400.33	1/1/2009	
45123		3	PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH	907.42	907.42	1/1/2009	
45126		3	PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTEC	2365.98	2365.98	1/1/2009	
45130		3	EXCISION OF RECTAL PROLAPSE	887.52	887.52	1/1/2009	
45135		3	EXCISION OF RECTAL PROLAPSE	1086.25	1086.25	1/1/2009	
45136		3	EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY	1503.74	1503.74	1/1/2009	
45150		3	EXCISION RECTAL STRICTURE	321.88	321.88	1/1/2009	
45160		3	EXCISION OF RECTAL LESION	806.68	806.68	1/1/2009	
45170		3	EXCISION RECTAL TUMOR SIMPLE TRANSANAL APPROACH	630.30	630.30	1/1/2009	
45190		3	DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESSICATION, ELECTRO	547.31	547.31	1/1/2009	
45300		3	AMB SURG PROCTOSIGMOIDOSCOPY DIAGNOSTIC	41.59	86.60	1/1/2009	
45303		3	PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION (EG, BALLOON, GUIDE W	71.18	661.63	1/1/2009	
45305		3	AMB SURG PROCTOSIGMOIDOSCOPY WITH BIOPSY	63.92	140.93	1/1/2009	
45307		3	PROCTOSIGM W/REMOVAL OF FOREIGN BODY	80.92	157.62	1/1/2009	
45308		3	PROCTOSIGMOIDOSCOPY, RIGID;	68.62	144.05	1/1/2009	
45309		3	PROCTOSIGMOIDOSCOPY, RIGID;	79.63	162.03	1/1/2009	

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
45315		3	AMB SURG PROCTOSIGMOIDOSCOPY W REMOVAL EXCRESCENCE	90.60	174.91	1/1/2009
45317		3	PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING (EG, INJE	95.56	169.72	1/1/2009
45320		3	PROCTOSIGMOIDOSCOPY FOR ABLATION OF TUMOR	90.77	170.32	1/1/2009
45321		3	PROCTOSIGMOIDOSCOPY FOR DECOMPRESSION OF VOLVULUS	87.82	87.82	1/1/2009
45327		3	PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACI	102.43	102.43	1/1/2009
45330		3	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTIO	53.65	111.65	1/1/2009
45331		3	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	65.13	141.83	1/1/2009
45332		3	SIGMOIDOSCOPY W/REMOVAL OF FOREIGN BODY	95.55	232.78	1/1/2009
45333		3	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR	95.02	234.15	1/1/2009
45334		3	SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECTIO	144.16	144.16	1/1/2009
45335		3	SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S)	79.35	200.11	1/1/2009
45337		3	AMB SURG-SIGMOIDOSCOPY FOR DECOMPRESSION VOLVULUS	123.46	123.46	1/1/2009
45338		3	SIGMOIDOSCOPY, FLEXIBLE;	123.60	262.10	1/1/2009
45339		3	SIGMOIDOSCOPY, FLEXIBLE;	163.63	273.60	1/1/2009
45340		3	SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STI	100.03	355.16	1/1/2009
45341		3	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINAT	137.58	137.58	1/1/2009
45342		3	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GU	210.57	210.57	1/1/2009
45345		3	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC STENT PLACEMEN	152.90	152.90	1/1/2009
45355		3	COLONOSCOPY W/STANDARD SIGMOIDOSCOPE	176.26	176.26	1/1/2009
45378		3	AMB SURG COLONOSCOPY ASCENDING COLON	189.36	330.72	1/1/2009
45379		3	COLONOSCOPY FIBEROPTIC BEYOND SPLENIC FLEX W/RE FB	237.28	419.84	1/1/2009
45380		3	AMB SURG COLONOSCOPY ASCENDING COLON WITH BIOPSY	228.16	397.09	1/1/2009
45381		3	COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE W DIRECTED	216.00	386.20	1/1/2009
45382		3	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTI	291.63	522.99	1/1/2009
45383		3	AMB SURG-COLONOSCOPY, FOR ABLATION TUMOR/LESION	293.61	473.95	1/1/2009
45384		3	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE;	237.09	390.80	1/1/2009
45385		3	AMB SURG COLONOSCOPY ASCENDING COLON W POLYPECTOMY	270.90	448.39	1/1/2009
45386		3	COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE W DILATION B	232.88	548.86	1/1/2009
45387		3	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRAN	303.54	303.54	1/1/2009
45391		3	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ENDO	262.12	262.12	1/1/2009
45392		3	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRAN	331.77	331.77	1/1/2009
45500		3	REPAIR OF RECTUM	413.40	413.40	1/1/2009
45505		3	REPAIR OF RECTUM	453.04	453.04	1/1/2009
45520		3	TREATMENT OF RECTAL PROLAPSE	31.97	99.80	1/1/2009
45540		3	PROCTOPEXY (EG, FOR PROLAPSE); ABDOMINAL APPROACH	870.91	870.91	1/1/2009
45541		3	PROCTOPEXY FOR PROLAPSE PERINEAL APPROACH	746.89	746.89	1/1/2009
45550		3	PROCTOPEXY (EG, FOR PROLAPSE); WITH SIGMOID RESECTION, ABDOMI	1197.57	1197.57	1/1/2009
45560		3	REPAIR RECTOCELE SEPARATE PROCEDURE	590.78	590.78	1/1/2009
45562		3	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY	906.31	906.31	1/1/2009
45563		3	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY	1313.62	1313.62	1/1/2009
45800		3	REPAIR RECTOBLADDER FISTULA	1018.03	1018.03	1/1/2009
45805		3	REPAIR RECTOBLADDER FISTULA	1150.85	1150.85	1/1/2009
45820		3	REPAIR RECTOURETHRAL FISTULA	1011.15	1011.15	1/1/2009
45825		3	REPAIR RECTOURETHRAL FISTULA	1216.62	1216.62	1/1/2009
45900		3	REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHE	159.91	159.91	1/1/2009
45905		3	AMB SURG RECTAL DILATION	135.43	135.43	1/1/2009
45910		3	DILATION RECTAL NARROWING	160.50	160.50	1/1/2009
45915		3	REMOVAL RECTAL OBSTRUCTION	179.76	247.90	1/1/2009
46020		3	PLACEMENT OF SETON	177.19	201.28	1/1/2009
46030		3	REMOVAL OF ANAL SETON, OTHER MARKER	70.57	100.67	1/1/2009
46040		3	AMB SURG I & D ISCHIORECTAL/PERIRECTAL ABSCESS	317.62	391.78	1/1/2009
46045		3	DRAINAGE TRANSANAL ABSCESS UNDER ANESTHESIA	327.70	327.70	1/1/2009
46050		3	INCISION ANAL ABCESS	74.29	138.95	1/1/2009
46060		3	AMB SURG FISTULECTOMY ANUS	360.52	360.52	1/1/2009
46070		3	INCISION, ANAL SEPTUM (INFANT)	183.15	183.15	1/1/2009
46080		3	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDL	128.62	183.45	1/1/2009
46083		3	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	85.82	137.80	1/1/2009
46200		3	AMB SURG FISSURECTOMY	238.95	306.14	1/1/2009
46210		3	CRYPTECTOMY;	200.74	279.98	1/1/2009
46211		3	REMOVAL ANAL CRYPTS	293.12	380.27	1/1/2009
46220		3	PAPILLECTOMY OR EXCISION OF SINGLE TAG, ANUS (SEPARATE PROCED	92.06	147.20	1/1/2009
46221		3	AMB SURG HEMORRHOIDECTOMY	145.63	193.17	1/1/2009
46230		3	REMOVAL OF ANAL TAB	138.05	202.70	1/1/2009
46250		3	AMB SURG HEMORRHOIDECTOMY COMPLETE	242.68	337.13	1/1/2009
46255		3	AMB SURG HEMORRHOIDECTOMY	276.47	376.62	1/1/2009
46257		3	AMB SURG HEMORRHOIDECTOMY	323.25	323.25	1/1/2009
46258		3	AMB SURG HEMORRHOIDECTOMY	353.55	353.55	1/1/2009

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
46260		3	AMB SURG HEMORRHOIDECTOMY	367.65	367.65	1/1/2009
46261		3	AMB SURG HEMORRHOIDECTOMY	411.39	411.39	1/1/2009
46262		3	AMB SURG HEMORRHOIDECTOMY	429.17	429.17	1/1/2009
46270		3	REMOVAL ANAL FISTULA	290.80	364.96	1/1/2009
46275		3	REMOVAL ANAL FISTULA	312.09	386.88	1/1/2009
46280		3	REMOVAL ANAL FISTULA	357.87	357.87	1/1/2009
46285		3	REMOVAL ANAL FISTULA	308.13	376.27	1/1/2009
46288		3	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP	423.56	423.56	1/1/2009
46320		3	ENUCLEATION OR EXCISION OF EXTERNAL THROMBOTIC HEMORRHOID	87.62	133.26	1/1/2009
46500		3	INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS	98.97	161.40	1/1/2009
46600		3	ANOSCOPY;DIAGNOSTIC,W/O COLLECTION OF SPECIMEN,BRUSHING OF	31.66	64.62	1/1/2009
46604		3	ANOSCOPY; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	55.01	396.99	1/1/2009
46606		3	ANOSCOPY; WITH BIOPSY, SINGLE OR MULTIPLE	60.82	164.77	1/1/2009
46608		3	ANOSCOPY WITH REMOVAL OF FOREIGN BODY	67.03	170.36	1/1/2009
46610		3	ANOSCOPY WITH REMOVAL OF POLYP.	66.45	168.50	1/1/2009
46611		3	ANOSCOPY;	68.64	133.61	1/1/2009
46612		3	ANOSCOPY WITH MULTIPLE POLYP REMOVAL	81.25	202.00	1/1/2009
46614		3	ANOSCOPY; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAU	57.94	102.63	1/1/2009
46615		3	ANOSCOPY;	82.65	119.10	1/1/2009
46700		3	REPAIR ANAL STRICTURE	510.87	510.87	1/1/2009
46705		3	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE;	420.17	420.17	1/1/2009
46706		3	REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	134.93	134.93	1/1/2009
46715		3	REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL FISTULA ("CUT	415.88	415.88	1/1/2009
46716		3	REPAIR OF LOW IMPERFORATE ANUS; WITH TRANSPOSITION OF ANOPER	1014.60	1014.60	1/1/2009
46730		3	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; PERINEAL OR S	1544.40	1544.40	1/1/2009
46735		3	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; COMBINED TRA	1804.68	1804.68	1/1/2009
46740		3	CONSTRUCTION OF ANUS	1659.11	1659.11	1/1/2009
46742		3	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTO	1961.48	1961.48	1/1/2009
46744		3	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETI	2802.87	2802.87	1/1/2009
46746		3	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETI	3233.45	3233.45	1/1/2009
46748		3	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETI	3380.10	3380.10	1/1/2009
46750		3	REPAIR ANAL SPHINCTER	618.30	618.30	1/1/2009
46751		3	REPAIR ANAL SPHINCTER	512.15	512.15	1/1/2009
46753		3	RECONSTRUCTION OF ANUS	466.49	466.49	1/1/2009
46754		3	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL	170.63	219.76	1/1/2009
46760		3	REPAIR ANAL SPHINCTER	875.22	875.22	1/1/2009
46761		3	SPHINCTEROPLASTY, LEVATORMUSCLE IMBRICATION	757.45	757.45	1/1/2009
46762		3	SPHINCTEROPLASTY W/ ARTIFICIAL SPHINCTER	746.02	746.02	1/1/2009
46900		3	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	111.29	176.89	1/1/2009
46910		3	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	106.57	184.22	1/1/2009
46916		3	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	116.88	182.49	1/1/2009
46917		3	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	107.33	347.56	1/1/2009
46922		3	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	106.59	191.85	1/1/2009
46924		3	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLI	149.07	395.33	1/1/2009
46937		3	CRYOSURGERY OF RECTAL TUMOR;	142.46	199.19	1/1/2009
46938		3	CRYOSURGERY OF RECTAL TUMOR;	289.32	347.95	1/1/2009
46940		3	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF AN	119.06	167.87	1/1/2009
46942		3	CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION	105.74	155.19	1/1/2009
46945		3	LIGATION OF INTERNAL HEMORRHOIDS - SINGLE PROCEDURE	166.48	214.66	1/1/2009
46946		3	LIGATION OF INTERNAL HEMORRHOIDS;	176.72	233.13	1/1/2009
46947		3	HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) B	301.38	301.38	1/1/2009
47000		3	AMB SURG BIOPSY LIVER NEEDLE PERCUTANEOUS	90.84	273.08	1/1/2009
47001		3	BIOPSY OF LIVER, NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIM	87.96	87.96	1/1/2009
47010		3	HEPATOTOMY; FOR OPEN DRAINAGE OF ABSCESS OR CYST, ONE OR TWO	970.24	970.24	1/1/2009
47011		3	HEPATOTOMY; FOR PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST, C	175.90	175.90	1/1/2009
47015		3	LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC	920.72	920.72	1/1/2009
47100		3	BIOPSY OF LIVER, WEDGE	673.33	673.33	1/1/2009
47120		3	PARTIAL REMOVAL OF LIVER	1901.03	1901.03	1/1/2009
47122		3	RESECTION OF LIVER, TRISEGMENTECTOMY	2832.26	2832.26	1/1/2009
47125		3	PARTIAL REMOVAL OF LIVER	2536.27	2536.27	1/1/2009
47130		3	PARTIAL REMOVAL OF LIVER	2727.45	2727.45	1/1/2009
47140		3	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING	2855.24	2855.24	1/1/2009
47141		3	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLC	3398.69	3398.69	1/1/2009
47142		3	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLC	3742.68	3742.68	1/1/2009
47300		3	TREATMENT,LIVER LESION	905.94	905.94	1/1/2009
47350		3	MANAGEMENT OF LIVER HEMORRHAGE; SIMPLE SUTURE OF LIVER WOUN	1112.39	1112.39	1/1/2009
47360		3	MANAGEMENT OF LIVER HEMORRHAGE; COMPLEX SUTURE OF LIVER WO	1515.10	1515.10	1/1/2009

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						Medicaid Maximum Allowable	
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
47370		3	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S)	1017.70	1017.70	1/1/2009	
47371		3	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S)	1035.90	1035.90	1/1/2009	
47380		3	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	1190.34	1190.34	1/1/2009	
47381		3	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	1213.16	1213.16	1/1/2009	
47382		3	ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY	751.76	751.76	1/1/2009	
47400		3	INCISION OF BILE DUCT	1729.47	1729.47	1/1/2009	
47420		3	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAIN	1089.31	1089.31	1/1/2009	
47425		3	INCISION OF BILE DUCT	1100.27	1100.27	1/1/2009	
47460		3	TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR	1037.64	1037.64	1/1/2009	
47480		3	INCISION OF GALLBLADDER	689.88	689.88	1/1/2009	
47490		3	PERCUTANEOUS CHOLECYSTOSTOMY	462.33	462.33	1/1/2009	
47500		3	INJECTION PROCEDURE FOR PERCUTANEOUS TRANSHEPATIC CHOLANGI	93.53	93.53	1/1/2009	
47505		3	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY THROUGH AN EXISTING	36.10	36.10	1/1/2009	
47510		3	INTRODUCTION TRANSHEPATIC CATH OR STENT	438.61	438.61	1/1/2009	
47511		3	INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC STENT FOR INTERNAL	552.60	552.60	1/1/2009	
47525		3	CHANGE OF PERCUTANEOUS BILIARY DRAINAGE CATHETER	112.86	498.57	1/1/2009	
47530		3	T-TUBE REVISION AND/OR REINSERTION	329.51	1209.01	1/1/2009	
47550		3	BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY) (LIST SEP	140.69	140.69	1/1/2009	
47552		3	BILIARY ENDOSCOPY	300.35	300.35	1/1/2009	
47553		3	BILIARY ENDOSCOPY FOR BIOPSY	301.01	301.01	1/1/2009	
47554		3	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WI	440.60	440.60	1/1/2009	
47555		3	BILIARY ENDOSCOPY FOR DILATION	361.01	361.01	1/1/2009	
47556		3	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WI	408.40	408.40	1/1/2009	
47560		3	LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGR	227.28	227.28	1/1/2009	
47561		3	LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGR	246.31	246.31	1/1/2009	
47562		3	LAPAROSCOPY, SURGICAL, CHOLECYSTOMY	598.81	598.81	1/1/2009	
47563		3	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	613.22	613.22	1/1/2009	
47564		3	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF	709.23	709.23	1/1/2009	
47570		3	LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY	632.90	632.90	1/1/2009	
47600		3	REMOVAL OF GALLBLADDER	859.86	859.86	1/1/2009	
47605		3	REMOVAL OF GALLBLADDER	795.69	795.69	1/1/2009	
47610		3	REMOVAL OF GALLBLADDER	1021.05	1021.05	1/1/2009	
47612		3	CHOLECYSTECTOMY W/ CHOLEDOCHOENTEROSTOMY	1031.72	1031.72	1/1/2009	
47620		3	REMOVAL OF GALLBLADDER	1120.12	1120.12	1/1/2009	
47630		3	BILIARY DUCT STONE EXTRACTION, PERCUTANEOUS VIA T-TUBE TRACT,	501.12	501.12	1/1/2009	
47700		3	EXPLOR FOR CONG ATRESIA BILE DUCTS WITH OR W/O LIV	848.05	848.05	1/1/2009	
47701		3	PORTOENTEROSTOMY	1459.90	1459.90	1/1/2009	
47711		3	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF	1267.42	1267.42	1/1/2009	
47712		3	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF	1624.21	1624.21	1/1/2009	
47715		3	EXCISION OF CHOLEDOCHAL CYST	1064.70	1064.70	1/1/2009	
47720		3	FUSION GALLBLADDER & BOWEL	919.20	919.20	1/1/2009	
47721		3	CHOLECYSTOENTEROSTOMY W/GASTROENTEROSTOMY	1085.39	1085.39	1/1/2009	
47740		3	FUSION GALLBLADDER & BOWEL	1048.72	1048.72	1/1/2009	
47741		3	CHOLECYSTOENTEROSTOMY;	1188.58	1188.58	1/1/2009	
47760		3	ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTIN	1792.80	1792.80	1/1/2009	
47765		3	ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRAC	2368.74	2368.74	1/1/2009	
47780		3	FUSION BILE DUCTS AND BOWEL	1961.06	1961.06	1/1/2009	
47785		3	ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND	2558.35	2558.35	1/1/2009	
47800		3	RECONSTRUCTION OF BILE DUCTS	1279.86	1279.86	1/1/2009	
47801		3	PLACEMENT OF CHOLEDOCHAL STENT	902.68	902.68	1/1/2009	
47802		3	U-TUBE HEPATICOENTEROSTOMY	1228.16	1228.16	1/1/2009	
47900		3	SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY	1106.91	1106.91	1/1/2009	
48000		3	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS;	1536.04	1536.04	1/1/2009	
48001		3	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS;	1889.32	1889.32	1/1/2009	
48020		3	REMOVAL OF PANCREATIC STONE	945.96	945.96	1/1/2009	
48100		3	BIOPSY OF PANCREAS, OPEN (EG, FINE NEEDLE ASPIRATION, NEEDLE CO	718.06	718.06	1/1/2009	
48102		3	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE	231.72	460.55	1/1/2009	
48105		3	RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISS	2329.09	2329.09	1/1/2009	
48120		3	REMOVAL PANCREAS LESION	897.74	897.74	1/1/2009	
48140		3	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY	1271.56	1271.56	1/1/2009	
48145		3	PARTIAL REMOVAL OF PANCREAS	1320.67	1320.67	1/1/2009	
48146		3	PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUOD	1505.62	1505.62	1/1/2009	
48148		3	EXCISION OF AMPULLA OF VATER	999.90	999.90	1/1/2009	
48150		3	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY	2544.65	2544.65	1/1/2009	
48152		3	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY	2352.47	2352.47	1/1/2009	
48153		3	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENEC	2541.21	2541.21	1/1/2009	
48154		3	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENEC	2358.68	2358.68	1/1/2009	

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48155		3	REMOVAL OF PANCREAS	1459.95	1459.95	1/1/2009
48400		3	INJECTION PROCEDURE FOR INTRAOPERATIVE PANCREATOGRAPHY (LIS	92.57	92.57	1/1/2009
48500		3	MARSUPIALIZATION OF PANCREATIC CYST	914.15	914.15	1/1/2009
48510		3	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; OPEN	868.01	868.01	1/1/2009
48511		3	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; PERCUTANEOUS	190.42	789.42	1/1/2009
48520		3	FUSION PANCREAS CYST - BOWEL	887.33	887.33	1/1/2009
48540		3	FUSION PANCREAS CYST - BOWEL	1061.14	1061.14	1/1/2009
48545		3	PANCREATORRHAPHY FOR INJURY	1074.20	1074.20	1/1/2009
48547		3	DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC II	1449.88	1449.88	1/1/2009
48548		3	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUSTOW-T	1357.28	1357.28	1/1/2009
48554		3	TRANSPLANTATION OF PANCREATIC ALLOGRAFT	2006.02	2006.02	1/1/2009
48556		3	REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT	1001.38	1001.38	1/1/2009
49000		3	EXPLORATION OF ABDOMEN	630.72	630.72	1/1/2009
49002		3	REEXPLORATION OF ABDOMEN	829.48	829.48	1/1/2009
49010		3	EXPLORATION BEHIND ABDOMEN	782.53	782.53	1/1/2009
49020		3	DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLL	1294.96	1294.96	1/1/2009
49040		3	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; OPEN	811.22	811.22	1/1/2009
49041		3	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; PERCUTA	190.10	770.41	1/1/2009
49060		3	DRAINAGE OF RETROPERITONEAL ABSCESS; OPEN	908.12	908.12	1/1/2009
49061		3	DRAINAGE OF RETROPERITONEAL ABSCESS; PERCUTANEOUS	175.90	756.53	1/1/2009
49062		3	DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY,	616.61	616.61	1/1/2009
49080		3	REMOVAL OF ABDOMINAL FLUID	64.16	144.66	1/1/2009
49081		3	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAV.	60.34	135.14	1/1/2009
49180		3	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEE	82.37	146.07	1/1/2009
49215		3	EXCISION OF PRESACRAL OR SACROCCYGEAL TUMOR	1815.59	1815.59	1/1/2009
49220		3	STAGING LAPAROTOMY FOR HODGKINS DISEASE OR LYMPHOMA (INCLUD	788.49	788.49	1/1/2009
49250		3	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS	470.15	470.15	1/1/2009
49255		3	REMOVAL OF OMENTUM	638.83	638.83	1/1/2009
49320		3	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, V	269.34	269.34	1/1/2009
49321		3	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	283.56	283.56	1/1/2009
49322		3	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WIT	308.37	308.37	1/1/2009
49323		3	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WIT	523.70	523.70	1/1/2009
49324		3	LAPAROSCOPY, SURGICAL; WITH INSERTION OF INTRAPERITONEAL CANN	321.02	321.02	1/1/2009
49325		3	LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTF	344.77	344.77	1/1/2009
49326		3	LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PRO	159.59	159.59	1/1/2009
49400		3	AIR INJECTION INTO ABDOMEN	89.23	152.30	1/1/2009
49402		3	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	696.51	696.51	1/1/2009
49419		3	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER, WITH SUBCU	371.93	371.93	1/1/2009
49420		3	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAG	118.02	118.02	1/1/2009
49421		3	AMB SURG INSERTION INTRAPERITONEAL CANNULA PERMANE	318.62	318.62	1/1/2009
49422		3	REMOVAL OF PERMANENT INTRAPERITONEAL CANNULA OR CATHETER	320.31	320.31	1/1/2009
49423		3	EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATH	71.00	475.09	1/1/2009
49424		3	CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PRE	37.05	129.91	1/1/2009
49425		3	INSERTION OF PERITONIAL-VENOUS SHUNT	625.28	625.28	1/1/2009
49426		3	REVISION OF PERITONEAL-VENOUS SHUNT	532.61	532.61	1/1/2009
49427		3	INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF	42.79	42.79	1/1/2009
49428		3	LIGATION OF PERITONEAL-VENOUS SHUNT	358.10	358.10	1/1/2009
49429		3	REMOVAL OF PERITONEAL-VENOUS SHUNT	378.74	378.74	1/1/2009
49435		3	INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNI	102.19	102.19	1/1/2009
49436		3	DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEI	149.28	149.28	1/1/2009
49491		3	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEI	629.01	629.01	1/1/2009
49492		3	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEI	768.66	768.66	1/1/2009
49495		3	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MON	319.66	319.66	1/1/2009
49496		3	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR	484.88	484.88	1/1/2009
49500		3	AMB SURG REPAIR INGUINAL HERNIA UNDER AGE 5 UNITAL	317.37	317.37	1/1/2009
49501		3	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS,	481.43	481.43	1/1/2009
49505		3	AMB SURG REPAIR INGUINAL HERNIA AGE 5/OVER UNILAT	416.93	416.93	1/1/2009
49507		3	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER;	513.72	513.72	1/1/2009
49520		3	REPAIR INGUINAL HERNIA	509.98	509.98	1/1/2009
49521		3	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE;	622.52	622.52	1/1/2009
49525		3	REPAIR INGUINAL HERNIA	460.89	460.89	1/1/2009
49540		3	REPAIR LUMBAR HERNIA	545.55	545.55	1/1/2009
49550		3	AMB SURG REPAIR HERNIA FEMORAL	463.16	463.16	1/1/2009
49553		3	REPAIR INITIAL FEMORAL HERNIA, ANY AGE;	507.03	507.03	1/1/2009
49555		3	REPAIR FEMORAL HERNIA	482.29	482.29	1/1/2009
49557		3	REPAIR RECURRENT FEMORAL HERNIA;	586.12	586.12	1/1/2009
49560		3	AMB SURG HERNIA REPAIR VENTRAL	599.38	599.38	1/1/2009

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49561		3	REPAIR INITIAL INCISIONAL HERNIA;	756.71	756.71	1/1/2009
49565		3	REPAIR ABDOMINAL HERNIA	621.46	621.46	1/1/2009
49566		3	REPAIR RECURRENT INCISIONAL HERNIA;	764.51	764.51	1/1/2009
49568		3	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VE	226.11	226.11	1/1/2009
49570		3	AMB SURG HERNIA REPAIR EPIGASTRIC	327.65	327.65	1/1/2009
49572		3	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT);	406.78	406.78	1/1/2009
49580		3	AMB SURG HERNIA REPAIR UMBILICAL	254.69	254.69	1/1/2009
49582		3	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS;	379.21	379.21	1/1/2009
49585		3	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER;	352.43	352.43	1/1/2009
49587		3	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER;	418.16	418.16	1/1/2009
49590		3	REPAIR ABDOMINAL HERNIA	459.23	459.23	1/1/2009
49600		3	REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE	592.82	592.82	1/1/2009
49605		3	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH OR WITHOUT	4109.32	4109.32	1/1/2009
49606		3	REPAIR OMPHALOCELE STAG CLO PROSTH RED OP ROOM ANE	929.26	929.26	1/1/2009
49610		3	REPAIR UMBILICAL HERNIA	551.52	551.52	1/1/2009
49611		3	REPAIR UMBILICAL HERNIA	495.86	495.86	1/1/2009
49650		3	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	342.87	342.87	1/1/2009
49651		3	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	443.50	443.50	1/1/2009
49900		3	REPAIR OF ABDOMINAL WALL	658.42	658.42	1/1/2009
49904		3	OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STEI	1225.82	1225.82	1/1/2009
49905		3	OMENTAL FLAP FOR RECONSTRUCTION OF CHEST WALL	301.86	301.86	1/1/2009
50010		3	EXPLORATION OF KIDNEY	644.68	644.68	1/1/2009
50020		3	DRAINAGE OF KIDNEY ABSCESS	920.64	920.64	1/1/2009
50021		3	DRAINAGE OF PERIRENAL OR RENAL ABSCESS; PERCUTANEOUS	160.38	792.35	1/1/2009
50040		3	DRAINAGE OF KIDNEY	866.89	866.89	1/1/2009
50045		3	EXPLORATION OF KIDNEY	875.42	875.42	1/1/2009
50060		3	REMOVAL OF KIDNEY STONE	1078.49	1078.49	1/1/2009
50065		3	INCISION OF KIDNEY	1134.23	1134.23	1/1/2009
50070		3	INCISION OF KIDNEY	1126.91	1126.91	1/1/2009
50075		3	REMOVAL OF KIDNEY STONE	1385.72	1385.72	1/1/2009
50080		3	PERCUTANEOUS NEPHROSTOLITHOTOMY, UP TO 2 CM	823.35	823.35	1/1/2009
50081		3	PERCUTANEOUS NEPHROSTOLITHOTOMY, OVER 2 CM	1209.94	1209.94	1/1/2009
50100		3	REVISE KIDNEY BLOOD VESSELS	882.40	882.40	1/1/2009
50120		3	EXPLORATION OF KIDNEY: PYELOTOMY	892.57	892.57	1/1/2009
50125		3	EXPLORATION / DRAINAGE KIDNEY	923.01	923.01	1/1/2009
50130		3	REMOVAL OF KIDNEY STONE	976.80	976.80	1/1/2009
50135		3	EXPLORATION OF KIDNEY: COMPLICATED	1058.21	1058.21	1/1/2009
50200		3	BIOPSY OF KIDNEY	133.84	133.84	1/1/2009
50205		3	BIOPSY OF KIDNEY	621.49	621.49	1/1/2009
50220		3	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPRO	961.83	961.83	1/1/2009
50225		3	REMOVAL OF KIDNEY	1114.66	1114.66	1/1/2009
50230		3	REMOVAL OF KIDNEY	1208.87	1208.87	1/1/2009
50234		3	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CU	1227.10	1227.10	1/1/2009
50236		3	REMOVAL OF KIDNEY & URETER	1388.22	1388.22	1/1/2009
50240		3	PARTIAL REMOVAL OF KIDNEY	1246.80	1246.80	1/1/2009
50280		3	REMOVAL OF KIDNEY LESION	888.66	888.66	1/1/2009
50290		3	EXCISION OF PERINEPHRIC CYST	820.66	820.66	1/1/2009
50300		3	DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); FROM CADA	1376.60	1376.60	1/1/2009
50320		3	DONOR NEPHRECTOMY, WITH PREPARATION AND MAINTENANCE OF ALL	1209.24	1209.24	1/1/2009
50340		3	REMOVAL OF KIDNEY	745.90	745.90	1/1/2009
50360		3	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; EXCLUDING C	2050.19	2050.19	1/1/2009
50365		3	TRANSPLANTATION OF KIDNEY	2309.83	2309.83	1/1/2009
50370		3	REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	957.97	957.97	1/1/2009
50380		3	REIMPLANTATION OF KIDNEY	1616.54	1616.54	1/1/2009
50390		3	ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, F	93.53	93.53	1/1/2009
50391		3	INSTILLATION(S) OF THERAPEUTIC AGENT INTO RENAL PELVIS AND/OR UF	95.24	119.01	1/1/2009
50392		3	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS	171.16	171.16	1/1/2009
50393		3	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THRO	208.79	208.79	1/1/2009
50394		3	PREPARATION FOR KIDNEY X-RAY	46.78	93.37	1/1/2009
50395		3	INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH	172.32	172.32	1/1/2009
50396		3	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBI	111.20	111.20	1/1/2009
50398		3	CHANGE OF KIDNEY TUBE	71.00	462.09	1/1/2009
50400		3	REVISION OF KIDNEY/URETER	1089.25	1089.25	1/1/2009
50405		3	REVISION OF KIDNEY/URETER	1321.59	1321.59	1/1/2009
50500		3	REPAIR OF KIDNEY WOUND	1056.12	1056.12	1/1/2009
50520		3	CLOSURE KIDNEY/SKIN FISTULA	976.48	976.48	1/1/2009
50525		3	CLOSURE NEPHROVISCERAL FISTULA INCLUDING VISCERAL	1221.92	1221.92	1/1/2009

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50526		3	CLOSURE NEPHROVISCERAL FISTULA THORACIC APPROACH	1280.70	1280.70	1/1/2009	
50540		3	REVISION OF HORSESHOE KIDNEY	1067.47	1067.47	1/1/2009	
50541		3	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS	869.46	869.46	1/1/2009	
50542		3	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S)	1102.94	1102.94	1/1/2009	
50543		3	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	1407.65	1407.65	1/1/2009	
50544		3	LAPAROSCOPY, SURGICAL; PYELOPLASTY	1187.23	1187.23	1/1/2009	
50545		3	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVA	1274.19	1274.19	1/1/2009	
50546		3	LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL URETER	1129.08	1129.08	1/1/2009	
50547		3	LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY (INCLUDING COLD PR	1356.36	1356.36	1/1/2009	
50548		3	LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH TOTAL URETERECTOMY	1284.98	1284.98	1/1/2009	
50551		3	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELO	283.26	345.69	1/1/2009	
50553		3	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELO	299.26	361.06	1/1/2009	
50555		3	VISUALIZATION/BIOPSY KIDNEY	327.62	393.86	1/1/2009	
50557		3	TREATMENT OF KIDNEY LESION	332.72	401.81	1/1/2009	
50561		3	RENAL ENDOSCOPY WITH REMOVAL OF FOREIGN BODY	380.16	455.90	1/1/2009	
50562		3	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELO	559.21	559.21	1/1/2009	
50570		3	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR '	474.73	474.73	1/1/2009	
50572		3	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR '	516.61	516.61	1/1/2009	
50574		3	VISUALIZATION/BIOPSY KIDNEY	545.75	545.75	1/1/2009	
50575		3	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR '	690.30	690.30	1/1/2009	
50576		3	TREATMENT OF KIDNEY LESION	544.94	544.94	1/1/2009	
50580		3	TREATMENT OF KIDNEY LESION	583.76	583.76	1/1/2009	
50590		3	LITHOTRIPSY SHOCK WAVE (PROFESSIONAL COMPONENT)	529.83	850.88	1/1/2009	
50600		3	EXPLORATION OF URETER	882.54	882.54	1/1/2009	
50605		3	URETEROTOMY FOR INSERTION OF INDWELLING STENT	850.80	850.80	1/1/2009	
50610		3	REMOVAL OF STONE, URETER	900.36	900.36	1/1/2009	
50620		3	REMOVAL OF STONE, URETER	853.98	853.98	1/1/2009	
50630		3	REMOVAL OF STONE, URETER	832.93	832.93	1/1/2009	
50650		3	REMOVAL OF URETER	973.84	973.84	1/1/2009	
50660		3	URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL,	1077.20	1077.20	1/1/2009	
50684		3	INJECTION FOR URETER X-RAY	46.46	159.92	1/1/2009	
50686		3	MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URE'	85.19	85.19	1/1/2009	
50688		3	CHANGE OF URETEROSTOMY TUBE OR EXTERNALLY ACCESSIBLE URETE	73.96	73.96	1/1/2009	
50690		3	INJECTION FOR URETER X-RAY	65.67	91.34	1/1/2009	
50700		3	REVISION OF URETER	871.94	871.94	1/1/2009	
50715		3	RELEASE OF URETER	1031.88	1031.88	1/1/2009	
50722		3	RELEASE OF URETER	897.64	897.64	1/1/2009	
50725		3	RELEASE/REVISION OF URETER	1026.16	1026.16	1/1/2009	
50727		3	REVISION URINARY-CUTANEOUS ANASTOMOSIS	469.08	469.08	1/1/2009	
50728		3	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS W REPAIR	647.45	647.45	1/1/2009	
50740		3	FUSION OF URETER-KIDNEY	1010.24	1010.24	1/1/2009	
50750		3	FUSION OF URETER-KIDNEY	1095.78	1095.78	1/1/2009	
50760		3	FUSION OF URETER	1022.67	1022.67	1/1/2009	
50770		3	SPLICING OF URETERS	1062.12	1062.12	1/1/2009	
50780		3	REIMPLANT URETER IN BLADDER	1025.30	1025.30	1/1/2009	
50782		3	URETERONEOCYSTOSTOMY; ANASTOMOSIS	1006.76	1006.76	1/1/2009	
50783		3	URETERONEOCYSTOSTOMY; URETERAL TAILORING	1044.87	1044.87	1/1/2009	
50785		3	REIMPLANT URETER IN BLADDER	1137.93	1137.93	1/1/2009	
50800		3	IMPLANT URETER IN BOWEL	863.38	863.38	1/1/2009	
50810		3	URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER AND I	1137.63	1137.63	1/1/2009	
50815		3	URETEROCOLON CONDUIT, INCLUDING INTESTINE ANASTOMOSIS	1152.19	1152.19	1/1/2009	
50820		3	URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING INTESTINE ANAST	1227.79	1227.79	1/1/2009	
50825		3	CONTINENT DIVERSION, INCLUDING INTESTINE ANASTOMOSIS USING ANY	1558.28	1558.28	1/1/2009	
50830		3	URINARY ANDIVERSION	1692.54	1692.54	1/1/2009	
50840		3	REPLACEMENT OF ALL OR PART OF URETER BY INTESTINE SEGMENT, INC	1159.56	1159.56	1/1/2009	
50845		3	CUTANEOUS APPENDICO-VESICOSTOMY	1175.73	1175.73	1/1/2009	
50860		3	TRANSPLANT OF URETER TO SKIN	890.81	890.81	1/1/2009	
50900		3	REPAIR OF URETER	783.74	783.74	1/1/2009	
50920		3	CLOSURE URETER/SKIN FISTULA	828.53	828.53	1/1/2009	
50930		3	CLOSURE URETER/BOWEL FISTULA	1004.76	1004.76	1/1/2009	
50940		3	RELEASE OF URETER	833.64	833.64	1/1/2009	
50945		3	LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY	925.80	925.80	1/1/2009	
50947		3	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCC	1313.24	1313.24	1/1/2009	
50948		3	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTC	1218.71	1218.71	1/1/2009	
50951		3	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH	295.50	361.11	1/1/2009	
50953		3	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH	324.85	381.27	1/1/2009	
50955		3	VISUALIZATION/BIOPSY URETER	351.02	421.38	1/1/2009	

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50957		3	TREATMENT OF URETER LESION	340.98	410.39	1/1/2009	
50961		3	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH	305.23	370.20	1/1/2009	
50970		3	VISUALIZATION OF URETER	357.96	357.96	1/1/2009	
50972		3	VISUALIZATION OF URETER	344.63	344.63	1/1/2009	
50974		3	VISUALIZATION/BIOPSY URETER	456.43	456.43	1/1/2009	
50976		3	TREATMENT OF URETER LESION	449.56	449.56	1/1/2009	
50980		3	TREATMENT OF URETER LESION	343.67	343.67	1/1/2009	
51020		3	CYSTOTOMY OR CYSTOSTOMY W/FULGRATION AND/OR INSERT	434.68	434.68	1/1/2009	
51030		3	INCISION/TREATMENT BLADDER	431.04	431.04	1/1/2009	
51040		3	CYSTOTOMY, CYSTOTOMY WITH DRAINAGE	271.03	271.03	1/1/2009	
51045		3	INCISION OF BLADDER	433.54	433.54	1/1/2009	
51050		3	REMOVAL OF BLADDER STONE	441.62	441.62	1/1/2009	
51060		3	REMOVAL OF URETERAL STONE	544.22	544.22	1/1/2009	
51065		3	CYSTOTOMY, WITH CALCULUS BASKET EXTRACTION AND/OR ULTRASONI	540.63	540.63	1/1/2009	
51080		3	DRAINAGE OF BLADDER ABSCESS	378.13	378.13	1/1/2009	
51500		3	REMOVAL OF BLADDER CYST	582.89	582.89	1/1/2009	
51520		3	REMOVAL OF BLADDER LESION	548.62	548.62	1/1/2009	
51525		3	REMOVAL OF BLADDER LESION	807.81	807.81	1/1/2009	
51530		3	REMOVAL OF BLADDER LESION	719.79	719.79	1/1/2009	
51535		3	REVISION OF URETER LESION	731.16	731.16	1/1/2009	
51550		3	PARTIAL REMOVAL OF BLADDER	888.83	888.83	1/1/2009	
51555		3	PARTIAL REMOVAL OF BLADDER	1182.57	1182.57	1/1/2009	
51565		3	REVISION OF BLADDER & URETER	1208.88	1208.88	1/1/2009	
51570		3	REMOVAL OF BLADDER	1381.31	1381.31	1/1/2009	
51575		3	CYCTECTOMY W/BILAT LYMPHADENECTOMY INCLUDING HYPOG	1726.80	1726.80	1/1/2009	
51580		3	REMOVAL OF BLADDER	1798.97	1798.97	1/1/2009	
51585		3	CYCTECTOMY W/BILAT LYMPH INCLUDING HYPOGASTRIC AND	2004.37	2004.37	1/1/2009	
51590		3	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BI	1826.30	1826.30	1/1/2009	
51595		3	CYSTECTOMY W/BILAT LYMPH INCLUDING HYPOGASTRIC AND	2075.81	2075.81	1/1/2009	
51596		3	CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY OPEN TECH	2231.03	2231.03	1/1/2009	
51597		3	REMOVAL OF PELVIC STRUCTURES	2151.92	2151.92	1/1/2009	
51600		3	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYST	42.23	172.17	1/1/2009	
51605		3	INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND	36.11	36.11	1/1/2009	
51610		3	INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY	59.68	101.20	1/1/2009	
51700		3	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	42.23	79.63	1/1/2009	
51701		3	INSERTION OF NON-DWELLING BLADDER CATHETER (EG, STRAIGHT CATH	25.61	55.08	1/1/2009	
51702		3	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (E	28.14	70.61	1/1/2009	
51703		3	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLIC/	77.26	128.60	1/1/2009	
51705		3	CHANGE OF CYSTOSTOMY TUBE;	62.48	103.05	1/1/2009	
51710		3	CHANGE OF CYSTOSTOMY TUBE;	88.96	145.38	1/1/2009	
51715		3	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL	188.61	271.34	1/1/2009	
51720		3	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING DETE	78.84	107.68	1/1/2009	
51725		3	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	199.10	199.10	1/1/2009	
51725	26	5	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	72.41	72.41	1/1/2009	
51725	TC	T	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	126.69	126.69	1/1/2009	
51726		3	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMEN	288.48	288.48	1/1/2009	
51726	26	5	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMEN	82.33	82.33	1/1/2009	
51726	TC	T	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMEN	206.14	206.14	1/1/2009	
51736		3	SIMPLE UROFLOWMETRY	49.14	49.14	1/1/2009	
51736	26	5	SIMPLE UROFLOWMETRY	29.59	29.59	1/1/2009	
51736	TC	T	SIMPLE UROFLOWMETRY	19.55	19.55	1/1/2009	
51741		3	COMPLEX UROFLOWMETRY	78.21	78.21	1/1/2009	
51741	26	5	COMPLEX UROFLOWMETRY	55.28	55.28	1/1/2009	
51741	TC	T	COMPLEX UROFLOWMETRY	22.94	22.94	1/1/2009	
51772		3	URETHRAL PRESSURE PROFILE STUDIES (UPP) (URETHRAL CLOSURE	222.73	222.73	1/1/2009	
51772	26	5	URETHRAL PRESSURE PROFILE STUDIES (UPP) (URETHRAL CLOSURE	76.80	76.80	1/1/2009	
51772	TC	T	URETHRAL PRESSURE PROFILE STUDIES (UPP) (URETHRAL CLOSURE	145.93	145.93	1/1/2009	
51784		3	ANAL/URINARY MUSCLE STUDY	182.99	182.99	1/1/2009	
51784	26	5	ANAL/URINARY MUSCLE STUDY	73.09	73.09	1/1/2009	
51784	TC	T	ANAL/URINARY MUSCLE STUDY	109.89	109.89	1/1/2009	
51785		3	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL S	198.30	198.30	1/1/2009	
51785	26	5	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL S	73.19	73.19	1/1/2009	
51785	TC	T	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL S	125.11	125.11	1/1/2009	
51792		3	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNO	206.84	206.84	1/1/2009	
51792	26	5	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNO	52.52	52.52	1/1/2009	
51792	TC	T	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNO	154.32	154.32	1/1/2009	
51795		3	VOIDING PRESSURE STUDIES (VP);	271.77	271.77	1/1/2009	

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51795	26	5	VOIDING PRESSURE STUDIES (VP);	73.41	73.41	1/1/2009	
51795	TC	T	VOIDING PRESSURE STUDIES (VP);	198.36	198.36	1/1/2009	
51797		3	VOIDING PRESSURE STUDIES (VP);	134.42	134.42	1/1/2009	
51797	26	5	VOIDING PRESSURE STUDIES (VP);	41.74	41.74	1/1/2009	
51797	TC	T	VOIDING PRESSURE STUDIES (VP);	92.68	92.68	1/1/2009	
51800		3	CYSTOPLASTY OR CYSTOURETHROPLASTY WITH OR W/O RES	982.00	982.00	1/1/2009	
51820		3	REVISION OF URINARY TRACT	1001.30	1001.30	1/1/2009	
51840		3	ANTERIOR VESICourethropeXY, OR URETHROPEXY (EG, MARSHALL-M/	597.46	597.46	1/1/2009	
51841		3	FIXATION OF BLADDER/URETHRA	709.38	709.38	1/1/2009	
51845		3	ABDOMINO-VAGINAL VESICAL NECK SUSPENSION	544.11	544.11	1/1/2009	
51860		3	REPAIR OF BLADDER WOUND	665.49	665.49	1/1/2009	
51865		3	REPAIR OF BLADDER WOUND	824.83	824.83	1/1/2009	
51880		3	REPAIR OF BLADDER OPENING	431.25	431.25	1/1/2009	
51900		3	REPAIR BLADDER/VAGINA LESION	764.87	764.87	1/1/2009	
51920		3	REPAIR BLADDER/UTERUS LESION	706.89	706.89	1/1/2009	
51925		3	HYSTERECTOMY/BLADDER REPAIR	921.81	921.81	1/1/2009	
51940		3	CLOSURE, EXSTROPHY OF BLADDER	1514.79	1514.79	1/1/2009	
51960		3	ENTEROCYSTOPLASTY, INCLUDING INTESTINAL ANASTOMOSIS	1305.79	1305.79	1/1/2009	
51980		3	CONSTRUCT BLADDER OPENING	668.04	668.04	1/1/2009	
51990		3	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCON	687.68	687.68	1/1/2009	
51992		3	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINEN	750.63	750.63	1/1/2009	
52000		3	AMB SURG CYSTOSCOPY	118.43	193.23	1/1/2009	
52001		3	CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF CLOTS	275.37	358.72	1/1/2009	
52005		3	AMB SURG CYSTOSCOPY/URETHRAL CATHETER	126.42	264.92	1/1/2009	
52007		3	AMB SURG CYSTOURETHROSCOPY	158.33	492.38	1/1/2009	
52010		3	AMB SURG CYSTOSCOPY/DUCT CATHETER	153.68	368.56	1/1/2009	
52204		3	AMB SURG CYSTOSCOPY AND BIOPSY	134.27	403.67	1/1/2009	
52214		3	AMB SURG TREAT URINARY TRACT LESION	207.22	531.13	1/1/2009	
52224		3	AMB SURG TREAT URINARY TRACT LESION	162.12	753.21	1/1/2009	
52234		3	AMB SURG TREATMENT OF BLADDER LESION	236.46	236.46	1/1/2009	
52235		3	TREATMENT OF BLADDER LESION	277.27	277.27	1/1/2009	
52240		3	TREATMENT OF BLADDER LESION	485.24	485.24	1/1/2009	
52250		3	AMB SURG CYSTOURETHROSCOPY	232.10	232.10	1/1/2009	
52260		3	AMB SURG CYSTOURETHROSCOPY	200.27	200.27	1/1/2009	
52265		3	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL I	150.84	387.27	1/1/2009	
52270		3	AMB SURG CYSTOURETHROSCOPY	174.22	374.84	1/1/2009	
52275		3	AMB SURG CYSTOURETHROSCOPY	238.86	513.01	1/1/2009	
52276		3	AMB SURG CYSTOURETHROSCOPY	254.96	254.96	1/1/2009	
52277		3	AMB SURG CYSTOURETHROSCOPY	311.58	311.58	1/1/2009	
52281		3	AMB SURG DILATION URETHRAL STRICTURE	147.51	282.52	1/1/2009	
52282		3	CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT	321.58	321.58	1/1/2009	
52283		3	AMB SURG INJECTION TREATMENT, URETHRA	191.77	263.39	1/1/2009	
52285		3	AMB SURG CYSTOURETHROSCOPY	185.73	264.96	1/1/2009	
52290		3	AMB SURG CYSTOURETHROSCOPY	234.55	234.55	1/1/2009	
52300		3	AMB SURG CYSTOURETHROSCOPY	269.40	269.40	1/1/2009	
52305		3	AMB SURG CYSTOURETHROSCOPY	267.82	267.82	1/1/2009	
52310		3	REMOVE BLADDER/URETHRA STONE	145.00	234.05	1/1/2009	
52315		3	AMB SURG CYSTOURETHROSCOPY	263.86	414.72	1/1/2009	
52317		3	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS	335.10	874.84	1/1/2009	
52318		3	AMB SURG LITHOLAPAXY: OF CALCULUS COMPLICATED	456.70	456.70	1/1/2009	
52320		3	AMB SURG CYSTOURETHROSCOPY	236.96	236.96	1/1/2009	
52325		3	AMB SURG CYSTOURETHROSCOPY W/FRAGMENTAT OF CALCULU	308.39	308.39	1/1/2009	
52327		3	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION);	252.71	491.05	1/1/2009	
52330		3	AMB SURG CYSTOURETHROSCOPY	253.69	710.72	1/1/2009	
52332		3	AMB SURG CYSTOURETHROSCOPY	149.07	439.06	1/1/2009	
52334		3	AMB SURG CYSTOURETHROSCOP W/INSERTION URETERAL WIR	246.28	246.28	1/1/2009	
52341		3	CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EC	279.81	279.81	1/1/2009	
52342		3	CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTIO	304.25	304.25	1/1/2009	
52343		3	CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE	338.51	338.51	1/1/2009	
52344		3	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF UR	366.97	366.97	1/1/2009	
52345		3	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF UR	391.41	391.41	1/1/2009	
52346		3	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INT	441.85	441.85	1/1/2009	
52351		3	CYSTOURETHROSCOPY, W/URETEROSCOPY AND/OR PYELOSCOPY; DIAG	301.26	301.26	1/1/2009	
52352		3	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; W	353.79	353.79	1/1/2009	
52353		3	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; W	407.14	407.14	1/1/2009	
52354		3	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; W	376.23	376.23	1/1/2009	
52355		3	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; W	448.66	448.66	1/1/2009	

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
52400		3	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION O	460.13	460.13	1/1/2009	
52450		3	TRANSURETHRAL INCISION OF PROSTATE	437.65	437.65	1/1/2009	
52500		3	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDUF	457.31	457.31	1/1/2009	
52601		3	AMB SURG TRANSURETHRAL RESECTION OF BLADDER	779.13	779.13	1/1/2009	
52630		3	AMB SURG TRANSURETHRAL RESECTION OF PROSTATE	416.45	416.45	1/1/2009	
52640		3	AMB SURG TRANSURETHRAL RESECTION OF PROSTATE	283.52	283.52	1/1/2009	
52647		3	LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPEI	606.12	1973.70	1/1/2009	
52648		3	LASER VAPORIZATION OF PROSTATE, INCLUDING CONTROL OF POSTOPE	647.01	2017.12	1/1/2009	
52700		3	DRAINAGE OF PROSTATE ABSCESS	406.57	406.57	1/1/2009	
53000		3	REVISION OF URETHRA	138.70	138.70	1/1/2009	
53010		3	REVISION OF URETHRA	271.53	271.53	1/1/2009	
53020		3	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE);	92.63	92.63	1/1/2009	
53025		3	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE);	60.74	60.74	1/1/2009	
53040		3	DRAINAGE OF URETHRA ABSCESS	367.16	367.16	1/1/2009	
53060		3	DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST	143.47	161.22	1/1/2009	
53080		3	DRAINAGE OF URINARY LEAKAGE	406.29	406.29	1/1/2009	
53085		3	DRAINAGE OF URINARY LEAKAGE	578.30	578.30	1/1/2009	
53200		3	BIOPSY OF URETHRA	133.34	145.70	1/1/2009	
53210		3	REMOVAL OF URETHRA	723.62	723.62	1/1/2009	
53215		3	REMOVAL OF URETHRA	879.48	879.48	1/1/2009	
53220		3	TREATMENT OF URETHRA LESION	421.73	421.73	1/1/2009	
53230		3	REMOVAL OF URETHRA LESION	562.76	562.76	1/1/2009	
53235		3	REMOVAL OF URETHRA LESION	598.50	598.50	1/1/2009	
53240		3	REVISION OF URETHRAL POUCH	401.32	401.32	1/1/2009	
53250		3	REMOVAL OF URETHRAL GLAND	372.29	372.29	1/1/2009	
53260		3	EXCISION OR FULGURATION;	164.32	184.92	1/1/2009	
53265		3	TREATMENT OF URETHRAL LESION	172.70	205.03	1/1/2009	
53270		3	REMOVAL OF URETHRAL GLAND	169.17	188.51	1/1/2009	
53275		3	REPAIR OF URETHRAL DEFECT	249.35	249.35	1/1/2009	
53400		3	REVISION URETHRA, 1ST STAGE	752.25	752.25	1/1/2009	
53405		3	REVISION URETHRA, 2ND STAGE	828.84	828.84	1/1/2009	
53410		3	RECONSTRUCTION OF URETHRA	925.34	925.34	1/1/2009	
53415		3	URETHROPLASTY, TRANSPUBIC, ONE STAGE	1067.92	1067.92	1/1/2009	
53420		3	REVISION URETHRA, 1ST STAGE	759.61	759.61	1/1/2009	
53425		3	REVISION URETHRA, 2ND STAGE	891.48	891.48	1/1/2009	
53430		3	RECONSTRUCTION OF URETHRA	889.98	889.98	1/1/2009	
53431		3	URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/I	1091.58	1091.58	1/1/2009	
53440		3	OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE, WITH	825.04	825.04	1/1/2009	
53442		3	REM PERINEAL PROSTHESIS INTRODUCED FOR INCONTINEN	726.09	726.09	1/1/2009	
53444		3	INSERTION OF TANDEM CUFF (DUAL CUFF)	750.64	750.64	1/1/2009	
53445		3	INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLI	828.21	828.21	1/1/2009	
53446		3	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLU	604.92	604.92	1/1/2009	
53447		3	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECI	765.98	765.98	1/1/2009	
53448		3	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECI	1212.41	1212.41	1/1/2009	
53449		3	REPAIR OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDI	575.29	575.29	1/1/2009	
53450		3	REVISION OF URETHRA	382.08	382.08	1/1/2009	
53460		3	REVISION OF URETHRA	429.54	429.54	1/1/2009	
53500		3	URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOI	691.88	691.88	1/1/2009	
53502		3	URETHRORRHAPHY, FEMALE	454.38	454.38	1/1/2009	
53505		3	REPAIR OF URETHRA INJURY	456.44	456.44	1/1/2009	
53510		3	REPAIR OF URETHRA INJURY	594.42	594.42	1/1/2009	
53515		3	REPAIR OF URETHRA INJURY	750.57	750.57	1/1/2009	
53520		3	REPAIR OF URETHRA DEFECT	521.24	521.24	1/1/2009	
53600		3	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHR	61.48	80.50	1/1/2009	
53601		3	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHR	51.26	77.88	1/1/2009	
53605		3	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE	61.98	61.98	1/1/2009	
53620		3	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLL	83.57	114.94	1/1/2009	
53621		3	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLL	69.35	108.33	1/1/2009	
53660		3	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTIL	39.04	67.25	1/1/2009	
53661		3	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTIL	38.43	66.96	1/1/2009	
53665		3	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANE	36.22	36.22	1/1/2009	
53850		3	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE	534.94	2260.34	1/1/2009	
53852		3	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQU	582.08	2177.53	1/1/2009	
54000		3	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE);N	99.58	143.95	1/1/2009	
54001		3	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE);	128.74	177.55	1/1/2009	
54015		3	I & D PENIS, DEEP	291.35	291.35	1/1/2009	
54050		3	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	87.06	108.61	1/1/2009	

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
54055		3	TREATMENT OF PENIS LESION	80.33	103.78	1/1/2009	
54056		3	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	89.80	113.25	1/1/2009	
54057		3	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	84.43	124.36	1/1/2009	
54060		3	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	118.13	168.52	1/1/2009	
54065		3	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLL	144.43	185.31	1/1/2009	
54100		3	BIOPSY OF PENIS; (SEPARATE PROCEDURE)	107.52	169.33	1/1/2009	
54105		3	BIOPSY OF PENIS;	201.76	256.27	1/1/2009	
54110		3	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	585.96	585.96	1/1/2009	
54111		3	EXCISION OF PENILE PLAQUE WITH GRAFT TO 5CM	758.00	758.00	1/1/2009	
54112		3	EXCISION OF PENILE PLAQUE WITH GRAFT MORE THAN 5CM	889.81	889.81	1/1/2009	
54115		3	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE	393.24	419.87	1/1/2009	
54120		3	PARTIAL AMPUTATION OF PENIS	592.61	592.61	1/1/2009	
54125		3	AMPUTATION OF PENIS	764.80	764.80	1/1/2009	
54130		3	AMPUTATION OF PENIS	1132.67	1132.67	1/1/2009	
54135		3	AMPUTATION PENIS W/BILATERAL LYMPH INCLUDE HYPOGAS	1438.83	1438.83	1/1/2009	
54150		3	CIRCUMCISION	92.35	155.10	1/1/2009	
54160		3	CIRCUMCISION,SURGICAL EXCISION OTHER THAN CLAMP; NEWBORN	136.38	214.66	1/1/2009	
54161		3	AMB SURG CIRCUMCISION EXCEPT NEWBORN	184.91	184.91	1/1/2009	
54162		3	LYSIS OR EXCICION OF PENILE POST-CIRCUMCISION ADHESIONS	183.79	249.72	1/1/2009	
54163		3	REPAIR INCOMPLETE CIRCUMCISION	202.81	202.81	1/1/2009	
54164		3	FRENULOTOMY OF PENIS	178.37	178.37	1/1/2009	
54200		3	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	78.04	101.18	1/1/2009	
54205		3	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	502.68	502.68	1/1/2009	
54220		3	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM	127.49	196.59	1/1/2009	
54230		3	INJ PROCEDURE FOR CORPORA CAVERNOSGRAPHY	75.44	90.97	1/1/2009	
54240		3	PENILE PLETHYSMOGRAPHY	94.53	94.53	1/1/2009	
54240	26	5	PENILE PLETHYSMOGRAPHY	63.76	63.76	1/1/2009	
54240	TC	T	PENILE PLETHYSMOGRAPHY	30.78	30.78	1/1/2009	
54300		3	REVIION OF PENIS	610.37	610.37	1/1/2009	
54304		3	CORRECTION OF CHORDEE OR 1ST STAGE HYPOSPADIAS	715.30	715.30	1/1/2009	
54308		3	URETHROPLASTY FOR 2ND STAGE HYPOSPADIAS REPAIR	681.05	681.05	1/1/2009	
54312		3	URETHROPLASTY FOR HYPOSPADIAS REPAIR MORE THAN 3CM	787.09	787.09	1/1/2009	
54316		3	URETHROPLASTY FOR HYPOSPADIAS REPAIR WITH GRAFT	953.05	953.05	1/1/2009	
54318		3	URETHROPLASTY FOR HYPOSPADIAS TO RELEASE PENIS	686.11	686.11	1/1/2009	
54322		3	ONE STAGE DISTAL HYPOSPADIAS REPAIR & MEATAL ADV.	745.23	745.23	1/1/2009	
54324		3	ONE STAGE DISTAL HYPOSPADIAS REPAIR W/ URETHROPLST	926.47	926.47	1/1/2009	
54326		3	ONE STAGE DISTAL HYPOSPADIAS REPAIR W/ URETHROPLST	871.53	871.53	1/1/2009	
54328		3	HYPOSPADIAS WITH URETHROPLASTY TO CORRECT CHORDEE	883.27	883.27	1/1/2009	
54332		3	PENILE HYPOSPADIAS REPAIR DISSECTION TO CORR CHORD	965.60	965.60	1/1/2009	
54336		3	HYPOSPADIAS REPAIR TO CORR CHORDEE AND URETHROPLA	1097.33	1097.33	1/1/2009	
54340		3	REPAIR HYPOSPADIAS COMPLICATIONS; SIMPLE	529.87	529.87	1/1/2009	
54344		3	REPAIR HYPOSPADIAS COMPLICATIONS W/ URETHROPLASTY	914.25	914.25	1/1/2009	
54348		3	REPAIR HYPOSPADIAS COMPLI DISSECTION AND URETHROPL	970.66	970.66	1/1/2009	
54352		3	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING DISSECTION	1369.36	1369.36	1/1/2009	
54360		3	PLASTI OPERATION ON PENIS TO CORRECT ANGULATION	686.53	686.53	1/1/2009	
54380		3	REVISION OF PENIS	760.80	760.80	1/1/2009	
54385		3	REVISE PENIS/BLADDER DEFECT	918.40	918.40	1/1/2009	
54390		3	REVISE PENIS/BLADDER DEFECT	1120.28	1120.28	1/1/2009	
54406		3	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE P	689.15	689.15	1/1/2009	
54415		3	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONT.	494.32	494.32	1/1/2009	
54420		3	REVISION OF PENIS	667.76	667.76	1/1/2009	
54430		3	REVISION OF PENIS	604.70	604.70	1/1/2009	
54435		3	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDL	390.74	390.74	1/1/2009	
54440		3	REVISION OF PENIS	826.23	826.23	1/1/2009	
54450		3	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS A	55.96	68.64	1/1/2009	
54500		3	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)	71.46	71.46	1/1/2009	
54505		3	BIOPSY OF TESTIS	200.19	200.19	1/1/2009	
54512		3	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	503.53	503.53	1/1/2009	
54520		3	ORCHIECTOMY, SIMPLE	304.52	304.52	1/1/2009	
54522		3	ORCHIECTOMY, PARTIAL	546.81	546.81	1/1/2009	
54530		3	AMB SURG ORCHIECTOMY RADICAL INGUINAL APPROACH	475.38	475.38	1/1/2009	
54535		3	AMB SURG ORCHIECTOMY WITH ABDOMINAL APPROACH	691.87	691.87	1/1/2009	
54550		3	EXPLORATION FOR TESTIS	458.87	458.87	1/1/2009	
54560		3	EXPLORATION FOR TESTIS	626.82	626.82	1/1/2009	
54600		3	REDUCE TESTIS TORSION	424.09	424.09	1/1/2009	
54620		3	FIXATION OF TESTIS	284.99	284.99	1/1/2009	
54640		3	AMB SURG ORCHIOPEXY ANY TYPE	435.43	435.43	1/1/2009	

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
54650		3	ORCHIOPEXY ABDOMINAL APPROACH FOR INTRA-ABDOMINAL TESTIS	668.02	668.02	1/1/2009
54670		3	REPAIR TESTIS INJURY	378.57	378.57	1/1/2009
54680		3	RELOCATION OF TESTIS(ES)	738.24	738.24	1/1/2009
54690		3	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	596.78	596.78	1/1/2009
54692		3	LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS	729.17	729.17	1/1/2009
54700		3	AMB SURG I & D EPIDIDYMIS TESTIS/SCROTAL SPACE	197.48	197.48	1/1/2009
54800		3	BIOPSY OF EPIDIDYMIS, NEEDLE	125.08	125.08	1/1/2009
54830		3	EXCISION OF LOCAL LESION OF EPIDIDYMIS	344.52	344.52	1/1/2009
54840		3	AMB SURG EXCISION SPERMATOCELE W/WO EPIDIDYMECTOMY	302.57	302.57	1/1/2009
54860		3	REMOVAL OF EPIDIDYMIS	390.90	390.90	1/1/2009
54861		3	REMOVAL OF EPIDIDYMES	529.21	529.21	1/1/2009
54865		3	EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY	332.59	332.59	1/1/2009
55000		3	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR	79.28	112.24	1/1/2009
55040		3	AMB SURG EXCISION HYDROCELE UNILATERAL	314.46	314.46	1/1/2009
55041		3	AMB SURG EXCISION HYDROCELE BILATERAL	473.60	473.60	1/1/2009
55060		3	REPAIR OF HYDROCELE	351.67	351.67	1/1/2009
55100		3	DRAINAGE OF SCROTAL WALL ABSCESS	149.00	198.12	1/1/2009
55110		3	SCROTAL EXPLORATION	357.82	357.82	1/1/2009
55120		3	REMOVAL OF SCROTUM LESION	328.12	328.12	1/1/2009
55150		3	REMOVAL OF SCROTUM	453.64	453.64	1/1/2009
55175		3	SCROTOPLASTY; SIMPLE	336.63	336.63	1/1/2009
55180		3	SCROTOPLASTY; COMPLICATED	641.47	641.47	1/1/2009
55200		3	INCISION OF SPERM DUCT	258.02	449.13	1/1/2009
55250		3	REMOVAL OF SPERM DUCT(S)	210.78	394.92	1/1/2009
55300		3	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGRAMS, OR EPIDIDYMC	171.31	171.31	1/1/2009
55450		3	LIGATION OF SPERM DUCTS	239.09	352.24	1/1/2009
55500		3	AMB SURG EXCISION HYDROCELE OF SPERMATIC CORD	349.05	349.05	1/1/2009
55520		3	REMOVAL OF SPERM CORD LESION	359.59	359.59	1/1/2009
55530		3	AMB SURG EXCISION VARICOCELE	329.92	329.92	1/1/2009
55535		3	AMB SURG EXCISION VARICOCELE ABDOMINAL APPROACH	399.24	399.24	1/1/2009
55540		3	AMB SURG EXCISION VARICOCELE WITH HERNIA REPAIR	436.39	436.39	1/1/2009
55550		3	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VA	395.42	395.42	1/1/2009
55600		3	INCISE SPERM DUCT POUCH	398.24	398.24	1/1/2009
55650		3	REMOVE SPERM DUCT POUCH	671.13	671.13	1/1/2009
55680		3	REMOVE SPERM POUCH LESION	317.11	317.11	1/1/2009
55700		3	BIOPSY, PROSTATE;	129.46	213.13	1/1/2009
55705		3	AMB SURG PROSTATE BIOPSY INCISIONAL ANY APPROACH	253.57	253.57	1/1/2009
55720		3	DRAINAGE OF PROSTATE ABSCESS	433.98	433.98	1/1/2009
55725		3	DRAINAGE OF PROSTATE ABSCESS	550.91	550.91	1/1/2009
55801		3	REMOVAL OF PROSTATE	1026.21	1026.21	1/1/2009
55810		3	REMOVAL OF PROSTATE	1242.20	1242.20	1/1/2009
55812		3	PROSTATECTOMY PERINEAL RADICAL W LYMPH BIOPSY	1526.76	1526.76	1/1/2009
55815		3	PROSTATECTOMY PERINEAL W PELVIC LYMPHADENECTOMY	1675.09	1675.09	1/1/2009
55821		3	REMOVAL OF PROSTATE	825.29	825.29	1/1/2009
55831		3	REMOVAL OF PROSTATE	894.62	894.62	1/1/2009
55840		3	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SP/	1267.30	1267.30	1/1/2009
55842		3	PROSTATECTOMY RETROPUBIC W LYMPH BIOPSY	1358.35	1358.35	1/1/2009
55845		3	EXTENSIVE PROSTATE SURGERY	1554.76	1554.76	1/1/2009
55860		3	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOAC	827.93	827.93	1/1/2009
55862		3	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOAC	1046.33	1046.33	1/1/2009
55865		3	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOAC	1268.21	1268.21	1/1/2009
55866		3	LAPAROSCOPY SURGICAL PROSTATECTOMY RETROPUBIC RADICAL INCL	1651.62	1651.62	1/1/2009
55873		3	CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC G	1078.78	1078.78	1/1/2009
55875		3	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTA	717.83	717.83	1/1/2009
55876		3	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUID/	100.22	131.60	1/1/2009
56405		3	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	90.48	92.38	1/1/2009
56420		3	DRAINAGE OF VULVA ABSCESS	78.73	105.98	1/1/2009
56440		3	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST	157.04	157.04	1/1/2009
56441		3	LYSIS OF LABIAL ADHESIONS	121.34	127.99	1/1/2009
56442		3	HYMENOTOMY, SIMPLE INCISION	41.83	41.83	1/1/2009
56501		3	DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELEC	96.32	110.26	1/1/2009
56515		3	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, E	168.03	188.95	1/1/2009
56605		3	BIOPSY OF VULVA/PERINEUM 1 LESION	52.87	71.26	1/1/2009
56606		3	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPAR.	26.07	33.04	1/1/2009
56620		3	VULVECTOMY PARTIAL UNILATERAL OR BILATERAL.	421.61	421.61	1/1/2009
56625		3	EXTERNAL GENITAL SURGERY	508.79	508.79	1/1/2009
56630		3	VULVECTOMY RADICAL WITHOUT SKIN GRAFT	745.46	745.46	1/1/2009

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
56631		3	VULVECTOMY, RADICAL, PARTIAL; W LYMPHADENECTOMY	948.86	948.86	1/1/2009
56632		3	VULVECTOMY, RADICAL, PARTIAL;	1098.51	1098.51	1/1/2009
56633		3	VULVECTOMY, RADICAL, COMPLETE	973.18	973.18	1/1/2009
56634		3	VULVECTOMY, RAD, COMPLETE; UNI LYMPHADENECTOMY	1028.07	1028.07	1/1/2009
56637		3	VULVECTOMY, RADICAL, COMPLETE; W LYMPHADENECTOMY	1215.80	1215.80	1/1/2009
56640		3	VULVECTOMY RADICAL WITH INGUINOFEM ILIAC PELVIC LY	1212.90	1212.90	1/1/2009
56700		3	EXTERNAL GENITAL SURGERY	158.84	158.84	1/1/2009
56740		3	AMB SURG EXCISION BARTHOLIN GLAND OR CYST	254.67	254.67	1/1/2009
56800		3	PLASTIC REPAIR OF INTROITUS	209.42	209.42	1/1/2009
56805		3	CLITOROPLASTY FOR INTERSEX STATE	989.31	989.31	1/1/2009
56810		3	PERINEOPLASTY, REPAIR OF PERINEUM NON-OB	225.06	225.06	1/1/2009
56820		3	COLPOSCOPY OF THE VULVA;	73.69	94.61	1/1/2009
56821		3	COLPOSCOPY OF THE VULVA; WITH BIOPSY (S)	100.07	126.70	1/1/2009
57000		3	AMB SURG COLPOTOMY WITH EXPLORATION	163.69	163.69	1/1/2009
57010		3	AMB SURG COLPOTOMY W DRAINAGE PELVIC ABSCESS	368.06	368.06	1/1/2009
57020		3	COLPOCENTESIS (SEPARATE PROCEDURE)	71.15	81.29	1/1/2009
57022		3	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; OBSTETRICAL/POSTPA	142.85	142.85	1/1/2009
57023		3	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL (EC	267.92	267.92	1/1/2009
57061		3	DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY, ELE	82.27	95.90	1/1/2009
57065		3	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY,	146.29	163.72	1/1/2009
57100		3	BIOPSY OF VAGINA	57.15	75.53	1/1/2009
57105		3	BIOPSY OF VAGINA	106.36	115.23	1/1/2009
57106		3	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL;	405.56	405.56	1/1/2009
57107		3	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF	1206.74	1206.74	1/1/2009
57109		3	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF	1380.18	1380.18	1/1/2009
57110		3	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL;	776.16	776.16	1/1/2009
57111		3	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL	1394.20	1394.20	1/1/2009
57112		3	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL	1480.83	1480.83	1/1/2009
57120		3	VAGINAL SURGERY	439.06	439.06	1/1/2009
57130		3	AMB SURG EXCISION VAGINAL SEPTUM	138.08	154.24	1/1/2009
57135		3	AMB SURG EXCISION VAGINAL CYST OR TUMOR	148.95	165.43	1/1/2009
57150		3	TREATMENT VAGINAL INFECTION	26.07	43.18	1/1/2009
57155		3	INSERTION OF UTERINE TANDEMS AND/OR VAGINAL OVOIDS FOR CLINICA	363.69	363.69	1/1/2009
57160		3	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPOR	41.86	65.63	1/1/2009
57170		3	DIAPHRAM FITTING WITH INSTRUCTIONS	42.44	59.24	1/1/2009
57180		3	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUL	91.59	120.43	1/1/2009
57200		3	AMB SURG COLPORRHAPHY SUTURE OF INJURY TO VAGINA	253.14	253.14	1/1/2009
57210		3	AMB SURG COLPORRHAPHY	314.45	314.45	1/1/2009
57220		3	AMB SURG COLPORRHAPHY	273.08	273.08	1/1/2009
57230		3	AMB SURG COLPORRHAPHY	342.11	342.11	1/1/2009
57240		3	AMB SURG COLPORRHAPHY	571.15	571.15	1/1/2009
57250		3	AMB SURG COLPORRHAPHY WWO PERINEORRHAPHY	559.12	559.12	1/1/2009
57260		3	COMBINED ANTEROPOSTERIOR COLPORRHAPHY	697.23	697.23	1/1/2009
57265		3	COMB ANTEROPOSTERIOR COLPORRHAPHY W ENTEROCELE	778.73	778.73	1/1/2009
57267		3	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLC	235.30	235.30	1/1/2009
57268		3	REPAIR ENTEROCELE VAGINAL APPROACH	412.24	412.24	1/1/2009
57270		3	REPAIR OF VISCERAL POUCH	687.23	687.23	1/1/2009
57280		3	FIXATION OF VAGINA	836.05	836.05	1/1/2009
57282		3	COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS,	437.21	437.21	1/1/2009
57283		3	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, L	592.29	592.29	1/1/2009
57287		3	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASC	606.50	606.50	1/1/2009
57288		3	SLING OPERATION FOR STRESS INCONTINENCE	638.65	638.65	1/1/2009
57289		3	PEREYRA PROCEDURE INC ANTERIOR COLPORRHAPHY	671.21	671.21	1/1/2009
57291		3	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	465.57	465.57	1/1/2009
57292		3	CONSTRUCTION ARTIFICIAL VAGINA WITH GRAFT	714.71	714.71	1/1/2009
57296		3	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT; OPEN	818.52	818.52	1/1/2009
57300		3	AMB SURG CLOSURE RECTOVAGINAL FISTULA VAG APPROACH	455.82	455.82	1/1/2009
57305		3	REPAIR RECTUM/VAGINA LESION	763.54	763.54	1/1/2009
57307		3	REPAIR RECTUM/VAGINA LESION	854.29	854.29	1/1/2009
57308		3	CLOSURE OF RECTOVAGINAL FISTULA; TRANSPERINEAL APPROACH, WITI	544.53	544.53	1/1/2009
57310		3	REPAIR URTHRA/VAGINA LESION	424.45	424.45	1/1/2009
57311		3	CLOSURE URETHROVAGINAL FISTULA W/ BULBOCAVERNOSUS	484.91	484.91	1/1/2009
57320		3	REPAIR BLADDER/VAGINA LESION	483.16	483.16	1/1/2009
57330		3	REPAIR BLADDER/VAGINA LESION	687.42	687.42	1/1/2009
57335		3	VAGINOPLASTY FOR INTERSEX STATE	1003.96	1003.96	1/1/2009
57400		3	DILATION OF VAGINA UNDER ANESTHESIA	117.34	117.34	1/1/2009
57410		3	AMB SURG PELVIC EXAM UNDER ANESTHESIA	92.08	92.08	1/1/2009

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57415		3	REMOVAL VAG FOREIGN BODY W ANESTH.	136.99	136.99 1/1/2009
57420		3	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	78.28	99.52 1/1/2009
57421		3	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH B	106.92	134.17 1/1/2009
57425		3	LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX	843.65	843.65 1/1/2009
57452		3	COLPOSCOPY (VAGINOSCOPY);	79.39	93.65 1/1/2009
57454		3	COLPOSCOPY WITH BIOPSY	118.56	132.82 1/1/2009
57455		3	COLPOSCOOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; W	96.85	123.16 1/1/2009
57456		3	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WIT	90.35	116.34 1/1/2009
57460		3	COLPOSCOPY (VAGINOSCOPY); WITH LOOP ELECTRODE EXCISION PROCI	142.38	252.36 1/1/2009
57461		3	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; W/L	164.78	283.63 1/1/2009
57500		3	BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH	64.32	111.55 1/1/2009
57505		3	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CU	77.02	85.89 1/1/2009
57510		3	CAUTERY OF CERVIX; ELECTRO OR THERMAL	100.21	113.83 1/1/2009
57511		3	CRYOCAUTRY INITIAL OR REPEAT CERVIX UTERI	112.30	123.71 1/1/2009
57513		3	AMB SURG-CAUTERIZATION OF CERVIX, LASER SURGERY	112.93	122.13 1/1/2009
57520		3	CONIZATION CERVIX-INCLUDING D&C, REPAIR OR FULGURATION	233.42	261.95 1/1/2009
57522		3	CONIZATION OF CERVIX, LOOP ELECTRODE EXCISION	207.10	224.53 1/1/2009
57530		3	REMOVAL OF CERVIX	293.75	293.75 1/1/2009
57531		3	RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENI	1465.19	1465.19 1/1/2009
57540		3	REMOVAL OF CERVIX TISSUE	670.02	670.02 1/1/2009
57545		3	REMOVE CERVIX, REPAIR PELVIS	706.99	706.99 1/1/2009
57550		3	REMOVAL OF CERVIX TISSUE	347.53	347.53 1/1/2009
57555		3	REMOVE CERVIX, REPAIR VAGINA	514.54	514.54 1/1/2009
57556		3	CERVIX UTERI WITH REPAIR OF ENTEROCELE	490.98	490.98 1/1/2009
57558		3	DILATION AND CURETTAGE OF CERVICAL STUMP	96.80	106.62 1/1/2009
57700		3	AMB SURG CERVICAL CERCLAGE (TRACHELOPLASTY)	260.31	260.31 1/1/2009
57720		3	REVISION OF CERVIX	261.25	261.25 1/1/2009
57800		3	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)	41.97	51.47 1/1/2009
58100		3	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SA	76.30	94.37 1/1/2009
58120		3	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOB	185.23	213.12 1/1/2009
58140		3	MYOMECTOMY, EXCISION OF LEIOMYOMATA OF UTERUS, SINGLE OR MUL	785.99	785.99 1/1/2009
58145		3	REMOVAL OF UTERINE LESION	464.92	464.92 1/1/2009
58146		3	MYOMECTOMY EXCISION OF FIBROID TUMOR(S) OF UTERUS 5 OR MORE I	1001.77	1001.77 1/1/2009
58150		3	AMBULATORY SURGERY, TOTAL ABDOMINAL HYSTERECTOMY	852.03	852.03 1/1/2009
58152		3	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WIT	1075.73	1075.73 1/1/2009
58180		3	PARTIAL HYSTERECTOMY	818.07	818.07 1/1/2009
58200		3	EXTENSIVE UTERINE SURGERY	1127.11	1127.11 1/1/2009
58210		3	EXTENSIVE UTERINE SURGERY	1501.66	1501.66 1/1/2009
58240		3	REMOVAL OF PELVIS CONTENTS	2361.29	2361.29 1/1/2009
58260		3	HYSTERECTOMY	710.98	710.98 1/1/2009
58262		3	VAGINAL HYSTERECTOMY W/ REMOVAL OF TUBES AND OVARY(S)	794.74	794.74 1/1/2009
58263		3	VAGINAL HYSTERECTOMY W/ REMOVAL OF TUBE/OVARY & ENTEROCELE	856.46	856.46 1/1/2009
58267		3	HYSTERECTOMY & REPAIR VAGINA	910.14	910.14 1/1/2009
58270		3	HYSTERECTOMY & REPAIR VAGINA	762.07	762.07 1/1/2009
58275		3	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY;	848.00	848.00 1/1/2009
58280		3	HYSTERECTOMY, REVISE VAGINA	907.53	907.53 1/1/2009
58285		3	HYSTERECTOMY	1139.59	1139.59 1/1/2009
58290		3	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS	997.14	997.14 1/1/2009
58291		3	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WIT	1083.75	1083.75 1/1/2009
58292		3	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WIT	1142.30	1142.30 1/1/2009
58293		3	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WIT	1186.19	1186.19 1/1/2009
58294		3	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WIT	1053.63	1053.63 1/1/2009
58300		3	INSERT INTRAUTERINE DEVICE	48.31	67.00 1/1/2009
58301		3	REMOVAL OF IUD	59.45	82.27 1/1/2009
58346		3	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	391.43	391.43 1/1/2009
58353		3	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDAN	189.98	947.77 1/1/2009
58400		3	FIXATION OF UTERUS	384.01	384.01 1/1/2009
58410		3	FIXATION OF UTERUS	689.80	689.80 1/1/2009
58520		3	REPAIR OF RUPTURED UTERUS	673.56	673.56 1/1/2009
58540		3	REVISION OF UTERUS	782.28	782.28 1/1/2009
58541		3	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTER	737.60	737.60 1/1/2009
58542		3	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTER	819.61	819.61 1/1/2009
58543		3	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTER	833.32	833.32 1/1/2009
58544		3	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTER	900.87	900.87 1/1/2009
58545		3	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURA	770.56	770.56 1/1/2009
58546		3	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAM	977.17	977.17 1/1/2009
58548		3	LAPAROSCOPY, SURGICAL, WITH RADICAL HYSTERECTOMY, WITH BILATE	1524.86	1524.86 1/1/2009

