

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
10021		3	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	53.98	103.59	10/1/2009
10022		3	FINE NEEDLE ASPIRATION: WITH IMAGING GUIDANCE	53.58	106.36	10/1/2009
10040		3	ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF	65.49	74.43	10/1/2009
10060		3	DRAINAGE OF ABSCESS	69.47	80.14	10/1/2009
10061		3	DRAINAGE OF ABSCESS	123.86	137.99	10/1/2009
10080		3	INCISION AND DRAINAGE OF PILONIDAL CYST;	71.00	118.30	10/1/2009
10081		3	INCISION AND DRAINAGE OF PILONIDAL CYST;	124.44	186.74	10/1/2009
10120		3	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES;	68.12	97.83	10/1/2009
10121		3	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES;	139.47	190.81	10/1/2009
10140		3	DRAINAGE OF BLOOD EFFUSION	89.00	112.65	10/1/2009
10160		3	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	71.67	91.56	10/1/2009
10180		3	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	131.34	169.12	10/1/2009
11000		3	SURGICAL CLEANSING OF SKIN	25.28	39.70	10/1/2009
11001		3	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH AD	12.74	16.78	10/1/2009
11004		3	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FC	452.66	452.66	10/1/2009
11005		3	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FC	590.74	590.74	10/1/2009
11006		3	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FC	558.93	558.93	10/1/2009
11008		3	REMOVAL OF PROSTHETIC MATERIAL OR MESH, ABDOMINAL WALL FOR NE	212.95	212.95	10/1/2009
11040		3	DEBRIDEMENT;	21.68	34.66	10/1/2009
11041		3	DEBRIDEMENT;	27.03	40.59	10/1/2009
11042		3	DEBRIDEMENT;	36.17	54.91	10/1/2009
11043		3	DEBRIDEMENT;	175.81	200.33	10/1/2009
11044		3	DEBRIDEMENT;	241.91	273.65	10/1/2009
11055		3	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR	18.15	35.45	10/1/2009
11056		3	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR	25.60	43.48	10/1/2009
11057		3	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR	33.24	52.56	10/1/2009
11100		3	BIOPSY OF SKIN LESION	37.38	75.17	10/1/2009
11101		3	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (II	19.24	24.72	10/1/2009
11200		3	REMOVAL OF SKIN TAGS	50.51	59.46	10/1/2009
11201		3	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCYTANEOUS TAGS, ANY AREA; E	12.89	14.05	10/1/2009
11300		3	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARM	22.84	49.09	10/1/2009
11301		3	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARM	38.83	67.67	10/1/2009
11302		3	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARM	48.15	81.03	10/1/2009
11303		3	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARM	56.48	95.13	10/1/2009
11305		3	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP,	28.91	50.82	10/1/2009
11306		3	SHAVING OF LESION SCALP/NECK/HAND/ETC .6- 1.0 CM	43.79	70.32	10/1/2009
11307		3	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP,	51.63	83.07	10/1/2009
11308		3	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP,	62.11	93.55	10/1/2009
11310		3	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE,	33.07	61.33	10/1/2009
11311		3	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE,	48.44	78.14	10/1/2009
11312		3	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE,	55.62	90.23	10/1/2009
11313		3	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE,	74.41	113.06	10/1/2009
11400		3	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLES	55.14	83.40	10/1/2009
11401		3	REMOVAL OF SKIN LESION	73.54	102.96	10/1/2009
11402		3	REMOVAL OF SKIN LESION	81.45	114.91	10/1/2009
11403		3	REMOVAL SKIN LESION	103.63	132.48	10/1/2009
11404		3	AMB SURG EXC BEN LESIONS TRUNK ARM LEGS 3.0 TO 4.0	115.44	150.91	10/1/2009
11406		3	AMB SURG EXC BEN LESION TRUNK ARM LEG OVER 4.0 CM	173.07	213.73	10/1/2009
11420		3	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLES	59.78	84.58	10/1/2009
11421		3	REMOVAL OF SKIN LESION	80.92	110.06	10/1/2009
11422		3	REMOVAL OF SKIN LESION	97.58	122.96	10/1/2009
11423		3	AMB SURG EXC BEN LESION SCALP NECK HAND 2.0 TO 3.0	113.97	143.39	10/1/2009
11424		3	AMB SURG EXC BEN LESION SCALP NECK HAND 3.0 TO 4.0	131.51	165.55	10/1/2009
11426		3	AMB SURG EXC BEN LESION SCALP NECK HAND OVER 4.0	201.28	238.20	10/1/2009
11440		3	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED E	71.45	92.51	10/1/2009
11441		3	REMOVAL OF SKIN LESION	94.04	117.69	10/1/2009
11442		3	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED E	105.00	132.69	10/1/2009
11443		3	AMB SURG EXC BEN LESION FACE EARS NOSE 2.0 TO 3.0	130.02	159.72	10/1/2009
11444		3	AMB SURG EXC BEN LESION FACE EARS NOSE 3.0 TO 4.0	167.04	201.94	10/1/2009
11446		3	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE,	236.78	275.72	10/1/2009
11450		3	EXC SKIN FOR HIDRADENITIS PRIMARY SUTURE/AXILLARY.	172.11	251.42	10/1/2009
11451		3	EXC SKIN FOR HIDRADENITIS W OTHER CLOSURE/AXILLARY	227.73	329.25	10/1/2009
11462		3	EXC SKIN FOR HIDRADENITIS W PRIM SUTURE/INGUINAL	165.44	247.92	10/1/2009
11463		3	EXC SKIN FOR HIDRADENITIS W OTH CLOSURE/INGUINAL	232.25	338.39	10/1/2009
11470		3	EXC SKIN FOR HIDRADENITIS W PRIMARY CLOSURE	196.15	276.32	10/1/2009
11471		3	EXC SKIN FOR HIDRADENITIS WITH OTHER CLOSURE	247.10	347.76	10/1/2009
11600		3	REMOVAL OF SKIN LESION	83.26	128.82	10/1/2009
11601		3	REMOVAL OF SKIN LESION	107.75	159.38	10/1/2009
11602		3	REMOVAL OF SKIN LESION	118.60	175.13	10/1/2009
11603		3	EXCISION MALIGNANT LESION TRUCK ARMS OR LEGS DIAME	141.16	199.42	10/1/2009
11604		3	AMB SURG EXCISION MALIGNANT LESION 3.0 TO 4.0 CM	155.16	220.35	10/1/2009
11606		3	AMB SURG EXCISION MALIGNANT LESION OVER 4.0 CM	230.43	311.18	10/1/2009
11620		3	REMOVAL OF SKIN LESION	84.52	131.53	10/1/2009
11621		3	REMOVAL OF SKIN LESION	108.93	160.84	10/1/2009
11622		3	REMOVAL OF SKIN LESION	125.67	182.20	10/1/2009
11623		3	EXCISION MALIGNANT LESION DIAMETER 2 TO 3 CM.	155.03	213.29	10/1/2009
11624		3	AMB SURG EXC MALIGNANT LESION 3.0 TO 4.0 SCALP ETC	176.35	240.09	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
11626		3	AMB SURG EXC MALIGNANT LESION 4.0 SCALP NECK	220.87	292.68	10/1/2009
11640		3	REMOVAL OF SKIN LESION	89.03	137.48	10/1/2009
11641		3	REMOVAL OF SKIN LESION	116.27	169.34	10/1/2009
11642		3	REMOVAL OF SKIN LESION	137.25	195.50	10/1/2009
11643		3	AMB SURG EXC MALIGNANT LESION FACE EARS 2.0 TO 3.0	171.64	230.48	10/1/2009
11644		3	AMB SURG EXC MALIGNANT LESION FACE EARS 3.0 TO 4.0	214.04	284.70	10/1/2009
11646		3	AMB SURG EXC MALIGNANT LESION FACE EARS OVER 4.0	301.44	376.14	10/1/2009
11720		3	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE	13.36	22.88	10/1/2009
11721		3	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE	22.83	32.93	10/1/2009
11730		3	REMOVAL OF NAIL	46.29	72.54	10/1/2009
11732		3	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIO	24.06	33.86	10/1/2009
11740		3	EVACUATION OF SUBUNGUAL HEMATOMA	23.86	32.81	10/1/2009
11750		3	REMOVAL OF NAIL BED	131.67	157.05	10/1/2009
11752		3	EXC NAIL WITH AMPUTATION OF TUFT OF DISTAL PHALANX	196.76	223.58	10/1/2009
11755		3	BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIIUM, PROXIMAL	65.53	97.54	10/1/2009
11760		3	RECONSTRUCTION OF NAIL BED	97.88	145.75	10/1/2009
11762		3	RECONSTRUCTION OF NAIL BED	151.21	197.06	10/1/2009
11765		3	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	50.25	92.37	10/1/2009
11770		3	AMB SURG EXC PILONIDAL CYST/SINUS SIMPLE	132.65	188.02	10/1/2009
11771		3	AMB SURG EXC PILONIDAL CYST/SINUS EXTENSIVE	307.22	386.82	10/1/2009
11772		3	AMB SURG EXC PILONIDAL CYST/SINUS COMPLICATED	400.21	469.42	10/1/2009
11900		3	INJECTION INTO SKIN LESIONS	23.82	41.12	10/1/2009
11901		3	INJECTION, INTRALESIONAL;	37.07	52.36	10/1/2009
11960		3	INSERTION OF TISSUE EXPENDER.	676.63	676.63	10/1/2009
11970		3	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	445.22	445.22	10/1/2009
11971		3	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS	219.47	328.20	10/1/2009
11975		3	INSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULE	64.50	98.83	10/1/2009
11976		3	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULE	75.51	111.27	10/1/2009
11980		3	SUBCUTANEOUS HORMONE PELLETT (IMPLANTATION OF ESTRADIOL AND/O	63.43	79.29	10/1/2009
12001		3	REPAIR OF RECENT WOUND	77.94	107.64	10/1/2009
12002		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 2.5-7.5	86.49	114.76	10/1/2009
12004		3	SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX	101.73	135.47	10/1/2009
12005		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 12.5-20.0	126.86	168.97	10/1/2009
12006		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 20.0-30.0	160.31	209.91	10/1/2009
12007		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND OVER 30.0	183.24	237.75	10/1/2009
12011		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 2.5 CM	80.58	114.32	10/1/2009
12013		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 2.5-5.0	91.90	126.22	10/1/2009
12014		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 5.0-7.5	110.71	149.08	10/1/2009
12015		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 7.5-12.5	138.98	187.44	10/1/2009
12016		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 12.5-20.0	169.68	224.19	10/1/2009
12017		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 20.0-30.0	202.03	266.09	10/1/2009
12018		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND OVER 30.0	249.70	324.70	10/1/2009
12020		3	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE.	140.16	194.38	10/1/2009
12021		3	TREATMENT OF SUPERFICIAL WOUND WITH PACKING.	101.67	115.81	10/1/2009
12031		3	AMB SURG CLOSURE WOUND UP TO 2.5 EXCLUD HAND/FEET	117.45	171.67	10/1/2009
12032		3	AMB SURG CLOSURE WOUND 2.5-7.5 EXCLUD HAND & FEET	144.25	220.68	10/1/2009
12034		3	AMB SURG REPAIR SIMPLE LACERATIONS 7.5 TO 12.5	151.12	218.32	10/1/2009
12035		3	AMB SURG CLOSURE WOUND 12.5 TO 20.0	177.27	266.09	10/1/2009
12036		3	AMB SURG CLOSURE WOUND 20.0 TO 30.0	204.66	292.34	10/1/2009
12037		3	AMB SURG CLOSURE WOUND OVER 30 CM SCALP AXILLAE	238.28	329.99	10/1/2009
12041		3	AMB SURG CLOSURE WOUND UP TO 2.5 CM NECK/HAND/FEET	125.86	180.09	10/1/2009
12042		3	AMB SURG CLOSURE WOUND 2.5-7.5 NECK/HAND/FEET	147.10	209.97	10/1/2009
12044		3	AMB SURG CLOSURE WOUND 7.5 T O 12.5 CM NECK/HAND	158.67	242.31	10/1/2009
12045		3	AMB SURG CLOSURE WOUND 12.5-20.0 NECK/FEET/GENTALI	184.21	268.71	10/1/2009
12046		3	AMB SURG CLOSURE WOUND 20.0-30.0 NECK/FEET/GENTALI	217.04	318.28	10/1/2009