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58550		3	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS	760.31	760.31	1/1/2009
58552		3	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS	839.45	839.45	1/1/2009
58553		3	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS	982.24	982.24	1/1/2009
58554		3	LAPAROSCOPY, SURGICAL, W/VAGINAL HYSTERECTOMY, FOR UTERUS GI	1125.63	1125.63	1/1/2009
58555		3	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	165.57	206.14	1/1/2009
58558		3	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM	233.42	279.06	1/1/2009
58559		3	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (	300.35	300.35	1/1/2009
58560		3	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTE	339.52	339.52	1/1/2009
58561		3	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	480.77	480.77	1/1/2009
58562		3	HYSTEROSCOPY, SURGICAL WITH REMOVAL OF IMPACTED FOREIGN OBJE	254.61	295.49	1/1/2009
58563		3	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOMI	300.35	1543.69	1/1/2009
58565		3	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULA	381.53	1642.93	1/1/2009
58600		3	AMB SURG LIGATION OR TRANSECTION FALLOPIAN TUBES	311.47	311.47	1/1/2009
58605		3	LIGATION OR TRANSECTION FALLOP TUBES ABD OR VAG PO	283.03	283.03	1/1/2009
58611		3	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE	68.17	68.17	1/1/2009
58615		3	OCCLUS FALLOPIAN TUBES BY DEVICE VAG/SUPRAPUBIC	213.91	213.91	1/1/2009
58660		3	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS,	579.21	579.21	1/1/2009
58661		3	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (F	557.00	557.00	1/1/2009
58662		3	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESION	608.82	608.82	1/1/2009
58670		3	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR	313.59	313.59	1/1/2009
58671		3	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE	313.49	313.49	1/1/2009
58700		3	SALPINGECTOMY COMPLETE OR PARTIAL UNILATERAL OR BI	655.30	655.30	1/1/2009
58720		3	REMOVAL OF OVARY/TUBE(S)	615.88	615.88	1/1/2009
58800		3	AMB SURG DRAINAGE OVARIAN CYST	254.59	272.65	1/1/2009
58805		3	DRAINAGE OF OVARIAN CYST(S)	346.32	346.32	1/1/2009
58820		3	DRAINAGE OF OVARIAN ABCESS	266.89	266.89	1/1/2009
58822		3	DRAINAGE OF OVARIAN ABSCESS	605.17	605.17	1/1/2009
58823		3	DRAINAGE OF PELVIC ABSCESS, TRANSVAGINAL OR TRANSRECTAL APPR	160.30	762.16	1/1/2009
58900		3	BIOPSY OF OVARY(S)	353.41	353.41	1/1/2009
58920		3	PARTIAL REMOVAL OF OVARY(S)	602.89	602.89	1/1/2009
58925		3	OVARIAN CYSTECTOMY UNILATERAL OR BILATERAL	628.36	628.36	1/1/2009
58940		3	OOPHORECTOMY PARTIAL OR TOTAL UNILATERAL OR BILATE	429.51	429.51	1/1/2009
58943		3	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR C	961.68	961.68	1/1/2009
58950		3	RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY	916.39	916.39	1/1/2009
58951		3	RESECT OVARIAN MALIGNANCY	1183.36	1183.36	1/1/2009
58952		3	RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY	1334.56	1334.56	1/1/2009
58953		3	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL AB	1656.19	1656.19	1/1/2009
58954		3	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL AB	1798.06	1798.06	1/1/2009
58956		3	BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TO	1159.19	1159.19	1/1/2009
58957		3	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIM	1274.55	1274.55	1/1/2009
58958		3	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIM	1416.74	1416.74	1/1/2009
58960		3	LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN, TUBAL OR PRI	791.87	791.87	1/1/2009
59000		3	AMNIOCENTESIS; DIAGNOSTIC	69.98	109.28	1/1/2009
59001		3	AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES	160.05	160.05	1/1/2009
59015		3	CHORIONIC VILLUS SAMPLING, ANY METHOD	114.88	133.58	1/1/2009
59012		3	CORDOCENTESIS (INTRAUTERINE), ANY METHOD	176.56	176.56	1/1/2009
59020		3	FETAL CONTRACTION	59.64	59.64	1/1/2009
59020	26	5	FETAL CONTRACTION	32.75	32.75	1/1/2009
59020	TC	T	FETAL CONTRACTION	26.89	26.89	1/1/2009
59025		3	FETAL NON-STRESS TEST	39.80	39.80	1/1/2009
59025	26	5	FETAL NON-STRESS TEST	26.37	26.37	1/1/2009
59025	TC	T	FETAL NON-STRESS TEST	13.43	13.43	1/1/2009
59030		3	FETAL BLOOD SAMPLING SCALP	98.36	98.36	1/1/2009
59100		3	REMOVAL OF UTERUS LESION	704.77	704.77	1/1/2009
59120		3	TREATMENT ATYPICAL PREGNANCY	673.16	673.16	1/1/2009
59121		3	SURG TREAT ECTOPIC PREGN TUBAL WO SALPING/OOPHOREC	676.25	676.25	1/1/2009
59130		3	TREATMENT ATYPICAL PREGNANCY	789.74	789.74	1/1/2009
59135		3	TREATMENT ATYPICAL PREGNANCY	799.01	799.01	1/1/2009
59136		3	TX ECTOPIC PREGNANCY W/ PARTIAL RESECTION UTERUS	747.00	747.00	1/1/2009
59140		3	TREATMENT ATYPICAL PREGNANCY	334.03	334.03	1/1/2009
59150		3	LAP TX ECTOPIC PREGNANCY W/O REMOVAL TUBES/OVARIES	654.49	654.49	1/1/2009
59151		3	LAP TX ECTOPIC PREGNANCY W/ REMOVAL TUBES/OVARIES	639.63	639.63	1/1/2009
59160		3	CURRETTAGE, POSTPARTUM	153.71	181.60	1/1/2009
59200		3	INSERTION OF HYGROSCOPIC CERVICAL DILATOR	39.12	62.89	1/1/2009
59300		3	AMB SURG EPISIOTOMY OF VAGINAL REPAIR ONLY	126.33	163.41	1/1/2009
59320		3	CERCLAGE OF CERVIX DURING PREGNANCY, VAGINAL	132.34	132.34	1/1/2009
59325		3	CERCLAGE OF CERVIX DURING PREGNANCY, ABDOMINAL	208.94	208.94	1/1/2009

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					Medicaid Maximum Allowable	
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59350		3	HYSTERORRHAPHY OF RUPTURED UTERUS	240.95	240.95	1/1/2009
59400		3	OBSTETRICAL CARE	1503.95	1503.95	1/1/2009
59409		3	VAGINAL DELIVERY ONLY (W OR W/O EPISIOTOMY AND/OR FORCEPS)	667.78	667.78	1/1/2009
59410		3	OBSTETRICAL CARE	774.35	774.35	1/1/2009
59412		3	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS	89.46	89.46	1/1/2009
59414		3	DELIVERY OF PLACENTA (INFANT BORN OUTSIDE OF HOSP)	79.58	79.58	1/1/2009
59425		3	ANTEPARTUM CARE ONLY;	295.56	373.85	1/1/2009
59426		3	ANTEPARTUM CARE ONLY;	523.01	668.81	1/1/2009
59430		3	POSTPARTUM CARE ONLY, SEPARATE PROCEDURE	108.88	119.97	1/1/2009
59510		3	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN	1703.02	1703.02	1/1/2009
59514		3	CESAREAN DELIVERY ONLY;	790.68	790.68	1/1/2009
59515		3	CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE	932.15	932.15	1/1/2009
59525		3	SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST	420.83	420.83	1/1/2009
59812		3	SURGICAL TX SPONTANEOUS ABORTION, ANY TRIMESTER	248.70	266.13	1/1/2009
59820		3	AMB SURG MISSED ABORTION ANY TRIMESTER	292.55	313.79	1/1/2009
59821		3	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY;	297.27	319.77	1/1/2009
59830		3	SEPTIC ABORTION	370.02	370.02	1/1/2009
59840		3	AMB SURG LEGAL THERAPEUTIC ABORTION	178.77	184.48	1/1/2009
59841		3	AMB SURG LEGAL ABORTION D & C	303.99	321.42	1/1/2009
59850		3	AMB SURG LEGAL ABORTION INTRA-AMNIOTIC INJECTION	331.38	331.38	1/1/2009
59851		3	AMB SURG LEGAL ABORTION WITH D & C	339.99	339.99	1/1/2009
59852		3	AMB SURG LEGAL ABORTION WITH HYSTEROTOMY	477.24	477.24	1/1/2009
59855		3	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES	353.74	353.74	1/1/2009
59856		3	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES	418.18	418.18	1/1/2009
59857		3	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES	500.40	500.40	1/1/2009
59866		3	MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	206.95	206.95	1/1/2009
59870		3	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE	396.87	396.87	1/1/2009
59871		3	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOC	115.54	115.54	1/1/2009
60000		3	INCISION AND DRAINAGE OF THYROID GLAND DUCT CYST, INFECTED	120.66	131.75	1/1/2009
60100		3	BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE	73.37	99.04	1/1/2009
60200		3	DRAINAGE THYROID DUCT LESION	543.73	543.73	1/1/2009
60210		3	PARTIAL THYROID LOBECTOMY, UNILATERAL;	582.75	582.75	1/1/2009
60212		3	PARTIAL THYROID LOBECTOMY, UNILATERAL;	837.65	837.65	1/1/2009
60220		3	PARTIAL REMOVAL OF THYROID	638.98	638.98	1/1/2009
60225		3	TOT THY SUBT LOBECTOMY INC ISTHMUS	767.73	767.73	1/1/2009
60240		3	REMOVAL OF THYROID	814.42	814.42	1/1/2009
60252		3	REMOVAL OF THYROID	1099.78	1099.78	1/1/2009
60254		3	EXTENSIVE THYROID SURGERY	1417.42	1417.42	1/1/2009
60260		3	THYROIDECTOMY, REMOVAL OF ALL REMAINING THYROID TISSUE	918.28	918.28	1/1/2009
60270		3	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; STERNAL SPLIT OF	1157.37	1157.37	1/1/2009
60271		3	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND;	887.15	887.15	1/1/2009
60280		3	AMB SURG EXCISION THYROID GLAND CYST OR SINUS	364.50	364.50	1/1/2009
60281		3	EXCISION OF THYROID GLAND CYST, SINUS; RECURRENT	487.97	487.97	1/1/2009
60500		3	EXPLORE PARATHYROID GLANDS	844.35	844.35	1/1/2009
60502		3	RE-EXPLORATION OF PARATHYROID GLANDS	1059.97	1059.97	1/1/2009
60505		3	EXPLORE PARATHYROID GLANDS	1163.91	1163.91	1/1/2009
60512		3	PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION	207.38	207.38	1/1/2009
60520		3	THYMECTOMY, PARTIAL OR TOTAL; TRANSCERVICAL APPROACH (SEPAR	869.73	869.73	1/1/2009
60521		3	THYMECTOMY, PARTIAL OR TOTAL;	997.79	997.79	1/1/2009
60522		3	THYMECTOMY, PARTIAL OR TOTAL;	1203.92	1203.92	1/1/2009
60540		3	EXPLORATION ADRENAL GLAND	916.95	916.95	1/1/2009
60545		3	EXPLORATION ADRENAL GLAND	1044.11	1044.11	1/1/2009
60600		3	REMOVAL CAROTID BODY LESION	1214.63	1214.63	1/1/2009
60605		3	REMOVAL CAROTID BODY LESION	1528.48	1528.48	1/1/2009
60650		3	LAPAROSCOPY, SURGICAL, WITH ADRENALECTOMY, PARTIAL OR COMPLE	1022.82	1022.82	1/1/2009
61000		3	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATER	92.77	92.77	1/1/2009
61001		3	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATER	90.66	90.66	1/1/2009
61020		3	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANEL	107.61	107.61	1/1/2009
61026		3	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANEL	107.86	107.86	1/1/2009
61050		3	REMOVAL BRAIN CANAL FLUID	92.16	92.16	1/1/2009
61055		3	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION	119.07	119.07	1/1/2009
61070		3	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJE	68.42	68.42	1/1/2009
61105		3	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE;	354.73	354.73	1/1/2009
61107		3	TWIST DRILL HOLE FOR IMPLANT VENTRIC CATH/RECORDING	265.24	265.24	1/1/2009
61108		3	TWIST DRILL HOLE FOR EVAC OF SUBDURAL HEMATOMA	706.22	706.22	1/1/2009
61120		3	BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING INJECTION OF	579.08	579.08	1/1/2009
61140		3	INCISE SKULL BRAIN BIOPSY	1005.97	1005.97	1/1/2009

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
61150		3	INCISE SKULL FOR DRAINAGE	1077.43	1077.43	1/1/2009
61151		3	INCISE SKULL FOR DRAINAGE	779.67	779.67	1/1/2009
61154		3	INCISE SKULL FOR DRAINAGE	1007.46	1007.46	1/1/2009
61156		3	INCISE SKULL FOR DRAINAGE	1005.25	1005.25	1/1/2009
61210		3	RELIEVE/MEASURE BRAIN FLUID	309.67	309.67	1/1/2009
61215		3	INSERTION OF SUBCUTANEOUS RESERVOIR TO VENTR CATH	385.44	385.44	1/1/2009
61250		3	BURR HOLE TREPHINE, SUPRATENTORIAL, EXPLORATORY	678.36	678.36	1/1/2009
61253		3	BURR HOLE OR TREPHINE INFRATENTORIAL UNILATERAL/BI	748.70	748.70	1/1/2009
61304		3	INCISE SKULL FOR EXPLORATION	1327.61	1327.61	1/1/2009
61305		3	INCISE SKULL FOR EXPLORATION	1601.34	1601.34	1/1/2009
61312		3	CRANIECTOMY FOR EVAC OF HEMATOMA, SUPRATENTORIAL	1662.24	1662.24	1/1/2009
61313		3	CRANIECTOMY FOR EVAC OF HEMATOMA, INTRACEREBRAL	1587.41	1587.41	1/1/2009
61314		3	CRANIECTOMY FOR EVAC OF HEMATOMA, INFRATENTORIAL	1469.12	1469.12	1/1/2009
61315		3	CRANIECTOMY FOR EVAC OF HEMATOMA, INTRACEREBELLAR	1672.82	1672.82	1/1/2009
61316		3	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL BONE (LIST SEP.	72.98	72.98	1/1/2009
61320		3	INCISE SKULL FOR DRAINAGE	1547.04	1547.04	1/1/2009
61321		3	CRANIECTOMY DRAINAGE OF INTRACRANIAL ABSCESS INFRA	1696.51	1696.51	1/1/2009
61322		3	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT D	1883.96	1883.96	1/1/2009
61323		3	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT D	1917.33	1917.33	1/1/2009
61330		3	INCISE SKULL FOR EXPLORATION	1315.95	1315.95	1/1/2009
61332		3	EXPLORATION OR DECOMPRESSION OF ORBIT TRANSCCRANIA	1524.19	1524.19	1/1/2009
61333		3	EXPLOR DECOMPRESS ORBIT TRANSCRAN APPROACH REMOVE	1540.37	1540.37	1/1/2009
61334		3	EXPLORATION/DECOMPRESSION ORBIT TRANSCRAN W/REMOVA	1000.58	1000.58	1/1/2009
61340		3	OTHER CRANIAL DECOMPRESSION EG SUBTEMPORAL SUPRATE	1151.42	1151.42	1/1/2009
61343		3	CRANIECTOMY W/ CERVICAL LAMINECTOMY	1780.84	1780.84	1/1/2009
61345		3	OTHER CRANIAL DECOMPRESSION POSTERIOR FOSSA	1647.58	1647.58	1/1/2009
61440		3	CRANIOTOMY FOR SECTION OF TENTORIUM CEREBELLI	1612.97	1612.97	1/1/2009
61450		3	CRANIECTOMY FOR SECTION COMP OR DECOMP OR SENSORY	1528.76	1528.76	1/1/2009
61458		3	CRANIECTOMY EXPLORATION/DECOMPRESS CRANIAL NERVES	1628.93	1628.93	1/1/2009
61460		3	CRANIECTOMY SUBOCCIPITAL FOR SECTION OF 1 OR MORE	1652.86	1652.86	1/1/2009
61470		3	INCISE SKULL FOR SURGERY	1533.18	1533.18	1/1/2009
61480		3	INCISE SKULL FOR SURGERY	1492.74	1492.74	1/1/2009
61490		3	CRANIOTOMY FOR LOBOTOMY, INCLUDING CINGULOTOMY	1541.64	1541.64	1/1/2009
61500		3	REMOVAL OF SKULL LESION	1089.36	1089.36	1/1/2009
61501		3	CRANIECTOMY FOR OSTEOMYELITIS	933.44	933.44	1/1/2009
61510		3	REMOVAL OF BRAIN LESION	1756.18	1756.18	1/1/2009
61512		3	REMOVE BRAIN LINING LESION	2075.06	2075.06	1/1/2009
61514		3	REMOVAL OF BRAIN ABSCESS	1539.35	1539.35	1/1/2009
61516		3	REMOVAL OF BRAIN LESION	1501.86	1501.86	1/1/2009
61517		3	IMPLANTATION OF BRAIN INTRACAVITARY CHEMOTHERAPY AGENT (LIST :	72.95	72.95	1/1/2009
61518		3	REMOVAL OF BRAIN LESION	2232.57	2232.57	1/1/2009
61519		3	REMOVE BRAIN LINING LESION	2405.39	2405.39	1/1/2009
61520		3	CRANIECTOMY CEREBELLOPONTINE ANGLE TUMOR	3077.32	3077.32	1/1/2009
61521		3	CRANIECTOMY EXCISION BRAIN TUMOR,MIDLINE TUMOR SKU	2585.39	2585.39	1/1/2009
61522		3	REMOVAL OF BRAIN ABSCESS	1771.97	1771.97	1/1/2009
61524		3	REMOVAL OF BRAIN LESION	1673.12	1673.12	1/1/2009
61526		3	REMOVAL SKULL CAVITY LESION	2797.78	2797.78	1/1/2009
61530		3	REMOVAL SKULL CAVITY LESION	2375.71	2375.71	1/1/2009
61531		3	SUBDURAL IMPLANT OF STRIP ELECTRODES,LNG TERM MONI	967.53	967.53	1/1/2009
61533		3	CRANIECTOMY FOR INSERTION EPIDURAL ELECTRODE ARRAY	1223.41	1223.41	1/1/2009
61534		3	REMOVAL OF BRAIN LESION	1317.62	1317.62	1/1/2009
61535		3	CRANIECTOMY REMOVAL EPIDURAL ELECTRO ARRAY WO TISS	787.21	787.21	1/1/2009
61536		3	REMOVAL OF BRAIN LESION	2103.20	2103.20	1/1/2009
61537		3	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPO	1940.09	1940.09	1/1/2009
61538		3	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPO	2080.60	2080.60	1/1/2009
61539		3	CRAN F LOBECTOMY WELECTROCORTICOGN PARTIAL OR TOT	1904.20	1904.20	1/1/2009
61540		3	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER	1785.00	1785.00	1/1/2009
61541		3	CRANIECTOMY FOR TRANSECTION OF CORPUS CALLOSUM	1714.68	1714.68	1/1/2009
61542		3	REMOVAL OF BRAIN TISSUE	1859.84	1859.84	1/1/2009
61543		3	CRANIECTOMY FOR PART OR SUBTOTAL HEMISPHERECTOMY	1738.07	1738.07	1/1/2009
61544		3	REMOVE/TREAT BRAIN LESION	1437.37	1437.37	1/1/2009
61545		3	BONE FLAP CRANIECTOMY TO EXCISE CRANIOPHARYNGIOMA	2560.98	2560.98	1/1/2009
61546		3	REMOVAL OF PITUITARY GLAND	1855.59	1855.59	1/1/2009
61548		3	REMOVAL OF PITUITARY GLAND	1259.75	1259.75	1/1/2009
61550		3	RELEASE SKULL CLOSURE	825.73	825.73	1/1/2009
61552		3	CRANIECTOMY FOR CRANIOSTENOSIS MULTIPLE SUTURES ON	1084.56	1084.56	1/1/2009
61556		3	CRANIOTOMY FOR CRANIOSYNOSTOSIS, FRONTAL/PARIETAL	1323.62	1323.62	1/1/2009

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61557		3	CRANIOTOMY FOR CRANIOSYNOSTOSIS, BIFRONTAL BONE	1359.12	1359.12	1/1/2009
61558		3	EXT. CRANIECTOMY FOR MULT CRANIAL SUT. CRANIOSYNOS	1403.35	1403.35	1/1/2009
61559		3	EXT. CRANIECTOMY FOR CRANIOSYNOSTOSIS W RECONTOURI	1946.14	1946.14	1/1/2009
61563		3	EXC. TUMOR OF CRANIAL BONE W/O OPTIC NERVE DECOMPR	1566.37	1566.37	1/1/2009
61564		3	EXC. TUMOR OF CRANIAL BONE W OPTIC NERVE DECOMPRES	1960.33	1960.33	1/1/2009
61566		3	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SELECTIVE AMYGDAI	1809.62	1809.62	1/1/2009
61567		3	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL T	2036.30	2036.30	1/1/2009
61570		3	CRANIECTOMY OR CRANIOTOMY FOR EXCISION FOREIGN BOD	1480.38	1480.38	1/1/2009
61571		3	CRANIECTOMY OR CRANIOTOMY PENETRATING WOUND BRAIN	1607.42	1607.42	1/1/2009
61575		3	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM	1920.12	1920.12	1/1/2009
61576		3	TRANSORAL APPROACH TO SKULL BASE W/ SPLIT TONGUE	3062.01	3062.01	1/1/2009
61580		3	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA;	2008.24	2008.24	1/1/2009
61581		3	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA;	2255.29	2255.29	1/1/2009
61582		3	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA;	2303.30	2303.30	1/1/2009
61583		3	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA;	2337.30	2337.30	1/1/2009
61584		3	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAI	2276.43	2276.43	1/1/2009
61585		3	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAI	2417.94	2417.94	1/1/2009
61590		3	INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSS	2564.00	2564.00	1/1/2009
61591		3	INFRATEMPORAL POST-AURICULAR APPROACH TO MIDDLE CRANIAL FOS	2581.43	2581.43	1/1/2009
61592		3	ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CA	2564.23	2564.23	1/1/2009
61595		3	TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR	1935.52	1935.52	1/1/2009
61596		3	TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR	2132.90	2132.90	1/1/2009
61597		3	TRANSCONDYLAR (FAR LATERAL) APPROACH TO POSTERIOR CRANIAL FC	2328.89	2328.89	1/1/2009
61598		3	TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OF	2065.75	2065.75	1/1/2009
61600		3	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	1742.11	1742.11	1/1/2009
61601		3	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	1900.06	1900.06	1/1/2009
61605		3	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	1826.41	1826.41	1/1/2009
61606		3	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	2442.26	2442.26	1/1/2009
61607		3	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	2268.91	2268.91	1/1/2009
61608		3	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	2635.11	2635.11	1/1/2009
61609		3	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WI	511.40	511.40	1/1/2009
61610		3	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WI	1565.86	1565.86	1/1/2009
61611		3	TRANSECTION OR LIGATION, CAROTID ARTERY IN PAVROUS CANAL; WITH	395.10	395.10	1/1/2009
61612		3	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITH	1394.24	1394.24	1/1/2009
61613		3	OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATIC	2562.60	2562.60	1/1/2009
61615		3	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	2026.52	2026.52	1/1/2009
61616		3	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	2660.67	2660.67	1/1/2009
61618		3	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTER	1051.79	1051.79	1/1/2009
61619		3	SECONDARY REPAIR OF DURA FOR CSF LEAK, ANTERIOR, MIDDLE OR	1213.93	1213.93	1/1/2009
61623		3	ENDOVASCULAR TEMPORARY BALLOON ARTERIAL OCCLUSION, HEAD OR	490.50	490.50	1/1/2009
61624		3	TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTI	976.95	976.95	1/1/2009
61626		3	TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTI	796.33	796.33	1/1/2009
61680		3	SURG OF MALFORMATION, SUPRATENTORIAL, SIMPLE	1835.25	1835.25	1/1/2009
61682		3	SURG OF MALFORMATION, SUPRATENTORIAL, COMPLEX	3454.64	3454.64	1/1/2009
61684		3	SURG OF MALFORMATION, INFRATENTORIAL, SIMPLE	2298.12	2298.12	1/1/2009
61686		3	SURG OF MALFORMATION, INFRATENTORIAL, COMPLEX	3697.42	3697.42	1/1/2009
61690		3	SURG OF MALFORMATION, DURAL, SIMPLE	1746.79	1746.79	1/1/2009
61692		3	SURG OF MALFORMATION, DURAL, COMPLEX	2986.43	2986.43	1/1/2009
61697		3	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPR	3380.23	3380.23	1/1/2009
61698		3	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPR	3640.52	3640.52	1/1/2009
61700		3	SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROA	2820.85	2820.85	1/1/2009
61702		3	INCISE SKULL/VESSEL SURGERY	3166.79	3166.79	1/1/2009
61703		3	SURGERY INTRACRANIAL ANEURYSM CERVICAL APPROACH	1081.04	1081.04	1/1/2009
61705		3	REVISE CIRCULATION TO HEAD	2078.72	2078.72	1/1/2009
61708		3	REVISE CIRCULATION TO HEAD	1806.73	1806.73	1/1/2009
61710		3	REVISE CIRCULATION TO HEAD	1637.83	1637.83	1/1/2009
61711		3	ANASTOMOSIS ARTERIAL EXTRACRANIAL INTRACRANIAL ART	2116.99	2116.99	1/1/2009
61735		3	INCISE SKULL/BRAIN SURGERY	1162.93	1162.93	1/1/2009
61750		3	STEREOTACTIC BIOPSY ASPIRATION OR EXCISION	1130.98	1130.98	1/1/2009
61751		3	STEREOTACTIC BIOPSY W COMPUTER AXIAL TOMOGRAPHY	1100.93	1100.93	1/1/2009
61760		3	STEREOTACTIC IMPLANT DEPTH ELECTRODE; LONG TERM MON	1245.82	1245.82	1/1/2009
61770		3	STEREOTACTIC LOCALIZATION, INCLUDING BURR HOLE(S), WITH INSERTI	1231.78	1231.78	1/1/2009
61790		3	STEREOTACTIC LESION OF GAS GANGLION PERCUTANEOUS B	683.80	683.80	1/1/2009
61791		3	STEROTACTIC LESION TRIGEMINAL MEDULLARY TRACT	886.21	886.21	1/1/2009
61863		3	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STERE	1215.73	1215.73	1/1/2009
61864		3	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STERE	332.02	332.02	1/1/2009
61867		3	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STERE	1796.95	1796.95	1/1/2009

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61868		3	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STERE	494.84	494.84	1/1/2009	
61886		3	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULA	637.65	637.65	1/1/2009	
62000		3	REPAIR OF SKULL FRACTURE	711.14	711.14	1/1/2009	
62005		3	REPAIR OF SKULL FRACTURE	998.79	998.79	1/1/2009	
62010		3	ELEVATION OF DEPRESSED SKULL FRACTURE WITH DEBRIDE	1219.89	1219.89	1/1/2009	
62100		3	CRANIOTOMY FOR REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, INCLI	1300.22	1300.22	1/1/2009	
62115		3	REDUCE CRANIOMEGALIC SKULL W/O GRAFT/CRANIOPLASTY	1160.87	1160.87	1/1/2009	
62116		3	REDUCE CRANIOMEGALIC SKULL WITH CRANIOPLASTY	1430.54	1430.54	1/1/2009	
62117		3	REDUCE CRANIOMEGALIC SKULL W CRANIOTOMY/RECONSTRUC	1546.53	1546.53	1/1/2009	
62120		3	REPAIR SKULL CAVITY LESION	1465.31	1465.31	1/1/2009	
62121		3	CRANIOTOMY W REPAIR ENCEPHALOCELE, SKULL BASE	1339.60	1339.60	1/1/2009	
62140		3	AMB SURG CRANIOPLASTY FOR SKULL DEFECT	843.68	843.68	1/1/2009	
62141		3	REPAIR OF SKULL	926.78	926.78	1/1/2009	
62142		3	REMOVAL BONE FLAP OR PROSTHETIC PLATE OF SKULL	705.25	705.25	1/1/2009	
62143		3	REPLACE BONE FLAP OR PROSTHETIC PLATE OF SKULL	826.85	826.85	1/1/2009	
62145		3	REPAIR OF SKULL & BRAIN	1134.79	1134.79	1/1/2009	
62146		3	CRANIOPLASTY W AUTOGRAFT UP TO 5 CM DIAMETER	973.76	973.76	1/1/2009	
62147		3	CRANIOPLASTY W AUTOGRAFT LARGER THAN 5CM DIAMETER	1156.78	1156.78	1/1/2009	
62148		3	INCISION AND RETRIEVAL OF SUBCUTANEOUS CRANIAL BONE GRAFT FOR	104.31	104.31	1/1/2009	
62160		3	NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT	159.77	159.77	1/1/2009	
62161		3	NEUROENDOSCOPY INTRACRANIAL;WITH DISSECTION OF ADHESIONS FE	1219.82	1219.82	1/1/2009	
62162		3	NEUROENDOSCOPY, INTRACRANIAL; WITH FENERATION OR EXCISION OF	1517.59	1517.59	1/1/2009	
62163		3	NEUROENDOSCOPY, INTRACRANIAL; WITH RETRIEVAL OF FOREIGN BODY	980.86	980.86	1/1/2009	
62164		3	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, IN	1619.56	1619.56	1/1/2009	
62165		3	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMC	1257.16	1257.16	1/1/2009	
62180		3	ESTABLISH BRAIN CAVITY SHUNT	1278.63	1278.63	1/1/2009	
62190		3	CREATION SHUNT SUBDURAL ARIAL JUGULAR AURICULAR	726.03	726.03	1/1/2009	
62192		3	ESTABLISH BRAIN CAVITY SHUNT	774.73	774.73	1/1/2009	
62194		3	REPLACEMENT OF IRRIGATION SUBDURAL CATHETER	316.65	316.65	1/1/2009	
62200		3	ESTABLISH BRAIN CAVITY SHUNT	1105.57	1105.57	1/1/2009	
62201		3	VENTRICULOCISTERNOSTOMY, STEREOTACTIC METHOD	947.66	947.66	1/1/2009	
62220		3	ESTABLISH BRAIN CAVITY SHUNT	814.25	814.25	1/1/2009	
62223		3	ESTABLISH BRAIN CAVITY SHUNT	834.78	834.78	1/1/2009	
62225		3	REPLACEMENT OF IRRIGATION VENTRICULAR CATHETER	397.06	397.06	1/1/2009	
62230		3	REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRU	672.47	672.47	1/1/2009	
62252		3	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT	82.21	82.21	1/1/2009	
62252	26	5	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT	39.31	39.31	1/1/2009	
62252	TC	T	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT	42.90	42.90	1/1/2009	
62256		3	REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITHO	465.60	465.60	1/1/2009	
62258		3	REPLACE BRAIN CAVITY SHUNT	904.96	904.96	1/1/2009	
62263		3	PERCUTANEOUSLYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJ. O	322.35	537.23	1/1/2009	
62264		3	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJEC	198.19	330.04	1/1/2009	
62268		3	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX	232.89	390.09	1/1/2009	
62269		3	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	237.38	422.79	1/1/2009	
62270		3	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	67.38	128.86	1/1/2009	
62272		3	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL F	71.08	151.27	1/1/2009	
62273		3	AMB SURG EPIDURAL BLOOD PATCH	96.46	138.61	1/1/2009	
62280		3	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENC	131.49	253.20	1/1/2009	
62281		3	INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED	126.96	235.04	1/1/2009	
62282		3	INJ. NEUROLYTIC SUST, LUMBAR OR CAUDIL EPIDURAL.	116.80	242.63	1/1/2009	
62284		3	INJECTION FOR SPINE X-RAY	79.04	184.58	1/1/2009	
62287		3	ASPIRATION OR DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NU	465.82	465.82	1/1/2009	
62290		3	INJECTION FOR DISC X-RAY	147.40	271.01	1/1/2009	
62291		3	INJECTION FOR DISC X-RAY	142.44	254.00	1/1/2009	
62292		3	INJ PROC CHEMONUCLEOLYSIS LUMBAR 1 OR MORE LEVELS	421.94	421.94	1/1/2009	
62294		3	INTRATHECAL INJECTION INTO SPINE	673.34	673.34	1/1/2009	
62310		3	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NI	87.38	178.66	1/1/2009	
62311		3	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NI	72.47	157.41	1/1/2009	
62318		3	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION C	88.03	191.04	1/1/2009	
62319		3	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION C	82.31	172.95	1/1/2009	
62350		3	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHEC/	325.67	325.67	1/1/2009	
62351		3	IMPLANTATION, REVISION/REPOSITION INTRATHECAL/EPIDURAL CATH W/I	683.88	683.88	1/1/2009	
62360		3	IMPLANTATION/REPLACEMENT DEVICE FOR INTRATHECAL/EPIDURAL DRL	234.85	234.85	1/1/2009	
62361		3	IMPLANTATION/REPLACEMENT DEVICE INTRATHECAL/EPIDURAL DRUG IN	323.35	323.35	1/1/2009	
62362		3	IMPLANT/REPLACE DEVICE FOR INTRATHECAL/EPIDURAL DRUG INF PRO/F	341.64	341.64	1/1/2009	
63001		3	DECOMPRESSION OF SPINAL CORD	996.25	996.25	1/1/2009	
63003		3	LAMIN F/DECOMP SPIN CORD A/O CAUDA EQ ONE/TWO SEGM	1002.37	1002.37	1/1/2009	

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63005		3	REVISION OF SPINAL COLUMN	950.68	950.68	1/1/2009
63011		3	LAMINECTOMY SACRAL DECOMPRESSION SPINAL CORD	899.34	899.34	1/1/2009
63012		3	LAMINECTOMY, LUMBAR W DECOMPRESSION CAUDA EQUINA	967.53	967.53	1/1/2009
63015		3	LAMINECTOMY MORE THAN TWO SEGS CERVICAL	1196.14	1196.14	1/1/2009
63016		3	LAMINOTOMY THORACIC	1231.35	1231.35	1/1/2009
63017		3	LAMINOTOMY LUMBAR	1002.72	1002.72	1/1/2009
63020		3	LAMINOTOMY, CERVICAL, ONE INTERSPACE	948.31	948.31	1/1/2009
63030		3	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE R	787.25	787.25	1/1/2009
63035		3	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE R	168.19	168.19	1/1/2009
63040		3	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE R	1153.45	1153.45	1/1/2009
63042		3	REVISION OF SPINAL COLUMN	1079.44	1079.44	1/1/2009
63043		3	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE R	258.72	258.72	1/1/2009
63044		3	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE R	243.96	243.96	1/1/2009
63045		3	LAMINECTOMY, SINGLE SEGMENT, CERVICAL	1030.98	1030.98	1/1/2009
63046		3	LAMINECTOMY, SINGLE SEGMENT, THORACIC	985.61	985.61	1/1/2009
63047		3	LAMINECTOMY, SINGLE SEGMENT, LUMBAR	898.66	898.66	1/1/2009
63048		3	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BIL	181.12	181.12	1/1/2009
63055		3	DECOMPRESSION SPINAL CORD, SINGLE SEGMENT, THORACIC	1327.79	1327.79	1/1/2009
63056		3	DECOMPRESSION SPINAL CORD, SINGLE SEGMENT, LUMBAR	1226.36	1226.36	1/1/2009
63057		3	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD,	277.38	277.38	1/1/2009
63064		3	HEMILAMINECTOMY THORACIC COSTOVERTEBRAL APPROACH	1453.12	1453.12	1/1/2009
63066		3	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD	171.06	171.06	1/1/2009
63075		3	DISKECTOMY CERVICAL ANTE APPR W/O ARTHRODESIS	1132.48	1132.48	1/1/2009
63076		3	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/	214.11	214.11	1/1/2009
63077		3	DISKECTOMY, SINGLE SPACE, THORACIC	1244.59	1244.59	1/1/2009
63078		3	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/	170.46	170.46	1/1/2009
63081		3	VERTEBRAL CORPECTOMY, SINGLE SEGMENT, CERVICAL	1456.53	1456.53	1/1/2009
63082		3	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR	231.13	231.13	1/1/2009
63085		3	VERTEBRAL CORPECTOMY, SINGLE SEGMENT, THORACIC	1560.16	1560.16	1/1/2009
63086		3	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR	164.27	164.27	1/1/2009
63087		3	VERTEBRAL CORPECTOMY, SINGLE SEGMENT, LUMBAR	1992.07	1992.07	1/1/2009
63088		3	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR	224.78	224.78	1/1/2009
63090		3	VERTEBRAL CORPECTOMY, SINGLE SEGMENT, LUMBAR	1630.57	1630.57	1/1/2009
63091		3	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR	154.50	154.50	1/1/2009
63101		3	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR	1864.66	1864.66	1/1/2009
63102		3	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR	1857.05	1857.05	1/1/2009
63103		3	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR	246.69	246.69	1/1/2009
63170		3	LAMINECTOMY FOR MYELOTOMY THORACIC OR THORACOLUMBA	1248.04	1248.04	1/1/2009
63172		3	LAMINECTOMY W/ DRAINAGE TO SUBARACHNOID SPACE	1123.27	1123.27	1/1/2009
63173		3	LAMINECTOMY W/ DRAINAGE TO PERITONEAL SPACE	1384.61	1384.61	1/1/2009
63180		3	LAMINECTOMY CERVICAL ONE OR TWO SEGEMENTS	1129.82	1129.82	1/1/2009
63182		3	LAMIN AND SECTION OF DENTATE LIGAMENTS MORE THAN T	1212.16	1212.16	1/1/2009
63185		3	REVISE SPINAL COLUMN/NERVES	918.97	918.97	1/1/2009
63190		3	LAMINECTOMY FOR RHIZOTOMY MORE THAN TWO SEGMENTS	1056.30	1056.30	1/1/2009
63191		3	LAMINECTOMY W SECTION OF SPINAL ACCESSORY NERVE	1010.16	1010.16	1/1/2009
63194		3	LAMIWECTOMY CORDOTOMY UNILATERAL CERVICAL	1201.90	1201.90	1/1/2009
63195		3	REVISE SPINAL COLUMN/CORD	1215.49	1215.49	1/1/2009
63196		3	REVISE SPINAL COLUMN/CORD	1429.70	1429.70	1/1/2009
63197		3	LAMINECTOMY COROTOMY BILATERAL CERVICAL	1362.80	1362.80	1/1/2009
63198		3	REVISE SPINAL COLUMN/CORD	1517.90	1517.90	1/1/2009
63199		3	LAMINECTOMY CORDOTOMY BILATERAL THORACIC	1607.15	1607.15	1/1/2009
63200		3	LAMINECTOMY FOR TETHERED SPINAL CORD, LUMBAR	1218.75	1218.75	1/1/2009
63250		3	REVISE SPINAL CORD VESSELS	2368.83	2368.83	1/1/2009
63251		3	LAMINECTOMY ARTERIOVENOV'S MALFUNCTION THORACIC	2456.98	2456.98	1/1/2009
63252		3	LAMINECTOMY FOR MALFORMATION , THORACOLUMBAR	2458.78	2458.78	1/1/2009
63265		3	LAMINECTOMY FOR INTRASPINAL LESION, CERVICAL	1349.71	1349.71	1/1/2009
63266		3	LAMINECTOMY FOR INTRASPINAL LESION, THORACIC	1387.91	1387.91	1/1/2009
63267		3	EXCISE INTRASPINAL LESION LUMBAR	1117.15	1117.15	1/1/2009
63268		3	EXCISE INTRASPINAL LESION, SACRAL	1122.23	1122.23	1/1/2009
63270		3	EXCISE INTRASPINAL LESION, CERVICAL	1662.13	1662.13	1/1/2009
63271		3	EXCISE INTRASPINAL LESION, THORACIC	1672.10	1672.10	1/1/2009
63272		3	EXCISE INTRASPINAL LESION, LUMBAR	1540.27	1540.27	1/1/2009
63273		3	EXCISE INTRASPINAL LESION ,SACRAL	1455.48	1455.48	1/1/2009
63275		3	BIOPSY/ EXCISE SPINAL TUMOR, CERVICAL	1450.15	1450.15	1/1/2009
63276		3	BIOPSY/ EXCISE SPINAL TUMOR, THORACIC	1444.66	1444.66	1/1/2009
63277		3	BIOPSY/ EXCISE SPINAL TUMOR, LUMBAR	1267.82	1267.82	1/1/2009
63278		3	BIOPSY/ EXCISE SPINAL TUMOR, SACRAL	1241.39	1241.39	1/1/2009

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63280		3	BIOPSY/ EXCISE SPINAL TUMOR, CERVICAL	1714.32	1714.32	1/1/2009
63281		3	BIOPSY/ EXCISE SPINAL TUMOR, THORACIC	1694.89	1694.89	1/1/2009
63282		3	BIOPSY/ EXCISE SPINAL TUMOR, LUMBAR	1599.17	1599.17	1/1/2009
63283		3	BIOPSY/ EXCISE SPINAL TUMOR, SACRAL	1515.33	1515.33	1/1/2009
63285		3	BIOPSY/ EXCISE SPINAL TUMOR, CERVICAL	2105.90	2105.90	1/1/2009
63286		3	BIOPSY, EXCISE SPINAL TUMOR	2098.15	2098.15	1/1/2009
63287		3	BIOPSY, EXCISE SPINAL TUMOR	2214.24	2214.24	1/1/2009
63290		3	BIOPSY, EXCISE SPINAL TUMOR	2240.75	2240.75	1/1/2009
63295		3	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLL	267.55	267.55	1/1/2009
63300		3	REMOVAL VERTEBRAL BODY	1495.56	1495.56	1/1/2009
63301		3	REMOVAL OF VERTEBRAL BODY	1679.62	1679.62	1/1/2009
63302		3	REMOVAL OF VERTEBRAL BODY	1668.90	1668.90	1/1/2009
63303		3	REMOVAL OF VERTEBRAL BODY	1746.13	1746.13	1/1/2009
63304		3	REMOVAL OF VERTEBRAL BODY	1850.89	1850.89	1/1/2009
63305		3	REMOVAL OF VERTEBRAL BODY	1891.90	1891.90	1/1/2009
63306		3	REMOVAL OF VERTEBRAL BODY	1982.22	1982.22	1/1/2009
63307		3	REMOVAL OF VERTEBRAL BODY	1839.69	1839.69	1/1/2009
63308		3	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), EACH ADDITI	277.92	277.92	1/1/2009
63600		3	EXAMINE SPINAL CORD LESION	698.83	698.83	1/1/2009
63610		3	STEREOTACTIC STIM OF SPINAL CORD PERCU NOT FOLLOWE	375.46	1099.66	1/1/2009
63615		3	STEREOTACTIC BIOPSY ASPIRATION/EXC LESION	934.31	934.31	1/1/2009
63650		3	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARI	346.19	346.19	1/1/2009
63655		3	LAMINECTOMY IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLA	684.87	684.87	1/1/2009
63660		3	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PER	363.89	363.89	1/1/2009
63685		3	INCISION SUBCUT PLACEMENT NEU/STIMULATOR RECEIVER	330.44	330.44	1/1/2009
63688		3	REVISION REMOVAL SPINAL NEUROSTIMULATOR RECEIVERR	295.88	295.88	1/1/2009
63700		3	REPAIR OF SPINAL HERNIATION	996.25	996.25	1/1/2009
63702		3	REPAIR OF SPINAL HERNIATION	1120.13	1120.13	1/1/2009
63704		3	REPAIR OF SPINAL HERNIATION	1249.41	1249.41	1/1/2009
63706		3	REPAIR OF SPINAL HERNIATION	1454.51	1454.51	1/1/2009
63707		3	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, NOT REQUIRING LAMINE	735.37	735.37	1/1/2009
63709		3	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK OR PSEUDOMENINGOCE	894.18	894.18	1/1/2009
63710		3	DURAL GRAFT SPINAL	892.98	892.98	1/1/2009
63740		3	CREATION OF SHUNT, INCLUDING LAMINECTOMY	756.80	756.80	1/1/2009
63741		3	CREATION SHUNT LUMBAR, PERCUTANEO W/O LAMINECTOMY	493.44	493.44	1/1/2009
63744		3	REPLACEMENT IRRIGATION OR REVISION OF LUMBAR SUBAR	516.94	516.94	1/1/2009
63746		3	REMOVAL SHUNT SYSTEM WITHOUT REPLACEMENT	450.26	450.26	1/1/2009
64400		3	INJECTION, ANESTHETIC AGENT;	53.82	88.36	1/1/2009
64402		3	INJECTION, ANESTHETIC AGENT;	61.26	90.74	1/1/2009
64405		3	INJECTION, ANESTHETIC AGENT;	62.81	85.95	1/1/2009
64408		3	INJECTION, ANESTHETIC AGENT;	75.52	98.97	1/1/2009
64410		3	INJECTION, ANESTHETIC AGENT;	67.43	114.66	1/1/2009
64412		3	INJECTION, ANESTHETIC AGENT;	59.92	113.48	1/1/2009
64413		3	INJECTION, ANESTHETIC AGENT;	65.55	95.35	1/1/2009
64415		3	INJECTION, ANESTHETIC AGENT;	63.76	108.13	1/1/2009
64416		3	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUS	80.16	80.16	1/1/2009
64417		3	INJECTION, ANESTHETIC AGENT;	63.14	109.09	1/1/2009
64418		3	INJECTION, ANESTHETIC AGENT;	62.59	110.77	1/1/2009
64420		3	INJECTION, ANESTHETIC AGENT;	56.43	130.91	1/1/2009
64421		3	INJECTION, ANESTHETIC AGENT;	77.38	193.06	1/1/2009
64425		3	INJECTION, ANESTHETIC AGENT;	80.22	107.16	1/1/2009
64430		3	INJECTION, ANESTHETIC AGENT;	75.65	129.21	1/1/2009
64435		3	INJECTION, ANESTHETIC AGENT;	72.49	120.03	1/1/2009
64445		3	INJECTION, ANESTHETIC AGENT;	69.05	112.15	1/1/2009
64446		3	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION	79.99	79.99	1/1/2009
64447		3	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE	60.96	60.96	1/1/2009
64448		3	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSIC	70.85	70.85	1/1/2009
64449		3	INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROAC	79.22	79.22	1/1/2009
64450		3	INJECTION FOR NERVE BLOCK	61.87	85.96	1/1/2009
64470		3	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FAC	88.91	214.10	1/1/2009
64472		3	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FAC	57.03	93.79	1/1/2009
64475		3	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FAC	69.82	191.20	1/1/2009
64476		3	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FAC	42.71	78.52	1/1/2009
64479		3	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPI	105.24	227.26	1/1/2009
64480		3	INJECTION, ANESTHETIC AGENT AND/OR STEROID, CERVICAL OR THORAC	68.88	115.16	1/1/2009
64483		3	INJECTION, ANESTHETIC AGENT AND/OR STEROID, LUMBAR OR SACRAL, I	92.53	220.57	1/1/2009
64484		3	INJECTION, ANESTHETIC AGENT AND/OR STEROID, LUMBAR OR SACRAL, I	58.72	112.60	1/1/2009

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64505		3	INJECTION, ANESTHETIC AGENT, SPHENOPALATIVE GANGLION	71.59	84.90	1/1/2009	
64508		3	INJECTION, ANESTHETIC AGENT;	59.23	116.59	1/1/2009	
64510		3	INJECTION, ANESTHETIC AGENT;	57.90	116.22	1/1/2009	
64517		3	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	101.86	141.47	1/1/2009	
64520		3	INJECTION, ANESTHETIC AGENT;	65.42	151.63	1/1/2009	
64530		3	INJECTION, ANESTHETIC AGENT;	77.23	157.09	1/1/2009	
64555		3	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; P	131.08	177.99	1/1/2009	
64561		3	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; S	368.69	951.85	1/1/2009	
64575		3	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERI	238.41	238.41	1/1/2009	
64581		3	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACI	716.50	716.50	1/1/2009	
64585		3	REVISION OR REMOVAL PERIPHERAL STIMULATOR ELECTODE	135.20	275.28	1/1/2009	
64600		3	INJECTION TREATMENT OF NERVE	180.13	330.04	1/1/2009	
64605		3	INJECTION TREATMENT OF NERVE	287.05	466.44	1/1/2009	
64610		3	INJECTION TREATMENT OF NERVE	402.01	568.40	1/1/2009	
64612		3	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL	113.33	128.23	1/1/2009	
64613		3	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S) (EG, FOR SPASM)	107.31	126.33	1/1/2009	
64614		3	CHEMODENERVATION OF MUSCLE(S); EXTREMITY(S) AND/OR TRUNK MUS	119.39	141.57	1/1/2009	
64620		3	INJECTION TREATMENT OF NERVE	141.00	223.41	1/1/2009	
64622		3	DESTRUCT NEUROLYTIC AGENT PARAVERT FACET JT SINGLE	149.54	266.49	1/1/2009	
64623		3	DESTRUCTION BY NEUROLYTIC AGENT; PARAVERTEBRAL FACET JOINT N	42.51	98.61	1/1/2009	
64626		3	DESTRUCTION BY NEUROLYTIC AGENT, CERVICAL OR THORACIC, SINGLE	197.03	310.81	1/1/2009	
64627		3	DESTRUCTION BY NEUROLYTIC AGENT, CERVICAL OR THORACIC, EACH A	49.82	134.13	1/1/2009	
64630		3	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	163.40	194.78	1/1/2009	
64640		3	INJECTION OF TREATMENT OF NERVE	149.73	191.24	1/1/2009	
64680		3	DESTRUCTION BY NEUROLYTIC AGENT COL/AC PLEXUS W/W	136.52	251.57	1/1/2009	
64681		3	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC M	184.09	325.76	1/1/2009	
64702		3	AMB SURG NEUROLYSIS	377.87	377.87	1/1/2009	
64704		3	AMB SURG NEUROLYSIS	278.33	278.33	1/1/2009	
64708		3	AMB SURG NEUROLYSIS	392.44	392.44	1/1/2009	
64712		3	AMB SURG NEUROLYSIS	452.84	452.84	1/1/2009	
64713		3	AMB SURG NEUROLYSIS	633.86	633.86	1/1/2009	
64714		3	AMB SURG NEUROLYSIS	542.98	542.98	1/1/2009	
64716		3	NEUROPLASTY AND/OR TRANSPOSITION CRANIAL NERVE	429.07	429.07	1/1/2009	
64718		3	AMB SURG EXPLORATION ULNAR NERVE AT ELBOW	462.16	462.16	1/1/2009	
64719		3	AMB SURG EXPLORATION ULNAR NERVE AT WRIST	320.56	320.56	1/1/2009	
64721		3	AMB SURG EXPLORATION MEDIAN NERVE AT CARPAL TUNNEL	336.36	337.62	1/1/2009	
64722		3	AMB SURG DECOMPRESSION UNSPECIFIED NERVE	275.52	275.52	1/1/2009	
64726		3	AMB SURG DECOMPRESSION PLANTAR DIGITAL NERVE	242.82	242.82	1/1/2009	
64727		3	AMB SURG NEUROLYSIS	159.11	159.11	1/1/2009	
64732		3	AMB SURG TRANSECTION OF AVULSION SUPRAORBITAL NERV	313.82	313.82	1/1/2009	
64734		3	AMB SURG TRANSECTION INFRAORBITAL NERVE	339.50	339.50	1/1/2009	
64736		3	INCISION OF CHIN NERVE	320.50	320.50	1/1/2009	
64738		3	TRANSECTION OR AVULSION OF INFERIOR ALVEOLAR NERVE	379.30	379.30	1/1/2009	
64740		3	TRANSECTION OR AVULSION OF LINGUAL NERVE	378.08	378.08	1/1/2009	
64742		3	INCISION OF FACIAL NERVE	387.85	387.85	1/1/2009	
64744		3	AMB SURG TRANSECT GREATER OCCIPITAL NERVE UNILATER	340.15	340.15	1/1/2009	
64746		3	INCISE DIAPHRAGM NERVE	367.51	367.51	1/1/2009	
64752		3	INCISION OF VAGUS NERVE	416.54	416.54	1/1/2009	
64755		3	TRANSECTION OR AVULSION OF; VAGUS NERVES LIMITED TO PROXIMAL S	744.00	744.00	1/1/2009	
64760		3	INCISION OF VAGUS NERVE	394.03	394.03	1/1/2009	
64761		3	INCISE NERVE IN PELVIS	372.59	372.59	1/1/2009	
64763		3	INCISE HIP/THIGH NERVE	449.39	449.39	1/1/2009	
64766		3	INCISE HIP/THIGH NERVE	519.26	519.26	1/1/2009	
64771		3	TRANSECTION/AVULSION CRANIAL NERVE EXTRADURAL	485.97	485.97	1/1/2009	
64772		3	INCISE SPINAL NERVE	467.39	467.39	1/1/2009	
64774		3	AMB SURG EXCISION NEUROMA CUTANEOUS NERVE SURGICAL	337.52	337.52	1/1/2009	
64776		3	AMB SURG EXCISION NEUROMA DIGITAL NERVE 1/BOTH	324.49	324.49	1/1/2009	
64778		3	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST S	158.07	158.07	1/1/2009	
64782		3	REMOVE NERVE LESION	382.78	382.78	1/1/2009	
64783		3	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCE	188.91	188.91	1/1/2009	
64784		3	REMOVE NERVE LESION	595.73	595.73	1/1/2009	
64786		3	EXCISION OF NEUROMA;	895.21	895.21	1/1/2009	
64787		3	REMOVE NERVE LESION/IMPLANT	216.95	216.95	1/1/2009	
64788		3	REMOVAL OF NERVE LESION	316.53	316.53	1/1/2009	
64790		3	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA;	681.63	681.63	1/1/2009	
64792		3	REMOVAL OF NERVE LESION	884.26	884.26	1/1/2009	
64795		3	BIOPSY OF NERVE	161.97	161.97	1/1/2009	

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64802		3	REMOVE SYMPATHETIC NERVES	504.39	504.39	1/1/2009
64804		3	REMOVE SYMPATHETIC NERVES	768.98	768.98	1/1/2009
64809		3	REMOVE SYMPATHETIC NERVES	721.43	721.43	1/1/2009
64818		3	REMOVE SYMPATHETIC NERVES	559.80	559.80	1/1/2009
64820		3	SYMPATHECTOMY; DIGITAL ARTERIES, EACH DIGIT	623.22	623.22	1/1/2009
64821		3	SYMPATHECTOMY; RADIAL ARTERY	561.45	561.45	1/1/2009
64822		3	SYMPATHECTOMY; ULNAR ARTERY	554.83	554.83	1/1/2009
64823		3	SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	631.07	631.07	1/1/2009
64831		3	REPAIR OF NERVE, DIGITAL	556.42	556.42	1/1/2009
64832		3	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL N	293.50	293.50	1/1/2009
64834		3	REPAIR OF NERVE, HAND	616.88	616.88	1/1/2009
64835		3	REPAIR OF NERVE, HAND	668.83	668.83	1/1/2009
64836		3	REPAIR OF NERVE, HAND	668.48	668.48	1/1/2009
64837		3	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY)	325.86	325.86	1/1/2009
64840		3	REPAIR OF NERVE, FOOT	761.71	761.71	1/1/2009
64856		3	REPAIR/TRANSPOSE NERVE	841.82	841.82	1/1/2009
64857		3	SUTURE MAJOR PERIPH NERVE ARM/LEG EXC SCIATIC W/O	880.25	880.25	1/1/2009
64858		3	REPAIR SCIATIC NERVE	1014.62	1014.62	1/1/2009
64859		3	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARA	221.03	221.03	1/1/2009
64861		3	REPAIR OF ARM NERVES	1146.20	1146.20	1/1/2009
64862		3	REPAIR OF LOW BACK NERVES	1124.13	1124.13	1/1/2009
64864		3	REPAIR OF FACIAL NERVE	729.99	729.99	1/1/2009
64865		3	SUTURE FACIAL NERVE INTRATEMPORAL W/WO GRAFTING	962.29	962.29	1/1/2009
64866		3	FUSION OF FACIAL/OTHER NERVE	1000.86	1000.86	1/1/2009
64868		3	FUSION OF FACIAL/OTHER NERVE	875.70	875.70	1/1/2009
64870		3	ANASTOMOSIS;	860.02	860.02	1/1/2009
64872		3	SUTURE OF NERVE;	103.64	103.64	1/1/2009
64874		3	REPAIR & REVISE NERVE	152.43	152.43	1/1/2009
64885		3	NERVE GRAFT, HEAD/NECK; UP TO 4CM.	951.00	951.00	1/1/2009
64886		3	NERVE GRAFT, HEAD/NECK; MORE THAN 4 CM.	1128.37	1128.37	1/1/2009
64890		3	NERVE GRAFT, HAND OR FOOT	906.84	906.84	1/1/2009
64891		3	NERVE GRAFT SINGLE STRAND HAND OR FOOT MORE THAN 4	936.65	936.65	1/1/2009
64892		3	NERVE GRAFT, ARM OR LEG	882.21	882.21	1/1/2009
64893		3	NERVE GRAFT SINGLE STRAND ARM OR LEG MORE THAN 4 C	929.35	929.35	1/1/2009
64895		3	NERVE GRAFT, HAND OR FOOT	1090.93	1090.93	1/1/2009
64896		3	NERVE GRAFT MULTIPLE STRANDS HAND OR FOOT OVER 4CM	1202.81	1202.81	1/1/2009
64897		3	NERVE GRAFT, ARM OR LEG	1055.35	1055.35	1/1/2009
64898		3	NERVE GRAFT SINGLE STRAND MORE THAN 4CM	1150.59	1150.59	1/1/2009
64901		3	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND	518.70	518.70	1/1/2009
64902		3	NERVE GRAFT MULTIPLE STRANDS	596.15	596.15	1/1/2009
64905		3	NERVE PEDICLE TRANSFER FIRST STAGE	843.44	843.44	1/1/2009
64907		3	NERVE PEDICLE TRANSFER SECOND STAGE	1109.16	1109.16	1/1/2009
65091		3	REVISE EYEBALL	481.34	481.34	1/1/2009
65101		3	REMOVAL OF EYEBALL	554.53	554.53	1/1/2009
65110		3	REMOVAL OF EYEBALL	935.45	935.45	1/1/2009
65112		3	REMOVE EYE, REVISE SOCKET	1101.83	1101.83	1/1/2009
65114		3	REMOVE EYE, REVISE SOCKET	1146.22	1146.22	1/1/2009
65205		3	REMOVAL OF FOREIGN BODY, EXTERNAL EYE;	35.12	43.68	1/1/2009
65210		3	REMOVAL OF FOREIGN BODY, EXTERNAL EYE;	42.33	53.42	1/1/2009
65220		3	REMOVAL OF FOREIGN BODY, EXTERNAL EYE;	34.60	44.75	1/1/2009
65222		3	REMOVAL OF FOREIGN BODY, EXTERNAL EYE;	46.36	58.72	1/1/2009
65235		3	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER	529.46	529.46	1/1/2009
65260		3	REMOVE FOREIGN BODY FROM EYE	726.64	726.64	1/1/2009
65265		3	REMOVE FOREIGN BODY FROM EYE	818.49	818.49	1/1/2009
65270		3	REPAIR OF LACERATION;	108.31	200.22	1/1/2009
65272		3	REPAIR WOUND OF EYE	262.88	371.58	1/1/2009
65273		3	REP LACERATION CONJUNCTIVA BY MOBILAZATION REARR W	289.00	289.00	1/1/2009
65275		3	REPAIR WOUND OF EYE	344.07	419.18	1/1/2009
65280		3	REPAIR WOUND OF EYE	507.09	507.09	1/1/2009
65285		3	REPAIR WOUND OF EYE	792.30	792.30	1/1/2009
65286		3	REPAIR OF LACERATION BY APPLICATION OF TISSUE GLUE	372.65	526.05	1/1/2009
65290		3	REPAIR WOUND OF EYE SOCKET	372.00	372.00	1/1/2009
65400		3	REMOVAL OF EYE LESION	448.31	503.14	1/1/2009
65410		3	BIOPSY OF CORNEA OF EYE	81.05	109.25	1/1/2009
65420		3	AMB SURG EXCISION/TRANSPOSITION PTERYGIUM WO GRAFT	282.00	385.00	1/1/2009
65426		3	AMB SURG PTERYGIUM EXCISION/TRANSPOSITION W GRAFT	360.42	486.88	1/1/2009
65430		3	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	81.05	88.97	1/1/2009

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65435		3	REMOVAL OF CORNEAL EPITHELIUM;	53.94	61.23	1/1/2009
65436		3	CURETTE/TREAT CORNEA	280.38	291.47	1/1/2009
65450		3	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGU	237.11	239.96	1/1/2009
65600		3	MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSI	253.44	290.84	1/1/2009
65710		3	CORNEAL TRANSPLANT	836.41	836.41	1/1/2009
65730		3	CORNEAL TRANSPLANT	931.04	931.04	1/1/2009
65750		3	CORNEAL TRANSPLANT	944.89	944.89	1/1/2009
65755		3	KERATOPLASTY, PENETRATING	939.31	939.31	1/1/2009
65770		3	KERATOPROSTHESIS	1081.07	1081.07	1/1/2009
65772		3	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCE	303.82	336.78	1/1/2009
65775		3	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCI	415.11	415.11	1/1/2009
65800		3	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE	102.58	116.21	1/1/2009
65805		3	DRAINAGE OF EYEBALL	102.58	126.35	1/1/2009
65810		3	AMB SURG PARACENTESIS ANTERIOR CHAMBER EYE	351.93	351.93	1/1/2009
65815		3	DRAINAGE OF EYEBALL	357.05	476.53	1/1/2009
65820		3	RELIEVE INNER EYE PRESSURE	565.77	565.77	1/1/2009
65850		3	INCISION OF EYEBALL	646.16	646.16	1/1/2009
65855		3	TRABECULOPLASTY BY LASER ONE OR MORE SESSIONS	227.76	257.56	1/1/2009
65860		3	SEVERING ADHESIONS OF ANTER. SEGMENT. LASER TECHNIQ.	197.83	237.77	1/1/2009
65865		3	RELIEVE INNER EYE ADHESIONS	360.07	360.07	1/1/2009
65870		3	RELIEVE INNER EYE ADHESIONS	445.20	445.20	1/1/2009
65875		3	RELIEVE INNER EYE ADHESIONS	472.75	472.75	1/1/2009
65880		3	RELIEVE INNER EYE ADHESIONS	498.59	498.59	1/1/2009
65900		3	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE	732.25	732.25	1/1/2009
65920		3	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT OF EYE	592.06	592.06	1/1/2009
65930		3	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT OF EYE	487.82	487.82	1/1/2009
66020		3	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR C	99.69	139.94	1/1/2009
66030		3	INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE);	83.17	123.42	1/1/2009
66130		3	AMB SURG EXCISION LESION SCLERA	439.84	533.66	1/1/2009
66150		3	INCISION OF EYEBALL	650.06	650.06	1/1/2009
66155		3	INCISION OF EYEBALL	647.99	647.99	1/1/2009
66160		3	INCISION OF EYEBALL	738.43	738.43	1/1/2009
66165		3	INCISION OF EYEBALL	634.70	634.70	1/1/2009
66170		3	INCISION OF EYEBALL	894.16	894.16	1/1/2009
66172		3	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTE	1123.47	1123.47	1/1/2009
66180		3	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	892.67	892.67	1/1/2009
66185		3	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	562.00	562.00	1/1/2009
66220		3	REPAIR EYEBALL LESION	548.69	548.69	1/1/2009
66225		3	REPAIR/GRAFT EYEBALL LESION	707.74	707.74	1/1/2009
66250		3	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT,	416.98	559.92	1/1/2009
66500		3	INCISION OF IRIS	265.19	265.19	1/1/2009
66505		3	INCISION OF IRIS	290.37	290.37	1/1/2009
66600		3	AMB SURG IRIDECTOMY, CORNEOSCLERAL/CORNEAL SECTION	617.28	617.28	1/1/2009
66605		3	AMB SURG IRIDECTOMY, CORNEOSCLERAL/CORNEAL SECTION	804.77	804.77	1/1/2009
66625		3	AMB SURG IRIDECTOMY CORNEOSCLERAL OR CORNEAL	324.51	324.51	1/1/2009
66630		3	AMB SURG IRIDECTOMY CORNEOSCLERAL OR CORNEAL	427.49	427.49	1/1/2009
66635		3	AMB SURG IRIDECTOMY CORNEOSCLERAL OR CORNEAL	431.84	431.84	1/1/2009
66680		3	REPAIR OF IRIS	386.06	386.06	1/1/2009
66682		3	SUTURE OF IRIS CILIARY BODY W/RETRIEVAL OF SUTURE	468.50	468.50	1/1/2009
66700		3	CILIARY BODY DESTRUCTION; DIATHERMY.	299.02	337.69	1/1/2009
66710		3	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSSCLEF	298.17	332.08	1/1/2009
66711		3	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC	476.99	476.99	1/1/2009
66720		3	CILARY BODY DISTRUCTION; CRYOTHERAPY.	314.47	347.43	1/1/2009
66740		3	CILIARY BODY DISTRUCTION; CYCLODIALYSIS.	299.44	329.86	1/1/2009
66761		3	REVISION OF IRIS	308.44	337.92	1/1/2009
66762		3	REVISION OF IRIS	319.26	354.44	1/1/2009
66770		3	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISION	362.04	394.05	1/1/2009
66820		3	INCISION OF LENS LESION	297.25	297.25	1/1/2009
66821		3	DISCISSION SECONDARY CATARACT; LASER	228.34	241.65	1/1/2009
66825		3	REPOSITIONING INTRAOCULAR LENS PROS; INCISIONAL	573.63	573.63	1/1/2009
66830		3	AMB SURG CATARACT REMOVAL	539.06	539.06	1/1/2009
66840		3	AMB SURG CATARACT REMOVAL	525.33	525.33	1/1/2009
66850		3	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION WITH ASPIRATION	599.81	599.81	1/1/2009
66852		3	REMOVAL LENS MATERIAL, PARS PLANA W/O VITRECTOMY	642.19	642.19	1/1/2009
66920		3	AMB SURG CATARACT REMOVAL	572.92	572.92	1/1/2009
66930		3	AMB SURG CATARACT REMOVAL	651.26	651.26	1/1/2009
66940		3	AMB SURG CATARACT REMOVAL	590.99	590.99	1/1/2009

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
66982		3	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS	815.29	815.29	1/1/2009	
66983		3	INTRACAPSULAR EXTRACTION WITH INSERTION OF PROSTHESIS	562.02	562.02	1/1/2009	
66984		3	EXTRACAPSULAR CATARACT REMOVAL WITH LENS PROSTHESIS	584.03	584.03	1/1/2009	
66985		3	INSERT LENS PROSTHESIS	576.69	576.69	1/1/2009	
66986		3	EXCHANGE OF INTRAOCULAR LENS.	706.62	706.62	1/1/2009	
66990		3	USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO CC)	72.91	72.91	1/1/2009	
67005		3	PARTIAL REMOVAL OF EYE FLUID	355.28	355.28	1/1/2009	
67010		3	PARTIAL REMOVAL OF EYE FLUID	411.88	411.88	1/1/2009	
67015		3	RELEASE OF EYE FLUID	438.66	438.66	1/1/2009	
67025		3	REPLACE EYE FLUID	473.96	543.68	1/1/2009	
67027		3	IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR)	650.57	650.57	1/1/2009	
67028		3	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	132.05	163.43	1/1/2009	
67030		3	INCISE INNER EYE STRANDS	391.22	391.22	1/1/2009	
67031		3	SEVERING OF VITREOUS STANDS LASER SURGERY	266.08	289.21	1/1/2009	
67036		3	VITRECTOMY, PARS PLANA APPROACH	735.26	735.26	1/1/2009	
67039		3	VITRECTOMY, MECH, W FOCAL ENDOLASER PHOTOCOAGULATION	940.84	940.84	1/1/2009	
67040		3	LASER TREATMENT OF RETINA	1086.20	1086.20	1/1/2009	
67101		3	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS	507.44	582.56	1/1/2009	
67105		3	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; PHOTOCOAGULATION	486.83	540.08	1/1/2009	
67107		3	REPAIR DETACHED RETINA	924.38	924.38	1/1/2009	
67108		3	REPAIR DETACHED RETINA	1232.33	1232.33	1/1/2009	
67110		3	REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS	584.56	653.33	1/1/2009	
67112		3	RE-REPAIR DETACHED RETINA	1016.57	1016.57	1/1/2009	
67115		3	RELEASE OF ENCIRCLING MATERIAL	370.57	370.57	1/1/2009	
67120		3	REVISION OF INNER EYE	418.03	490.61	1/1/2009	
67121		3	REMOVAL OF IMPLANTED MATERIAL, INTRAOCULAR.	688.58	688.58	1/1/2009	
67141		3	PROPHYLAXIS OF RETINAL DETACHMENT	364.62	390.30	1/1/2009	
67145		3	PROPHYLAXIS OF RETINAL DETACHMENT;PHOTOCOAGULATION	372.89	393.80	1/1/2009	
67208		3	DESTRUCTION OF RETINAL LESION	437.19	452.40	1/1/2009	
67210		3	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, RETINAL DETACHMENT)	513.11	529.91	1/1/2009	
67218		3	TREATMENT INNER EYE LESION	1077.90	1077.90	1/1/2009	
67220		3	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION)	777.00	813.13	1/1/2009	
67221		3	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION)	172.63	228.73	1/1/2009	
67225		3	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION)	22.56	23.83	1/1/2009	
67227		3	DESTRUCTION OF RETINOPATHY, ONE OR MORE SESSIONS	431.81	460.02	1/1/2009	
67228		3	DESTRUCTION OF RETINOPATHY, PHOTOCOAGULATION	802.17	905.17	1/1/2009	
67250		3	REINFORCE EYEBALL WALL	596.13	596.13	1/1/2009	
67255		3	REINFORCE/GRAFT EYEBALL WALL	637.04	637.04	1/1/2009	
67311		3	STRABISMUS SURGERY, ONE HORIZONTAL MUSCLE	452.55	452.55	1/1/2009	
67312		3	STRABISMUS SURGERY, TWO HORIZONTAL MUSCLES	542.07	542.07	1/1/2009	
67314		3	STRABISMUS SURGERY, ONE VERTICAL MUSCLE	507.53	507.53	1/1/2009	
67316		3	STRABISMUS SURGERY, 2 OR MORE VERTICAL MUSCLES	608.70	608.70	1/1/2009	
67318		3	STRABISMUS SURGERY, ANY PROCEDURE, SUPERIOR OBLIQUE MUSCLE	531.00	531.00	1/1/2009	
67320		3	REVISE EYE BALL MUSCLES	255.72	255.72	1/1/2009	
67331		3	AMB SURG STRABISMUS SURGERY PATIENT PRIOR SURGERY	242.14	242.14	1/1/2009	
67332		3	REVISE EYEBALL MUSCLES	263.32	263.32	1/1/2009	
67334		3	STRABISMUS SURG., POST FIXATION SUTURE W/O RECESS	238.86	238.86	1/1/2009	
67335		3	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY	120.15	120.15	1/1/2009	
67340		3	STRABISMUS SURG. W EXPLORATION/REPAIR DETACHED MUSCLE	284.54	284.54	1/1/2009	
67343		3	RELEASE EXTENSIVE SCAR TISSUE W/O DETACHING MUSCLE	493.02	493.02	1/1/2009	
67345		3	CHEMODENERVATION OF EXTRAOCULAR MUSCLE	164.11	179.64	1/1/2009	
67346		3	BIOPSY OF EXTRAOCULAR MUSCLE	157.37	157.37	1/1/2009	
67400		3	EXPLORE/TREAT EYE SOCKET	708.46	708.46	1/1/2009	
67405		3	EXPLORE/TREAT EYE SOCKET	602.22	602.22	1/1/2009	
67412		3	EXPLORE/TREAT EYE SOCKET	655.85	655.85	1/1/2009	
67413		3	EXPLORE/TREAT EYE SOCKET	656.08	656.08	1/1/2009	
67414		3	ORBITOTOMY WO FLAP; W BONE REMOVAL FOR DECOMPRESS.	1009.67	1009.67	1/1/2009	
67415		3	EXPLORE/TREAT EYE SOCKET	84.13	84.13	1/1/2009	
67420		3	EXPLORE/TREAT EYE SOCKET	1257.64	1257.64	1/1/2009	
67430		3	EXPLORE/TREAT EYE SOCKET	952.86	952.86	1/1/2009	
67440		3	EXPLORE/TREAT EYE SOCKET	918.81	918.81	1/1/2009	
67445		3	ORBITOTOMY W FLAP/WINDOW; W BONE REMOVAL.	1083.42	1083.42	1/1/2009	
67450		3	EXPLORE/TREAT EYE SOCKET	953.38	953.38	1/1/2009	
67500		3	RETROBULBAR INJECTION;	64.05	70.39	1/1/2009	
67505		3	INJECT/TREAT EYE SOCKET	61.72	68.37	1/1/2009	
67515		3	INJECTION OF MEDICATION OR OTHER SUBSTANCE INTO TENON'S CAPSULE	67.32	72.71	1/1/2009	
67570		3	OPTIC NERVE DECOMPRESSION.	884.51	884.51	1/1/2009	

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67700		3	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	87.13	198.69	1/1/2009
67710		3	INCISION OF EYELID	72.53	167.30	1/1/2009
67715		3	INCISION OF EYELID	82.14	176.59	1/1/2009
67800		3	EXCISION OF CHALAZION;	79.89	96.05	1/1/2009
67801		3	EXCISION OF CHALAZION;	103.79	123.44	1/1/2009
67805		3	EXCISION OF CHALAZION;	127.31	152.67	1/1/2009
67808		3	EXCISION OF CHALAZION;	275.50	275.50	1/1/2009
67810		3	BIOPSY OF EYELID	74.83	171.50	1/1/2009
67820		3	CORRECTION OF TRICHIASIS;	41.99	40.73	1/1/2009
67825		3	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS	91.64	97.35	1/1/2009
67830		3	REVISE EYELASHES	105.04	199.81	1/1/2009
67835		3	REVISE EYELASHES W/FREE MUCOUS MEMBRANE GRAFT	335.53	335.53	1/1/2009
67840		3	EXCISION EYELID LESION W/O CLOSURE OR WITH SIMPLE DIRECT CLOSU	121.88	209.67	1/1/2009
67850		3	DESTRUCTION OF LESION OF LID MARGIN UP TO 1 CM	108.92	168.82	1/1/2009
67875		3	TEMPORARY CLOSURE OF EYELIDS BY SUTURE	75.98	131.13	1/1/2009
67880		3	REVISION OF EYELID(S)	275.50	341.42	1/1/2009
67882		3	CONSTRUCTION INTERMARGINAL ADHESIONS WITH TRANSPOSITION OF 1	355.20	422.07	1/1/2009
67901		3	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SU	441.04	527.56	1/1/2009
67902		3	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AU	546.91	546.91	1/1/2009
67903		3	AMB SURG REPAIR BLEPHAROPTOSIS	381.04	466.61	1/1/2009
67904		3	AMB SURG REPAIR BLEPHAROPTOSIS	452.14	552.29	1/1/2009
67906		3	AMB SURG REPAIR BLEPHAROPTOSIS	395.22	395.22	1/1/2009
67908		3	AMB SURG REPAIR BLEPHAROPTOSIS	328.11	371.85	1/1/2009
67909		3	AMB SURG REDUCTION OVERCORRECTION OF PTOSIS	336.12	407.74	1/1/2009
67911		3	AMB SURG CORRECTION OF LID RETRACTION	422.82	422.82	1/1/2009
67912		3	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYEI	379.60	682.27	1/1/2009
67914		3	AMB SURG REPAIR ECTROPION SUTURE	221.55	296.03	1/1/2009
67915		3	REPAIR OF ECTROPION;	195.55	264.96	1/1/2009
67916		3	AMB SURG REPAIR ECTROPION BLEPHAROPLASTY	330.16	408.13	1/1/2009
67917		3	AMB SURG REPAIR ECTROPION BLEPHAROPLASTY EXTENSIVE	365.42	446.55	1/1/2009
67921		3	AMB SURG REPAIR ENTROPION SUTURE	207.08	281.56	1/1/2009
67922		3	REPAIR OF ENTROPION;	188.37	256.51	1/1/2009
67923		3	AMB SURG REPAIR ENTROPION EXCISION TARSAL WEDGE	356.47	430.95	1/1/2009
67924		3	AMB SURG REPAIR ENTROPION BLEPHAROPLASTY EXTENSIVE	344.80	445.27	1/1/2009
67930		3	REPAIR EYELID WOUND; PARTIAL THICKNESS	190.91	279.66	1/1/2009
67935		3	REPAIR EYELID WOUND; FULL THICKNESS	348.18	454.98	1/1/2009
67938		3	REMOVE FOREIGN BODY, EYELID	87.49	181.62	1/1/2009
67950		3	REVISION OF EYELIDS: CANTHOPLASTY	358.57	439.07	1/1/2009
67961		3	REVISION OF EYELIDS	350.29	438.08	1/1/2009
67966		3	REVISION OF EYELIDS OVER ONE-FOURTH OF LID MARGIN	497.57	579.98	1/1/2009
67971		3	RECONSTRUCTION OF EYELID	561.72	561.72	1/1/2009
67973		3	RECONSTRUCTION OF EYELID	728.16	728.16	1/1/2009
67974		3	RECONSTRUCTION OF EYELID, TOTAL EYELID, UPPER, 1 STAGE OR 1ST S	725.23	725.23	1/1/2009
67975		3	RECONSTRUCTION OF EYELID, 2ND STAGE	530.22	530.22	1/1/2009
68020		3	INCISE / DRAIN EYELID LESION	84.43	90.45	1/1/2009
68040		3	TREATMENT OF EYELID LESIONS	42.35	50.59	1/1/2009
68100		3	BIOPSY EYELID LINING	76.62	130.18	1/1/2009
68110		3	REMOVE EYELID LINING LESION	112.73	169.46	1/1/2009
68115		3	REMOVE EYELID LINING LESION; OVER 1 CM	140.88	235.01	1/1/2009
68130		3	REMOVE EYELID LINING LESION; WITH ADJACENT SCLERA	312.15	406.28	1/1/2009
68135		3	REMOVE EYELID LINING LESION; DESTRUCTION OF LESION, CONJUNCTIV,	115.13	118.93	1/1/2009
68200		3	SUBCONJUNCTIVAL INJECTION	27.05	32.44	1/1/2009
68320		3	REVISE / GRAFT EYELID LINING	401.15	537.44	1/1/2009
68325		3	REVISE / GRAFT EYELID LINING; W/BUCCAL MUCOUS MEMBRANE GRAFT	499.97	499.97	1/1/2009
68326		3	REVISE EYELID LINING; CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE	486.70	486.70	1/1/2009
68328		3	REVISE / GRAFT EYELID LINING; W/ BUCCAL MUCOUS MEMBRANE GRAFT	543.87	543.87	1/1/2009
68330		3	REVISE EYELID LINING; REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLAST	345.17	451.98	1/1/2009
68335		3	REVISE/GRAFT EYELID LINING; W/FREE GRAFT CONJUNCTIVA OR BUCCAL	488.29	488.29	1/1/2009
68340		3	SEPARATE EYELID ADHESIONS	298.12	406.51	1/1/2009
68360		3	REVISE EYELID LINING; CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL	308.36	397.10	1/1/2009
68362		3	REVISE EYELID LINING; TOTAL	495.01	495.01	1/1/2009
68400		3	INCISE/DRAIN TEAR GLAND	104.38	210.56	1/1/2009
68420		3	INCISE/DRAIN TEAR GLAND; OF LACRIMAL SAC	134.17	240.98	1/1/2009
68440		3	INCISE TEAR DUCT OPENING	72.65	80.57	1/1/2009
68500		3	REMOVAL OF TEAR GLAND	737.50	737.50	1/1/2009
68505		3	PARTIAL REMOVAL OF TEAR GLAND	741.73	741.73	1/1/2009
68510		3	BIOPSY OF TEAR GLAND	231.07	347.06	1/1/2009