12047		3	AMB SURG CLOSURE WOUND 30.0 CM NECK/HAND/FEET/GENI	237.52	341.63	10/1/2009
12051		3	AMB SURG CLOSURE WOUND UP TO 2.5 FACE/EYELID/NOSE	134.66	193.49	10/1/2009
12052		3	AMB SURG CLOSURE WOUND 2.5-5.0 FACE/EARS/EYELIDS	157.89	219.32	10/1/2009
12053		3	AMB SURG CLOSURE WOUND 5.0-7.5 FACE/EARS/EYELIDS	160.71	241.18	10/1/2009
12054		3	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS	170.94	255.45	10/1/2009
12055		3	AMB SURG CLOSURE WOUND 12.5-20.0 FACE/EARS/EYELIDS	208.76	308.26	10/1/2009
12056		3	AMB SURG CLOSURE WOUND 20.0 TO 30.0 FACE/EARS/EYE	254.67	363.98	10/1/2009
12057		3	AMB SURG CLOSURE WOUND OVER 30 CM FACE/EARS/EYELID	291.52	406.89	10/1/2009
13100		3	AMB SURG REPAIR COMPLEX TRUNK 1.0 TO 2.5 CM	175.72	229.95	10/1/2009
13101		3	AMB SURG REPAIR COMPLEX 2.5-7.5 CM TRUNK	213.62	290.34	10/1/2009
13102		3	COMPLEX REPAIR TRUNK EACH ADDITIONAL	57.38	79.02	10/1/2009
13120		3	AMB SURG REPAIR COMPLEX 1.0-2.5 SCLAP/ARMS/LEGS	183.65	239.02	10/1/2009
13121		3	AMB SURG REPAIR COMPLEX 2.5-7.5 SCALP/ARM/LEG	242.11	321.43	10/1/2009
13122		3	EACH ADDITIONAL -COMPLEX REPAIR TO SCALP,ARMS AND / OR LEGS	65.75	88.53	10/1/2009
13131		3	REPAIR OF WOUND OR LESION	207.26	264.08	10/1/2009
13132		3	REPAIR COMPLEX 2.5 TO 7.5 CM.	349.40	423.52	10/1/2009
13133		3	EACH ADDITIONAL -COMPLEX REPAIR TO FOREHEAD,CHEEKS,CHIN,MOUTH	102.13	125.49	10/1/2009
13150		3	REPAIR COMPLEX, EYE, NOSE, EAR AND/OR LIPS UP TO 1.0	206.30	263.11	10/1/2009
13151		3	REPAIR OF WOUND OR LESION	240.08	300.06	10/1/2009
13152		3	REPAIR COMPLEX,EYE,NOSE,EAR AND LIPS 2.5 TO 75.CM.	323.55	413.82	10/1/2009
13153		3	EACH ADDITIONAL -COMPLEX REPAIR TO EYELIDS,NOSE,EARS AND /OR LIF	110.67	137.79	10/1/2009
13160		3	SECONDARY CLOSURE OF SURGICAL WOUND DEHISCENCE.	606.98	606.98	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
14000	3		AMB SURG ADJACENT TISSUE TRANSFER TRUNK UP TO 10	370.22	447.79	10/1/2009
14001	3		AMB SURG ADJACENT TISSUE TRANSFER 10-30 SQ CM	491.96	583.10	10/1/2009
14020	3		AMB SURG ADJACENT TISSUE TRANSFER UP TO 10 SQ CM	423.61	504.37	10/1/2009
14021	3		AMB SURG ADJACENT TISSUE TRANSFER 10-30 SQ CM	548.18	640.19	10/1/2009
14040	3		AMB SURG ADJACENT TISSUE TRANSF 10 SQ CM CHEEK ETC	482.49	561.52	10/1/2009
14041	3		AMB SURG ADJACENT TISSUE TRANSF DEFECT 10-30 SQ CM	596.21	698.89	10/1/2009
14060	3		AMB SURG ADJACENT TISSUE TRANSF UP TO 10 SQ CM	509.66	571.96	10/1/2009
14061	3		AMB SURG ADJACENT TISSUE TRANS 10-30 SQ CM EYELIDS	635.74	748.52	10/1/2009
14300	3		AMB SURG ADJ TISSUE TRANSFER MORE THAN 30 SQ CM	712.67	811.88	10/1/2009
14350	3		AMB SURG FULLETED FINGER/TOE FLAP INC PREP RECIPIE	563.72	563.72	10/1/2009
15002	3		SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION (	173.39	244.04	10/1/2009
15003	3		SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION (	35.19	53.07	10/1/2009
15004	3		SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION (	216.78	296.38	10/1/2009
15005	3		SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION (	69.81	89.71	10/1/2009
15050	3		AMB SURG PINCH GRAFT SINGLE OR MULT COVER SM ULCER	324.35	392.13	10/1/2009
15100	3		SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR	532.90	632.11	10/1/2009
15101	3		SPLIT GRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACI	85.78	138.27	10/1/2009
15120	3		SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EAF	584.72	687.40	10/1/2009
15121	3		SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GEN	131.32	195.63	10/1/2009
15200	3		AMB SURG FULL THICKNESS GRAFT UP TO 20 SQ CM TRUNK	487.96	586.89	10/1/2009
15201	3		FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR S	61.35	107.79	10/1/2009
15220	3		AMB SURG FULL THICKNESS GRAFT UP TO 20 SQ CM	460.61	557.51	10/1/2009
15221	3		SKIN GRAFT PROCEDURE	56.13	100.25	10/1/2009
15240	3		AMB SURG FULL THICKNESS GRAFT UP TO 20 CM	588.46	670.37	10/1/2009
15241	3		SKIN GRAFT PROCEDURE	87.63	134.64	10/1/2009
15260	3		AMB SURG FULL THICKNESS GRAFT 20 CM NOSE/EYELID	638.44	727.56	10/1/2009
15261	3		SKIN GRAFT PROCEDURE	110.02	157.03	10/1/2009
15400	3		XENOGRAFT, SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE; TRUNK	261.80	288.91	10/1/2009
15401	3		XENOGRAFT, SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE; EACH A	44.33	69.13	10/1/2009
15570	3		PEDICLE FLAP GRAFT; TRUNK	533.25	645.44	10/1/2009
15572	3		PEDICLE FLAP GRAFT; SCALP, ARMS, OR LEGS	539.58	626.67	10/1/2009
15574	3		PEDICLE FLAP-FACE,NECK,AXILLA,GENTALIA,HANDS,FEET	570.06	661.20	10/1/2009
15576	3		PEDICLE FLAP; EYELIDS, NOSE, EARS, LIPS, INTRAORAL	500.55	587.37	10/1/2009
15600	3		AMB SURG SKIN GRAFT PROCEDURE AT TRUNK	147.47	234.28	10/1/2009
15610	3		AMB SURG SKIN GRAFT PROCEDURE SCALP/ARMS OR LEGS	174.76	236.48	10/1/2009
15620	3		AMB SURG SKIN GRAFT PROCEDURE EXCEPT 15625	232.27	314.47	10/1/2009
15630	3		AMB SURG SKIN GRAFT PROCEDURE EYELIDS/NOSE/EAR/LIP	253.90	332.63	10/1/2009
15650	3		AMB SURG TRANSFER PEDICLE FLAP ANY LOCATION INTERM	286.51	371.59	10/1/2009
15731	3		FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG, AXIAL	758.88	834.43	10/1/2009
15732	3		MUSCLE, MYOCUTANEOUS, OR FASCIOTANEOUS FLAP; HEAD AND NECK	990.06	1106.58	10/1/2009