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68520		3	REMOVAL OF TEAR SAC	521.65	521.65	1/1/2009
68525		3	BIOPSY OF TEAR SAC	212.95	212.95	1/1/2009
68530		3	CLEARANCE OF TEAR DUCT	202.87	329.33	1/1/2009
68540		3	REMOVE TEAR GLAND LESION	705.30	705.30	1/1/2009
68550		3	REMOVE TEAR GLAND LESION	867.55	867.55	1/1/2009
68700		3	REPAIR TEAR DUCTS	455.16	455.16	1/1/2009
68705		3	REVISE TEAR DUCT OPENING	126.69	179.61	1/1/2009
68720		3	INCISE TEAR DUCTS	577.92	577.92	1/1/2009
68745		3	INCISE TEAR DUCTS	580.08	580.08	1/1/2009
68750		3	ESTABLISH TEAR DUCT CHANNEL	596.00	596.00	1/1/2009
68760		3	CLOSE TEAR DUCT OPENING	110.72	152.24	1/1/2009
68761		3	CLOSURE OF THE LACRIMAL PUNCTUM;	89.79	111.02	1/1/2009
68770		3	CLOSE TEAR SYSTEM FISTULA	451.18	451.18	1/1/2009
68840		3	EXPLORATION OF TEAR DUCTS	84.75	93.94	1/1/2009
68850		3	INJECTION ONLY DACRYOCYSTOGRAPHY	48.56	53.00	1/1/2009
69000		3	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA;	95.76	143.93	1/1/2009
69005		3	DRAIN EXTERNAL EAR LESION	130.55	171.44	1/1/2009
69020		3	DRAIN OUTER EAR CANAL LESION	116.12	182.68	1/1/2009
69100		3	BIOPSY EXTERNAL EAR	41.40	85.45	1/1/2009
69105		3	BIOPSY EXTERNAL AUDITORY CANAL	53.78	111.46	1/1/2009
69110		3	PARTIAL REMOVAL EXTERNAL EAR	267.71	364.70	1/1/2009
69120		3	REMOVAL OF EXTERNAL EAR	325.22	325.22	1/1/2009
69140		3	AMB SURG EXCISION EXOTOSIS EXTERNAL AUDITORY CANAL	708.56	708.56	1/1/2009
69145		3	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	201.85	306.12	1/1/2009
69150		3	EXTENSIVE OUTER EAR SURGERY	873.79	873.79	1/1/2009
69155		3	EXTENSIVE EAR/NECK SURGERY	1405.69	1405.69	1/1/2009
69200		3	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL;	46.70	97.10	1/1/2009
69205		3	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL;	83.54	83.54	1/1/2009
69210		3	REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH	28.01	40.69	1/1/2009
69220		3	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE	52.14	108.88	1/1/2009
69222		3	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX	112.75	174.87	1/1/2009
69310		3	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG,	886.54	886.54	1/1/2009
69320		3	REBUILD OUTER EAR CANAL	1267.42	1267.42	1/1/2009
69400		3	EUSTACHIAN TUBE INFLATION, TRANSNASAL;	51.83	113.00	1/1/2009
69401		3	EUSTACHIAN TUBE INFLATION, TRANSNASAL;	41.37	66.41	1/1/2009
69405		3	EUSTACHIAN TUBE CATHETERIZATION, TRANSTYMPANIC	161.60	210.09	1/1/2009
69420		3	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFL/	98.40	151.65	1/1/2009
69421		3	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFL/	124.70	124.70	1/1/2009
69424		3	REMOVAL VENTILATING TUBE INSERT BY OTHER PHYSICIAN	52.20	102.91	1/1/2009
69433		3	TYMPANOSTOMY, LOCAL OR TOPICAL ANESTHESIA	106.62	158.28	1/1/2009
69436		3	AMB SURG TYMPANOSTOMY W INSERT VENTILATION TUBES	135.67	135.67	1/1/2009
69440		3	AMB SURG MIDDLE EAR EXPLORATION	560.85	560.85	1/1/2009
69450		3	TYMPANOLYSIS TRANSCANAL	439.38	439.38	1/1/2009
69501		3	AMB SURG TRANSMASTOID ANTROTOMY (MASTOIDECTOMY)	604.39	604.39	1/1/2009
69502		3	MASTOIDECTOMY COMPLETE	804.83	804.83	1/1/2009
69505		3	REMOVAL MASTOID STRUCTURES	989.40	989.40	1/1/2009
69511		3	REMOVAL MASTOID STRUCTURE	1017.62	1017.62	1/1/2009
69530		3	REMOVE PART OF TEMPORAL BONE	1375.08	1375.08	1/1/2009
69535		3	REMOVE PART OF TEMPORAL BONE	2245.49	2245.49	1/1/2009
69540		3	REMOVE EAR LESION	103.56	164.73	1/1/2009
69550		3	REMOVE EAR LESION	854.62	854.62	1/1/2009
69552		3	REMOVE EAR LESION	1310.41	1310.41	1/1/2009
69554		3	REMOVE EAR LESION	2089.46	2089.46	1/1/2009
69601		3	REVISE MASTOID SURGERY	867.53	867.53	1/1/2009
69602		3	REVISE MASTOID SURGERY	902.00	902.00	1/1/2009
69603		3	REVISE MASTOID SURGERY	1046.93	1046.93	1/1/2009
69604		3	REVISE MASTOID SURGERY	930.62	930.62	1/1/2009
69605		3	REVISE MASTOID SURGERY	1296.65	1296.65	1/1/2009
69610		3	REPAIR OF EARDRUM	249.64	321.59	1/1/2009
69620		3	AMB SURG MYRINGOPLASTY	403.80	559.73	1/1/2009
69631		3	AMB SURG TYMPANOPLASTY WITHOUT MASTOIDECTOMY	721.77	721.77	1/1/2009
69632		3	REPAIR OF EARDRUM	887.91	887.91	1/1/2009
69633		3	TYMPANOPLASTY W/O MASTOIDECTOMY WITH OSSICULAR CHA	855.04	855.04	1/1/2009
69635		3	REPAIR EARDRUM STRUCTURES	1003.92	1003.92	1/1/2009
69636		3	REBUILD EARDRUM STRUCTURES	1137.89	1137.89	1/1/2009
69637		3	AMB SURG TYMPANO/ANTR OR MAST W OSSIC-PORP OR TORP	1132.63	1132.63	1/1/2009
69641		3	AMB SURG TYMPANO/MASTOIDECT, NO OSSIC CHN RECONSTR	860.84	860.84	1/1/2009

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69642		3	REVISE MIDDLE EAR & MASTOID	1111.28	1111.28	1/1/2009	
69643		3	REVISE MIDDLE EAR AND MASTOID	1014.91	1014.91	1/1/2009	
69644		3	REVISE MIDDLE EAR & MASTOID	1226.06	1226.06	1/1/2009	
69645		3	REVISE MIDDLE EAR & MASTOID	1200.71	1200.71	1/1/2009	
69646		3	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIC	1277.85	1277.85	1/1/2009	
69650		3	RELEASE MIDDLE EAR BONE	655.48	655.48	1/1/2009	
69660		3	AMB SURG STAPEDECTOMY	772.25	772.25	1/1/2009	
69661		3	STAPEDECTOMY WITH FOOT PLATE DRILL OUT	1010.44	1010.44	1/1/2009	
69662		3	REVISION STAPEDECTOMY OR STAPEDOTOMY	969.28	969.28	1/1/2009	
69666		3	REPAIR MIDDLE EAR STRUCTURES	665.12	665.12	1/1/2009	
69667		3	REPAIR MIDDLE EAR STRUCTURES	667.37	667.37	1/1/2009	
69670		3	REMOVE MASTOID AIR CELLS	778.70	778.70	1/1/2009	
69676		3	TYPANIC NEURECTOMY	684.96	684.96	1/1/2009	
69700		3	AMB SURG CLOSURE POSTAURICULAR FISTULA MASTO	571.77	571.77	1/1/2009	
69720		3	RELEASE FACIAL NERVE	972.25	972.25	1/1/2009	
69725		3	RELEASE FACIAL NERVE	1593.37	1593.37	1/1/2009	
69740		3	REPAIR FACIAL NERVE	982.58	982.58	1/1/2009	
69745		3	REPAIR FACIAL NERVE	1042.80	1042.80	1/1/2009	
69801		3	INCISE INNER EAR	614.89	614.89	1/1/2009	
69802		3	INCISE INNER EAR	865.62	865.62	1/1/2009	
69805		3	EXPLORE INNER EAR	880.05	880.05	1/1/2009	
69806		3	EXPLORE INNER EAR	789.19	789.19	1/1/2009	
69820		3	ESTABLISH INNER EAR WINDOW	713.74	713.74	1/1/2009	
69840		3	REVISE INNER EAR WINDOW	748.55	748.55	1/1/2009	
69905		3	REMOVE INNER EAR	760.67	760.67	1/1/2009	
69910		3	REMOVE EAR AND MASTOID	853.90	853.90	1/1/2009	
69915		3	INCISE INNER EAR NERVE	1297.59	1297.59	1/1/2009	
69930		3	COCHLEAR DEVICE IMPLANTATION WITH OR W/O MASTOIDECTOMY	1041.42	1041.42	1/1/2009	
69950		3	INCISE INNER EAR NERVE	1538.23	1538.23	1/1/2009	
69955		3	RELEASE FACIAL NERVE	1680.58	1680.58	1/1/2009	
69960		3	RELEASE INNER EAR CANAL	1631.06	1631.06	1/1/2009	
69970		3	REMOVE INNER EAR LESION	1820.49	1820.49	1/1/2009	
69990		3	MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSC	184.16	184.16	1/1/2009	
70010		3	MYELOGRAPHY, POSTERIOR FOSSA	150.59	150.59	1/1/2009	
70010	26	5	MYELOGRAPHY, POSTERIOR FOSSA	55.49	55.49	1/1/2009	
70010	TC	T	MYELOGRAPHY, POSTERIOR FOSSA	95.11	95.11	1/1/2009	
70015		3	CISTERNOGRAPHY, POSITIVE CONTRAST	126.34	126.34	1/1/2009	
70015	26	5	CISTERNOGRAPHY, POSITIVE CONTRAST	56.77	56.77	1/1/2009	
70015	TC	T	CISTERNOGRAPHY, POSITIVE CONTRAST	69.56	69.56	1/1/2009	
70030		3	RADIOLOGIC EXAM EYE	24.54	24.54	1/1/2009	
70030	26	5	RADIOLOGIC EXAM EYE	7.94	7.94	1/1/2009	
70030	TC	T	RADIOLOGIC EXAM EYE	16.60	16.60	1/1/2009	
70100		3	RADIOLOGIC EXAM MANDIBLE PARTIAL	26.47	26.47	1/1/2009	
70100	26	5	RADIOLOGIC EXAM MANDIBLE PARTIAL	8.29	8.29	1/1/2009	
70100	TC	T	RADIOLOGIC EXAM MANDIBLE PARTIAL	18.18	18.18	1/1/2009	
70110		3	RADIOLOGIC EXAM MANDIBLE COMPLETE	34.37	34.37	1/1/2009	
70110	26	5	RADIOLOGIC EXAM MANDIBLE COMPLETE	11.64	11.64	1/1/2009	
70110	TC	T	RADIOLOGIC EXAM MANDIBLE COMPLETE	22.74	22.74	1/1/2009	
70120		3	RADIOLOGIC EXAM MASTOID	28.81	28.81	1/1/2009	
70120	26	5	RADIOLOGIC EXAM MASTOID	8.29	8.29	1/1/2009	
70120	TC	T	RADIOLOGIC EXAM MASTOID	20.52	20.52	1/1/2009	
70130		3	RADIOLOGIC EXAM MASTOIDS, COMPLETE	47.72	47.72	1/1/2009	
70130	26	5	RADIOLOGIC EXAM MASTOIDS, COMPLETE	15.89	15.89	1/1/2009	
70130	TC	T	RADIOLOGIC EXAM MASTOIDS, COMPLETE	31.83	31.83	1/1/2009	
70134		3	RADIOLOGIC EXAM INTERNAL AUDITORY COMPLETE	41.06	41.06	1/1/2009	
70134	26	5	RADIOLOGIC EXAM INTERNAL AUDITORY COMPLETE	15.89	15.89	1/1/2009	
70134	TC	T	RADIOLOGIC EXAM INTERNAL AUDITORY COMPLETE	25.17	25.17	1/1/2009	
70140		3	RADIOLOGIC EXAM, FACIAL BONES, LESS THAN THREE VIEWS	25.98	25.98	1/1/2009	
70140	26	5	RADIOLOGIC EXAM, FACIAL BONES, LESS THAN THREE VIEWS	8.63	8.63	1/1/2009	
70140	TC	T	RADIOLOGIC EXAM, FACIAL BONES, LESS THAN THREE VIEWS	17.35	17.35	1/1/2009	
70150		3	RADIOLOGIC EXAM FACIAL BONES, COMPLETE	37.15	37.15	1/1/2009	
70150	26	5	RADIOLOGIC EXAM FACIAL BONES, COMPLETE	11.98	11.98	1/1/2009	
70150	TC	T	RADIOLOGIC EXAM FACIAL BONES, COMPLETE	25.17	25.17	1/1/2009	
70160		3	RADIOLOGIC EXAM, NASAL BONES, COMPLETE, MINIMUM OF 3 VIEWS	27.71	27.71	1/1/2009	
70160	26	5	RADIOLOGIC EXAM, NASAL BONES, COMPLETE, MINIMUM OF 3 VIEWS	7.94	7.94	1/1/2009	
70160	TC	T	RADIOLOGIC EXAM, NASAL BONES, COMPLETE, MINIMUM OF 3 VIEWS	19.77	19.77	1/1/2009	
70170		3	DACRYOCYSTOGRAPHY	46.90	46.90	1/1/2009	

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70170	26	5	DACRYOCYSTOGRAPHY	13.98	13.98	1/1/2009	
70170	TC	T	DACRYOCYSTOGRAPHY	33.41	33.41	1/1/2009	
70190		3	RADIOLOGIC EXAM, OPTIC FORAMINA	30.78	30.78	1/1/2009	
70190	26	5	RADIOLOGIC EXAM, OPTIC FORAMINA	9.63	9.63	1/1/2009	
70190	TC	T	RADIOLOGIC EXAM, OPTIC FORAMINA	21.15	21.15	1/1/2009	
70200		3	RADIOLOGIC EXAM, ORBITS, COMPLETE	38.47	38.47	1/1/2009	
70200	26	5	RADIOLOGIC EXAM, ORBITS, COMPLETE	12.98	12.98	1/1/2009	
70200	TC	T	RADIOLOGIC EXAM, ORBITS, COMPLETE	25.49	25.49	1/1/2009	
70210		3	RADIOLOGIC EXAM, SINUSES, PARANASAL LESS THAN 3 VIEWS	25.93	25.93	1/1/2009	
70210	26	5	RADIOLOGIC EXAM, SINUSES, PARANASAL LESS THAN 3 VIEWS	7.94	7.94	1/1/2009	
70210	TC	T	RADIOLOGIC EXAM, SINUSES, PARANASAL LESS THAN 3 VIEWS	17.98	17.98	1/1/2009	
70220		3	RADIOLOGIC EXAM SINUSES COMPLETE	33.96	33.96	1/1/2009	
70220	26	5	RADIOLOGIC EXAM SINUSES COMPLETE	11.32	11.32	1/1/2009	
70220	TC	T	RADIOLOGIC EXAM SINUSES COMPLETE	22.64	22.64	1/1/2009	
70240		3	RADIOLOGIC EXAM SELLA TURCICA	25.54	25.54	1/1/2009	
70240	26	5	RADIOLOGIC EXAM SELLA TURCICA	8.95	8.95	1/1/2009	
70240	TC	T	RADIOLOGIC EXAM SELLA TURCICA	16.60	16.60	1/1/2009	
70250		3	RADIOLOGIC EXAM, SKULL, LESS THAN 4 VIEWS, WITH/WITHOUT STEREO	31.49	31.49	1/1/2009	
70250	26	5	RADIOLOGIC EXAM, SKULL, LESS THAN 4 VIEWS, WITH/WITHOUT STEREO	10.98	10.98	1/1/2009	
70250	TC	T	RADIOLOGIC EXAM, SKULL, LESS THAN 4 VIEWS, WITH/WITHOUT STEREO	20.52	20.52	1/1/2009	
70260		3	RADIOLOGIC EXAM SKULL COMPLETE	41.91	41.91	1/1/2009	
70260	26	5	RADIOLOGIC EXAM SKULL COMPLETE	15.57	15.57	1/1/2009	
70260	TC	T	RADIOLOGIC EXAM SKULL COMPLETE	26.34	26.34	1/1/2009	
70300		3	RADIOLOGIC EXAM TEETH	12.32	12.32	1/1/2009	
70300	26	5	RADIOLOGIC EXAM TEETH	4.91	4.91	1/1/2009	
70300	TC	T	RADIOLOGIC EXAM TEETH	7.41	7.41	1/1/2009	
70310		3	RADIOLOGIC EXAM, TEETH PARTIAL EXAM	29.27	29.27	1/1/2009	
70310	26	5	RADIOLOGIC EXAM, TEETH PARTIAL EXAM	7.60	7.60	1/1/2009	
70310	TC	T	RADIOLOGIC EXAM, TEETH PARTIAL EXAM	21.67	21.67	1/1/2009	
70320		3	RADIOLOGIC EXAM TEETH COMPLETE	41.17	41.17	1/1/2009	
70320	26	5	RADIOLOGIC EXAM TEETH COMPLETE	10.29	10.29	1/1/2009	
70320	TC	T	RADIOLOGIC EXAM TEETH COMPLETE	30.88	30.88	1/1/2009	
70328		3	RADIOLOGIC EXAM TEMPOROMANDIBULAR JOINT	25.84	25.84	1/1/2009	
70328	26	5	RADIOLOGIC EXAM TEMPOROMANDIBULAR JOINT	8.29	8.29	1/1/2009	
70328	TC	T	RADIOLOGIC EXAM TEMPOROMANDIBULAR JOINT	17.55	17.55	1/1/2009	
70330		3	RADIOLOGIC EXAM, TEMPOROMANDIBULAR JOINT, OPEN & CLOSED,BILAT	40.90	40.90	1/1/2009	
70330	26	5	RADIOLOGIC EXAM, TEMPOROMANDIBULAR JOINT, OPEN & CLOSED,BILAT	11.29	11.29	1/1/2009	
70330	TC	T	RADIOLOGIC EXAM, TEMPOROMANDIBULAR JOINT, OPEN & CLOSED,BILAT	29.61	29.61	1/1/2009	
70332		3	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	73.84	73.84	1/1/2009	
70332	26	5	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	24.64	24.64	1/1/2009	
70332	TC	T	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	49.20	49.20	1/1/2009	
70336		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR .	445.37	445.37	1/1/2009	
70336	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR .	69.34	69.34	1/1/2009	
70336	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR .	376.02	376.02	1/1/2009	
70350		3	CEPHALOGRAM, ORTHODONTIC	17.89	17.89	1/1/2009	
70350	26	5	CEPHALOGRAM, ORTHODONTIC	7.94	7.94	1/1/2009	
70350	TC	T	CEPHALOGRAM, ORTHODONTIC	9.94	9.94	1/1/2009	
70355		3	ORTHOPANTOGRAM	19.98	19.98	1/1/2009	
70355	26	5	ORTHOPANTOGRAM	9.29	9.29	1/1/2009	
70355	TC	T	ORTHOPANTOGRAM	10.69	10.69	1/1/2009	
70360		3	RADIOLOGIC EXAM; NECK	23.59	23.59	1/1/2009	
70360	26	5	RADIOLOGIC EXAM; NECK	7.94	7.94	1/1/2009	
70360	TC	T	RADIOLOGIC EXAM; NECK	15.65	15.65	1/1/2009	
70370		3	RADIOLOGIC EXAM; PHARYNX OR LARYNX	64.36	64.36	1/1/2009	
70370	26	5	RADIOLOGIC EXAM; PHARYNX OR LARYNX	14.67	14.67	1/1/2009	
70370	TC	T	RADIOLOGIC EXAM; PHARYNX OR LARYNX	49.69	49.69	1/1/2009	
70373		3	LARYNGOGRAPHY	69.88	69.88	1/1/2009	
70373	26	5	LARYNGOGRAPHY	19.31	19.31	1/1/2009	
70373	TC	T	LARYNGOGRAPHY	50.56	50.56	1/1/2009	
70380		3	RADIOLOGIC EXAM, SALIVARY GLAND	31.95	31.95	1/1/2009	
70380	26	5	RADIOLOGIC EXAM, SALIVARY GLAND	7.94	7.94	1/1/2009	
70380	TC	T	RADIOLOGIC EXAM, SALIVARY GLAND	24.01	24.01	1/1/2009	
70390		3	SIALOGRAPHY	86.20	86.20	1/1/2009	
70390	26	5	SIALOGRAPHY	17.89	17.89	1/1/2009	
70390	TC	T	SIALOGRAPHY	68.31	68.31	1/1/2009	
70450		3	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN	191.36	191.36	1/1/2009	
70450	26	5	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN	40.13	40.13	1/1/2009	

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70450	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN	151.22	151.22	1/1/2009
70460		3	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	247.57	247.57	1/1/2009
70460	26	5	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	53.12	53.12	1/1/2009
70460	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	194.46	194.46	1/1/2009
70470		3	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	299.43	299.43	1/1/2009
70470	26	5	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	59.71	59.71	1/1/2009
70470	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	239.72	239.72	1/1/2009
70480		3	COMPUTERIZED AXIAL TOMOGRAPHY ORBIT	291.46	291.46	1/1/2009
70480	26	5	COMPUTERIZED AXIAL TOMOGRAPHY ORBIT	60.06	60.06	1/1/2009
70480	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY ORBIT	231.41	231.41	1/1/2009
70481		3	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	338.76	338.76	1/1/2009
70481	26	5	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	64.75	64.75	1/1/2009
70481	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	274.01	274.01	1/1/2009
70482		3	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	387.69	387.69	1/1/2009
70482	26	5	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	67.78	67.78	1/1/2009
70482	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	319.90	319.90	1/1/2009
70486		3	COMPUTERIZED AXIAL TOMOGRAPHY	246.51	246.51	1/1/2009
70486	26	5	COMPUTERIZED AXIAL TOMOGRAPHY	53.46	53.46	1/1/2009
70486	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY	193.06	193.06	1/1/2009
70487		3	COMPUTERIZED AXIAL TOMOGRAPHY, WITH CONTRAST	297.99	297.99	1/1/2009
70487	26	5	COMPUTERIZED AXIAL TOMOGRAPHY, WITH CONTRAST	61.38	61.38	1/1/2009
70487	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY, WITH CONTRAST	236.61	236.61	1/1/2009
70488		3	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	362.25	362.25	1/1/2009
70488	26	5	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	66.44	66.44	1/1/2009
70488	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	295.82	295.82	1/1/2009
70490		3	COMPUTERIZED AXIAL TOMOGRAPHY,NECK	244.56	244.56	1/1/2009
70490	26	5	COMPUTERIZED AXIAL TOMOGRAPHY,NECK	60.37	60.37	1/1/2009
70490	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY,NECK	184.18	184.18	1/1/2009
70491		3	COMPUTERIZED AXIAL TOMOGRAPHY NECK WITH CONTRAST	293.12	293.12	1/1/2009
70491	26	5	COMPUTERIZED AXIAL TOMOGRAPHY NECK WITH CONTRAST	64.75	64.75	1/1/2009
70491	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY NECK WITH CONTRAST	228.37	228.37	1/1/2009
70492		3	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	355.36	355.36	1/1/2009
70492	26	5	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	67.78	67.78	1/1/2009
70492	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	287.57	287.57	1/1/2009
70496		3	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MAT	565.23	565.23	1/1/2009
70496	26	5	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MAT	82.62	82.62	1/1/2009
70496	TC	T	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MAT	482.62	482.62	1/1/2009
70498		3	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MAT	567.77	567.77	1/1/2009
70498	26	5	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MAT	82.93	82.93	1/1/2009
70498	TC	T	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MAT	484.83	484.83	1/1/2009
70540		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK	481.99	481.99	1/1/2009
70540	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK	63.09	63.09	1/1/2009
70540	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK	418.90	418.90	1/1/2009
70542		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK	535.67	535.67	1/1/2009
70542	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK	75.73	75.73	1/1/2009
70542	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK	459.94	459.94	1/1/2009
70543		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK	738.10	738.10	1/1/2009
70543	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK	100.56	100.56	1/1/2009
70543	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK	637.54	637.54	1/1/2009
70544		3	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MAT	519.33	519.33	1/1/2009
70544	26	5	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MAT	56.15	56.15	1/1/2009
70544	TC	T	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MAT	463.18	463.18	1/1/2009
70545		3	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	517.11	517.11	1/1/2009
70545	26	5	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	56.15	56.15	1/1/2009
70545	TC	T	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	460.96	460.96	1/1/2009
70546		3	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MAT	823.25	823.25	1/1/2009
70546	26	5	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MAT	84.33	84.33	1/1/2009
70546	TC	T	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MAT	738.92	738.92	1/1/2009
70547		3	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MAT	518.06	518.06	1/1/2009
70547	26	5	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MAT	56.15	56.15	1/1/2009
70547	TC	T	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MAT	461.91	461.91	1/1/2009
70548		3	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL	538.35	538.35	1/1/2009
70548	26	5	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL	56.15	56.15	1/1/2009
70548	TC	T	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL	482.20	482.20	1/1/2009
70549		3	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MAT	823.88	823.88	1/1/2009
70549	26	5	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MAT	84.33	84.33	1/1/2009
70549	TC	T	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MAT	739.55	739.55	1/1/2009

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						Medicaid Maximum Allowable	
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
70551		3	MAGNETIC RESONANCE, BRAIN	497.98	497.98	1/1/2009	
70551	26	5	MAGNETIC RESONANCE, BRAIN	69.34	69.34	1/1/2009	
70551	TC	T	MAGNETIC RESONANCE, BRAIN	428.64	428.64	1/1/2009	
70552		3	MAGNETIC RESONANCE, BRAIN WITH CONTRAST	556.82	556.82	1/1/2009	
70552	26	5	MAGNETIC RESONANCE, BRAIN WITH CONTRAST	83.64	83.64	1/1/2009	
70552	TC	T	MAGNETIC RESONANCE, BRAIN WITH CONTRAST	473.18	473.18	1/1/2009	
70553		3	MAGNETIC RESONANCE, BRAIN WITH/WITHOUT CONTRAST	741.24	741.24	1/1/2009	
70553	26	5	MAGNETIC RESONANCE, BRAIN WITH/WITHOUT CONTRAST	110.61	110.61	1/1/2009	
70553	TC	T	MAGNETIC RESONANCE, BRAIN WITH/WITHOUT CONTRAST	630.64	630.64	1/1/2009	
70557		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN)	547.67	547.67	1/1/2009	
70557	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN)	136.92	136.92	1/1/2009	
70557	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN)	410.76	410.76	1/1/2009	
70558		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN)	598.12	598.12	1/1/2009	
70558	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN)	149.53	149.53	1/1/2009	
70558	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN)	448.59	448.59	1/1/2009	
70559		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN)	607.45	607.45	1/1/2009	
70559	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN)	151.87	151.87	1/1/2009	
70559	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN)	455.59	455.59	1/1/2009	
71010		3	RADIOLOGIC EXAM, CHEST	21.08	21.08	1/1/2009	
71010	26	5	RADIOLOGIC EXAM, CHEST	8.29	8.29	1/1/2009	
71010	TC	T	RADIOLOGIC EXAM, CHEST	12.79	12.79	1/1/2009	
71015		3	RADIOLOGIC EXAM STEREO, FRONTAL	25.91	25.91	1/1/2009	
71015	26	5	RADIOLOGIC EXAM STEREO, FRONTAL	9.63	9.63	1/1/2009	
71015	TC	T	RADIOLOGIC EXAM STEREO, FRONTAL	16.28	16.28	1/1/2009	
71020		3	RADIOLOGICAL EXAM CHEST TWO VIEWS FRONTAL/LATERAL	27.96	27.96	1/1/2009	
71020	26	5	RADIOLOGICAL EXAM CHEST TWO VIEWS FRONTAL/LATERAL	10.29	10.29	1/1/2009	
71020	TC	T	RADIOLOGICAL EXAM CHEST TWO VIEWS FRONTAL/LATERAL	17.67	17.67	1/1/2009	
71021		3	RADIOLOGICAL EXAM CHEST WITH APICAL LORDTIC	33.69	33.69	1/1/2009	
71021	26	5	RADIOLOGICAL EXAM CHEST WITH APICAL LORDTIC	12.32	12.32	1/1/2009	
71021	TC	T	RADIOLOGICAL EXAM CHEST WITH APICAL LORDTIC	21.37	21.37	1/1/2009	
71022		3	RADIOLOGIC EXAM CHEST WITH OBLIQUE PROJECTIONS	40.45	40.45	1/1/2009	
71022	26	5	RADIOLOGIC EXAM CHEST WITH OBLIQUE PROJECTIONS	14.33	14.33	1/1/2009	
71022	TC	T	RADIOLOGIC EXAM CHEST WITH OBLIQUE PROJECTIONS	26.12	26.12	1/1/2009	
71023		3	RADIOLOGIC EXAM CHEST WITH FLUROSCOPY	58.38	58.38	1/1/2009	
71023	26	5	RADIOLOGIC EXAM CHEST WITH FLUROSCOPY	17.99	17.99	1/1/2009	
71023	TC	T	RADIOLOGIC EXAM CHEST WITH FLUROSCOPY	40.39	40.39	1/1/2009	
71030		3	RADIOLOGICAL EXAM CHEST COMPLETE	40.77	40.77	1/1/2009	
71030	26	5	RADIOLOGICAL EXAM CHEST COMPLETE	14.33	14.33	1/1/2009	
71030	TC	T	RADIOLOGICAL EXAM CHEST COMPLETE	26.44	26.44	1/1/2009	
71034		3	RADIOLOGIC EXAM, CHEST WITH FLUROSCOPY	80.05	80.05	1/1/2009	
71034	26	5	RADIOLOGIC EXAM, CHEST WITH FLUROSCOPY	22.85	22.85	1/1/2009	
71034	TC	T	RADIOLOGIC EXAM, CHEST WITH FLUROSCOPY	57.20	57.20	1/1/2009	
71035		3	RADIOLOGIC EXAM CHEST, SPECIAL VIEWS	29.96	29.96	1/1/2009	
71035	26	5	RADIOLOGIC EXAM CHEST, SPECIAL VIEWS	8.60	8.60	1/1/2009	
71035	TC	T	RADIOLOGIC EXAM CHEST, SPECIAL VIEWS	21.35	21.35	1/1/2009	
71040		3	BRONCHOGRAPHY, UNILATERAL	83.75	83.75	1/1/2009	
71040	26	5	BRONCHOGRAPHY, UNILATERAL	27.18	27.18	1/1/2009	
71040	TC	T	BRONCHOGRAPHY, UNILATERAL	56.57	56.57	1/1/2009	
71060		3	BRONCHOGRAPHY, BILATERAL	121.69	121.69	1/1/2009	
71060	26	5	BRONCHOGRAPHY, BILATERAL	34.56	34.56	1/1/2009	
71060	TC	T	BRONCHOGRAPHY, BILATERAL	87.13	87.13	1/1/2009	
71090		3	INSERTION PACEMAKER	84.66	84.66	1/1/2009	
71090	26	5	INSERTION PACEMAKER	27.18	27.18	1/1/2009	
71090	TC	T	INSERTION PACEMAKER	58.52	58.52	1/1/2009	
71100		3	RADIOLOGIC EXAM, RIBS	28.59	28.59	1/1/2009	
71100	26	5	RADIOLOGIC EXAM, RIBS	10.29	10.29	1/1/2009	
71100	TC	T	RADIOLOGIC EXAM, RIBS	18.30	18.30	1/1/2009	
71101		3	RADIOLOGIC EXAM RIBS /POSTEROANTERIOR CHEST	34.42	34.42	1/1/2009	
71101	26	5	RADIOLOGIC EXAM RIBS /POSTEROANTERIOR CHEST	12.32	12.32	1/1/2009	
71101	TC	T	RADIOLOGIC EXAM RIBS /POSTEROANTERIOR CHEST	22.10	22.10	1/1/2009	
71110		3	RADIOLOGIC EXAM, RIBS BILATERAL	35.59	35.59	1/1/2009	
71110	26	5	RADIOLOGIC EXAM, RIBS BILATERAL	12.32	12.32	1/1/2009	
71110	TC	T	RADIOLOGIC EXAM, RIBS BILATERAL	23.27	23.27	1/1/2009	
71111		3	RADIOLOGIC EXAM INCLUDING POSTEROANTERIOR	45.45	45.45	1/1/2009	
71111	26	5	RADIOLOGIC EXAM INCLUDING POSTEROANTERIOR	14.67	14.67	1/1/2009	
71111	TC	T	RADIOLOGIC EXAM INCLUDING POSTEROANTERIOR	30.78	30.78	1/1/2009	
71120		3	RADIOLOGIC EXAM STERNUM	28.54	28.54	1/1/2009	

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
71120	26	5	RADIOLOGIC EXAM STERNUM	9.29	9.29	1/1/2009	
71120	TC	T	RADIOLOGIC EXAM STERNUM	19.25	19.25	1/1/2009	
71130		3	RADIOLOGIC EXAM STERNOCLAVICULAR JOINT(S)	32.71	32.71	1/1/2009	
71130	26	5	RADIOLOGIC EXAM STERNOCLAVICULAR JOINT(S)	10.29	10.29	1/1/2009	
71130	TC	T	RADIOLOGIC EXAM STERNOCLAVICULAR JOINT(S)	22.42	22.42	1/1/2009	
71250		3	COMPUTERIZED AXIAL TOMOGRAPHY	249.77	249.77	1/1/2009	
71250	26	5	COMPUTERIZED AXIAL TOMOGRAPHY	54.46	54.46	1/1/2009	
71250	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY	195.31	195.31	1/1/2009	
71260		3	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	299.45	299.45	1/1/2009	
71260	26	5	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	58.15	58.15	1/1/2009	
71260	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	241.30	241.30	1/1/2009	
71270		3	COMPUTERIZED AXIAL TOMOGRAPHY WITHOUT CONTRAST	369.49	369.49	1/1/2009	
71270	26	5	COMPUTERIZED AXIAL TOMOGRAPHY WITHOUT CONTRAST	64.75	64.75	1/1/2009	
71270	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY WITHOUT CONTRAST	304.74	304.74	1/1/2009	
71275		3	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST	456.22	456.22	1/1/2009	
71275	26	5	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST	90.56	90.56	1/1/2009	
71275	TC	T	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST	365.66	365.66	1/1/2009	
71550		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALU/	538.09	538.09	1/1/2009	
71550	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALU/	68.13	68.13	1/1/2009	
71550	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALU/	469.97	469.97	1/1/2009	
71551		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALU/	603.81	603.81	1/1/2009	
71551	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALU/	80.66	80.66	1/1/2009	
71551	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALU/	523.15	523.15	1/1/2009	
71552		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALU/	828.09	828.09	1/1/2009	
71552	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALU/	106.55	106.55	1/1/2009	
71552	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALU/	721.54	721.54	1/1/2009	
72010		3	RADIOLOGIC EXAM SPINE	60.26	60.26	1/1/2009	
72010	26	5	RADIOLOGIC EXAM SPINE	20.29	20.29	1/1/2009	
72010	TC	T	RADIOLOGIC EXAM SPINE	39.97	39.97	1/1/2009	
72020		3	RADIOLOGIC EXAM SPINE /SPECIFY LEVEL	20.69	20.69	1/1/2009	
72020	26	5	RADIOLOGIC EXAM SPINE /SPECIFY LEVEL	7.26	7.26	1/1/2009	
72020	TC	T	RADIOLOGIC EXAM SPINE /SPECIFY LEVEL	13.43	13.43	1/1/2009	
72040		3	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	32.08	32.08	1/1/2009	
72040	26	5	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	10.29	10.29	1/1/2009	
72040	TC	T	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	21.79	21.79	1/1/2009	
72050		3	RADIOLOGIC EXAM SPINE. 4 VIEWS	45.42	45.42	1/1/2009	
72050	26	5	RADIOLOGIC EXAM SPINE. 4 VIEWS	14.33	14.33	1/1/2009	
72050	TC	T	RADIOLOGIC EXAM SPINE. 4 VIEWS	31.10	31.10	1/1/2009	
72052		3	RADIOLOGIC EXAM SPINE, COMPLETE	56.86	56.86	1/1/2009	
72052	26	5	RADIOLOGIC EXAM SPINE, COMPLETE	16.89	16.89	1/1/2009	
72052	TC	T	RADIOLOGIC EXAM SPINE, COMPLETE	39.97	39.97	1/1/2009	
72069		3	RADIOLOGIC EXAM SPINE THORACOLUMBAR	30.38	30.38	1/1/2009	
72069	26	5	RADIOLOGIC EXAM SPINE THORACOLUMBAR	10.29	10.29	1/1/2009	
72069	TC	T	RADIOLOGIC EXAM SPINE THORACOLUMBAR	20.08	20.08	1/1/2009	
72070		3	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	29.54	29.54	1/1/2009	
72070	26	5	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	10.29	10.29	1/1/2009	
72070	TC	T	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	19.25	19.25	1/1/2009	
72072		3	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	33.56	33.56	1/1/2009	
72072	26	5	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	10.29	10.29	1/1/2009	
72072	TC	T	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	23.27	23.27	1/1/2009	
72074		3	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	39.17	39.17	1/1/2009	
72074	26	5	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	10.29	10.29	1/1/2009	
72074	TC	T	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	28.88	28.88	1/1/2009	
72080		3	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	30.81	30.81	1/1/2009	
72080	26	5	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	10.29	10.29	1/1/2009	
72080	TC	T	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	20.52	20.52	1/1/2009	
72090		3	RADIOLOGIC EXAM SPINE. SCOLIOSIS	40.47	40.47	1/1/2009	
72090	26	5	RADIOLOGIC EXAM SPINE. SCOLIOSIS	13.30	13.30	1/1/2009	
72090	TC	T	RADIOLOGIC EXAM SPINE. SCOLIOSIS	27.17	27.17	1/1/2009	
72100		3	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEW	33.66	33.66	1/1/2009	
72100	26	5	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEW	10.29	10.29	1/1/2009	
72100	TC	T	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEW	23.37	23.37	1/1/2009	
72110		3	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VII	47.01	47.01	1/1/2009	
72110	26	5	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VII	14.33	14.33	1/1/2009	
72110	TC	T	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VII	32.68	32.68	1/1/2009	
72114		3	RADIOLOGIC EXAM SPINE COMPLETE /BENDING VIEW	61.30	61.30	1/1/2009	
72114	26	5	RADIOLOGIC EXAM SPINE COMPLETE /BENDING VIEW	16.89	16.89	1/1/2009	

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						Medicaid Maximum Allowable	
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
72114	TC	T	RADIOLOGIC EXAM SPINE COMPLETE /BENDING VIEW	44.41	44.41	1/1/2009	
72120		3	RADIOLOGIC EXAM SPINE BENDING VIEW	42.02	42.02	1/1/2009	
72120	26	5	RADIOLOGIC EXAM SPINE BENDING VIEW	10.29	10.29	1/1/2009	
72120	TC	T	RADIOLOGIC EXAM SPINE BENDING VIEW	31.73	31.73	1/1/2009	
72125		3	COMPUTERIZED AXIAL TOMOGRAPHY	250.40	250.40	1/1/2009	
72125	26	5	COMPUTERIZED AXIAL TOMOGRAPHY	54.46	54.46	1/1/2009	
72125	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY	195.94	195.94	1/1/2009	
72126		3	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	298.77	298.77	1/1/2009	
72126	26	5	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	57.15	57.15	1/1/2009	
72126	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	241.62	241.62	1/1/2009	
72127		3	COMPUTERIZED AXIAL TOMOGRAPHY WITHOUT CONTRAST	363.51	363.51	1/1/2009	
72127	26	5	COMPUTERIZED AXIAL TOMOGRAPHY WITHOUT CONTRAST	59.40	59.40	1/1/2009	
72127	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY WITHOUT CONTRAST	304.11	304.11	1/1/2009	
72128		3	COMPUTERIZED AXIAL TOMOGRAPHY THORACIC SPINE	249.77	249.77	1/1/2009	
72128	26	5	COMPUTERIZED AXIAL TOMOGRAPHY THORACIC SPINE	54.46	54.46	1/1/2009	
72128	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY THORACIC SPINE	195.31	195.31	1/1/2009	
72129		3	COMP. AXIAL TOMOGRAPHY/THORACIC SPINE WITH CONTRAS	299.09	299.09	1/1/2009	
72129	26	5	COMP. AXIAL TOMOGRAPHY/THORACIC SPINE WITH CONTRAS	57.47	57.47	1/1/2009	
72129	TC	T	COMP. AXIAL TOMOGRAPHY/THORACIC SPINE WITH CONTRAS	241.62	241.62	1/1/2009	
72130		3	COMP. TOMOGRAPHY/THORACIC SPINE WITHOUT CONTRAST	364.46	364.46	1/1/2009	
72130	26	5	COMP. TOMOGRAPHY/THORACIC SPINE WITHOUT CONTRAST	59.71	59.71	1/1/2009	
72130	TC	T	COMP. TOMOGRAPHY/THORACIC SPINE WITHOUT CONTRAST	304.74	304.74	1/1/2009	
72131		3	COMPUTERIZED AXIAL TOMOGRAPHY/ LUMBAR SPINE	249.45	249.45	1/1/2009	
72131	26	5	COMPUTERIZED AXIAL TOMOGRAPHY/ LUMBAR SPINE	54.46	54.46	1/1/2009	
72131	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY/ LUMBAR SPINE	194.99	194.99	1/1/2009	
72132		3	COMPUTERIZED AXIAL TOMOGRAPHY LUMBAR SPINE/CONTRAS	298.77	298.77	1/1/2009	
72132	26	5	COMPUTERIZED AXIAL TOMOGRAPHY LUMBAR SPINE/CONTRAS	57.47	57.47	1/1/2009	
72132	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY LUMBAR SPINE/CONTRAS	241.30	241.30	1/1/2009	
72133		3	COMPUTERIZED TOMOGRAPHY LUMBAR SPINE W/WO CONTRAST	364.14	364.14	1/1/2009	
72133	26	5	COMPUTERIZED TOMOGRAPHY LUMBAR SPINE W/WO CONTRAST	59.71	59.71	1/1/2009	
72133	TC	T	COMPUTERIZED TOMOGRAPHY LUMBAR SPINE W/WO CONTRAST	304.43	304.43	1/1/2009	
72141		3	MAGNETIC RESONANCE SPINAL CANAL	455.82	455.82	1/1/2009	
72141	26	5	MAGNETIC RESONANCE SPINAL CANAL	74.72	74.72	1/1/2009	
72141	TC	T	MAGNETIC RESONANCE SPINAL CANAL	381.10	381.10	1/1/2009	
72142		3	MAGNETIC RESONANCE /SPINE CANAL WITH CONTRAST	562.47	562.47	1/1/2009	
72142	26	5	MAGNETIC RESONANCE /SPINE CANAL WITH CONTRAST	89.93	89.93	1/1/2009	
72142	TC	T	MAGNETIC RESONANCE /SPINE CANAL WITH CONTRAST	472.54	472.54	1/1/2009	
72146		3	MAGNETIC RESONANCE/ SPINAL CANAL AND CONTENTS	467.37	467.37	1/1/2009	
72146	26	5	MAGNETIC RESONANCE/ SPINAL CANAL AND CONTENTS	75.04	75.04	1/1/2009	
72146	TC	T	MAGNETIC RESONANCE/ SPINAL CANAL AND CONTENTS	392.32	392.32	1/1/2009	
72147		3	MAGNETIC RESONANCE/SPINAL CANAL WITH CONTRAST	514.61	514.61	1/1/2009	
72147	26	5	MAGNETIC RESONANCE/SPINAL CANAL WITH CONTRAST	90.24	90.24	1/1/2009	
72147	TC	T	MAGNETIC RESONANCE/SPINAL CANAL WITH CONTRAST	424.37	424.37	1/1/2009	
72148		3	MAGNETIC RESONANCE LUMBAR	461.35	461.35	1/1/2009	
72148	26	5	MAGNETIC RESONANCE LUMBAR	69.34	69.34	1/1/2009	
72148	TC	T	MAGNETIC RESONANCE LUMBAR	392.01	392.01	1/1/2009	
72149		3	MAGNETIC RESONANCE LUMBAR WITH CONTRAST	555.87	555.87	1/1/2009	
72149	26	5	MAGNETIC RESONANCE LUMBAR WITH CONTRAST	83.64	83.64	1/1/2009	
72149	TC	T	MAGNETIC RESONANCE LUMBAR WITH CONTRAST	472.23	472.23	1/1/2009	
72156		3	MAGNETIC RESONANCE WITH /WITHOUT CONTRAST	742.00	742.00	1/1/2009	
72156	26	5	MAGNETIC RESONANCE WITH /WITHOUT CONTRAST	120.24	120.24	1/1/2009	
72156	TC	T	MAGNETIC RESONANCE WITH /WITHOUT CONTRAST	621.76	621.76	1/1/2009	
72157		3	MRI; SPINAL CANAL, WO THEN W CONTRAST; THORACIC	705.23	705.23	1/1/2009	
72157	26	5	MRI; SPINAL CANAL, WO THEN W CONTRAST; THORACIC	120.56	120.56	1/1/2009	
72157	TC	T	MRI; SPINAL CANAL, WO THEN W CONTRAST; THORACIC	584.68	584.68	1/1/2009	
72158		3	MAGNETIC RESONANCE LUMBAR WITH/WITHOUT CONTRAST	731.73	731.73	1/1/2009	
72158	26	5	MAGNETIC RESONANCE LUMBAR WITH/WITHOUT CONTRAST	110.29	110.29	1/1/2009	
72158	TC	T	MAGNETIC RESONANCE LUMBAR WITH/WITHOUT CONTRAST	621.44	621.44	1/1/2009	
72170		3	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	22.64	22.64	1/1/2009	
72170	26	5	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	7.94	7.94	1/1/2009	
72170	TC	T	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	14.70	14.70	1/1/2009	
72190		3	RADIOLOGIC EXAM PELVIC COMPLETE	34.27	34.27	1/1/2009	
72190	26	5	RADIOLOGIC EXAM PELVIC COMPLETE	9.95	9.95	1/1/2009	
72190	TC	T	RADIOLOGIC EXAM PELVIC COMPLETE	24.32	24.32	1/1/2009	
72191		3	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST	439.55	439.55	1/1/2009	
72191	26	5	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST	85.31	85.31	1/1/2009	
72191	TC	T	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST	354.25	354.25	1/1/2009	

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
72192		3	COMPUTERIZED AXIAL TOMOGRAPHY; PELVIC	237.55	237.55	1/1/2009	
72192	26	5	COMPUTERIZED AXIAL TOMOGRAPHY; PELVIC	51.43	51.43	1/1/2009	
72192	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY; PELVIC	186.12	186.12	1/1/2009	
72193		3	COMPUTERIZED AXIAL TOMOGRAPHY; PELVIC WITH CONTRAS	284.14	284.14	1/1/2009	
72193	26	5	COMPUTERIZED AXIAL TOMOGRAPHY; PELVIC WITH CONTRAS	54.46	54.46	1/1/2009	
72193	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY; PELVIC WITH CONTRAS	229.68	229.68	1/1/2009	
72194		3	TOMOGRAPHY; PELVIC WITH/WITHOUT CONTRAST	361.87	361.87	1/1/2009	
72194	26	5	TOMOGRAPHY; PELVIC WITH/WITHOUT CONTRAST	57.15	57.15	1/1/2009	
72194	TC	T	TOMOGRAPHY; PELVIC WITH/WITHOUT CONTRAST	304.73	304.73	1/1/2009	
72195		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTI	493.09	493.09	1/1/2009	
72195	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTI	68.13	68.13	1/1/2009	
72195	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTI	424.96	424.96	1/1/2009	
72196		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAS	546.76	546.76	1/1/2009	
72196	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAS	81.30	81.30	1/1/2009	
72196	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAS	465.46	465.46	1/1/2009	
72197		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTI	748.99	748.99	1/1/2009	
72197	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTI	105.91	105.91	1/1/2009	
72197	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTI	643.08	643.08	1/1/2009	
72200		3	RADIOLOGIC EXAM SACRUM, COCCYX	25.18	25.18	1/1/2009	
72200	26	5	RADIOLOGIC EXAM SACRUM, COCCYX	7.94	7.94	1/1/2009	
72200	TC	T	RADIOLOGIC EXAM SACRUM, COCCYX	17.23	17.23	1/1/2009	
72202		3	X-RAY EXAM OF SACROILIAC JOINTS, 3 OR MORE VIEWS	30.42	30.42	1/1/2009	
72202	26	5	X-RAY EXAM OF SACROILIAC JOINTS, 3 OR MORE VIEWS	8.95	8.95	1/1/2009	
72220		3	SACRUM AND COCCYX	25.61	25.61	1/1/2009	
72220	26	5	SACRUM AND COCCYX	7.94	7.94	1/1/2009	
72220	TC	T	SACRUM AND COCCYX	17.67	17.67	1/1/2009	
72240		3	MYELOGRAPH, CERVICAL	138.58	138.58	1/1/2009	
72240	26	5	MYELOGRAPH, CERVICAL	42.51	42.51	1/1/2009	
72240	TC	T	MYELOGRAPH, CERVICAL	96.07	96.07	1/1/2009	
72255		3	MYELOGRAPHY, THORACIC	126.84	126.84	1/1/2009	
72255	26	5	MYELOGRAPHY, THORACIC	41.56	41.56	1/1/2009	
72255	TC	T	MYELOGRAPHY, THORACIC	85.28	85.28	1/1/2009	
72265		3	MYELOGRAPHY, LUMBO SACRAL	128.85	128.85	1/1/2009	
72265	26	5	MYELOGRAPHY, LUMBO SACRAL	38.82	38.82	1/1/2009	
72265	TC	T	MYELOGRAPHY, LUMBO SACRAL	90.03	90.03	1/1/2009	
72270		3	MYELOGRAPHY, ENTIRE SPINAL CANAL	201.10	201.10	1/1/2009	
72270	26	5	MYELOGRAPHY, ENTIRE SPINAL CANAL	62.40	62.40	1/1/2009	
72270	TC	T	MYELOGRAPHY, ENTIRE SPINAL CANAL	138.70	138.70	1/1/2009	
72275		3	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	91.27	91.27	1/1/2009	
72275	26	5	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	33.56	33.56	1/1/2009	
72275	TC	T	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	57.71	57.71	1/1/2009	
72285		3	DISKOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION & INTERPRETAT	155.20	155.20	1/1/2009	
72285	26	5	DISKOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION & INTERPRETAT	52.04	52.04	1/1/2009	
72285	TC	T	DISKOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION & INTERPRETAT	103.15	103.15	1/1/2009	
72291	26	5	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VE	63.22	63.22	1/1/2009	
72292	26	5	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VE	65.92	65.92	1/1/2009	
72295		3	DISDOGRAPHY, LUMBAR	137.63	137.63	1/1/2009	
72295	26	5	DISDOGRAPHY, LUMBAR	37.98	37.98	1/1/2009	
72295	TC	T	DISDOGRAPHY, LUMBAR	99.65	99.65	1/1/2009	
73000		3	RADIOLOGIC EXAM CLAVICLE, COMPLETE	23.88	23.88	1/1/2009	
73000	26	5	RADIOLOGIC EXAM CLAVICLE, COMPLETE	7.60	7.60	1/1/2009	
73000	TC	T	RADIOLOGIC EXAM CLAVICLE, COMPLETE	16.28	16.28	1/1/2009	
73010		3	RADIOLOGIC EXAM, SCAPULA/ COMPLETE	24.54	24.54	1/1/2009	
73010	26	5	RADIOLOGIC EXAM, SCAPULA/ COMPLETE	7.94	7.94	1/1/2009	
73010	TC	T	RADIOLOGIC EXAM, SCAPULA/ COMPLETE	16.60	16.60	1/1/2009	
73020		3	RADIOLOGIC EXAM SHOULDER	20.37	20.37	1/1/2009	
73020	26	5	RADIOLOGIC EXAM SHOULDER	6.94	6.94	1/1/2009	
73020	TC	T	RADIOLOGIC EXAM SHOULDER	13.43	13.43	1/1/2009	
73030		3	RADIOLOGIC EXAM SHOULDER COMPLETE	25.95	25.95	1/1/2009	
73030	26	5	RADIOLOGIC EXAM SHOULDER COMPLETE	8.60	8.60	1/1/2009	
73030	TC	T	RADIOLOGIC EXAM SHOULDER COMPLETE	17.35	17.35	1/1/2009	
73040		3	RADIOLOGIC EXAM SHOULDER, ARTHROGRAPHY	92.85	92.85	1/1/2009	
73040	26	5	RADIOLOGIC EXAM SHOULDER, ARTHROGRAPHY	25.28	25.28	1/1/2009	
73040	TC	T	RADIOLOGIC EXAM SHOULDER, ARTHROGRAPHY	67.58	67.58	1/1/2009	
73050		3	RADIOLOGIC EXAM, ACROMIOCLAVICULAR JOINTS	31.08	31.08	1/1/2009	
73050	26	5	RADIOLOGIC EXAM, ACROMIOCLAVICULAR JOINTS	9.61	9.61	1/1/2009	
73050	TC	T	RADIOLOGIC EXAM, ACROMIOCLAVICULAR JOINTS	21.47	21.47	1/1/2009	

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73060		3	RADIOLOGIC EXAM HUMERUS	25.29	25.29	1/1/2009	
73060	26	5	RADIOLOGIC EXAM HUMERUS	7.94	7.94	1/1/2009	
73060	TC	T	RADIOLOGIC EXAM HUMERUS	17.35	17.35	1/1/2009	
73070		3	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	23.22	23.22	1/1/2009	
73070	26	5	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	6.94	6.94	1/1/2009	
73070	TC	T	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	16.28	16.28	1/1/2009	
73080		3	RADIOLOGIC EXAM ELBOW, COMPLETE	29.73	29.73	1/1/2009	
73080	26	5	RADIOLOGIC EXAM ELBOW, COMPLETE	7.94	7.94	1/1/2009	
73080	TC	T	RADIOLOGIC EXAM ELBOW, COMPLETE	21.79	21.79	1/1/2009	
73085		3	RADIOLOGIC EXAM ELBOW, ARTHROGRAPHY	83.98	83.98	1/1/2009	
73085	26	5	RADIOLOGIC EXAM ELBOW, ARTHROGRAPHY	24.96	24.96	1/1/2009	
73085	TC	T	RADIOLOGIC EXAM ELBOW, ARTHROGRAPHY	59.02	59.02	1/1/2009	
73090		3	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	23.57	23.57	1/1/2009	
73090	26	5	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	7.28	7.28	1/1/2009	
73090	TC	T	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	16.28	16.28	1/1/2009	
73092		3	RADIOLOGIC EXAM FOREARM INFANT	24.20	24.20	1/1/2009	
73092	26	5	RADIOLOGIC EXAM FOREARM INFANT	7.28	7.28	1/1/2009	
73092	TC	T	RADIOLOGIC EXAM FOREARM INFANT	16.92	16.92	1/1/2009	
73100		3	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	24.52	24.52	1/1/2009	
73100	26	5	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	7.60	7.60	1/1/2009	
73100	TC	T	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	16.92	16.92	1/1/2009	
73110		3	RADIOLOGIC EXAM WRIST, COMPLETE	29.30	29.30	1/1/2009	
73110	26	5	RADIOLOGIC EXAM WRIST, COMPLETE	7.94	7.94	1/1/2009	
73110	TC	T	RADIOLOGIC EXAM WRIST, COMPLETE	21.35	21.35	1/1/2009	
73115		3	RADIOLOGIC EXAM WRIST ARTHROGRAPHY	88.93	88.93	1/1/2009	
73115	26	5	RADIOLOGIC EXAM WRIST ARTHROGRAPHY	25.28	25.28	1/1/2009	
73115	TC	T	RADIOLOGIC EXAM WRIST ARTHROGRAPHY	63.66	63.66	1/1/2009	
73120		3	RADIOLOGIC EXAM, HAND	23.25	23.25	1/1/2009	
73120	26	5	RADIOLOGIC EXAM, HAND	7.28	7.28	1/1/2009	
73120	TC	T	RADIOLOGIC EXAM, HAND	15.96	15.96	1/1/2009	
73130		3	RADIOLOGIC EXAM HAND MIN/3 VIEWS	26.76	26.76	1/1/2009	
73130	26	5	RADIOLOGIC EXAM HAND MIN/3 VIEWS	7.94	7.94	1/1/2009	
73130	TC	T	RADIOLOGIC EXAM HAND MIN/3 VIEWS	18.82	18.82	1/1/2009	
73140		3	RADIOLOGIC EXAM FINGER(S)	24.76	24.76	1/1/2009	
73140	26	5	RADIOLOGIC EXAM FINGER(S)	6.26	6.26	1/1/2009	
73140	TC	T	RADIOLOGIC EXAM FINGER(S)	18.50	18.50	1/1/2009	
73200		3	TOMOGRAPHY, UPPER EXTREMITY	236.88	236.88	1/1/2009	
73200	26	5	TOMOGRAPHY, UPPER EXTREMITY	51.11	51.11	1/1/2009	
73200	TC	T	TOMOGRAPHY, UPPER EXTREMITY	185.77	185.77	1/1/2009	
73201		3	TOMOGRAPHY UPPER EXTREMITY, WITH CONTRAST	284.00	284.00	1/1/2009	
73201	26	5	TOMOGRAPHY UPPER EXTREMITY, WITH CONTRAST	54.46	54.46	1/1/2009	
73201	TC	T	TOMOGRAPHY UPPER EXTREMITY, WITH CONTRAST	229.54	229.54	1/1/2009	
73202		3	TOMOGRAPHY UPPER EXTREMITY, WITHOUT CONTRAST	362.91	362.91	1/1/2009	
73202	26	5	TOMOGRAPHY UPPER EXTREMITY, WITHOUT CONTRAST	57.15	57.15	1/1/2009	
73202	TC	T	TOMOGRAPHY UPPER EXTREMITY, WITHOUT CONTRAST	305.76	305.76	1/1/2009	
73206		3	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT	421.17	421.17	1/1/2009	
73206	26	5	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT	85.94	85.94	1/1/2009	
73206	TC	T	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT	335.23	335.23	1/1/2009	
73218		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTH	493.09	493.09	1/1/2009	
73218	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTH	62.77	62.77	1/1/2009	
73218	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTH	430.31	430.31	1/1/2009	
73219		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTH	541.69	541.69	1/1/2009	
73219	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTH	75.73	75.73	1/1/2009	
73219	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTH	465.96	465.96	1/1/2009	
73220		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTH	744.75	744.75	1/1/2009	
73220	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTH	100.88	100.88	1/1/2009	
73220	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTH	643.88	643.88	1/1/2009	
73221		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX	466.78	466.78	1/1/2009	
73221	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX	63.09	63.09	1/1/2009	
73221	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX	403.69	403.69	1/1/2009	
73222		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX	515.07	515.07	1/1/2009	
73222	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX	75.73	75.73	1/1/2009	
73222	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX	439.34	439.34	1/1/2009	
73223		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX	712.43	712.43	1/1/2009	
73223	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX	100.56	100.56	1/1/2009	
73223	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX	611.87	611.87	1/1/2009	
73500		3	RADIOLOGIC EXAM HIP	22.01	22.01	1/1/2009	

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73500	26	5	RADIOLOGIC EXAM HIP	7.94	7.94	1/1/2009	
73500	TC	T	RADIOLOGIC EXAM HIP	14.06	14.06	1/1/2009	
73510		3	RADIOLOGIC EXAM, HIP	31.73	31.73	1/1/2009	
73510	26	5	RADIOLOGIC EXAM, HIP	9.95	9.95	1/1/2009	
73510	TC	T	RADIOLOGIC EXAM, HIP	21.79	21.79	1/1/2009	
73520		3	RADIOLOGIC EXAM HIP BILATERAL	34.40	34.40	1/1/2009	
73520	26	5	RADIOLOGIC EXAM HIP BILATERAL	11.98	11.98	1/1/2009	
73520	TC	T	RADIOLOGIC EXAM HIP BILATERAL	22.42	22.42	1/1/2009	
73525		3	RADIOLOGIC EXAM HIP, AUTHROGRAPH	83.88	83.88	1/1/2009	
73525	26	5	RADIOLOGIC EXAM HIP, AUTHROGRAPH	25.49	25.49	1/1/2009	
73525	TC	T	RADIOLOGIC EXAM HIP, AUTHROGRAPH	58.39	58.39	1/1/2009	
73530		3	RAD. EXAM HIP DURING OPERATIVE PROCEDURE	31.11	31.11	1/1/2009	
73530	26	5	RAD. EXAM HIP DURING OPERATIVE PROCEDURE	13.64	13.64	1/1/2009	
73530	TC	T	RAD. EXAM HIP DURING OPERATIVE PROCEDURE	17.99	17.99	1/1/2009	
73540		3	RADIOLOGIC EXAM HIP/ PELVIS; CHILD	31.71	31.71	1/1/2009	
73540	26	5	RADIOLOGIC EXAM HIP/ PELVIS; CHILD	9.29	9.29	1/1/2009	
73540	TC	T	RADIOLOGIC EXAM HIP/ PELVIS; CHILD	22.42	22.42	1/1/2009	
73542		3	RADIOLOGICAL EXAMINATION, SACROILIAC JOINT ARTHROGRAPHY, RADIO	69.11	69.11	1/1/2009	
73542	26	5	RADIOLOGICAL EXAMINATION, SACROILIAC JOINT ARTHROGRAPHY, RADIO	25.94	25.94	1/1/2009	
73542	TC	T	RADIOLOGICAL EXAMINATION, SACROILIAC JOINT ARTHROGRAPHY, RADIO	43.17	43.17	1/1/2009	
73550		3	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	24.66	24.66	1/1/2009	
73550	26	5	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	7.94	7.94	1/1/2009	
73550	TC	T	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	16.72	16.72	1/1/2009	
73560		3	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	24.54	24.54	1/1/2009	
73560	26	5	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	7.94	7.94	1/1/2009	
73560	TC	T	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	16.60	16.60	1/1/2009	
73562		3	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	29.44	29.44	1/1/2009	
73562	26	5	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	8.60	8.60	1/1/2009	
73562	TC	T	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	20.84	20.84	1/1/2009	
73564		3	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	34.30	34.30	1/1/2009	
73564	26	5	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	10.29	10.29	1/1/2009	
73564	TC	T	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	24.01	24.01	1/1/2009	
73565		3	RADIOLOGIC EXAM KNEE (BOTH)	26.13	26.13	1/1/2009	
73565	26	5	RADIOLOGIC EXAM KNEE (BOTH)	8.26	8.26	1/1/2009	
73565	TC	T	RADIOLOGIC EXAM KNEE (BOTH)	17.87	17.87	1/1/2009	
73580		3	RADIOLOGIC EXAM KNEE, ARTHROGRAPHY	104.28	104.28	1/1/2009	
73580	26	5	RADIOLOGIC EXAM KNEE, ARTHROGRAPHY	25.49	25.49	1/1/2009	
73580	TC	T	RADIOLOGIC EXAM KNEE, ARTHROGRAPHY	78.79	78.79	1/1/2009	
73590		3	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	23.59	23.59	1/1/2009	
73590	26	5	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	7.94	7.94	1/1/2009	
73590	TC	T	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	15.65	15.65	1/1/2009	
73592		3	RAD EXAM LOWER EXTREMITY INFANT	24.20	24.20	1/1/2009	
73592	26	5	RAD EXAM LOWER EXTREMITY INFANT	7.28	7.28	1/1/2009	
73592	TC	T	RAD EXAM LOWER EXTREMITY INFANT	16.92	16.92	1/1/2009	
73600		3	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	23.25	23.25	1/1/2009	
73600	26	5	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	7.28	7.28	1/1/2009	
73600	TC	T	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	15.96	15.96	1/1/2009	
73610		3	RADIOLOGIC EXAM COMPLETE	26.76	26.76	1/1/2009	
73610	26	5	RADIOLOGIC EXAM COMPLETE	7.94	7.94	1/1/2009	
73610	TC	T	RADIOLOGIC EXAM COMPLETE	18.82	18.82	1/1/2009	
73615		3	RADIOLOGIC EXAM ANKLE, ARTHROGRAPHY	86.10	86.10	1/1/2009	
73615	26	5	RADIOLOGIC EXAM ANKLE, ARTHROGRAPHY	25.18	25.18	1/1/2009	
73615	TC	T	RADIOLOGIC EXAM ANKLE, ARTHROGRAPHY	60.92	60.92	1/1/2009	
73620		3	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	22.61	22.61	1/1/2009	
73620	26	5	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	7.28	7.28	1/1/2009	
73620	TC	T	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	15.33	15.33	1/1/2009	
73630		3	RADIOLOGIC EXAM FOOT COMPLETE	26.44	26.44	1/1/2009	
73630	26	5	RADIOLOGIC EXAM FOOT COMPLETE	7.94	7.94	1/1/2009	
73630	TC	T	RADIOLOGIC EXAM FOOT COMPLETE	18.50	18.50	1/1/2009	
73650		3	RADIOLOGIC EXAM CALCANEUS	22.93	22.93	1/1/2009	
73650	26	5	RADIOLOGIC EXAM CALCANEUS	7.28	7.28	1/1/2009	
73650	TC	T	RADIOLOGIC EXAM CALCANEUS	15.65	15.65	1/1/2009	
73660		3	RADIOLOGIC EXAM CALCANEUS TOE OR TOES	23.49	23.49	1/1/2009	
73660	26	5	RADIOLOGIC EXAM CALCANEUS TOE OR TOES	5.94	5.94	1/1/2009	
73660	TC	T	RADIOLOGIC EXAM CALCANEUS TOE OR TOES	17.55	17.55	1/1/2009	
73700		3	COMPUTERIZED AXIAL TOMOGRAPHY LOWER EXTREMITY	237.19	237.19	1/1/2009	
73700	26	5	COMPUTERIZED AXIAL TOMOGRAPHY LOWER EXTREMITY	51.11	51.11	1/1/2009	

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73700	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY LOWER EXTREMITY	186.08	186.08	1/1/2009
73701		3	COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY W/CONTRAST	285.90	285.90	1/1/2009
73701	26	5	COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY W/CONTRAST	54.78	54.78	1/1/2009
73701	TC	T	COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY W/CONTRAST	231.12	231.12	1/1/2009
73702		3	COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY W & W/O CONTRAST	363.86	363.86	1/1/2009
73702	26	5	COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY W & W/O CONTRAST	57.47	57.47	1/1/2009
73702	TC	T	COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY W & W/O CONTRAST	306.39	306.39	1/1/2009
73706		3	COMPUTERIZED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY	457.53	457.53	1/1/2009
73706	26	5	COMPUTERIZED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY	90.29	90.29	1/1/2009
73706	TC	T	COMPUTERIZED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY	367.24	367.24	1/1/2009
73718		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTH	484.53	484.53	1/1/2009
73718	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTH	63.09	63.09	1/1/2009
73718	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTH	421.44	421.44	1/1/2009
73719		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTH	535.98	535.98	1/1/2009
73719	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTH	75.73	75.73	1/1/2009
73719	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTH	460.26	460.26	1/1/2009
73720		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTH	744.44	744.44	1/1/2009
73720	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTH	100.88	100.88	1/1/2009
73720	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTH	643.56	643.56	1/1/2009
73721		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER E	474.70	474.70	1/1/2009
73721	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER E	63.09	63.09	1/1/2009
73721	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER E	411.61	411.61	1/1/2009
73722		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER E	519.19	519.19	1/1/2009
73722	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER E	76.04	76.04	1/1/2009
73722	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER E	443.14	443.14	1/1/2009
73723		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER E	710.84	710.84	1/1/2009
73723	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER E	100.88	100.88	1/1/2009
73723	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER E	609.97	609.97	1/1/2009
74000		3	RADIOLOGIC EXAM ABDOMEN	22.35	22.35	1/1/2009
74000	26	5	RADIOLOGIC EXAM ABDOMEN	8.29	8.29	1/1/2009
74000	TC	T	RADIOLOGIC EXAM ABDOMEN	14.06	14.06	1/1/2009
74010		3	RADIOLOGIC EXAM ABDOMEN ANTEROPOSTERIOR/ OBLIQUE	32.74	32.74	1/1/2009
74010	26	5	RADIOLOGIC EXAM ABDOMEN ANTEROPOSTERIOR/ OBLIQUE	10.63	10.63	1/1/2009
74010	TC	T	RADIOLOGIC EXAM ABDOMEN ANTEROPOSTERIOR/ OBLIQUE	22.10	22.10	1/1/2009
74020		3	RADIOLOGIC EXAM ABDOMEN, COMPLETE	35.06	35.06	1/1/2009
74020	26	5	RADIOLOGIC EXAM ABDOMEN, COMPLETE	12.64	12.64	1/1/2009
74020	TC	T	RADIOLOGIC EXAM ABDOMEN, COMPLETE	22.42	22.42	1/1/2009
74022		3	RAD EXAM ABDOMEN. COMPLETE ABDOMEN SERIES	42.38	42.38	1/1/2009
74022	26	5	RAD EXAM ABDOMEN. COMPLETE ABDOMEN SERIES	14.98	14.98	1/1/2009
74022	TC	T	RAD EXAM ABDOMEN. COMPLETE ABDOMEN SERIES	27.39	27.39	1/1/2009
74150		3	COMPUTER TOMOGRAPHY WITHOUT CONTRAST MATER	239.81	239.81	1/1/2009
74150	26	5	COMPUTER TOMOGRAPHY WITHOUT CONTRAST MATER	55.80	55.80	1/1/2009
74150	TC	T	COMPUTER TOMOGRAPHY WITHOUT CONTRAST MATER	184.00	184.00	1/1/2009
74160		3	TOMOGRAPHY, ABDOMEN WITH CONTRAST	318.55	318.55	1/1/2009
74160	26	5	TOMOGRAPHY, ABDOMEN WITH CONTRAST	60.03	60.03	1/1/2009
74160	TC	T	TOMOGRAPHY, ABDOMEN WITH CONTRAST	258.52	258.52	1/1/2009
74170		3	TOMOGRAPHY, WITHOUT/WITH CONTRAST	416.75	416.75	1/1/2009
74170	26	5	TOMOGRAPHY, WITHOUT/WITH CONTRAST	65.75	65.75	1/1/2009
74170	TC	T	TOMOGRAPHY, WITHOUT/WITH CONTRAST	351.00	351.00	1/1/2009
74175		3	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRA	465.14	465.14	1/1/2009
74175	26	5	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRA	89.66	89.66	1/1/2009
74175	TC	T	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRA	375.48	375.48	1/1/2009
74181		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CO	447.13	447.13	1/1/2009
74181	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CO	68.44	68.44	1/1/2009
74181	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CO	378.69	378.69	1/1/2009
74182		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTR	593.03	593.03	1/1/2009
74182	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTR	81.30	81.30	1/1/2009
74182	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTR	511.74	511.74	1/1/2009
74183		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CO	749.63	749.63	1/1/2009
74183	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CO	105.91	105.91	1/1/2009
74183	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CO	643.71	643.71	1/1/2009
74190		3	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLO	67.38	67.38	1/1/2009
74190	26	5	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLO	22.59	22.59	1/1/2009
74190	TC	T	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLO	45.80	45.80	1/1/2009
74210		3	RADIOLOGIC EXAM, PHARYNX	66.68	66.68	1/1/2009
74210	26	5	RADIOLOGIC EXAM, PHARYNX	17.21	17.21	1/1/2009
74210	TC	T	RADIOLOGIC EXAM, PHARYNX	49.48	49.48	1/1/2009

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74220		3	RADIOLOGIC EXAM; ESOPHAGUS	75.82	75.82	1/1/2009	
74220	26	5	RADIOLOGIC EXAM; ESOPHAGUS	21.58	21.58	1/1/2009	
74220	TC	T	RADIOLOGIC EXAM; ESOPHAGUS	54.23	54.23	1/1/2009	
74230		3	SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY	78.11	78.11	1/1/2009	
74230	26	5	SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY	24.93	24.93	1/1/2009	
74230	TC	T	SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY	53.18	53.18	1/1/2009	
74235		3	REMOVAL OF FOREIGN BODY(S)	145.34	145.34	1/1/2009	
74235	26	5	REMOVAL OF FOREIGN BODY(S)	57.07	57.07	1/1/2009	
74235	TC	T	REMOVAL OF FOREIGN BODY(S)	88.26	88.26	1/1/2009	
74240		3	RADIOLOGIC EXAM; GASTROINTESTINAL TRACT	94.17	94.17	1/1/2009	
74240	26	5	RADIOLOGIC EXAM; GASTROINTESTINAL TRACT	32.53	32.53	1/1/2009	
74240	TC	T	RADIOLOGIC EXAM; GASTROINTESTINAL TRACT	61.64	61.64	1/1/2009	
74241		3	RADIOLOGIC EXAM, GASTROINTESTINAL TRACT (FILMS)	100.19	100.19	1/1/2009	
74241	26	5	RADIOLOGIC EXAM, GASTROINTESTINAL TRACT (FILMS)	32.22	32.22	1/1/2009	
74241	TC	T	RADIOLOGIC EXAM, GASTROINTESTINAL TRACT (FILMS)	67.98	67.98	1/1/2009	
74245		3	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SM	149.92	149.92	1/1/2009	
74245	26	5	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SM	42.82	42.82	1/1/2009	
74245	TC	T	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SM	107.10	107.10	1/1/2009	
74246		3	RAD EXAM, GASTROINTESTINAL TRACT UPPER AIR CONTRAS	107.60	107.60	1/1/2009	
74246	26	5	RAD EXAM, GASTROINTESTINAL TRACT UPPER AIR CONTRAS	32.53	32.53	1/1/2009	
74246	TC	T	RAD EXAM, GASTROINTESTINAL TRACT UPPER AIR CONTRAS	75.07	75.07	1/1/2009	
74247		3	RAD EXAM, GASTROINTESTINAL TRACT WITH/WITHOUT FILM	117.96	117.96	1/1/2009	
74247	26	5	RAD EXAM, GASTROINTESTINAL TRACT WITH/WITHOUT FILM	32.53	32.53	1/1/2009	
74247	TC	T	RAD EXAM, GASTROINTESTINAL TRACT WITH/WITHOUT FILM	85.43	85.43	1/1/2009	
74249		3	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR C	160.60	160.60	1/1/2009	
74249	26	5	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR C	42.82	42.82	1/1/2009	
74249	TC	T	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR C	117.77	117.77	1/1/2009	
74250		3	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERI	88.10	88.10	1/1/2009	
74250	26	5	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERI	21.93	21.93	1/1/2009	
74250	TC	T	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERI	66.18	66.18	1/1/2009	
74251		3	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL F	273.66	273.66	1/1/2009	
74251	26	5	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL F	32.53	32.53	1/1/2009	
74251	TC	T	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL F	241.12	241.12	1/1/2009	
74260		3	DUODENOGRAPHY, HYPOTONIC	227.85	227.85	1/1/2009	
74260	26	5	DUODENOGRAPHY, HYPOTONIC	23.27	23.27	1/1/2009	
74260	TC	T	DUODENOGRAPHY, HYPOTONIC	204.58	204.58	1/1/2009	
74270		3	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT F	126.52	126.52	1/1/2009	
74270	26	5	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT F	32.53	32.53	1/1/2009	
74270	TC	T	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT F	93.98	93.98	1/1/2009	
74280		3	RADIOLOGIC EXAM, AIR CONTRAST/ HIGH DENSITY	175.16	175.16	1/1/2009	
74280	26	5	RADIOLOGIC EXAM, AIR CONTRAST/ HIGH DENSITY	46.52	46.52	1/1/2009	
74280	TC	T	RADIOLOGIC EXAM, AIR CONTRAST/ HIGH DENSITY	128.65	128.65	1/1/2009	
74283		3	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUS	183.55	183.55	1/1/2009	
74283	26	5	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUS	94.62	94.62	1/1/2009	
74283	TC	T	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUS	88.93	88.93	1/1/2009	
74290		3	CHOLECYSTOGRAPHY, ORAL CONTRAST	56.32	56.32	1/1/2009	
74290	26	5	CHOLECYSTOGRAPHY, ORAL CONTRAST	14.98	14.98	1/1/2009	
74290	TC	T	CHOLECYSTOGRAPHY, ORAL CONTRAST	41.34	41.34	1/1/2009	
74291		3	CHOLECYSTOGRAPHY, ADDITIONAL EXAM	48.39	48.39	1/1/2009	
74291	26	5	CHOLECYSTOGRAPHY, ADDITIONAL EXAM	9.29	9.29	1/1/2009	
74291	TC	T	CHOLECYSTOGRAPHY, ADDITIONAL EXAM	39.10	39.10	1/1/2009	
74300	26	5	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RA	16.89	16.89	1/1/2009	
74301	26	5	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTF	9.95	9.95	1/1/2009	
74305	26	5	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; THROUGH EXISTING C	19.90	19.90	1/1/2009	
74320		3	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC	99.96	99.96	1/1/2009	
74320	26	5	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC	25.59	25.59	1/1/2009	
74320	TC	T	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC	74.37	74.37	1/1/2009	
74327		3	POSTOPERATIVE BILIARY DUCT CALCULUS REMOVAL, PERCUTANEOUS V	113.87	113.87	1/1/2009	
74327	26	5	POSTOPERATIVE BILIARY DUCT CALCULUS REMOVAL, PERCUTANEOUS V	33.19	33.19	1/1/2009	
74327	TC	T	POSTOPERATIVE BILIARY DUCT CALCULUS REMOVAL, PERCUTANEOUS V	80.67	80.67	1/1/2009	
74328		3	ENDOSCOPIC CATHETERIZATION	142.00	142.00	1/1/2009	
74328	26	5	ENDOSCOPIC CATHETERIZATION	33.19	33.19	1/1/2009	
74328	TC	T	ENDOSCOPIC CATHETERIZATION	110.49	110.49	1/1/2009	
74329		3	ENDOSCOPIC CATH OF THE PANCREATIC DUCTAL SYSTEM	138.30	138.30	1/1/2009	
74329	26	5	ENDOSCOPIC CATH OF THE PANCREATIC DUCTAL SYSTEM	33.19	33.19	1/1/2009	
74329	TC	T	ENDOSCOPIC CATH OF THE PANCREATIC DUCTAL SYSTEM	105.11	105.11	1/1/2009	
74330		3	COMBINED ENDOSCOPIC CATHETERIZATION	150.83	150.83	1/1/2009	

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74330	26	5	COMBINED ENDOSCOPIC CATHETERIZATION	42.48	42.48	1/1/2009	
74330	TC	T	COMBINED ENDOSCOPIC CATHETERIZATION	110.49	110.49	1/1/2009	
74340	26	5	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT	25.28	25.28	1/1/2009	
74355	3	3	PERCUTANEOUS PLACEMENT ENTEROCLYSIS TUBE RADIOLOGI	125.92	125.92	1/1/2009	
74355	26	5	PERCUTANEOUS PLACEMENT ENTEROCLYSIS TUBE RADIOLOGI	35.88	35.88	1/1/2009	
74355	TC	T	PERCUTANEOUS PLACEMENT ENTEROCLYSIS TUBE RADIOLOGI	92.27	92.27	1/1/2009	
74360	3	3	INTRALUMINAL DILATION STRICTURES/OBSTRUCTIONS RADI	135.29	135.29	1/1/2009	
74360	26	5	INTRALUMINAL DILATION STRICTURES/OBSTRUCTIONS RADI	26.23	26.23	1/1/2009	
74360	TC	T	INTRALUMINAL DILATION STRICTURES/OBSTRUCTIONS RADI	110.15	110.15	1/1/2009	
74363	3	3	PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE	245.89	245.89	1/1/2009	
74363	26	5	PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE	41.80	41.80	1/1/2009	
74400	3	3	UROGRAPHY, INTRAVENOUS	95.36	95.36	1/1/2009	
74400	26	5	UROGRAPHY, INTRAVENOUS	22.93	22.93	1/1/2009	
74400	TC	T	UROGRAPHY, INTRAVENOUS	72.43	72.43	1/1/2009	
74410	3	3	UROGRAPHY, INFUSION, DRIP TECHNIQUE	100.43	100.43	1/1/2009	
74410	26	5	UROGRAPHY, INFUSION, DRIP TECHNIQUE	23.25	23.25	1/1/2009	
74410	TC	T	UROGRAPHY, INFUSION, DRIP TECHNIQUE	77.19	77.19	1/1/2009	
74415	3	3	UROGRAPHY, WITH MEPHROTOMOGRAPHY	114.91	114.91	1/1/2009	
74415	26	5	UROGRAPHY, WITH MEPHROTOMOGRAPHY	22.93	22.93	1/1/2009	
74415	TC	T	UROGRAPHY, WITH MEPHROTOMOGRAPHY	91.98	91.98	1/1/2009	
74420	3	3	UROGRAPHY, RETROGRADE	108.15	108.15	1/1/2009	
74420	26	5	UROGRAPHY, RETROGRADE	17.21	17.21	1/1/2009	
74420	TC	T	UROGRAPHY, RETROGRADE	91.93	91.93	1/1/2009	
74425	3	3	UROGRAPHY, ANTEGRADE	62.01	62.01	1/1/2009	
74425	26	5	UROGRAPHY, ANTEGRADE	17.21	17.21	1/1/2009	
74425	TC	T	UROGRAPHY, ANTEGRADE	45.79	45.79	1/1/2009	
74430	3	3	CYSTOGRAPHY, MINIMUM 3 VIEWS	68.17	68.17	1/1/2009	
74430	26	5	CYSTOGRAPHY, MINIMUM 3 VIEWS	15.20	15.20	1/1/2009	
74430	TC	T	CYSTOGRAPHY, MINIMUM 3 VIEWS	52.96	52.96	1/1/2009	
74440	3	3	VASOGRAPH	73.39	73.39	1/1/2009	
74440	26	5	VASOGRAPH	17.89	17.89	1/1/2009	
74440	TC	T	VASOGRAPH	55.50	55.50	1/1/2009	
74445	3	3	CORPORA CAVERNOSOGRAPHY	91.27	91.27	1/1/2009	
74445	26	5	CORPORA CAVERNOSOGRAPHY	54.84	54.84	1/1/2009	
74445	TC	T	CORPORA CAVERNOSOGRAPHY	38.82	38.82	1/1/2009	
74450	3	3	URETHROCISTOGRAPHY	66.22	66.22	1/1/2009	
74450	26	5	URETHROCISTOGRAPHY	15.86	15.86	1/1/2009	
74450	TC	T	URETHROCISTOGRAPHY	51.07	51.07	1/1/2009	
74455	3	3	URETHROCISTOGRAPHY, VOIDING	78.89	78.89	1/1/2009	
74455	26	5	URETHROCISTOGRAPHY, VOIDING	15.86	15.86	1/1/2009	
74455	TC	T	URETHROCISTOGRAPHY, VOIDING	63.02	63.02	1/1/2009	
74470	3	3	RADIOLOGIC EXAM; RENAL CYST STUDY	68.22	68.22	1/1/2009	
74470	26	5	RADIOLOGIC EXAM; RENAL CYST STUDY	25.59	25.59	1/1/2009	
74470	TC	T	RADIOLOGIC EXAM; RENAL CYST STUDY	44.11	44.11	1/1/2009	
74475	3	3	INTRODUCTION CATHETER INTO RENAL PELVIS	108.02	108.02	1/1/2009	
74475	26	5	INTRODUCTION CATHETER INTO RENAL PELVIS	25.59	25.59	1/1/2009	
74475	TC	T	INTRODUCTION CATHETER INTO RENAL PELVIS	82.43	82.43	1/1/2009	
74480	3	3	INTRODUCTION OF URETERAL CATHETER OR STENT	108.34	108.34	1/1/2009	
74480	26	5	INTRODUCTION OF URETERAL CATHETER OR STENT	25.59	25.59	1/1/2009	
74480	TC	T	INTRODUCTION OF URETERAL CATHETER OR STENT	82.75	82.75	1/1/2009	
74485	3	3	DILATION OF NEPHROSTOMY/URETERS, SUPERV AND INTERP	103.35	103.35	1/1/2009	
74485	26	5	DILATION OF NEPHROSTOMY/URETERS, SUPERV AND INTERP	25.81	25.81	1/1/2009	
74485	TC	T	DILATION OF NEPHROSTOMY/URETERS, SUPERV AND INTERP	77.54	77.54	1/1/2009	
74710	3	3	PELVIMENTRY, WITH/WITHOUT PLACENTAL LOCALIZATION	38.43	38.43	1/1/2009	
74710	26	5	PELVIMENTRY, WITH/WITHOUT PLACENTAL LOCALIZATION	16.20	16.20	1/1/2009	
74710	TC	T	PELVIMENTRY, WITH/WITHOUT PLACENTAL LOCALIZATION	22.22	22.22	1/1/2009	
74775	3	3	PERINEOGRAM	79.34	79.34	1/1/2009	
74775	26	5	PERINEOGRAM	29.18	29.18	1/1/2009	
74775	TC	T	PERINEOGRAM	51.42	51.42	1/1/2009	
75600	3	3	AORTOGRAPHY, THORACIC WITHOUT SERIALOGRAPHY	278.24	278.24	1/1/2009	
75600	26	5	AORTOGRAPHY, THORACIC WITHOUT SERIALOGRAPHY	24.51	24.51	1/1/2009	
75600	TC	T	AORTOGRAPHY, THORACIC WITHOUT SERIALOGRAPHY	253.72	253.72	1/1/2009	
75605	3	3	AORTOGRAPHY THORACIC BY SERIALOGRAPHY	239.36	239.36	1/1/2009	
75605	26	5	AORTOGRAPHY THORACIC BY SERIALOGRAPHY	55.36	55.36	1/1/2009	
75605	TC	T	AORTOGRAPHY THORACIC BY SERIALOGRAPHY	184.00	184.00	1/1/2009	
75625	3	3	AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY	236.09	236.09	1/1/2009	
75625	26	5	AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY	53.99	53.99	1/1/2009	

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
75625	TC	T	AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY	182.10	182.10	1/1/2009	
75630		3	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL LOWER EXTREM	275.21	275.21	1/1/2009	
75630	26	5	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL LOWER EXTREM	86.22	86.22	1/1/2009	
75630	TC	T	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL LOWER EXTREM	188.99	188.99	1/1/2009	
75635		3	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILA	529.83	529.83	1/1/2009	
75635	26	5	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILA	114.73	114.73	1/1/2009	
75635	TC	T	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILA	415.10	415.10	1/1/2009	
75650		3	ANGIOGRAPHY, CERVICOCEREBRAL	254.00	254.00	1/1/2009	
75650	26	5	ANGIOGRAPHY, CERVICOCEREBRAL	70.96	70.96	1/1/2009	
75650	TC	T	ANGIOGRAPHY, CERVICOCEREBRAL	183.05	183.05	1/1/2009	
75658		3	ANGIOGRAPHY, BRACHIAL	250.69	250.69	1/1/2009	
75658	26	5	ANGIOGRAPHY, BRACHIAL	60.98	60.98	1/1/2009	
75658	TC	T	ANGIOGRAPHY, BRACHIAL	189.70	189.70	1/1/2009	
75660		3	ANGIOGRAPHY, EXTERNAL CAROTID UNILATERAL	255.22	255.22	1/1/2009	
75660	26	5	ANGIOGRAPHY, EXTERNAL CAROTID UNILATERAL	62.35	62.35	1/1/2009	
75660	TC	T	ANGIOGRAPHY, EXTERNAL CAROTID UNILATERAL	192.87	192.87	1/1/2009	
75662		3	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL	293.52	293.52	1/1/2009	
75662	26	5	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL	80.05	80.05	1/1/2009	
75662	TC	T	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL	213.47	213.47	1/1/2009	
75665		3	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL	261.90	261.90	1/1/2009	
75665	26	5	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL	62.69	62.69	1/1/2009	
75665	TC	T	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL	199.21	199.21	1/1/2009	
75671		3	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL	297.23	297.23	1/1/2009	
75671	26	5	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL	79.00	79.00	1/1/2009	
75671	TC	T	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL	218.23	218.23	1/1/2009	
75676		3	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL	255.44	255.44	1/1/2009	
75676	26	5	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL	62.25	62.25	1/1/2009	
75676	TC	T	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL	193.19	193.19	1/1/2009	
75680		3	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL	285.50	285.50	1/1/2009	
75680	26	5	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL	79.32	79.32	1/1/2009	
75680	TC	T	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL	206.18	206.18	1/1/2009	
75685		3	ANGIOGRAPHY	255.86	255.86	1/1/2009	
75685	26	5	ANGIOGRAPHY	62.35	62.35	1/1/2009	
75685	TC	T	ANGIOGRAPHY	193.51	193.51	1/1/2009	
75705		3	ANGIOGRAPHY, SPINAL, SELECTIVE	296.38	296.38	1/1/2009	
75705	26	5	ANGIOGRAPHY, SPINAL, SELECTIVE	104.14	104.14	1/1/2009	
75705	TC	T	ANGIOGRAPHY, SPINAL, SELECTIVE	192.24	192.24	1/1/2009	
75710		3	ANGIOGRAPHY, EXTREMITY, UNILATERAL	249.62	249.62	1/1/2009	
75710	26	5	ANGIOGRAPHY, EXTREMITY, UNILATERAL	54.21	54.21	1/1/2009	
75710	TC	T	ANGIOGRAPHY, EXTREMITY, UNILATERAL	195.41	195.41	1/1/2009	
75716		3	ANGIOGRAPHY, EXTREMITY, BILATERAL	278.58	278.58	1/1/2009	
75716	26	5	ANGIOGRAPHY, EXTREMITY, BILATERAL	62.25	62.25	1/1/2009	
75716	TC	T	ANGIOGRAPHY, EXTREMITY, BILATERAL	216.32	216.32	1/1/2009	
75722		3	ANGIOGRAPHY, RENAL, UNILATERAL	246.65	246.65	1/1/2009	
75722	26	5	ANGIOGRAPHY, RENAL, UNILATERAL	55.04	55.04	1/1/2009	
75722	TC	T	ANGIOGRAPHY, RENAL, UNILATERAL	191.60	191.60	1/1/2009	
75724		3	ANGIOGRAPHY RENAL BILATERAL SELECTIVE	287.80	287.80	1/1/2009	
75724	26	5	ANGIOGRAPHY RENAL BILATERAL SELECTIVE	74.64	74.64	1/1/2009	
75724	TC	T	ANGIOGRAPHY RENAL BILATERAL SELECTIVE	213.16	213.16	1/1/2009	
75726		3	ANGIOGRAPHY VISCERAL SELECTIVE OR SUPRASELECTIVE	246.96	246.96	1/1/2009	
75726	26	5	ANGIOGRAPHY VISCERAL SELECTIVE OR SUPRASELECTIVE	54.09	54.09	1/1/2009	
75726	TC	T	ANGIOGRAPHY VISCERAL SELECTIVE OR SUPRASELECTIVE	192.87	192.87	1/1/2009	
75731		3	ANGIOGRAPHY ADRENAL UNILATERAL, SELECTIVE	255.42	255.42	1/1/2009	
75731	26	5	ANGIOGRAPHY ADRENAL UNILATERAL, SELECTIVE	56.84	56.84	1/1/2009	
75731	TC	T	ANGIOGRAPHY ADRENAL UNILATERAL, SELECTIVE	198.58	198.58	1/1/2009	
75733		3	ANGIOGRAPHY ADRENAL BILATERAL SELECTIVE	289.45	289.45	1/1/2009	
75733	26	5	ANGIOGRAPHY ADRENAL BILATERAL SELECTIVE	66.16	66.16	1/1/2009	
75733	TC	T	ANGIOGRAPHY ADRENAL BILATERAL SELECTIVE	223.30	223.30	1/1/2009	
75736		3	ANGIOGRAPHY PELVIC, SELECTIVE OR SUPRASELECTIVE	249.08	249.08	1/1/2009	
75736	26	5	ANGIOGRAPHY PELVIC, SELECTIVE OR SUPRASELECTIVE	54.63	54.63	1/1/2009	
75736	TC	T	ANGIOGRAPHY PELVIC, SELECTIVE OR SUPRASELECTIVE	194.46	194.46	1/1/2009	
75741		3	ANGIOGRAPHY PULMONARY UNILATERAL SELECTIVE	239.69	239.69	1/1/2009	
75741	26	5	ANGIOGRAPHY PULMONARY UNILATERAL SELECTIVE	62.35	62.35	1/1/2009	
75741	TC	T	ANGIOGRAPHY PULMONARY UNILATERAL SELECTIVE	177.34	177.34	1/1/2009	
75743		3	ANGIOGRAPHY PULMONARY BILATERAL SELECTIVE	263.00	263.00	1/1/2009	
75743	26	5	ANGIOGRAPHY PULMONARY BILATERAL SELECTIVE	79.32	79.32	1/1/2009	
75743	TC	T	ANGIOGRAPHY PULMONARY BILATERAL SELECTIVE	183.68	183.68	1/1/2009	

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						Medicaid Maximum Allowable	
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
75746		3	ANGIOGRAPHY PULMONARY BY NONSEL CATH OR VEN INJ.	241.58	241.58	1/1/2009	
75746	26	5	ANGIOGRAPHY PULMONARY BY NONSEL CATH OR VEN INJ.	53.77	53.77	1/1/2009	
75746	TC	T	ANGIOGRAPHY PULMONARY BY NONSEL CATH OR VEN INJ.	187.80	187.80	1/1/2009	
75756		3	ANGIOGRAPHY,INTERNAL MAMMARY	256.25	256.25	1/1/2009	
75756	26	5	ANGIOGRAPHY,INTERNAL MAMMARY	57.36	57.36	1/1/2009	
75756	TC	T	ANGIOGRAPHY,INTERNAL MAMMARY	198.89	198.89	1/1/2009	
75774		3	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER B	186.31	186.31	1/1/2009	
75774	26	5	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER B	17.21	17.21	1/1/2009	
75774	TC	T	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER B	169.10	169.10	1/1/2009	
75790		3	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PT)	156.43	156.43	1/1/2009	
75790	26	5	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PT)	84.97	84.97	1/1/2009	
75790	TC	T	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PT)	71.46	71.46	1/1/2009	
75801		3	LYMPHANGIOGRAPHY, EXTEMITY ONLY UNILATERAL	227.49	227.49	1/1/2009	
75801	26	5	LYMPHANGIOGRAPHY, EXTEMITY ONLY UNILATERAL	37.41	37.41	1/1/2009	
75801	TC	T	LYMPHANGIOGRAPHY, EXTEMITY ONLY UNILATERAL	190.17	190.17	1/1/2009	
75803		3	LYMPHANGIOGRAPHY, EXTEMITY ONLY, BILATERAL	242.19	242.19	1/1/2009	
75803	26	5	LYMPHANGIOGRAPHY, EXTEMITY ONLY, BILATERAL	55.44	55.44	1/1/2009	
75803	TC	T	LYMPHANGIOGRAPHY, EXTEMITY ONLY, BILATERAL	190.49	190.49	1/1/2009	
75805		3	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL	250.97	250.97	1/1/2009	
75805	26	5	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL	38.66	38.66	1/1/2009	
75805	TC	T	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL	214.35	214.35	1/1/2009	
75807		3	LYMPHANGIOGRAPHY, PELVIC;ABDOMINAL, BILATERAL	263.97	263.97	1/1/2009	
75807	26	5	LYMPHANGIOGRAPHY, PELVIC;ABDOMINAL, BILATERAL	55.44	55.44	1/1/2009	
75807	TC	T	LYMPHANGIOGRAPHY, PELVIC;ABDOMINAL, BILATERAL	208.53	208.53	1/1/2009	
75809		3	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLINC	76.26	76.26	1/1/2009	
75809	26	5	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLINC	21.93	21.93	1/1/2009	
75809	TC	T	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLINC	54.33	54.33	1/1/2009	
75810		3	SPLENOPORTOGRAPHY	492.60	492.60	1/1/2009	
75810	26	5	SPLENOPORTOGRAPHY	54.41	54.41	1/1/2009	
75810	TC	T	SPLENOPORTOGRAPHY	441.64	441.64	1/1/2009	
75820		3	VENOGRAPHY, EXTREMITY, UNILATERAL	104.86	104.86	1/1/2009	
75820	26	5	VENOGRAPHY, EXTREMITY, UNILATERAL	33.51	33.51	1/1/2009	
75820	TC	T	VENOGRAPHY, EXTREMITY, UNILATERAL	71.35	71.35	1/1/2009	
75822		3	VENOGRAPHY, EXTREMITY, BILATERAL	128.84	128.84	1/1/2009	
75822	26	5	VENOGRAPHY, EXTREMITY, BILATERAL	49.77	49.77	1/1/2009	
75822	TC	T	VENOGRAPHY, EXTREMITY, BILATERAL	79.07	79.07	1/1/2009	
75825		3	VENOGRAPHY, CAVAL, INFERIOR WITH SERIALOGRAPHY	227.75	227.75	1/1/2009	
75825	26	5	VENOGRAPHY, CAVAL, INFERIOR WITH SERIALOGRAPHY	53.58	53.58	1/1/2009	
75825	TC	T	VENOGRAPHY, CAVAL, INFERIOR WITH SERIALOGRAPHY	174.17	174.17	1/1/2009	
75827		3	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERALOGRAPHY	227.31	227.31	1/1/2009	
75827	26	5	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERALOGRAPHY	52.51	52.51	1/1/2009	
75827	TC	T	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERALOGRAPHY	174.81	174.81	1/1/2009	
75831		3	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE	230.38	230.38	1/1/2009	
75831	26	5	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE	53.67	53.67	1/1/2009	
75831	TC	T	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE	176.71	176.71	1/1/2009	
75833		3	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE	257.61	257.61	1/1/2009	
75833	26	5	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE	69.49	69.49	1/1/2009	
75833	TC	T	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE	188.12	188.12	1/1/2009	
75840		3	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE	228.38	228.38	1/1/2009	
75840	26	5	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE	52.94	52.94	1/1/2009	
75840	TC	T	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE	175.44	175.44	1/1/2009	
75842		3	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE	259.07	259.07	1/1/2009	
75842	26	5	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE	70.32	70.32	1/1/2009	
75842	TC	T	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE	188.75	188.75	1/1/2009	
75860		3	VENOGRAPHY, SINUS OR JUGULAR, CATHETER	235.02	235.02	1/1/2009	
75860	26	5	VENOGRAPHY, SINUS OR JUGULAR, CATHETER	54.83	54.83	1/1/2009	
75860	TC	T	VENOGRAPHY, SINUS OR JUGULAR, CATHETER	180.19	180.19	1/1/2009	
75870		3	VENOGRAPHY, SUPERIOR SAGITTAL SINUS	233.02	233.02	1/1/2009	
75870	26	5	VENOGRAPHY, SUPERIOR SAGITTAL SINUS	53.46	53.46	1/1/2009	
75870	TC	T	VENOGRAPHY, SUPERIOR SAGITTAL SINUS	179.56	179.56	1/1/2009	
75872		3	VENOGRAPHY, EPIDURAL	253.99	253.99	1/1/2009	
75872	26	5	VENOGRAPHY, EPIDURAL	56.36	56.36	1/1/2009	
75872	TC	T	VENOGRAPHY, EPIDURAL	197.63	197.63	1/1/2009	
75880		3	VENOGRAPHY, ORBITAL	105.81	105.81	1/1/2009	
75880	26	5	VENOGRAPHY, ORBITAL	32.24	32.24	1/1/2009	
75880	TC	T	VENOGRAPHY, ORBITAL	73.56	73.56	1/1/2009	
75885		3	PERCUTANEOUS TRANSHEPATIC PORTO W HEMODYNAMUC EVAL	245.73	245.73	1/1/2009	

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75885	26	5	PERCUTANEOUS TRANSHEPATIC PORTO W HEMODYNAMUC EVAL	68.39	68.39	1/1/2009
75885	TC	T	PERCUTANEOUS TRANSHEPATIC PORTO W HEMODYNAMUC EVAL	177.34	177.34	1/1/2009
75887		3	PERCUTANEOUS TRANSHEPATIC PORTOG WO HEMODY EVAL	247.63	247.63	1/1/2009
75887	26	5	PERCUTANEOUS TRANSHEPATIC PORTOG WO HEMODY EVAL	68.39	68.39	1/1/2009
75887	TC	T	PERCUTANEOUS TRANSHEPATIC PORTOG WO HEMODY EVAL	179.24	179.24	1/1/2009
75889		3	HEPATIC VENOG WEDGED OR FREE W HEMODYNAMIC EVAL	231.12	231.12	1/1/2009
75889	26	5	HEPATIC VENOG WEDGED OR FREE W HEMODYNAMIC EVAL	54.09	54.09	1/1/2009
75889	TC	T	HEPATIC VENOG WEDGED OR FREE W HEMODYNAMIC EVAL	177.02	177.02	1/1/2009
75891		3	HEPATIC VENOGRAPHY WEDGED OR FREE WO HEMODY EVA	231.12	231.12	1/1/2009
75891	26	5	HEPATIC VENOGRAPHY WEDGED OR FREE WO HEMODY EVA	54.09	54.09	1/1/2009
75891	TC	T	HEPATIC VENOGRAPHY WEDGED OR FREE WO HEMODY EVA	177.02	177.02	1/1/2009
75893		3	VENOUS SAMPLING THRU CATH W OR WO ANGIOGRAPHY	201.98	201.98	1/1/2009
75893	26	5	VENOUS SAMPLING THRU CATH W OR WO ANGIOGRAPHY	25.28	25.28	1/1/2009
75893	TC	T	VENOUS SAMPLING THRU CATH W OR WO ANGIOGRAPHY	176.71	176.71	1/1/2009
75894		3	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD	904.98	904.98	1/1/2009
75894	26	5	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD	62.15	62.15	1/1/2009
75894	TC	T	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD	845.81	845.81	1/1/2009
75896		3	TRANSCATHETER THERAPY, INFUSION, ANY METHOD	794.81	794.81	1/1/2009
75896	26	5	TRANSCATHETER THERAPY, INFUSION, ANY METHOD	62.45	62.45	1/1/2009
75896	TC	T	TRANSCATHETER THERAPY, INFUSION, ANY METHOD	734.98	734.98	1/1/2009
75898		3	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY F	111.10	111.10	1/1/2009
75898	26	5	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY F	78.66	78.66	1/1/2009
75898	TC	T	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY F	36.79	36.79	1/1/2009
75900		3	EXCHANGE OF A PREVIOUSLY PLACED INTRAVASCULAR CATHETER DURI	732.20	732.20	1/1/2009
75900	26	5	EXCHANGE OF A PREVIOUSLY PLACED INTRAVASCULAR CATHETER DURI	23.15	23.15	1/1/2009
75900	TC	T	EXCHANGE OF A PREVIOUSLY PLACED INTRAVASCULAR CATHETER DURI	709.05	709.05	1/1/2009
75901		3	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG,	145.55	145.55	1/1/2009
75901	26	5	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG,	22.93	22.93	1/1/2009
75901	TC	T	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG,	122.62	122.62	1/1/2009
75902		3	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTI	81.90	81.90	1/1/2009
75902	26	5	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTI	18.23	18.23	1/1/2009
75902	TC	T	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTI	63.67	63.67	1/1/2009
75940		3	PERCUTANEOUS PLACEMENT IVC FILTER SUPERV/INTERP	466.20	466.20	1/1/2009
75940	26	5	PERCUTANEOUS PLACEMENT IVC FILTER SUPERV/INTERP	25.39	25.39	1/1/2009
75940	TC	T	PERCUTANEOUS PLACEMENT IVC FILTER SUPERV/INTERP	441.29	441.29	1/1/2009
75952	26	5	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM	208.19	208.19	1/1/2009
75953		3	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR END	80.85	80.85	1/1/2009
75953	26	5	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR END	63.05	63.05	1/1/2009
75954	26	5	ENDOVASCULAR REPAIR OF ILIAC ARTERY ANEURYSM, PSEUDOANEURY	102.85	102.85	1/1/2009
75960		3	TRANSCATH. INTRO.INTRAVASC. STENT PERCU.& OR OPEN	229.41	229.41	1/1/2009
75960	26	5	TRANSCATH. INTRO.INTRAVASC. STENT PERCU.& OR OPEN	39.32	39.32	1/1/2009
75960	TC	T	TRANSCATH. INTRO.INTRAVASC. STENT PERCU.& OR OPEN	190.09	190.09	1/1/2009
75961		3	TRANSCATH RETRVL, PERCUTANEOUS OF INTRAV FORGN BOD	369.36	369.36	1/1/2009
75961	26	5	TRANSCATH RETRVL, PERCUTANEOUS OF INTRAV FORGN BOD	199.58	199.58	1/1/2009
75961	TC	T	TRANSCATH RETRVL, PERCUTANEOUS OF INTRAV FORGN BOD	169.78	169.78	1/1/2009
75962		3	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY PERIPH ARTER	244.46	244.46	1/1/2009
75962	26	5	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY PERIPH ARTER	25.49	25.49	1/1/2009
75962	TC	T	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY PERIPH ARTER	218.97	218.97	1/1/2009
75964		3	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL	144.35	144.35	1/1/2009
75964	26	5	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL	17.11	17.11	1/1/2009
75964	TC	T	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL	127.24	127.24	1/1/2009
75966		3	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY VISCERAL ART	288.61	288.61	1/1/2009
75966	26	5	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY VISCERAL ART	63.62	63.62	1/1/2009
75966	TC	T	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY VISCERAL ART	224.99	224.99	1/1/2009
75968		3	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL AF	144.76	144.76	1/1/2009
75968	26	5	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL AF	17.52	17.52	1/1/2009
75968	TC	T	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL AF	127.24	127.24	1/1/2009
75970		3	TRANSCATHETER BIOPSY	430.29	430.29	1/1/2009
75970	26	5	TRANSCATHETER BIOPSY	39.45	39.45	1/1/2009
75970	TC	T	TRANSCATHETER BIOPSY	390.84	390.84	1/1/2009
75978		3	TRANSLUM ANGIOPLASTY VENOUS INTERRUPT/SUPER, ONLY	240.44	240.44	1/1/2009
75978	26	5	TRANSLUM ANGIOPLASTY VENOUS INTERRUPT/SUPER, ONLY	24.96	24.96	1/1/2009
75980		3	PERCUTANEOUS TRANSHEPATICBILIARY GRAING W CONT MON	252.68	252.68	1/1/2009
75980	26	5	PERCUTANEOUS TRANSHEPATICBILIARY GRAING W CONT MON	68.07	68.07	1/1/2009
75980	TC	T	PERCUTANEOUS TRANSHEPATICBILIARY GRAING W CONT MON	184.60	184.60	1/1/2009
75982		3	PERCUT PLCMET OF DRNG CATH F/COMB INT&EXT BIL DRN	272.33	272.33	1/1/2009
75982	26	5	PERCUT PLCMET OF DRNG CATH F/COMB INT&EXT BIL DRN	68.07	68.07	1/1/2009

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
75982	TC	T	PERCUT PLCMNT OF DRNG CATH F/COMB INT&EXT BIL DRN	204.25	204.25	1/1/2009	
75984		3	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONT	100.61	100.61	1/1/2009	
75984	26	5	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONT	34.20	34.20	1/1/2009	
75984	TC	T	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONT	66.41	66.41	1/1/2009	
75989		3	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS	127.64	127.64	1/1/2009	
75989	26	5	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS	56.12	56.12	1/1/2009	
75989	TC	T	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS	71.52	71.52	1/1/2009	
75992		3	TRANSLUMINAL ATHERECTOMY, PERIDHERAL ARTERY	561.95	561.95	1/1/2009	
75992	26	5	TRANSLUMINAL ATHERECTOMY, PERIDHERAL ARTERY	26.13	26.13	1/1/2009	
75992	TC	T	TRANSLUMINAL ATHERECTOMY, PERIDHERAL ARTERY	535.83	535.83	1/1/2009	
75993		3	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY	286.69	286.69	1/1/2009	
75993	26	5	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY	17.21	17.21	1/1/2009	
75993	TC	T	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY	269.48	269.48	1/1/2009	
75994		3	TRANSLUMINAL ATHERECTOMY, RENAL, RADIO. SUP.& INTR	525.59	525.59	1/1/2009	
75994	26	5	TRANSLUMINAL ATHERECTOMY, RENAL, RADIO. SUP.& INTR	57.82	57.82	1/1/2009	
75994	TC	T	TRANSLUMINAL ATHERECTOMY, RENAL, RADIO. SUP.& INTR	467.77	467.77	1/1/2009	
75995		3	TRANSLUMINAL ATHERECTOMY, VISCERAL, RAD.SUP & INTER	556.25	556.25	1/1/2009	
75995	26	5	TRANSLUMINAL ATHERECTOMY, VISCERAL, RAD.SUP & INTER	61.18	61.18	1/1/2009	
75995	TC	T	TRANSLUMINAL ATHERECTOMY, VISCERAL, RAD.SUP & INTER	495.06	495.06	1/1/2009	
75996		3	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL VISCERAL ARTERY, R/	281.49	281.49	1/1/2009	
75996	26	5	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL VISCERAL ARTERY, R/	16.89	16.89	1/1/2009	
75996	TC	T	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL VISCERAL ARTERY, R/	264.60	264.60	1/1/2009	
76000		3	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN T	83.31	83.31	1/1/2009	
76000	26	5	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN T	7.94	7.94	1/1/2009	
76000	TC	T	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN T	75.37	75.37	1/1/2009	
76001		3	FLUOROSCOPE EXAM, EXTENSIVE	120.67	120.67	1/1/2009	
76001	26	5	FLUOROSCOPE EXAM, EXTENSIVE	31.97	31.97	1/1/2009	
76001	TC	T	FLUOROSCOPE EXAM, EXTENSIVE	88.70	88.70	1/1/2009	
76010		3	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY	24.57	24.57	1/1/2009	
76010	26	5	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY	8.60	8.60	1/1/2009	
76010	TC	T	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY	15.96	15.96	1/1/2009	
76080		3	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY,	56.37	56.37	1/1/2009	
76080	26	5	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY,	25.59	25.59	1/1/2009	
76080	TC	T	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY,	30.78	30.78	1/1/2009	
76098		3	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	17.54	17.54	1/1/2009	
76098	26	5	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	7.60	7.60	1/1/2009	
76098	TC	T	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	9.94	9.94	1/1/2009	
76100		3	XRAY EXAM, SNGL PLANE BODY SCTN OTHER THAN W UROGR	117.44	117.44	1/1/2009	
76100	26	5	XRAY EXAM, SNGL PLANE BODY SCTN OTHER THAN W UROGR	27.18	27.18	1/1/2009	
76100	TC	T	XRAY EXAM, SNGL PLANE BODY SCTN OTHER THAN W UROGR	90.26	90.26	1/1/2009	
76101		3	XRAY EXAM COMPLEX MOTION BDY SECT OTHR W KIDY; UNI	162.03	162.03	1/1/2009	
76101	26	5	XRAY EXAM COMPLEX MOTION BDY SECT OTHR W KIDY; UNI	26.86	26.86	1/1/2009	
76101	TC	T	XRAY EXAM COMPLEX MOTION BDY SECT OTHR W KIDY; UNI	135.17	135.17	1/1/2009	
76102		3	XRAY EXAM COMPLEX MOTION BDY SECT OTHR W KID; BILT	216.88	216.88	1/1/2009	
76102	26	5	XRAY EXAM COMPLEX MOTION BDY SECT OTHR W KID; BILT	26.55	26.55	1/1/2009	
76102	TC	T	XRAY EXAM COMPLEX MOTION BDY SECT OTHR W KID; BILT	190.33	190.33	1/1/2009	
76120		3	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY	66.10	66.10	1/1/2009	
76120	26	5	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY	17.57	17.57	1/1/2009	
76120	TC	T	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY	48.53	48.53	1/1/2009	
76125		3	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EX/	40.96	40.96	1/1/2009	
76125	26	5	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EX/	13.27	13.27	1/1/2009	
76125	TC	T	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EX/	27.69	27.69	1/1/2009	
76140		3	X-RAY CONSULTATION	35.19	35.19	1/1/2009	
76150		3	X-RAY EXAM, DRY PROCESS	15.96	15.96	1/1/2009	
76350		3	SUBTRACTION IN CONJUNCTION WITH CONTRAST STUDIES	134.54	134.54	1/1/2009	
76350	26	5	SUBTRACTION IN CONJUNCTION WITH CONTRAST STUDIES	11.83	11.83	1/1/2009	
76380		3	COMPUTERIZED AXIAL TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-U	180.34	180.34	1/1/2009	
76380	26	5	COMPUTERIZED AXIAL TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-U	45.86	45.86	1/1/2009	
76380	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-U	134.49	134.49	1/1/2009	
76390		3	MAGNETIC RESONANCE SPECTROSCOPY	402.69	402.69	1/1/2009	
76390	26	5	MAGNETIC RESONANCE SPECTROSCOPY	64.39	64.39	1/1/2009	
76390	TC	T	MAGNETIC RESONANCE SPECTROSCOPY	338.31	338.31	1/1/2009	
76506		3	ECHOENCEPHALOGRAPHY,B-SCAN INCLUDING A-MODE	101.64	101.64	1/1/2009	
76506	26	5	ECHOENCEPHALOGRAPHY,B-SCAN INCLUDING A-MODE	30.18	30.18	1/1/2009	
76506	TC	T	ECHOENCEPHALOGRAPHY,B-SCAN INCLUDING A-MODE	71.46	71.46	1/1/2009	
76511		3	OPHTHALMIC ALTRASND, ECHOG A-SCAN W AMPLITUD QUALI	86.04	86.04	1/1/2009	
76511	26	5	OPHTHALMIC ALTRASND, ECHOG A-SCAN W AMPLITUD QUALI	44.59	44.59	1/1/2009	

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76511	TC	T	OPHTHALMIC ALTRASND, ECHOG A-SCAN W AMPLITUD QUALI	41.45	41.45	1/1/2009	
76512		3	OPHTHALMIC ULTRASND, ECHOG; CONTRAST B-SCAN	80.77	80.77	1/1/2009	
76512	26	5	OPHTHALMIC ULTRASND, ECHOG; CONTRAST B-SCAN	44.69	44.69	1/1/2009	
76512	TC	T	OPHTHALMIC ULTRASND, ECHOG; CONTRAST B-SCAN	36.08	36.08	1/1/2009	
76513		3	ECHO EXAM OF EYE, WATER BATH	74.03	74.03	1/1/2009	
76513	26	5	ECHO EXAM OF EYE, WATER BATH	30.65	30.65	1/1/2009	
76513	TC	T	ECHO EXAM OF EYE, WATER BATH	43.37	43.37	1/1/2009	
76514		3	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACI	11.33	11.33	1/1/2009	
76514	26	5	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACI	8.26	8.26	1/1/2009	
76514	TC	T	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACI	3.07	3.07	1/1/2009	
76516		3	OPHTHALMIC BIOMETRY BY ULTRSND ECHOGRAPHY A-SCAN	59.22	59.22	1/1/2009	
76516	26	5	OPHTHALMIC BIOMETRY BY ULTRSND ECHOGRAPHY A-SCAN	25.38	25.38	1/1/2009	
76516	TC	T	OPHTHALMIC BIOMETRY BY ULTRSND ECHOGRAPHY A-SCAN	33.85	33.85	1/1/2009	
76519		3	OPHTHALMIC BILM BY ULTRASND ECHOG, A-SCAN W/INTRA	63.34	63.34	1/1/2009	
76519	26	5	OPHTHALMIC BILM BY ULTRASND ECHOG, A-SCAN W/INTRA	25.69	25.69	1/1/2009	
76519	TC	T	OPHTHALMIC BILM BY ULTRASND ECHOG, A-SCAN W/INTRA	37.65	37.65	1/1/2009	
76529		3	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	60.05	60.05	1/1/2009	
76529	26	5	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	26.94	26.94	1/1/2009	
76529	TC	T	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	33.11	33.11	1/1/2009	
76536		3	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATH	96.79	96.79	1/1/2009	
76536	26	5	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATH	25.64	25.64	1/1/2009	
76536	TC	T	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATH	71.15	71.15	1/1/2009	
76604		3	ULTRASOUND, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL T	75.95	75.95	1/1/2009	
76604	26	5	ULTRASOUND, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL T	25.62	25.62	1/1/2009	
76604	TC	T	ULTRASOUND, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL T	50.33	50.33	1/1/2009	
76645		3	ULTRASOUND, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/OR I	80.14	80.14	1/1/2009	
76645	26	5	ULTRASOUND, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/OR I	25.28	25.28	1/1/2009	
76645	TC	T	ULTRASOUND, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/OR I	54.87	54.87	1/1/2009	
76700		3	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOC	120.07	120.07	1/1/2009	
76700	26	5	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOC	37.81	37.81	1/1/2009	
76700	TC	T	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOC	82.26	82.26	1/1/2009	
76705		3	ECHOG, ABD, B-SCAN &/OR REAL TIME W/ IMG DOCUMNTN	91.06	91.06	1/1/2009	
76705	26	5	ECHOG, ABD, B-SCAN &/OR REAL TIME W/ IMG DOCUMNTN	27.84	27.84	1/1/2009	
76705	TC	T	ECHOG, ABD, B-SCAN &/OR REAL TIME W/ IMG DOCUMNTN	63.22	63.22	1/1/2009	
76770		3	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN	114.92	114.92	1/1/2009	
76770	26	5	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN	34.56	34.56	1/1/2009	
76770	TC	T	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN	80.36	80.36	1/1/2009	
76775		3	ECHOG,RETROPRTNL,B-SCAN&/OR REL TM W/IMG DOC; LMTD	97.69	98.01	1/1/2009	
76775	26	5	ECHOG,RETROPRTNL,B-SCAN&/OR REL TM W/IMG DOC; LMTD	27.50	27.81	1/1/2009	
76775	TC	T	ECHOG,RETROPRTNL,B-SCAN&/OR REL TM W/IMG DOC; LMTD	70.20	70.20	1/1/2009	
76776		3	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLE	127.65	127.65	1/1/2009	
76776	26	5	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLE	35.57	35.57	1/1/2009	
76776	TC	T	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLE	92.08	92.08	1/1/2009	
76800		3	ULTRASOUND, SPINAL CANAL AND CONTENTS	109.05	109.05	1/1/2009	
76800	26	5	ULTRASOUND, SPINAL CANAL AND CONTENTS	49.95	49.95	1/1/2009	
76800	TC	T	ULTRASOUND, SPINAL CANAL AND CONTENTS	59.10	59.10	1/1/2009	
76801		3	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTA	115.68	115.68	1/1/2009	
76801	26	5	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTA	45.88	45.88	1/1/2009	
76801	TC	T	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTA	69.80	69.80	1/1/2009	
76802		3	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTA	65.83	65.83	1/1/2009	
76802	26	5	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTA	38.18	38.18	1/1/2009	
76802	TC	T	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTA	27.64	27.64	1/1/2009	
76805		3	ULTRASOUND, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMA	128.67	128.67	1/1/2009	
76805	26	5	ULTRASOUND, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMA	45.57	45.57	1/1/2009	
76805	TC	T	ULTRASOUND, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMA	83.11	83.11	1/1/2009	
76810		3	ECHOGRAPHY; COMPLETE WITH MULTIPLE GESTATION	89.30	89.30	1/1/2009	
76810	26	5	ECHOGRAPHY; COMPLETE WITH MULTIPLE GESTATION	44.91	44.91	1/1/2009	
76810	TC	T	ECHOGRAPHY; COMPLETE WITH MULTIPLE GESTATION	44.40	44.40	1/1/2009	
76811		3	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTA	181.94	181.94	1/1/2009	
76811	26	5	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTA	86.39	86.39	1/1/2009	
76811	TC	T	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTA	95.55	95.55	1/1/2009	
76812		3	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTA	178.12	178.12	1/1/2009	
76812	26	5	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTA	80.79	80.79	1/1/2009	
76812	TC	T	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTA	97.33	97.33	1/1/2009	
76813		3	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTA	113.33	113.33	1/1/2009	
76813	26	5	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTA	52.93	52.93	1/1/2009	
76813	TC	T	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTA	60.41	60.41	1/1/2009	

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
76814		3	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTA	74.18	74.18	1/1/2009	
76814	26	5	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTA	44.51	44.51	1/1/2009	
76814	TC	T	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTA	29.66	29.66	1/1/2009	
76815		3	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IM	80.12	80.12	1/1/2009	
76815	26	5	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IM	29.90	29.90	1/1/2009	
76815	TC	T	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IM	50.23	50.23	1/1/2009	
76816		3	ECHOGRAPH PREGNANT UTERUS FOLLOW UP	98.49	98.49	1/1/2009	
76816	26	5	ECHOGRAPH PREGNANT UTERUS FOLLOW UP	38.87	38.87	1/1/2009	
76816	TC	T	ECHOGRAPH PREGNANT UTERUS FOLLOW UP	59.62	59.62	1/1/2009	
76817		3	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTA	89.46	89.46	1/1/2009	
76817	26	5	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTA	34.27	34.27	1/1/2009	
76817	TC	T	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTA	55.18	55.18	1/1/2009	
76818		3	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	107.06	107.06	1/1/2009	
76818	26	5	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	47.84	47.84	1/1/2009	
76819		3	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	82.77	82.77	1/1/2009	
76819	26	5	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	35.27	35.27	1/1/2009	
76819	TC	T	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	47.49	47.49	1/1/2009	
76820		3	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	47.96	47.96	1/1/2009	
76820	TC	T	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	25.11	25.11	1/1/2009	
76820	26	5	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	22.85	22.85	1/1/2009	
76821		3	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	85.88	85.88	1/1/2009	
76821	TC	T	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	53.95	53.95	1/1/2009	
76821	26	5	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	31.93	31.93	1/1/2009	
76825		3	ECHOCARDIOGRAPHY FETAL	184.42	184.42	1/1/2009	
76825	26	5	ECHOCARDIOGRAPHY FETAL	76.17	76.17	1/1/2009	
76825	TC	T	ECHOCARDIOGRAPHY FETAL	108.25	108.25	1/1/2009	
76826		3	ECHOCARDIOGRAPHY, FETAL HEART IN UTERO	101.49	101.49	1/1/2009	
76826	26	5	ECHOCARDIOGRAPHY, FETAL HEART IN UTERO	37.33	37.33	1/1/2009	
76826	TC	T	ECHOCARDIOGRAPHY, FETAL HEART IN UTERO	64.16	64.16	1/1/2009	
76827		3	DOPPLER ECG, FETAL HEART PULSED&/OR CONT WAVE COMP	63.48	63.48	1/1/2009	
76827	26	5	DOPPLER ECG, FETAL HEART PULSED&/OR CONT WAVE COMP	26.33	26.33	1/1/2009	
76827	TC	T	DOPPLER ECG, FETAL HEART PULSED&/OR CONT WAVE COMP	37.15	37.15	1/1/2009	
76828		3	DOPPLER ECG FETAL HEART ULS.&/OR CONT WAVE FOL-UP	47.25	47.25	1/1/2009	
76828	26	5	DOPPLER ECG FETAL HEART ULS.&/OR CONT WAVE FOL-UP	25.54	25.54	1/1/2009	
76828	TC	T	DOPPLER ECG FETAL HEART ULS.&/OR CONT WAVE FOL-UP	21.70	21.70	1/1/2009	
76830		3	ULTRASOUND, TRANSVAGINAL	105.38	105.38	1/1/2009	
76830	26	5	ULTRASOUND, TRANSVAGINAL	31.90	31.90	1/1/2009	
76830	TC	T	ULTRASOUND, TRANSVAGINAL	73.48	73.48	1/1/2009	
76831		3	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER	105.46	105.46	1/1/2009	
76831	26	5	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER	32.61	32.61	1/1/2009	
76831	TC	T	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER	72.85	72.85	1/1/2009	
76856		3	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WIT	106.02	106.02	1/1/2009	
76856	26	5	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WIT	32.22	32.22	1/1/2009	
76856	TC	T	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WIT	73.80	73.80	1/1/2009	
76857		3	ECHO, PELV (NON-OB) B-SCAN&/OR REL TM W/IMG D;LTD/	87.97	87.97	1/1/2009	
76857	26	5	ECHO, PELV (NON-OB) B-SCAN&/OR REL TM W/IMG D;LTD/	18.21	18.21	1/1/2009	
76857	TC	T	ECHO, PELV (NON-OB) B-SCAN&/OR REL TM W/IMG D;LTD/	69.76	69.76	1/1/2009	
76870		3	ULTRASOUND, SCROTUM AND CONTENTS	104.94	104.94	1/1/2009	
76870	26	5	ULTRASOUND, SCROTUM AND CONTENTS	30.19	30.19	1/1/2009	
76870	TC	T	ULTRASOUND, SCROTUM AND CONTENTS	74.75	74.75	1/1/2009	
76872		3	ECHOGRAPHY, TRANSRECTAL	124.93	124.93	1/1/2009	
76872	26	5	ECHOGRAPHY, TRANSRECTAL	33.38	33.38	1/1/2009	
76872	TC	T	ECHOGRAPHY, TRANSRECTAL	91.55	91.55	1/1/2009	
76873		3	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYT	158.69	158.69	1/1/2009	
76873	26	5	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYT	72.81	72.81	1/1/2009	
76873	TC	T	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYT	85.88	85.88	1/1/2009	
76880		3	ULTRASOUND, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME \	109.76	109.76	1/1/2009	
76880	26	5	ULTRASOUND, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME \	26.89	26.89	1/1/2009	
76880	TC	T	ULTRASOUND, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME \	82.87	82.87	1/1/2009	
76885		3	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION;	119.46	119.46	1/1/2009	
76885	TC	T	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION;	84.89	84.89	1/1/2009	
76886		3	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION;	88.29	88.29	1/1/2009	
76886	26	5	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION;	28.55	28.55	1/1/2009	
76886	TC	T	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION;	59.74	59.74	1/1/2009	
76930		3	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISI	86.73	86.73	1/1/2009	
76930	26	5	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISI	33.53	33.53	1/1/2009	
76930	TC	T	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISI	53.20	53.20	1/1/2009	

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
76932		3	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPEI	87.27	87.27	1/1/2009	
76932	26	5	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPEI	33.53	33.53	1/1/2009	
76932	TC	T	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPEI	53.73	53.73	1/1/2009	
76936		3	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDO-ANE	276.80	276.80	1/1/2009	
76936	26	5	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDO-ANE	94.14	94.14	1/1/2009	
76936	TC	T	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDO-ANE	182.65	182.65	1/1/2009	
76937		3	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOL	31.80	31.80	1/1/2009	
76937	26	5	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOL	14.42	14.42	1/1/2009	
76937	TC	T	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOL	17.39	17.39	1/1/2009	
76940		3	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE A	152.86	152.86	1/1/2009	
76940	26	5	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE A	97.13	97.13	1/1/2009	
76940	TC	T	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE A	58.62	58.62	1/1/2009	
76941		3	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CC	110.65	110.65	1/1/2009	
76941	26	5	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CC	61.38	61.38	1/1/2009	
76941	TC	T	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CC	49.27	49.27	1/1/2009	
76942		3	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRAT	162.06	162.06	1/1/2009	
76942	26	5	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRAT	31.53	31.53	1/1/2009	
76942	TC	T	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRAT	130.53	130.53	1/1/2009	
76945		3	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING SUI	80.60	80.60	1/1/2009	
76945	26	5	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING SUI	30.58	30.58	1/1/2009	
76945	TC	T	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING SUI	50.02	50.02	1/1/2009	
76946		3	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION AN	39.40	39.40	1/1/2009	
76946	26	5	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION AN	17.26	17.26	1/1/2009	
76946	TC	T	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION AN	22.14	22.14	1/1/2009	
76950		3	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELD	62.61	62.61	1/1/2009	
76950	26	5	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELD	26.86	26.86	1/1/2009	
76950	TC	T	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELD	35.75	35.75	1/1/2009	
76970		3	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	72.81	72.81	1/1/2009	
76970	26	5	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	17.94	17.94	1/1/2009	
76970	TC	T	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	54.87	54.87	1/1/2009	
76975		3	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTE	89.87	89.87	1/1/2009	
76975	26	5	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTE	38.45	38.45	1/1/2009	
76975	TC	T	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTE	51.43	51.43	1/1/2009	
76977		3	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PEF	12.21	12.21	1/1/2009	
76977	26	5	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PEF	2.56	2.56	1/1/2009	
76977	TC	T	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PEF	9.64	9.64	1/1/2009	
76998		3	ULTRASONIC GUIDANCE, INTRAOPERATIVE	147.92	147.92	1/1/2009	
76998	26	5	ULTRASONIC GUIDANCE, INTRAOPERATIVE	56.30	56.30	1/1/2009	
76998	TC	T	ULTRASONIC GUIDANCE, INTRAOPERATIVE	92.27	92.27	1/1/2009	
77001		3	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLAC	91.16	91.16	1/1/2009	
77001	26	5	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLAC	17.67	17.67	1/1/2009	
77001	TC	T	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLAC	73.48	73.48	1/1/2009	
77002		3	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIF	62.61	62.61	1/1/2009	
77002	26	5	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIF	24.64	24.64	1/1/2009	
77002	TC	T	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIF	37.97	37.97	1/1/2009	
77003		3	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETEI	52.52	52.52	1/1/2009	
77003	26	5	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETEI	25.96	25.96	1/1/2009	
77003	TC	T	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETEI	26.56	26.56	1/1/2009	
77011		3	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	591.41	591.41	1/1/2009	
77011	26	5	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	56.17	56.17	1/1/2009	
77011	TC	T	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	535.24	535.24	1/1/2009	
77012		3	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOI	174.51	174.51	1/1/2009	
77012	26	5	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOI	54.78	54.78	1/1/2009	
77012	TC	T	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOI	119.73	119.73	1/1/2009	
77013		3	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PA	528.97	528.97	1/1/2009	
77013	26	5	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PA	188.80	188.80	1/1/2009	
77013	TC	T	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PA	350.66	350.66	1/1/2009	
77014		3	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION TH	162.78	162.78	1/1/2009	
77014	26	5	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION TH	39.18	39.18	1/1/2009	
77014	TC	T	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION TH	123.59	123.59	1/1/2009	
77021		3	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BI	391.11	391.11	1/1/2009	
77021	26	5	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BI	71.10	71.10	1/1/2009	
77021	TC	T	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BI	320.01	320.01	1/1/2009	
77022		3	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCH	263.63	263.63	1/1/2009	
77022	26	5	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCH	197.71	197.71	1/1/2009	
77022	TC	T	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCH	65.92	65.92	1/1/2009	
77031		3	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEED	170.64	170.64	1/1/2009	

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77031	26	5	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEED	74.50	74.50	1/1/2009	
77031	TC	T	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEED	96.15	96.15	1/1/2009	
77032		3	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST (EG, FOR	53.15	53.15	1/1/2009	
77032	TC	T	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST (EG, FOR	26.88	26.88	1/1/2009	
77051		3	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIC	10.73	10.73	1/1/2009	
77051	26	5	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIC	2.91	2.91	1/1/2009	
77051	TC	T	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIC	7.82	7.82	1/1/2009	
77052		3	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIC	10.73	10.73	1/1/2009	
77052	26	5	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIC	2.91	2.91	1/1/2009	
77052	TC	T	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIC	7.82	7.82	1/1/2009	
77053		3	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGIC/	66.84	66.84	1/1/2009	
77053	26	5	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGIC/	16.89	16.89	1/1/2009	
77053	TC	T	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGIC/	49.95	49.95	1/1/2009	
77054		3	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLO	90.02	90.02	1/1/2009	
77054	26	5	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLO	21.24	21.24	1/1/2009	
77054	TC	T	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLO	68.78	68.78	1/1/2009	
77055		3	MAMMOGRAPHY; UNILATERAL	75.38	75.38	1/1/2009	
77055	26	5	MAMMOGRAPHY; UNILATERAL	32.88	32.88	1/1/2009	
77055	TC	T	MAMMOGRAPHY; UNILATERAL	42.51	42.51	1/1/2009	
77056		3	MAMMOGRAPHY; BILATERAL	95.59	95.59	1/1/2009	
77056	26	5	MAMMOGRAPHY; BILATERAL	40.82	40.82	1/1/2009	
77056	TC	T	MAMMOGRAPHY; BILATERAL	54.77	54.77	1/1/2009	
77057		3	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW FILM STUDY OF EACH B	72.43	72.43	1/1/2009	
77057	26	5	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW FILM STUDY OF EACH B	32.88	32.88	1/1/2009	
77057	TC	T	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW FILM STUDY OF EACH B	39.55	39.55	1/1/2009	
77058		3	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONT	732.46	732.46	1/1/2009	
77058	26	5	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONT	76.39	76.39	1/1/2009	
77058	TC	T	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONT	656.08	656.08	1/1/2009	
77059		3	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONT	786.32	786.32	1/1/2009	
77059	26	5	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONT	76.39	76.39	1/1/2009	
77059	TC	T	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONT	709.93	709.93	1/1/2009	
77071		3	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT	35.00	35.00	1/1/2009	
77072		3	BONE AGE STUDIES	20.79	20.79	1/1/2009	
77072	26	5	BONE AGE STUDIES	8.95	8.95	1/1/2009	
77072	TC	T	BONE AGE STUDIES	11.84	11.84	1/1/2009	
77073		3	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	33.06	33.06	1/1/2009	
77073	26	5	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	12.64	12.64	1/1/2009	
77073	TC	T	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	20.42	20.42	1/1/2009	
77074		3	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METAS	60.58	60.58	1/1/2009	
77074	26	5	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METAS	21.24	21.24	1/1/2009	
77074	TC	T	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METAS	39.34	39.34	1/1/2009	
77075		3	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND AI	87.55	87.55	1/1/2009	
77075	26	5	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND AI	25.28	25.28	1/1/2009	
77075	TC	T	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND AI	62.27	62.27	1/1/2009	
77076		3	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	82.14	82.14	1/1/2009	
77076	26	5	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	31.61	31.61	1/1/2009	
77076	TC	T	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	50.53	50.53	1/1/2009	
77077		3	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	37.40	37.40	1/1/2009	
77077	26	5	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	14.54	14.54	1/1/2009	
77077	TC	T	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	22.86	22.86	1/1/2009	
77078		3	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE	148.54	148.54	1/1/2009	
77078	26	5	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE	11.64	11.64	1/1/2009	
77078	TC	T	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE	136.91	136.91	1/1/2009	
77079		3	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE	50.36	50.36	1/1/2009	
77079	26	5	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE	9.66	9.66	1/1/2009	
77079	TC	T	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE	40.70	40.70	1/1/2009	
77080		3	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1	61.79	61.79	1/1/2009	
77080	26	5	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1	9.29	9.29	1/1/2009	
77080	TC	T	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1	52.50	52.50	1/1/2009	
77081		3	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1	26.59	26.59	1/1/2009	
77081	26	5	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1	9.97	9.97	1/1/2009	
77081	TC	T	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1	16.62	16.62	1/1/2009	
77082		3	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1	25.51	25.51	1/1/2009	
77082	26	5	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1	7.63	7.63	1/1/2009	
77082	TC	T	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1	17.88	17.88	1/1/2009	
77083		3	RADIOGRAPHIC ABSORPTIOMETRY (EG, PHOTODENSITOMETRY, RADIOGF	23.37	23.37	1/1/2009	
77083	26	5	RADIOGRAPHIC ABSORPTIOMETRY (EG, PHOTODENSITOMETRY, RADIOGF	8.97	8.97	1/1/2009	

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77083	TC	T	RADIOGRAPHIC ABSORPTIOMETRY (EG, PHOTODENSITOMETRY, RADIOG	14.40	14.40	1/1/2009
77084		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD :	506.21	506.21	1/1/2009
77084	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD :	75.36	75.36	1/1/2009
77084	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD :	430.85	430.85	1/1/2009
77261		3	THERAPEUTIC RADIOLOGY TREATMENT PLANNING;	65.31	65.31	1/1/2009
77262		3	THERAPEUTIC RADIOLOGY TREATMENT PLANNING;	98.14	98.14	1/1/2009
77263		3	THERAPEUTIC RADIOLOGY TREATMENT PLANNING;	145.61	145.61	1/1/2009
77280		3	RADIATION THERAPEUTIC SIMULATOR AIDED FIELD SETTING SIMPLE	161.56	161.56	1/1/2009
77280	26	5	RADIATION THERAPEUTIC SIMULATOR AIDED FIELD SETTING SIMPLE	32.46	32.46	1/1/2009
77280	TC	T	RADIATION THERAPEUTIC SIMULATOR AIDED FIELD SETTING SIMPLE	129.10	129.10	1/1/2009
77285		3	RADIATION THERAPEUTIC SIMULATOR AIDED FIELD SETTING INTERMEDI	278.11	278.11	1/1/2009
77285	26	5	RADIATION THERAPEUTIC SIMULATOR AIDED FIELD SETTING INTERMEDI	48.47	48.47	1/1/2009
77285	TC	T	RADIATION THERAPEUTIC SIMULATOR AIDED FIELD SETTING INTERMEDI	229.64	229.64	1/1/2009
77290		3	RADIATION THERAPY SIMULATOR AIDED FIELD SETTING COMPLEX	431.70	431.70	1/1/2009
77290	26	5	RADIATION THERAPY SIMULATOR AIDED FIELD SETTING COMPLEX	71.99	71.99	1/1/2009
77290	TC	T	RADIATION THERAPY SIMULATOR AIDED FIELD SETTING COMPLEX	359.72	359.72	1/1/2009
77295		3	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; THREE-DII	602.23	602.23	1/1/2009
77295	26	5	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; THREE-DII	210.36	210.36	1/1/2009
77295	TC	T	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; THREE-DII	391.87	391.87	1/1/2009
77300		3	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSI	63.35	63.35	1/1/2009
77300	26	5	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSI	28.55	28.55	1/1/2009
77300	TC	T	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSI	34.80	34.80	1/1/2009
77301		3	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME	1897.06	1897.06	1/1/2009
77301	26	5	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME	368.66	368.66	1/1/2009
77301	TC	T	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME	1528.40	1528.40	1/1/2009
77305		3	RADIATION THERPY ISODOSE PLAN SIMPLE	65.28	65.28	1/1/2009
77305	26	5	RADIATION THERPY ISODOSE PLAN SIMPLE	32.46	32.46	1/1/2009
77305	TC	T	RADIATION THERPY ISODOSE PLAN SIMPLE	32.82	32.82	1/1/2009
77310		3	RADIATION THERAPY INTERMED THREE OR MORE THERAPY B	90.91	90.91	1/1/2009
77310	26	5	RADIATION THERAPY INTERMED THREE OR MORE THERAPY B	48.47	48.47	1/1/2009
77310	TC	T	RADIATION THERAPY INTERMED THREE OR MORE THERAPY B	42.44	42.44	1/1/2009
77315		3	RADIATION THERAPY COMPLEX	132.71	132.71	1/1/2009
77315	26	5	RADIATION THERAPY COMPLEX	71.99	71.99	1/1/2009
77315	TC	T	RADIATION THERAPY COMPLEX	60.72	60.72	1/1/2009
77321		3	SPECIAL TELETHERAPY PORT PART/ HEMI/ TOTAL BODY	108.24	108.24	1/1/2009
77321	26	5	SPECIAL TELETHERAPY PORT PART/ HEMI/ TOTAL BODY	43.78	43.78	1/1/2009
77321	TC	T	SPECIAL TELETHERAPY PORT PART/ HEMI/ TOTAL BODY	64.46	64.46	1/1/2009
77326		3	BRACHYTHERAPY ISODOSE CALCULATION (SIMPLE)	126.10	126.10	1/1/2009
77326	26	5	BRACHYTHERAPY ISODOSE CALCULATION (SIMPLE)	42.78	42.78	1/1/2009
77326	TC	T	BRACHYTHERAPY ISODOSE CALCULATION (SIMPLE)	83.33	83.33	1/1/2009
77327		3	BRACHYTHERAPY ISODOSE CALCULATION (INTERMEDIATE)	179.83	179.83	1/1/2009
77327	26	5	BRACHYTHERAPY ISODOSE CALCULATION (INTERMEDIATE)	64.04	64.04	1/1/2009
77327	TC	T	BRACHYTHERAPY ISODOSE CALCULATION (INTERMEDIATE)	115.79	115.79	1/1/2009
77328		3	BRACHYTHERAPY ISODOSE CALCULATION COMPLEX	246.77	246.77	1/1/2009
77328	26	5	BRACHYTHERAPY ISODOSE CALCULATION COMPLEX	96.50	96.50	1/1/2009
77328	TC	T	BRACHYTHERAPY ISODOSE CALCULATION COMPLEX	150.27	150.27	1/1/2009
77331		3	SPECIAL DOSIMETRY	56.47	56.47	1/1/2009
77331	26	5	SPECIAL DOSIMETRY	40.19	40.19	1/1/2009
77331	TC	T	SPECIAL DOSIMETRY	16.28	16.28	1/1/2009
77332		3	TREATMENT DEVICES (SIMPLE)	68.85	68.85	1/1/2009
77332	26	5	TREATMENT DEVICES (SIMPLE)	24.86	24.86	1/1/2009
77332	TC	T	TREATMENT DEVICES (SIMPLE)	43.99	43.99	1/1/2009
77333		3	TREATMENT DEVICES (INTERMEDIATE)	61.83	61.83	1/1/2009
77333	26	5	TREATMENT DEVICES (INTERMEDIATE)	38.84	38.84	1/1/2009
77333	TC	T	TREATMENT DEVICES (INTERMEDIATE)	22.99	22.99	1/1/2009
77334		3	TREATMENT DEVICES (COMPLEX)	140.34	140.34	1/1/2009
77334	26	5	TREATMENT DEVICES (COMPLEX)	57.10	57.10	1/1/2009
77334	TC	T	TREATMENT DEVICES (COMPLEX)	83.24	83.24	1/1/2009
77336		3	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMEN	53.55	53.55	1/1/2009
77370		3	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	101.84	101.84	1/1/2009
77371	TC	T	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS	261.43	261.43	1/1/2009
77372	TC	T	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS	532.19	532.19	1/1/2009
77373	TC	T	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER	985.73	985.73	1/1/2009
77418		3	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIE	452.87	452.87	1/1/2009
77427		3	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	173.25	173.25	1/1/2009
77431		3	RADIATION THERAPY MGMT, COMPLETE COURSE, 1-2 FRACT	88.38	88.38	1/1/2009
77432		3	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CEREBRAL LE:	368.38	368.38	1/1/2009

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77435		3	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT,	610.84	610.84	1/1/2009	
77470		3	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMI	226.59	226.59	1/1/2009	
77470	26	5	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMI	96.50	96.50	1/1/2009	
77470	TC	T	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMI	130.08	130.08	1/1/2009	
77600		3	HYPERTHERMIA, EXTERNALLY GENERATED	325.52	325.52	1/1/2009	
77600	26	5	HYPERTHERMIA, EXTERNALLY GENERATED	71.99	71.99	1/1/2009	
77600	TC	T	HYPERTHERMIA, EXTERNALLY GENERATED	253.54	253.54	1/1/2009	
77605		3	HYPERTHERMIA, EXT; DEEP	580.62	580.62	1/1/2009	
77605	26	5	HYPERTHERMIA, EXT; DEEP	94.10	94.10	1/1/2009	
77605	TC	T	HYPERTHERMIA, EXT; DEEP	486.52	486.52	1/1/2009	
77610		3	HYPERTHERMIA GENERATED BY INTERSTITIAL PROB(S)	541.67	541.67	1/1/2009	
77610	26	5	HYPERTHERMIA GENERATED BY INTERSTITIAL PROB(S)	70.08	70.08	1/1/2009	
77610	TC	T	HYPERTHERMIA GENERATED BY INTERSTITIAL PROB(S)	471.59	471.59	1/1/2009	
77615		3	HYPERTHERMIA; MORE THAN 5 INTERSTITIAL APPLICATORS	765.90	765.90	1/1/2009	
77615	26	5	HYPERTHERMIA; MORE THAN 5 INTERSTITIAL APPLICATORS	96.19	96.19	1/1/2009	
77615	TC	T	HYPERTHERMIA; MORE THAN 5 INTERSTITIAL APPLICATORS	669.71	669.71	1/1/2009	
77620		3	INTRACAVITY HYPERTHERMIA	340.81	340.81	1/1/2009	
77620	26	5	INTRACAVITY HYPERTHERMIA	72.37	72.37	1/1/2009	
77620	TC	T	INTRACAVITY HYPERTHERMIA	268.43	268.43	1/1/2009	
77750		3	INFUSION OR INSTILLATION OF RADIOELEMENT SOULTION	307.42	307.42	1/1/2009	
77750	26	5	INFUSION OR INSTILLATION OF RADIOELEMENT SOULTION	227.94	227.94	1/1/2009	
77750	TC	T	INFUSION OR INSTILLATION OF RADIOELEMENT SOULTION	79.49	79.49	1/1/2009	
77761		3	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	315.22	315.22	1/1/2009	
77761	26	5	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	174.95	174.95	1/1/2009	
77761	TC	T	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	140.27	140.27	1/1/2009	
77762		3	INTRACAVITARY RADIOELEMENT APPLICATION (INTERMED)	431.15	431.15	1/1/2009	
77762	26	5	INTRACAVITARY RADIOELEMENT APPLICATION (INTERMED)	264.43	264.43	1/1/2009	
77762	TC	T	INTRACAVITARY RADIOELEMENT APPLICATION (INTERMED)	166.72	166.72	1/1/2009	
77763		3	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	611.36	611.36	1/1/2009	
77763	26	5	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	396.87	396.87	1/1/2009	
77763	TC	T	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	214.49	214.49	1/1/2009	
77776		3	INTERSTITIAL RADIATION SOURCE APPLICATION; SIMPLE	370.48	370.48	1/1/2009	
77776	26	5	INTERSTITIAL RADIATION SOURCE APPLICATION; SIMPLE	219.01	219.01	1/1/2009	
77776	TC	T	INTERSTITIAL RADIATION SOURCE APPLICATION; SIMPLE	151.47	151.47	1/1/2009	
77777		3	INTERSTITIAL RADIOELEMENT APPELICATION; INTERMED.	517.73	517.73	1/1/2009	
77777	26	5	INTERSTITIAL RADIOELEMENT APPELICATION; INTERMED.	349.73	349.73	1/1/2009	
77777	TC	T	INTERSTITIAL RADIOELEMENT APPELICATION; INTERMED.	168.00	168.00	1/1/2009	
77778		3	INTERSTITIAL RADIOELEMENT APPLICATION COMPLEX	742.15	742.15	1/1/2009	
77778	26	5	INTERSTITIAL RADIOELEMENT APPLICATION COMPLEX	518.86	518.86	1/1/2009	
77778	TC	T	INTERSTITIAL RADIOELEMENT APPLICATION COMPLEX	223.28	223.28	1/1/2009	
77789		3	SURFACE APPLICATION OF RADIATION SOURCE	93.73	93.73	1/1/2009	
77789	26	5	SURFACE APPLICATION OF RADIATION SOURCE	52.72	52.72	1/1/2009	
77789	TC	T	SURFACE APPLICATION OF RADIATION SOURCE	41.00	41.00	1/1/2009	
77790		3	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	78.70	78.70	1/1/2009	
77790	26	5	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	48.47	48.47	1/1/2009	
77790	TC	T	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	30.23	30.23	1/1/2009	
78000		3	THROID UPTAKE; SINGLE DETERMINATION	60.01	60.01	1/1/2009	
78000	26	5	THROID UPTAKE; SINGLE DETERMINATION	8.95	8.95	1/1/2009	
78000	TC	T	THROID UPTAKE; SINGLE DETERMINATION	51.06	51.06	1/1/2009	
78001		3	THYROID UPTAKE; MULTIPLE DETERMINATIONS	76.25	76.25	1/1/2009	
78001	26	5	THYROID UPTAKE; MULTIPLE DETERMINATIONS	12.30	12.30	1/1/2009	
78001	TC	T	THYROID UPTAKE; MULTIPLE DETERMINATIONS	63.96	63.96	1/1/2009	
78003		3	THYROID UPTAKE STIMULATION, SUPPRESION OR DISCHARG	66.71	66.71	1/1/2009	
78003	26	5	THYROID UPTAKE STIMULATION, SUPPRESION OR DISCHARG	15.33	15.33	1/1/2009	
78003	TC	T	THYROID UPTAKE STIMULATION, SUPPRESION OR DISCHARG	51.38	51.38	1/1/2009	
78006		3	THYROID IMAGING, W/UPTAKE; SINGLE DETERMINATION	187.39	187.39	1/1/2009	
78006	26	5	THYROID IMAGING, W/UPTAKE; SINGLE DETERMINATION	22.93	22.93	1/1/2009	
78006	TC	T	THYROID IMAGING, W/UPTAKE; SINGLE DETERMINATION	164.46	164.46	1/1/2009	
78007		3	THYROID IMAGING, W/UPTAKE; MULTPL DETERMINATIONS	114.74	114.74	1/1/2009	
78007	26	5	THYROID IMAGING, W/UPTAKE; MULTPL DETERMINATIONS	23.59	23.59	1/1/2009	
78007	TC	T	THYROID IMAGING, W/UPTAKE; MULTPL DETERMINATIONS	91.15	91.15	1/1/2009	
78010		3	THYROID IMAGING; ONLY	130.60	130.60	1/1/2009	
78010	26	5	THYROID IMAGING; ONLY	18.23	18.23	1/1/2009	
78010	TC	T	THYROID IMAGING; ONLY	112.37	112.37	1/1/2009	
78011		3	THYROID IMAGING; WITH VASCULAR FLOW	148.62	148.62	1/1/2009	
78011	26	5	THYROID IMAGING; WITH VASCULAR FLOW	21.24	21.24	1/1/2009	
78011	TC	T	THYROID IMAGING; WITH VASCULAR FLOW	127.38	127.38	1/1/2009	

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78015		3	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA	176.88	176.88	1/1/2009	
78015	26	5	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA	31.53	31.53	1/1/2009	
78015	TC	T	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA	145.35	145.35	1/1/2009	
78016		3	THYROID CARCINOMA METASTES IMAGING W/ADD'L STUDIES	268.14	268.14	1/1/2009	
78016	26	5	THYROID CARCINOMA METASTES IMAGING W/ADD'L STUDIES	38.57	38.57	1/1/2009	
78016	TC	T	THYROID CARCINOMA METASTES IMAGING W/ADD'L STUDIES	229.57	229.57	1/1/2009	
78018		3	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	270.53	270.53	1/1/2009	
78018	26	5	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	40.48	40.48	1/1/2009	
78018	TC	T	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	230.06	230.06	1/1/2009	
78020		3	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDIT	79.81	79.81	1/1/2009	
78020	26	5	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDIT	28.28	28.28	1/1/2009	
78020	TC	T	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDIT	51.53	51.53	1/1/2009	
78070		3	PARATHYROID IMAGING	150.52	150.52	1/1/2009	
78070	26	5	PARATHYROID IMAGING	38.79	38.79	1/1/2009	
78070	TC	T	PARATHYROID IMAGING	111.73	111.73	1/1/2009	
78075		3	ADRENAL IMAGING, CORTEX &/OR MEDULLA	350.83	350.83	1/1/2009	
78075	26	5	ADRENAL IMAGING, CORTEX &/OR MEDULLA	34.88	34.88	1/1/2009	
78075	TC	T	ADRENAL IMAGING, CORTEX &/OR MEDULLA	315.95	315.95	1/1/2009	
78102		3	BONE MARROW IMAGING; LIMITED AREA	139.15	139.15	1/1/2009	
78102	26	5	BONE MARROW IMAGING; LIMITED AREA	25.93	25.93	1/1/2009	
78102	TC	T	BONE MARROW IMAGING; LIMITED AREA	113.22	113.22	1/1/2009	
78103		3	BONE MARROW IMAGING; MULTIPLE AREAS	186.93	186.93	1/1/2009	
78103	26	5	BONE MARROW IMAGING; MULTIPLE AREAS	35.22	35.22	1/1/2009	
78103	TC	T	BONE MARROW IMAGING; MULTIPLE AREAS	151.70	151.70	1/1/2009	
78104		3	BONE MARROW IMAGING; WHOLE BODY	214.13	214.13	1/1/2009	
78104	26	5	BONE MARROW IMAGING; WHOLE BODY	37.89	37.89	1/1/2009	
78104	TC	T	BONE MARROW IMAGING; WHOLE BODY	176.24	176.24	1/1/2009	
78110		3	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQL	66.35	66.35	1/1/2009	
78110	26	5	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQL	8.95	8.95	1/1/2009	
78110	TC	T	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQL	57.40	57.40	1/1/2009	
78111		3	PLASMA VOLUME RADIONUCLIDE VOL-DILUT TECH;MULT SAM	84.64	84.64	1/1/2009	
78111	26	5	PLASMA VOLUME RADIONUCLIDE VOL-DILUT TECH;MULT SAM	10.61	10.61	1/1/2009	
78111	TC	T	PLASMA VOLUME RADIONUCLIDE VOL-DILUT TECH;MULT SAM	74.03	74.03	1/1/2009	
78120		3	RED CELL VOLUME DETERMINATION; SINGLE SAMPLING	75.46	75.46	1/1/2009	
78120	26	5	RED CELL VOLUME DETERMINATION; SINGLE SAMPLING	10.95	10.95	1/1/2009	
78120	TC	T	RED CELL VOLUME DETERMINATION; SINGLE SAMPLING	64.51	64.51	1/1/2009	
78121		3	RED CELL VOLUME DETERMINATION; MULTIPLE SAMPLING	91.56	91.56	1/1/2009	
78121	26	5	RED CELL VOLUME DETERMINATION; MULTIPLE SAMPLING	14.98	14.98	1/1/2009	
78121	TC	T	RED CELL VOLUME DETERMINATION; MULTIPLE SAMPLING	76.57	76.57	1/1/2009	
78122		3	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUF	113.61	113.61	1/1/2009	
78122	26	5	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUF	21.24	21.24	1/1/2009	
78122	TC	T	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUF	92.37	92.37	1/1/2009	
78130		3	RED CELL SURVIVAL STUDY	132.99	132.99	1/1/2009	
78130	26	5	RED CELL SURVIVAL STUDY	28.84	28.84	1/1/2009	
78130	TC	T	RED CELL SURVIVAL STUDY	104.14	104.14	1/1/2009	
78135		3	RED CELL SURVIVAL STUDY PLUS SPLENIC AND/OR HEPAT	275.85	275.85	1/1/2009	
78135	26	5	RED CELL SURVIVAL STUDY PLUS SPLENIC AND/OR HEPAT	30.19	30.19	1/1/2009	
78135	TC	T	RED CELL SURVIVAL STUDY PLUS SPLENIC AND/OR HEPAT	245.67	245.67	1/1/2009	
78140		3	RED CELL SPLENIC AND/OR HEPATIC SEQUESTRATION	128.80	128.80	1/1/2009	
78140	26	5	RED CELL SPLENIC AND/OR HEPATIC SEQUESTRATION	28.84	28.84	1/1/2009	
78140	TC	T	RED CELL SPLENIC AND/OR HEPATIC SEQUESTRATION	99.96	99.96	1/1/2009	
78185		3	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	160.85	160.85	1/1/2009	
78185	26	5	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	18.89	18.89	1/1/2009	
78185	TC	T	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	141.96	141.96	1/1/2009	
78190		3	KINETICS, PLATELET SURVIVAL, W/WO DIFF ORG/TIS LOC	316.58	316.58	1/1/2009	
78190	26	5	KINETICS, PLATELET SURVIVAL, W/WO DIFF ORG/TIS LOC	50.81	50.81	1/1/2009	
78190	TC	T	KINETICS, PLATELET SURVIVAL, W/WO DIFF ORG/TIS LOC	265.77	265.77	1/1/2009	
78191		3	PLATELET SURVIVAL STUDY	172.21	172.21	1/1/2009	
78191	26	5	PLATELET SURVIVAL STUDY	28.52	28.52	1/1/2009	
78191	TC	T	PLATELET SURVIVAL STUDY	143.69	143.69	1/1/2009	
78195		3	LYMPHATICS AND LYMPH NODES IMAGING	288.70	288.70	1/1/2009	
78195	26	5	LYMPHATICS AND LYMPH NODES IMAGING	56.68	56.68	1/1/2009	
78195	TC	T	LYMPHATICS AND LYMPH NODES IMAGING	232.02	232.02	1/1/2009	
78201		3	LIVER IMAGING; STATIC ONLY	148.59	148.59	1/1/2009	
78201	26	5	LIVER IMAGING; STATIC ONLY	20.26	20.26	1/1/2009	
78201	TC	T	LIVER IMAGING; STATIC ONLY	128.33	128.33	1/1/2009	
78202		3	LIVER IMAGING; WITH VASCULAR FLOW	171.49	171.49	1/1/2009	

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78202	26	5	LIVER IMAGING; WITH VASCULAR FLOW	23.61	23.61	1/1/2009	
78202	TC	T	LIVER IMAGING; WITH VASCULAR FLOW	147.88	147.88	1/1/2009	
78205		3	NUCLEAR SCAN OF LIVER 3D	205.39	205.39	1/1/2009	
78205	26	5	NUCLEAR SCAN OF LIVER 3D	33.54	33.54	1/1/2009	
78205	TC	T	NUCLEAR SCAN OF LIVER 3D	171.86	171.86	1/1/2009	
78206		3	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	288.75	288.75	1/1/2009	
78206	26	5	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	45.17	45.17	1/1/2009	
78206	TC	T	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	243.58	243.58	1/1/2009	
78215		3	LIVER AND SPLEEN IMAGING; STATIC ONLY	158.77	158.77	1/1/2009	
78215	26	5	LIVER AND SPLEEN IMAGING; STATIC ONLY	22.93	22.93	1/1/2009	
78215	TC	T	LIVER AND SPLEEN IMAGING; STATIC ONLY	135.84	135.84	1/1/2009	
78216		3	LIVER AND SPLEEN IMAGING WITH VASCULAR FLOW	120.54	120.54	1/1/2009	
78216	26	5	LIVER AND SPLEEN IMAGING WITH VASCULAR FLOW	26.62	26.62	1/1/2009	
78216	TC	T	LIVER AND SPLEEN IMAGING WITH VASCULAR FLOW	93.92	93.92	1/1/2009	
78220		3	LIVER FUNCTN STDY W/HEPATOBILIARY AGNTS, W/SER IMA	125.31	125.31	1/1/2009	
78220	26	5	LIVER FUNCTN STDY W/HEPATOBILIARY AGNTS, W/SER IMA	22.93	22.93	1/1/2009	
78220	TC	T	LIVER FUNCTN STDY W/HEPATOBILIARY AGNTS, W/SER IMA	102.38	102.38	1/1/2009	
78223		3	HEPATOBILIARY DUCTAL SYS IMAGING,INCL GALLBLADDER	265.77	265.77	1/1/2009	
78223	26	5	HEPATOBILIARY DUCTAL SYS IMAGING,INCL GALLBLADDER	39.48	39.48	1/1/2009	
78223	TC	T	HEPATOBILIARY DUCTAL SYS IMAGING,INCL GALLBLADDER	226.30	226.30	1/1/2009	
78230		3	SALIVARY GLAND IMAGING	135.31	135.31	1/1/2009	
78230	26	5	SALIVARY GLAND IMAGING	20.92	20.92	1/1/2009	
78230	TC	T	SALIVARY GLAND IMAGING	114.39	114.39	1/1/2009	
78231		3	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	115.76	115.76	1/1/2009	
78231	26	5	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	24.27	24.27	1/1/2009	
78231	TC	T	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	91.48	91.48	1/1/2009	
78232		3	SALIVARY GLAND FUNCTION STUDY	117.75	117.75	1/1/2009	
78232	26	5	SALIVARY GLAND FUNCTION STUDY	22.24	22.24	1/1/2009	
78232	TC	T	SALIVARY GLAND FUNCTION STUDY	95.50	95.50	1/1/2009	
78258		3	ESOPHAGEAL MOTILITY	188.78	188.78	1/1/2009	
78258	26	5	ESOPHAGEAL MOTILITY	35.20	35.20	1/1/2009	
78258	TC	T	ESOPHAGEAL MOTILITY	153.59	153.59	1/1/2009	
78261		3	GASTRIC MUCOSA IMAGING	208.14	208.14	1/1/2009	
78261	26	5	GASTRIC MUCOSA IMAGING	32.53	32.53	1/1/2009	
78261	TC	T	GASTRIC MUCOSA IMAGING	175.61	175.61	1/1/2009	
78262		3	GASTROESOPHAGEAL REFLUX STUDY	205.26	205.26	1/1/2009	
78262	26	5	GASTROESOPHAGEAL REFLUX STUDY	31.56	31.56	1/1/2009	
78262	TC	T	GASTROESOPHAGEAL REFLUX STUDY	173.71	173.71	1/1/2009	
78264		3	GASTRIC EMPTYING STUDY	236.26	236.26	1/1/2009	
78264	26	5	GASTRIC EMPTYING STUDY	36.57	36.57	1/1/2009	
78264	TC	T	GASTRIC EMPTYING STUDY	199.69	199.69	1/1/2009	
78267		3	UREA BREATH TEST, C-14 (ISOTOPIC); ACQUISITION FOR ANALYSIS	11.18	11.18	1/1/2009	
78268		3	UREA BREATH TEST, C-14; ANALYSIS	95.80	95.80	1/1/2009	
78270		3	VITAMIN B-12 ABSORPTION STUDY; WO INTRINSIC FACTOR	68.51	68.51	1/1/2009	
78270	26	5	VITAMIN B-12 ABSORPTION STUDY; WO INTRINSIC FACTOR	9.29	9.29	1/1/2009	
78270	TC	T	VITAMIN B-12 ABSORPTION STUDY; WO INTRINSIC FACTOR	59.22	59.22	1/1/2009	
78271		3	VITAMIN B-12 ABSORPTION STUDY; W/INTRINSIC FACTOR	69.14	69.14	1/1/2009	
78271	26	5	VITAMIN B-12 ABSORPTION STUDY; W/INTRINSIC FACTOR	8.97	8.97	1/1/2009	
78271	TC	T	VITAMIN B-12 ABSORPTION STUDY; W/INTRINSIC FACTOR	60.17	60.17	1/1/2009	
78272		3	VITAMIN B-12 ABSORPTION STDS CMBND,W&WO INTRIN FAC	78.53	78.53	1/1/2009	
78272	26	5	VITAMIN B-12 ABSORPTION STDS CMBND,W&WO INTRIN FAC	12.00	12.00	1/1/2009	
78272	TC	T	VITAMIN B-12 ABSORPTION STDS CMBND,W&WO INTRIN FAC	66.53	66.53	1/1/2009	
78278		3	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	284.89	284.89	1/1/2009	
78278	26	5	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	46.52	46.52	1/1/2009	
78278	TC	T	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	238.38	238.38	1/1/2009	
78282		3	GASTROINTESTINAL PROTEIN LOSS	62.99	62.99	1/1/2009	
78282	26	5	GASTROINTESTINAL PROTEIN LOSS	17.89	17.89	1/1/2009	
78282	TC	T	GASTROINTESTINAL PROTEIN LOSS	45.10	45.10	1/1/2009	
78290		3	INTESTINE IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKELS LOCALIZ/	254.35	254.35	1/1/2009	
78290	26	5	INTESTINE IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKELS LOCALIZ/	32.19	32.19	1/1/2009	
78290	TC	T	INTESTINE IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKELS LOCALIZ/	222.16	222.16	1/1/2009	
78291		3	PERITONEAL-VENOUS SHUNT PATENCY TEST	207.86	207.86	1/1/2009	
78291	26	5	PERITONEAL-VENOUS SHUNT PATENCY TEST	41.48	41.48	1/1/2009	
78291	TC	T	PERITONEAL-VENOUS SHUNT PATENCY TEST	166.38	166.38	1/1/2009	
78300		3	BONE AND/OR JOINT IMAGING, LIMITED AREA	146.01	146.01	1/1/2009	
78300	26	5	BONE AND/OR JOINT IMAGING, LIMITED AREA	29.18	29.18	1/1/2009	
78300	TC	T	BONE AND/OR JOINT IMAGING, LIMITED AREA	116.82	116.82	1/1/2009	