15734	3		MUSCLE FLAP, TRUNK	1014.53	1136.24	10/1/2009
15736	3		MUSCLE FLAP, UPPER EXTREMITY	876.14	1005.92	10/1/2009
15738	3		MUSCLE FLAP, LOWER EXTREMITY	955.43	1075.12	10/1/2009
15740	3		SKIN GRAFT PROCEDURE	643.15	744.10	10/1/2009
15750	3		SKIN GRAFT PROCEDURE	682.54	682.54	10/1/2009
15760	3		AMB SURG GRAFT ISLAND PEDICLE FLAP INC PRIM CLOSUR	527.44	617.99	10/1/2009
15770	3		SKIN GRAFT PROCEDURE	488.21	488.21	10/1/2009
15780	3		ABRASION TREATMENT OF SKIN	481.60	606.49	10/1/2009
15781	3		ABRASION SKIN REMOVAL TATTOOS LESS TOTAL FACE	315.84	387.94	10/1/2009
15782	3		ABRASION SKIN REMOVAL TATTOOS REGIONAL NOT FACE	302.73	408.87	10/1/2009
15783	3		SUPERFICIAL DERMABRASION	273.79	352.82	10/1/2009
15786	3		ABRASION SINGLE LESION EG KERATOSIS SCAR	103.59	172.81	10/1/2009
15787	3		ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS (LIST SEPARATELY	14.54	35.31	10/1/2009
15788	3		CHEMICAL PEEL, FACIAL;	172.90	304.41	10/1/2009
15789	3		CHEMICAL PEEL, FACIAL;	314.81	411.14	10/1/2009
15792	3		CHEMICAL PEEL, NONFACIAL;	189.20	299.08	10/1/2009
15793	3		CHEMICAL PEEL, NONFACIAL;	260.72	341.48	10/1/2009
15819	3		CERVICOPLASTY	550.06	550.06	10/1/2009
15820	3		AMB SURG BLEPHAROPLASTY LOWER EYELIDS	354.40	390.16	10/1/2009
15821	3		AMB SURG BLEPHAROPLASTY WITH EXTEN HERNIATE PADS	376.04	415.27	10/1/2009
15822	3		BLEPHAROPLASTY, UPPER EYELID	271.09	305.12	10/1/2009
15823	3		BLEPHAROPLASTY, UPPER EYELID; W/EXCESSIVE SKIN WEIGHTING LID	446.78	483.98	10/1/2009
15830	3		EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPE	877.01	877.01	10/1/2009
15832	3		REMOVAL OF SKIN FURROWS	665.76	665.76	10/1/2009
15833	3		REMOVAL OF SKIN FURROWS	627.58	627.58	10/1/2009
15834	3		REMOVAL OF SKIN FURROWS	625.39	625.39	10/1/2009
15835	3		REMOVAL OF SKIN FURROWS	661.43	661.43	10/1/2009
15836	3		REMOVAL OF SKIN FURROWS	550.94	550.94	10/1/2009
15837	3		REMOVAL OF SKIN FURROWS	498.62	567.55	10/1/2009
15838	3		EXCISION EXCESS SKIN SUBMENTAL FAT PAD	429.50	429.50	10/1/2009
15839	3		EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA	540.28	627.67	10/1/2009
15840	3		AMB SURG GRAFT FACIAL NERVE PARALYSIS	758.28	758.28	10/1/2009
15841	3		FACIAL NERVE PARALYSIS FREE MUSCLE GRAFT	1270.48	1270.48	10/1/2009
15842	3		GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSUR	2007.18	2007.18	10/1/2009
15845	3		SKIN AND MUSCLE REPAIR, FACE	711.33	711.33	10/1/2009
15850	3		REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME :	33.10	66.55	10/1/2009
15851	3		REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHEF	35.50	68.09	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
15852	3		DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHI	36.96	36.96	10/1/2009
15860	3		INTRAVENOUS INJECTION OF AGENT (EG, FLUORESC EIN) TO TEST VASCUL	86.91	86.91	10/1/2009
15920	3		AMB SURG COCCYGECTOMY PRIMARY SUTURE	436.47	436.47	10/1/2009
15922	3		REMOVAL OF TAIL BONE	554.41	554.41	10/1/2009
15931	3		EXCISION SACRAL DECUBITIS ULCER PRIMARY SUTURE	498.22	498.22	10/1/2009
15933	3		EXC SACRAL DECUBITUS ULCER WITH OSTECTOMY/PRIMARY	612.37	612.37	10/1/2009
15934	3		EXCISION SACRAL DECUBITUS ULCER W SKIN FLAP CLOSUR	683.67	683.67	10/1/2009
15935	3		EXC SACRAL PRESSURE ULCER LOCAL SKIN FLAP.	812.82	812.82	10/1/2009
15936	3		EXC SACRAL PRESSURE ULCER OTHER FLAP CLOSURE.	662.78	662.78	10/1/2009
15937	3		EXC SACRAL PRESSURE ULCER WITH OSTECTOMY.	774.53	774.53	10/1/2009
15940	3		REMOVAL OF PRESSURE SORE.	512.15	512.15	10/1/2009
15941	3		EXCISION SACRAL DECUBITUS ULCER WITH OSTECTOMY	663.93	663.93	10/1/2009
15944	3		EXC ISCHIAL PRESSURE ULCER LOCAL SKIN FLAP CLOSURE	654.28	654.28	10/1/2009
15945	3		EXC ISCHIAL PRESSURE ULCER WITH OSTECTOMY	726.74	726.74	10/1/2009
15946	3		EXC ISCHIAL PRESSURE ULCER W MUSCLE FLAP/OSTECTOMY	1217.17	1217.17	10/1/2009
15950	3		REMOVAL OF PRESSURE SORE	423.50	423.50	10/1/2009
15951	3		EXCISION TROCHANTERIC DECUDITUS ULCER W OSTECTOMY	604.12	604.12	10/1/2009
15952	3		REMOVAL OF PRESSURE SORE	635.40	635.40	10/1/2009
15953	3		REMOVAL OF PRESSURE SORE	707.45	707.45	10/1/2009
15956	3		EXC TROCHANTERIC PRESSURE ULCER MYOCUTANEOUS FLAP	852.45	852.45	10/1/2009
15958	3		EXC TROCHANTERIC ULCER MYOCUTAN FLAP W OSTECTOMY	869.30	869.30	10/1/2009
16000	3		INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL	36.25	50.96	10/1/2009
16020	3		DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIA	42.68	59.40	10/1/2009
16025	3		DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIA	87.69	108.45	10/1/2009
16030	3		DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIA	99.59	129.58	10/1/2009
16035	3		ESCHAROTOMY; INITIAL INCISION	164.93	164.93	10/1/2009
16036	3		ESCHAROTOMY; EACH ADDITIONAL INCISION (LIST SEPARATELY IN ADDITIK	65.72	65.72	10/1/2009
17000	3		DESTRUCTION ANY METHOD PREMALIGNANT LESIONS ONE LE	40.11	57.13	10/1/2009
17003	3		DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SU	3.53	5.55	10/1/2009
17004	3		DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY	101.32	128.72	10/1/2009
17106	3		DESTRUCTION OF VASCULAR PROLIFERATIVE LESIONS	209.17	253.01	10/1/2009
17107	3		DESTRUCTION VASCULAR PROLIFERATION LESION 10SQ LES	276.62	335.17	10/1/2009