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78305		3	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	194.12	194.12	1/1/2009	
78305	26	5	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	38.82	38.82	1/1/2009	
78305	TC	T	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	155.31	155.31	1/1/2009	
78306		3	BONE AND/OR JOINT IMAGING; WHOLE BODY	214.82	214.82	1/1/2009	
78306	26	5	BONE AND/OR JOINT IMAGING; WHOLE BODY	40.48	40.48	1/1/2009	
78306	TC	T	BONE AND/OR JOINT IMAGING; WHOLE BODY	174.34	174.34	1/1/2009	
78315		3	BONE IMAGING BY THREE PHASE TECHNIQUE	285.29	285.29	1/1/2009	
78315	26	5	BONE IMAGING BY THREE PHASE TECHNIQUE	47.86	47.86	1/1/2009	
78315	TC	T	BONE IMAGING BY THREE PHASE TECHNIQUE	237.43	237.43	1/1/2009	
78320		3	NUCLEAR SCAN OF BONE 3D	220.72	220.72	1/1/2009	
78320	26	5	NUCLEAR SCAN OF BONE 3D	48.86	48.86	1/1/2009	
78320	TC	T	NUCLEAR SCAN OF BONE 3D	171.86	171.86	1/1/2009	
78350		3	BONE DENSITY STUDY; SINGLE PHOTON ABSORPTIOMETRY	29.44	29.44	1/1/2009	
78350	26	5	BONE DENSITY STUDY; SINGLE PHOTON ABSORPTIOMETRY	9.97	9.97	1/1/2009	
78350	TC	T	BONE DENSITY STUDY; SINGLE PHOTON ABSORPTIOMETRY	19.47	19.47	1/1/2009	
78351		3	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES;	13.98	13.98	1/1/2009	
78351	26	5	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES;	3.50	3.50	1/1/2009	
78414		3	DETERM OF VENTRICULAR EJECTION FRCTN W/PROBE TECH	73.48	73.48	1/1/2009	
78414	26	5	DETERM OF VENTRICULAR EJECTION FRCTN W/PROBE TECH	19.97	19.97	1/1/2009	
78414	TC	T	DETERM OF VENTRICULAR EJECTION FRCTN W/PROBE TECH	53.50	53.50	1/1/2009	
78428		3	CARDIAC SHUNT DETECTION	169.65	169.65	1/1/2009	
78428	26	5	CARDIAC SHUNT DETECTION	38.15	38.15	1/1/2009	
78428	TC	T	CARDIAC SHUNT DETECTION	131.50	131.50	1/1/2009	
78445		3	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAP	141.95	141.95	1/1/2009	
78445	26	5	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAP	22.93	22.93	1/1/2009	
78445	TC	T	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAP	119.02	119.02	1/1/2009	
78456		3	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	300.05	300.05	1/1/2009	
78456	26	5	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	49.71	49.71	1/1/2009	
78456	TC	T	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	250.34	250.34	1/1/2009	
78457		3	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	163.51	163.51	1/1/2009	
78457	26	5	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	35.91	35.91	1/1/2009	
78457	TC	T	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	127.60	127.60	1/1/2009	
78458		3	VENOUS THROMBOSIS IMAGING; BILATERAL	180.47	180.47	1/1/2009	
78458	26	5	VENOUS THROMBOSIS IMAGING; BILATERAL	42.48	42.48	1/1/2009	
78458	TC	T	VENOUS THROMBOSIS IMAGING; BILATERAL	137.99	137.99	1/1/2009	
78460		3	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OF	164.05	164.05	1/1/2009	
78460	26	5	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OF	40.79	40.79	1/1/2009	
78460	TC	T	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OF	123.26	123.26	1/1/2009	
78461		3	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES, (PLANAR) AT RES	185.26	185.26	1/1/2009	
78461	26	5	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES, (PLANAR) AT RES	58.44	58.44	1/1/2009	
78461	TC	T	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES, (PLANAR) AT RES	126.82	126.82	1/1/2009	
78464		3	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STU	239.90	239.90	1/1/2009	
78464	26	5	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STU	53.75	53.75	1/1/2009	
78464	TC	T	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STU	186.16	186.16	1/1/2009	
78465		3	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE S	423.35	423.35	1/1/2009	
78465	26	5	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE S	72.66	72.66	1/1/2009	
78465	TC	T	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE S	350.69	350.69	1/1/2009	
78466		3	NUCLEAR SCAN, HEART MUSCLE	156.01	156.01	1/1/2009	
78466	26	5	NUCLEAR SCAN, HEART MUSCLE	33.48	33.48	1/1/2009	
78466	TC	T	NUCLEAR SCAN, HEART MUSCLE	122.53	122.53	1/1/2009	
78468		3	NUCLEAR SCAN, HEART MUSCLE	196.68	196.68	1/1/2009	
78468	26	5	NUCLEAR SCAN, HEART MUSCLE	39.79	39.79	1/1/2009	
78468	TC	T	NUCLEAR SCAN, HEART MUSCLE	156.89	156.89	1/1/2009	
78469		3	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT W	223.66	223.66	1/1/2009	
78469	26	5	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT W	44.85	44.85	1/1/2009	
78469	TC	T	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT W	178.81	178.81	1/1/2009	
78472		3	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE S	227.64	227.64	1/1/2009	
78472	26	5	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE S	47.44	47.44	1/1/2009	
78472	TC	T	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE S	180.20	180.20	1/1/2009	
78473		3	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIE	311.49	311.49	1/1/2009	
78473	26	5	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIE	72.27	72.27	1/1/2009	
78473	TC	T	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIE	239.22	239.22	1/1/2009	
78478		3	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR Q	52.38	52.38	1/1/2009	
78478	26	5	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR Q	25.17	25.17	1/1/2009	
78478	TC	T	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR Q	27.21	27.21	1/1/2009	
78480		3	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPAR.	43.31	43.31	1/1/2009	
78480	26	5	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPAR.	16.10	16.10	1/1/2009	

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78480	TC	T	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPAR	27.21	27.21	1/1/2009	
78481		3	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SINC	200.05	200.05	1/1/2009	
78481	26	5	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SINC	49.13	49.13	1/1/2009	
78481	TC	T	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SINC	150.92	150.92	1/1/2009	
78483		3	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MUL	282.85	282.85	1/1/2009	
78483	26	5	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MUL	74.59	74.59	1/1/2009	
78483	TC	T	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MUL	208.26	208.26	1/1/2009	
78494		3	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, V	248.68	248.68	1/1/2009	
78494	26	5	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, V	58.02	58.02	1/1/2009	
78494	TC	T	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, V	190.66	190.66	1/1/2009	
78496		3	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT	102.37	102.37	1/1/2009	
78496	26	5	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT	24.86	24.86	1/1/2009	
78496	TC	T	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT	77.51	77.51	1/1/2009	
78580		3	PULMONARY PERFUSION IMAGING; PARTICULATE	180.14	180.14	1/1/2009	
78580	26	5	PULMONARY PERFUSION IMAGING; PARTICULATE	34.88	34.88	1/1/2009	
78580	TC	T	PULMONARY PERFUSION IMAGING; PARTICULATE	145.26	145.26	1/1/2009	
78584		3	PULMONARY PERFUSION IMAG.PARTIC.W/VENT;SINGL BREAT	138.00	138.00	1/1/2009	
78584	26	5	PULMONARY PERFUSION IMAG.PARTIC.W/VENT;SINGL BREAT	46.52	46.52	1/1/2009	
78584	TC	T	PULMONARY PERFUSION IMAG.PARTIC.W/VENT;SINGL BREAT	91.48	91.48	1/1/2009	
78585		3	PULM PERF IMGING, PART W/VENT;REBR &WSHOT W CR W S	296.91	296.91	1/1/2009	
78585	26	5	PULM PERF IMGING, PART W/VENT;REBR &WSHOT W CR W S	51.43	51.43	1/1/2009	
78585	TC	T	PULM PERF IMGING, PART W/VENT;REBR &WSHOT W CR W S	245.49	245.49	1/1/2009	
78586		3	PULMONARY VENTILATION AEROSOL; SINGLE PROJECTION	136.98	136.98	1/1/2009	
78586	26	5	PULMONARY VENTILATION AEROSOL; SINGLE PROJECTION	18.89	18.89	1/1/2009	
78586	TC	T	PULMONARY VENTILATION AEROSOL; SINGLE PROJECTION	118.09	118.09	1/1/2009	
78587		3	PULMONARY VENTILATION IMAGING, AEORSOL; MULT PROJ.	172.39	172.39	1/1/2009	
78587	26	5	PULMONARY VENTILATION IMAGING, AEORSOL; MULT PROJ.	23.25	23.25	1/1/2009	
78587	TC	T	PULMONARY VENTILATION IMAGING, AEORSOL; MULT PROJ.	149.15	149.15	1/1/2009	
78588		3	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION IMA	275.61	275.61	1/1/2009	
78588	26	5	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION IMA	51.43	51.43	1/1/2009	
78588	TC	T	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION IMA	224.18	224.18	1/1/2009	
78591		3	PULMONARY VENTILATION IMAG, GASEOUS, SNGL BRETH&IN	138.88	138.88	1/1/2009	
78591	26	5	PULMONARY VENTILATION IMAG, GASEOUS, SNGL BRETH&IN	18.89	18.89	1/1/2009	
78591	TC	T	PULMONARY VENTILATION IMAG, GASEOUS, SNGL BRETH&IN	119.99	119.99	1/1/2009	
78593		3	PULMNRV VENT. IMAG, GAS W/REBR&WSHOT W/WO SI BR;SI	163.75	163.75	1/1/2009	
78593	26	5	PULMNRV VENT. IMAG, GAS W/REBR&WSHOT W/WO SI BR;SI	22.93	22.93	1/1/2009	
78593	TC	T	PULMNRV VENT. IMAG, GAS W/REBR&WSHOT W/WO SI BR;SI	140.83	140.83	1/1/2009	
78594		3	PULM VENT IMGNG, GAS, W/REBR&SHOT W/WO SI BR;MUL P	191.37	191.37	1/1/2009	
78594	26	5	PULM VENT IMGNG, GAS, W/REBR&SHOT W/WO SI BR;MUL P	24.93	24.93	1/1/2009	
78594	TC	T	PULM VENT IMGNG, GAS, W/REBR&SHOT W/WO SI BR;MUL P	166.43	166.43	1/1/2009	
78596		3	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION STUDY	319.18	319.18	1/1/2009	
78596	26	5	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION STUDY	58.55	58.55	1/1/2009	
78596	TC	T	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION STUDY	260.64	260.64	1/1/2009	
78600		3	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	149.13	149.13	1/1/2009	
78600	26	5	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	20.90	20.90	1/1/2009	
78600	TC	T	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	128.23	128.23	1/1/2009	
78601		3	BRAIN IMAGING, LTD PROCEDURE; W/VASCULAR FLOW	177.43	177.43	1/1/2009	
78601	26	5	BRAIN IMAGING, LTD PROCEDURE; W/VASCULAR FLOW	23.93	23.93	1/1/2009	
78601	TC	T	BRAIN IMAGING, LTD PROCEDURE; W/VASCULAR FLOW	153.50	153.50	1/1/2009	
78605		3	BRAIN IMAGING, COMPLETE STUDY; STATIC	166.08	166.08	1/1/2009	
78605	26	5	BRAIN IMAGING, COMPLETE STUDY; STATIC	25.25	25.25	1/1/2009	
78605	TC	T	BRAIN IMAGING, COMPLETE STUDY; STATIC	140.83	140.83	1/1/2009	
78606		3	BRAIN IMAGING, COMPLETE STUDY W/VASCULAR FLOW	259.77	259.77	1/1/2009	
78606	26	5	BRAIN IMAGING, COMPLETE STUDY W/VASCULAR FLOW	30.19	30.19	1/1/2009	
78606	TC	T	BRAIN IMAGING, COMPLETE STUDY W/VASCULAR FLOW	229.59	229.59	1/1/2009	
78607		3	NUCLEAR SCAN OF BRAIN 3D	312.62	312.62	1/1/2009	
78607	26	5	NUCLEAR SCAN OF BRAIN 3D	57.81	57.81	1/1/2009	
78607	TC	T	NUCLEAR SCAN OF BRAIN 3D	254.81	254.81	1/1/2009	
78610		3	BRAIN IMAGING, VASCULAR FLOW ONLY	150.22	150.22	1/1/2009	
78610	26	5	BRAIN IMAGING, VASCULAR FLOW ONLY	14.62	14.62	1/1/2009	
78610	TC	T	BRAIN IMAGING, VASCULAR FLOW ONLY	135.60	135.60	1/1/2009	
78630		3	CEREBROSPINAL FLUID FLOW,IMAG; CISTERNOGRAPHY	275.76	275.76	1/1/2009	
78630	26	5	CEREBROSPINAL FLUID FLOW,IMAG; CISTERNOGRAPHY	32.19	32.19	1/1/2009	
78630	TC	T	CEREBROSPINAL FLUID FLOW,IMAG; CISTERNOGRAPHY	243.57	243.57	1/1/2009	
78635		3	CEREBROSPINAL FLUID FLOW IMAG; VENTRICULOGRAPHY	250.99	250.99	1/1/2009	
78635	26	5	CEREBROSPINAL FLUID FLOW IMAG; VENTRICULOGRAPHY	28.94	28.94	1/1/2009	
78635	TC	T	CEREBROSPINAL FLUID FLOW IMAG; VENTRICULOGRAPHY	222.04	222.04	1/1/2009	

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						Medicaid Maximum Allowable	
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
78645		3	CEREBROSPINAL FLUID FLOW IMAG; SHUNT EVALUATION	253.97	253.97	1/1/2009	
78645	26	5	CEREBROSPINAL FLUID FLOW IMAG; SHUNT EVALUATION	26.94	26.94	1/1/2009	
78645	TC	T	CEREBROSPINAL FLUID FLOW IMAG; SHUNT EVALUATION	227.03	227.03	1/1/2009	
78647		3	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION	291.35	291.35	1/1/2009	
78647	26	5	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION	42.16	42.16	1/1/2009	
78647	TC	T	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION	249.19	249.19	1/1/2009	
78650		3	CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION	268.90	268.90	1/1/2009	
78650	26	5	CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION	28.84	28.84	1/1/2009	
78650	TC	T	CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION	240.06	240.06	1/1/2009	
78660		3	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	140.69	140.69	1/1/2009	
78660	26	5	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	24.93	24.93	1/1/2009	
78660	TC	T	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	115.75	115.75	1/1/2009	
78700		3	KIDNEY IMAGING; STATIC ONLY	148.00	148.00	1/1/2009	
78700	26	5	KIDNEY IMAGING; STATIC ONLY	21.24	21.24	1/1/2009	
78700	TC	T	KIDNEY IMAGING; STATIC ONLY	126.76	126.76	1/1/2009	
78701		3	KIDNEY IMAGING; WITH VASCULAR FLOW	177.07	177.07	1/1/2009	
78701	26	5	KIDNEY IMAGING; WITH VASCULAR FLOW	22.93	22.93	1/1/2009	
78701	TC	T	KIDNEY IMAGING; WITH VASCULAR FLOW	154.14	154.14	1/1/2009	
78707		3	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY \	207.05	207.05	1/1/2009	
78707	26	5	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY \	45.17	45.17	1/1/2009	
78707	TC	T	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY \	161.88	161.88	1/1/2009	
78708		3	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, \	169.56	169.56	1/1/2009	
78708	26	5	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, \	57.12	57.12	1/1/2009	
78708	TC	T	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, \	112.44	112.44	1/1/2009	
78709		3	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUD	304.99	304.99	1/1/2009	
78709	26	5	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUD	66.41	66.41	1/1/2009	
78709	TC	T	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUD	238.58	238.58	1/1/2009	
78710		3	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	203.68	203.68	1/1/2009	
78710	26	5	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	31.19	31.19	1/1/2009	
78710	TC	T	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	172.49	172.49	1/1/2009	
78725		3	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY	86.20	86.20	1/1/2009	
78725	26	5	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY	17.57	17.57	1/1/2009	
78725	TC	T	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY	68.63	68.63	1/1/2009	
78730		3	URINARY BLADDER RESIDUAL STUDY	65.94	65.94	1/1/2009	
78730	26	5	URINARY BLADDER RESIDUAL STUDY	8.11	8.11	1/1/2009	
78730	TC	T	URINARY BLADDER RESIDUAL STUDY	57.84	57.84	1/1/2009	
78740		3	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGR/	176.19	176.19	1/1/2009	
78740	26	5	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGR/	27.15	27.15	1/1/2009	
78740	TC	T	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGR/	149.03	149.03	1/1/2009	
78761		3	TESTICULAR IMAGING; WITH VASCULAR FLOW	177.00	177.00	1/1/2009	
78761	26	5	TESTICULAR IMAGING; WITH VASCULAR FLOW	33.54	33.54	1/1/2009	
78761	TC	T	TESTICULAR IMAGING; WITH VASCULAR FLOW	143.46	143.46	1/1/2009	
78800		3	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; LIMITED AREA	158.29	158.29	1/1/2009	
78800	26	5	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; LIMITED AREA	30.77	30.77	1/1/2009	
78800	TC	T	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; LIMITED AREA	127.52	127.52	1/1/2009	
78801		3	RADIONUCLIDE LOCALIZATION MULTIPLE AREAS	211.69	211.69	1/1/2009	
78801	26	5	RADIONUCLIDE LOCALIZATION MULTIPLE AREAS	37.35	37.35	1/1/2009	
78801	TC	T	RADIONUCLIDE LOCALIZATION MULTIPLE AREAS	174.34	174.34	1/1/2009	
78802		3	RADIONUCLIDE LOCALIZATION WHOLE BODY	276.77	276.77	1/1/2009	
78802	26	5	RADIONUCLIDE LOCALIZATION WHOLE BODY	40.48	40.48	1/1/2009	
78802	TC	T	RADIONUCLIDE LOCALIZATION WHOLE BODY	236.30	236.30	1/1/2009	
78803		3	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; TOMOGRAPHIC (SPE	305.29	305.29	1/1/2009	
78803	26	5	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; TOMOGRAPHIC (SPE	51.43	51.43	1/1/2009	
78803	TC	T	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; TOMOGRAPHIC (SPE	253.86	253.86	1/1/2009	
78804		3	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	486.81	486.81	1/1/2009	
78804	26	5	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	50.53	50.53	1/1/2009	
78804	TC	T	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	436.28	436.28	1/1/2009	
78805		3	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LI	158.88	158.88	1/1/2009	
78805	26	5	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LI	34.22	34.22	1/1/2009	
78805	TC	T	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LI	124.66	124.66	1/1/2009	
78806		3	RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY	289.59	289.59	1/1/2009	
78806	26	5	RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY	40.48	40.48	1/1/2009	
78806	TC	T	RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY	249.11	249.11	1/1/2009	
78807		3	RADIOPHARMACEUTICAL LOCALIZATION OF ABSCESS; TOMOGRAPHIC (SF	305.71	305.71	1/1/2009	
78807	26	5	RADIOPHARMACEUTICAL LOCALIZATION OF ABSCESS; TOMOGRAPHIC (SF	51.53	51.53	1/1/2009	
78807	TC	T	RADIOPHARMACEUTICAL LOCALIZATION OF ABSCESS; TOMOGRAPHIC (SF	254.18	254.18	1/1/2009	
79200		3	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	156.85	156.85	1/1/2009	

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79200	26	5	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	93.91	93.91	1/1/2009	
79200	TC	T	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	62.94	62.94	1/1/2009	
79300		3	INTERSTITIAL RADIOACTIVE COLLOID THERAPY	198.74	198.74	1/1/2009	
79300	26	5	INTERSTITIAL RADIOACTIVE COLLOID THERAPY	76.03	76.03	1/1/2009	
79300	TC	T	INTERSTITIAL RADIOACTIVE COLLOID THERAPY	122.71	122.71	1/1/2009	
79403		3	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIB	195.77	195.77	1/1/2009	
79403	26	5	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIB	106.84	106.84	1/1/2009	
79403	TC	T	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIB	88.93	88.93	1/1/2009	
79440		3	INTRA-ARTICULAR RADIOPHARMACEUTICAL THERAPY	145.22	145.22	1/1/2009	
79440	26	5	INTRA-ARTICULAR RADIOPHARMACEUTICAL THERAPY	93.69	93.69	1/1/2009	
79440	TC	T	INTRA-ARTICULAR RADIOPHARMACEUTICAL THERAPY	51.53	51.53	1/1/2009	
80048		3	BASIC METABOLIC PANEL	11.20	11.20	1/1/2009	
80050		3	GENERAL HEALTH SCREEN PANEL	12.64	12.89	1/1/2009	
80051		3	ELECTROLYTE PANEL	9.64	9.64	1/1/2009	
80053		3	COMPREHENSIVE METABOLIC PANEL	11.80	11.80	1/1/2009	
80055		3	OBSTETRIC PANEL	31.50	31.50	1/1/2009	
80061		3	LIPID PANEL	18.72	18.72	1/1/2009	
80069		3	RENAL FUNCTION PANEL	11.20	11.20	1/1/2009	
80074		3	ACUTE HEPATITIS PANEL	65.11	65.11	1/1/2009	
80076		3	HEPATIC FUNCTION PANEL	11.20	11.20	1/1/2009	
80100		3	DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES CHROMATOGR	20.32	20.32	1/1/2009	
80101		3	DRUG SCREEN, QUALITATIVE; SINGLE DRUG CLASS METHOD (EG, IMMUN	19.24	19.24	1/1/2009	
80102		3	DRUG CONFIRMATION	18.51	18.51	1/1/2009	
80150		3	AMIKACIN	21.06	21.06	1/1/2009	
80152		3	AMITRIPTYLINE	22.76	22.76	1/1/2009	
80154		3	BENZODIAZEPINES	25.84	25.84	1/1/2009	
80156		3	CARBAMAZEPINE; TOTAL	20.34	20.34	1/1/2009	
80157		3	CARBAMAZEPINE; FREE	18.52	18.52	1/1/2009	
80158		3	CYCLOSPORINE	25.23	25.23	1/1/2009	
80160		3	DESIPRAMINE	24.05	24.05	1/1/2009	
80162		3	DIGOXIN	18.55	18.55	1/1/2009	
80164		3	DIPROPYLACETIC ACID	18.72	18.72	1/1/2009	
80166		3	DOXEPIN	21.66	21.66	1/1/2009	
80168		3	ETHOSUXIMIDE	22.83	22.83	1/1/2009	
80170		3	GENTAMICIN	4.83	4.83	1/1/2009	
80172		3	GOLD	22.76	22.76	1/1/2009	
80173		3	HALOPERIDOL	20.34	20.34	1/1/2009	
80174		3	IMIPRAMINE	24.05	24.05	1/1/2009	
80176		3	LIDOCAINE	20.52	20.52	1/1/2009	
80178		3	LITHIUM	9.24	9.24	1/1/2009	
80182		3	NORTRIPTYLINE	18.72	18.72	1/1/2009	
80184		3	PHENOBARBITAL	16.01	16.01	1/1/2009	
80185		3	PHENTOIN; TOTAL	18.52	18.52	1/1/2009	
80186		3	PHENTOIN; FREE	19.23	19.23	1/1/2009	
80188		3	PRIMIDONE	22.76	22.76	1/1/2009	
80190		3	PROCAINAMIDE	23.41	23.41	1/1/2009	
80192		3	PROCAINAMIDE: WITH ANTIBODIES	23.41	23.41	1/1/2009	
80194		3	QUINIDINE	20.39	20.39	1/1/2009	
80196		3	SALICYLATE	9.92	9.92	1/1/2009	
80197		3	TACROLIMUS	19.17	19.17	1/1/2009	
80198		3	THEOPHYLLINE	19.77	19.77	1/1/2009	
80200		3	TOBRAMYCIN	22.52	22.52	1/1/2009	
80201		3	TOPIRAMATE	16.66	16.66	1/1/2009	
80202		3	VANCOMYCIN	18.72	18.72	1/1/2009	
80299		3	QUANTITATION OF DRUG, NOT ELSEWHERE SPECIFIED	19.13	19.13	1/1/2009	
80400		3	ACTH STIMULATION PANEL;	45.56	45.56	1/1/2009	
80402		3	ACTH STIMULATION PANEL;	121.46	121.46	1/1/2009	
80406		3	ACTH STIMULATION PANEL;	109.34	109.34	1/1/2009	
80408		3	ALDOSTERONE SUPPRESSION EVALUATION PANEL (EG, SALINE INFUSION	175.34	175.34	1/1/2009	
80410		3	CALCITONIN STIMULATION PANEL (EG, CALCIUM, PENTAGASTRIN)	112.23	112.23	1/1/2009	
80412		3	CORTICOTROPIC RELEASING HORMONE (CRH) STIMULATION PANEL	460.50	460.50	1/1/2009	
80418		3	COMBINED RAPID ANTERIOR PITUITARY EVALUATION PANEL	806.96	806.96	1/1/2009	
80420		3	DEXAMETHASONE SUPPRESSION PANEL, 48 HOUR	100.64	100.64	1/1/2009	
80422		3	GLUCAGON TOLERANCE PANEL;	64.38	64.38	1/1/2009	
80424		3	GLUCAGON TOLERANCE PANEL;	70.56	70.56	1/1/2009	
80428		3	GROWTH HORMONE STIMULATION PANEL (EG, ARGININE INFUSION, L-DOF	93.16	93.16	1/1/2009	
80430		3	GROWTH HORMONE SUPPRESSION PANEL (GLUCOSE ADMINISTRATION)	109.60	109.60	1/1/2009	

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					Medicaid Maximum Allowable	
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
80432		3	INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL	154.38	154.38	1/1/2009
80434		3	INSULIN TOLERANCE PANEL;	141.30	141.30	1/1/2009
80435		3	INSULIN TOLERANCE PANEL;	143.85	143.85	1/1/2009
80436		3	METYRAPONE PANEL	127.36	127.36	1/1/2009
80438		3	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;	68.31	68.31	1/1/2009
80439		3	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;	91.08	91.08	1/1/2009
80440		3	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;	81.24	81.24	1/1/2009
80500		3	CLINICAL PATHOLOGY CONSULTATION, WITHOUT PATIENT'S HISTORY	16.70	18.92	1/1/2009
80500	26	5	CLINICAL PATHOLOGY CONSULTATION, WITHOUT PATIENT'S HISTORY	14.49	16.00	1/1/2009
80502		3	CLINICAL PATHOLOGY CONSULTATION , COMPREHENSIVE	58.17	59.43	1/1/2009
80502	26	5	CLINICAL PATHOLOGY CONSULTATION , COMPREHENSIVE	41.32	42.05	1/1/2009
81000		3	ROUTINE URINE ANALYSIS	4.43	4.43	1/1/2009
81001		3	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOS	4.43	4.43	1/1/2009
81002		3	URINALYSIS ROUTINE WITHOUT MICROSCOPY	3.57	3.57	1/1/2009
81003		3	UA, BY DIP STICK OR TABLET; AUTOMATED, WO MICRO	3.14	3.14	1/1/2009
81005		3	URINE TESTS	3.03	3.03	1/1/2009
81007		3	URINALYSIS; BACTERIURIA SCREEN, EXCEPT BY CULTURE OR DIPSTICK	3.59	3.59	1/1/2009
81015		3	MICROSCOPIC URINE EXAM	4.24	4.24	1/1/2009
81020		3	URINALYSIS ROUTINE 2 OR 3 GLASS TEST	5.15	5.15	1/1/2009
81025		3	UA PREG. TEST - COLOR COMPARISON METHOD	8.84	8.84	1/1/2009
81050		3	VOLUME MEASUREMENT FOR TIMED COLLECTION, EACH	4.19	4.19	1/1/2009
82000		3	ACETALDEHYDE BLOOD	17.31	17.31	1/1/2009
82003		3	ACETAMINOPHEN	28.28	28.28	1/1/2009
82009		3	ACETONE QUALITATIVE	6.31	6.31	1/1/2009
82010		3	LABORATORY SERVICES, ANALYSIS	11.42	11.42	1/1/2009
82013		3	ACETYLCHOLINESTERASE	15.61	15.61	1/1/2009
82016		3	ACYLCARNITINES; QUALITATIVE, EACH SPECIMEN	19.37	19.37	1/1/2009
82017		3	ACYLCARNITINES; QUANTITATIVE, EACH SPECIMEN (FOR CARNITINE, SEE	23.57	23.57	1/1/2009
82024		3	ACTH	53.97	53.97	1/1/2009
82030		3	ADENOSINE;5'MONOPHOSPHATE,CYCLIC (CYCLIC AMP)	36.05	36.05	1/1/2009
82040		3	ALBUMIN SERUM	6.92	6.92	1/1/2009
82042		3	ALBUMIN; URINE OR OTHER SOURCE, QUANTITATIVE, EACH SPECIMEN	7.23	7.23	1/1/2009
82043		3	ALBUMIN; URINE, MICR, QUANTITATIVE	8.09	8.09	1/1/2009
82044		3	ALBUMIN; URINE, MICRO, SEMIQUANTITATIVE	4.00	4.00	1/1/2009
82055		3	A150 OR A350 SALIVA ALCOHOL TEST	15.10	15.10	1/1/2009
82075		3	ALCOHOL BREATH	16.84	16.84	1/1/2009
82085		3	ALDOLASE	13.56	13.56	1/1/2009
82088		3	ALDOSTERONE	56.94	56.94	1/1/2009
82101		3	LABORATORY SERVICES, ANALYSIS	41.94	41.94	1/1/2009
82103		3	ALPHA-1-ANTITRYPSIN; TOTAL	18.77	18.77	1/1/2009
82104		3	ALPHA-1-ANTITRYPSIN; PHENOTYPE	20.20	20.20	1/1/2009
82105		3	ALPHA-FETOPROTEIN; SERUM	23.44	23.44	1/1/2009
82106		3	ALPHA-FETOPROTEIN; AMNIOTIC FLUID	23.44	23.44	1/1/2009
82107		3	ALPHA-FETOPROTEIN (AFP); AFP-L3 FRACTION ISOFORM AND TOTAL AFP	89.99	89.99	1/1/2009
82108		3	ALUMINUM	35.60	35.60	1/1/2009
82120		3	AMINES, VAGINAL FLUID, QUALITATIVE	5.25	5.25	1/1/2009
82127		3	AMINO ACIDS; SINGLE, QUALITATIVE, EACH SPECIMEN	19.37	19.37	1/1/2009
82128		3	AMINO ACIDS; MULTIPLE, QUALITATIVE, EACH SPECIMEN	19.37	19.37	1/1/2009
82131		3	AMINO ACIDS; SINGLE, QUANTITATIVE, EACH SPECIMEN	23.57	23.57	1/1/2009
82135		3	AMINOLEVULINIC ACID DELTA	23.00	23.00	1/1/2009
82136		3	AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	23.57	23.57	1/1/2009
82139		3	AMINO ACIDS, 6 OR MORE AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	23.57	23.57	1/1/2009
82140		3	AMMONIA	20.36	20.36	1/1/2009
82143		3	AMNIOTIC FLUID SCAN	9.61	9.61	1/1/2009
82145		3	AMPHETAMINE OR METHAMPHETAMINE	21.72	21.72	1/1/2009
82150		3	AMYLASE	9.06	9.06	1/1/2009
82154		3	ANDROSTANEDIOL GLUCURONIDE	40.29	40.29	1/1/2009
82157		3	ANDROSTENEDIONE	40.90	40.90	1/1/2009
82160		3	ANDROSTERONE	34.94	34.94	1/1/2009
82163		3	ANGIOTENSIN II	28.68	28.68	1/1/2009
82164		3	ANGIOTENSIN I (ACE)	20.39	20.39	1/1/2009
82172		3	APOLIPOPROTEIN, EACH	21.65	21.65	1/1/2009
82175		3	ARSENIC	26.51	26.51	1/1/2009
82180		3	ASCORBIC ACID	13.81	13.81	1/1/2009
82190		3	ATOMIC ABSORPTION SPECTROSCOPY, EACH	20.83	20.83	1/1/2009
82205		3	BARBITURATES, NOT ELSEWHERE SPECIFIED	16.01	16.01	1/1/2009
82232		3	BETA-2 MICROGLOBULIN	22.61	22.61	1/1/2009

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82239		3	BILE ACIDS; TOTAL	22.76	22.76	1/1/2009	
82240		3	BILE ACIDS; CHOLYLGLYCINE	22.76	22.76	1/1/2009	
82247		3	BILIRUBIN; TOTAL	7.02	7.02	1/1/2009	
82248		3	BILIRUBIN; DIRECT	7.02	7.02	1/1/2009	
82252		3	BILIRUBIN FECES QUALITATIVE	6.35	6.35	1/1/2009	
82261		3	BIOTINIDASE, EACH SPECIMEN	23.57	23.57	1/1/2009	
82270		3	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE; F	4.54	4.54	1/1/2009	
82274		3	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOAS	22.22	22.22	1/1/2009	
82286		3	BRADYKININ	9.62	9.62	1/1/2009	
82300		3	CADMIUM	32.33	32.33	1/1/2009	
82306		3	CALCIFEDIOL (25-OH VITAMIN D-3)	41.36	41.36	1/1/2009	
82307		3	CALCIFEROL (VITAMIN D)	45.02	45.02	1/1/2009	
82308		3	CALCITONIN	37.41	37.41	1/1/2009	
82310		3	CALCIUM; TOTAL	7.20	7.20	1/1/2009	
82330		3	CALCIUM; IONIZED	19.09	19.09	1/1/2009	
82331		3	CALCIUM AFTER CALCIUM INFUSION TEST	7.23	7.23	1/1/2009	
82340		3	CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	7.28	7.28	1/1/2009	
82355		3	CALCULUS; QUALITATIVE ANALYSIS	16.17	16.17	1/1/2009	
82360		3	CALCULUS QUANTITATIVE CHEMICAL	17.99	17.99	1/1/2009	
82365		3	CALCULUS QUANTITATIVE INFRARED SPECTROSCOPY	18.01	18.01	1/1/2009	
82370		3	CALCULUS QUANTITATIVE X-RAY DEFRACTION	17.51	17.51	1/1/2009	
82373		3	CARBOHYDRATE DEFICIENT TRANSFERRIN	25.23	25.23	1/1/2009	
82374		3	CARBON DIOXIDE	6.83	6.83	1/1/2009	
82375		3	LABORATORY SERVICES, ANALYSIS	15.46	15.46	1/1/2009	
82376		3	CARBON DIOX COMB PARCARB MUNO QUALITATIV	8.37	8.37	1/1/2009	
82378		3	CARCINOEMBRYONIC ANTIGEN (CEA)	26.51	26.51	1/1/2009	
82379		3	CARNITINE (TOTAL AND FREE), QUANTITATIVE, EACH SPECIMEN	23.57	23.57	1/1/2009	
82380		3	CAROTENE	12.89	12.89	1/1/2009	
82382		3	CATECHOLAMINES; TOTAL URINE	24.02	24.02	1/1/2009	
82383		3	CATECHOLAMINES BLOOD	35.01	35.01	1/1/2009	
82384		3	CATECHOLAMINES FRACTIONATED	35.28	35.28	1/1/2009	
82387		3	CATHEPSIN-D	19.37	19.37	1/1/2009	
82390		3	CERULOPLASMIN	15.01	15.01	1/1/2009	
82397		3	CHEMILUMINESCENT ASSAY	19.37	19.37	1/1/2009	
82415		3	CHLORAMPHENICOL	17.70	17.70	1/1/2009	
82435		3	CHLORIDE, SERUM	6.42	6.42	1/1/2009	
82436		3	CHLORIDE, URINE	7.02	7.02	1/1/2009	
82438		3	CHLORIDE; OTHER SOURCE	6.83	6.83	1/1/2009	
82441		3	CHLORINATRD HYDROCARBONNS SCREEN	8.38	8.38	1/1/2009	
82465		3	CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL	6.08	6.08	1/1/2009	
82480		3	CHOLINESTERASE	8.03	8.03	1/1/2009	
82482		3	CHOLINESTERASE	6.43	6.43	1/1/2009	
82485		3	CHONDRITINE B SULFATE QUANTITATIVE	28.85	28.85	1/1/2009	
82486		3	CHROMATOGRAPHY, QUALITATIVE; COLUMN (EG, GAS LIQUID OR HPLC), /	25.23	25.23	1/1/2009	
82487		3	CHROMATOGRAPHY PAPER	22.30	22.30	1/1/2009	
82488		3	CHROMATOGRAPHY PAPER 2 DIMENSIONAL	29.85	29.85	1/1/2009	
82489		3	CHROMATOGRAPHY THIN LAYER	25.84	25.84	1/1/2009	
82491		3	CHROMATOGRAPHY, QUANTITATIVE, COLUMN (EG, GAS LIQUID OR HPLC);	25.23	25.23	1/1/2009	
82492		3	CHROMATOGRAPHY, QUANTITATIVE, COLUMN (EG, GAS LIQUID OR HPLC);	25.23	25.23	1/1/2009	
82495		3	CHROMIUM	28.34	28.34	1/1/2009	
82507		3	CITRIC ACID	38.85	38.85	1/1/2009	
82520		3	COCAINE OR METABOLITE	21.17	21.17	1/1/2009	
82523		3	COLLAGEN CROSS LINKS, ANY METHOD	20.48	20.48	1/1/2009	
82525		3	COPPER	17.34	17.34	1/1/2009	
82528		3	CORTICOSTERONE	31.45	31.45	1/1/2009	
82530		3	CORTISOL; FREE	23.35	23.35	1/1/2009	
82533		3	CORTISOL; TOTAL	22.78	22.78	1/1/2009	
82540		3	CREATINE	6.48	6.48	1/1/2009	
82541		3	COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPL	25.23	25.23	1/1/2009	
82542		3	COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPL	25.23	25.23	1/1/2009	
82543		3	COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPL	25.23	25.23	1/1/2009	
82544		3	COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPL	25.23	25.23	1/1/2009	
82550		3	CREATINE KINASE (CK), (CPK); TOTAL	9.10	9.10	1/1/2009	
82552		3	CPK ISOENZYME (QUALITATIVE)	18.71	18.71	1/1/2009	
82553		3	CPK; MB FRACTION ONLY	16.13	16.13	1/1/2009	
82554		3	CPK; ISOFORMS	16.58	16.58	1/1/2009	
82565		3	SERUM CREATININE	7.16	7.16	1/1/2009	

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82570		3	CREATININE; OTHER SOURCE	7.23	7.23	1/1/2009
82575		3	CREATININE CLEARANCE	13.20	13.20	1/1/2009
82585		3	CRYOFIBRINOGEN	11.98	11.98	1/1/2009
82595		3	CRYOGLOBULIN, QUALITATIVE OR SEMI-QUANTITATIVE (EG, CRYOCRIT)	9.04	9.04	1/1/2009
82600		3	CYANIDE	27.11	27.11	1/1/2009
82607		3	CYANOCOBALAMIN (VITAMIN B-12)	21.06	21.06	1/1/2009
82608		3	CYANOCOBALAMIN UNSATURATED BINDING CAPACITY	20.01	20.01	1/1/2009
82615		3	CYSTINE	11.41	11.41	1/1/2009
82626		3	DEHYDROEPIANDROSTERONE (DHEA)	35.31	35.31	1/1/2009
82627		3	DHEA-S	31.07	31.07	1/1/2009
82633		3	DEOXYCORTICOSTERONE	43.28	43.28	1/1/2009
82634		3	DEOXYCORTISOL, 11-	40.90	40.90	1/1/2009
82638		3	DIBUCAINE NUMBER	17.11	17.11	1/1/2009
82646		3	CREATINE AND CREATININE	28.85	28.85	1/1/2009
82649		3	DIHYDROMORPHINONE	35.91	35.91	1/1/2009
82651		3	DIHYDROTESTOSTERONE	36.07	36.07	1/1/2009
82652		3	DIHYDROXYVITAMIN D	53.78	53.78	1/1/2009
82654		3	DIMETHADIONE	19.34	19.34	1/1/2009
82657		3	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT E	25.23	25.23	1/1/2009
82658		3	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT E	25.23	25.23	1/1/2009
82664		3	ELECTROPHORETIC TECH	48.00	48.00	1/1/2009
82666		3	EPIANDROSTERONE	30.01	30.01	1/1/2009
82668		3	ERYTHROPOIETIN	26.26	26.26	1/1/2009
82670		3	ESTRADIOL	33.28	33.28	1/1/2009
82671		3	ESTROGENS FRACTIONATED BLOOD	45.13	45.13	1/1/2009
82672		3	ESTROGENS TOTAL BLOOD	30.30	30.30	1/1/2009
82677		3	ESTRIOL	33.79	33.79	1/1/2009
82679		3	ESTRONE	34.88	34.88	1/1/2009
82690		3	ETHCHLORVYNOL	24.15	24.15	1/1/2009
82693		3	ETHYLENE GLYCOL	19.39	19.39	1/1/2009
82696		3	ETIOCHOLANOLONE	32.95	32.95	1/1/2009
82705		3	FECAL FAT SCREEN	7.11	7.11	1/1/2009
82710		3	FAT OR LIPIDS, FECES; QUANTITATIVE	23.47	23.47	1/1/2009
82715		3	FECAL FAT	24.05	24.05	1/1/2009
82725		3	FATTY ACIDS, NONESTERIFIED	18.60	18.60	1/1/2009
82726		3	VERY LONG CHAIN FATTY ACIDS	25.23	25.23	1/1/2009
82728		3	FERRITIN SPECIFY METHOD	19.03	19.03	1/1/2009
82731		3	FETAL FIBRONECTIN, CERVICOVAGINAL SECRETIONS, SEMI-QUANTITATIV	89.99	89.99	1/1/2009
82735		3	FLUORIDE	25.91	25.91	1/1/2009
82742		3	FLURAZEPAM	27.66	27.66	1/1/2009
82746		3	FOLIC ACID	20.54	20.54	1/1/2009
82747		3	FOLIC ACID; RBC	21.05	21.05	1/1/2009
82757		3	FRUCTOSE SEMEN	24.24	24.24	1/1/2009
82759		3	GALACTORINASE RBC	30.01	30.01	1/1/2009
82760		3	GALACTOSE	15.64	15.64	1/1/2009
82775		3	GALACTOSE-1-PHOSDHATE URIDYL TRANSFERASE;QUAL	29.43	29.43	1/1/2009
82776		3	GALACTOSE 1 PHOSPHATE URIDYL TRANSFERASE QUANTITAT	11.71	11.71	1/1/2009
82784		3	GAMMA GLOBULIN	12.99	12.99	1/1/2009
82785		3	GAMMAGLOBULIN; IGE	23.01	23.01	1/1/2009
82787		3	GAMMAGLOBULIN; IMMUNOGLOBULIN SUBCLASSES, (IGG1, 2, 3, OR 4), EA	11.20	11.20	1/1/2009
82800		3	OXYGEN SATURATION PH ONLY	8.97	8.97	1/1/2009
82803		3	GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO3 (INCLUI	27.04	27.04	1/1/2009
82805		3	GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO2 (INCLUI	39.65	39.65	1/1/2009
82810		3	GASES, BLOOD, O2 SATURATION ONLY, BY DIRECT MEASUREMENT, EXCE	12.20	12.20	1/1/2009
82820		3	HEMOGLOBIN - OXYGEN AFFINITY	13.96	13.96	1/1/2009
82926		3	GASTRIC ANALYSIS	7.61	7.61	1/1/2009
82928		3	GASTRIC ACID FREE OR TOTOAL SINGLE SPEC	9.15	9.15	1/1/2009
82938		3	GASTRIN AFTER SECRETIN STIMULATION	24.72	24.72	1/1/2009
82941		3	GASTRIN	24.64	24.64	1/1/2009
82943		3	GLUCAGON	19.97	19.97	1/1/2009
82945		3	GLUCOSE, BODY FLUID, OTHER THAN BLOOD	5.48	5.48	1/1/2009
82946		3	GLUCAGON TOLERANCE TEST	21.06	21.06	1/1/2009
82947		3	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	5.48	5.48	1/1/2009
82948		3	BLOOD GLUCOSE -FINGER STICK	4.43	4.43	1/1/2009
82950		3	GLUCOSE POST GLUCOSE DOSE	6.64	6.64	1/1/2009
82951		3	ORAL GLUCOSE TOLERANCE TEST	17.99	17.99	1/1/2009
82952		3	GLUCOSE TOLERANCE TEST EACH ASSIT BEYOND 3 SPEC	5.48	5.48	1/1/2009

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
82953		3	TOLBUTAMIDE TOLERANCE	20.28	20.28	1/1/2009	
82955		3	GLUCOSE 6 PHOSPHATE DEHYDROGENASE	6.50	6.50	1/1/2009	
82960		3	GLUCOSE 6 PHOSPHATE DEHYDROGENASE SCREEN	8.47	8.47	1/1/2009	
82962		3	BLOOD GLUCOSE BY MONITORING DEVICE	3.27	3.27	1/1/2009	
82963		3	GLUCOSIDASE BETA	30.01	30.01	1/1/2009	
82965		3	GLUTAMATE DEHYDROGENASE	10.80	10.80	1/1/2009	
82975		3	GLUTAMINE	22.13	22.13	1/1/2009	
82977		3	G G T	10.06	10.06	1/1/2009	
82978		3	GLUTATHIONE LEVEL AND STABILITY	19.91	19.91	1/1/2009	
82979		3	GLUTATHIONE REDUCTASE RBC	9.62	9.62	1/1/2009	
82980		3	GLUTETHIMIDE	25.60	25.60	1/1/2009	
82985		3	GLYCATED PROTEIN	21.06	21.06	1/1/2009	
83001		3	GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)	25.97	25.97	1/1/2009	
83002		3	HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTROPHORESIS	25.88	25.88	1/1/2009	
83003		3	GROWTH STIMULATING HORMONE	23.29	23.29	1/1/2009	
83008		3	GUANOSINE MONOPHOSPHATE (GMP), CYCLIC	23.45	23.45	1/1/2009	
83010		3	HAPTOGLOBIN	17.58	17.58	1/1/2009	
83012		3	HAPTOGLOBIN PHENOTYPES ELECTROPHORESIS	24.02	24.02	1/1/2009	
83013		3	HELICOBACTER PYLORI; ANALYSIS FOR UREASE ACTIVITY, NON-RADIOAC	94.11	94.11	1/1/2009	
83014		3	HELICOBACTER PYLORI, BREATH TEST ANALYSIS; DRUG ADMINISTRATION	10.98	10.98	1/1/2009	
83015		3	HEAVY METAL SCREEN	26.31	26.31	1/1/2009	
83018		3	HEAVY METAL; QUANTITATIVE, EACH	30.68	30.68	1/1/2009	
83020		3	HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTROPHORESIS (	17.56	17.56	1/1/2009	
83020	26	5	HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTROPHORESIS (	17.01	17.01	1/1/2009	
83021		3	HEMOGLOBIN FRACTIONATION AND QUANTITATION; CHROMATOGRAPHY	25.23	25.23	1/1/2009	
83026		3	HEMOGLOBIN; BY COPPER SULFATE METHOD	3.30	3.30	1/1/2009	
83030		3	HEMOGLOBIN F(FETAL) CHEMICAL	11.56	11.56	1/1/2009	
83033		3	HEMOGLOBIN; F (FETAL), QUALITATIVE	8.33	8.33	1/1/2009	
83036		3	HEMOGLOBIN; GLYCOSYLATED (A1C)	13.56	13.56	1/1/2009	
83045		3	METHEMOGLOBIN	6.93	6.93	1/1/2009	
83050		3	METHEMOGLOBIN QUANTITATIVE	10.23	10.23	1/1/2009	
83051		3	METHEMOGLOBIN PLASMA	10.21	10.21	1/1/2009	
83055		3	SULFHEMOGLOBIN QUALITATIVE	6.87	6.87	1/1/2009	
83060		3	SULFHEMOGLOBIN QUANTITATIVE	11.56	11.56	1/1/2009	
83065		3	HEMOGLOBIN THERMOLABILE	9.62	9.62	1/1/2009	
83068		3	HEMOGLOBIN UNSTABLESCREEN	4.02	4.02	1/1/2009	
83069		3	HEMOGLOBIN URINE	5.51	5.51	1/1/2009	
83070		3	HEMOSIDERIN	0.77	0.77	1/1/2009	
83071		3	HEMOSIDERIN; QUANTITATIVE	9.61	9.61	1/1/2009	
83080		3	B-HEXOSAMINIDASE, EACH ASSAY	23.57	23.57	1/1/2009	
83088		3	HISTAMINE	41.26	41.26	1/1/2009	
83090		3	HOMOCYSTINE	23.57	23.57	1/1/2009	
83150		3	HOMOVANILLIC ACID (HVA)	27.04	27.04	1/1/2009	
83491		3	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS)	24.47	24.47	1/1/2009	
83497		3	5 HIAA QUALITATIVE	18.01	18.01	1/1/2009	
83498		3	HYDROXYPROGESTERONE, 17-D	37.95	37.95	1/1/2009	
83499		3	HYDROXYPROGESTERONE 20	35.22	35.22	1/1/2009	
83500		3	HYDROXYPROLINE FREE	31.65	31.65	1/1/2009	
83505		3	HYDROXYPROLINE TOTAL	33.96	33.96	1/1/2009	
83516		3	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBOD	16.01	16.01	1/1/2009	
83518		3	IMMUNOASSAY FOR ANALYTE OTHER THAN ANTIBODY OR INFECTIOUS AC	10.68	10.68	1/1/2009	
83519		3	IMMUNOASSAY, ANALYTE, QUANTITATIVE; BY RADIOPHARMACEUTICAL TE	18.88	18.88	1/1/2009	
83520		3	IMMUNOASSAY ANALYTE; NOT OTHERWISE SPECIFIED	18.09	18.09	1/1/2009	
83525		3	INSULIN; TOTAL	15.98	15.98	1/1/2009	
83527		3	INSULIN;	17.68	17.68	1/1/2009	
83528		3	INTRINSIC FACTOR LEVEL	22.22	22.22	1/1/2009	
83540		3	IRON	9.05	9.05	1/1/2009	
83550		3	IBC	12.21	12.21	1/1/2009	
83570		3	IDH	12.36	12.36	1/1/2009	
83582		3	KETOGENIC STEROIDS; FRACTIONATION	19.80	19.80	1/1/2009	
83586		3	KETOSTEROIDS, 17- (17-KS); TOTAL	17.89	17.89	1/1/2009	
83593		3	KETOSTEROIDS, 17- (17-KS); FRACTIONATION	36.75	36.75	1/1/2009	
83605		3	"LACTATES"	14.92	14.92	1/1/2009	
83615		3	LACTATE DEHYDROGENASE (LD), (LDH)	8.44	8.44	1/1/2009	
83625		3	LDH ISOENZYMES	13.00	13.00	1/1/2009	
83632		3	LACTOGEN, HUMAN PLACENTAL (HPL)	28.24	28.24	1/1/2009	
83633		3	LACTOSE URINE QUALITATIVE	7.69	7.69	1/1/2009	

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83634		3	LACTOSE URINE QUANTITATIVE	16.10	16.10	1/1/2009	
83655		3	LEAD	16.91	16.91	1/1/2009	
83661		3	FETAL LUNG MATURITY ASSESSMENT; LECITHIN SPHINGOMYELIN (L/S) RA	30.71	30.71	1/1/2009	
83662		3	L/S RATIO	26.43	26.43	1/1/2009	
83663		3	FETAL LUNG MATURITY ASSESSMENT; FLUORESCENCE POLARIZATION	26.43	26.43	1/1/2009	
83664		3	FETAL LUNG MATURITY ASSESSMENT; LAMELLAR BODY DENSITY	26.43	26.43	1/1/2009	
83670		3	LEUCINE AMINOPEPTIDASE (LAP)	12.80	12.80	1/1/2009	
83690		3	LIPASE	9.62	9.62	1/1/2009	
83718		3	LIPOPROTEIN, DIRECT MEASUREMENT; HIGH DENSITY CHOLESTEROL	11.44	11.44	1/1/2009	
83719		3	LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT, VLDL CH	16.26	16.26	1/1/2009	
83721		3	LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT, LDL CHO	13.33	13.33	1/1/2009	
83727		3	LUTEINIZING RELEASING FACTOR (LRH)	24.02	24.02	1/1/2009	
83735		3	MAGNESIUM	9.36	9.36	1/1/2009	
83775		3	MALATE DEHYDROGENASE	10.30	10.30	1/1/2009	
83785		3	MANGANESE BLOOD OR URINE	34.36	34.36	1/1/2009	
83788		3	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY (MS, MS/ MS	25.23	25.23	1/1/2009	
83789		3	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY (MS, MS/ MS	25.23	25.23	1/1/2009	
83805		3	MEPROBAMATE BLOOD/URINE	24.63	24.63	1/1/2009	
83825		3	MERCURY, QUANTITATIVE	22.72	22.72	1/1/2009	
83835		3	METHANEPHRINES	23.67	23.67	1/1/2009	
83840		3	METHADONE OR COCAINE	22.81	22.81	1/1/2009	
83857		3	METHEMALBUMIN	15.01	15.01	1/1/2009	
83858		3	METHSUXIMIDE	20.71	20.71	1/1/2009	
83864		3	MUCOPOLYSACCHARIDES, ACID; QUANTITATIVE	27.82	27.82	1/1/2009	
83866		3	MUCOPOLYSACCHARIDES ACID URINE SCREEN	13.76	13.76	1/1/2009	
83872		3	MUCIN SYNOVIAL FLUID	8.19	8.19	1/1/2009	
83873		3	MYELIN BASIC PROTEIN, CEREBROSPINAL FLUID	24.04	24.04	1/1/2009	
83874		3	MYOGLOBIN	18.04	18.04	1/1/2009	
83880		3	NATRIURETIC PEPTIDE	47.43	47.43	1/1/2009	
83883		3	NEPHELOMETRY, EACH ANALYTE	19.00	19.00	1/1/2009	
83885		3	NICKEL	34.23	34.23	1/1/2009	
83887		3	NICOTINE	33.09	33.09	1/1/2009	
83890		3	MOLECULAR DIAGNOSTICS; MOLECULAR ISOLATION OR EXTRACTION	5.60	5.60	1/1/2009	
83891		3	MOLECULAR DIAGNOSTICS; ISOLATION OR EXTRACTION OF HIGHLY PURII	5.60	5.60	1/1/2009	
83892		3	NUCLEAR MOLECULAR DX; ENZYMATIC DIGESTION	5.60	5.60	1/1/2009	
83893		3	MOLECULAR DIAGNOSTICS; DOT/SLOT BLOT PRODUCTION	5.60	5.60	1/1/2009	
83894		3	MOLECULAR DIAGNOSTICS; SEPARATION BY GEL ELECTROPHORESIS (EC	5.60	5.60	1/1/2009	
83896		3	NUCLEAR MOLECULAR DX; EACH	5.60	5.60	1/1/2009	
83897		3	MOLECULAR DIAGNOSTICS; NUCLEIC ACID TRANSFER (EG, SOUTHERN, N	5.60	5.60	1/1/2009	
83898		3	MOLECULAR DIAGNOSTICS; AMPLIFICATION OF PATIENT NUCLEIC ACID, E	5.75	5.75	1/1/2009	
83901		3	MOLECULAR DIAGNOSTICS; AMPLIFICATION OF PATIENT NUCLEIC ACID, M	5.75	5.75	1/1/2009	
83902		3	MOLECULAR DIAGNOSTICS; REVERSE TRANSCRIPTION	5.75	5.75	1/1/2009	
83903		3	MOLECULAR DIAGNOSTICS; MUTATION SCANNING, BY PHYSICAL PROPER	5.75	5.75	1/1/2009	
83904		3	MOLECULAR DIAGNOSTICS; MUTATION IDENTIFICATION BY SEQUENCING,	5.75	5.75	1/1/2009	
83905		3	MOLECULAR DIAGNOSTICS; MUTATION IDENTIFICATION BY ALLELE SPECI	5.75	5.75	1/1/2009	
83906		3	MOLECULAR DIAGNOSTICS; MUTATION IDENTIFICATION BY ALLELE SPECI	5.75	5.75	1/1/2009	
83912		3	NUCLEAR MOLECULAR DIAGNOSTICS; INTERPRETATION AND REPORT	5.60	5.60	1/1/2009	
83912	26	5	NUCLEAR MOLECULAR DIAGNOSTICS; INTERPRETATION AND REPORT	16.38	16.38	1/1/2009	
83913		3	MOLECULAR DIAGNOSTICS; RNA STABILIZATION	18.66	18.66	1/1/2009	
83915		3	5 NUCLEOTIDASE	15.58	15.58	1/1/2009	
83916		3	OLIGOCLONAL IMMUNE (OLIGOCLONAL BANDS)	28.09	28.09	1/1/2009	
83918		3	ORGANIC ACIDS; TOTAL, QUANTITATIVE, EACH SPECIMEN	23.00	23.00	1/1/2009	
83919		3	ORGANIC ACIDS; QUALITATIVE, EACH SPECIMEN	23.00	23.00	1/1/2009	
83921		3	ORGANIC ACID, SINGLE, QUANTITATIVE	23.00	23.00	1/1/2009	
83925		3	OPIATES	27.19	27.19	1/1/2009	
83930		3	OSMOLALITY BLOOD	9.24	9.24	1/1/2009	
83935		3	OSMOLALITY	9.52	9.52	1/1/2009	
83937		3	OSTEOCALCIN (BONE G1A PROTEIN)	39.78	39.78	1/1/2009	
83945		3	OXALATE	17.99	17.99	1/1/2009	
83950		3	ONCOPROTEIN, HER-2/NEU	89.99	89.99	1/1/2009	
83970		3	PARATHORMONE	57.67	57.67	1/1/2009	
83986		3	PH BODY FLUID EXCEPT BLOOD	5.00	5.00	1/1/2009	
83992		3	PHENCYCLIDINE	20.54	20.54	1/1/2009	
84022		3	PHENOTHIAZINE	21.76	21.76	1/1/2009	
84030		3	PHENYLALANINE (PKU), BLOOD	7.69	7.69	1/1/2009	
84035		3	PHENYLKETONES, QUALITATIVE	5.11	5.11	1/1/2009	
84060		3	PHOSPHATASE ACID	10.32	10.32	1/1/2009	

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84061		3	PHOSPHATASE ACID; FORENSIC EXAM	11.06	11.06	1/1/2009
84066		3	PHOSPHATASE ACID; PROSTATIC	13.50	13.50	1/1/2009
84075		3	PHOSPHATASE ALKALINE	7.23	7.23	1/1/2009
84078		3	PHOSPHATASE ALKALINE BLOOD HEAT STABLE	10.20	10.20	1/1/2009
84080		3	ALKALINE PHOSPHATASE ISOENZYME	20.66	20.66	1/1/2009
84081		3	PHOSPHATIDYLGLYCEROL	23.09	23.09	1/1/2009
84085		3	PHOSPHOGLUCONAT6 6-DEHYDROGENASE RBC	9.42	9.42	1/1/2009
84087		3	PHOSPHOHEXOSE ISOMERASE	14.42	14.42	1/1/2009
84100		3	PHOSPHORUS INORGANIC (PHOSPHATE)	6.63	6.63	1/1/2009
84105		3	PHOSPHORUS (PHOSPHATE) URINE	7.23	7.23	1/1/2009
84106		3	PORPHOBILINOGEN	5.99	5.99	1/1/2009
84110		3	PORPHOBILINOGEN URINE QUANTITATIVE	11.80	11.80	1/1/2009
84119		3	PORPHYRINS QUALITATIVE	12.03	12.03	1/1/2009
84120		3	PORPHYRINS, URINE; QUANTITATION AND FRACTIONATION	20.55	20.55	1/1/2009
84126		3	PROPHYRINS FECES QUANITATIVE	35.59	35.59	1/1/2009
84127		3	PORPHYRINS, FECES; QUALITATIVE	13.00	13.00	1/1/2009
84132		3	POTASSIUM SERUM	6.42	6.42	1/1/2009
84133		3	POTASSIUM URINE	6.01	6.01	1/1/2009
84134		3	PREALBUMIN	20.38	20.38	1/1/2009
84135		3	PREGNANEDIOL	26.73	26.73	1/1/2009
84138		3	PREGNANETRIOL	26.46	26.46	1/1/2009
84140		3	PREGNENOLONE	27.97	27.97	1/1/2009
84143		3	17-HYDROXYPREGNENOLONE	31.89	31.89	1/1/2009
84144		3	PROGESTERONE	29.15	29.15	1/1/2009
84146		3	PROLACTIN	27.08	27.08	1/1/2009
84150		3	PROSTAGLANDIN, EACH	34.88	34.88	1/1/2009
84152		3	PROSTATE SPECIFIC ANTIGEN (PSA); COMPLEXED (DIRECT MEASUREMEN	25.70	25.70	1/1/2009
84153		3	PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	25.70	25.70	1/1/2009
84154		3	PROSTATE SPECIFIC ANTIGEN (PSA); FREE	25.70	25.70	1/1/2009
84155		3	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM	5.12	5.12	1/1/2009
84160		3	PROTEIN REFRACTOMETRIC	7.23	7.23	1/1/2009
84165		3	PROTEIN ELECTROPHORESIS	14.95	14.95	1/1/2009
84165	26	5	PROTEIN ELECTROPHORESIS	16.70	16.70	1/1/2009
84181		3	PROTEIN; WESTERN BLOT, WITH REPORT AND INTERPRETATION	16.43	16.43	1/1/2009
84181	26	5	PROTEIN; WESTERN BLOT, WITH REPORT AND INTERPRETATION	16.70	16.70	1/1/2009
84182		3	PROTEIN;IMMUNO PROBE FOR BAND ID, EACH	16.43	16.43	1/1/2009
84182	26	5	PROTEIN;IMMUNO PROBE FOR BAND ID, EACH	17.23	17.23	1/1/2009
84202		3	PROTOPORPHYRIN RBC QUANTITATIVE	20.05	20.05	1/1/2009
84203		3	PROTOPORPHYRIN RBC SCREEN	12.03	12.03	1/1/2009
84206		3	PROINSULIN	24.89	24.89	1/1/2009
84207		3	PYRIDOXINE VITAMINE B-6	39.25	39.25	1/1/2009
84210		3	PYRUVATE	15.17	15.17	1/1/2009
84220		3	PYRUVATE KINASE	13.18	13.18	1/1/2009
84228		3	QUININE	16.26	16.26	1/1/2009
84233		3	RECEPTOR ASSAY ESTROGEN (ESTRADIOL)	89.99	89.99	1/1/2009
84234		3	RECEPTOR ASSAY PROGESTERONE	90.64	90.64	1/1/2009
84235		3	RECEPTOR ASSAY ENDOCRINE NOT ESTROGEN OR PROGESTER	73.12	73.12	1/1/2009
84238		3	RECEPTOR ASSAY; NON-ENDOCRINE (SPECIFY RECEPTOR)	51.09	51.09	1/1/2009
84244		3	RENIN	30.73	30.73	1/1/2009
84252		3	RIBOFLAVIN	28.28	28.28	1/1/2009
84255		3	SELENIUM	35.67	35.67	1/1/2009
84260		3	SEROTONIN	22.76	22.76	1/1/2009
84270		3	SHBG	30.36	30.36	1/1/2009
84275		3	SIALIC ACID	18.77	18.77	1/1/2009
84285		3	SILICA	32.90	32.90	1/1/2009
84295		3	SODIUM BLOOD	6.72	6.72	1/1/2009
84300		3	SODIUM URINE	6.79	6.79	1/1/2009
84302		3	SODIUM; OTHER SOURCE	6.79	6.79	1/1/2009
84305		3	SOMATOMEDIN	19.37	19.37	1/1/2009
84307		3	SOMATOSTATIN	19.37	19.37	1/1/2009
84311		3	SPECTROPHOMETRY, NOT ELSEWHERE SPECIFIED	9.77	9.77	1/1/2009
84315		3	SPECIFIC GRAVITY CEXCE PT URINE	3.50	3.50	1/1/2009
84375		3	SUGAR CHOMATOGRAPHIC TLC/PAPER CHOMATOGA PHY	27.39	27.39	1/1/2009
84376		3	SUGARS (MON-, DI, AND OLIGOSACCHARIDES); SINGLE QUALITATIVE, EAC	7.69	7.69	1/1/2009
84377		3	SUGARS (MON-, DI, AND OLIGOSACCHARIDES); MULTIPLE QUALITATIVE, E	7.69	7.69	1/1/2009
84378		3	SUGARS (MON-, DI, AND OLIGOSACCHARIDES); SINGLE QUANTITATIVE, EA	16.10	16.10	1/1/2009
84379		3	SUGARS (MON-, DI, AND OLIGOSACCHARIDES); MULTIPLE QUANTITATIVE,	16.10	16.10	1/1/2009

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84392		3	SULFATE, URINE	6.64	6.64	1/1/2009	
84402		3	TESTOSTERONE; FREE	35.57	35.57	1/1/2009	
84403		3	TESTOSTERONE; TOTAL	36.08	36.08	1/1/2009	
84425		3	THIAMINE	29.67	29.67	1/1/2009	
84430		3	THIOCYANATE	8.06	8.06	1/1/2009	
84432		3	THYROGLOBULIN	22.44	22.44	1/1/2009	
84436		3	THYROXINE; TOTAL	8.06	8.06	1/1/2009	
84437		3	THYROXINE; REQUIRING ELUTION (EG, NEONATAL)	9.04	9.04	1/1/2009	
84439		3	THYROXINE; FREE	12.60	12.60	1/1/2009	
84442		3	TBG BY RIA	20.66	20.66	1/1/2009	
84443		3	TSH	22.77	22.77	1/1/2009	
84445		3	THYROID STIMULATING IMMUNE GLOBULINS (TSI)	71.05	71.05	1/1/2009	
84446		3	VITAMIN E	19.81	19.81	1/1/2009	
84449		3	TRANSCORTIN (CORTISOL BINDING GLOBULIN)	25.15	25.15	1/1/2009	
84450		3	TRANSFERASE; ASPARTATE AMINO (AST) (SGOT)	7.22	7.22	1/1/2009	
84460		3	TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	7.40	7.40	1/1/2009	
84466		3	TRANSFERRIN	17.84	17.84	1/1/2009	
84478		3	TRIGLYCERIDES	8.04	8.04	1/1/2009	
84479		3	THYROID HORMONE (T3 OR T4) UPTAKE OR THYROID HORMONE BINDING	8.33	8.33	1/1/2009	
84480		3	TRIIODOTHYRONINE T3; TOTAL (TT-3)	19.81	19.81	1/1/2009	
84481		3	TRIDOTHYRONINE (T-3); FREE	23.67	23.67	1/1/2009	
84482		3	T-3; REVERSE	22.02	22.02	1/1/2009	
84484		3	TROPONIN, QUANTITATIVE	13.75	13.75	1/1/2009	
84485		3	TRYPSIN DUODENAL FLUID	10.49	10.49	1/1/2009	
84488		3	TRYPSIN; FECES, QUALITATIVE	10.20	10.20	1/1/2009	
84490		3	TRYPSIN FECES QUANTITATIVE	10.63	10.63	1/1/2009	
84510		3	TYROSINE	14.53	14.53	1/1/2009	
84512		3	TROPONIN, QUALITATIVE	8.69	8.69	1/1/2009	
84520		3	UREA NITROGEN; QUANTITATIVE	5.51	5.51	1/1/2009	
84525		3	UREA NITROGEN; SEMIQUANTITATIVE (EG, REAGENT STRIP TEST)	5.25	5.25	1/1/2009	
84540		3	LABORATORY SERVICES, ANALYSIS	6.64	6.64	1/1/2009	
84545		3	UREA CLEARANCE	8.06	8.06	1/1/2009	
84550		3	URIC ACID; BLOOD	6.31	6.31	1/1/2009	
84560		3	URIC ACID; OTHER SOURCE	6.64	6.64	1/1/2009	
84577		3	FECAL UROBILINOGEN QUANTITATIVE	17.43	17.43	1/1/2009	
84578		3	UROBILINOGEN QUALITATIVE	3.28	3.28	1/1/2009	
84580		3	UROBILINOGEN URINE QUANTITATIVE	9.92	9.92	1/1/2009	
84583		3	UROBILINOGEN URINE SEMIQUANTITATIVE	7.02	7.02	1/1/2009	
84585		3	UMA	21.66	21.66	1/1/2009	
84586		3	VASOACTIVE INTESTINAL PEPTIDE (VIP)	22.33	22.33	1/1/2009	
84588		3	VASOPRESSIN (ANTIDIURETIC HORMONE, ADH)	47.43	47.43	1/1/2009	
84590		3	VITAMIN A	16.20	16.20	1/1/2009	
84591		3	VITAMIN, NOT OTHERWISE SPECIFIED	16.20	16.20	1/1/2009	
84597		3	VITAMIN K	19.15	19.15	1/1/2009	
84600		3	VOLATILES	19.45	19.45	1/1/2009	
84620		3	D-XYLOSE TOLERANCE	16.55	16.55	1/1/2009	
84630		3	ZINC	15.91	15.91	1/1/2009	
84681		3	C-PEPTIDE ANY METHOD	22.20	22.20	1/1/2009	
84702		3	GONADOTROPIN CHORIONIC QUANTITATIVE	12.22	12.22	1/1/2009	
84703		3	PREGNANCY TEST (GONODOTROPIN, CHORIONIC (HCG); QUALITATIVE)	10.49	10.49	1/1/2009	
85002		3	BLEEDING TIME	6.29	6.29	1/1/2009	
85004		3	BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT	9.04	9.04	1/1/2009	
85007		3	BLOOD COUNT DIFF WBC COUNT	4.81	4.81	1/1/2009	
85008		3	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITHOUT M.	4.81	4.81	1/1/2009	
85009		3	BLOOD COUNT; MANUAL DIFFERENTIAL WBC COUNT, BUFFY COAT	5.19	5.19	1/1/2009	
85013		3	BLOOD COUNT; SPUN MICROHEMATOCRIT	3.31	3.31	1/1/2009	
85014		3	BLOOD COUNT; HEMATOCRIT (HCT)	3.31	3.31	1/1/2009	
85018		3	BLOOD COUNT; HEMOGLOBIN (HGB)	3.31	3.31	1/1/2009	
85025		3	BLOOD COUNT HEMOGRAM/PLATELET COUNT AUTO/AUTO COMP	10.86	10.86	1/1/2009	
85027		3	BLOOD COUNT HEMOGRAM AUTOMATED W PLATELET COUNT	9.04	9.04	1/1/2009	
85032		3	BLOOD COUNT; MANUAL CELL COUNT (ERYTHROCYTE, LEUKOCYTE, OR P	6.01	6.01	1/1/2009	
85041		3	RBC	4.20	4.20	1/1/2009	
85044		3	BLOOD COUNT; RETICULOCYTE, MANUAL	6.01	6.01	1/1/2009	
85045		3	BLOOD COUNT, RETICULOCYTE COUNT, FLOW CYTOMETRY	5.59	5.59	1/1/2009	
85046		3	BLOOD COUNT; RETICULOCYTES, AUTOMATED, INCLUDING ONE OR MORE	7.80	7.80	1/1/2009	
85048		3	BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED	3.55	3.55	1/1/2009	
85049		3	BLOOD COUNT; PLATELET, AUTOMATED	6.25	6.25	1/1/2009	

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85060		3	BLOOD SMEAR, PERIPHERAL, INTERP BY PHYSICIAN	20.61	20.61	1/1/2009	
85060	26	5	BLOOD SMEAR, PERIPHERAL, INTERP BY PHYSICIAN	14.40	14.40	1/1/2009	
85097		3	BONE MARROW, SMEAR INTERPRETATION	42.90	77.45	1/1/2009	
85097	26	5	BONE MARROW, SMEAR INTERPRETATION	31.30	61.94	1/1/2009	
85130		3	CHROMOGENIC SUBSTRATE ASSAY	16.62	16.62	1/1/2009	
85170		3	CLOT RETRACTION	5.05	5.05	1/1/2009	
85175		3	CLOT LYSIS TIME WHOLE BLOOD DILUTION	6.35	6.35	1/1/2009	
85210		3	CLOTting FACTOR II PROTHROMBIN SPECIFIC	18.14	18.14	1/1/2009	
85220		3	CLOTting FACTOR V LABILE FACTOR	24.66	24.66	1/1/2009	
85230		3	CLOTting FACTOR VII	25.02	25.02	1/1/2009	
85240		3	CLOTting FACTOR VIII ONE STAGE	25.02	25.02	1/1/2009	
85244		3	CLOTting; FACTOR VIII RELATED ANTIGEN	28.53	28.53	1/1/2009	
85245		3	CLOTting; FACTOR 8	32.06	32.06	1/1/2009	
85246		3	CLOTting; FACTOR 8, VW FACTOR ANTIGEN	32.06	32.06	1/1/2009	
85247		3	CLOTting; FACTOR 8, MULTIMETRIC ANALYSIS	32.06	32.06	1/1/2009	
85250		3	CLOTting FACTOR IX	26.60	26.60	1/1/2009	
85260		3	CLOTting FACTOR X	25.02	25.02	1/1/2009	
85270		3	CLOTting FACTOR XI	25.02	25.02	1/1/2009	
85280		3	CLOTting FACTOR XII	27.04	27.04	1/1/2009	
85290		3	CLOTting FACTOR XIII	22.83	22.83	1/1/2009	
85291		3	CLOTting FACTOR XIII FIBRIN STABILIZING SCREEN SOL	12.42	12.42	1/1/2009	
85292		3	CLOTting; FACTOR II PREKALLIKREIN ASSAY	26.46	26.46	1/1/2009	
85293		3	CLOTting; FACTOR II MOLECULAR WEIGHT ASSAY	26.46	26.46	1/1/2009	
85300		3	CLOTting INHIBITORS OR ANTICOAGULANTS ANTITHROMBIN	16.55	16.55	1/1/2009	
85301		3	CLOTting INHIBITORS; ANTITHROMBIN III, ANTIGEN ASS	15.11	15.11	1/1/2009	
85302		3	CLOTting INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ANTIGEN	16.80	16.80	1/1/2009	
85303		3	CLOTting INHIBITORS OR ANTICOAG; PROTEIN C	19.32	19.32	1/1/2009	
85305		3	CLOTting INHIBITORS OR ANTICOAGULANTS; PROTEIN S, TOTAL	16.20	16.20	1/1/2009	
85306		3	CLOTting INHIBITORS OR ANTICOAG; PROTEIN S FREE	19.97	19.97	1/1/2009	
85307		3	ACTIVATED PROTEIN C (APC) RESISTANCE ASSAY	19.97	19.97	1/1/2009	
85335		3	FACTOR INHIBITOR TEST	17.99	17.99	1/1/2009	
85337		3	THROMBOMODULIN	14.56	14.56	1/1/2009	
85345		3	COAGULATION TIME	6.01	6.01	1/1/2009	
85347		3	COAGULATION TIME OTHER METHODS	5.95	5.95	1/1/2009	
85348		3	COAGULATION TIME OTHER METHODS	5.20	5.20	1/1/2009	
85360		3	EUGLOBULIN LYSIS	11.74	11.74	1/1/2009	
85362		3	FIBRIN DEGRADATION PRODUCTS	9.62	9.62	1/1/2009	
85370		3	FDP; QUANTITATIVE	12.87	12.87	1/1/2009	
85378		3	FDP, D-DIMER; SEMIQUANTITATIVE	9.97	9.97	1/1/2009	
85379		3	FDP, D-DIMER; QUANTITATIVE	12.87	12.87	1/1/2009	
85380		3	FIBRIN DEGRADATION PRODUCTS, D-DIMER; ULTRASENSITIVE (EG, FOR E	12.87	12.87	1/1/2009	
85384		3	FIBRINOGEN; ACTIVITY	11.87	11.87	1/1/2009	
85385		3	FIBRINOGEN; ANTIGEN	11.87	11.87	1/1/2009	
85390		3	FIBRINOLYSINS OR COAGULOPATHY SCREEN, INTERPRETATION AND REP	7.22	7.22	1/1/2009	
85390	26	5	FIBRINOLYSINS OR COAGULOPATHY SCREEN, INTERPRETATION AND REP	17.01	17.01	1/1/2009	
85400		3	FIBRINOLYTIC MECHANISMS PLASMIN	12.36	12.36	1/1/2009	
85410		3	FIBRINOLYTIC MECHANISMS ANTIPLASMIN	10.77	10.77	1/1/2009	
85415		3	FIBRINOLYTIC FACTORS & INHIBITORS	24.02	24.02	1/1/2009	
85420		3	FIBRINOLYTIC MECHANISMS PLASMINOGEN	9.13	9.13	1/1/2009	
85421		3	PLASMINOGEN, ANTIGENIC ASSAY	14.23	14.23	1/1/2009	
85441		3	HEINZ BODIES DIRECT	5.88	5.88	1/1/2009	
85445		3	HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	9.52	9.52	1/1/2009	
85460		3	HEMOGLOBIN OR RBCS, FETAL, FOR FETOMATERNAL HEMORRHAGE;	10.53	10.53	1/1/2009	
85461		3	HEMOGLOBIN OR RBCS, FETAL, FOR FETOMATERNAL HEMORRHAGE;	9.26	9.26	1/1/2009	
85475		3	HEMOLYSIN, ACID	10.53	10.53	1/1/2009	
85520		3	HEPARIN ASSAY	18.29	18.29	1/1/2009	
85525		3	HEPARIN NEUTRALIZATION	16.55	16.55	1/1/2009	
85530		3	HEPARIN-PROTAMINE TOLERANCE TEST	19.81	19.81	1/1/2009	
85536		3	IRON STAIN, PERIPHERAL BLOOD	9.04	9.04	1/1/2009	
85540		3	LEUKOCYTE ALKALINE PHOSPHATASE	12.02	12.02	1/1/2009	
85547		3	RBC FRAGILITY	5.73	5.73	1/1/2009	
85549		3	MURAMIDASE	26.21	26.21	1/1/2009	
85555		3	OSMOTIC FRAGILITY, RBC; UNINCUBATED	9.34	9.34	1/1/2009	
85557		3	OSMOTIC FRAGILITY INCUBATED QUANTITATIVE	18.66	18.66	1/1/2009	
85576		3	PLATELET; AGGREGATION (IN VITRO), EACH AGENT	30.01	30.01	1/1/2009	
85576	26	5	PLATELET; AGGREGATION (IN VITRO), EACH AGENT	17.01	17.01	1/1/2009	
85597		3	PLATELET NEUTRALIZATION	25.12	25.12	1/1/2009	

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85610		3	PROTHROMBIN TIME	5.49	5.49	1/1/2009	
85611		3	PROTHROMBIN TIME	5.51	5.51	1/1/2009	
85612		3	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); UNDILUTED	13.37	13.37	1/1/2009	
85613		3	RUSSELL VIPOR VENOM TIME; DULUTED	13.37	13.37	1/1/2009	
85635		3	REPTILASE TEST	13.76	13.76	1/1/2009	
85651		3	SEDIMENTATION RATE, ERYTHROCYTE, NON-AUTOMATED	4.96	4.96	1/1/2009	
85652		3	SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED	3.77	3.77	1/1/2009	
85660		3	SICKLING RBC REDUCTION SLIDE METHOD	7.71	7.71	1/1/2009	
85670		3	THROMBIN TIME PLASMA	8.07	8.07	1/1/2009	
85675		3	THROMBIN TIME TITER	9.58	9.58	1/1/2009	
85705		3	THROMBOPLASTIN INHIBITION; TISSUE	13.45	13.45	1/1/2009	
85730		3	PTT	8.38	8.38	1/1/2009	
85732		3	THROMBOPLASTIN TIME, PARTIAL (PTT); SUBSTITUTION, PLASMA FRACTIC	9.04	9.04	1/1/2009	
85810		3	VISCOSITY	14.16	14.16	1/1/2009	
86000		3	AGGLUTINS FEBRILE EA	9.75	9.75	1/1/2009	
86001		3	ALLERGEN SPECIFIC IGG QUANTITATIVE OR SEMIQUANTITATIVE, EACH AL	7.30	7.30	1/1/2009	
86003		3	ALLERGEN SPECIFIC IGE; QUANTITATIVE OR SEMIQUANTITATIVE, EACH AI	7.30	7.30	1/1/2009	
86005		3	ALLERGEN SPECIFIC IGE; QUALITATIVE, MULTIALLERGEN SCREEN (DIPSTI	11.14	11.14	1/1/2009	
86021		3	ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	21.03	21.03	1/1/2009	
86022		3	ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	25.66	25.66	1/1/2009	
86023		3	ANTIBODY ID PLATELET ASSOCIATED IMMUNOGLOBULIN	17.40	17.40	1/1/2009	
86038		3	ANTINUCLEAR ANTIBODIES (ANA);	16.89	16.89	1/1/2009	
86039		3	ANA; TITER	15.60	15.60	1/1/2009	
86060		3	ASO TITER	10.20	10.20	1/1/2009	
86063		3	ANTISTREPTOLYSIN SCREEN	8.07	8.07	1/1/2009	
86077		3	BLOOD BANK SERVICES; EVALUATION OF IRREGULAR ANTIB	43.00	44.90	1/1/2009	
86077	26	5	BLOOD BANK SERVICES; EVALUATION OF IRREGULAR ANTIB	30.68	31.93	1/1/2009	
86078		3	BLOOD BANK IRREGULAR ANTIB INVESTIGATION OF TRANSF	43.00	45.54	1/1/2009	
86078	26	5	BLOOD BANK IRREGULAR ANTIB INVESTIGATION OF TRANSF	30.95	32.66	1/1/2009	
86079		3	BLOOD BANK AUTHORIZATION FOR DEVIATION STAND PROCE	43.32	45.85	1/1/2009	
86079	26	5	BLOOD BANK AUTHORIZATION FOR DEVIATION STAND PROCE	30.77	32.22	1/1/2009	
86140		3	CRP	7.23	7.23	1/1/2009	
86141		3	C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCRIP)	18.09	18.09	1/1/2009	
86141	26	5	C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCRIP)	17.89	17.89	1/1/2009	
86146		3	BETA 2 GLYCOPROTEIN I ANTIBODY, EACH	20.28	20.28	1/1/2009	
86147		3	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY, EACH IG CLASS	20.28	20.28	1/1/2009	
86148		3	ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID) ANTIBODY	20.86	20.86	1/1/2009	
86155		3	CHEMOTHAXIS ASSAY SPECIFY METHOD	22.33	22.33	1/1/2009	
86156		3	COLD AGGLUTININ; SCREEN	8.97	8.97	1/1/2009	
86157		3	COLD AGGLUTININ; TITER	8.97	8.97	1/1/2009	
86160		3	COMPLEMENT; ANTIGEN, EACH COMPONENT	16.78	16.78	1/1/2009	
86161		3	COMPLEMENT; FUNCTIONAL ACTIVITY, EACH	16.78	16.78	1/1/2009	
86162		3	COMPLEMENT TOTAL	28.39	28.39	1/1/2009	
86171		3	COMPLEMENT FIXATION TEST, EACH	14.00	14.00	1/1/2009	
86185		3	COUNTERIMMUNOELECTROPHORESIS, EACH ANTIGEN	12.50	12.50	1/1/2009	
86215		3	ASH TITER	18.51	18.51	1/1/2009	
86225		3	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NATIVE OR DOUBLE STRANDI	19.20	19.20	1/1/2009	
86226		3	DNA ANTIBODY; SINGLE STRANDED	16.92	16.92	1/1/2009	
86235		3	EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY	25.06	25.06	1/1/2009	
86243		3	FC RECEPTOR	28.68	28.68	1/1/2009	
86255		3	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; SCREEN, EACH ANTIB	16.84	16.84	1/1/2009	
86255	26	5	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; SCREEN, EACH ANTIB	17.01	17.01	1/1/2009	
86256		3	FLUORESCENT ANTIBODY TITER	16.84	16.84	1/1/2009	
86256	26	5	FLUORESCENT ANTIBODY TITER	17.01	17.01	1/1/2009	
86277		3	GROWTH HORMONE, HUMAN (HGH), ANTIBODY	21.99	21.99	1/1/2009	
86280		3	HEMAGGLUTINATION INHIBITON	11.44	11.44	1/1/2009	
86294		3	IMMUNOASSAY FOR TUMOR ANTIGEN, QUALITATIVE OR SEMIQUANTITATI	27.41	27.41	1/1/2009	
86300		3	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 15-3 (27.29)	29.07	29.07	1/1/2009	
86301		3	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 19-9	29.07	29.07	1/1/2009	
86304		3	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 125	29.07	29.07	1/1/2009	
86308		3	HETEROPHILE ANTIBODIES; SCREENING	7.23	7.23	1/1/2009	
86309		3	HETEROPHILE ANTIBODIES; TITER	9.04	9.04	1/1/2009	
86310		3	HETEROPHILE ABSORPTION	10.30	10.30	1/1/2009	
86316		3	IMMUNOASSAY FOR TUMOR ANTIGEN; OTHER ANTIGEN, QUANTITATIVE (E	29.07	29.07	1/1/2009	
86317		3	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUANTITATIVE, NOT (	20.28	20.28	1/1/2009	
86318		3	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUALITATIVE OR SEM	18.09	18.09	1/1/2009	
86320		3	IMMUNOELECTROPHORESIS; SERUM	31.32	31.32	1/1/2009	

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86320	26	5	IMMUNOELECTROPHORESIS; SERUM	17.01	17.01	1/1/2009	
86325		3	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE, CEREBROSPINAL FLUID)	31.24	31.24	1/1/2009	
86325	26	5	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE, CEREBROSPINAL FLUID)	16.70	16.70	1/1/2009	
86327		3	IMMUNOELECTROPHORESIS, SERUM EACH SPECIMEN PLATE	31.70	31.70	1/1/2009	
86327	26	5	IMMUNOELECTROPHORESIS, SERUM EACH SPECIMEN PLATE	19.58	19.58	1/1/2009	
86329		3	IMMUNODIFFUSION, NOT ELSEWHERE SPECIFIED	19.62	19.62	1/1/2009	
86331		3	GEL DIFFUSION QUALITATIVE OUCHTERLONY	15.86	15.86	1/1/2009	
86332		3	IMMUNE COMPLEX ASSAY	34.05	34.05	1/1/2009	
86334		3	IMMUNOFIXATION ELECTROPHORESIS	31.21	31.21	1/1/2009	
86334	26	5	IMMUNOFIXATION ELECTROPHORESIS	17.01	17.01	1/1/2009	
86336	TC	T	INHIBIN A	5.24	5.24	1/1/2009	
86337		3	INSULIN ANTIBODIES	29.92	29.92	1/1/2009	
86340		3	INTRINSIC FACTOR ANTIBODIES	21.06	21.06	1/1/2009	
86341		3	ISLET CELL ANTIBODY	18.77	18.77	1/1/2009	
86343		3	LEUKOCYTE HISTAMINE RELEASE	17.41	17.41	1/1/2009	
86344		3	LEUKOCYTE PHAGOCYTOSIS	11.16	11.16	1/1/2009	
86353		3	LYMPHOCYTE TRANSFORMATION, MITOGEN (PHYTOMITOGEN) OR ANTIGEN	68.49	68.49	1/1/2009	
86359		3	T CELLS;	52.70	52.70	1/1/2009	
86360		3	T CELLS; ABSOLUTE CD4 AND CD8 COUNT, INCLUDING RATIO	65.65	65.65	1/1/2009	
86361		3	T CELLS; ABSOLUTE CD4 COUNT	37.41	37.41	1/1/2009	
86376		3	MICROSOMAL ANTIBODIES (EG, THYROID OR LIVER-KIDNEY), EACH	19.36	19.36	1/1/2009	
86378		3	MIGRATION INHIBITORY FACTOR TEST	27.51	27.51	1/1/2009	
86382		3	NEUTRALIZATION TEST VIRAL	23.62	23.62	1/1/2009	
86384		3	NBT TEST	15.91	15.91	1/1/2009	
86403		3	PARTICLE AGGLUTINATION; SCREEN, EACH ANTIBODY	14.24	14.24	1/1/2009	
86406		3	PARTICLE AGGLUTINATION;	14.87	14.87	1/1/2009	
86430		3	RHEUMATOID FACTOR; QUALITATIVE	7.93	7.93	1/1/2009	
86431		3	RHEUMATOID FACTOR; QUANTITATIVE	7.93	7.93	1/1/2009	
86485		3	SKIN TEST; CANDIDA	6.96	6.96	1/1/2009	
86490		3	SENSITIVITY TEST COCCIDIOIDOMYCOSIS	5.82	5.82	1/1/2009	
86510		3	SENSITIVITY TEST HISTOPLASMOSIS	5.82	5.82	1/1/2009	
86580		3	TUBERCULIN SKIN TEST - PPD (MANTOUX METHOD)	6.14	6.14	1/1/2009	
86590		3	STREPTOKINASE ANTIBODY	15.41	15.41	1/1/2009	
86592		3	SYPHILIS, PRECIPITATION OR FLOCCULATION TESTS	5.96	5.96	1/1/2009	
86593		3	SYPHILIS PRECIPITATION FLOCCULATION TEST QUANTITATIVE	6.16	6.16	1/1/2009	
86602		3	ANTIBODY; ACTINOMYCES	14.22	14.22	1/1/2009	
86603		3	ANTIBODY; ADENOVIRUS	17.81	17.81	1/1/2009	
86606		3	ANTIBODY; ASPIRIGILLUS	17.81	17.81	1/1/2009	
86609		3	ANTIBODY; BACTERIUM, NOT ELSEWHERE SPECIFIED	17.81	17.81	1/1/2009	
86611		3	ANTIBODY; BARTONELLA	14.22	14.22	1/1/2009	
86612		3	ANTIBODY; BLASTOMYCES	17.81	17.81	1/1/2009	
86615		3	ANTIBODY; BORDETELLA	18.43	18.43	1/1/2009	
86617		3	ANTIBODY;	16.54	16.54	1/1/2009	
86618		3	ANTIBODY; LYME DISEASE	20.28	20.28	1/1/2009	
86619		3	ANTIBODY; BORRELIA	18.69	18.69	1/1/2009	
86622		3	ANTIBODY; BRUCELLA	10.53	10.53	1/1/2009	
86625		3	ANTIBODY; CAMPYLOBACTER	10.53	10.53	1/1/2009	
86628		3	ANTIBODY; CANDIDA	15.86	15.86	1/1/2009	
86631		3	ANTIBODY; CHLAMYDIA	16.52	16.52	1/1/2009	
86632		3	ANTIBODY; CHLAMYDIA, IGM	17.74	17.74	1/1/2009	
86635		3	ANTIBODY, COCCIDIOIDES	16.03	16.03	1/1/2009	
86638		3	ANTIBODY; Q FEVER	16.94	16.94	1/1/2009	
86641		3	ANTIBODY; CRYPTOCOCCUS	20.14	20.14	1/1/2009	
86644		3	ANTIBODY; CMV	20.08	20.08	1/1/2009	
86645		3	ANTIBODY; CMV, IGM	20.28	20.28	1/1/2009	
86648		3	ANTIBODY; DIPHTHERIA	20.28	20.28	1/1/2009	
86651		3	ANTIBODY; ENCEPHALITIS, CALIFORNIA	18.43	18.43	1/1/2009	
86652		3	ANTIBODY; ENCEPHALITIS, EASTERN EQUINE	18.43	18.43	1/1/2009	
86653		3	ANTIBODY; ENCEPHALITIS ST, LOUIS	18.43	18.43	1/1/2009	
86654		3	ANTIBODY; ENCEPHALITIS WESTERN EQUINE	18.43	18.43	1/1/2009	
86658		3	ANTIBODY; ENTEROVIRUS	17.81	17.81	1/1/2009	
86663		3	ANTIBODY; EPSTEIN-BARR, EARLY ANTIGEN	18.33	18.33	1/1/2009	
86664		3	ANTIBODY; EPSTEIN-BARR, NUCLEAR ANTIGEN	20.28	20.28	1/1/2009	
86665		3	ANTIBODY; EPSTEIN-BARR VIRAL CAPSID	22.70	22.70	1/1/2009	
86666		3	ANTIBODY; EHRlichia	14.22	14.22	1/1/2009	
86668		3	ANTIBODY; FRACISELLA TULARENSIS	14.53	14.53	1/1/2009	
86671		3	ANTIBODY; FUNGUS	17.13	17.13	1/1/2009	

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				Medicaid Maximum Allowable		
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
86674		3	ANTIBODY; GIARDIA LAMBLIA	20.28	20.28	1/1/2009
86677		3	ANTIBODY; HELICOBACTER PYLOUI	20.28	20.28	1/1/2009
86682		3	ANTIBODY; HELMINTH	18.17	18.17	1/1/2009
86684		3	ANTIBODY; HEMOPHILUS INFLUENZA	20.28	20.28	1/1/2009
86687		3	ANTIBODY; HTLV I	11.72	11.72	1/1/2009
86688		3	ANTIBODY; HTLV-IT	16.43	16.43	1/1/2009
86689		3	HTLV 1, ANTIBODY DETECTION, CONFIRMATORY TEST	27.05	27.05	1/1/2009
86692		3	ANTOBODY; HEPATITIS, DELTA AGENT	20.28	20.28	1/1/2009
86694		3	ANTIBODY; HERPES SIMPLEX, NON-SPECIFIC TYPE TEST	20.08	20.08	1/1/2009
86695		3	ANTIBODY; HERPES SIMPLEX, TYPE 1	18.43	18.43	1/1/2009
86696		3	ANTIBODY; HERPES SIMPLEX, TYPE 2	27.05	27.05	1/1/2009
86698		3	ANTOBODY; HISTOPLASM	17.46	17.46	1/1/2009
86701		3	ANTIBODY; HIV-1	12.41	12.41	1/1/2009
86702		3	ANTIBODY; HIV-2	16.43	16.43	1/1/2009
86703		3	ANTIBODY; HIV-1 & HIV-2, SINGLE ASSAY	16.43	16.43	1/1/2009
86704		3	HEPATITIS B CORE ANTIBODY (HBCAB), TOTAL	16.26	16.26	1/1/2009
86705		3	HEPATITIS B CORE ANTIBODY (HBCAB); IGM ANTIBODY	16.44	16.44	1/1/2009
86706		3	HEPATITIS B SURFACE ANTIBODY (HBSAB)	15.01	15.01	1/1/2009
86707		3	HEPATITIS BE ANTIBODY (HBEAB)	16.16	16.16	1/1/2009
86708		3	HEPATITIS A ANTIBODY (HAAB), TOTAL	17.31	17.31	1/1/2009
86709		3	HEPATITIS A ANTIBODY (HAAB); IGM ANTIBODY	15.73	15.73	1/1/2009
86710		3	ANTIBODY, INFLUENZA VIRUS	18.94	18.94	1/1/2009
86713		3	ANTIBODY; LEGIONELLA	21.39	21.39	1/1/2009
86717		3	ANTIBODY; LEISHMANIA	11.71	11.71	1/1/2009
86720		3	ANTIBODY; LEPTOSPIRA	13.78	13.78	1/1/2009
86723		3	ANTIBODY; LISTERIA MONOCYTOGENES	18.43	18.43	1/1/2009
86727		3	ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS	17.81	17.81	1/1/2009
86729		3	ANTIBODY; LYMPHOGRANULOMA VENERUM	16.69	16.69	1/1/2009
86732		3	ANTIBODY; MUCORMYCOSIS	18.43	18.43	1/1/2009
86735		3	ANTIBODY; MUMPS	18.23	18.23	1/1/2009
86738		3	ANTIBODY; MYCOPLASMA	18.51	18.51	1/1/2009
86744		3	ANTIBODY; NOCARDIA	18.43	18.43	1/1/2009
86747		3	ANTIBODY; PARVOVIRUS	20.28	20.28	1/1/2009
86750		3	ANTIBODY; MALARIA	18.43	18.43	1/1/2009
86753		3	ANTIBODY; PROTOZOA, NOT ELSEWHERE SPECI FIED	11.71	11.71	1/1/2009
86756		3	ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	18.01	18.01	1/1/2009
86757		3	ANTIBODY; RICKETTSIA	27.05	27.05	1/1/2009
86759		3	ANTIBODY; ROTAVIRUS	17.81	17.81	1/1/2009
86762		3	ANTIBODY; RUBELLA	20.08	20.08	1/1/2009
86765		3	ANTIBODY; RUBEOLA	18.00	18.00	1/1/2009
86768		3	ANTIBODY; SALMONELLA	18.43	18.43	1/1/2009
86771		3	ANTIBODY; SHIGELLA	18.43	18.43	1/1/2009
86774		3	ANTIBODY; TETANUS	20.28	20.28	1/1/2009
86777		3	ANTIBODY; TOXOPLASMA	20.08	20.08	1/1/2009
86778		3	ANTIBODY; TOXOPLASMA, IGM	20.12	20.12	1/1/2009
86781		3	ANTIBODY; TREPONEMA PALLIDUM, CONFIRM. TEST	18.50	18.50	1/1/2009
86784		3	ANTIBODY; TRICHINELLA	17.55	17.55	1/1/2009
86787		3	ANTIBODY; VARICELLA-ZOSTER	18.00	18.00	1/1/2009
86788		3	ANTIBODY; WEST NILE VIRUS, IGM	20.28	20.28	1/1/2009
86789		3	ANTIBODY; WEST NILE VIRUS	20.08	20.08	1/1/2009
86790		3	ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED	18.00	18.00	1/1/2009
86793		3	ANTIBODY; YERSINIA	18.43	18.43	1/1/2009
86800		3	THYROGLOBULIN ANTIBODY	22.22	22.22	1/1/2009
86803		3	HEPATITIS C ANTIBODY;	19.94	19.94	1/1/2009
86804		3	HEPATITIS C ANTIBODY; CONFIRMATORY TEST (EG, IMMUNOBLOT)	16.54	16.54	1/1/2009
86805		3	LYMPHOCYTOTOXICITY ASSAY, VISUAL XM; W/ TITRATION	73.05	73.05	1/1/2009
86806		3	LYMPHOCYTOTOXICITY ASSAY, VISUAL XM; W/O TITRATION	66.49	66.49	1/1/2009
86807		3	SERUM SCREENING FOR CYTOTOXIC PRA; STANDARD METHOD	55.29	55.29	1/1/2009
86808		3	SERUM SCREENING FOR CYTOTOXIC PRA; QUICK METHOD	41.47	41.47	1/1/2009
86812		3	TISSUE TYPING HLA TYPING A,B, OR C SINGLE ANTIGEN	36.06	36.06	1/1/2009
86813		3	TISSUE TYPING HLA TYPING A,B, &/OR C MULT ANTIGENS	81.02	81.02	1/1/2009
86816		3	HLA TYPING; DR/DQ, SINGLE ANTIGEN	38.92	38.92	1/1/2009
86817		3	HLA TYPING; DR/DQ, MULTIPLE ANTIGENS	89.95	89.95	1/1/2009
86821		3	TISSUE TYPING LYMPNOCYTE CULTURE MIXED (MLC)	78.88	78.88	1/1/2009
86822		3	TISSUE TYPING LYMPHOCYTE CULTURE PRIMED (PLC)	51.07	51.07	1/1/2009
86850		3	ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	16.27	16.27	1/1/2009
86860		3	ANTIBODY ELUTION, EACH ELUTION	15.92	15.92	1/1/2009

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						Medicaid Maximum Allowable	
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
86870		3	ANTIBODY ID, EACH PANEL FOR EACH SERUM TECHNIQUE	28.74	28.74	1/1/2009	
86880		3	COOMBS TEST; DIRECT, EACH ANTISERUM	7.50	7.50	1/1/2009	
86885		3	ANTIHUMAN GLOBULIN TEST INDIRECT, QUALITATIVE EACH ANTISERUM	7.99	7.99	1/1/2009	
86886		3	COOMBS TEST, INDIRECT TITER, EACH ANTISERUM	7.23	7.23	1/1/2009	
86900		3	BLOOD TYPING; ABO	4.17	4.17	1/1/2009	
86901		3	BLOOD TYPING; RH (D)	4.17	4.17	1/1/2009	
86903		3	BLOOD TYPING; ANTIGEN SCREENING, PER UNIT SCREENED	13.19	13.19	1/1/2009	
86904		3	BLOOD TYPING; ANTIGEN SCREENING, PER UNIT SCREENED	13.28	13.28	1/1/2009	
86905		3	BLOOD TYPING; RBC ANTIGENS, EACH	5.34	5.34	1/1/2009	
86906		3	BLOOD TYPING; RH PHENOTYPING, COMPLETE	10.83	10.83	1/1/2009	
86940		3	HEMOLYSINS/AGGLUTININS, AUTO, SCREEN, EACH	11.46	11.46	1/1/2009	
86941		3	HEMOLYSINS/ AGGLUTININS, EACH; INCUBATED	16.92	16.92	1/1/2009	
87001		3	ANIMAL INOCULATION SMALL ANIMAL W/OBSERVATION	18.47	18.47	1/1/2009	
87003		3	ANIMAL INOCULATION SMALL ANIMAL W/OBSERVATION AND	23.52	23.52	1/1/2009	
87015		3	CONCENTRATION (ANY TYPE), FOR INFECTIOUS AGENTS	9.33	9.33	1/1/2009	
87040		3	CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH ISOLATION AND PRESUMP	14.42	14.42	1/1/2009	
87045		3	CULTURE, BACTERIAL; FECES, WITH ISOLATION AND PRELIMINARY EXAMI	13.18	13.18	1/1/2009	
87046		3	CULTURE, BACTERIAL; STOOL, ADDITIONAL PATHOGENS, ISOLATION AND	13.18	13.18	1/1/2009	
87070		3	CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOOD OR S	12.03	12.03	1/1/2009	
87071		3	CULTURE, BACTERIAL; QUANTITATIVE, AEROBIC WITH ISOLATION AND PR	13.18	13.18	1/1/2009	
87073		3	CULTURE, BACTERIAL; QUANTITATIVE, ANAEROBIC WITH ISOLATION AND	13.18	13.18	1/1/2009	
87075		3	CULTURE, BACTERIAL; ANY SOURCE, ANAEROBIC WITH ISOLATION AND P	13.22	13.22	1/1/2009	
87076		3	CULTURE, BACTERIAL; ANAEROBIC ISOLATE, ADDITIONAL METHODS REQI	11.29	11.29	1/1/2009	
87077		3	CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQUIR	11.29	11.29	1/1/2009	
87081		3	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY;	8.06	8.06	1/1/2009	
87084		3	CULTURE W COLONY ESTIMATION FROM DENSITY CHART INC	12.03	12.03	1/1/2009	
87086		3	CULTURE, BACTERIAL; QUANTITATIVE COLONY COUNT, URINE	11.28	11.28	1/1/2009	
87088		3	CULTURE, BACTERIAL; WITH ISOLATION AND PRESUMPTIVE IDENTIFICATI	11.31	11.31	1/1/2009	
87101		3	CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDEN	10.77	10.77	1/1/2009	
87102		3	CULTURE FUNGI ISOLATION OTHER SOURCE	11.74	11.74	1/1/2009	
87103		3	BLOOD CULTURE FOR FUNGI	12.60	12.60	1/1/2009	
87106		3	CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; YEAST	14.42	14.42	1/1/2009	
87107		3	CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; MOLD	14.42	14.42	1/1/2009	
87109		3	CULTURE MYCOPLASM ANY SOURCE	21.50	21.50	1/1/2009	
87110		3	CULTURE CHLAMYDIA, ANY SOURCE	27.37	27.37	1/1/2009	
87116		3	CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, AFB, MYCOB	15.10	15.10	1/1/2009	
87118		3	CULTURE, MYCOBACTERIAL, DEFINITIVE IDENTIFICATION, EACH ISOLATE	15.29	15.29	1/1/2009	
87140		3	CULTURE, TYPING; IMMUNOFLUORESCENT METHOD, EACH ANTISERUM	7.79	7.79	1/1/2009	
87143		3	CULTURE, TYPING; GAS LIQUID CHROMATOGRAPHY (GLC) OR HIGH PRES:	17.51	17.51	1/1/2009	
87147		3	CULTURE, TYPING; IMMUNOLOGIC METHOD, OTHER THAN IMMUNOFLUOR	7.23	7.23	1/1/2009	
87149		3	CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID PROBE	28.02	28.02	1/1/2009	
87152		3	CULTURE, TYPING; IDENTIFICATION BY PULSE FIELD GEL TYPING	7.31	7.31	1/1/2009	
87158		3	CULTURE TYPING OTHER METHODS	7.31	7.31	1/1/2009	
87164		3	DARKFIELD EXAMINATION	8.85	8.85	1/1/2009	
87164	26	5	DARKFIELD EXAMINATION	16.70	16.70	1/1/2009	
87166		3	DARK FIELD EXAM ANY SOURCE W/O COLLECTION	15.78	15.78	1/1/2009	
87168		3	MACROSCOPIC EXAMINATION; ARTHROPOD	5.33	5.33	1/1/2009	
87169		3	MACROSCOPIC EXAMINATION; PARASITE	5.33	5.33	1/1/2009	
87172		3	PINWORM EXAM (EG, CELLOPHANE TAPE PREP)	5.33	5.33	1/1/2009	
87176		3	HOMOGENIZATION, TISSUE, FOR CULTURE	8.22	8.22	1/1/2009	
87177		3	OVA AND PARASITES	12.43	12.43	1/1/2009	
87181		3	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; AGAR DILUTION METHI	6.64	6.64	1/1/2009	
87184		3	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; DISK METHOD, PER PL	9.63	9.63	1/1/2009	
87185		3	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; ENZYME DETECTION (I	6.64	6.64	1/1/2009	
87186		3	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AC	12.08	12.08	1/1/2009	
87187		3	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AC	14.48	14.48	1/1/2009	
87188		3	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MACROBROTH DILUTIC	9.27	9.27	1/1/2009	
87190		3	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MYCOBACTERIA, PROF	7.90	7.90	1/1/2009	
87197		3	SERUM BACTERICIDAL TITER	20.99	20.99	1/1/2009	
87205		3	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEMSA ST/	5.96	5.96	1/1/2009	
87206		3	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; FLUORESCENT AND/C	7.50	7.50	1/1/2009	
87207		3	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; SPECIAL STAIN FOR IF	8.37	8.37	1/1/2009	
87207	26	5	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; SPECIAL STAIN FOR IF	17.01	17.01	1/1/2009	
87210		3	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFI	5.33	5.33	1/1/2009	
87220		3	TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR N	5.96	5.96	1/1/2009	
87230		3	TISSUE CULTURE LYMPHOCYTE	27.59	27.59	1/1/2009	
87250		3	VIRUS ISOLATION; INOCULATION OF EMBRYONATED EGGS, OR SMALL ANI	22.76	22.76	1/1/2009	

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						Medicaid Maximum Allowable	
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
87252		3	VIRUS ISOLATION; TISSUE CULTURE INOCULATION, OBSERVATION, AND P	22.76	22.76	1/1/2009	
87253		3	VIRUS ISOLATION; TISSUE CULTURE, ADDITIONAL STUDIES OR DEFINITIVE	22.76	22.76	1/1/2009	
87254		3	VIRUS ISOLATION; CENTRIFUGE ENHANCED (SHELL VIAL) TECHNIQUE, INC	22.76	22.76	1/1/2009	
87255		3	VIRUS ISOLATION; INCLUDING IDENTIFICATION BY NON-IMMUNOLOGIC ME	34.14	34.14	1/1/2009	
87260		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TEC	16.01	16.01	1/1/2009	
87265		3	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTI	16.01	16.01	1/1/2009	
87267		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TEC	16.01	16.01	1/1/2009	
87270		3	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTI	16.01	16.01	1/1/2009	
87271		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TEC	16.01	16.01	1/1/2009	
87272		3	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTI	16.01	16.01	1/1/2009	
87273		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TEC	16.01	16.01	1/1/2009	
87274		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TEC	16.01	16.01	1/1/2009	
87275		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TEC	16.01	16.01	1/1/2009	
87276		3	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTI	16.01	16.01	1/1/2009	
87277		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TEC	16.01	16.01	1/1/2009	
87278		3	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTI	16.01	16.01	1/1/2009	
87279		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TEC	16.01	16.01	1/1/2009	
87280		3	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTI	16.01	16.01	1/1/2009	
87281		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TEC	16.01	16.01	1/1/2009	
87283		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TEC	16.01	16.01	1/1/2009	
87285		3	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTI	16.01	16.01	1/1/2009	
87290		3	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTI	16.01	16.01	1/1/2009	
87299		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TEC	16.01	16.01	1/1/2009	
87300		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TEC	16.01	16.01	1/1/2009	
87301		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	16.01	16.01	1/1/2009	
87305		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	16.01	16.01	1/1/2009	
87320		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	16.01	16.01	1/1/2009	
87324		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	16.01	16.01	1/1/2009	
87327		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	16.01	16.01	1/1/2009	
87328		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	16.01	16.01	1/1/2009	
87332		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	16.01	16.01	1/1/2009	
87335		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	16.01	16.01	1/1/2009	
87336		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	16.01	16.01	1/1/2009	
87337		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	16.01	16.01	1/1/2009	
87338		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	20.10	20.10	1/1/2009	
87339		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	16.01	16.01	1/1/2009	
87340		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	13.00	13.00	1/1/2009	
87341		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	13.00	13.00	1/1/2009	
87350		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	15.46	15.46	1/1/2009	
87380		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	22.94	22.94	1/1/2009	
87385		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	16.01	16.01	1/1/2009	
87390		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	24.65	24.65	1/1/2009	
87391		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	24.65	24.65	1/1/2009	
87400		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	16.01	16.01	1/1/2009	
87420		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	16.01	16.01	1/1/2009	
87425		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	16.01	16.01	1/1/2009	
87427		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	16.01	16.01	1/1/2009	
87430		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	16.01	16.01	1/1/2009	
87449		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY	16.01	16.01	1/1/2009	
87450		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	10.68	10.68	1/1/2009	
87451		3	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	10.68	10.68	1/1/2009	
87470		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTO	28.02	28.02	1/1/2009	
87471		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTO	34.26	34.26	1/1/2009	
87472		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTO	45.50	45.50	1/1/2009	
87475		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORREI	28.02	28.02	1/1/2009	
87476		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORREI	34.26	34.26	1/1/2009	
87477		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORREI	45.50	45.50	1/1/2009	
87480		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDID	28.02	28.02	1/1/2009	
87481		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDID	34.26	34.26	1/1/2009	
87482		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDID	45.50	45.50	1/1/2009	
87485		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAM*	28.02	28.02	1/1/2009	
87486		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAM*	34.26	34.26	1/1/2009	
87487		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAM*	45.50	45.50	1/1/2009	
87490		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAM*	28.02	28.02	1/1/2009	
87491		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAM*	34.26	34.26	1/1/2009	
87492		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAM*	45.50	45.50	1/1/2009	
87495		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOMI	28.02	28.02	1/1/2009	

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						Medicaid Maximum Allowable
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
87496		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOMI	34.26	34.26	1/1/2009
87497		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOMI	45.50	45.50	1/1/2009
87498		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); ENTERC	34.26	34.26	1/1/2009
87510		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNI	28.02	28.02	1/1/2009
87511		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNI	34.26	34.26	1/1/2009
87512		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNI	45.50	45.50	1/1/2009
87515		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATI	28.02	28.02	1/1/2009
87516		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATI	34.26	34.26	1/1/2009
87517		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATI	45.50	45.50	1/1/2009
87520		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATI	28.02	28.02	1/1/2009
87521		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATI	34.26	34.26	1/1/2009
87522		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATI	45.50	45.50	1/1/2009
87525		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATI	28.02	28.02	1/1/2009
87526		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATI	34.26	34.26	1/1/2009
87527		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATI	45.50	45.50	1/1/2009
87528		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPE	28.02	28.02	1/1/2009
87529		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPE	34.26	34.26	1/1/2009
87530		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPE	45.50	45.50	1/1/2009
87531		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPE	28.02	28.02	1/1/2009
87532		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPE	34.26	34.26	1/1/2009
87533		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPE	45.50	45.50	1/1/2009
87534		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, D	28.02	28.02	1/1/2009
87535		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, A	34.26	34.26	1/1/2009
87536		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, Q	74.28	74.28	1/1/2009
87537		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2, D	28.02	28.02	1/1/2009
87538		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2, A	34.26	34.26	1/1/2009
87539		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2, Q	45.50	45.50	1/1/2009
87540		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGION	28.02	28.02	1/1/2009
87541		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGION	34.26	34.26	1/1/2009
87542		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGION	45.50	45.50	1/1/2009
87550		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOB.	28.02	28.02	1/1/2009
87551		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOB.	34.26	34.26	1/1/2009
87552		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOB.	45.50	45.50	1/1/2009
87555		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOB.	28.02	28.02	1/1/2009
87556		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOB.	34.26	34.26	1/1/2009
87557		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOB.	45.50	45.50	1/1/2009
87560		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOB.	28.02	28.02	1/1/2009
87561		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOB.	34.26	34.26	1/1/2009
87562		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOB.	45.50	45.50	1/1/2009
87580		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOP	28.02	28.02	1/1/2009
87581		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOP	34.26	34.26	1/1/2009
87582		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOP	45.50	45.50	1/1/2009
87590		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSE	28.02	28.02	1/1/2009
87591		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSE	34.26	34.26	1/1/2009
87592		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSE	45.50	45.50	1/1/2009
87620		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); PAPILLC	28.02	28.02	1/1/2009
87621		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); PAPILLC	34.26	34.26	1/1/2009
87622		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); PAPILLC	45.50	45.50	1/1/2009
87640		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STAPHY	34.26	34.26	1/1/2009
87641		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STAPHY	34.26	34.26	1/1/2009
87650		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPT	28.02	28.02	1/1/2009
87651		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPT	34.26	34.26	1/1/2009
87652		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPT	45.50	45.50	1/1/2009
87653		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPT	34.26	34.26	1/1/2009
87797		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OT	28.02	28.02	1/1/2009
87798		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OT	34.26	34.26	1/1/2009
87799		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OT	45.50	45.50	1/1/2009
87800		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIP	56.03	56.03	1/1/2009
87801		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIP	68.52	68.52	1/1/2009
87802		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIREC	16.01	16.01	1/1/2009
87803		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIREC	16.01	16.01	1/1/2009
87804		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIREC	16.01	16.01	1/1/2009
87808		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIREC	16.01	16.01	1/1/2009
87810		3	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	16.01	16.01	1/1/2009
87850		3	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	16.01	16.01	1/1/2009
87880		3	"INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICA	16.01	16.01	1/1/2009
87899		3	INFECTIOUS AGENT DETECTION BY IMMUNOASSY WITH DIRECT OPTICAL	16.01	16.01	1/1/2009

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						Medicaid Maximum Allowable	
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
87901		3	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA)	109.05	109.05	1/1/2009	
87902	26	5	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA)	37.08	37.08	1/1/2009	
87903		3	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA)	380.26	380.26	1/1/2009	
87904		3	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA)	22.76	22.76	1/1/2009	
88104		3	CYTOPATHOLOGY,FLD,WASH OR BRUSH, EXCPT CERV OR VAG	54.29	54.29	1/1/2009	
88104	26	5	CYTOPATHOLOGY,FLD,WASH OR BRUSH, EXCPT CERV OR VAG	25.33	25.33	1/1/2009	
88104	TC	T	CYTOPATHOLOGY,FLD,WASH OR BRUSH, EXCPT CERV OR VAG	28.96	28.96	1/1/2009	
88106		3	CYTOPATHOLOGY,FLD,WASH OR BRUSH,EXPT CER OR VAG FLTME	67.28	67.28	1/1/2009	
88106	26	5	CYTOPATHOLOGY,FLD,WASH OR BRUSH,EXPT CER OR VAG FLTME	25.33	25.33	1/1/2009	
88106	TC	T	CYTOPATHOLOGY,FLD,WASH OR BRUSH,EXPT CER OR VAG FLTME	41.95	41.95	1/1/2009	
88107		3	CYTOPATHOLOGY,FLD,WASH OR BRUSH,EXPT CER OR VAG SM&FL	84.81	84.81	1/1/2009	
88107	26	5	CYTOPATHOLOGY,FLD,WASH OR BRUSH,EXPT CER OR VAG SM&FL	34.93	34.93	1/1/2009	
88107	TC	T	CYTOPATHOLOGY,FLD,WASH OR BRUSH,EXPT CER OR VAG SM&FL	49.88	49.88	1/1/2009	
88108		3	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPR	63.79	63.79	1/1/2009	
88108	26	5	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPR	25.33	25.33	1/1/2009	
88108	TC	T	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPR	38.47	38.47	1/1/2009	
88125		3	CYTOPATHOLOGY, FORENSIC	19.17	19.17	1/1/2009	
88125	26	5	CYTOPATHOLOGY, FORENSIC	11.98	11.98	1/1/2009	
88125	TC	T	CYTOPATHOLOGY, FORENSIC	7.19	7.19	1/1/2009	
88130		3	BUCCAL SMEAR	21.02	21.02	1/1/2009	
88130	26	5	BUCCAL SMEAR	21.02	21.02	1/1/2009	
88140		3	SEX CHROMATIN IDENT PERIPH BLOOD SMEAR	11.17	11.17	1/1/2009	
88140	26	5	SEX CHROMATIN IDENT PERIPH BLOOD SMEAR	11.17	11.17	1/1/2009	
88141		3	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM); RE	24.65	24.65	1/1/2009	
88141	26	5	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM); RE	17.72	17.72	1/1/2009	
88142		3	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), CC	28.31	28.31	1/1/2009	
88142	TC	T	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), CC	4.14	4.14	1/1/2009	
88143		3	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), CC	28.31	28.31	1/1/2009	
88147		3	CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTC	14.76	14.76	1/1/2009	
88148		3	CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTC	14.76	14.76	1/1/2009	
88150		3	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; MANUAL SCREENING	14.76	14.76	1/1/2009	
88150	26	5	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; MANUAL SCREENING	2.98	2.98	1/1/2009	
88152		3	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREE	14.76	14.76	1/1/2009	
88152	TC	T	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREE	1.73	1.73	1/1/2009	
88153		3	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREE	14.76	14.76	1/1/2009	
88154		3	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREE	14.76	14.76	1/1/2009	
88155		3	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL, DEFINITIVE HORMON	8.37	8.37	1/1/2009	
88155	26	5	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL, DEFINITIVE HORMON	6.28	6.28	1/1/2009	
88160		3	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTEI	45.89	45.89	1/1/2009	
88160	26	5	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTEI	22.64	22.64	1/1/2009	
88160	TC	T	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTEI	23.25	23.25	1/1/2009	
88161		3	CYTOPATHOLOGY,ANY OTHR SOURCE; PREP,SCREEN & INTER	47.79	47.79	1/1/2009	
88161	26	5	CYTOPATHOLOGY,ANY OTHR SOURCE; PREP,SCREEN & INTER	22.32	22.32	1/1/2009	
88161	TC	T	CYTOPATHOLOGY,ANY OTHR SOURCE; PREP,SCREEN & INTER	25.47	25.47	1/1/2009	
88162		3	CYTOPATHOLOGY, EXTEND STDY INVOLV OVER5SLID &/ORMU	69.28	69.28	1/1/2009	
88162	26	5	CYTOPATHOLOGY, EXTEND STDY INVOLV OVER5SLID &/ORMU	34.62	34.62	1/1/2009	
88162	TC	T	CYTOPATHOLOGY, EXTEND STDY INVOLV OVER5SLID &/ORMU	34.66	34.66	1/1/2009	
88164		3	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYST	14.76	14.76	1/1/2009	
88165		3	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYST	14.76	14.76	1/1/2009	
88166		3	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYST	14.76	14.76	1/1/2009	
88167		3	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYST	14.76	14.76	1/1/2009	
88172		3	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE C	46.78	46.78	1/1/2009	
88172	26	5	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE C	27.33	27.33	1/1/2009	
88172	TC	T	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE C	19.45	19.45	1/1/2009	
88173		3	EVAL FN NDL SSPIR W/WO PREP SM; INTERPRET & REPORT	118.56	118.56	1/1/2009	
88173	26	5	EVAL FN NDL SSPIR W/WO PREP SM; INTERPRET & REPORT	62.97	62.97	1/1/2009	
88173	TC	T	EVAL FN NDL SSPIR W/WO PREP SM; INTERPRET & REPORT	55.58	55.58	1/1/2009	
88174		3	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), CC	29.85	29.85	1/1/2009	
88175		3	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), CC	36.31	36.31	1/1/2009	
88182		3	CELL CYCLE OR DNA ANALYSIS	90.02	90.02	1/1/2009	
88182	26	5	CELL CYCLE OR DNA ANALYSIS	32.74	32.74	1/1/2009	
88182	TC	T	CELL CYCLE OR DNA ANALYSIS	57.28	57.28	1/1/2009	
88230		3	TISSUE CULTURE FOR NON-NEOPLASTIC DISEASE	162.77	162.77	1/1/2009	
88230	26	5	TISSUE CULTURE FOR NON-NEOPLASTIC DISEASE	122.08	122.08	1/1/2009	
88230	TC	T	TISSUE CULTURE FOR NON-NEOPLASTIC DISEASE	40.69	40.69	1/1/2009	
88233		3	TISSUE CULTURE, SKIN	196.63	196.63	1/1/2009	
88233	26	5	TISSUE CULTURE, SKIN	147.47	147.47	1/1/2009	

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						Medicaid Maximum Allowable	
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
88233	TC	T	TISSUE CULTURE, SKIN	49.16	49.16	1/1/2009	
88235		3	TISSUE CULTURE, PLACENTA	205.74	205.74	1/1/2009	
88235	26	5	TISSUE CULTURE, PLACENTA	154.31	154.31	1/1/2009	
88235	TC	T	TISSUE CULTURE, PLACENTA	51.43	51.43	1/1/2009	
88237		3	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; BONE MARROW, BLOOD	176.47	176.47	1/1/2009	
88237	26	5	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; BONE MARROW, BLOOD	132.35	132.35	1/1/2009	
88237	TC	T	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; BONE MARROW, BLOOD	44.12	44.12	1/1/2009	
88239		3	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; SOLID TUMOR	206.12	206.12	1/1/2009	
88239	26	5	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; SOLID TUMOR	154.59	154.59	1/1/2009	
88239	TC	T	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; SOLID TUMOR	51.53	51.53	1/1/2009	
88245		3	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE SISTER	207.98	207.98	1/1/2009	
88245	26	5	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE SISTER	155.99	155.99	1/1/2009	
88245	TC	T	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE SISTER	51.99	51.99	1/1/2009	
88248		3	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE BREAKAGE	241.96	241.96	1/1/2009	
88248	26	5	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE BREAKAGE	181.47	181.47	1/1/2009	
88248	TC	T	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE BREAKAGE	60.49	60.49	1/1/2009	
88261		3	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING	246.93	246.93	1/1/2009	
88261	26	5	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING	185.20	185.20	1/1/2009	
88261	TC	T	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING	61.73	61.73	1/1/2009	
88262		3	CHROMOSOME ANALYSIS, COUNT 15-20 CELLS, 2 KARYOTYPES W/BANDING	174.14	174.14	1/1/2009	
88262	26	5	CHROMOSOME ANALYSIS, COUNT 15-20 CELLS, 2 KARYOTYPES W/BANDING	130.61	130.61	1/1/2009	
88262	TC	T	CHROMOSOME ANALYSIS, COUNT 15-20 CELLS, 2 KARYOTYPES W/BANDING	43.53	43.53	1/1/2009	
88263		3	CHROMOSOME ANALYSIS	209.97	209.97	1/1/2009	
88263	26	5	CHROMOSOME ANALYSIS	157.48	157.48	1/1/2009	
88263	TC	T	CHROMOSOME ANALYSIS	52.49	52.49	1/1/2009	
88264		3	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	174.14	174.14	1/1/2009	
88264	26	5	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	130.61	130.61	1/1/2009	
88264	TC	T	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	43.53	43.53	1/1/2009	
88267		3	CHROMOSOME ANALYSIS, AMNIOTIC FLUID OR CHORIOIC VILLUS, 15 CELL	251.17	251.17	1/1/2009	
88267	26	5	CHROMOSOME ANALYSIS, AMNIOTIC FLUID OR CHORIOIC VILLUS, 15 CELL	188.38	188.38	1/1/2009	
88267	TC	T	CHROMOSOME ANALYSIS, AMNIOTIC FLUID OR CHORIOIC VILLUS, 15 CELL	62.79	62.79	1/1/2009	
88269		3	CHROMOSOME ANALYSIS, AMNIOTIC FLUID	232.38	232.38	1/1/2009	
88269	26	5	CHROMOSOME ANALYSIS, AMNIOTIC FLUID	174.29	174.29	1/1/2009	
88269	TC	T	CHROMOSOME ANALYSIS, AMNIOTIC FLUID	58.09	58.09	1/1/2009	
88271		3	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	20.22	20.22	1/1/2009	
88271	26	5	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	15.17	15.17	1/1/2009	
88271	TC	T	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	5.05	5.05	1/1/2009	
88272		3	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANAL	37.41	37.41	1/1/2009	
88272	26	5	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANAL	28.06	28.06	1/1/2009	
88272	TC	T	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANAL	9.35	9.35	1/1/2009	
88273		3	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANAL	44.89	44.89	1/1/2009	
88273	26	5	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANAL	33.67	33.67	1/1/2009	
88273	TC	T	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANAL	11.22	11.22	1/1/2009	
88274		3	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANAL	48.63	48.63	1/1/2009	
88274	26	5	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANAL	36.47	36.47	1/1/2009	
88274	TC	T	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANAL	12.16	12.16	1/1/2009	
88275		3	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANAL	56.11	56.11	1/1/2009	
88275	26	5	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANAL	42.08	42.08	1/1/2009	
88275	TC	T	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANAL	14.03	14.03	1/1/2009	
88280		3	CHROM ANALYSIS ADDITIONAL KAROTYPING	35.07	35.07	1/1/2009	
88280	26	5	CHROM ANALYSIS ADDITIONAL KAROTYPING	26.30	26.30	1/1/2009	
88280	TC	T	CHROM ANALYSIS ADDITIONAL KAROTYPING	8.77	8.77	1/1/2009	
88283		3	BANDING FOR CHROMOSOME ANALYSIS	26.91	26.91	1/1/2009	
88283	26	5	BANDING FOR CHROMOSOME ANALYSIS	20.18	20.18	1/1/2009	
88283	TC	T	BANDING FOR CHROMOSOME ANALYSIS	6.73	6.73	1/1/2009	
88285		3	CHROMOSOME ANALYSIS, ADDITIONAL CELLS COUNTED	26.54	26.54	1/1/2009	
88285	26	5	CHROMOSOME ANALYSIS, ADDITIONAL CELLS COUNTED	19.91	19.91	1/1/2009	
88285	TC	T	CHROMOSOME ANALYSIS, ADDITIONAL CELLS COUNTED	6.63	6.63	1/1/2009	
88289		3	CHROMOSOME ANALYSIS, ADDITIONAL HIGH RESOLUTION STUDY	47.39	47.39	1/1/2009	
88289	26	5	CHROMOSOME ANALYSIS, ADDITIONAL HIGH RESOLUTION STUDY	35.54	35.54	1/1/2009	
88289	TC	T	CHROMOSOME ANALYSIS, ADDITIONAL HIGH RESOLUTION STUDY	11.85	11.85	1/1/2009	
88291		3	CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND	26.17	26.17	1/1/2009	
88300		3	LEVEL I-SURGICAL PATHOLOGY, GROSS EXAM ONLY	20.29	20.29	1/1/2009	
88300	26	5	LEVEL I-SURGICAL PATHOLOGY, GROSS EXAM ONLY	3.91	3.91	1/1/2009	
88300	TC	T	LEVEL I-SURGICAL PATHOLOGY, GROSS EXAM ONLY	16.38	16.38	1/1/2009	
88302		3	LEVEL II-SURGICAL PATHOLOGY, GROSS&MICRO EXAM	42.50	42.50	1/1/2009	
88302	26	5	LEVEL II-SURGICAL PATHOLOGY, GROSS&MICRO EXAM	5.94	5.94	1/1/2009	

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88302	TC	T	LEVEL II-SURGICAL PATHOLOGY, GROSS&MICRO EXAM	36.57	36.57	1/1/2009	
88304		3	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATI	54.15	54.15	1/1/2009	
88304	26	5	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATI	9.97	9.97	1/1/2009	
88304	TC	T	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATI	44.17	44.17	1/1/2009	
88305		3	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINAT	92.51	92.51	1/1/2009	
88305	26	5	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINAT	34.27	34.27	1/1/2009	
88305	TC	T	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINAT	58.23	58.23	1/1/2009	
88307		3	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATI	185.44	185.44	1/1/2009	
88307	26	5	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATI	72.90	72.90	1/1/2009	
88307	TC	T	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATI	112.55	112.55	1/1/2009	
88309		3	LEVEL VI-SURGICLA PATHOLOGY, GROSS & MICRO EXAM	280.27	280.27	1/1/2009	
88309	26	5	LEVEL VI-SURGICLA PATHOLOGY, GROSS & MICRO EXAM	125.88	125.88	1/1/2009	
88309	TC	T	LEVEL VI-SURGICLA PATHOLOGY, GROSS & MICRO EXAM	154.38	154.38	1/1/2009	
88311		3	DECALCIFICATION PROCEDURE	16.26	16.26	1/1/2009	
88311	26	5	DECALCIFICATION PROCEDURE	10.98	10.98	1/1/2009	
88311	TC	T	DECALCIFICATION PROCEDURE	5.29	5.29	1/1/2009	
88312		3	SPECIAL STAINS; GROUP I FOR MICROORGANISMS, EACH	86.98	86.98	1/1/2009	
88312	26	5	SPECIAL STAINS; GROUP I FOR MICROORGANISMS, EACH	24.32	24.32	1/1/2009	
88312	TC	T	SPECIAL STAINS; GROUP I FOR MICROORGANISMS, EACH	62.65	62.65	1/1/2009	
88313		3	GROUP II, ALL OTHER,EXCPT IMMUNOCYTOCHEM &IMMUNOPE	63.17	63.17	1/1/2009	
88313	26	5	GROUP II, ALL OTHER,EXCPT IMMUNOCYTOCHEM &IMMUNOPE	10.66	10.66	1/1/2009	
88313	TC	T	GROUP II, ALL OTHER,EXCPT IMMUNOCYTOCHEM &IMMUNOPE	52.51	52.51	1/1/2009	
88314		3	GROUP II, HISTOCHEMICAL STAINING W/FROZEN SECTION	77.46	77.46	1/1/2009	
88314	26	5	GROUP II, HISTOCHEMICAL STAINING W/FROZEN SECTION	20.61	20.61	1/1/2009	
88314	TC	T	GROUP II, HISTOCHEMICAL STAINING W/FROZEN SECTION	56.85	56.85	1/1/2009	
88318		3	DETERMINATIVE HISTOCHEMISTRY IDENTIFY CHEMICAL COMPONENTS	86.99	86.99	1/1/2009	
88318	26	5	DETERMINATIVE HISTOCHEMISTRY IDENTIFY CHEMICAL COMPONENTS	18.95	18.95	1/1/2009	
88318	TC	T	DETERMINATIVE HISTOCHEMISTRY IDENTIFY CHEMICAL COMPONENTS	68.04	68.04	1/1/2009	
88319		3	DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY/ENZYME /EACH	120.76	120.76	1/1/2009	
88319	26	5	DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY/ENZYME /EACH	23.98	23.98	1/1/2009	
88319	TC	T	DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY/ENZYME /EACH	96.78	96.78	1/1/2009	
88321		3	CONSULTATION ON TISSUE EXAM	72.78	80.39	1/1/2009	
88321	26	5	CONSULTATION ON TISSUE EXAM	29.40	29.91	1/1/2009	
88323		3	CONSULT & REPORT ON REFERRED MAT' REQ.PREP OF SLD	128.24	128.24	1/1/2009	
88323	26	5	CONSULT & REPORT ON REFERRED MAT' REQ.PREP OF SLD	79.00	79.00	1/1/2009	
88323	TC	T	CONSULT & REPORT ON REFERRED MAT' REQ.PREP OF SLD	49.24	49.24	1/1/2009	
88325		3	COMPREHENSIVE REVIEW RECORDS SLIDES W/REPORT	113.17	170.85	1/1/2009	
88325	26	5	COMPREHENSIVE REVIEW RECORDS SLIDES W/REPORT	16.60	26.10	1/1/2009	
88329		3	OPERATING ROOM CONSULTATION	30.68	44.31	1/1/2009	
88329	26	5	OPERATING ROOM CONSULTATION	14.76	21.75	1/1/2009	
88331		3	PATHOLOGY CONSULTATION DURING SURGERY; FIRST TISSUE BLOCK, W	80.23	80.23	1/1/2009	
88331	26	5	PATHOLOGY CONSULTATION DURING SURGERY; FIRST TISSUE BLOCK, W	54.95	54.95	1/1/2009	
88331	TC	T	PATHOLOGY CONSULTATION DURING SURGERY; FIRST TISSUE BLOCK, W	25.27	25.27	1/1/2009	
88332		3	PATHLGY CONSULT DUR. SURG; EA ADD TIS BLK W/FRZ SC	35.98	35.98	1/1/2009	
88332	26	5	PATHLGY CONSULT DUR. SURG; EA ADD TIS BLK W/FRZ SC	26.99	26.99	1/1/2009	
88332	TC	T	PATHLGY CONSULT DUR. SURG; EA ADD TIS BLK W/FRZ SC	8.99	8.99	1/1/2009	
88342		3	IMMUNOCYTOCHEMISTRY EACH ANTIBODY	87.89	87.89	1/1/2009	
88342	26	5	IMMUNOCYTOCHEMISTRY EACH ANTIBODY	38.02	38.02	1/1/2009	
88342	TC	T	IMMUNOCYTOCHEMISTRY EACH ANTIBODY	49.88	49.88	1/1/2009	
88346		3	IMMUNOFLUORESCENT STDY, EA. ANTIBDY; DIRECT METHOD	88.23	88.23	1/1/2009	
88346	26	5	IMMUNOFLUORESCENT STDY, EA. ANTIBDY; DIRECT METHOD	38.68	38.68	1/1/2009	
88346	TC	T	IMMUNOFLUORESCENT STDY, EA. ANTIBDY; DIRECT METHOD	49.56	49.56	1/1/2009	
88347		3	IMMUNOFLUORESCENT STUDY INDIRECT METHOD	70.17	70.17	1/1/2009	
88347	26	5	IMMUNOFLUORESCENT STUDY INDIRECT METHOD	37.09	37.09	1/1/2009	
88347	TC	T	IMMUNOFLUORESCENT STUDY INDIRECT METHOD	33.08	33.08	1/1/2009	
88348		3	ELECTRON MICROSCOPY DIAGNOSTIC	545.18	545.18	1/1/2009	
88348	26	5	ELECTRON MICROSCOPY DIAGNOSTIC	68.25	68.25	1/1/2009	
88348	TC	T	ELECTRON MICROSCOPY DIAGNOSTIC	476.92	476.92	1/1/2009	
88349		3	ELECTRON MICROSCOPY SCANNING	259.36	259.36	1/1/2009	
88349	26	5	ELECTRON MICROSCOPY SCANNING	34.93	34.93	1/1/2009	
88349	TC	T	ELECTRON MICROSCOPY SCANNING	224.43	224.43	1/1/2009	
88355		3	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	211.05	211.05	1/1/2009	
88355	26	5	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	80.12	80.12	1/1/2009	
88355	TC	T	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	130.93	130.93	1/1/2009	
88356		3	MORPHOMETRIC ANALYSIS NERVE	257.51	257.51	1/1/2009	
88356	26	5	MORPHOMETRIC ANALYSIS NERVE	127.95	127.95	1/1/2009	
88356	TC	T	MORPHOMETRIC ANALYSIS NERVE	129.56	129.56	1/1/2009	

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88358		3	MORPHOMETRIC ANALYSIS OF TUMOR	68.89	68.89	1/1/2009	
88358	26	5	MORPHOMETRIC ANALYSIS OF TUMOR	41.70	41.70	1/1/2009	
88358	TC	T	MORPHOMETRIC ANALYSIS OF TUMOR	27.19	27.19	1/1/2009	
88362		3	NERVE TEASING PREPARATION	231.96	231.96	1/1/2009	
88362	26	5	NERVE TEASING PREPARATION	97.86	97.86	1/1/2009	
88362	TC	T	NERVE TEASING PREPARATION	134.10	134.10	1/1/2009	
88365		3	TISSUE IN SITU HYBRIDIZATION, INTERPRETATION AND REPORT	138.23	138.23	1/1/2009	
88365	26	5	TISSUE IN SITU HYBRIDIZATION, INTERPRETATION AND REPORT	53.18	53.18	1/1/2009	
88365	TC	T	TISSUE IN SITU HYBRIDIZATION, INTERPRETATION AND REPORT	85.06	85.06	1/1/2009	
88371		3	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, INTERP AND REPORT	20.28	20.28	1/1/2009	
88371	26	5	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, INTERP AND REPORT	16.70	16.70	1/1/2009	
88372		3	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, IMMUNOLOGICAL PRC	16.43	16.43	1/1/2009	
88372	26	5	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, IMMUNOLOGICAL PRC	16.70	16.70	1/1/2009	
88372	TC	T	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, IMMUNOLOGICAL PRC	2.42	2.42	1/1/2009	
88400		3	BILIRUBIN, TOTAL, TRANSCUTANEOUS	7.02	7.02	1/1/2009	
89050		3	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID)	6.61	6.61	1/1/2009	
89051		3	SYNOVIAL FLUID DIFF	7.28	7.28	1/1/2009	
89055		3	LEUKOCYTE ASSESSMENT, FECAL, QUALITATIVE OR SEMIQUANTITATIVE	5.96	5.96	1/1/2009	
89060		3	CRYSTAL ID, SYNOVIAL FLUID	9.99	9.99	1/1/2009	
89100		3	DUODENAL INTUB/ASPIRATION SING SPEC APPROP TEST	35.15	211.05	1/1/2009	
89105		3	DUODENAL INTUB/ASPIR MULTI FRACT SPEC W/VO CUTOL P	29.93	216.60	1/1/2009	
89125		3	FAT STAIN, FECES, URINE, OR RESPIRATORY SECRETIONS	6.03	6.03	1/1/2009	
89130		3	GASTRIC INTUBATION AND ASPIRATION	25.99	183.51	1/1/2009	
89132		3	GASTRIC INTUB AND ASPIRATION DIAGNOSTIC AFTER STIM	16.24	208.30	1/1/2009	
89135		3	GASTRIC ANALYSIS FRACTIONAL	46.32	250.11	1/1/2009	
89136		3	GASTRIC INTUB/ASPIR/FRACT COLLECTIONS 2 HOURS	15.34	176.66	1/1/2009	
89140		3	GASTRIC ANALYSIS W/ H HISTAMINE	47.34	208.34	1/1/2009	
89141		3	GASTRIC INTUB ASP FOR AC COLLECTION 3 HR INCLUD GA	44.67	215.18	1/1/2009	
89160		3	MEAT FIBERS FECES	5.15	5.15	1/1/2009	
89190		3	NASAL SMEAR FOR EOSINOPHILS	6.50	6.50	1/1/2009	
89300		3	SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY OF SPERM INCLUDING HI	12.45	12.45	1/1/2009	
89310		3	SEMEN ANALYSIS	11.71	11.71	1/1/2009	
89320		3	SEMEN ANALYSIS COMPLETE	16.84	16.84	1/1/2009	
89325		3	SPERM AGGLUTINATION WITH ANTIBODY TITER	14.91	14.91	1/1/2009	
90465	EP	L	IMMUNIZATION ADMIN UNDER 8 YEARS (PERCUTANEOUS, INTRADERMAL,	17.25	17.25	1/1/2009	
90466	EP	L	EACH ADDITIONAL INJECTION PER DAY (SINGLE OR COMBINATION VACCIN	9.71	9.71	1/1/2009	
90471		3	IMMUNIZATION ADMIN (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBC	17.25	17.25	1/1/2009	
90471	EP	L	IMMUNIZATION ADMINISTRATION-ONE SINGLE OR COMBO VACCINE TOXIC	17.25	17.25	1/1/2009	
90472		3	EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TAXOID)	9.71	9.71	1/1/2009	
90472	EP	L	EACH ADDITIONAL IMMUNIZATION ADMIN;ONE VACCINE SINGLE OR COMB	9.71	9.71	1/1/2009	
90473		3	EACH ADDITIONAL IMMUNIZATION ADMIN;ONE VACCINE SINGLE OR COMB	7.63	12.38	1/1/2009	
90473	EP	L	IMMUNIZATION ADMIN (INTRANASAL OR ORAL)	7.63	12.38	1/1/2009	
90474		3	EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TAXOID)	6.94	8.21	1/1/2009	
90474	EP	L	EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TAXOID)	6.94	8.21	1/1/2009	
90801		3	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION	119.11	140.98	1/1/2009	
90802		3	PSYCHIATRIC INTERVIEW INTERACTIVE	128.11	150.29	1/1/2009	
90804		3	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	52.87	61.85	1/1/2009	
90805		3	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	71.50	74.17	1/1/2009	
90806		3	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	81.14	86.79	1/1/2009	
90807		3	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	102.36	104.69	1/1/2009	
90808		3	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	122.05	127.70	1/1/2009	
90809		3	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	129.03	137.67	1/1/2009	
90810		3	INDIVIDUAL PSYCHOTHERAPY INTERACTIVE 20-30 MINUTES	57.71	65.70	1/1/2009	
90811		3	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PI	64.81	76.46	1/1/2009	
90812		3	INDIVIDUAL PSYCHOTHERAPY INTERACTIVE 45-50 MINUTES	86.10	94.41	1/1/2009	
90813		3	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PI	93.08	104.73	1/1/2009	
90814		3	INDIVIDUAL PSYCHOTHERAPY INTERACTIVE 75-80 MINUTES	129.00	136.99	1/1/2009	
90815		3	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PI	133.65	145.29	1/1/2009	
90816		3	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	57.64	57.64	1/1/2009	
90817		3	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	64.06	64.06	1/1/2009	
90818		3	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	85.87	85.87	1/1/2009	
90819		3	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	92.20	92.20	1/1/2009	
90821		3	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	120.77	120.77	1/1/2009	
90822		3	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	133.35	133.35	1/1/2009	
90823		3	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PI	62.25	62.25	1/1/2009	
90824		3	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PI	69.24	69.24	1/1/2009	
90826		3	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PI	91.10	91.10	1/1/2009	

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
90827		3	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PH	96.81	96.81	1/1/2009	
90828		3	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PH	131.77	131.77	1/1/2009	
90829		3	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PH	137.74	137.74	1/1/2009	
90845		3	PSYCHOANALYSIS	74.56	76.15	1/1/2009	
90846		3	FAMILY THERAPY	79.10	81.00	1/1/2009	
90847		3	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT F	94.87	100.58	1/1/2009	
90849		3	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	27.62	30.16	1/1/2009	
90853		3	GROUP THERAPY	27.09	28.67	1/1/2009	
90857		3	INTERACTIVE GROUP PSYCHOTHERAPY	28.78	32.26	1/1/2009	
90862		3	PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, REVIEW OF	52.82	55.48	1/1/2009	
90865		3	NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PL	123.05	142.07	1/1/2009	
90870		3	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING)	79.23	124.55	1/1/2009	
90935		3	HEMODIALYSIS PROC. WITH SINGLE PHYSICIAN EVAL.	61.05	61.05	1/1/2009	
90937		3	HEMODIALYSIS PROC. REQUIRING REPEATED EVALUATIONS	100.44	100.44	1/1/2009	
90945		3	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DI	63.43	63.43	1/1/2009	
90947		3	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DI	102.79	102.79	1/1/2009	
91000		3	ESOPHAGEAL INTUBATION	78.18	78.18	1/1/2009	
91000	26	5	ESOPHAGEAL INTUBATION	33.27	33.27	1/1/2009	
91000	TC	T	ESOPHAGEAL INTUBATION	44.91	44.91	1/1/2009	
91010		3	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/C	164.60	164.60	1/1/2009	
91010	26	5	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/C	61.25	61.25	1/1/2009	
91010	TC	T	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/C	103.36	103.36	1/1/2009	
91011		3	ESOPHAGEAL MOTILITY STUDY	219.98	219.98	1/1/2009	
91011	26	5	ESOPHAGEAL MOTILITY STUDY	75.10	75.10	1/1/2009	
91011	TC	T	ESOPHAGEAL MOTILITY STUDY	144.88	144.88	1/1/2009	
91012		3	ESOPHAGEAL MOTILITY STUDY WITH ACID PERFUSION	223.36	223.36	1/1/2009	
91012	26	5	ESOPHAGEAL MOTILITY STUDY WITH ACID PERFUSION	72.25	72.25	1/1/2009	
91012	TC	T	ESOPHAGEAL MOTILITY STUDY WITH ACID PERFUSION	151.11	151.11	1/1/2009	
91020		3	GASTRIC MOTILITY (MANOMETRIC) STUDIES	199.86	199.86	1/1/2009	
91020	26	5	GASTRIC MOTILITY (MANOMETRIC) STUDIES	70.19	70.19	1/1/2009	
91020	TC	T	GASTRIC MOTILITY (MANOMETRIC) STUDIES	129.66	129.66	1/1/2009	
91030		3	ESOPHAGUS, ACID PERFUSION	119.96	119.96	1/1/2009	
91030	26	5	ESOPHAGUS, ACID PERFUSION	45.36	45.36	1/1/2009	
91030	TC	T	ESOPHAGUS, ACID PERFUSION	74.60	74.60	1/1/2009	
91034		3	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETE	171.81	171.81	1/1/2009	
91034	26	5	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETE	47.53	47.53	1/1/2009	
91034	TC	T	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETE	124.27	124.27	1/1/2009	
91037		3	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH	138.21	138.21	1/1/2009	
91037	26	5	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH	48.17	48.17	1/1/2009	
91037	TC	T	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH	90.05	90.05	1/1/2009	
91038		3	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH	122.38	122.38	1/1/2009	
91038	26	5	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH	54.52	54.52	1/1/2009	
91038	TC	T	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH	67.86	67.86	1/1/2009	
91040		3	ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY	325.52	325.52	1/1/2009	
91040	26	5	ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY	49.43	49.43	1/1/2009	
91040	TC	T	ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY	276.09	276.09	1/1/2009	
91052		3	GASTRIC ANALUSIS TEST	106.75	106.75	1/1/2009	
91052	26	5	GASTRIC ANALUSIS TEST	37.23	37.23	1/1/2009	
91052	TC	T	GASTRIC ANALUSIS TEST	69.53	69.53	1/1/2009	
91055		3	GASTRIC INTUBATION	115.50	115.50	1/1/2009	
91055	26	5	GASTRIC INTUBATION	42.48	42.48	1/1/2009	
91055	TC	T	GASTRIC INTUBATION	73.01	73.01	1/1/2009	
91065		3	BREATH HYDROGEN TEST	56.31	56.31	1/1/2009	
91065	26	5	BREATH HYDROGEN TEST	9.61	9.61	1/1/2009	
91065	TC	T	BREATH HYDROGEN TEST	46.71	46.71	1/1/2009	
91105		3	GASTRIC INTUBATION,AND ASPIRATION/LAVAGE FOR TX.	15.55	68.48	1/1/2009	
91110		3	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (E.G., CAPSULE END	777.91	777.91	1/1/2009	
91110	26	5	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (E.G., CAPSULE END	178.33	178.33	1/1/2009	
91110	TC	T	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (E.G., CAPSULE END	599.58	599.58	1/1/2009	
91120		3	RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO GI	333.54	333.54	1/1/2009	
91120	26	5	RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO GI	44.90	44.90	1/1/2009	
91120	TC	T	RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO GI	288.65	288.65	1/1/2009	
91122		3	ANORECTAL MANOMETRY	201.81	201.81	1/1/2009	
91122	26	5	ANORECTAL MANOMETRY	83.12	83.12	1/1/2009	
91122	TC	T	ANORECTAL MANOMETRY	118.69	118.69	1/1/2009	
92002		3	EYE EXAM & TREATMENT,INITIAL	40.09	61.01	1/1/2009	
92004		3	EYE EXAM & TREATMENT,INITIAL	83.20	115.21	1/1/2009	

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92012		3	EYE EXAM & TREATMENT	42.42	64.28	1/1/2009	
92014		3	EYE EXAM & TREATMENT	65.15	93.99	1/1/2009	
92015		3	2ETERMINATION OF REFRACTIVE STATE	17.36	28.45	1/1/2009	
92018		3	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION W/ANES	117.92	117.92	1/1/2009	
92019		3	OPHTHALMOL EXAM/EVAL UNDER GEN ANESTHESIA SUBSEQUEN	58.85	58.85	1/1/2009	
92020		3	GONIOSCOPY (SEPARATE PROCEDURE)	17.33	21.77	1/1/2009	
92025		3	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WI	27.96	27.96	1/1/2009	
92025	26	5	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WI	16.33	16.33	1/1/2009	
92025	TC	T	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WI	11.63	11.63	1/1/2009	
92060		3	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCU	48.70	48.70	1/1/2009	
92070		3	THERAPEUTIC BANDAGE LENS	32.66	54.53	1/1/2009	
92081		3	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRE	42.88	42.88	1/1/2009	
92082		3	SPECIAL EYE EXAM	56.71	56.71	1/1/2009	
92083		3	SPECIAL EYE EXAM	64.79	64.79	1/1/2009	
92135		3	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG, SCAI	37.78	37.78	1/1/2009	
92135	26	5	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG, SCAI	16.65	16.65	1/1/2009	
92135	TC	T	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG, SCAI	21.13	21.13	1/1/2009	
92136		3	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WIT	67.15	67.15	1/1/2009	
92136	26	5	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WIT	25.69	25.69	1/1/2009	
92136	TC	T	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WIT	41.45	41.45	1/1/2009	
92235		3	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH IN	103.97	103.97	1/1/2009	
92235	26	5	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH IN	38.65	38.65	1/1/2009	
92235	TC	T	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH IN	65.32	65.32	1/1/2009	
92265		3	NEEDLE OCULOECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MU	63.92	63.92	1/1/2009	
92270		3	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	73.21	73.21	1/1/2009	
92275		3	ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT	108.90	108.90	1/1/2009	
92283		3	COLOR VISION EXAMINATION	36.69	36.69	1/1/2009	
92284		3	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT	49.23	49.23	1/1/2009	
92502		3	EAR AND THROAT EXAMINATION UNDER GENERAL ANESTHESIA	83.57	83.57	1/1/2009	
92504		3	SPECIAL EAR EXAMINATION	8.60	24.45	1/1/2009	
92506		3	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR	40.26	131.22	1/1/2009	
92507		3	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR ,	26.84	75.00	1/1/2009	
92508		3	TREATMENT OF SPEECH, LANGUAGE 2 OR MORE	12.30	26.24	1/1/2009	
92511		3	VISUALIZATION NOSE & THROAT	51.62	128.95	1/1/2009	
92512		3	NASAL FUNCTION STUDIES	25.30	51.61	1/1/2009	
92516		3	FACIAL NERVE FUNCTION STUDIES (EG, ELECTRONEURONOGRAPHY)	20.34	52.98	1/1/2009	
92520		3	LARYNGEAL FUNCTION STUDIES (IE, AERODYNAMIC TESTING AND ACOUS	35.54	52.97	1/1/2009	
92531		3	SPONTANEOUS NYSTAGMUS TEST	19.83	19.83	1/1/2009	
92532		3	POSITIONAL NYSTAGMUS TEST	20.23	20.23	1/1/2009	
92533		3	INNER EAR TEST	12.89	12.89	1/1/2009	
92534		3	OPTOKINETIC NYSTAGMUS TEST	38.10	38.10	1/1/2009	
92541		3	SPONTANEOUS NYSTAGMUS TEST	50.70	50.70	1/1/2009	
92541	26	5	SPONTANEOUS NYSTAGMUS TEST	18.58	18.58	1/1/2009	
92541	TC	T	SPONTANEOUS NYSTAGMUS TEST	32.13	32.13	1/1/2009	
92542		3	POSITIONAL NYSTAGMUS TEST	52.53	52.53	1/1/2009	
92542	26	5	POSITIONAL NYSTAGMUS TEST	15.33	15.33	1/1/2009	
92542	TC	T	POSITIONAL NYSTAGMUS TEST	37.20	37.20	1/1/2009	
92543		3	CALORIC VESTIBULAR TEST	24.14	24.14	1/1/2009	
92543	26	5	CALORIC VESTIBULAR TEST	4.91	4.91	1/1/2009	
92543	TC	T	CALORIC VESTIBULAR TEST	19.23	19.23	1/1/2009	
92544		3	OPTOKIMETIC NUSTAGMUS TEST	42.20	42.20	1/1/2009	
92544	26	5	OPTOKIMETIC NUSTAGMUS TEST	11.98	11.98	1/1/2009	
92544	TC	T	OPTOKIMETIC NUSTAGMUS TEST	30.23	30.23	1/1/2009	
92545		3	OSCILLATING TRACKING TEST	39.59	39.59	1/1/2009	
92545	26	5	OSCILLATING TRACKING TEST	10.63	10.63	1/1/2009	
92545	TC	T	OSCILLATING TRACKING TEST	28.96	28.96	1/1/2009	
92546		3	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	70.81	70.81	1/1/2009	
92546	26	5	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	13.32	13.32	1/1/2009	
92546	TC	T	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	57.48	57.48	1/1/2009	
92547		3	USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE	4.47	4.47	1/1/2009	
92551		3	SCREENING TEST, PURE TONE AIR ONLY	9.09	9.09	1/1/2009	
92552		3	PURE TONE AUDIOMETRY (THRESHOLD) AIR ONLY	18.30	18.30	1/1/2009	
92553		3	AUDIOMETRY AIR AND BONE	24.44	24.44	1/1/2009	
92555		3	SPEECH AUDIOMETRY THRESHOLD	13.55	13.55	1/1/2009	
92556		3	SPEECH AUDIOMETRY AND SPEECH RECOGNITION	20.95	20.95	1/1/2009	
92557		3	COMPREHENSIVE AUDIOMETRY THRESHOLD EVAL AND SPEECH RECOGN	37.74	39.96	1/1/2009	
92560		3	HEARING TEST, SCREENING	19.23	19.23	1/1/2009	

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92561		3	SPECIAL HEARING TEST	23.81	23.81	1/1/2009	
92562		3	SPECIAL HEARING TEST	19.25	19.25	1/1/2009	
92563		3	SPECIAL HEARING TEST	17.35	17.35	1/1/2009	
92564		3	SPECIAL HEARING TEST	16.62	16.62	1/1/2009	
92565		3	SPECIAL HEARING TEST	10.69	10.69	1/1/2009	
92567		3	TYMPANOMETRY IMPEDANCE TESTING	13.86	15.45	1/1/2009	
92568		3	ACOUSTIC REFLEX TESTING; THRESHOLD	16.19	16.19	1/1/2009	
92569		3	ACOUSTIC REFLEX TESTING; DECAY	12.79	12.79	1/1/2009	
92571		3	FILTERED SPEECH TEST	13.86	13.86	1/1/2009	
92572		3	STAGGERED SPORATIC WORD TEST	14.80	14.80	1/1/2009	
92575		3	SPECIAL HEARING TEST	29.91	29.91	1/1/2009	
92576		3	SYNTHETIC SENTENCE IDENTIFICATION TEST	17.88	17.88	1/1/2009	
92577		3	SPECIAL HEARING TEST	14.51	14.51	1/1/2009	
92582		3	CONDITIONING PLAY AUDIOMETRY	34.90	34.90	1/1/2009	
92583		3	SELECT PICTURE AUDIOMETRY	28.04	28.04	1/1/2009	
92584		3	ELECTROCOCHLEOGRAPHY	56.86	56.86	1/1/2009	
92585		3	EVOKED OTOACOUSTIC POTENTIALS FOR EVOKED RESPONSE	87.06	87.06	1/1/2009	
92585	26	5	EVOKED OTOACOUSTIC POTENTIALS FOR EVOKED RESPONSE	23.49	23.49	1/1/2009	
92585	TC	T	EVOKED OTOACOUSTIC POTENTIALS FOR EVOKED RESPONSE	63.58	63.58	1/1/2009	
92586		3	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY /	52.80	52.80	1/1/2009	
92587		3	EVOKED OTOACOUSTIC EMISSIONS;LIMITED	33.05	33.05	1/1/2009	
92588		3	EVOKED OTOACOUSTIC EMISSIONS;COMPREHENSIVE	54.68	54.68	1/1/2009	
92590		3	HEARING AID EXAM AND SELECTION MONAURAL	39.04	39.04	1/1/2009	
92591		3	HEARING AID EXAM BINAURAL	58.64	58.64	1/1/2009	
92592		3	HEARING AID CHECK MONAURAL	17.09	17.09	1/1/2009	
92593		3	HEARING AID CHECK BINAURAL	25.84	25.84	1/1/2009	
92594		3	ELECTRACOUSTIC EVAL FOR HEARING AID MONAURAL	18.87	18.87	1/1/2009	
92595		3	ELECTRONACOUSTIC EVAL BINAURAL	28.20	28.20	1/1/2009	
92596		3	EAR PROTECTOR ATTENUATION MEASUREMENTS	29.51	29.51	1/1/2009	
92601		3	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS	127.23	138.64	1/1/2009	
92602		3	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS	75.85	86.31	1/1/2009	
92603		3	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER	114.74	125.20	1/1/2009	
92604		3	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER	65.58	74.14	1/1/2009	
92607		3	EVAL FOR PRESCRIPTION FOR SPEECH GENERATING & ALT. COMM. DEVI	131.66	131.66	1/1/2009	
92608		3	EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION WITH 92607)	25.17	25.17	1/1/2009	
92609		3	THERAPEUTIC SVCS FOR USE OF SPEECH GENERATING DEVICE INCLUDI	69.96	69.96	1/1/2009	
92610		3	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	67.66	67.66	1/1/2009	
92611		3	MOTION FLOURSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE	73.68	73.68	1/1/2009	
92612		3	ENDOSCOPIC STUDY OF SWALLOWING	60.23	135.98	1/1/2009	
92614		3	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY	60.23	121.40	1/1/2009	
92616		3	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND I	88.85	167.14	1/1/2009	
92620		3	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 6I	66.21	66.21	1/1/2009	
92621		3	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH AD	15.38	15.38	1/1/2009	
92625		3	ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, ANI	52.42	52.42	1/1/2009	
92950		3	HEART-LUNG RESUSCITATION	162.56	244.33	1/1/2009	
92953		3	TEMPORARY EXTERNAL PACING	10.85	10.85	1/1/2009	
92960		3	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA,	122.35	229.16	1/1/2009	
92961		3	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA;	239.32	239.32	1/1/2009	
92970		3	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; INTERNAL	167.16	167.16	1/1/2009	
92971		3	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; EXTERNAL	94.91	94.91	1/1/2009	
92973		3	PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY (LIST SEP	169.67	169.67	1/1/2009	
92974		3	TRANSCATHETER PLACEMENT OF RADIATION DELIVERY DEVICE FOR SUE	155.53	155.53	1/1/2009	
92975		3	THROMBOLYSIS CORONARY BY INTRACORONARY INFUSION	372.71	372.71	1/1/2009	
92977		3	THROMBOLYSIS CORONARY BY INTRAVENOUS INFUSION	113.31	113.31	1/1/2009	
92980		3	TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCL	772.93	772.93	1/1/2009	
92981		3	TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCL	215.07	215.07	1/1/2009	
92982		3	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY	573.01	573.01	1/1/2009	
92984		3	PERCUTANEOUS TRANSLUMINAL CORONARY BALLOON ANGIOPLASTY; E/A	153.55	153.55	1/1/2009	
92986		3	PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE	1265.70	1265.70	1/1/2009	
92990		3	PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALVE	1008.23	1008.23	1/1/2009	
92995		3	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, BY MECHAI	631.48	631.48	1/1/2009	
92996		3	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, BY MECHAI	165.85	165.85	1/1/2009	
92997		3	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOF	585.56	585.56	1/1/2009	
92998		3	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOF	299.74	299.74	1/1/2009	
93000		3	ELECTROCARDIOGRAM, ROUTINE EKG AT LEAST 12 LEADS; INTERP AND F	18.52	18.52	1/1/2009	
93005		3	ELECTROCARDIOGRAM, TRACING	10.26	10.26	1/1/2009	
93010		3	ELECTROCARDIOGRAM REPORT	8.26	8.26	1/1/2009	

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
93015		3	CARDIOVASCULAR STRESS TEST	88.64	88.64	1/1/2009	
93016		3	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREA	22.51	22.51	1/1/2009	
93017		3	ELECTROCARDIOGRAM TRACING	51.20	51.20	1/1/2009	
93018		3	TREADMILL EKG-INTERP ONLY	14.93	14.93	1/1/2009	
93024		3	ERGONOVINE PROVOCATION TEST	108.93	108.93	1/1/2009	
93024	26	5	ERGONOVINE PROVOCATION TEST	58.07	58.07	1/1/2009	
93024	TC	T	ERGONOVINE PROVOCATION TEST	50.86	50.86	1/1/2009	
93025		3	MICROVOLT T-WAVE ALTERNANS FOR ASSESSMENT OF VENTRICULAR AF	187.84	187.84	1/1/2009	
93040		3	ELECTROCARDIOGRAM REPORT	11.94	11.94	1/1/2009	
93041		3	RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY W/O INTERPRETATI	4.65	4.65	1/1/2009	
93042		3	RHYTHM STRIP-INTERP ONLY	7.28	7.28	1/1/2009	
93224		3	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	103.85	103.85	1/1/2009	
93225		3	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	30.58	30.58	1/1/2009	
93226		3	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	47.10	47.10	1/1/2009	
93227		3	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	26.17	26.17	1/1/2009	
93230		3	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	106.19	106.19	1/1/2009	
93231		3	24 HR ECG, RECORDING ONLY	30.60	30.60	1/1/2009	
93232		3	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	50.36	50.36	1/1/2009	
93233		3	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	25.22	25.22	1/1/2009	
93235		3	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	112.42	112.42	1/1/2009	
93236		3	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	91.93	91.93	1/1/2009	
93237		3	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	22.51	22.51	1/1/2009	
93271		3	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH	188.37	188.37	1/1/2009	
93272		3	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH	25.22	25.22	1/1/2009	
93278		3	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY	35.26	35.26	1/1/2009	
93278	26	5	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY	11.95	11.95	1/1/2009	
93278	TC	T	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY	23.31	23.31	1/1/2009	
93307		3	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUM	155.39	155.39	1/1/2009	
93307	26	5	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUM	45.80	45.80	1/1/2009	
93307	TC	T	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUM	109.59	109.59	1/1/2009	
93308		3	ECHOCARDIOGRAPHY REAL TIME SCAN LIMITED	98.12	98.12	1/1/2009	
93308	26	5	ECHOCARDIOGRAPHY REAL TIME SCAN LIMITED	26.83	26.83	1/1/2009	
93308	TC	T	ECHOCARDIOGRAPHY REAL TIME SCAN LIMITED	71.28	71.28	1/1/2009	
93312		3	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOC	288.16	288.16	1/1/2009	
93312	26	5	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOC	106.91	106.91	1/1/2009	
93312	TC	T	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOC	181.25	181.25	1/1/2009	
93313		3	ECHOCARDIO, RL TIME W/DOC TRANSESOPHAGEAL; PLC PRO	38.29	38.29	1/1/2009	
93314		3	ECHOCARDIO, RL TIME W/DOC TRANSESOPHAGEAL INTRP.ON	246.18	246.18	1/1/2009	
93314	26	5	ECHOCARDIO, RL TIME W/DOC TRANSESOPHAGEAL INTRP.ON	60.50	60.50	1/1/2009	
93314	TC	T	ECHOCARDIO, RL TIME W/DOC TRANSESOPHAGEAL INTRP.ON	185.69	185.69	1/1/2009	
93320		3	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS W.	68.46	68.46	1/1/2009	
93320	26	5	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS W.	18.94	18.94	1/1/2009	
93320	TC	T	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS W.	49.51	49.51	1/1/2009	
93321		3	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS W.	30.23	30.23	1/1/2009	
93321	26	5	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS W.	7.58	7.58	1/1/2009	
93321	TC	T	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS W.	22.66	22.66	1/1/2009	
93325		3	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST :	45.53	45.53	1/1/2009	
93325	26	5	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST :	3.57	3.57	1/1/2009	
93350		3	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUM	188.00	188.00	1/1/2009	
93350	26	5	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUM	73.93	73.93	1/1/2009	
93350	TC	T	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUM	114.07	114.07	1/1/2009	
93501		3	RIGHT HEART CATHETERIZATION	701.55	701.55	1/1/2009	
93501	26	5	RIGHT HEART CATHETERIZATION	154.94	154.94	1/1/2009	
93501	TC	T	RIGHT HEART CATHETERIZATION	546.60	546.60	1/1/2009	
93503		3	PLACEMENT OF FLOW DIRECTED CATHETER	104.05	104.05	1/1/2009	
93505		3	ENDOCARDIAL BIOPSY	662.70	662.70	1/1/2009	
93505	26	5	ENDOCARDIAL BIOPSY	224.07	224.07	1/1/2009	
93505	TC	T	ENDOCARDIAL BIOPSY	438.63	438.63	1/1/2009	
93508		3	CATHETER PLACEMENT IN CORONARY ARTERY(S), ARTERIAL CORONARY	933.35	933.35	1/1/2009	
93510		3	LEFT HEART CATH.,RETROGRADE, BRACHIAL, AXILLARY OR FEMORAL AR	1157.11	1157.11	1/1/2009	
93510	26	5	LEFT HEART CATH.,RETROGRADE, BRACHIAL, AXILLARY OR FEMORAL AR	226.80	226.80	1/1/2009	
93510	TC	T	LEFT HEART CATH.,RETROGRADE, BRACHIAL, AXILLARY OR FEMORAL AR	930.31	930.31	1/1/2009	
93511		3	LEFT HEART CATHETERIZATION, BY CUTDOWN	1523.84	1523.84	1/1/2009	
93511	26	5	LEFT HEART CATHETERIZATION, BY CUTDOWN	262.96	262.96	1/1/2009	
93511	TC	T	LEFT HEART CATHETERIZATION, BY CUTDOWN	1266.47	1266.47	1/1/2009	
93514		3	LEFT HEART CATHETERIZATION BY LEFT VENTRICAL PUNCTURE	1574.60	1574.60	1/1/2009	
93514	26	5	LEFT HEART CATHETERIZATION BY LEFT VENTRICAL PUNCTURE	362.15	362.15	1/1/2009	