17108	3		DESTRUCTION VASCULAR LESIONS OVER 50.0 SQ CM	361.00	428.77	10/1/2009
17110	3		DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY	49.85	78.99	10/1/2009
17111	3		DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOI	62.31	94.04	10/1/2009
17250	3		CHEMICAL CAUTERIZATION OF WOUND	27.45	53.69	10/1/2009
17260	3		DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURG	50.27	69.30	10/1/2009
17261	3		DESTRUCT.MALIG. LESION-TRUNK,ARMS,LEGS; 0.6-1.0 CM	67.80	102.98	10/1/2009
17262	3		DESTRUCT.MALIG. LESION-TRUNK,ARMS,LEGS; 1.1-2.0 CM	86.83	125.77	10/1/2009
17263	3		DESTRUCT.MALIG. LESION-TRUNK,ARMS,LEGS; 2.1-3.0 CM	96.18	138.87	10/1/2009
17264	3		DESTRUCT.MALIG. LESION-TRUNK,ARMS,LEGS; 3.1-4.0 CM	102.78	148.64	10/1/2009
17266	3		DESTRUCT.MALIG. LESION-TRUNK,ARMS,LEGS; OVER 4. CM	119.77	169.10	10/1/2009
17270	3		DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURG	73.34	107.09	10/1/2009
17271	3		DESTRUCTION MALIGNANT LESION SCALP,NECK-0.6-1.0 CM	82.59	118.35	10/1/2009
17272	3		DESTRUCTION MALIGNANT LESION SCALP,NECK 1.1-2.0 CM	95.84	135.64	10/1/2009
17273	3		DESTRUCTION MALIGNANT LESION SCALP,NECK 2.1-3.0 CM	108.24	151.50	10/1/2009
17274	3		DESTRUCTION MALIGNANT LESION SCALP,NECK-3.1-4.0 CM	132.96	179.69	10/1/2009
17276	3		DESTRUCTION MALIGNANT LESION SCALP,NECK OVER 4. CM	160.09	208.54	10/1/2009
17280	3		DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURG	66.65	100.39	10/1/2009
17281	3		DESTRUCTION MALIGNANT LESION FACE 0.6-1.0 CM	93.13	128.60	10/1/2009
17282	3		DESTRUCTION MALIGNANT LESION FACE 1.1-2.0 CM	108.21	149.16	10/1/2009
17283	3		DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS,	135.58	180.58	10/1/2009
17284	3		DESTRUCTION MALIGNANT LESION FACE 3.1-4.0 CM	161.83	210.28	10/1/2009
17286	3		DESTRUCTION MALIGNANT LESION FACE OVER 4.0 CM	217.71	266.74	10/1/2009
17311	3		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS T	292.08	505.21	10/1/2009
17312	3		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS T	155.36	301.87	10/1/2009
17313	3		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS T	262.22	460.92	10/1/2009
17314	3		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS T	144.22	279.77	10/1/2009
17315	3		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS T	40.99	60.60	10/1/2009
17340	3		CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE	35.35	36.51	10/1/2009
17360	3		ACNE THERAPY	75.21	96.84	10/1/2009
19000	3		PUNCTURE ASPIRATION OF CYST OF BREAST;	36.43	83.44	10/1/2009
19001	3		PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST (LIE	18.21	21.39	10/1/2009
19020	3		INCISION OF BREAST LESION	210.87	313.27	10/1/2009
19030	3		INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOC	65.92	128.51	10/1/2009
19100	3		BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGING	53.44	102.47	10/1/2009
19101	3		BIOPSY OF BREAST; OPEN, INCISIONAL	160.55	234.10	10/1/2009
19102	3		BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, USING IMAGING GUII	86.18	168.38	10/1/2009
19103	3		BIOPSY OF BREAST; PERCUTANEOUS, AUTOMATED VACUUM ASSISTED OR	158.19	421.51	10/1/2009
19110	3		NIPPLE EXPLORATION W/WO EXCISION.	238.33	325.72	10/1/2009
19112	3		EXCISION OF LACTIFEROUS DUCT FISTULA.	213.73	304.00	10/1/2009
19120	3		EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT T	293.14	339.86	10/1/2009
19125	3		EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT	325.41	376.46	10/1/2009
19126	3		EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT	123.39	123.39	10/1/2009
19260	3		REMOVAL CHEST WALL LESION.	896.20	896.20	10/1/2009
19271	3		REMOVAL OF CHEST WALL LESION	1213.49	1213.49	10/1/2009
19272	3		REMOVAL OF CHEST WALL LESION	1345.69	1345.69	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
19290	3		PRE-OP PLACEMENT OF NEEDLE LOCALIZATION, BREAST	54.54	124.33	10/1/2009
19291	3		PRE-OP PLACEMENT NEEDLE, BREAST, EACH ADDITIONAL	27.06	53.89	10/1/2009
19295	3		IMAGE GUIDED PLACEMENT, METALLIC LOCALIZATION CLIP, PERCUTANEO	67.97	67.98	10/1/2009
19296	3		PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INT	158.37	2845.50	10/1/2009
19297	3		PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INT	71.70	71.70	10/1/2009
19298	3		PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHE	261.05	977.18	10/1/2009
19300	3		MASTECTOMY FOR GYNECOMASTIA	283.93	360.64	10/1/2009
19301	3		MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECT	455.18	455.18	10/1/2009
19302	3		MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECT	651.50	651.50	10/1/2009
19303	3		MASTECTOMY, SIMPLE, COMPLETE	704.29	704.29	10/1/2009
19304	3		MASTECTOMY, SUBCUTANEOUS	406.26	406.26	10/1/2009
19305	3		MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMF	812.17	812.17	10/1/2009
19306	3		MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY AND	850.90	850.90	10/1/2009
19307	3		MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, V	855.87	855.87	10/1/2009
19316	3		MASTOPEXY	580.41	580.41	10/1/2009
19318	3		REDUCTION MAMMAPLASTY	854.51	854.51	10/1/2009
19324	3		MAMMAPLASTY AUGMENTATION W/O PROSTHETIC IMPLANT	354.03	354.03	10/1/2009
19325	3		MAMMAPLASTY AUGMENTATION WITH PROSTHETIC IMPLANT	479.99	479.99	10/1/2009
19328	3		REMOVAL INTACT MAMMARY IMPLANT.	361.92	361.92	10/1/2009