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
93514	TC	T	LEFT HEART CATHETERIZATION BY LEFT VENTRICAL PUNCTURE	1212.44	1212.44	1/1/2009	
93524		3	COMBINED TRANSSEPTAL & RETROGRADE LEFT HEART CATHETERIZATIO	2004.47	2004.47	1/1/2009	
93524	26	5	COMBINED TRANSSEPTAL & RETROGRADE LEFT HEART CATHETERIZATIO	362.63	362.63	1/1/2009	
93524	TC	T	COMBINED TRANSSEPTAL & RETROGRADE LEFT HEART CATHETERIZATIO	1652.83	1652.83	1/1/2009	
93526		3	COMBINED RIGHT HEART & RETROGRADE LEFT HEART CATHETERIZATION	1485.05	1485.05	1/1/2009	
93526	26	5	COMBINED RIGHT HEART & RETROGRADE LEFT HEART CATHETERIZATION	312.59	312.59	1/1/2009	
93526	TC	T	COMBINED RIGHT HEART & RETROGRADE LEFT HEART CATHETERIZATION	1172.46	1172.46	1/1/2009	
93527		3	COMBINED RIGHT & TRANSSEPTAL LEFT HEART CATH. THRU INTACT SEP	2020.86	2020.86	1/1/2009	
93527	26	5	COMBINED RIGHT & TRANSSEPTAL LEFT HEART CATH. THRU INTACT SEP	378.71	378.71	1/1/2009	
93527	TC	T	COMBINED RIGHT & TRANSSEPTAL LEFT HEART CATH. THRU INTACT SEP	1652.16	1652.16	1/1/2009	
93528		3	COMBINED RIGHT HEART CATH. W/LEFT VENTRICULAR PUNCTURE	2104.37	2104.37	1/1/2009	
93528	26	5	COMBINED RIGHT HEART CATH. W/LEFT VENTRICULAR PUNCTURE	450.49	450.49	1/1/2009	
93528	TC	T	COMBINED RIGHT HEART CATH. W/LEFT VENTRICULAR PUNCTURE	1652.83	1652.83	1/1/2009	
93529		3	COMBINED RIGHT & LEFT HEART CATH. THRU EXISTING SEPTAL OPENING	1900.06	1900.06	1/1/2009	
93529	26	5	COMBINED RIGHT & LEFT HEART CATH. THRU EXISTING SEPTAL OPENING	250.84	250.84	1/1/2009	
93529	TC	T	COMBINED RIGHT & LEFT HEART CATH. THRU EXISTING SEPTAL OPENING	1655.19	1655.19	1/1/2009	
93530		3	RIGHT HEART CATHETERIZATION FOR CONGENITAL CARDIAC ANOMALIES	807.00	807.00	1/1/2009	
93530	26	5	RIGHT HEART CATHETERIZATION FOR CONGENITAL CARDIAC ANOMALIES	213.96	213.96	1/1/2009	
93530	TC	T	RIGHT HEART CATHETERIZATION FOR CONGENITAL CARDIAC ANOMALIES	596.55	596.55	1/1/2009	
93531		3	COMBINED RIGHT HEART CATH AND RETROGRADE LEFT HEART CATH FO	2112.28	2112.28	1/1/2009	
93531	26	5	COMBINED RIGHT HEART CATH AND RETROGRADE LEFT HEART CATH FO	419.11	419.11	1/1/2009	
93531	TC	T	COMBINED RIGHT HEART CATH AND RETROGRADE LEFT HEART CATH FO	1702.12	1702.12	1/1/2009	
93532		3	COMBINED RIGHT AND LEFT CATHETERIZATION FOR CONGENITAL CARDI	2068.19	2068.19	1/1/2009	
93532	26	5	COMBINED RIGHT AND LEFT CATHETERIZATION FOR CONGENITAL CARDI	497.05	497.05	1/1/2009	
93532	TC	T	COMBINED RIGHT AND LEFT CATHETERIZATION FOR CONGENITAL CARDI	1571.15	1571.15	1/1/2009	
93533		3	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HE	1920.47	1920.47	1/1/2009	
93533	26	5	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HE	334.51	334.51	1/1/2009	
93533	TC	T	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HE	1585.96	1585.96	1/1/2009	
93539		3	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELE	20.26	71.29	1/1/2009	
93540		3	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELE	21.92	210.82	1/1/2009	
93541		3	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR PULM	14.59	14.59	1/1/2009	
93542		3	INJECTION PX; CARDIAC CATH. SELECTIVE RIGHT VENTRICULAR/ATRIAL	14.59	128.05	1/1/2009	
93543		3	INJECTION PX; CARDIAC CATH. SELECT. LEFT VENTRICULAR/ATRIAL ANGI	14.59	70.37	1/1/2009	
93544		3	INJECTION PX; CARDIAC CATH. FOR AORTOGRAPHY	12.90	51.25	1/1/2009	
93545		3	INJECTION PX; CARDIAC CATH. SELECTIVE CORONARY ANGIOGRAPHY	20.26	147.67	1/1/2009	
93555		3	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION	102.03	102.03	1/1/2009	
93555	26	5	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION	41.08	41.08	1/1/2009	
93555	TC	T	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION	60.95	60.95	1/1/2009	
93556		3	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION	141.59	141.59	1/1/2009	
93556	26	5	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION	42.08	42.08	1/1/2009	
93556	TC	T	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION	99.50	99.50	1/1/2009	
93561		3	INDICATOR DILUTION STUDIES, INCLUDING ARTERIAL/VENOUS CATH.	41.23	41.23	1/1/2009	
93561	26	5	INDICATOR DILUTION STUDIES, INCLUDING ARTERIAL/VENOUS CATH.	22.00	22.00	1/1/2009	
93561	TC	T	INDICATOR DILUTION STUDIES, INCLUDING ARTERIAL/VENOUS CATH.	18.92	18.92	1/1/2009	
93562		3	INDICATOR DILUTION STUDIES, INCLUDING ARTERIAL/VENOUS CATH. SUB	18.75	18.75	1/1/2009	
93562	26	5	INDICATOR DILUTION STUDIES, INCLUDING ARTERIAL/VENOUS CATH. SUB	6.97	6.97	1/1/2009	
93562	TC	T	INDICATOR DILUTION STUDIES, INCLUDING ARTERIAL/VENOUS CATH. SUB	11.71	11.71	1/1/2009	
93571		3	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORC	243.25	243.25	1/1/2009	
93571	26	5	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORC	91.18	91.18	1/1/2009	
93571	TC	T	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORC	156.97	156.97	1/1/2009	
93572		3	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORC	152.67	152.67	1/1/2009	
93572	26	5	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORC	71.76	71.76	1/1/2009	
93572	TC	T	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORC	80.91	80.91	1/1/2009	
93580		3	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATR	929.06	929.06	1/1/2009	
93581		3	PERCUTANEOUS TRANSCATHETER CLOSURE OF A CONGENITAL VENTRIC	1218.19	1218.19	1/1/2009	
93600		3	SPECIAL ELECTROCARDIOGRAM	170.64	170.64	1/1/2009	
93600	26	5	SPECIAL ELECTROCARDIOGRAM	108.76	108.76	1/1/2009	
93600	TC	T	SPECIAL ELECTROCARDIOGRAM	66.74	66.74	1/1/2009	
93602		3	INTRA ATRIAL RECORDING	140.50	140.50	1/1/2009	
93602	26	5	INTRA ATRIAL RECORDING	108.34	108.34	1/1/2009	
93602	TC	T	INTRA ATRIAL RECORDING	36.69	36.69	1/1/2009	
93603		3	RIGHT VENTRICULAR RECORDING	160.53	160.53	1/1/2009	
93603	26	5	RIGHT VENTRICULAR RECORDING	108.56	108.56	1/1/2009	
93603	TC	T	RIGHT VENTRICULAR RECORDING	56.83	56.83	1/1/2009	
93609	26	5	INTRAVENTRICULAR AND/OR INTRA-ATRIAL MAPPING OF TACHYCARDIA S	256.54	256.54	1/1/2009	
93610		3	INTRA-ATRIAL PACING	191.99	191.99	1/1/2009	
93610	26	5	INTRA-ATRIAL PACING	154.01	154.01	1/1/2009	

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
93610	TC	T	INTRA-ATRIAL PACING	44.79	44.79	1/1/2009	
93612		3	INTRAVENTRICULAR PACING	201.21	201.21	1/1/2009	
93612	26	5	INTRAVENTRICULAR PACING	153.28	153.28	1/1/2009	
93612	TC	T	INTRAVENTRICULAR PACING	54.13	54.13	1/1/2009	
93613		3	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (LIST SE	360.44	360.44	1/1/2009	
93613	26	5	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (LIST SE	270.33	270.33	1/1/2009	
93613	TC	T	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (LIST SE	90.11	90.11	1/1/2009	
93618		3	INDUCTION ARRHYTHMIA BY ELECTRICAL PACING	342.40	342.40	1/1/2009	
93618	26	5	INDUCTION ARRHYTHMIA BY ELECTRICAL PACING	220.28	220.28	1/1/2009	
93618	TC	T	INDUCTION ARRHYTHMIA BY ELECTRICAL PACING	133.69	133.69	1/1/2009	
93619		3	COMPREHENSIVE EP EVAL WITH RT ATRIAL PACING AND RECORDING, RT	630.90	630.90	1/1/2009	
93619	26	5	COMPREHENSIVE EP EVAL WITH RT ATRIAL PACING AND RECORDING, RT	380.39	380.39	1/1/2009	
93619	TC	T	COMPREHENSIVE EP EVAL WITH RT ATRIAL PACING AND RECORDING, RT	265.14	265.14	1/1/2009	
93620		3	COMPREHENSIVE EP EVAL WITH RT ATRIAL PACING AND RECORDING, RT	887.85	887.85	1/1/2009	
93620	26	5	COMPREHENSIVE EP EVAL WITH RT ATRIAL PACING AND RECORDING, RT	597.94	597.94	1/1/2009	
93620	TC	T	COMPREHENSIVE EP EVAL WITH RT ATRIAL PACING AND RECORDING, RT	299.40	299.40	1/1/2009	
93621		3	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRI/	191.33	191.33	1/1/2009	
93621	26	5	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRI/	108.17	108.17	1/1/2009	
93621	TC	T	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRI/	83.15	83.15	1/1/2009	
93622		3	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRI/	279.67	279.67	1/1/2009	
93622	26	5	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRI/	158.22	158.22	1/1/2009	
93622	TC	T	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRI/	121.45	121.45	1/1/2009	
93623	26	5	PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG IN	146.68	146.68	1/1/2009	
93640		3	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR	419.17	419.17	1/1/2009	
93640	26	5	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR	179.99	179.99	1/1/2009	
93640	TC	T	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR	247.45	247.45	1/1/2009	
93641		3	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER- DEFIBRILLATOF	534.48	534.48	1/1/2009	
93641	26	5	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER- DEFIBRILLATOF	304.61	304.61	1/1/2009	
93641	TC	T	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER- DEFIBRILLATOF	244.75	244.75	1/1/2009	
93642		3	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR	422.36	422.36	1/1/2009	
93642	26	5	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR	250.01	250.01	1/1/2009	
93642	TC	T	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR	172.35	172.35	1/1/2009	
93660		3	EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUAT	154.60	154.60	1/1/2009	
93662		3	INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC	278.75	278.75	1/1/2009	
93662	26	5	INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC	141.63	141.63	1/1/2009	
93662	TC	T	INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC	114.15	114.15	1/1/2009	
93701		3	BIOIMPEDANCE, THORACIC, ELECTRICAL	30.03	30.03	1/1/2009	
93701	26	5	BIOIMPEDANCE, THORACIC, ELECTRICAL	8.26	8.26	1/1/2009	
93701	TC	T	BIOIMPEDANCE, THORACIC, ELECTRICAL	21.77	21.77	1/1/2009	
93720		3	PLETH., TOTAL BODY; WITH INTERP	40.31	40.31	1/1/2009	
93721		3	PLETH., TRACING ONLY	32.68	32.68	1/1/2009	
93722		3	PLETH., INTERP. ONLY	7.63	7.63	1/1/2009	
93724		3	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INC	302.77	302.77	1/1/2009	
93724	26	5	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INC	245.89	245.89	1/1/2009	
93724	TC	T	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INC	56.87	56.87	1/1/2009	
93740		3	ANALYSIS PACEMAKER SINGLE CHAMBER/TELEPHONIC	8.77	8.77	1/1/2009	
93740	26	5	ANALYSIS PACEMAKER SINGLE CHAMBER/TELEPHONIC	7.28	7.28	1/1/2009	
93740	TC	T	ANALYSIS PACEMAKER SINGLE CHAMBER/TELEPHONIC	1.48	1.48	1/1/2009	
93745		3	INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OF WEARABLE	65.47	65.47	1/1/2009	
93745	26	5	INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OF WEARABLE	41.35	41.35	1/1/2009	
93745	TC	T	INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OF WEARABLE	24.12	24.12	1/1/2009	
93770		3	DETERMINATION OF VENOUS PRESSURE	7.82	7.82	1/1/2009	
93770	26	5	DETERMINATION OF VENOUS PRESSURE	7.28	7.28	1/1/2009	
93770	TC	T	DETERMINATION OF VENOUS PRESSURE	0.53	0.53	1/1/2009	
93875		3	BILAT. EXTRACRANIAL ARTERY STUDIES, NON-INVASIVE	88.43	88.43	1/1/2009	
93875	26	5	BILAT. EXTRACRANIAL ARTERY STUDIES, NON-INVASIVE	10.29	10.29	1/1/2009	
93875	TC	T	BILAT. EXTRACRANIAL ARTERY STUDIES, NON-INVASIVE	78.14	78.14	1/1/2009	
93880		3	DUPLEX SCAN EXTRACRANIAL ARTERIES, BILAT. COMPLETE	216.02	216.02	1/1/2009	
93880	26	5	DUPLEX SCAN EXTRACRANIAL ARTERIES, BILAT. COMPLETE	28.40	28.40	1/1/2009	
93880	TC	T	DUPLEX SCAN EXTRACRANIAL ARTERIES, BILAT. COMPLETE	187.62	187.62	1/1/2009	
93882		3	DUPLEX SCAN OF EXTRACRANIAL ARTERIES;	142.32	142.32	1/1/2009	
93882	26	5	DUPLEX SCAN OF EXTRACRANIAL ARTERIES;	18.69	18.69	1/1/2009	
93882	TC	T	DUPLEX SCAN OF EXTRACRANIAL ARTERIES;	123.63	123.63	1/1/2009	
93886		3	TRANSCRANIAL DOPPLER STDY OF INTRACRANIAL ART;COMP	259.72	259.72	1/1/2009	
93886	26	5	TRANSCRANIAL DOPPLER STDY OF INTRACRANIAL ART;COMP	43.34	43.34	1/1/2009	
93886	TC	T	TRANSCRANIAL DOPPLER STDY OF INTRACRANIAL ART;COMP	216.38	216.38	1/1/2009	
93888		3	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMIT	176.84	176.84	1/1/2009	

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
93888	26	5	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMIT	29.30	29.30	1/1/2009	
93888	TC	T	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMIT	147.54	147.54	1/1/2009	
93890		3	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; VASC	228.18	228.18	1/1/2009	
93890	26	5	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; VASC	46.03	46.03	1/1/2009	
93890	TC	T	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; VASC	182.15	182.15	1/1/2009	
93892		3	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMB	250.43	250.43	1/1/2009	
93892	26	5	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMB	52.43	52.43	1/1/2009	
93892	TC	T	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMB	198.00	198.00	1/1/2009	
93893		3	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMB	249.80	249.80	1/1/2009	
93893	26	5	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMB	52.75	52.75	1/1/2009	
93893	TC	T	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMB	197.05	197.05	1/1/2009	
93922		3	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY	105.00	105.00	1/1/2009	
93922	26	5	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY	11.54	11.54	1/1/2009	
93922	TC	T	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY	93.47	93.47	1/1/2009	
93923		3	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY	162.10	162.10	1/1/2009	
93923	26	5	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY	21.04	21.04	1/1/2009	
93923	TC	T	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY	141.06	141.06	1/1/2009	
93924		3	NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES,	199.55	199.55	1/1/2009	
93924	26	5	NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES,	23.92	23.92	1/1/2009	
93924	TC	T	NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES,	175.63	175.63	1/1/2009	
93925		3	DUPLEX SCAN LOWER EXTREM. ARTERIES; BILAT,COMPLETE	268.58	268.58	1/1/2009	
93925	26	5	DUPLEX SCAN LOWER EXTREM. ARTERIES; BILAT,COMPLETE	27.08	27.08	1/1/2009	
93925	TC	T	DUPLEX SCAN LOWER EXTREM. ARTERIES; BILAT,COMPLETE	241.50	241.50	1/1/2009	
93926		3	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS G	171.36	171.36	1/1/2009	
93926	26	5	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS G	18.35	18.35	1/1/2009	
93926	TC	T	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS G	153.01	153.01	1/1/2009	
93930		3	DUPLEX SCAN UPPER EXTREM. ARTERIES; BILAT COMPLETE	211.66	211.66	1/1/2009	
93930	26	5	DUPLEX SCAN UPPER EXTREM. ARTERIES; BILAT COMPLETE	21.70	21.70	1/1/2009	
93930	TC	T	DUPLEX SCAN UPPER EXTREM. ARTERIES; BILAT COMPLETE	189.96	189.96	1/1/2009	
93931		3	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS G	141.68	141.68	1/1/2009	
93931	26	5	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS G	14.44	14.44	1/1/2009	
93931	TC	T	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS G	127.23	127.23	1/1/2009	
93965		3	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE	107.58	107.58	1/1/2009	
93965	26	5	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE	16.23	16.23	1/1/2009	
93965	TC	T	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE	91.35	91.35	1/1/2009	
93970		3	DUPLEX SCAN OF EXTREMITY VEINS; COMPLETE, BILATERA	220.28	220.28	1/1/2009	
93970	26	5	DUPLEX SCAN OF EXTREMITY VEINS; COMPLETE, BILATERA	31.89	31.89	1/1/2009	
93970	TC	T	DUPLEX SCAN OF EXTREMITY VEINS; COMPLETE, BILATERA	188.39	188.39	1/1/2009	
93971		3	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRE	145.86	145.86	1/1/2009	
93971	26	5	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRE	21.14	21.14	1/1/2009	
93971	TC	T	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRE	124.72	124.72	1/1/2009	
93975		3	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMII	331.51	331.51	1/1/2009	
93975	26	5	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMII	85.10	85.10	1/1/2009	
93975	TC	T	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMII	246.41	246.41	1/1/2009	
93976		3	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMII	191.37	191.37	1/1/2009	
93976	26	5	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMII	56.49	56.49	1/1/2009	
93976	TC	T	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMII	134.88	134.88	1/1/2009	
93978		3	DUPLEX SCAN COMPLETE; AORTA,VENA CAVA,ILIAC VASC.	207.19	207.19	1/1/2009	
93978	26	5	DUPLEX SCAN COMPLETE; AORTA,VENA CAVA,ILIAC VASC.	30.55	30.55	1/1/2009	
93978	TC	T	DUPLEX SCAN COMPLETE; AORTA,VENA CAVA,ILIAC VASC.	176.65	176.65	1/1/2009	
93979		3	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OF	143.28	143.28	1/1/2009	
93979	26	5	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OF	20.48	20.48	1/1/2009	
93979	TC	T	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OF	122.80	122.80	1/1/2009	
93990		3	DUPLEX SCAN OF HEMODIALYSIS	167.61	167.61	1/1/2009	
93990	26	5	DUPLEX SCAN OF HEMODIALYSIS	11.44	11.44	1/1/2009	
94002		3	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VI	81.23	81.23	1/1/2009	
94003		3	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VI	58.70	58.70	1/1/2009	
94004		3	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VI	42.74	42.74	1/1/2009	
94010		3	SPIROMETRY INCLUDING GRAPHIC RECORD TOTAL TIMED VITAL CAPACIT	28.98	28.98	1/1/2009	
94010	26	5	SPIROMETRY INCLUDING GRAPHIC RECORD TOTAL TIMED VITAL CAPACIT	7.63	7.63	1/1/2009	
94010	TC	T	SPIROMETRY INCLUDING GRAPHIC RECORD TOTAL TIMED VITAL CAPACIT	21.35	21.35	1/1/2009	
94060		3	BRONCHOSPASM EVALUATION, SPIROMETRY AS IN 94010 BEFORE & AFTE	50.81	50.81	1/1/2009	
94060	26	5	BRONCHOSPASM EVALUATION, SPIROMETRY AS IN 94010 BEFORE & AFTE	13.37	13.37	1/1/2009	
94060	TC	T	BRONCHOSPASM EVALUATION, SPIROMETRY AS IN 94010 BEFORE & AFTE	37.43	37.43	1/1/2009	
94070		3	PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPASM WITH MI	53.17	53.17	1/1/2009	
94070	26	5	PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPASM WITH MI	26.28	26.28	1/1/2009	
94070	TC	T	PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPASM WITH MI	26.89	26.89	1/1/2009	

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94150		3	VITAL CAPACITY TOTAL	19.63	19.63	1/1/2009	
94150	26	5	VITAL CAPACITY TOTAL	3.57	3.57	1/1/2009	
94150	TC	T	VITAL CAPACITY TOTAL	16.06	16.06	1/1/2009	
94200		3	MAX BREATHING CAPACITY, MAX VOLUNTARY VENTILATION	19.63	19.63	1/1/2009	
94200	26	5	MAX BREATHING CAPACITY, MAX VOLUNTARY VENTILATION	4.94	4.94	1/1/2009	
94200	TC	T	MAX BREATHING CAPACITY, MAX VOLUNTARY VENTILATION	14.70	14.70	1/1/2009	
94240		3	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME, HELIUM METHC	34.30	34.30	1/1/2009	
94240	26	5	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME, HELIUM METHC	11.34	11.34	1/1/2009	
94240	TC	T	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME, HELIUM METHC	22.95	22.95	1/1/2009	
94250		3	EXPIRED GAS COLLECTION	21.32	21.32	1/1/2009	
94250	26	5	EXPIRED GAS COLLECTION	4.94	4.94	1/1/2009	
94250	TC	T	EXPIRED GAS COLLECTION	16.38	16.38	1/1/2009	
94260		3	THORACIC GAS VOLUME	27.41	27.41	1/1/2009	
94260	26	5	THORACIC GAS VOLUME	5.62	5.62	1/1/2009	
94260	TC	T	THORACIC GAS VOLUME	21.79	21.79	1/1/2009	
94350		3	DETERMINATION MALDISTRIBUTION OF INSPIRED GAS	30.60	30.60	1/1/2009	
94350	26	5	DETERMINATION MALDISTRIBUTION OF INSPIRED GAS	11.34	11.34	1/1/2009	
94350	TC	T	DETERMINATION MALDISTRIBUTION OF INSPIRED GAS	19.25	19.25	1/1/2009	
94360		3	DETERMINATION OF RESISTANCE TO AIRFLOW	38.00	38.00	1/1/2009	
94360	26	5	DETERMINATION OF RESISTANCE TO AIRFLOW	11.34	11.34	1/1/2009	
94360	TC	T	DETERMINATION OF RESISTANCE TO AIRFLOW	26.66	26.66	1/1/2009	
94370		3	LUNG FUNCTION TEST	29.53	29.53	1/1/2009	
94375		3	RESPIRATORY FLOW VOLUME LOOP	32.82	32.82	1/1/2009	
94375	26	5	RESPIRATORY FLOW VOLUME LOOP	13.37	13.37	1/1/2009	
94375	TC	T	RESPIRATORY FLOW VOLUME LOOP	19.45	19.45	1/1/2009	
94400		3	BREATHING RESPONSE TO CO2	46.40	46.40	1/1/2009	
94400	26	5	BREATHING RESPONSE TO CO2	17.84	17.84	1/1/2009	
94400	TC	T	BREATHING RESPONSE TO CO2	28.56	28.56	1/1/2009	
94450		3	BREATHING RESPONSE TO HYPOXIA	44.68	44.68	1/1/2009	
94450	26	5	BREATHING RESPONSE TO HYPOXIA	17.31	17.31	1/1/2009	
94450	TC	T	BREATHING RESPONSE TO HYPOXIA	27.37	27.37	1/1/2009	
94610		3	INTRAPULMONARY SURFACTANT ADMINISTRATION BY A PHYSICIAN THRC	57.12	57.12	1/1/2009	
94620		3	PULMONARY STRESS TESTING; SIMPLE (EG, PROLONGED EXERCISE TEST)	63.42	63.42	1/1/2009	
94620	26	5	PULMONARY STRESS TESTING; SIMPLE (EG, PROLONGED EXERCISE TEST)	28.29	28.29	1/1/2009	
94620	TC	T	PULMONARY STRESS TESTING; SIMPLE (EG, PROLONGED EXERCISE TEST)	35.13	35.13	1/1/2009	
94621		3	PULMONARY STRESS TESTING; COMPLEX (INCLUDING MEASUREMENTS C	143.41	143.41	1/1/2009	
94621	26	5	PULMONARY STRESS TESTING; COMPLEX (INCLUDING MEASUREMENTS C	64.85	64.85	1/1/2009	
94621	TC	T	PULMONARY STRESS TESTING; COMPLEX (INCLUDING MEASUREMENTS C	78.55	78.55	1/1/2009	
94640		3	NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRU	11.53	11.53	1/1/2009	
94642		3	AEROSOL INHALATION PENTAMIDINE PROPHYLAXIS	10.11	10.11	1/1/2009	
94644		3	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR	29.59	29.59	1/1/2009	
94645		3	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR	11.53	11.53	1/1/2009	
94660		3	CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INITIAT	33.25	50.68	1/1/2009	
94662		3	CONT NEGATIVE PRESSURE VENT INIATION/MANAGEMENT	33.03	33.03	1/1/2009	
94664		3	AEROSOL TX INITIAL	12.60	12.60	1/1/2009	
94667		3	MANIPULATION OF CHEST WALL	17.57	17.57	1/1/2009	
94668		3	SUBSEQUENT MANIPULATION OF CHEST WALL	16.60	16.60	1/1/2009	
94680		3	EXPIRED GAS ANALYSIS	50.36	50.36	1/1/2009	
94680	26	5	EXPIRED GAS ANALYSIS	11.34	11.34	1/1/2009	
94680	TC	T	EXPIRED GAS ANALYSIS	39.02	39.02	1/1/2009	
94681		3	EXPIRED GAS ANALYSIS WITH CO2	54.36	54.36	1/1/2009	
94681	26	5	EXPIRED GAS ANALYSIS WITH CO2	8.65	8.65	1/1/2009	
94681	TC	T	EXPIRED GAS ANALYSIS WITH CO2	45.71	45.71	1/1/2009	
94690		3	EXPIRED GAS ANALYSIS REST, INDIRECT	43.74	43.74	1/1/2009	
94690	26	5	EXPIRED GAS ANALYSIS REST, INDIRECT	3.25	3.25	1/1/2009	
94690	TC	T	EXPIRED GAS ANALYSIS REST, INDIRECT	40.49	40.49	1/1/2009	
94720		3	CARBON MONOXIDE DIFFUSING CAPACITY (EG, SINGLE BREATH, STEADY	44.98	44.98	1/1/2009	
94720	26	5	CARBON MONOXIDE DIFFUSING CAPACITY (EG, SINGLE BREATH, STEADY	11.34	11.34	1/1/2009	
94725		3	MEMBRANE DIFFUSION CAPACITY	58.01	58.01	1/1/2009	
94725	26	5	MEMBRANE DIFFUSION CAPACITY	11.34	11.34	1/1/2009	
94725	TC	T	MEMBRANE DIFFUSION CAPACITY	46.66	46.66	1/1/2009	
94750		3	PULMONARY COMPLIANCE STUDY (EG, PLETHYSMOGRAPHY, VOLUME AN	61.89	61.89	1/1/2009	
94750	26	5	PULMONARY COMPLIANCE STUDY (EG, PLETHYSMOGRAPHY, VOLUME AN	10.00	10.00	1/1/2009	
94750	TC	T	PULMONARY COMPLIANCE STUDY (EG, PLETHYSMOGRAPHY, VOLUME AN	51.90	51.90	1/1/2009	
94760		3	NON-INVASIVE EAR OR PULSE OXIMETRY	2.34	2.34	1/1/2009	
94761		3	NONINVASIVE EAR OR PULSE OXIMETRY MULTIPLE DETERM.	4.47	4.47	1/1/2009	
94762		3	NONINVASIVE PULSE OXIMETRY FOR O2 SATURATION; BY CONTINUOUS C	24.99	24.99	1/1/2009	

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94770		3	CARBON DIOXIDE /INFRARED ANALYSIS	31.60	31.60	1/1/2009
94770	26	5	CARBON DIOXIDE /INFRARED ANALYSIS	6.62	6.62	1/1/2009
94770	TC	T	CARBON DIOXIDE /INFRARED ANALYSIS	24.97	24.97	1/1/2009
94772		3	RESPIRATORY PATTERN RECORDING	105.11	105.11	1/1/2009
94772	26	5	RESPIRATORY PATTERN RECORDING	55.35	55.35	1/1/2009
94772	TC	T	RESPIRATORY PATTERN RECORDING	49.77	49.77	1/1/2009
95004		3	PERCUTANEOUS TEST ALLERGENIC EXTRACT, EACH TEST	5.00	5.00	1/1/2009
95010		3	PERCUTANEOUS TEST W/DRUGS OR INSECTS, EACH TEST	15.18	15.18	1/1/2009
95015		3	INTRACUTANEOUS TEST W/DRUGS OR INSECTS, EACH TEST	11.38	11.38	1/1/2009
95024		3	INTERACUTANEOUS TEST W/ALLERGENIC EXTRACT EACH TEST	5.95	5.95	1/1/2009
95027		3	SKIN END POINT TITRATION	4.05	4.05	1/1/2009
95028		3	INTERACUTANEOUS TEST DELAYED REACTION,EACH TEST	9.41	9.41	1/1/2009
95044		3	PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)	5.29	5.29	1/1/2009
95052		3	PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)	5.92	5.92	1/1/2009
95056		3	PHOTOSENSITIVITY TESTS	30.01	30.01	1/1/2009
95060		3	ALLERGY EYE TESTS	20.08	20.08	1/1/2009
95065		3	ALLERGY NOSE TEST	18.28	18.28	1/1/2009
95070		3	ALLERGY BRONCHIAL TESTS	37.20	37.20	1/1/2009
95071		3	INHALA BRONCH CHALLENGE TESTING W/ANTIGENS SPECIFY	46.07	46.07	1/1/2009
95075		3	INGESTION CHALLENGE TEST	43.34	56.66	1/1/2009
95115		3	IMMUNOTHERAPY, ONE INJECTION	8.99	8.99	1/1/2009
95117		3	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUE	10.89	10.89	1/1/2009
95120		3	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRI	4.82	4.82	1/1/2009
95125		3	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRI	7.25	7.25	1/1/2009
95130		3	IMMUNOTHERAPY	31.34	31.34	1/1/2009
95131		3	IMMUNOTHERAPY 2 STINGING INSECT VENOMS	39.04	39.04	1/1/2009
95132		3	IMMUNOTHERAPY 3 STINGING INSECT VENOMS	30.74	30.74	1/1/2009
95133		3	IMMUNOTHERAPY 4 STINGING INSECT VENOMS	56.86	56.86	1/1/2009
95134		3	IMMUNOTHERAPY 5 STINGING INSECT VENOMS	68.06	68.06	1/1/2009
95144		3	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND	2.91	10.20	1/1/2009
95165		3	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND	2.91	10.20	1/1/2009
95180		3	RAPID DESENSITIZATION PROCEDURE, EACH HOUR (EG, INSULIN, PENICIL	96.99	126.79	1/1/2009
95805		3	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTINC	371.04	371.04	1/1/2009
95805	26	5	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTINC	84.12	84.12	1/1/2009
95805	TC	T	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTINC	286.92	286.92	1/1/2009
95806		3	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATC	184.20	184.20	1/1/2009
95807		3	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATC	432.85	432.85	1/1/2009
95807	26	5	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATC	73.83	73.83	1/1/2009
95807	TC	T	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATC	359.02	359.02	1/1/2009
95808		3	POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADD'L PARAMETERS OF S	568.32	568.32	1/1/2009
95808	26	5	POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADD'L PARAMETERS OF S	118.34	118.34	1/1/2009
95808	TC	T	POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADD'L PARAMETERS OF S	449.98	449.98	1/1/2009
95810		3	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADD'L PARAMET	677.60	677.60	1/1/2009
95810	26	5	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADD'L PARAMET	155.99	155.99	1/1/2009
95810	TC	T	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADD'L PARAMET	521.61	521.61	1/1/2009
95811		3	POLYSOMNOGRAPHY; OF SLEEP, ATTENDED BY A TECHNOLOGIST SLEEP	746.55	746.55	1/1/2009
95812		3	EEG EXTENDED MONITORING; UP TO 1 HOUR	207.72	207.72	1/1/2009
95812	26	5	EEG EXTENDED MONITORING; UP TO 1 HOUR	49.40	49.40	1/1/2009
95813		3	EEG EXTENDED MONITORING; GREATER THAN 1 HOUR	255.68	255.68	1/1/2009
95813	26	5	EEG EXTENDED MONITORING; GREATER THAN 1 HOUR	78.66	78.66	1/1/2009
95816		3	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND D	190.71	190.71	1/1/2009
95816	26	5	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND D	49.40	49.40	1/1/2009
95816	TC	T	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND D	141.31	141.31	1/1/2009
95819		3	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND A	204.65	204.65	1/1/2009
95819	26	5	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND A	49.40	49.40	1/1/2009
95819	TC	T	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND A	155.25	155.25	1/1/2009
95822		3	ELECTROENCEPHALOGRAM; SLEEP ONLY	203.72	203.72	1/1/2009
95822	26	5	ELECTROENCEPHALOGRAM; SLEEP ONLY	49.40	49.40	1/1/2009
95822	TC	T	ELECTROENCEPHALOGRAM; SLEEP ONLY	154.32	154.32	1/1/2009
95824		3	ELECTROENCEPHALOGRAM; CEREBRAL DEATH EVAL. ONLY	54.84	54.84	1/1/2009
95824	26	5	ELECTROENCEPHALOGRAM; CEREBRAL DEATH EVAL. ONLY	33.83	33.83	1/1/2009
95824	TC	T	ELECTROENCEPHALOGRAM; CEREBRAL DEATH EVAL. ONLY	14.77	14.77	1/1/2009
95827		3	ELECTROENCEPHALOGRAM; ALL NIGHT SLEEP ONLY	328.28	328.28	1/1/2009
95827	26	5	ELECTROENCEPHALOGRAM; ALL NIGHT SLEEP ONLY	48.87	48.87	1/1/2009
95827	TC	T	ELECTROENCEPHALOGRAM; ALL NIGHT SLEEP ONLY	279.41	279.41	1/1/2009
95829		3	ELECTROCORTICOGRAM AT SURGER	1063.17	1063.17	1/1/2009
95829	26	5	ELECTROCORTICOGRAM AT SURGER	286.56	286.56	1/1/2009

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95829	TC	T	ELECTROCORTICOGRAM AT SURGER	776.61	776.61	1/1/2009	
95830		3	INSERTION OF ELECTRODES FOR ELECTROENCEPHALOGRAPHI	77.75	156.35	1/1/2009	
95830	26	5	INSERTION OF ELECTRODES FOR ELECTROENCEPHALOGRAPHI	58.31	117.26	1/1/2009	
95831		3	MUSCLE TESTING, MANUAL W/REPORT; EXTREMITY	12.98	22.81	1/1/2009	
95831	26	5	MUSCLE TESTING, MANUAL W/REPORT; EXTREMITY	9.74	17.11	1/1/2009	
95832		3	MUSCLE TESTING, MANUAL WITH REPORT; HAND	13.54	21.46	1/1/2009	
95832	26	5	MUSCLE TESTING, MANUAL WITH REPORT; HAND	10.16	16.10	1/1/2009	
95833		3	MUSCLE TESTING, MANUAL WITH REPORT; TOTAL EVAL OF BODY EXCLUD	21.61	31.75	1/1/2009	
95834		3	MUSCLE TESTING, MANUAL WITH REPORT; TOTAL EVAL OF BODY INCLUDI	27.23	37.69	1/1/2009	
95851		3	RANGE OF MOTION EVALUATION	7.28	14.57	1/1/2009	
95851	26	5	RANGE OF MOTION EVALUATION	5.46	10.93	1/1/2009	
95852		3	RANGE OF MOTION MEASUREMENTS AND REPORT OF HANDS	5.25	11.28	1/1/2009	
95852	26	5	RANGE OF MOTION MEASUREMENTS AND REPORT OF HANDS	1.31	2.82	1/1/2009	
95857		3	TENSILON TEST FOR MYASTHENIA GRAVIS	24.62	36.98	1/1/2009	
95857	26	5	TENSILON TEST FOR MYASTHENIA GRAVIS	6.15	9.24	1/1/2009	
95860		3	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT REL/	72.45	72.45	1/1/2009	
95860	26	5	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT REL/	45.07	45.07	1/1/2009	
95860	TC	T	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT REL/	27.37	27.37	1/1/2009	
95861		3	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT RE	105.35	105.35	1/1/2009	
95861	26	5	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT RE	72.03	72.03	1/1/2009	
95861	TC	T	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT RE	33.31	33.31	1/1/2009	
95863		3	NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH OR WITHOUT	125.65	125.65	1/1/2009	
95863	26	5	NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH OR WITHOUT	86.31	86.31	1/1/2009	
95863	TC	T	NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH OR WITHOUT	39.34	39.34	1/1/2009	
95864		3	NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH OR WITHOUT R	143.74	143.74	1/1/2009	
95864	26	5	NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH OR WITHOUT R	92.32	92.32	1/1/2009	
95864	TC	T	NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH OR WITHOUT R	51.41	51.41	1/1/2009	
95867		3	NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES, UNII	62.82	62.82	1/1/2009	
95867	26	5	NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES, UNII	36.59	36.59	1/1/2009	
95867	TC	T	NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES, UNII	26.22	26.22	1/1/2009	
95868		3	NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES, BIL/	86.34	86.34	1/1/2009	
95868	26	5	NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES, BIL/	54.51	54.51	1/1/2009	
95868	TC	T	NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES, BIL/	31.83	31.83	1/1/2009	
95869		3	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES	39.85	39.85	1/1/2009	
95869	26	5	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES	17.23	17.23	1/1/2009	
95869	TC	T	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES	22.62	22.62	1/1/2009	
95870		3	NEEDLE ELECTROMYOGRAPHY; OTHER THAN PARASPINAL (EG, ABDOMEI	38.90	38.90	1/1/2009	
95870	26	5	NEEDLE ELECTROMYOGRAPHY; OTHER THAN PARASPINAL (EG, ABDOMEI	17.23	17.23	1/1/2009	
95870	TC	T	NEEDLE ELECTROMYOGRAPHY; OTHER THAN PARASPINAL (EG, ABDOMEI	21.67	21.67	1/1/2009	
95872		3	NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH C	150.31	150.31	1/1/2009	
95872	26	5	NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH C	127.36	127.36	1/1/2009	
95872	TC	T	NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH C	22.95	22.95	1/1/2009	
95875		3	ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION	82.55	82.55	1/1/2009	
95875	26	5	ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION	50.50	50.50	1/1/2009	
95875	TC	T	ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION	32.05	32.05	1/1/2009	
95900		3	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH	46.64	46.64	1/1/2009	
95900	26	5	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH	19.58	19.58	1/1/2009	
95900	TC	T	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH	27.06	27.06	1/1/2009	
95904		3	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH	41.04	41.04	1/1/2009	
95904	26	5	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH	15.89	15.89	1/1/2009	
95904	TC	T	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH	25.16	25.16	1/1/2009	
95920		3	INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR (LIST SEPAR/	134.97	134.97	1/1/2009	
95920	26	5	INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR (LIST SEPAR/	98.27	98.27	1/1/2009	
95920	TC	T	INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR (LIST SEPAR/	36.70	36.70	1/1/2009	
95925		3	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMUL/	102.44	102.44	1/1/2009	
95925	26	5	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMUL/	25.08	25.08	1/1/2009	
95925	TC	T	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMUL/	77.37	77.37	1/1/2009	
95933		3	ORBISULARIS OCCULI REFLEX BY ELECTRODIAGNOSTIC TES	56.30	56.30	1/1/2009	
95933	26	5	ORBISULARIS OCCULI REFLEX BY ELECTRODIAGNOSTIC TES	27.42	27.42	1/1/2009	
95933	TC	T	ORBISULARIS OCCULI REFLEX BY ELECTRODIAGNOSTIC TES	28.88	28.88	1/1/2009	
95937		3	NEUROMUSCULAR JUNCTN TESTING, EA NERVE, ANY 1 METH.	50.43	50.43	1/1/2009	
95937	26	5	NEUROMUSCULAR JUNCTN TESTING, EA NERVE, ANY 1 METH.	30.98	30.98	1/1/2009	
95937	TC	T	NEUROMUSCULAR JUNCTN TESTING, EA NERVE, ANY 1 METH.	19.45	19.45	1/1/2009	
95950		3	MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL S	207.34	207.34	1/1/2009	
95950	26	5	MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL S	69.01	69.01	1/1/2009	
95950	TC	T	MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL S	138.33	138.33	1/1/2009	
95951		3	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABI	1578.25	1578.25	1/1/2009	

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
95951	26	5	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABI	274.31	274.31	1/1/2009
95951	TC	T	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABI	1268.36	1268.36	1/1/2009
95953		3	MONITOR FOR LOCLZN OF CERBRAL SEIZ.BY COMP EEG;RE	353.03	353.03	1/1/2009
95953	26	5	MONITOR FOR LOCLZN OF CERBRAL SEIZ.BY COMP EEG;RE	150.04	150.04	1/1/2009
95953	TC	T	MONITOR FOR LOCLZN OF CERBRAL SEIZ.BY COMP EEG;RE	202.99	202.99	1/1/2009
95954		3	PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN A1	218.33	218.33	1/1/2009
95954	26	5	PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN A1	104.52	104.52	1/1/2009
95954	TC	T	PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN A1	113.82	113.82	1/1/2009
95955		3	ELECTROENCEPHALOGRAM DURING SURGERY INTERPRETATION	120.52	120.52	1/1/2009
95955	26	5	ELECTROENCEPHALOGRAM DURING SURGERY INTERPRETATION	45.52	45.52	1/1/2009
95955	TC	T	ELECTROENCEPHALOGRAM DURING SURGERY INTERPRETATION	75.00	75.00	1/1/2009
95956		3	MONITOR FOR LOCALIZATION OF CEREBRAL SEIZER BY TELEMET. EEG	617.52	617.52	1/1/2009
95956	26	5	MONITOR FOR LOCALIZATION OF CEREBRAL SEIZER BY TELEMET. EEG	141.02	141.02	1/1/2009
95956	TC	T	MONITOR FOR LOCALIZATION OF CEREBRAL SEIZER BY TELEMET. EEG	476.50	476.50	1/1/2009
95957		3	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, FOR EPILEP	228.14	228.14	1/1/2009
95958		3	WADA ACTIVATION TEST FOR HEMISPHERIC FUNCT.INC.EEG	339.34	339.34	1/1/2009
95958	26	5	WADA ACTIVATION TEST FOR HEMISPHERIC FUNCT.INC.EEG	194.21	194.21	1/1/2009
95958	TC	T	WADA ACTIVATION TEST FOR HEMISPHERIC FUNCT.INC.EEG	145.13	145.13	1/1/2009
95961		3	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AN	205.62	205.62	1/1/2009
95961	26	5	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AN	144.52	144.52	1/1/2009
95961	TC	T	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AN	61.10	61.10	1/1/2009
95962		3	FUNCTIONAL CORTICAL MAPPING BY STIMULATION OF ELECTRODES ON E	191.04	191.04	1/1/2009
95962	26	5	FUNCTIONAL CORTICAL MAPPING BY STIMULATION OF ELECTRODES ON E	150.21	150.21	1/1/2009
95962	TC	T	FUNCTIONAL CORTICAL MAPPING BY STIMULATION OF ELECTRODES ON E	40.82	40.82	1/1/2009
95965	26	5	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR S	374.40	374.40	1/1/2009
95966	26	5	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR E	186.48	186.48	1/1/2009
95967	26	5	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR E	159.82	159.82	1/1/2009
95970		3	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENE	20.19	43.96	1/1/2009
95971		3	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENE	36.49	51.07	1/1/2009
95972		3	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENE	69.33	91.20	1/1/2009
95973		3	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENE	41.28	50.16	1/1/2009
95974		3	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENE	136.06	154.44	1/1/2009
95975		3	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENE	78.29	85.58	1/1/2009
95978		3	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENE	159.65	183.42	1/1/2009
95979		3	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENE	75.04	82.33	1/1/2009
95990		3	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FC	50.75	50.75	1/1/2009
95991		3	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FC	33.39	77.45	1/1/2009
96000		3	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPIN	79.59	79.59	1/1/2009
96001		3	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPIN	94.22	94.22	1/1/2009
96002		3	DYNAMIC SURFACE ELECTROMYOGRAPHY, DURING WALKING OR OTHER	18.60	18.60	1/1/2009
96003		3	DYNAMIC FINE WIRE ELECTROMYOGRAPHY, DURING WALKING OR OTHER	16.28	16.28	1/1/2009
96004		3	PHYSICIAN REVIEW AND INTERPRETATION OF COMPREHENSIVE COMPUT	100.75	100.75	1/1/2009
96040		3	MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MIN	35.08	35.08	1/1/2009
96110		3	DEVELOPMENTAL SCREENING	9.61	9.61	1/1/2009
96405		3	CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, UP TO AND INCLUDI	26.39	75.20	1/1/2009
96406		3	CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIO	38.52	104.13	1/1/2009
96420		3	CHEMOTHERAPY ADMIN, INTRA-ARTERIAL PUSH	94.40	94.40	1/1/2009
96422		3	CHEMOTHERAPY ADMIN, INTRA-ARTERIAL INFUSION UP TO 1 HOUR	152.40	152.40	1/1/2009
96423		3	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQ	68.38	68.38	1/1/2009
96425		3	CHEMOTHERAPY ADMIN, INTRA-ARTERIAL INFUSION, OVER 8 HOURS (PUM	150.18	150.18	1/1/2009
96440		3	CHEMOTHERAPY ADMIN, INTO PLEURAL CAVITY INCLUDING THORACENTE	120.71	529.87	1/1/2009
96445		3	CHEMOTHERAPY ADMIN, INTO PERITONEAL CAVITY INCLUDING PERITONE	106.94	254.95	1/1/2009
96450		3	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUI	80.37	185.91	1/1/2009
96542		3	CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA	41.16	119.13	1/1/2009
96567	TC	T	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DES	102.29	102.29	1/1/2009
96570		3	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO AI	52.76	52.76	1/1/2009
96571		3	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO AI	25.52	25.52	1/1/2009
96900		3	ULTRAVIOLET LIGHT THERAPY	16.92	16.92	1/1/2009
96910		3	PHOTOCHEMOTHERAPH TAR/ULTRAUIOLET B GOECKERMAN TRE	54.75	54.75	1/1/2009
96912		3	PHOTOCHEMOTHERAPY PSORALENS/ULTRAUIOLET A PUVA	70.18	70.18	1/1/2009
96920		3	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS) TOT	58.54	143.48	1/1/2009
96921		3	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250	58.17	140.57	1/1/2009
96922		3	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVE	103.88	209.10	1/1/2009
97001		3	PHYSICAL THERAPY EVAL	64.07	64.07	1/1/2009
97002		3	PHYSICAL THERAPY RE-EVAL	34.30	34.30	1/1/2009
97003		3	OCCUPATIONAL THERAPY EVAL	67.77	67.77	1/1/2009
97004		3	OCCUPATIONAL THERAPY RE-EVAL	39.06	39.06	1/1/2009

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
97010		3	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACK	4.17	4.17	1/1/2009	
97012		3	TRACTION; MECHANICAL	13.22	13.22	1/1/2009	
97014		3	ELECTRICAL STIMULATION (UNATTENDED)	12.09	12.09	1/1/2009	
97016		3	VASOPNEUMATIC DEVICES	13.67	13.67	1/1/2009	
97018		3	PARAFFIN BATH	7.03	7.03	1/1/2009	
97022		3	WHIRLPOOL	15.55	15.55	1/1/2009	
97024		3	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG,	4.81	4.81	1/1/2009	
97026		3	INFARED	4.49	4.49	1/1/2009	
97028		3	ULTRAVIOLET	5.49	5.49	1/1/2009	
97032		3	APPLICATION OF MODALITY TO 1 OR MORE AREAS	14.80	14.80	1/1/2009	
97033		3	IONTOPHORESIS	21.80	21.80	1/1/2009	
97034		3	CONTRAST BATH	13.43	13.43	1/1/2009	
97035		3	ULTRASOUND	10.58	10.58	1/1/2009	
97036		3	HUBBARD TANK	22.81	22.81	1/1/2009	
97110		3	THERAPEUTIC PROCEDURE 1 OR MORE AREA	25.68	25.68	1/1/2009	
97112		3	NEUROMUSCULAR RE-EDUCATION OF MOVEMENT	26.41	26.41	1/1/2009	
97113		3	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;	31.14	31.14	1/1/2009	
97116		3	THERAPEUTIC PROCEDURE 1 OR MORE AREAS	22.48	22.48	1/1/2009	
97124		3	MASSAGE INCLUDING EFFLEURAGE	20.45	20.45	1/1/2009	
97140		3	MANUAL THERAPY TECHNIQUES; EACH 15 MINS	23.82	23.82	1/1/2009	
97530		3	THERAPEUTIC ACTIVITIES DIRECT 1 ON 1 BY PROVIDER; EACH 15 MINS	27.02	27.02	1/1/2009	
97597		3	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDE	29.20	52.34	1/1/2009	
97598		3	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDE	38.96	64.94	1/1/2009	
97750		3	PHYSICAL PERFORMANCE TEST OR MEASUREMENT	26.31	26.31	1/1/2009	
97802		3	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION	25.35	26.93	1/1/2009	
97803		3	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INC	21.97	23.56	1/1/2009	
99050		3	MEDICAL SERVICES AFTER HOURS	30.00	30.00	1/1/2009	
99051		3	SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED H	30.00	30.00	1/1/2009	
99053		3	SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-HOUR FACII	30.00	30.00	1/1/2009	
99058		3	OFFICE VISIT/EMERGENCY	20.00	20.00	1/1/2009	
99070		3	SPECIAL SUPPLIES	10.67	10.67	1/1/2009	
99082		3	UNUSUAL TRAVEL	0.93	0.93	1/1/2009	
99100		3	ANESTHESIA FOR PATIENT OF EXTREME AGE, UNDER ONE YEAR AND OVI	19.67	19.67	1/1/2009	
99116		3	ANESTHESIA COMPLICATED BY UTILIZATION OF TOTAL BODY HYPOTHERM	19.67	19.67	1/1/2009	
99135		3	ANESTHESIA COMPLICATED BY UTILIZATION OF CONTROLLED HYPOTENS	19.24	19.24	1/1/2009	
99140		3	ANESTHESIA COMPLICATED BY EMERGENCY CONDITIONS (SPECIFY) (LIS	19.67	19.67	1/1/2009	
99170		3	ANOGENITAL EXAMINATION WITH COLPOSCOPIC MAGNIFICATION IN CHILI	86.42	128.57	1/1/2009	
99175		3	INDUCED VOMITING	21.82	21.82	1/1/2009	
99183		3	PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN TH	103.94	170.81	1/1/2009	
99185		3	HYPOTHERMIA, REGIONAL	49.04	49.04	1/1/2009	
99186		3	HYPOTHERMIA, TOTAL BODY	62.70	62.70	1/1/2009	
99190		3	MONITORING SERVICES	101.67	101.67	1/1/2009	
99191		3	MONITORING SERVICES	65.29	65.29	1/1/2009	
99192		3	MONITORING SERVICES	47.27	47.27	1/1/2009	
99195		3	THERAPEUTIC PHLEBOTOMY	61.60	61.60	1/1/2009	
99201		3	OFFICE OR OTHER OUTPATIENT VISIT NEW PATIENT	21.46	33.18	1/1/2009	
99202		3	OFFICE OR OTHER OUTPATIENT VISIT NEW PATIENT	41.38	57.54	1/1/2009	
99203		3	OFFICE OR OTHER OUTPATIENT VISIT NEW PATIENT	62.45	83.36	1/1/2009	
99204		3	OFFICE OR OTHER OUTPATIENT VISIT NEW PATIENT	104.87	129.27	1/1/2009	
99205		3	OFFICE OR OTHER OUTPATIENT VISIT NEW PATIENT	136.47	163.41	1/1/2009	
99211		3	OV ESTAB PT, MINIMAL W/WO PHYS, TIME APPROX 5 MIN	7.94	16.82	1/1/2009	
99212		3	OV ESTABLISHED PT, MINOR-PHYS TIME APPROX 10 MIN.	21.14	33.50	1/1/2009	
99213		3	OV ESTAB. PT, MODERATE. PHYS TIME APPROX 15 MIN.	41.37	55.94	1/1/2009	
99214		3	OV ESTAB. PT, SEVERE. PHYS TIME APPROX 25 MIN.	64.00	84.29	1/1/2009	
99215		3	OV ESTAB. PT, SEVERE. PHYS TIME APPROX 40 MIN.	90.87	114.00	1/1/2009	
99217		3	OBSERVATION CARE DISCHARGE DAY MANAGEMENT	61.32	61.32	1/1/2009	
99218		3	INITIAL OBSERVATION, PER DAY, LOW COMPLEXITY	57.84	57.84	1/1/2009	
99219		3	INITIAL OBSERVATION CARE, PER DAY, MODERATE COMPLEXITY	95.78	95.78	1/1/2009	
99220		3	INITIAL OBSERVATION CARE, PER DAY, HIGH COMPLEXITY	134.33	134.33	1/1/2009	
99221		3	INITIAL HOSP. CARE, MINOR. PHYS TIME APPROX 30 MIN	83.05	83.05	1/1/2009	
99222		3	INITIAL HOSP CARE,MODERATE-PHYS TIME APPROX 50 MIN	113.34	113.34	1/1/2009	
99223		3	INITIAL HOSP CARE, SEVERE-PHYS TIME APPROX 70 MIN	166.89	166.89	1/1/2009	
99231		3	HOSP VISIT, STABLE. PHYS TIME APPROX 15 MINUTES	34.30	34.30	1/1/2009	
99232		3	HOSP VISIT, MODERATE. PHYS TIME APPROX 25 MINUTES	61.81	61.81	1/1/2009	
99233		3	HOSP VISIT, COMPLEX. PHYS TIME APPROX 35 MINUTES	88.53	88.53	1/1/2009	
99234		3	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND	117.16	117.16	1/1/2009	

**Physician Fee Schedule
Provider Specialty 010
Federally Qualified Health Center**

				Medicaid Maximum Allowable		
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
99235		3	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND	153.91	153.91	1/1/2009
99236		3	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND	191.29	191.29	1/1/2009
99238		3	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	61.11	61.11	1/1/2009
99239		3	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	88.81	88.81	1/1/2009
99241		3	OFFICE CONSULTATION NEW OR ESTABLISHED PATIENT	30.30	43.93	1/1/2009
99242		3	OFFICE CONSULTATION NEW OR ESTABLISHED PATIENT	63.93	82.31	1/1/2009
99243		3	OFFICE CONSULTATION NEW OR ESTABLISHED PATIENT	89.11	113.19	1/1/2009
99244		3	OFFICE CONSULTATION NEW OR ESTABLISHED PATIENT	141.50	168.12	1/1/2009
99245		3	OFFICE CONSULTATION NEW OR ESTABLISHED PATIENT	176.52	206.63	1/1/2009
99251		3	INITIAL INPT CONSULT- PHYS TIME APPROX 20 MIN.	44.86	44.86	1/1/2009
99252		3	INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.	69.51	69.51	1/1/2009
99253		3	INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.	105.52	105.52	1/1/2009
99254		3	INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.	152.63	152.63	1/1/2009
99255		3	INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.	185.97	185.97	1/1/2009
99281		3	ER VISIT, MINOR	18.71	18.71	1/1/2009
99282		3	ER VISIT, LOW SEVERITY	36.41	36.41	1/1/2009
99283		3	ER VISIT, MODERATE SEVERITY	56.43	56.43	1/1/2009
99284		3	ER VISIT, HIGH SEVERITY	105.65	105.65	1/1/2009
99285		3	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMEN	157.07	157.07	1/1/2009
99288		3	PHYSICIAN DIRECTION OF EMS ADVANCED LIFE SUPPORT	49.04	49.04	1/1/2009
99291		3	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL	195.83	232.59	1/1/2009
99292		3	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE UNSTABLE CRIT	97.86	105.47	1/1/2009
99306		3	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND M	132.95	132.95	1/1/2009
99307		3	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND M	36.52	36.52	1/1/2009
99308		3	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION	55.83	55.83	1/1/2009
99309		3	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION	74.06	74.06	1/1/2009
99310		3	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION	109.51	109.51	1/1/2009
99315		3	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	53.43	53.43	1/1/2009
99316		3	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	69.81	69.81	1/1/2009
99318		3	EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL N	77.42	77.42	1/1/2009
99324		3	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEM	49.64	49.64	1/1/2009
99325		3	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEM	72.30	72.30	1/1/2009
99326		3	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEM	119.54	119.54	1/1/2009
99327		3	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEM	155.92	155.92	1/1/2009
99328		3	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEM	183.55	183.55	1/1/2009
99334		3	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEM	51.16	51.16	1/1/2009
99335		3	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEM	79.25	79.25	1/1/2009
99336		3	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEM	111.60	111.60	1/1/2009
99337		3	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEM	160.35	160.35	1/1/2009
99341		3	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT	49.64	49.64	1/1/2009
99342		3	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT	72.30	72.30	1/1/2009
99343		3	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT	116.43	116.43	1/1/2009
99344		3	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT	152.86	152.86	1/1/2009
99345		3	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT	183.86	183.86	1/1/2009
99347		3	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	48.44	48.44	1/1/2009
99348		3	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	73.14	73.14	1/1/2009
99349		3	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	106.51	106.51	1/1/2009
99350		3	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	148.49	148.49	1/1/2009
99354		3	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT	80.13	84.57	1/1/2009
99355		3	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT	79.28	83.72	1/1/2009
99356		3	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING	77.23	77.23	1/1/2009
99357		3	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING	77.76	77.76	1/1/2009
99360		3	PHYSICIAN STANDBY SERVICE, REQUIRING PROLONGED PHYSICIAN ATTE	54.88	54.88	1/1/2009
99375		3	PHYSICIAN SUPERVISION OF PATIENTS UNDER CARE OF HOME HEALTH	86.78	95.98	1/1/2009
99378		3	PHYSICIAN SUPERVISION OF A HOSPICE PATIENT (PATIENT NOT PRESENT	89.95	99.15	1/1/2009
99404		3	PREVENTIVE MEDICINE, INDIVIDUAL COUNSELING, APPX 60 MINUTES	89.45	100.54	1/1/2009
99412		3	PREVENTIVE MEDICINE, GROUP COUNSELING, APPX 60 MINUTES	11.64	17.66	1/1/2009
A4263		3	PERMANENT, LONG-TERM, NONDISSOLVABLE LACRIMAL DUCT IMPLANT, EA	10.76	10.76	1/1/2009
G0127		3	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	7.63	16.82	1/1/2009
S9442		3	BIRTHING CLASS (ONE UNIT = 2 HOURS)	19.47	19.47	1/1/2009
T1017		3	TARGETED CASE MANAGEMENT (ONE UNIT = 15 MINUTES)	23.82	23.82	1/1/2009

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

HOME HEALTH

**Physician Fee Schedule
Provider Specialty 010
Federally Qualified Health Center**

				Medicaid Maximum Allowable		
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
A4206			SYRINGE WITH NEEDLE, STERILE, 1 CC (OR SMALLER)	\$0.36	\$0.36	9/1/2007
A4207			SYRINGE WITH NEEDLE, STERILE, 2CC	\$0.30	\$0.30	9/1/2007
A4208			SYRINGE WITH NEEDLE, STERILE, 3CC	\$0.31	\$0.31	9/1/2007
A4209			SYRINGE WITH NEEDLE, STERILE, 5 CC OR GREATER	\$0.33	\$0.33	9/1/2007
A4212			NON-CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER (HUBER I	\$10.58	\$10.58	9/1/2007
A4213			SYRINGE, STERILE, 20 CC OR GREATER	\$1.12	\$1.12	9/1/2007
A4215			NEEDLE ONLY, STERILE, ANY SIZE	\$0.14	\$0.14	9/1/2007
A4216			STERILE SALINE OR WATER, 10 ML	\$0.40	\$0.40	9/1/2007
A4217			STERILE SALINE OR WATER, 500ML	\$2.66	\$2.66	9/1/2007
A4244			ALCOHOL OR PEROXIDE, PER PINT	\$1.00	\$1.00	9/1/2007
A4246			BETADINE OR PHISOHEX SOLUTION, PER PINT	\$5.82	\$5.82	9/1/2007
A4250			URINE TEST OR REAGENT STRIPS	\$26.06	\$26.06	9/1/2007
A4253			BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOS	\$33.94	\$33.94	9/1/2007
A4258			SPRING-POWERED DEVICE FOR LANCET	\$18.05	\$18.05	9/1/2007
A4259			LANCETS	\$12.06	\$12.06	9/1/2007
A4310			INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACI	\$6.56	\$6.56	9/1/2007
A4311			INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER,	\$14.84	\$14.84	9/1/2007
A4313			INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER,	\$18.52	\$18.52	9/1/2007
A4314			INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOL	\$25.29	\$25.29	9/1/2007
A4316			INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOL	\$28.40	\$28.40	9/1/2007
A4320			IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	\$4.53	\$4.53	9/1/2007
A4320			IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	\$4.53	\$4.53	9/1/2007
A4321			THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION (ACETIC ACID	\$7.50	\$7.50	9/1/2007
A4322			IRRIGATION SYRINGE, BULB OR PISTON	\$2.93	\$2.93	9/1/2007
A4322			IRRIGATION SYRINGE, BULB OR PISTON	\$2.93	\$2.93	9/1/2007
A4328			FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH	\$10.25	\$10.25	9/1/2007
A4334			URINARY CATHETER ANCHORING DEVICE, LEG STRAP	\$4.93	\$4.93	9/1/2007
A4335			INCONTINENCE SUPPLY; MISCELLANEOUS (CATHETER CARE KIT)	\$4.31	\$4.31	9/1/2007
A4338			INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (T	\$10.87	\$10.87	9/1/2007
A4340			INDWELLING CATHETER; SPECIALTY TYPE, (E.G., COUDE, MUSHROOM, WI	\$26.99	\$26.99	9/1/2007
A4344			INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	\$14.35	\$14.35	9/1/2007
A4349			MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE	\$2.02	\$2.02	9/1/2007
A4351			INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT CC	\$1.54	\$1.54	9/1/2007
A4352			INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITH	\$5.94	\$5.94	9/1/2007
A4353			INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	\$7.00	\$7.00	9/1/2007
A4354			INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	\$11.80	\$11.80	9/1/2007
A4357			BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLU>	\$9.70	\$9.70	9/1/2007
A4358			URINARY LEG BAG; VINYL, WITH OR WITHOUT TUBE	\$6.63	\$6.63	9/1/2007
A4364			ADHESIVE (FOR OSTOMY OR CATHETER), LIQUID, OR EQUAL, ANY TYPE	\$5.97	\$5.97	9/1/2007
A4365			ADHESIVE REMOVER WIPES, ANY TYPE	\$11.32	\$11.32	9/1/2007
A4369			OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.)	\$3.96	\$3.96	9/1/2007
A4371			OSTOMY SKIN BARRIER, POWDER	\$6.93	\$6.93	9/1/2007
A4372			OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, WITH BUILT-IN CONV	\$4.18	\$4.18	9/1/2007
A4373			OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION)	\$6.28	\$6.28	9/1/2007
A4375			OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC	\$17.18	\$17.18	9/1/2007
A4377			OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC	\$4.29	\$4.29	9/1/2007
A4379			OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC	\$15.02	\$15.02	9/1/2007
A4381			OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC	\$4.61	\$4.61	9/1/2007
A4385			OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, W	\$5.10	\$5.10	9/1/2007
A4390			OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHEI	\$9.61	\$9.61	9/1/2007
A4397			IRRIGATION SUPPLY; SLEEVE	\$4.07	\$4.07	9/1/2007
A4398			OSTOMY IRRIGATION SUPPLY; BAG	\$13.81	\$13.81	9/1/2007
A4400			OSTOMY IRRIGATION SET	\$41.54	\$41.54	9/1/2007
A4405			OSTOMY SKIN BARRIER, NON PECTIN BASED, PASTE	\$4.25	\$4.25	9/1/2007
A4406			OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE	\$6.30	\$6.30	9/1/2007
A4407			OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION	\$8.82	\$8.82	9/1/2007
A4410			OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION	\$9.04	\$9.04	9/1/2007
A4416			OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (ONE I	\$2.75	\$2.75	9/1/2007
A4417			OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CON	\$3.72	\$3.72	9/1/2007
A4418			OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (C	\$1.81	\$1.81	9/1/2007
A4419			OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLA	\$1.74	\$1.74	9/1/2007
A4423			OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE,	\$1.86	\$1.86	9/1/2007
A4424			OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (OI	\$4.75	\$4.75	9/1/2007
A4425			OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING	\$3.58	\$3.58	9/1/2007
A4426			OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLAN	\$2.73	\$2.73	9/1/2007
A4427			OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLAN	\$2.78	\$2.78	9/1/2007
A4428			OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, '	\$6.51	\$6.51	9/1/2007

**Physician Fee Schedule
Provider Specialty 010
Federally Qualified Health Center**

				Medicaid Maximum Allowable		
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
A4429			OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN COL	\$8.25	\$8.25	9/1/2007
A4431			OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYP	\$6.22	\$6.22	9/1/2007
A4433			OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE	\$3.34	\$3.34	9/1/2007
A4450			TAPE, NON-WATERPROOF, PER 18 SQ. IN.	\$0.09	\$0.09	9/1/2007
A4452			TAPE, WATERPROOF, PER 18 SQ. IN.	\$0.36	\$0.36	9/1/2007
A4455			ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHE	\$3.84	\$3.84	9/1/2007
A4458			ENEMA BAG WITH TUBING, REUSABLE	\$3.45	\$3.45	9/1/2007
A4462			ABDOMINAL DRESSING HOLDER	\$3.36	\$3.36	9/1/2007
A4550			SURGICAL TRAY (SUTURE REMOVAL SET)	\$4.41	\$4.41	9/1/2007
A4554			DISPOSABLE UNDERPADS, ALL SIZES (E.G. CHUX'S)	\$0.55	\$0.55	9/1/2007
A4558			CONDUCTIVE PASTE OR GEL	\$5.45	\$5.45	9/1/2007
A4623			TRACHEOSTOMY, INNER CANNULA (REPLACEMENT ONLY)	\$5.57	\$5.57	9/1/2007
A4624			TRACHEAL SUCTION CATHETER, ANY TYPE	\$2.24	\$2.24	9/1/2007
A4625			TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	\$5.89	\$5.89	9/1/2007
A4628			OROPHARYNGEAL SUCTION CATHETER	\$3.74	\$3.74	9/1/2007
A4629			TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	\$4.63	\$4.63	9/1/2007
A4657			SYRINGE, WITH OR WITHOUT NEEDLE (LESS THAN 20 CC)	\$0.32	\$0.32	9/1/2007
A4927			NON-STERILE EXAM GLOVES	\$11.16	\$11.16	9/1/2007
A4930			STERILE SURGICAL GLOVES	\$0.88	\$0.88	9/1/2007
A5051			OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (ONE PIECE)	\$2.75	\$2.75	9/1/2007
A5052			OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (ONE PIECE)	\$1.70	\$1.70	9/1/2007
A5054			OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (TWO PIE	\$1.72	\$1.72	9/1/2007
A5061			OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED (ONE PIECE)	\$4.22	\$4.22	9/1/2007
A5062			OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (ONE PIECE)	\$2.50	\$2.50	9/1/2007
A5063			OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (TWO	\$3.07	\$3.07	9/1/2007
A5071			OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (ONE PIECE)	\$4.79	\$4.79	9/1/2007
A5072			OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (ONE PIECE)	\$3.47	\$3.47	9/1/2007
A5073			OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (TWO PIE	\$3.18	\$3.18	9/1/2007
A5120			SKIN BARRIER, WIPES OR SWABS	\$0.24	\$0.24	9/1/2007
A5121			SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT (WAFER)	\$8.97	\$8.97	9/1/2007
A5122			SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT (WAFER)	\$12.54	\$12.54	9/1/2007
A5126			ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	\$1.12	\$1.12	9/1/2007
A6196			ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZ	\$7.35	\$7.35	9/1/2007
A6197			ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZ	\$16.44	\$16.44	9/1/2007
A6198			ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZ	\$20.03	\$20.03	9/1/2007
A6199			ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, PER 6 IN	\$5.29	\$5.29	9/1/2007
A6200			COMPOSITE DRESSING ,PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE	\$9.50	\$9.50	9/1/2007
A6201			COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN (	\$20.80	\$20.80	9/1/2007
A6203			COMPOSITE DRESSING ,PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADH	\$3.35	\$3.35	9/1/2007
A6204			COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN (	\$6.23	\$6.23	9/1/2007
A6206			CONTACT LAYER, 16 SQ. IN. OR LESS	\$14.59	\$14.59	9/1/2007
A6207			CONTACT LAYER, MORE THAN 16 SQ. IN BUT LESS THAN OR EQUAL TO 48	\$7.34	\$7.34	9/1/2007
A6209			FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT	\$7.48	\$7.48	9/1/2007
A6210			FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN16 SQ. IN. BUT LE	\$19.92	\$19.92	9/1/2007
A6212			FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH AN	\$9.70	\$9.70	9/1/2007
A6213			FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LE	\$21.17	\$21.17	9/1/2007
A6215			FOAM DRESSING, WOUND FILLER, PER GRAM	\$11.73	\$11.73	9/1/2007
A6216			GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS,	\$0.05	\$0.05	9/1/2007
A6217			GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 SQ. I	\$0.10	\$0.10	9/1/2007
A6218			GAUZE, NON IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. I	\$0.15	\$0.15	9/1/2007
A6219			GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE	\$0.95	\$0.95	9/1/2007
A6220			GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS TI	\$2.58	\$2.58	9/1/2007
A6222			GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR H	\$2.13	\$2.13	9/1/2007
A6223			GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR H	\$2.42	\$2.42	9/1/2007
A6224			GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR H	\$3.61	\$3.61	9/1/2007
A6234			HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS	\$6.54	\$6.54	9/1/2007
A6235			HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ.	\$16.82	\$16.82	9/1/2007
A6236			HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ.	\$27.25	\$27.25	9/1/2007
A6237			HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS	\$7.91	\$7.91	9/1/2007
A6238			HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ.	\$22.79	\$22.79	9/1/2007
A6242			HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WIT	\$6.07	\$6.07	9/1/2007
A6243			HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN SIZE 16 SQ	\$12.31	\$12.31	9/1/2007
A6245			HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WIT	\$7.27	\$7.27	9/1/2007
A6246			HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. E	\$9.92	\$9.92	9/1/2007
A6248			HYDROGEL DRESSING, WOUND FILLER, GEL	\$16.24	\$16.24	9/1/2007
A6251			SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. I	\$1.99	\$1.99	9/1/2007
A6252			SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THA	\$3.25	\$3.25	9/1/2007

**Physician Fee Schedule
Provider Specialty 010
Federally Qualified Health Center**

				Medicaid Maximum Allowable		
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
A6253			SPECIALTY ABSORPTIVE DRESSING WOUND COVER, PAD SIZE MORE THA	\$6.34	\$6.34	9/1/2007
A6257			TRANSPARENT FILM, 16 SQ. IN. OR LESS	\$1.53	\$1.53	9/1/2007
A6258			TRANSPARENT FILM, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TC	\$4.30	\$4.30	9/1/2007
A6259			TRANSPARENT FILM, MORE THAN 48 SQ. IN.	\$10.94	\$10.94	9/1/2007
A6260			WOUND CLEANSERS, ANY TYPE, ANY SIZE	\$27.00	\$27.00	9/1/2007
A6402			GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH	\$0.12	\$0.12	9/1/2007
A6403			GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BL	\$0.43	\$0.43	9/1/2007

**Physician Fee Schedule
Provider Specialty 010
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				Medicaid Maximum Allowable		
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
A6404			GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W	\$0.49	\$0.49	9/1/2007
A6407			GAUZE PACKING STRIPS, NON-IMPREGNATED, UP TO 2 INCHES WIDE	\$1.88	\$1.88	9/1/2007
A6443			CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, 1	\$0.29	\$0.29	9/1/2007
A6444			CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, 1	\$0.56	\$0.56	9/1/2007
A6446			CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH	\$0.41	\$0.41	9/1/2007
A6447			CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH	\$0.67	\$0.67	9/1/2007
A6449			LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER	\$1.75	\$1.75	9/1/2007
A6450			LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER	\$1.06	\$1.06	9/1/2007
A6453			SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH	\$0.61	\$0.61	9/1/2007
A6454			SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH	\$0.77	\$0.77	9/1/2007
A6455			SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH	\$1.39	\$1.39	9/1/2007
A6456			ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH	\$1.28	\$1.28	9/1/2007
A6457			TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAL	\$1.14	\$1.14	9/1/2007
A7520			TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE	\$47.48	\$47.48	9/1/2007
A7521			TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE	\$47.05	\$47.05	9/1/2007
A7522			TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (S	\$45.16	\$45.16	9/1/2007
A7525			TRACHEOSTOMY MASK	\$2.07	\$2.07	9/1/2007
A7526			TRACHEOSTOMY TUBE COLLAR/HOLDER	\$3.37	\$3.37	9/1/2007
A7527			TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP	\$3.58	\$3.58	9/1/2007
A9999			MISCELLANEOUS DME SUPPLY, NOT OTHERWISE SPECIFIED (DYNAFLEX, I	\$27.76	\$27.76	9/1/2007
B4081			NASOGASTRIC TUBING WITH STYLET	\$22.55	\$22.55	9/1/2007
B4082			NASOGASTRIC TUBING WITHOUT STYLET	\$16.78	\$16.78	9/1/2007
B4083			STOMACH TUBING - LEVINE TYPE	\$2.57	\$2.57	9/1/2007
B4086			GASTROSTOMY/JEJUNOSTOMY TUBE, ANY MATERIAL	\$17.81	\$17.81	9/1/2007
B9998			NOC FOR ENTERAL SUPPLIES (MIC-KEY TUBE, LOW PROFILE GASTROSTO	\$155.51	\$155.51	9/1/2007
B9999			NOC FOR PARENTERAL SUPPLIES (IV INFUSION START KIT)	\$2.77	\$2.77	9/1/2007
E0191			HEEL OR ELBOW PROTECTOR	\$8.49	\$8.49	9/1/2007
E0199			DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND	\$27.23	\$27.23	9/1/2007
RC420			PHYSICAL THERAPY	\$114.88	\$114.88	9/1/2007
RC424			PHYSICAL THERAPY - EVALUATION	\$114.88	\$114.88	9/1/2007
RC430			OCCUPATIONAL THERAPY	\$114.88	\$114.88	9/1/2007
RC434			OCCUPATIONAL THERAPY - EVALUATION	\$114.88	\$114.88	9/1/2007
RC440			SPEECH THERAPY	\$114.88	\$114.88	9/1/2007
RC444			SPEECH THERAPY - EVALUATION	\$114.88	\$114.88	9/1/2007
RC550			OBSERVATION/EVALUATION OF STABLE PATIENT	\$108.31	\$108.31	9/1/2007
RC551			SKILLED NURSING VISIT FOR PREFILLING INSULIN SYRINGES	\$108.31	\$108.31	9/1/2007
RC559			SKILLED NURSING VISIT FOR PREFILLING MEDICINE PLANNERS	\$108.31	\$108.31	9/1/2007
RC570			HOME HEALTH AIDE	\$49.55	\$49.55	9/1/2007
RC580			SKILLED NURSING VISIT FOR VENIPUNCTURE	\$108.31	\$108.31	9/1/2007
RC581			SKILLED NURSING VISIT DENIED BY MEDICARE FOR DUALY-ELIGIBLE PAT	\$108.31	\$108.31	9/1/2007
RC589			SKILLED NURSING VISIT MEETING MEDICARE CRITERIA	\$108.31	\$108.31	9/1/2007
RC590			SKILLED NURSING VISIT/NOT OTHERWISE CLASSIFIED	\$108.31	\$108.31	9/1/2007
S1015			IV TUBING EXTENSION SET (IV ADMINISTRATION SET)	\$4.59	\$4.59	9/1/2007
S5199			PERSONAL CARE ITEMS (FLEET ENEMAS)	\$1.49	\$1.49	9/1/2007
S8189			TRACHEOSTOMY SUPPLY, NOT OTHERWISE CLASSIFIED	\$0.31	\$0.31	9/1/2007
T4521			ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMA	\$0.95	\$0.95	9/1/2007
T4522			ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEC	\$0.95	\$0.95	9/1/2007
T4523			ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LAR	\$0.95	\$0.95	9/1/2007
T4524			ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXT	\$0.95	\$0.95	9/1/2007
T4529			PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER,	\$0.95	\$0.95	9/1/2007
T4530			PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER,	\$0.95	\$0.95	9/1/2007
T4533			YOUTH-SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER	\$0.95	\$0.95	9/1/2007
T5999			SUPPLY, NOT OTHERWISE SPECIFIED (VENIPUNCTURE KIT)	\$2.39	\$2.39	9/1/2007
T1999			MISCELLANEOUS THERAPEUTIC ITEM	-	-	7/1/2006

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

Physician Drug Program					
Biologics					
***J0129	3	Abatacept (Orencia) 10 mg	\$18.69	\$18.69	10/1/2007
***J7308	3	Aminolevulinic Acid HCL, topical 20% single dose, 354gm	\$105.43	\$105.43	10/1/2007
***J1300	3	Ecuzimab, 10 mg single use vial (Soliris)	\$176.38	\$176.38	1/1/2008
***S0145	3	Peginterferon alfa-2a, 180 mcg/ml (Pegasys)	\$336.41	\$336.41	10/1/2007
***S0146	3	Pegylated Interferon Alfa-2b, 10 mcg (Peg-Intron)	\$82.30	\$82.30	8/17/2007

**Physician Fee Schedule
Provider Specialty 010
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				Medicaid Maximum Allowable		
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
***J2724		3	Protein C Concentrate, human, 10 IU/vial (Ceprotin)	\$12.19	\$12.19	1/1/2008
***J2778		3	Ranibizumab, 0.1 mg (Lucentis)	\$405.89	\$405.89	1/1/2008
Immune Globulins						
***90291		3	Cytomegalovirus Immune Globulin (CMV-IgIV), Human,1ml	\$19.04	\$19.04	10/1/2007
***J1460		3	Gamma globulin, IM, 01 cc	\$11.42	\$11.42	10/1/2007
***J1550		3	Gamma globulin, IM, 10cc	\$114.21	\$114.21	10/1/2007
***J1470		3	Gamma globulin, IM, 02cc	\$22.84	\$22.84	10/1/2007
***J1480		3	Gamma globulin, IM, 03cc	\$34.25	\$34.25	10/1/2007
***J1490		3	Gamma globulin, IM, 04cc	\$45.68	\$45.68	10/1/2007
***J1500		3	Gamma globulin, IM, 05cc	\$57.10	\$57.10	10/1/2007
***J1510		3	Gamma globulin, IM, 06cc	\$68.56	\$68.56	10/1/2007
***J1520		3	Gamma globulin, IM, 07cc	\$79.89	\$79.89	10/1/2007
***J1530		3	Gamma globulin, IM, 08cc	\$91.37	\$91.37	10/1/2007
***J1540		3	Gamma globulin, IM, 09cc	\$102.85	\$102.85	10/1/2007
***J1560		3	Gamma globulin, IM, over 10cc	\$114.21	\$114.21	10/1/2007
***J1571		3	Hepatitis B Immune globulin IM, 0.5ml	\$59.25	\$59.25	1/1/2008
***90371		3	Hepatitis B Immune globulin (HBIG), human,	\$66.85	\$66.85	12/1/2007
***J1573		3	Hepatitis B Immune globulin IV,0.5ml	\$59.25	\$59.25	1/1/2008
***J1566		3	Immune globulin, IV lypophilized (powder), 500mg	\$25.72	\$25.72	10/1/2007
***J1572		3	Immune Globulin, IV non-lyophilized, eg Liquid, 500mg	\$32.61	\$32.61	1/1/2008
***J1561		3	Immune Globulin, IV non-lyophilized, eg Liquid, 500mg	\$32.88	\$32.88	1/1/2008
***J1569		3	Immune Globulin,IV non-lyophilized, eg. Liquid, 500mg	\$31.65	\$31.65	1/1/2008
***J1562		3	Immune Globulin,SQ, 100mg	\$13.50	\$13.50	1/1/2007
***J7504		3	Lymphocyte Immune Globulin, antithymocyt glovulin equine parental, 250mg	\$317.18	\$317.18	10/1/2007
***90375		3	Rabies Immune Globulin (Rig), human,150IU	\$65.44	\$65.44	10/1/2007
***90376		3	Rabies Immune Globulin, Heat-treated (Rig-HT), human,2ml	\$70.06	\$70.06	10/1/2007
***90379		3	Respiratoy Syncytial Virus Immune Globulin (RSV_IgIV), human,1ml	\$17.17	\$17.17	11/1/2005
***J2790		3	Rho(D) Immune Globulin (Rhlg), full dose,300mcg	\$81.48	\$81.48	10/1/2007
***J2788		3	Rho(D) Immune Globulin (Rhlg), mini dose,50mcg	\$26.66	\$26.66	10/1/2007
***J2792		3	Rho(D) Immune Globulin (RhlgIV), human,100u	\$15.91	\$15.91	10/1/2007
***J2791		3	Rho(D) Immune Globulin, (human),100iu	\$5.33	\$5.33	1/1/2008
90389		3	Tetanus Immune Globulin (Tig) human,250units	\$127.81	\$127.81	10/1/2007
***90396		3	Varicella-Zoster Immune Globulin, human,125units	\$110.41	\$110.41	10/1/2007
Radiopharmaceuticals						
A9564		3	Chromic phosphate P-32 suspension, therapeutic, per mCi per mCi	\$ 322.43	\$ 322.43	1/1/2008
A9553		3	Chromium CR-51 sodium chromate, diagnostic up to 250mc	\$ 645.84	\$ 645.84	1/1/2008
A9559		3	Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1mCi up to 1 mCi	manual	manual	1/1/2008
A9552		3	Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 mCi per study dose up to 45 mCi	\$ 648.96	\$ 648.96	1/1/2008
A9578		3	Gadobenate Dimaglumine (multihance multipack) per ml	\$ 2.68	\$ 2.68	1/1/2008
A9577		3	Gadobenate Dimeglumine (multihance) per ml	\$ 2.85	\$ 2.85	1/1/2008
A9579		3	Gadolinium-based magnetic response contrast agent, not otherwise specified per ml	\$ 2.55	\$ 2.55	1/1/2008
A9576		3	Gadoteridol (prohance multipack) per ml	\$ 2.46	\$ 2.46	1/1/2008
A9556		3	Gallium GA-67 citrate, diagnostic per mlc	\$ 46.49	\$ 46.49	1/1/2008
A9507		3	Indium IN-111 capromab pendetide, diagnostic, per study dose, up to 10 mCi up to 10 mCi	\$ 3,380.95	\$ 3,380.95	12/1/2006
A9542		3	Indium IN-111 ibritumomab tiuxetan, diagnostic up to 5mlc	\$ 2,623.86	\$ 2,623.86	3/18/2002
A9571		3	Indium IN-111 labeled autologous platelets, diagnostic per study dose	\$ 2,704.00	\$ 2,704.00	1/1/2008
A9570		3	Indium IN-111 labeled autologous white blood cells, diagnostic per study dose	\$ 1,836.22	\$ 1,836.22	1/1/2008
A9547		3	Indium IN-111 oxyquinoline, diagnostic per 0.5mc	\$ 291.61	\$ 291.61	1/1/2008
A9548		3	Indium IN-111 pententate, diagnostic per 0.5mc	\$ 272.21	\$ 272.21	1/1/2008
A9572		3	Indium IN-111 pentetretotide,diagnostic, per study dose up to 6mCi	\$ 2,998.95	\$ 2,998.95	1/1/2008
A9516		3	Iodine 1-123 sodium iodide capsule(s), diagnostic, per 100µCi per 100µCi	\$ 72.80	\$ 72.80	1/1/2008
A9509		3	Iodine 1-123 Sodium iodide, diagnostic per mCi	\$ 127.17	\$ 127.17	1/1/2008

**Physician Fee Schedule
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				Medicaid Maximum Allowable		
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
A9532		3	Iodine I-125 serum albumin, diagnostic, per 5 uCi per 5 uCi	\$ 47.50	\$ 47.50	1/1/2008
A9554		3	Iodine I-125 sodium iothalamate, diagnostic up to 10mc	\$ 2,070.00	\$ 2,070.00	1/1/2008
A9508		3	Iodine I-131 iobenguane sulfate, diagnostic, per study dose, per 0.5 mCi per 0.5mCi	\$ 576.19	\$ 576.19	1/1/2008
A9524		3	Iodine I-131 iodinated serum albumin, diagnostic, per 5 uCi per 5 uCi	\$ 49.50	\$ 49.50	1/1/2008
A9529		3	Iodine I-131 sodium iodide solution, diagnostic, per mCi per mCi	\$ 149.50	\$ 149.50	1/1/2008
A9531		3	Iodine I-131 Sodium Iodide , diagnostic per mlc. Up to 100 mlc	manual	manual	1/1/2008
A9517		3	Iodine I-131 sodium iodide capsule, therapeutic per mlc	\$ 163.80	\$ 163.80	1/1/2008
A9528		3	Iodine I-131 sodium iodine solution, diagnostic, per mCi per mCi	\$ 55.12	\$ 55.12	1/1/2008
A9530		3	Iodine I-131 Sodium iodine solution, therapeutic per mlc	manual	manual	1/1/2008
A9544		3	Iodine I-131 Tositumomab, diagnostic per study dose	\$ 2,607.19	\$ 2,607.19	7/19/2006
A9545		3	Iodine I-131 Tositumomab, therapeutic per treatment dose	\$ 22,595.63	\$ 22,595.63	7/19/2006
Q9965		3	Low Osmolar Contrast Material, 100-199 mg/ml Iodine concentration per ml	\$ 1.81	\$ 1.81	1/1/2008
Q9966		3	Low Osmolar Contrast Material, 200-299 mg/ml Iodine concentration per ml	\$ 1.14	\$ 1.14	1/1/2008
Q9967		3	Low Osmolar Contrast Material, 300-399mg/ml Iodine concentration per ml	\$ 0.30	\$ 0.30	1/1/2008
Q9951		3	Low Osmolar Contrast Material, 400 or greater mg/ml iodine concentration, per ml. per ml	manual	manual	1/1/2008
A9535		3	Methylene Blue, 1 ml per ml	\$ 4.27	\$ 4.27	3/24/1998
A9526		3	Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 mCi up to 40 mCi	manual	manual	1/1/2008
Q9957		3	Perflutren lipid microspheres per ml	\$ 61.89	\$ 61.89	1/1/2006
A9699		3	Radiopharmaceutical, therapeutic, not otherwise classified	manual	manual	1/1/2008
A4641		3	Radipharmaeaceutical diagnostic, not otherwise classified	manual	manual	1/1/2008
A9555		3	Rubidium RB-82, diagnostic per study dose, up to 60mc	\$ 30,875.00	\$ 30,875.00	1/1/2008
A9605		3	Samarium Sm-153 lexidronamm, therapeutic, per 50 mCi per 50 mCi	\$ 1,603.89	\$ 1,603.89	12/1/2006
J2805		3	Sinacalide 5mcg	\$ 52.08	\$ 52.08	10/1/2007
A9563		3	Sodium phosphate P-31, therapeutic per mlc	\$ 316.37	\$ 316.37	1/1/2008
A9600		3	Strontium Sr-89 chloride, therapeutic, per mCi per mCi	\$ 893.75	\$ 893.75	1/1/2008
A9700		3	Supply of injectible contrast material for use in echocardiography, per study per study	manual	manual	1/1/2008
A9504		3	Technetium TC-99 apcitide, diagnostic, per study dose, up to 20 mCi per study dose up to 20 mCi	manual	manual	1/1/2008
A9503		3	Technetium TC-99 medronate, diagnostic, per study dose, up to 30 mCi per study dose up to 30 mCi	\$ 40.25	\$ 40.25	1/1/2008
A9500		3	Technetium TC-99 sestamibi, diagnostic, per study dose up to 40 mCi per study dose up to 40 mCi	\$ 121.69	\$ 121.69	1/1/2008
A9502		3	Technetium TC-99 tetrofosmin, diagnostic, per study dose up to 40 mCi per study dose up to 40 mCi	\$ 121.05	\$ 121.05	1/1/2008
A9557		3	Technetium TC-99M bicsiate, diagnostic per study dose, up to 25mlc	\$ 920.00	\$ 920.00	1/1/2008
A9536		3	Technetium TC-99M depreotide, diagnostic, per study dose, up to 35 mlc per study dose, up to 35 mlc	manual	manual	1/1/2008
A9510		3	Technetium TC-99m desofenin, diagnostic, per study dose up to 15 mCi per study dose up to 15 mCi	\$ 28.18	\$ 28.18	1/1/2008
A9569		3	Technetium TC-99M Exametazime labeled autologous white blood cells, diagnostic per study dose	\$ 1,836.22	\$ 1,836.22	1/1/2008
A9521		3	Technetium TC-99m exametazime, diagnostic, per study dose, up to 25 mCi per study dose up to 25 mCi	\$ 721.85	\$ 721.85	1/1/2008
A9566		3	Technetium TC-99M fanolesomab, diagnostic, per study dose, up to 25 mlc per study dose, up to 25 mlc	manual	manual	1/1/2008
A9560		3	Technetium TC-99M labeled red blood cells, diagnostic per study dose, up to 30mlc	\$ 95.24	\$ 95.24	1/1/2008
A9540		3	Technetium TC-99M macroaggregated albumin, diagnostic per study dose, up to 10mlc	\$ 40.25	\$ 40.25	1/1/2008
A9537		3	Technetium TC-99M mebrofenin, diagnostic per study dose, up to 15 mlc	\$ 68.02	\$ 68.02	1/1/2008
A9562		3	Technetium TC-99M meriatide, diagnostic per study dose, up to 15mlc	\$ 258.94	\$ 258.94	1/1/2008
A9561		3	Technetium TC-99M oxidronate, diagnostic per study dose, up to 30mlc	\$ 42.27	\$ 42.27	1/1/2008
A9539		3	Technetium TC-99M penetetate, diagnostic per study dose, up to 25mlc	\$ 49.80	\$ 49.80	1/1/2008
A9567		3	Technetium TC-99M pentetate, diagnostic, aerosol, per study dose, up to 75 mCi per study dose up to 75 mCi	\$ 69.45	\$ 69.45	1/1/2008
A9512		3	Technetium TC-99m pertechnetate, diagnostic, per mCi per mCi	\$ 12.52	\$ 12.52	1/1/2008
A9538		3	Technetium TC-99M pyrophosphate, diagnostic, per study dose, up to 25 mCi per study dose, up to 25 mCi	\$ 52.33	\$ 52.33	1/1/2008

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
A9550		3	Technetium TC-99M sodium gluceptate, diagnostic per study dose, up to 25mlc	\$ 74.96	\$ 74.96	1/1/2008
A9551		3	Technetium TC-99M succimer, diagnostic per study dose, up to 10mlc	\$ 126.63	\$ 126.63	1/1/2008
A9541		3	Technetium TC-99M sulfur colloid, diagnostic per study dose, up to 20mlc	\$ 53.91	\$ 53.91	1/1/2008
A9501		3	Technetium TC-99M Teboroxime, Diagnostic, per study dose per study dose	manual	manual	1/1/2008
A9505		3	Thallium TI-201 thallus chloride, diagnostic, per mCi per mCi	\$ 63.00	\$ 63.00	1/1/2008
A9558		3	Xenon Xe-133 gas, diagnostic, per 10 mCi per 10 mCi	\$ 43.56	\$ 43.56	1/1/2008
A9543		3	Yttrium Y-90 ibritumomab tiuxetan, diagnostic per study dose, up to 40mlc	\$ 22,714.97	\$ 22,714.97	3/18/2002
Vaccines						
			Bacillus Calmette-Guerin Vaccine (BCG) for Tuberculosis, Live, for Percutaneous use			
90585		3	use	\$113.63	\$113.63	10/1/2007
90723		3	Diphtheria, Tetanus TertussisHepatitis B and Polio, for Intramuscular use	\$75.34	\$75.34	10/1/2007
90721		3	Influenza B Vaccine (DtaP-Hib), for Intramuscular use	\$42.89	\$42.89	10/1/2007
90647		3	Hemophilus Influenza b Vaccine (HIB) PRP-OMP Conjugate (3 dose schedule), for Intramuscular use	\$22.49	\$22.49	10/1/2007
90645		3	Hemophilus Influenza b Vaccine (HIB), HBOC Conjugate (4 dose schedule) for intramuscular use	\$22.49	\$22.49	10/1/2007
90648		3	Hemophilus Influenza b Vaccine (HIB), PRP-T Conjugate (4 dose schedule), Intramuscular use	\$21.78	\$21.78	10/1/2007
90636		3	Hepatitis A and Hepatitis B Vaccine (HepA-HepB), Adult dosage, for Intramuscular use	\$91.49	\$91.49	10/1/2007
90632		3	Hepatitis A Vaccine, Adult dosage, for Intramuscular use	\$43.39	\$43.39	10/1/2007
90746		3	Hepatitis B Vaccine, Adult dosage, for Intramuscular use	\$57.26	\$57.26	10/1/2007
90740		3	Hepatitis B Vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use	\$114.52	\$114.52	10/1/2007
90747		3	Hepatitis B Vaccine, Dialysis or Immunosuppressed Patient dosage (4 dose schedule), for Intramuscular use	\$114.52	\$114.52	10/1/2007
90649		3	Human Papilloma Virus (HPV) vaccine, types 6, 11, 16, 18, quadrivalent, 3 dose schedule, for IM use (Gardasil), 0.5 ml	\$135.40	\$135.40	10/1/2007
90660		3	Influenza Virus Vaccine, Live, for Intranasal us (FluMist)	\$21.18	\$21.18	10/1/2007
90658		3	Influenza Virus Vaccine, Split Virus, 3 years and above, for Intramuscular use	\$12.62	\$12.62	10/1/2007
90656		3	Influenza Virus Vaccine, Split Virus, preservative free, for use in individuals 3 years & older	\$16.57	\$16.57	10/1/2007
90705		3	Measles Virus Vaccine, Live, for Subcutaneous use	\$15.54	\$15.54	10/1/2007
90707		3	Measles, Mumps, and Rubella Virus Vaccine (MMR), Live, for Subcutaneous use	\$41.76	\$41.76	10/1/2007
90734		3	Meningococcal conjugate vaccine, serogroups A, C, Y, W-135 (tetraivalent) for IM use.	\$100.44	\$100.44	10/1/2007
90733		3	Meningococcal Polysaccharide Vaccine (any group(s)), for Subcutaneous use	\$89.43	\$89.43	10/1/2007
90704		3	Mumps Virus Vaccine, Live, for Subcutaneous use	\$20.32	\$20.32	10/1/2007
90732		3	Pneumococcal Polysaccharide Vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 yrs or older, for Subcutaneous or Intramuscular use	\$27.03	\$27.03	10/1/2007
90713		3	Poliovirus Vaccine, Inactivated, (IPV), for Subcutaneous use	\$26.00	\$26.00	4/1/2007
90675		3	Rabies Vaccine, for Intramuscular use	\$146.91	\$146.91	10/1/2007
90706		3	Rubella Virus Vaccine, Live, for Subcutaneus use	\$17.20	\$17.20	10/1/2007
90714		3	Tetanus And Diphtheria Toxoids, Preservative Free, For Use In 7 Years Or Older, for IM use	\$18.97	\$18.97	10/1/2007
90703		3	Tetanus Toxoid Adsorbed, for Intramuscular use	\$19.45	\$19.45	10/1/2007
90715		3	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for IM use	\$32.81	\$32.81	10/1/2007
90716		3	Varicella Virus Vaccine, Live for Subcutaneous use	\$72.44	\$72.44	10/1/2007
Drugs						
***J3490		3	17 Alpha Hydroxprogesterone Caporoate, Bulk powder, 250 mg	manual	manual	4/1/2006
***J0128		3	Abarelix, 10 mg, inj. (Plenaxis)	\$68.62	\$68.62	10/1/2007
***J0130		3	Abciximab, 10mg, injection (ReoPro)	\$413.16	\$413.16	10/1/2007
***J1120		3	Acetazolamide sodium, up to 500 mg, injection (Diamox)	\$16.54	\$16.54	10/1/2007
***J0133		3	Acyclovir, 5mg (Zovirax)	\$0.02	\$0.02	10/1/2007

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***J0150		3	Adenosine, 06mg, injection (not to be used to report any Adenosine phosphate compounds; instead use A9270) (Adenocard)	\$22.86	\$22.86	10/1/2007
***J0152		3	Adenosine, 30 mg, inj (not to be used to report any adenosine phosphate compound; use A9270)	\$69.16	\$69.16	10/1/2007
***J0180		3	Agalsidase Beta, 1 mg, inj. (Fabrazyme)	\$127.20	\$127.20	10/1/2007
***P9047		3	Albumin (human), 25%, 50 ml, infusion	\$55.10	\$55.10	10/1/2007
***P9041		3	Albumin (human), 5%, 50 ml, infusion	\$20.90	\$20.90	10/1/2007
***J9015		3	Aldesleukin, per single use vial (Proleukin, etc)	\$762.98	\$762.98	10/1/2007
***J0215		3	Alefacept, 0.5 mg, inj. (Amevive)	\$26.07	\$26.07	10/1/2007
***J9010		3	Alemtuzumab, 10 mg (Campath)	\$541.20	\$541.20	10/1/2007
***J0205		3	Alglucerase, per 10 units, injection (Ceredase)	\$39.22	\$39.22	10/1/2007
***J0220		3	Alglucosidase Alfa, 10mg (Myozyme)	\$127.20	\$127.20	1/1/2008
***J0256		3	Alpha 1-proteinase inhibitor-human, 10mg, injection (Prolastin)	\$3.28	\$3.28	10/1/2007
***J2997		3	Alteplase recombinant, 1 mg, injection (Activase)	\$32.79	\$32.79	10/1/2007
***J0278		3	Amicacin sulfate, 100 mg	\$1.15	\$1.15	10/1/2007
***J0207		3	Amifostine, 500mg, injection (Ethyol)	\$480.64	\$480.64	10/1/2007
***J0280		3	Aminophylline, up to 250mg, injection	\$0.43	\$0.43	10/1/2007
***J0300		3	Amobarbital, up to 125mg, injection (Amytal)	\$2.60	\$2.60	10/1/2007
***J0285		3	Amphotericin B, 50 mg, Injection	\$10.23	\$10.23	10/1/2007
***J0288		3	Amphotericin B cholesteryl sulfate complex, 10 mg, injection (Amphotee)	\$12.00	\$12.00	10/1/2007
***J0287		3	Amphotericin B lipid complex, 10 mg, injection	\$10.38	\$10.38	10/1/2007
***J0289		3	Amphotericin B liposome, 10 mg, injection (Ambisome)	\$17.24	\$17.24	10/1/2007
***J0290		3	Ampicillin sodium, 500mg, injection (Omnipen-N, Totacillin-N)	\$2.48	\$2.48	10/1/2007
***J0295		3	Ampicillin sodium/sulbactam sodium, per 1.5g, injection (Unasyn)	\$5.49	\$5.49	10/1/2007
***J7197		3	Antithrombin III (human), per IU (Throbate III, ATnativ)	\$1.64	\$1.64	10/1/2007
***J0400		3	Aripiprazole, 0.25 mg, (Abilify)	\$0.29	\$0.29	1/1/2008
***J9017		3	Arsenic trioxide, 1 mg (Trisenox)	\$34.17	\$34.17	10/1/2007
***J9020		3	Asparaginase, 10,000 units (Elspar)	\$54.72	\$54.72	10/1/2007
***J0460		3	Atropine sulfate, up to 0.3mg, injection	\$0.59	\$0.59	10/1/2007
***J9025		3	Azacitidine (Vidaza) 1 mg	\$4.30	\$4.30	10/1/2007
***Q0144		3	Azithromycin dihydrate, oral, capsules/powder, 1 gm (Zithromax, Zithromax Z-Pak)	\$24.17	\$24.17	11/1/2005
***J0456		3	Azithromycin, 500mg, injection (Zithromax)	\$19.56	\$19.56	10/1/2007
***J3490		3	Baclofen Kit 2*5 ml amp, 10mg	manual	manual	10/1/2007
***J3490		3	Baclofen Kit 4*5 ml amp, 10mg	manual	manual	10/1/2007
***J0475		3	Baclofen, 10 mg (Lioresal)	\$197.04	\$197.04	10/1/2007
***J0476		3	Baclofen, 50 mcg for intrathecal trial	\$71.59	\$71.59	10/1/2007
***J9031		3	BCG live (intravesical), per installation (Tice BCG, Theracys)	\$110.67	\$110.67	10/1/2007
***J0702		3	Betamethasone acet&sod phosp, 3 mg	\$5.26	\$5.26	10/1/2007
***J0704		3	Betamethasone sodium phosphate, per 4mg, injection	\$1.13	\$1.13	4/1/2007
***J9035		3	Bevacizumab, 10 mg, inj. (Avastin)	\$57.53	\$57.53	10/1/2007
***J9040		3	Bleomycin sulfate, 15 units (Blenoxane)	\$35.85	\$35.85	10/1/2007
***J9041		3	Bortezomib, 0.1 mg, inj. (Velcade)	\$32.68	\$32.68	10/1/2007
***J0585		3	Botulinum toxin type A, per unit (Botox)	\$5.10	\$5.10	10/1/2007
***J0587		3	Botulinum toxin type B, per 100 units	\$8.37	\$8.37	10/1/2007
***J0595		3	Butorphanol tartrate, 1 mg, inj. (Stadol)	\$0.72	\$0.72	10/1/2007
***J0636		3	Calcitriol, 0.1 mcg, injection (Calcijex)	\$0.62	\$0.62	10/1/2007
***J0610		3	Calcium gluconate, per 10ml, injection (Kaleinate)	\$0.58	\$0.58	10/1/2007
***J0620		3	Calcium glycerophosphate and calcium lactate, per 10ml, injection (Calphosan)	\$12.94	\$12.94	10/1/2007
***J9045		3	Carboplatin, 50 mg (Paraplatin)	\$8.46	\$8.46	10/1/2007
***J9050		3	Carmustine, 100 mg (BiCNU)	\$139.84	\$139.84	10/1/2007
***J0690		3	Cefazolin Sodium, 500 mg, Injection (Ancef, Kefzol, Zolicef)	\$1.42	\$1.42	10/1/2007
***J0692		3	Cefepime HCL, 500 mg, injection (Maxipime)	\$8.25	\$8.25	10/1/2007
***J0698		3	Cefotaxime Sodium, per g (Claforan)	\$4.88	\$4.88	10/1/2007
***J0694		3	Cefoxitin Sodium, 1g, injection (Mefoxin)	\$8.19	\$8.19	10/1/2007
***J0713		3	Ceftazidime, per 500 mg, Injection (Fortaz, Tazidime)	\$4.00	\$4.00	10/1/2007
***J0715		3	Ceftizoxime sodium, per 500mg, injection (Cefizox)	\$4.38	\$4.38	10/1/2007

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***J0696		3	Ceftriaxone Sodium, per 250mg, Injection (Rocephin)	\$1.85	\$1.85	10/1/2007
***J9055		3	Cetuximab, 10 mg, inj. (Erbix)	\$49.81	\$49.81	10/1/2007
***J0720		3	Chloramphenicol sodium succinate, up to 1g, injection (Chloromycetin)	\$10.30	\$10.30	10/1/2007
***J1990		3	Chlordiazepoxide HCl, up to 100 mg, injection (Librium)	\$21.05	\$21.05	10/1/2007
***J2400		3	Chloroprocaine HCl, per 30 ml, injection (Nesacaine)	\$16.52	\$16.52	10/1/2007
***J1205		3	Chlorothiazide sodium, per 500 mg, injection (Diuril Sodium)	\$123.84	\$123.84	10/1/2007
***J3230		3	Chlorpromazine HCl, up to 50 mg, injection (Thorazine)	\$3.37	\$3.37	10/1/2007
***J0725		3	Chorionic Gonadotropin, per 1,000 USP units, Injection,	\$3.71	\$3.71	10/1/2007
***J0740		3	Cidofovir, 375 mg, Injection (Vistide)	\$761.81	\$761.81	10/1/2007
***J0743		3	Cilastatin sodium imipenem, per 250mg, injection (Primaxin IM or IV)	\$13.63	\$13.63	10/1/2007
***S0023		3	Cimetidine hydrochloride, 300 mg, injection (Tagamet)	\$0.61	\$0.61	10/1/2007
***J0744		3	Ciprofloxacin for IV infusion, 200 mg, injection (Cipro)	\$3.62	\$3.62	10/1/2007
***J9062		3	Cisplatin, 50 mg (Platinol AQ)	\$13.50	\$13.50	10/1/2007
***J9060		3	Cisplatin, powder or solution, per 10 mg (Platinol AQ)	\$2.70	\$2.70	10/1/2007
***J9065		3	Cladribine, per 1 mg, injection (Leustatin)	\$36.12	\$36.12	10/1/2007
***J0735		3	Clonidine hydrochloride, 1mg, injection (Catapres)	\$63.46	\$63.46	10/1/2007
***J0745		3	Codeine phosphate, per 30mg, injection	\$1.18	\$1.18	10/1/2007
***J0760		3	Colchicine, per 1mg, injection	\$4.59	\$4.59	10/1/2007
***J0770		3	Colistimethate Sodium, up to 150 mg, Injection (Coly-Mycin M)	\$21.85	\$21.85	10/1/2007
***J0800		3	Corticotropin, up to 40 units, injection (Acthar, ACTH)	\$127.73	\$127.73	10/1/2007
***J0835		3	Cosyntropin, per 0.25 mg, injection (Cortrosyn)	\$63.85	\$63.85	10/1/2007
***J9091		3	Cyclophosphamide, 01 g (Cytoxan, Neosar)	\$19.07	\$19.07	10/1/2007
***J9092		3	Cyclophosphamide, 02 g (Cytoxan, Neosar)	\$38.15	\$38.15	10/1/2007
***J9070		3	Cyclophosphamide, 100 mg (Cytoxan, Neosar)	\$1.91	\$1.91	10/1/2007
***J9080		3	Cyclophosphamide, 200 mg (Cytoxan, Neosar)	\$3.82	\$3.82	10/1/2007
***J9090		3	Cyclophosphamide, 500 mg (Cytoxan, Neosar)	\$16.50	\$16.50	10/1/2007
***J9098		3	Cyclophosphamide, DepoCyt, 10 mg	\$394.20	\$394.20	1/1/2007
***J9096		3	Cyclophosphamide, lyophilized, 01 g (Cytoxan Lyophilized)	\$19.87	\$19.87	10/1/2007
***J9097		3	Cyclophosphamide, lyophilized, 02 g (Cytoxan Lyophilized)	\$39.74	\$39.74	10/1/2007
***J9093		3	Cyclophosphamide, lyophilized, 100 mg (Cytoxan Lyophilized)	\$1.99	\$1.99	10/1/2007
***J9094		3	Cyclophosphamide, lyophilized, 200 mg (Cytoxan Lyophilized)	\$3.97	\$3.97	10/1/2007
***J9095		3	Cyclophosphamide, lyophilized, 500 mg (Cytoxan Lyophilized)	\$9.93	\$9.93	10/1/2007
***J9100		3	Cytarabine, 100 mg (Cytosar-U)	\$1.76	\$1.76	10/1/2007
***J9110		3	Cytarabine, 500 mg ((Cytosar-U)	\$8.80	\$8.80	10/1/2007
***J7070		3	D-5-W, 1,000 cc, infusion	\$2.66	\$2.66	10/1/2007
***J9130		3	Dacarbazine, 100 mg (DTIC- Dome)	\$5.25	\$5.25	10/1/2007
***J9140		3	Dacarbazine, 200 mg (DTIC - Dome)	\$10.49	\$10.49	10/1/2007
***J7513		3	Daclizumab, parenteral, 25 mg (Zenapax)	\$299.86	\$299.86	10/1/2007
***J9120		3	Dactinomycin, 0.5 mg (Cosmegen)	\$493.43	\$493.43	10/1/2007
***J1645		3	Dalteparin sodium, per 2500 IU, injection (Fragmin)	\$11.73	\$11.73	10/1/2007
***J0878		3	Daptomycin, 1 mg (Cubicin)	\$0.33	\$0.33	10/1/2007
***J0881		3	Darbepoetin alfa (Aranesp) 1 mcg	\$3.14	\$3.14	10/1/2007
***J0882		3	Darbepoetin alfa for ESRD on dialysis (Aranesp) 1 mcg	\$3.14	\$3.14	10/1/2007
***J9150		3	Daunorubicin HCl, 10 mg (Cerubidine)	\$20.47	\$20.47	10/1/2007
***J9151		3	Daunorubicin citrate, liposomal formulation, 10 mg (DaunoXome)	\$55.92	\$55.92	10/1/2007
***J0894		3	Decitabine, 1 mg, (Dacogen)	\$27.11	\$27.11	1/1/2008
***J0895		3	Deferoxamine Mesylate, 500mg, Injection (Desferal)	\$14.52	\$14.52	10/1/2007
***J9160		3	Denileukin Diftitox, 300 mcg (Ontak)	\$1,406.59	\$1,406.59	10/1/2007
***J1000		3	Depo-estradiol cypionate, up to 5mg, injection	\$5.62	\$5.62	10/1/2007
***J2597		3	Desmopressin acetate, per 1 mcg, injection (DDAVP)	\$2.64	\$2.64	10/1/2007
***J1094		3	Dexamethasone acetate, 1 mg, injection (Dalalone - LA)	\$0.23	\$0.23	10/1/2007
***J1100		3	Dexamethasone sodium phosphate, 1mg, injection (Cortastat, Dalalone)	\$0.12	\$0.12	10/1/2007
***J1190		3	Dexrazoxane hydrochloride, per 250 mg, injection (Zinecard)	\$174.07	\$174.07	10/1/2007
***J7110		3	Dextran 75, 500 ml, infusion (Gentran 75)	\$9.33	\$9.33	10/1/2007
***J7042		3	Dextrose 5% / normal saline (500 ml = 1 unit)	\$0.40	\$0.40	10/1/2007
***J7060		3	Dextrose 5% / water (500 ml = 1 unit)	\$1.33	\$1.33	10/1/2007
***J3360		3	Diazepam, up to 5 mg, injection (Valium, Zetran)	\$0.74	\$0.74	10/1/2007

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				Medicaid Maximum Allowable		
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
***J1730		3	Diazoxide, up to 300 mg, injection (Hyperstat IV)	\$111.85	\$111.85	10/1/2007
***J0500		3	Dicyclomine HCl, up to 20mg, injection (Bentyl, Dilomine, Antispas)	\$14.39	\$14.39	10/1/2007
***J1160		3	Digoxin, up to 0.5 mg injection (Lanoxin)	\$2.46	\$2.46	10/1/2007
***J1110		3	Dihydroergotamine mesylate, per 1mg, injection (DHE 45)	\$24.52	\$24.52	10/1/2007
***J1240		3	Dimenhydrinate, up to 50 mg, injection (Dramamine)	\$2.60	\$2.60	10/1/2007
***J0470		3	Dimercaprol, per 100mg, injection (BAL in oil)	\$24.52	\$24.52	10/1/2007
***J1200		3	Diphenhydramine HCl, up to 50 mg, injection (Benadryl)	\$0.78	\$0.78	10/1/2007
***J1245		3	Dipyridamole, per 10 mg, injection (Persantine IV)	\$1.34	\$1.34	10/1/2007
***J1212		3	DMSO, dimethyl sulfoxide, 50%, 50 ml, injection	\$41.17	\$41.17	10/1/2007
***J1250		3	Dobutamine HCl, per 250 mg, injection (Dobutrex)	\$4.97	\$4.97	10/1/2007
***J9170		3	Docetaxel, 20 mg (Taxotere)	\$306.81	\$306.81	10/1/2007
***J1260		3	Dolasetron mesylate, 10 mg, injection (Anzemet)	\$6.11	\$6.11	10/1/2007
***J1265		3	Dopamine HCL, 40mg	\$0.78	\$0.78	10/1/2007
***J1270		3	Doxercalciferol, 1 mcg, injection (Hectoral)	\$2.78	\$2.78	10/1/2007
***J9000		3	Doxorubicin HCl, 10 mg (Adriamycin)	\$6.31	\$6.31	10/1/2007
***J9001		3	Doxorubicin HCl,all lipid formulations, 10 mg (Doxil)	\$389.48	\$389.48	10/1/2007
***J1790		3	Droperidol, up to 5 mg, injection (Inapsine)	\$1.12	\$1.12	10/1/2007
***J0600		3	Edetate calcium disodium, up to 1000mg, injection (Calcium EDTA)	\$40.19	\$40.19	10/1/2007
***J1650		3	Enoxaparin sodium, 10 mg, injection (Lovenox)	\$5.61	\$5.61	10/1/2007
***J0170		3	Epinephrine, up to 1ml ampule, injection	\$0.92	\$0.92	10/1/2007
***J9178		3	Epirubicin HCl, 2 mg, inj. (Ellence)	\$21.21	\$21.21	10/1/2007
***J0886		3	Epoetin alfa 1000 units (for ESRD on dialysis)	\$9.58	\$9.58	10/1/2007
***Q4081		3	Epoetin Alfa, 100 units (for ESRD on dialysis)	\$0.96	\$0.96	10/1/2007
***J0885		3	Epoetin alpha, (for non ESRD use), per 1,000 units (Epogen, Procrit)	\$9.45	\$9.45	10/1/2007
***J1325		3	Epoprostenol, 0.5 mg, injection (Flolan)	\$14.46	\$14.46	10/1/2007
***J1335		3	Ertapenem injection, 500 mg	\$24.12	\$24.12	10/1/2007
***J1364		3	Erythromycin lactobionate, per 500 mg, injection (Erythrocin)	\$6.40	\$6.40	10/1/2007
***J1380		3	Estradiol valerate, up to 10 mg, injection (Delestrogen)	\$12.59	\$12.59	10/1/2007
***J1390		3	Estradiol valerate, up to 20 mg, injection (Delestrogen)	\$17.45	\$17.45	10/1/2007
***J0970		3	Estradiol valerate, up to 40mg, injection (Delestrogen)	\$34.91	\$34.91	10/1/2007
***J1410		3	Estrogen conjugated, per 25 mg, injection (Premarin IV)	\$60.90	\$60.90	10/1/2007
***J1436		3	Etidronate disodium, 300 mg	\$71.41	\$71.41	1/1/2008
***J9181		3	Etoposide, 10 mg (VePesid)	\$0.48	\$0.48	10/1/2007
***J9182		3	Etoposide, 100 mg (VePesid)	\$4.83	\$4.83	10/1/2007
***J7193		3	Factor IX (antihemophilic factor, purified, non-recombinant), per I.U.	\$0.89	\$0.89	10/1/2007
***J7195		3	Factor IX (antihemophilic factor, recombinant), per I.U.	\$0.99	\$0.99	10/1/2007
***J7194		3	Factor IX Complex, per IU	\$0.75	\$0.75	10/1/2007
***J7189		3	Factor VIIA (antihemophiic factor, recombinant) 1 mg	\$1.12	\$1.12	10/1/2007
***J7190		3	Factor VIII (antihemophilic factor, human) per I.U.	\$0.70	\$0.70	10/1/2007
***J7191		3	Factor VIII (antihemophilic factor, porcine) per I.U.	\$1.86	\$1.86	11/1/2005
***J7192		3	Factor VIII (antihemophilic factor, recombinant) per I.U.	\$1.07	\$1.07	10/1/2007
***J3010		3	Fentanyl Citrate, 0.1 mg, injection (Sublimaze)	\$0.34	\$0.34	10/1/2007
***J1441		3	Filgrastim (G-CSF), 480 mcg, injection (Neupogen)	\$300.58	\$300.58	10/1/2007
***J1440		3	Filgrastim (G-CSF), 300 mcg, injection (Neupogen)	\$189.47	\$189.47	10/1/2007
***J9200		3	Floxuridine, 500 mg (FUDR)	\$51.31	\$51.31	10/1/2007
***J9185		3	Fludarabine phosphate, 50 mg, injection (Fludara)	\$236.44	\$236.44	10/1/2007
***J9190		3	Fluorouracil, 500 mg (Adrucil)	\$1.66	\$1.66	10/1/2007
***J2680		3	Fluphenazine decanoate, up to 25 mg, injection (Prolixin)	\$2.13	\$2.13	10/1/2007
***J1455		3	Foscarnet sodium, per 1,000 mg, injection (Foscavir)	\$10.20	\$10.20	10/1/2007
***J9395		3	Fulvestrant, 25 mg, inj. (Faslodex)	\$80.56	\$80.56	10/1/2007
***J1940		3	Furosemide, up 20 mg, injection (Lasix)	\$0.29	\$0.29	10/1/2007
***J1570		3	Ganciclovir sodium, 500 mg, injection (Cytovene)	\$39.64	\$39.64	10/1/2007
***J7310		3	Ganciclovir, 4.5 mg, long-acting implant (Vitraset)	\$4,752.26	\$4,752.26	10/1/2007
***J1580		3	Garamycin, gentamicin, up to 80 mg, injection	\$1.08	\$1.08	10/1/2007
***J9201		3	Gemcitabine HCl, 200 mg (Gemzar)	\$125.16	\$125.16	10/1/2007
***J9300		3	Gemtuzumab Ozogamicin, 5 mg, injection (Mylotarg)	\$2,356.98	\$2,356.98	10/1/2007
***J1610		3	Glucagon hydrochloride, per 1 mg, injection) (Glucagen)	\$66.27	\$66.27	10/1/2007

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				Medicaid Maximum Allowable		
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
***J1600		3	Gold sodium thiomalate, up to 50 mg, injection (Myochrysine)	\$7.46	\$7.46	10/1/2007
***J9202		3	Goserelin acetate implant, per 3.6 mg (Zoladex)	\$198.68	\$198.68	10/1/2007
***J1626		3	Granisetron hydrochloride, 100 mcg, injection (Kytril)	\$7.50	\$7.50	10/1/2007
***J1631		3	Haloperidol decanoate, per 50 mg, injection (Haldol Decanoate-50)	\$5.66	\$5.66	10/1/2007
***J1630		3	Haloperidol, up to 5 mg, injection (Haldol)	\$1.96	\$1.96	10/1/2007
***J1642		3	Heparin sodium, (Heparin Lock Flush), per 10 units, injection	\$0.05	\$0.05	10/1/2007
***J1644		3	Heparin sodium, per 1,000 units, injection (Heparin)	\$0.21	\$0.21	10/1/2007
***J9226		3	Histerlin Implant (Supprelin LA) implant kit, 50 mg	\$14,834.06	\$14,834.06	7/1/2007
***J9225		3	Histrelin Acetate Implant, (Vantas) implant kit, 50 mg	\$1,415.61	\$1,415.61	1/1/2008
***J3490		3	Histrelin Acetate, subcutaneous implant kit, 50 mg (Supprelin)	manual	manual	7/1/2007
Q4083		3	Hyaluronan or derivative, Hyalgan or Supartz, intra-articular injection	\$104.85	\$104.85	10/1/2007
Q4085		3	Hyaluronan or derivative, Hyalgan or Supartz, intra-articular injection	\$116.29	\$116.29	10/1/2007
Q4086		3	Hyaluronan or derivative, Hyalgan or Supartz, intra-articular injection	\$198.34	\$198.34	10/1/2007
Q4084		3	Hyaluronan or derivative, Synvisc, intra-articular injection	\$186.66	\$186.66	10/1/2007
***J3473		3	Hyalurondise, recombinant, 1 usp unit (Hyalenex)	\$0.40	\$0.40	10/1/2007
***J3470		3	Hyaluronidase injection up to 150 units (Wydase)	\$16.63	\$16.63	10/1/2007
***J0360		3	Hydralazine HCl, up to 20mg, injection (Apresoline)	\$7.61	\$7.61	10/1/2007
***J1720		3	Hydrocortisone sodium succinate, up to 100 mg, injection	\$2.02	\$2.02	10/1/2007
***J1170		3	Hydromorphone, up to 4 mg, injection (Dilaudid)	\$1.98	\$1.98	10/1/2007
***J3410		3	Hydroxyzine HCl, up to 25 mg, injection (Vistaril)	\$0.19	\$0.19	10/1/2007
***J1980		3	Hyoscyamine sulfate, up to 0.25 mg, injection (Levsin)	\$8.96	\$8.96	10/1/2007
***J7130		3	Hypertonic saline solution, 50 or 100 mEq, 20 cc vial	\$0.40	\$0.40	6/14/1993
***J1740		3	Ibandronate sodium, 1 mg (Boniva)	\$138.71	\$138.71	10/1/2007
***J1742		3	Ibutilide fumarate, 1 mg, injection (Corvert)	\$266.92	\$266.92	10/1/2007
***J9211		3	Idarubicin HCl, 5 mg (Idamycin)	\$304.61	\$304.61	10/1/2007
***J3490		3	Idursulfase injection, 1 mg (Elaprase)	manual	manual	4/1/2007
***J9208		3	Ifosfamide, per 1 g (Ifex)	\$46.59	\$46.59	10/1/2007
***J1785		3	Imiglucerase, per unit, injection (Cerezyme)	\$3.92	\$3.92	10/1/2007
***J1562		3	Immune Globulin, subcutaneous 100 mg	\$13.50	\$13.50	1/1/2007
***J1745		3	Infliximab, 10 mg, injection (Remicade)	\$53.76	\$53.76	10/1/2007
***J7323		3	Injection, Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose	\$110.87	\$110.87	1/1/2008
***J7321		3	Injection, Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose	\$102.06	\$102.06	1/1/2008
***J7324		3	Injection, Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose	\$171.37	\$171.37	1/1/2008
***J7322		3	Injection, Hyaluronan or derivative, Synvisc, for intra-articular injection, per dose	\$178.16	\$178.16	1/1/2008
***J1743		3	Injection, Idursulfase, 1 mg	\$455.03	\$455.03	1/1/2008
***J2323		3	Injection, Natalizumab, 1 mg (Tysabri)	\$7.51	\$7.51	1/1/2008
***J9303		3	Injection, Panitumumab, 10 mg (Vectibix)	\$82.87	\$82.87	1/1/2008
***J1815		3	Insulin, per 5 units, injection	\$0.25	\$0.25	10/1/2007
***J9213		3	Interferon alfa-2A, recombinant, 3 million units (Roferon-A)	\$37.89	\$37.89	10/1/2007
***J9214		3	Interferon alfa-2B, recombinant, 1 million units (Intron-A)	\$13.88	\$13.88	10/1/2007
***J9212		3	Interferon Alfacon-1, recombinant, 1 mcg, injection (Infergen)	\$4.65	\$4.65	10/1/2007
***J9215		3	Interferon alfa-N3, (human leukocyte derived), 250,000 IU (Alferon N)	\$16.13	\$16.13	10/1/2007
***J9216		3	Interferon gamma-1B, 3 million units (Actimmune)	\$289.87	\$289.87	10/1/2007
***J9206		3	Irinotecan, 20 mg (Camptosar)	\$126.00	\$126.00	10/1/2007
***J1751		3	Iron dextran 165, 50 mg	\$11.72	\$11.72	10/1/2007
***J1752		3	Iron dextran 267, 50 mg	\$10.42	\$10.42	10/1/2007
***J1756		3	Iron sucrose, 1 mg, injection (Venofer)	\$0.37	\$0.37	10/1/2007
***J1840		3	Kanamycin sulfate, up to 500 mg, injection (Kantrex)	\$3.88	\$3.88	10/1/2007
***J1850		3	Kanamycin sulfate, up to 75 mg, injection (Kantrex)	\$0.58	\$0.58	10/1/2007
***J1885		3	Ketorolac tromethamine, per 15 mg, injection (Toradol)	\$0.48	\$0.48	10/1/2007
***J1931		3	Laronidase, 0.1 mg, inj. (Aldurazyme)	\$23.87	\$23.87	10/1/2007
***J0640		3	Leucovorin Calcium, per 50 mg, Injection (Wellcovorin)	\$1.03	\$1.03	10/1/2007
***J9217		3	Leuprolide acetate (for depot suspension), 7.5 mg	\$229.50	\$229.50	10/1/2007

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CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
***J1950		3	Leuprolide acetate (for depot suspension), per 3.75 mg, injection (Lupron Depot)	\$433.92	\$433.92	10/1/2007
***J9219		3	Leuprolide Acetate Implant 65mg (Viadur)	\$1,713.12	\$1,713.12	10/1/2007
***J3490		3	Leuprolide acetate, depot suspension, pediatric kit, 7.5 mg, inj.	manual	manual	1/3/2007
***J3490		3	Leuprolide acetate, pediatric kit, depot suspension, 11.25 mg, inj.	manual	manual	1/3/2007
***J3490		3	Leuprolide acetate, pediatric kit, depot suspension, 15 mg inj	manual	manual	1/3/2007
***J9218		3	Leuprolide acetate, per 1 mg (Lupron)	\$8.88	\$8.88	10/1/2007
***J3490		3	Levetiracetam (Keppra), 500 mg/5 ml	manual	manual	10/1/2006
***J1955		3	Levocarnitine, per 1 g, injection (Carnitor)	\$8.96	\$8.96	10/1/2007
***J1956		3	Levofloxacin, 250 mg, injection (Levaquin)	\$7.14	\$7.14	10/1/2007
***J1960		3	Levorphanol tartrate, up to 2 mg, injection (Levo-Dromoran)	\$3.17	\$3.17	11/1/2005
***J2001		3	Lidocaine HCL, for IV infusion, 10 mg, inj (Xylocaine)	\$0.02	\$0.02	10/1/2007
***J2010		3	Lincomycin HCl, up to 300 mg, injection (Lincocin)	\$3.82	\$3.82	10/1/2007
***J2020		3	Linezolid (Zyvox) 200 mg	\$25.72	\$25.72	7/1/2007
***J2060		3	Lorazepam, 2 mg, injection (Ativan)	\$1.15	\$1.15	10/1/2007
***J3475		3	Magnesium sulphate, per 500 mg, injection	\$0.15	\$0.15	10/1/2007
***J2150		3	Mannitol, 25% in 50 ml, injection	\$0.83	\$0.83	10/1/2007
***J9230		3	Mechlorethamine HCl, (nitrogen mustard), 10 mg Medroxyprogesterone Acetate for Contraceptive use, 150mg, Injection (Depo-Provera)	\$141.61	\$141.61	10/1/2007
***J1055		3	Medroxyprogesterone acetate, 50 mg, injection (Depo-Provera)	\$47.75	\$47.75	11/1/2005
***J1051		3	Medroxyprogesterone acetate, 50 mg, injection (Depo-Provera)	\$5.56	\$5.56	10/1/2007
***J9245		3	Melphalan HCl, 50 mg, injection (Alkeran)	\$1,284.12	\$1,284.12	10/1/2007
***J2175		3	Meperidine HCl, per 100 mg, injection (Demerol)	\$1.87	\$1.87	10/1/2007
***J0670		3	Mepivacaine HCl, per 10ml, injection (Carbocaine)	\$1.70	\$1.70	10/1/2007
***J9209		3	Mesna, 200 mg (Mesnex)	\$8.97	\$8.97	10/1/2007
***J0380		3	Metaraminol bitartrate, per 10mg, injection (Aramine)	\$1.15	\$1.15	11/1/2005
***J1230		3	Methadone HCl, up to 10 mg, injection (Dolophine)	\$3.26	\$3.26	10/1/2007
***J2800		3	Methocarbamol up to 10 ml, injection (Robaxin)	\$10.77	\$10.77	10/1/2007
***J9250		3	Methotrexate sodium, 5 mg	\$0.25	\$0.25	10/1/2007
***J9260		3	Methotrexate sodium, 50 mg	\$2.64	\$2.64	10/1/2007
***J0210		3	Methyldopate HCl, up to 250mg, injection IV (Aldomet)	\$10.11	\$10.11	10/1/2007
***J2210		3	Methylergonovine maleate, up to 0.2 mg, injection (Methergine)	\$4.60	\$4.60	10/1/2007
***J1020		3	Methylprednisolone acetate, 20mg, injection (Depo-Medrol)	\$2.43	\$2.43	10/1/2007
***J1030		3	Methylprednisolone acetate, 40mg, injection (Depo-Medrol)	\$4.93	\$4.93	10/1/2007
***J1040		3	Methylprednisolone acetate, 80mg, injection (Depo-Medrol)	\$9.01	\$9.01	10/1/2007
***J2930		3	Methylprednisolone sodium succinate, up to 125 mg, injection (Solu-Medrol)	\$2.51	\$2.51	10/1/2007
***J2920		3	Methylprednisolone sodium succinate, up to 40 mg, injection (Solu-Medrol)	\$2.01	\$2.01	10/1/2007
***J2765		3	Metoclopramide HCl, up to 10 mg, injection (Reglan)	\$0.45	\$0.45	10/1/2007
***J2250		3	Midazolam HCl, per 1 mg, injection (Versed)	\$0.22	\$0.22	10/1/2007
***J2260		3	Milrinone lactate, per 5 mg, injection (Primacor)	\$2.02	\$2.02	10/1/2007
***J9290		3	Mitomycin, 20 mg	\$64.53	\$64.53	10/1/2007
***J9291		3	Mitomycin, 40 mg	\$129.07	\$129.07	10/1/2007
***J9280		3	Mitomycin, 5 mg	\$16.13	\$16.13	10/1/2007
***J9293		3	Mitoxantrone HCl, per 5 mg, injection (Novantrone) Morphine Sulfate (preservative-free sterile solution), injection, per 10 mg (Astramorph PF, Duramorph)	\$168.23	\$168.23	10/1/2007
***J2275		3	Morphine sulfate 100 mg, injection	\$6.94	\$6.94	10/1/2007
***J2271		3	Morphine sulfate, up to 10 mg, injection	\$4.38	\$4.38	10/1/2007
***J2270		3	Morphine sulfate, up to 10 mg, injection	\$2.63	\$2.63	10/1/2007
***J2300		3	Nalbuphine HCl, per 10 mg, injection (Nubain)	\$0.98	\$0.98	10/1/2007
***J2310		3	Naloxone HCl, per 1 mg, injection (Narcan)	\$2.03	\$2.03	10/1/2007
***J2315		3	Naltrexone, 1mg (Vivitrol)	\$1.88	\$1.88	1/1/2008
***J2320		3	Nandrolone decanoate, up to 050 mg, injection (Deca-Durabolin)	\$3.17	\$3.17	10/1/2007
***J2321		3	Nandrolone decanoate, up to 100 mg, injection (Deca-Durabolin)	\$6.47	\$6.47	10/1/2007
***J2322		3	Nandrolone decanoate, up to 200 mg, injection (Deca-Durabolin)	\$12.61	\$12.61	10/1/2007
***Q4079		3	Natalizumab (Tysabri) 1 mg	\$7.52	\$7.52	10/1/2007
***J9261		3	Nelarabine, 50 mg, (Arranon)	\$88.17	\$88.17	1/1/2008
***J2710		3	Neostigmine methylsulfate, up to 0.5 mg, injection (Prostigmin)	\$0.09	\$0.09	10/1/2007
J7030		3	Normal saline solution, 1,000 cc, infusion	\$1.08	\$1.08	10/1/2007

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
J7050		3	Normal saline solution, 250 cc infusion	\$0.27	\$0.27	10/1/2007
J7040		3	Normal saline solution, sterile (500 ml = 1 unit), infusion	\$0.54	\$0.54	10/1/2007
***J2354		3	Octreotide non-depot form for SC or IV inj, 25 mcg.	\$2.62	\$2.62	10/1/2007
***J2353		3	Octreotide, depot form for IM injection, 1 mg	manual	manual	4/1/2007
***J2357		3	Omalizumab, 5 mg, inj.m (Xolair)	\$16.95	\$16.95	10/1/2007
***J2405		3	Ondansetron HCl, per 1 mg, injection (Zofran)	\$3.40	\$3.40	10/1/2007
***J2355		3	Oprelvekin, 5 mg, injection (Newmega)	\$247.31	\$247.31	10/1/2007
***J2360		3	Orphenadrine citrate, up to 60 mg, injection (Norflex)	\$10.49	\$10.49	10/1/2007
***J2700		3	Oxacillin sodium, up to 250 mg, injection (Bactocile, Prostaphlin)	\$1.31	\$1.31	10/1/2007
***J9263		3	Oxaliplatin, 0.5 mg, inj. (Eloxatin)	\$8.97	\$8.97	10/1/2007
***J2410		3	Oxymorphone HCl, up to 1 mg, injection (Numorphan)	\$2.37	\$2.37	10/1/2007
***J2460		3	Oxytetracycline HCl, up to 50 mg, injection (Terramycin IM)	\$0.94	\$0.94	10/1/2007
***J2590		3	Oxytocin, up to 10 units, injection (Pitocin)	\$2.01	\$2.01	10/1/2007
***J9264		3	Paclitaxel protein-bound particles (Abraxane) 1 mg	\$8.66	\$8.66	10/1/2007
***J9265		3	Paclitaxel, 30 mg (Taxol)	\$12.59	\$12.59	10/1/2007
***J2469		3	Palonosetron HCl, 25 mcg, inj. (Aloxi)	\$16.00	\$16.00	10/1/2007
***J2430		3	Pamidronate disodium, per 30 mg, injection (Aredia)	\$30.78	\$30.78	10/1/2007
***J9999		3	Panitumumab 100 mg (Vectibix)	manual	manual	4/1/2007
***J2440		3	Papaverine HCl, up to 60 mg, injection	\$0.67	\$0.67	10/1/2007
***J2501		3	Paricalcitol, 1 mcg, injection (Zemlar)	\$3.78	\$3.78	10/1/2007
***J2503		3	Pegaptanib sodium (Macugen) 0.3 mg	\$1,054.70	\$1,054.70	10/1/2007
***J9266		3	Pegaspargase, per single dose vial (Oncaspar)	\$1,683.49	\$1,683.49	10/1/2007
***J2505		3	Pegfilgastrim, 6 mg, inj. (Neulasta)	\$2,163.33	\$2,163.33	10/1/2007
***J9305		3	Pemetrexed, 10 mg, inj. (Altima)	\$43.79	\$43.79	10/1/2007
***J0540		3	Penicillin G benzathine and Penicillin G procaine, up to 1,200,000 units, injection (Bicillin C-R)	\$28.91	\$28.91	10/1/2007
***J0550		3	Penicillin G benzathine and Penicillin G procaine, up to 2,400,000 units, injection (Bicillin C-R)	\$30.70	\$30.70	10/1/2007
***J0530		3	Penicillin G benzathine and Penicillin G procaine, up to 600,000 units, injection (Bicillin C-R)	\$13.41	\$13.41	10/1/2007
***J0570		3	Penicillin G benzathine, up to 1,200,000 units, injection (Bicillin L-A)	\$38.82	\$38.82	10/1/2007
***J0580		3	Penicillin G benzathine, up to 2,400,000 units, injection (Bicillin L-A)	\$43.28	\$43.28	10/1/2007
***J0560		3	Penicillin G benzathine, up to 600,000 units, injection (Bicillin L-A)	\$22.84	\$22.84	10/1/2007
***J2540		3	Penicillin G potassium, up to 600,000 units, injection (Pfizerpen)	\$0.89	\$0.89	10/1/2007
***J2510		3	Penicillin G procaine, aqueous, up to 600,000 units, injection (Wycillin)	\$9.07	\$9.07	10/1/2007
***S0080		3	Pentamidine isethionate, 300mg, (Pentam-300)	\$42.48	\$42.48	1/1/2008
***J2545		3	Pentamidine isethionate, inhalation solution, per 300 mg, administered through a DME (Pentam 300, NebuPent)	\$45.16	\$45.16	10/1/2007
***J3070		3	Pentazocine HCl, up to 30 mg, injection (Talwin)	\$4.66	\$4.66	10/1/2007
***J2515		3	Pentobarbital sodium, per 50 mg, injection (Nembutal Sodium)	\$5.48	\$5.48	10/1/2007
***J9268		3	Pentostatin, per 10 mg (Nipent)	\$1,934.91	\$1,934.91	10/1/2007
***J2560		3	Phenobarbital sodium, up to 120 mg, injection	\$3.16	\$3.16	10/1/2007
***J2760		3	Phentolamine mesylate, up to 5 mg, injection (Regitine)	\$23.91	\$23.91	10/1/2007
***J2370		3	Phenylephrine HCl, up to 1 ml, injection (Neosynephrine)	\$0.71	\$0.71	10/1/2007
***J1165		3	Phenytoin sodium, per 50 mg, injection (Dilantin)	\$0.55	\$0.55	10/1/2007
***J3430		3	Phytonadione (vitamin K), per 1 mg, injection (AquaMephyton)	\$2.89	\$2.89	10/1/2007
***J2543		3	Piperacillin sodium/tazobactam sodium, injection, 1g/0.125g (1.125 g) (Zosyn)	\$4.89	\$4.89	10/1/2007
***J9600		3	Porfimer sodium, 75 mg (Photofin)	\$2,563.31	\$2,563.31	10/1/2007
***J3480		3	Potassium Chloride, per 2 mEq, injection	\$0.02	\$0.02	10/1/2007
***J2730		3	Pralidoxime chloride, up to 1 g, injection (Protopam Chloride)	\$52.12	\$52.12	10/1/2007
***J2650		3	Prednisolone acetate, up to 1 ml, injection	\$0.17	\$0.17	10/1/2007
***J2690		3	Procainamide HCl, up to 1 g, injection (Pronestyl)	\$2.34	\$2.34	10/1/2007
***J0780		3	Prochlorperazine, up to 10 mg, Injection, (Compazine)	\$1.88	\$1.88	10/1/2007
***J2675		3	Progesterone, per 50 mg, injection	\$1.67	\$1.67	10/1/2007
***J2550		3	Promethazine HCl, up to 50 mg, injection (Phenergan)	\$1.79	\$1.79	10/1/2007
***J1800		3	Propranolol HCl, up to 1 mg, injection (Inderal)	\$3.71	\$3.71	10/1/2007
***J2720		3	Protamine sulfate, per 10 mg, injection	\$0.47	\$0.47	10/1/2007
***J2780		3	Ranitidine hydrochloride, 25 mg, injection (Zantac)	\$0.65	\$0.65	10/1/2007

**Physician Fee Schedule
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						Medicaid Maximum Allowable	
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
***J2993		3	Reteplase, 18.1 mg, injection (Retavase)	\$899.51	\$899.51	10/1/2007	
***J7120		3	Ringer's lactate infusion, up to 1,000 cc	\$0.90	\$0.90	10/1/2007	
***J2794		3	Risperidone, long acting 0.5 mg, inj. (Risperdal Consta)	\$4.85	\$4.85	10/1/2007	
***J9310		3	Rituximab, 100 mg (Rituxan)	\$496.22	\$496.22	10/1/2007	
***J2820		3	Sargramostim (GM-CSF), 50 mcg, injection (Leukine)	\$25.31	\$25.31	10/1/2007	
***J3490		3	Sodium bicarbonate, 7.5%, inj, up to 50 ml	manual	manual	5/1/2006	
***J2916		3	Sodium ferric gluconate complex in sucrose, 12.5 mg, injection (Ferrlecit)	\$4.72	\$4.72	10/1/2007	
***J0697		3	Sterile Cefuroxime sodium, per 750mg, injection	\$3.90	\$3.90	10/1/2007	
***J2995		3	Streptokinase, 250,000 IU (Streptase)	\$79.50	\$79.50	7/1/2006	
***J3000		3	Streptomycin, up to 1 g, injection	\$7.04	\$7.04	10/1/2007	
***J9320		3	Streptozocin, 1 g (Zanosar)	\$153.73	\$153.73	10/1/2007	
***J0330		3	Succinylcholine chloride, up to 20 mg, injection (Anectine)	\$0.09	\$0.09	10/1/2007	
***J3030		3	Sumatriptan Succinate, 6mg	\$61.99	\$61.99	7/31/2007	
***J3490		3	Temsirolimus, single use kit, 25mg/ml (Torisel)	manual	manual	7/1/2007	
***J3105		3	Terbutaline sulfate, up to 1 mg, injection (Brethine)	\$2.28	\$2.28	10/1/2007	
***J1080		3	Testosterone Cypionate, 1cc, 200mg, injection (Depo-Testosterone)	\$12.80	\$12.80	10/1/2007	
***J1070		3	Testosterone Cypionate, up to 100mg injection	\$5.41	\$5.41	10/1/2007	
***J3120		3	Testosterone enanthate, up to 100 mg, injection (Evarone)	\$5.11	\$5.11	10/1/2007	
***J3130		3	Testosterone enanthate, up to 200 mg, injection (Evarone)	\$10.22	\$10.22	10/1/2007	
***J9340		3	Thiotepa, 15 mg (Thioplex)	\$40.70	\$40.70	10/1/2007	
***J3240		3	Thyrotropin alpha, 0.9 mg provided in 1.1 mg vial, injection (Thyrogen)	\$765.38	\$765.38	10/1/2007	
***J3260		3	Tobramycin sulfate, up to 80 mg, injection (Nebcin)	\$1.88	\$1.88	10/1/2007	
***J9350		3	Topotecan, 4 mg (Hycamtin)	\$830.74	\$830.74	10/1/2007	
***J3265		3	Torsemide, 10 mg/ml, injection (Demadex)	\$2.36	\$2.36	10/1/2007	
***J9355		3	Trastuzumab, 10 mg (Herceptin)	\$57.87	\$57.87	10/1/2007	
***J3301		3	Triamcinolone acetonide, per 10 mg, injection (Kenalog-10)	\$1.40	\$1.40	10/1/2007	
***J3302		3	Triamcinolone diacetate, per 5 mg, injection (Aristocort)	\$0.28	\$0.28	10/1/2007	
***J3303		3	Triamcinolone hexacetonide, per 5mg injection (Aristospan)	\$3.45	\$3.45	10/1/2007	
***J3250		3	Trimethobenzamide HCl, up to 200 mg, injection (Tigan)	\$4.13	\$4.13	10/1/2007	
***J3305		3	Trimetrexate glucuronate, per 25 mg, injection (Neutrexin)	\$145.26	\$145.26	10/1/2007	
***J3315		3	Triptorelin pamoate (treistar), 3.75 mg	\$155.44	\$155.44	10/1/2007	
***J3365		3	Urokinase, 250,000 IU, injection IV (Abbokinase)	\$457.73	\$457.73	10/1/2007	
***J3370		3	Vancomycin HCl, 500 mg, injection (Vancoled)	\$3.46	\$3.46	10/1/2007	
***J3396		3	Verteporfin, 0.1 mg, inj. (Visudyne)	\$8.92	\$8.92	10/1/2007	
***J9360		3	Vinblastine sulfate, 1 mg (Velban)	\$1.04	\$1.04	10/1/2007	
***J9370		3	Vincristine sulfate, 1 mg (Oncovin)	\$6.66	\$6.66	10/1/2007	
***J9375		3	Vincristine sulfate, 2 mg (Oncovin)	\$13.31	\$13.31	10/1/2007	
***J9380		3	Vincristine sulfate, 5 mg (Oncovin)	\$33.28	\$33.28	10/1/2007	
***J9390		3	Vinorelbine tartrate, per 10 mg (Navelbine)	\$20.07	\$20.07	10/1/2007	
***J3420		3	Vitamin B-12 cyanocobalamin, up to 1,000 mcg, injection	\$0.36	\$0.36	10/1/2007	
***J2278		3	Ziconotide (Prialt)1 mcg	\$6.52	\$6.52	10/1/2007	
***Q4095		3	Zoledronic Acid, Reclast, 1 mg	\$44.16	\$44.16	7/1/2007	
***J3488		3	Zoledronic acid, 1 mg, injection (Reclast)	\$216.61	\$216.61	1/1/2008	
***J3487		3	Zoledronic acid, 1 mg, injection (Zometa)	\$206.04	\$206.04	10/1/2007	
Miscellaneous							
J7340		3	Dermal and epidermal tissue of human origin, with or without bioengineered or processed elements, with metabolically active element per sq cm	\$28.78	\$28.78	10/1/2007	
J7342		3	Dermal tissue of human origin with or without other bioengineered or processed elements, with metabolically active elements per sq cm	\$31.66	\$31.66	10/1/2007	
J7307		3	Etonogestrel (Implanon), 68 mg implant	\$588.38	\$588.38	1/1/2007	
***J7302		3	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	\$407.70	\$407.70	1/1/2006	
J7300		3	Intrauterine copper contraceptive device, Paragard T380A	\$427.50	\$427.50	1/1/2008	

*** indicated NDC required

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

**Physician Fee Schedule
Provider Specialty 010
Federally Qualified Health Center**

					Medicaid Maximum Allowable	
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
CDT- 2009/2010 Code						
D0120		4	Periodic oral evaluation	27.01	27.01	1/1/2009
D0140		4	Limited oral evaluation - problem focused	38.50	38.50	1/1/2009
D0145		4	Oral evaluation for a patient under three years of age and counseling with primary caregiver	38.07	38.07	1/1/2009
D0150		4	Comprehensive oral evaluation - new or established patient	46.72	46.72	1/1/2009
D0160		4	Detailed and extensive oral evaluation - problem focused, by report	71.50	71.50	1/1/2009
D0170		4	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	30.09	30.09	1/1/2009
D0210		4	Intraoral - complete series (including bitewings)	75.19	75.19	1/1/2009
D0220		4	Intraoral - periapical first film	15.62	15.62	1/1/2009
D0230		4	Intraoral - periapical each additional film	12.60	12.60	1/1/2009
D0240		4	Intraoral - occlusal film	16.74	16.74	1/1/2009
D0250		4	Extraoral - first film	22.54	22.54	1/1/2009
D0260		4	Extraoral - each additional film	18.62	18.62	1/1/2009
D0270		4	Bitewing - single film	11.88	11.88	1/1/2009
D0272		4	Bitewings - two films	19.38	19.38	1/1/2009
D0273		4	Bitewings - three films	26.46	26.46	1/1/2009
D0274		4	Bitewings - four films	33.60	33.60	1/1/2009
D0290		4	Posterior-anterior or lateral skull and facial bone survey film	47.04	47.04	1/1/2009
D0310		4	Sialography	100.94	100.94	1/1/2009
D0320		4	Temporomandibular joint arthrograph, including injection	205.80	205.80	1/1/2009
D0330		4	Panoramic film	62.05	62.05	1/1/2009
D0340		4	Cephalometric film	54.88	54.88	1/1/2009
D0470		4	Diagnostic casts	44.80	44.80	1/1/2009
D0473		4	Accession of tissue, gross and microscopic examination	50.96	50.96	1/1/2009
D1110		4	Prophylaxis - adult	39.90	39.90	1/1/2009
D1120		4	Prophylaxis - child	28.50	28.50	1/1/2009
D1203		4	Topical application of fluoride - child	16.80	16.80	1/1/2009
D1204		4	Topical application of fluoride - adult	16.80	16.80	1/1/2009
D1206		4	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	16.80	16.80	1/1/2009
D1351		4	Sealant - per tooth	29.93	29.93	1/1/2009
D1510		4	Space maintainer - fixed - unilateral	200.00	200.00	1/1/2009
D1515		4	Space maintainer - fixed - bilateral	280.00	280.00	1/1/2009
D2140		4	Amalgam - one surface, primary or permanent	67.62	67.62	1/1/2009
D2150		4	Amalgam - two surfaces, primary or permanent	85.68	85.68	1/1/2009
D2160		4	Amalgam - three surfaces, primary or permanent	99.20	99.20	1/1/2009
D2161		4	Amalgam - four or more surfaces, primary or permanent	109.20	109.20	1/1/2009
D2330		4	Resin-based composite - one surface, anterior	69.02	69.02	1/1/2009
D2331		4	Resin-based composite - two surfaces, anterior	85.26	85.26	1/1/2009
D2332		4	Resin-based composite - three surfaces, anterior	100.80	100.80	1/1/2009
D2335		4	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	127.68	127.68	1/1/2009
D2390		4	Resin-based composite crown, anterior	181.50	181.50	1/1/2009
D2391		4	Resin-based composite - one surface, posterior	83.79	83.79	1/1/2009
D2392		4	Resin-based composite - two surfaces, posterior	124.25	124.25	1/1/2009
D2393		4	Resin-based composite - three surfaces, posterior	151.11	151.11	1/1/2009
D2394		4	Resin-based composite - four or more surfaces, posterior	183.10	183.10	1/1/2009
D2930		4	Prefabricated stainless steel crown - primary tooth	151.11	151.11	1/1/2009
D2931		4	Prefabricated stainless steel crown - permanent tooth	162.50	162.50	1/1/2009
D2932		4	Prefabricated resin crown	177.55	177.55	1/1/2009
D2933		4	Prefabricated stainless steel crown with resin window	198.00	198.00	1/1/2009
D2934		4	Prefabricated esthetic coated stainless steel crown - primary tooth	198.00	198.00	1/1/2009
D2940		4	Sedative filling	41.65	41.65	1/1/2009
D2950		4	Core buildup, including any pins	102.90	102.90	1/1/2009
D2951		4	Pin retention - per tooth, in addition to restoration	24.99	24.99	1/1/2009
D2970		4	Temporary crown (fractured tooth)	146.34	146.34	1/1/2009
D3220		4	Therapeutic pulpotomy (excluding final restoration)	84.93	84.93	1/1/2009
D3222		4	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	84.93	84.93	1/1/2009

**Physician Fee Schedule
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CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
D3230		4	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	150.00	150.00	1/1/2009
D3240		4	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	200.00	200.00	1/1/2009
D3310		4	Endodontic therapy, anterior tooth (excluding final restoration)	297.00	297.00	1/1/2009
D3320		4	Endodontic therapy, bicuspid tooth (excluding final restoration)	351.00	351.00	1/1/2009
D3330		4	Endodontic therapy, molar (excluding final restoration)	429.30	429.30	1/1/2009
D3351		4	Apexification/recalcification - initial visit	144.72	144.72	1/1/2009
D3352		4	Apexification/recalcification - interim medication replacement	105.30	105.30	1/1/2009
D3353		4	Apexification/recalcification - final visit	210.60	210.60	1/1/2009
D3410		4	Apicoectomy/periradicular surgery - anterior	272.16	272.16	1/1/2009
D4210		4	Gingivectomy or gingivoplasty - four or more contiguous teeth per quadrant	260.28	260.28	1/1/2009
D4211		4	Gingivectomy or gingivoplasty - one to three contiguous teeth per quadrant	96.66	96.66	1/1/2009
D4240		4	Gingival flap procedure, including root planing - four or more contiguous teeth per quadrant	306.72	306.72	1/1/2009
D4241		4	Gingival flap procedure, including root planing - one to three contiguous teeth per quadrant	259.20	259.20	1/1/2009
D4341		4	Periodontal scaling and root planing - four or more contiguous teeth per quadrant	105.30	105.30	1/1/2009
D4342		4	Periodontal scaling and root planing - one to three teeth per quadrant	61.25	61.25	1/1/2009
D4355		4	Full mouth debridement to enable comprehensive evaluation and diagnosis	70.56	70.56	1/1/2009
D4910		4	Periodontal maintenance	51.94	51.94	1/1/2009
D5110		4	Complete denture - maxillary	612.50	612.50	1/1/2009
D5120		4	Complete denture - mandibular	612.50	612.50	1/1/2009
D5130		4	Immediate denture - maxillary	664.44	664.44	1/1/2009
D5140		4	Immediate denture - mandibular	664.44	664.44	1/1/2009
D5211		4	Maxillary partial denture - resin base	454.23	454.23	1/1/2009
D5212		4	Mandibular partial denture - resin base	454.23	454.23	1/1/2009
D5213		4	Maxillary partial denture - cast metal framework with resin denture bases	656.60	656.60	1/1/2009
D5214		4	Mandibular partial denture - cast metal framework with resin denture bases	656.60	656.60	1/1/2009
D5410		4	Adjust complete denture - maxillary	33.32	33.32	1/1/2009
D5411		4	Adjust complete denture - mandibular	33.32	33.32	1/1/2009
D5421		4	Adjust partial denture - maxillary	33.32	33.32	1/1/2009
D5422		4	Adjust partial denture - mandibular	33.32	33.32	1/1/2009
D5510		4	Repair broken complete denture base	80.80	80.80	1/1/2009
D5520		4	Replace missing or broken teeth - complete denture (each tooth)	68.11	68.11	1/1/2009
D5610		4	Repair resin denture base	80.80	80.80	1/1/2009
D5620		4	Repair cast framework	109.76	109.76	1/1/2009
D5630		4	Repair or replace broken clasp	155.00	155.00	1/1/2009
D5640		4	Replace broken teeth - per tooth	68.60	68.60	1/1/2009
D5650		4	Add tooth to existing partial denture	83.30	83.30	1/1/2009
D5660		4	Add clasp to existing partial denture	125.00	125.00	1/1/2009
D5730		4	Reline complete maxillary denture (chairside)	142.10	142.10	1/1/2009
D5731		4	Reline complete mandibular denture (chairside)	142.10	142.10	1/1/2009
D5740		4	Reline maxillary partial denture (chairside)	139.65	139.65	1/1/2009
D5741		4	Reline mandibular partial denture (chairside)	139.65	139.65	1/1/2009
D5750		4	Reline complete maxillary denture (laboratory)	180.81	180.81	1/1/2009
D5751		4	Reline complete mandibular denture (laboratory)	180.81	180.81	1/1/2009
D5760		4	Reline maxillary partial denture (laboratory)	176.40	176.40	1/1/2009
D5761		4	Reline mandibular partial denture (laboratory)	176.40	176.40	1/1/2009
D6985		4	Pediatric partial denture, fixed	359.17	359.17	1/1/2009
D7111		4	Extraction, coronal remnants - deciduous tooth	54.00	54.00	1/1/2009
D7140		4	Extraction, erupted tooth or exposed root	66.55	66.55	1/1/2009
D7210		4	Surgical removal of erupted tooth	114.40	114.40	1/1/2009
D7220		4	Removal of impacted tooth - soft tissue	130.14	130.14	1/1/2009
D7230		4	Removal of impacted tooth - partially bony	173.85	173.85	1/1/2009
D7240		4	Removal of impacted tooth - completely bony	202.50	202.50	1/1/2009
D7241		4	Removal of impacted tooth - completely bony, with unusual surgical complications	243.00	243.00	1/1/2009
D7250		4	Surgical removal of residual tooth roots (cutting procedure)	124.74	124.74	1/1/2009
D7260		4	Oroantral fistula closure	398.87	398.87	1/1/2009
D7270		4	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	221.40	221.40	1/1/2009
D7280		4	Surgical access of an unerupted tooth	199.26	199.26	1/1/2009
D7283		4	Placement of device to facilitate eruption of impacted tooth	224.10	224.10	1/1/2009
D7285		4	Biopsy of oral tissue - hard (bone, tooth)	143.08	143.08	1/1/2009
D7286		4	Biopsy of oral tissue - soft (all others)	113.30	113.30	1/1/2009

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CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
D7288		4	Brush biopsy - transepithelial sample collection	113.30	113.30	1/1/2009
D7310		4	Alveoloplasty in conjunction with extractions - four or more tooth spaces, per quadrant	107.80	107.80	1/1/2009
D7311		4	Alveoloplasty in conjunction with extractions - one to three tooth spaces, per quadrant	100.80	100.80	1/1/2009
D7320		4	Alveoloplasty not in conjunction with extractions - four or more tooth spaces, per quadrant	157.29	157.29	1/1/2009
D7321		4	Alveoloplasty not in conjunction with extractions - one to three tooth spaces, per quadrant	141.12	141.12	1/1/2009
D7340		4	Vestibuloplasty - ridge extension (secondary epithelialization)	548.59	548.59	1/1/2009
D7350		4	Vestibuloplasty - ridge extension (including soft tissue grafts)	1,016.32	1,016.32	1/1/2009
D7410		4	Excision of benign lesion up to 1.25 cm	169.11	169.11	1/1/2009
D7411		4	Excision of benign lesion greater than 1.25 cm	221.48	221.48	1/1/2009
D7412		4	Excision of benign lesion, complicated	292.04	292.04	1/1/2009
D7413		4	Excision of malignant lesion up to 1.25 cm	243.04	243.04	1/1/2009
D7414		4	Excision of malignant lesion greater than 1.25 cm	355.74	355.74	1/1/2009
D7415		4	Excision of malignant lesion, complicated	426.30	426.30	1/1/2009
D7440		4	Excision of malignant tumor - lesion diameter up to 1.25 cm	196.00	196.00	1/1/2009
D7441		4	Excision of malignant tumor - lesion diameter greater than 1.25 cm	350.00	350.00	1/1/2009
D7450		4	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	186.20	186.20	1/1/2009
D7451		4	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	238.63	238.63	1/1/2009
D7460		4	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	247.50	247.50	1/1/2009
D7461		4	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	370.61	370.61	1/1/2009
D7465		4	Destruction of lesion(s) by physical or chemical method, by report	146.51	146.51	1/1/2009
D7471		4	Removal of lateral exostosis (maxilla or mandible)	236.37	236.37	1/1/2009
D7472		4	Removal of torus palatinus	274.40	274.40	1/1/2009
D7473		4	Removal of torus mandibularis	272.93	272.93	1/1/2009
D7485		4	Surgical reduction of osseous tuberosity	245.98	245.98	1/1/2009
D7490		4	Radical resection of mandible with bone graft	3,109.05	3,109.05	1/1/2009
D7510		4	Incision and drainage of abscess - intraoral soft tissue	116.25	116.25	1/1/2009
D7520		4	Incision and drainage of abscess - extraoral soft tissue	250.00	250.00	1/1/2009
D7530		4	Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue	132.30	132.30	1/1/2009
D7540		4	Removal of reaction producing foreign bodies, musculoskeletal system	245.00	245.00	1/1/2009
D7550		4	Partial ostectomy/sequestrectomy for removal of non-vital bone	319.00	319.00	1/1/2009
D7560		4	Maxillary sinusotomy for removal of tooth fragment or foreign body	400.82	400.82	1/1/2009
D7610		4	Maxilla - open reduction (teeth immobilized, if present)	1,604.75	1,604.75	1/1/2009
D7620		4	Maxilla - closed reduction (teeth immobilized, if present)	1,260.77	1,260.77	1/1/2009

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
D7630		4	Mandible - open reduction (teeth immobilized, if present)	1,581.23	1,581.23	1/1/2009
D7640		4	Mandible - closed reduction (teeth immobilized, if present)	1,242.15	1,242.15	1/1/2009
D7650		4	Malar and/or zygomatic arch - open reduction	1,434.72	1,434.72	1/1/2009
D7660		4	Malar and/or zygomatic arch - closed reduction	1,219.12	1,219.12	1/1/2009
D7670		4	Alveolus - closed reduction, may include stabilization of teeth	498.82	498.82	1/1/2009
			Facial bones - complicated reduction with fixation and multiple surgical approaches			
D7680		4		2,408.35	2,408.35	1/1/2009
D7710		4	Maxilla - open reduction	1,690.50	1,690.50	1/1/2009
D7720		4	Maxilla - closed reduction	1,230.88	1,230.88	1/1/2009
D7730		4	Mandible - open reduction	1,715.00	1,715.00	1/1/2009
D7740		4	Mandible - closed reduction	1,327.90	1,327.90	1/1/2009
D7750		4	Malar and/or zygomatic arch - open reduction	1,512.14	1,512.14	1/1/2009
D7760		4	Malar and/or zygomatic arch - closed reduction	1,673.84	1,673.84	1/1/2009
D7770		4	Alveolus - open reduction stabilization of teeth	980.00	980.00	1/1/2009
			Facial bones - complicated reduction with fixation and multiple surgical approaches			
D7780		4		2,884.14	2,884.14	1/1/2009
D7810		4	Open reduction of dislocation	1,565.55	1,565.55	1/1/2009
D7820		4	Closed reduction of dislocation	191.10	191.10	1/1/2009
D7830		4	Manipulation under anesthesia	250.88	250.88	1/1/2009
D7840		4	Condylectomy	2,025.17	2,025.17	1/1/2009
D7850		4	Surgical discectomy, with/without implant	2,041.34	2,041.34	1/1/2009
D7858		4	Joint reconstruction	1,401.15	1,401.15	1/1/2009
D7860		4	Arthrotomy	624.65	624.65	1/1/2009
D7865		4	Arthroplasty	1,055.64	1,055.64	1/1/2009
D7870		4	Arthrocentesis	129.85	129.85	1/1/2009
D7872		4	Arthroscopy - diagnosis, with or without biopsy	485.84	485.84	1/1/2009
D7873		4	Arthroscopy - surgical: lavage and lysis of adhesions	578.26	578.26	1/1/2009
D7910		4	Suture of recent small wounds up to 5 cm	174.94	174.94	1/1/2009
D7911		4	Complicated suture - up to 5 cm	271.80	271.80	1/1/2009
D7912		4	Complicated suture - greater than 5 cm	337.33	337.33	1/1/2009
D7920		4	Skin graft	895.23	895.23	1/1/2009
D7940		4	Osteoplasty - for orthognathic deformities	1,456.38	1,456.38	1/1/2009
D7941		4	Osteotomy - mandibular rami	3,806.46	3,806.46	1/1/2009
D7943		4	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	3,505.68	3,505.68	1/1/2009
D7944		4	Osteotomy - segmented or subapical	2,911.68	2,911.68	1/1/2009
D7945		4	Osteotomy - body of mandible	3,024.00	3,024.00	1/1/2009
D7946		4	LeFort I (maxilla - total)	3,546.72	3,546.72	1/1/2009
D7947		4	LeFort I (maxilla - segmented)	3,585.06	3,585.06	1/1/2009
D7948		4	LeFort II or LeFort III - without bone graft	4,105.08	4,105.08	1/1/2009
D7949		4	LeFort II or LeFort III - with bone graft	4,714.74	4,714.74	1/1/2009
D7950		4	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla	1,006.95	1,006.95	1/1/2009
D7955		4	Repair of maxillofacial soft and hard tissue defect	1,285.28	1,285.28	1/1/2009
D7960		4	Frenulectomy (frenectomy or frenotomy) - separate procedure	185.22	185.22	1/1/2009
D7963		4	Frenuloplasty	282.08	282.08	1/1/2009
D7971		4	Excision of pericoronal gingiva	160.00	160.00	1/1/2009
D7972		4	Surgical reduction of fibrous tuberosity	269.50	269.50	1/1/2009
D7980		4	Sialolithotomy	319.17	319.17	1/1/2009
D7981		4	Excision of salivary gland, by report	564.01	564.01	1/1/2009
D7982		4	Sialodochoplasty	611.03	611.03	1/1/2009
D7983		4	Closure of salivary fistula	401.80	401.80	1/1/2009
D7990		4	Emergency tracheotomy	453.25	453.25	1/1/2009
D7991		4	Coronoidectomy	1,440.60	1,440.60	1/1/2009
D8080		4	Comprehensive orthodontic treatment of the adolescent dentition	857.47	857.47	1/1/2009
D8670		4	Periodic orthodontic treatment visit (as part of contract)	100.80	100.80	1/1/2009
D9110		4	Palliative (emergency) treatment of dental pain - minor procedure	44.59	44.59	1/1/2009
D9220		4	Deep sedation/general anesthesia - first 30 minutes	156.06	156.06	1/1/2009
D9221		4	Deep sedation/general anesthesia - each additional 15 minutes	66.42	66.42	1/1/2009
D9230		4	Analgnesia, anxiolysis, inhalation of nitrous oxide	45.00	45.00	1/1/2009
D9241		4	Intravenous conscious sedation/analgesia - first 30 minutes	162.00	162.00	1/1/2009
D9242		4	Intravenous conscious sedation/analgesia - each additional 15 minutes	62.10	62.10	1/1/2009
D9410		4	House/extended care facility call	78.40	78.40	1/1/2009
D9420		4	Hospital call	123.95	123.95	1/1/2009
D9440		4	Office visit - after regularly scheduled hours	61.25	61.25	1/1/2009
D9610		4	Therapeutic parenteral drug, single administration	36.75	36.75	1/1/2009
D9630		4	Other drugs and/or medicaments, by report	15.92	15.92	1/1/2009

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