19330	3		REMOVAL OF IMPLANT MATERIAL.	465.89	465.89	10/1/2009
19340	3		IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTECTOM	304.24	304.24	10/1/2009
19342	3		DELAYED INSERTION BREAST PROTHESIS FOLLOWING MASTECTOMY OR II	685.17	685.17	10/1/2009
19350	3		NIPPLE/AREOLA RECONSTRUCTION	504.59	621.39	10/1/2009
19355	3		CORRECTION OF INVERTED NIPPLES	418.75	517.39	10/1/2009
19357	3		BREAST RECONSTRUCTION IMMEDIATE OR DELAYED,WITH TISSUE EXPANI	1150.56	1150.56	10/1/2009
19361	3		BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP WITH OR W/O IM	1237.77	1237.77	10/1/2009
19364	3		BREAST RECONSTRUCTION WITH FREE FLAP.	2119.10	2119.10	10/1/2009
19366	3		BREAST RECONSTRUCTION WITH OTHER TECHNIQUE.	1047.14	1047.14	10/1/2009
19367	3		BREAST RECONSTRUCTION WITH TRAM SINGLE PEDICLE, INCLUDING CLOS	1369.23	1369.23	10/1/2009
19368	3		BREAST RECONSTRUCTION TRAM SINGLE PEDICLE, INCLUDING CLOSURE	1698.52	1698.52	10/1/2009
19369	3		BREAST RECONSTRUCTION TRAM DOUBLE PEDICLE, INCLUDING CLOSURE	1548.67	1548.67	10/1/2009
19370	3		OPEN PERIPROSTHETIC CAPSULOTOMY BREAST.	504.81	504.81	10/1/2009
19371	3		PERIPROSTHETIC CAPSULECTOMY BREAST.	582.45	582.45	10/1/2009
19380	3		REVISION OF RECONSTRUCTED BREAST.	569.75	569.75	10/1/2009
20000	3		INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS	117.24	150.40	10/1/2009
20005	3		INCISION OF ABSCESS	180.34	224.19	10/1/2009
20200	3		AMB SURG BIOPSY MUSCLE SUPERFICIAL	71.13	138.90	10/1/2009
20205	3		MUSCLE BIOPSY	113.25	190.25	10/1/2009
20206	3		BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	49.84	191.45	10/1/2009
20220	3		BONE BIOPSY	62.23	132.90	10/1/2009
20225	3		BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMU	94.38	497.58	10/1/2009
20240	3		BONE BIOPSY	173.19	173.19	10/1/2009
20245	3		BONE BIOPSY	472.67	472.67	10/1/2009
20250	3		BONE BIOPSY	284.30	284.30	10/1/2009
20251	3		BONE BIOPSY	315.22	315.22	10/1/2009
20500	3		INJECTION OF SINUS TRACT;	71.92	86.91	10/1/2009
20501	3		INJECTION OF SINUS TRACT DIAGNOSTIC SINOGRAM	32.85	96.88	10/1/2009
20520	3		REMOVAL OF FOREIGN BODY	106.59	139.18	10/1/2009
20525	3		REMOVAL OF FOREIGN BODY	187.30	337.85	10/1/2009
20526	3		INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), C	44.85	56.68	10/1/2009
20550	3		INJECTION; TENDON SHEATH, LIGAMENT, GANGLION CYST	32.95	43.91	10/1/2009
20551	3		INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	33.62	43.43	10/1/2009
20553	3		INJECTION; SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MU	31.68	44.07	10/1/2009
20600	3		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION;	31.39	41.20	10/1/2009
20605	3		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION;	32.59	44.13	10/1/2009
20610	3		DRAINAGE OF JOINT OR BURSA	38.92	56.80	10/1/2009
20612	3		ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	33.61	43.99	10/1/2009
20615	3		ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	120.66	160.17	10/1/2009
20650	3		INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION,	118.96	146.08	10/1/2009
20660	3		APPLICATION OF TONGS OR CALIPER INCLUDING REMOVAL	182.53	192.91	10/1/2009
20661	3		FIXATION PROCEDURE	345.75	345.75	10/1/2009
20662	3		APPLICATION OF HALO, INCLUDING REMOVAL;	359.40	359.40	10/1/2009
20663	3		APPLICATION OF HALO, INCLUDING REMOVAL;	332.54	332.54	10/1/2009
20664	3		APPLICATION OF HALO, INCLUDING REMOVAL, CRANIAL, 6 OR MORE PINS F	569.00	569.00	10/1/2009
20665	3		REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER PHYSICIAN	76.38	90.51	10/1/2009
20670	3		REMOVAL OF IMPLANT SUPERFICIAL EG BURIED WIRE PIN	111.75	283.64	10/1/2009
20680	3		REMOVAL OF BURIED SUPPORT	311.55	433.54	10/1/2009
20690	3		APPLICATION EXTERNAL FIXATION, UNIPLANE	411.16	411.16	10/1/2009
20692	3		APPLICATION OF MULTIPLANE UNILATERAL EXTERNAL FIXATION SYSTEM	768.81	768.81	10/1/2009
20693	3		ADJUSTMENT OR REVISION EXTERNAL FIXATION REQ ANEST	344.82	344.82	10/1/2009
20694	3		REMOVAL UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	251.71	311.69	10/1/2009
20802	3		REPLANTATION OF ARM	1890.19	1890.19	10/1/2009
20805	3		REPLANTATION FOREARM, COMPLETE AMPUTATION	2315.10	2315.10	10/1/2009
20808	3		REIMPLANTATION OF HAND	3126.24	3126.24	10/1/2009
20816	3		REIMPLANTATION OF DIGIT	1724.94	1724.94	10/1/2009
20822	3		REPLANTATION DIGIT EXCL THUMB, COMPLETE AMPUTATION	1462.36	1462.36	10/1/2009
20824	3		REPLANTATION THUMB, COMPLETE AMPUTATION	1718.36	1718.36	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
20827		3	REPLANTATION THUMB, COMPLETE AMPUTATION	1519.47	1519.47	10/1/2009
20838		3	REPLANTATION FOOT COMPLETE	1908.09	1908.09	10/1/2009
20900		3	BONE GRAFT, ANY DONOR AREA;	199.80	308.53	10/1/2009
20902		3	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	276.66	276.66	10/1/2009
20910		3	CARTILAGE GRAFT; COSTOCHONDRAL	323.75	323.75	10/1/2009
20912		3	CARTILAGE GRAFT;	363.79	363.79	10/1/2009
20920		3	FASCIA LATA GRAFT;	306.63	306.63	10/1/2009
20922		3	REMOVAL OF TISSUE FOR GRAFT	375.93	451.49	10/1/2009
20924		3	REMOVAL OF TENDON FOR GRAFT.	379.47	379.47	10/1/2009
20926		3	TISSUE GRAFTS, OTHER (E.G., PARATENON, FAT, DERMIS)	327.59	327.59	10/1/2009
20950		3	MONITOR INTERSTITIAL PRESSURE	69.20	178.21	10/1/2009
20955		3	FIBULA GRAFT W/MICROVASCULAR ANASTOMOSIS	1957.55	1957.55	10/1/2009
20962		3	RIB GRAFT W/MISCROVASCULAR ANASTOMOSIS	1999.92	1999.92	10/1/2009
20969		3	FREE OSTEOCUTANEOUS FLAP W MICROVASCULAR ANASTOMOS	2169.08	2169.08	10/1/2009
20970		3	OSTEOCUTANEOUS GRAFT W/MICROVASCULAR ANASTOMOSIS	2179.12	2179.12	10/1/2009
20972		3	OSTEOCUTANEOUS FLAP MICROVASCULAR ANASTOMO METARSA	1994.35	1994.35	10/1/2009
20973		3	FREE OSTEOCUTANEOUS FLAP GREAT TOE WEB SPACE	2093.80	2093.80	10/1/2009
20974		3	BIO-OSTEGEN SYSTEM	36.22	48.33	10/1/2009
20979		3	LOW INTENSITY ULTRASOUND STIMLATION TO AID BONE HEALING, NON-IN'	28.03	39.86	10/1/2009
20982		3	ABLATION, BONE TUMOR(S) (EG, OSTEOID OSTEOMA, METASTASIS) RADIOI	324.24	2736.23	10/1/2009
21010		3	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	550.13	550.13	10/1/2009
21015		3	RADICAL RESECTION OF TUMOR SOFT FACE OR SCALP	319.65	319.65	10/1/2009
21025		3	EXCISION OF BONE, MANDIBLE	561.11	654.26	10/1/2009
21026		3	REMOVAL OF ELONGATED STYLOID PROCESS (FACIAL BONE)	359.09	430.90	10/1/2009
21029		3	REMOVAL BY CONTOURING BENIGN TUMOR FACIAL BONE	469.94	551.27	10/1/2009
21030		3	EXCISION BENIGN TUMOR OF CYST OF FACIAL BONE OTHER	298.77	360.78	10/1/2009
21031		3	EXCISION OF TORUS MANDIBULARIS	213.80	276.97	10/1/2009
21032		3	EXCISION OF MAXILLARY TORUS PALATINUS	210.77	280.57	10/1/2009
21034		3	EXCISION OF MALIGNANT TUMOR OF FACIAL BONE OTHER THAN MANDIBLI	886.60	990.73	10/1/2009
21040		3	AMB SURG EXCISION BENIGN CYST/TUMOR MANDIBLE SIMP	297.04	363.66	10/1/2009
21044		3	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	662.77	662.77	10/1/2009
21045		3	EXC MALIGNANCY MANDIBLE RADICAL	924.99	924.99	10/1/2009
21046		3	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-O	814.98	814.98	10/1/2009
21047		3	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-C	989.76	989.76	10/1/2009
21048		3	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-OR.	826.20	826.20	10/1/2009
21049		3	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-OF	956.86	956.86	10/1/2009
21050		3	ARTHRECTOMY TEMPOROMANDIBULAR JOINT UNILATERAL	649.59	649.59	10/1/2009
21060		3	MENISECTOMY TEMPOROMANDIBULAR JOINT UNILATERAL	593.86	593.86	10/1/2009
21070		3	CORONOIDECTOMY	482.22	482.22	10/1/2009
21100		3	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION,	295.70	514.31	10/1/2009
21110		3	APPLICATION OF INTERDENTAL FIXATION DEVICE/OTHER THAN FRACTURE	464.45	543.19	10/1/2009
21116		3	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAP	33.94	108.93	10/1/2009
21120		3	GENIOPLASTY; AUGMENTATION	365.30	451.53	10/1/2009
21121		3	GENIOPLASTY; AUGMENTATION SLIDING OSTEOTOMY SINGLE	486.00	565.90	10/1/2009
21122		3	GENIOPLASTY; AUGMENTATION 2 OR MORE OSTEOTOMIES	535.86	535.86	10/1/2009
21123		3	GENIOPLASTY; AUGMENTATION SLIDING INTERPOSITIONAL	642.85	642.85	10/1/2009
21125		3	AUGMENTATION MANDIBULAR BODY OR ANGLE PROSTHETIC	562.91	2184.06	10/1/2009
21127		3	AUGMENTATION MANDIBULAR BODY ANGLE W/ BONE GRAFT	657.70	2599.29	10/1/2009
21137		3	REDUCTION FOREHEAD; CONTOURING ONLY	542.37	542.37	10/1/2009
21138		3	REDUCTION FOREHEAD CONTOURING & APPLICATION GRAFT	677.52	677.52	10/1/2009
21139		3	REDUCTION FOREHEAD CONTOURING, SETBACK SINUS WALL	760.74	760.74	10/1/2009
21145		3	RECONSTRUCTION MIDFACE SINGLE REQUIRING BONE GRAFT	1173.55	1173.55	10/1/2009
21146		3	RECONSTRUCTION MIDFACE 2 PIECES REQUIRING BONE GRAFT	1252.41	1252.41	10/1/2009
21147		3	RECONSTRUCT MIDFACE 3 OR MORE PIECES WITH BONE GRAFT	1289.71	1289.71	10/1/2009
21150		3	RECONSTRUCTION MIDFACE ANTERIOR INTRUSION	1280.40	1280.40	10/1/2009
21151		3	RECONSTRUCT MIDFACE ANY DIRECTION REQ BONE GRAFT	1545.94	1545.94	10/1/2009
21154		3	RECONSTRUCT MIDFACE ANY TYPE REQUIRING BONE GRAFT	1563.32	1563.32	10/1/2009
21155		3	RECONSTRUCT MIDFACE ANY TYPE W GRAFT, W LEFORT I	1774.05	1774.05	10/1/2009
21159		3	RECONSTRUCT MIDFACE, LEFORT III, W BONE GRAFTS	2146.32	2146.32	10/1/2009
21160		3	RECONSTRUCT MIDFACE, LEFORT III W/ LEFORT I, GRAFT	2210.23	2210.23	10/1/2009
21172		3	RECONSTRUCT ORBITAL RIM/FOREHEAD W/WO GRAFTS	1358.59	1358.59	10/1/2009
21175		3	RECONSTRUCT BIFRONTAL ORBITAL RIMS/FOREHEAD, GRAFT	1640.42	1640.42	10/1/2009
21179		3	RECONSTRUCT FOREHEAD/ORBITAL RIMS WITH GRAFTS	1123.44	1123.44	10/1/2009
21180		3	RECONSTRUCT FOREHEAD/ORBITAL RIMS WITH AUTOGRAFT	1280.73	1280.73	10/1/2009
21181		3	REMOVAL BY CONTOURING OF BENIGN TUMOR CRANIAL BONE	534.72	534.72	10/1/2009
21182		3	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID	1558.78	1558.78	10/1/2009
21183		3	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID	1743.30	1743.30	10/1/2009
21184		3	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID	1864.62	1864.62	10/1/2009
21188		3	RECONSTR. MIDFACE, OSTEOTOMIES, W BONE GRAFTS	1232.60	1232.60	10/1/2009
21193		3	RECONSTRUCT MANDIBULAR RAMUS, OSTEOTOMY, W/O GRAFT	942.74	942.74	10/1/2009
21194		3	RECONSTR. MANDIBULAR RAMUS, OSTEOTOMY W BONE GRAFT	1076.58	1076.58	10/1/2009
21195		3	RECONSTRUCTION MANDIBULAR RAMUS W/O INTERNAL RIGID FIXATION	1010.15	1010.15	10/1/2009
21196		3	RECONSTR. MANDIBULAR RAMUS W INTER. RIGID FIXATION	1100.92	1100.92	10/1/2009
21198		3	OSTEOTOMY, MANDIBLE, SEGMENTAL	865.01	865.01	10/1/2009
21199		3	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEME	785.93	785.93	10/1/2009
21206		3	OSTEOTOMY, MAXILLA, SEGMENTAL	852.17	852.17	10/1/2009
21208		3	AUGMENTATION OSTEOPLASTY OF FACIAL BONES	620.12	1249.72	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
21209		3	REDUCTION OSTEOPLASTY OF FACIAL BONES	475.35	596.77	10/1/2009
21210		3	BONE GRAFT	619.95	1492.40	10/1/2009
21215		3	BONE GRAFT	646.53	2527.54	10/1/2009
21230		3	CARTILAGE GRAFT	578.87	578.87	10/1/2009
21235		3	CARTILAGE GRAFT	422.83	530.70	10/1/2009
21240		3	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT W/WO GRAFT	836.99	836.99	10/1/2009
21242		3	ARTHROPLASTY TEMPOROMANDIBULAR JOINT W ALLOPLASTIC	766.54	766.54	10/1/2009
21243		3	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT	1259.29	1259.29	10/1/2009
21244		3	RECONSTRUCTION OF MANDIBLE	781.86	781.86	10/1/2009
21247		3	RECONST. MANDIBULAR CONDYLE W BONE/CARTILAGE GRAFT	1225.65	1225.65	10/1/2009
21255		3	RECONST. ZYGOMATIC ARCH, GLENOID FOSSA W BONE/CART	1080.93	1080.93	10/1/2009
21256		3	RECONST. ORBIT W OSTEOTOMIES AND BONE GRAFTS	885.15	885.15	10/1/2009
21260		3	ORBITAL HYPERTELORISM CORRECTION OSTEOTOMIES	995.40	995.40	10/1/2009
21261		3	ORBITAL HYPERTELORISM COMB WITH INTRA AND EXTRACRA	1707.11	1707.11	10/1/2009
21263		3	ORBITAL HYPERTELORISM WITH FOREHEAD ADVANCEMENT	1536.47	1536.47	10/1/2009
21267		3	ORBITAL REPOSITIONING	1161.72	1161.72	10/1/2009
21268		3	ORBITAL REPOSITIONING INTRA AND EXTERNAL APPROACH	1445.23	1445.23	10/1/2009
21270		3	MALAR AUGMENTATION, BONE OR ALLOPLASTIC MATERIAL	528.26	671.90	10/1/2009
21275		3	SECONDARY REV ORBITOCRANIOFACIAL RECONSTRUCTION	608.52	608.52	10/1/2009
21280		3	MEDIAL CANTHOPLASTY	391.64	391.64	10/1/2009
21282		3	LATERAL CANTHOPEXY	258.17	258.17	10/1/2009
21295		3	REDUCTION MASSETER MUSCLE EXTRAORAL APPROACH	128.84	128.84	10/1/2009
21296		3	REDUCTION MASSETER MUSCLE INTRAORAL APPROACH	313.55	313.55	10/1/2009
21310		3	TREATMENT OF CLOSED OR OPEN NASAL FRACTURE MANIPUL	22.53	76.76	10/1/2009
21315		3	TREATMENT OF NOSE FRACTURE	109.89	188.34	10/1/2009
21320		3	MANIPULATION INSTRUMENTAL COMPLICATED NASAL FRACTURE	103.08	181.54	10/1/2009
21325		3	AMB SURG OPEN REDUCT NASAL FRACTURE COMPLICATED	343.28	343.28	10/1/2009
21330		3	AMB SURG OPEN REDUCT NASAL FRAC COMPLIC INT/EXTERN	422.36	422.36	10/1/2009
21335		3	REPAIR OF NOSE FRACTURE	548.26	548.26	10/1/2009
21336		3	OPEN TX NASAL SEPTAL FX, W/WO STABILIZATION	471.81	471.81	10/1/2009
21337		3	TREATMENT CLOSED SEPTAL FRACTURE	210.43	283.11	10/1/2009
21338		3	OPEN TREATMENT NASOETHMOID FRACTURE W/O EXTERNAL FIXATION	539.33	539.33	10/1/2009
21339		3	OPEN TREATMENT NASOETHMOID FRACTURE W EXTERNAL FIX	602.44	602.44	10/1/2009
21340		3	TR CLOSED/OPEN NASOETH COM FR W SPLINT WIRE HEADCA	605.86	605.86	10/1/2009
21343		3	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS	857.20	857.20	10/1/2009
21344		3	OPEN TX OF FRONTAL SINUS FRACTURE	1130.98	1130.98	10/1/2009
21345		3	TR NASOMAX COMP FR WITH INTERDENTAL WIRE FIX OR FI	491.15	590.94	10/1/2009
21346		3	OP TR NASOMAX COM FR W WIRING A/O LOCAL FIXATION	709.35	709.35	10/1/2009
21347		3	OP TR NASOMAC COM FR W WIR A/O LO FI W MUL APROACH	822.89	822.89	10/1/2009
21348		3	OPEN TX NASOMAXILLARY FX WITH BONE GRAFTING	878.33	878.33	10/1/2009
21355		3	REPAIR CHEEK BONE FRACTURE	242.07	319.36	10/1/2009
21356		3	OPEN TX DEPRESSED ZYGOMATIC ARCH FRACTURE	277.63	357.53	10/1/2009
21360		3	OPEN TREATMENT OF CLOSED OR OPEN DEPRESSED FX INC	395.62	395.62	10/1/2009
21365		3	REPAIR CHEEK BONE FRACTURE	832.20	832.20	10/1/2009
21366		3	OPEN TX MALAR AREA FX INC ZYGOMATIC ARCH W/GRAFT	925.19	925.19	10/1/2009
21385		3	REPAIR EYE SOCKET FRACTURE	533.91	533.91	10/1/2009
21386		3	OPEN TX ORBITAL FLOOR FX; PERIORBITAL APPROACH.	499.30	499.30	10/1/2009
21387		3	OPEN TREATMENT OF ORBITAL FLOOR	557.24	557.24	10/1/2009
21390		3	REPAIR EYE SOCKET FRACTURE	577.81	577.81	10/1/2009
21395		3	OPEN TX ORBITAL FLOOR FX; PERIORBITAL APPROACH.	730.04	730.04	10/1/2009
21400		3	TX OF FX OF ORBIT, WO MANIPULATION.	105.83	128.05	10/1/2009
21401		3	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT";	218.33	340.90	10/1/2009
21406		3	OPEN TX OF FX OF ORBIT, WO IMPLANT.	403.87	403.87	10/1/2009
21407		3	OPEN TREATMENT OF FRACTURE ORBIT, EXCEPT BLOWOUT; WITH IMPLAN	478.67	478.67	10/1/2009
21408		3	OPEN TX OF FX ORBIT EXCEPT "BLOWOUT" W/BONE GRAFT	659.14	659.14	10/1/2009
21421		3	TX PAL/ALV RI FX,CLOSED MANIPULATION W WIRE FIX.	452.53	527.24	10/1/2009
21422		3	TX PAL/ALV RI FX,OPEN TX W WIRE FIXATION.	500.04	500.04	10/1/2009
21423		3	OPEN TX OF PALATAL OR MAXILLARY FX, MULT APPROACH	594.96	594.96	10/1/2009
21431		3	REPAIR UPPER JAW FRACTURE	543.29	543.29	10/1/2009
21432		3	OPEN RX CRANIOFACIAL SEPARATION	498.82	498.82	10/1/2009
21433		3	DP TR CRANIOE SEP W WI/LOC FIX COMPLICATED	1287.79	1287.79	10/1/2009
21435		3	OPEN TX CRANIOFACIAL SEPARATION (LEFORTE III TYPE);COMPLICATED	1014.55	1014.55	10/1/2009
21436		3	OPEN TX CRANIOFACIAL SEPARATION W/BONE GRAFT	1493.91	1493.91	10/1/2009
21440		3	REPAIR DENTAL RIDGE FX.	318.30	381.46	10/1/2009
21445		3	REPAIR DENTAL RIDGE FRACTURE.	452.35	544.36	10/1/2009
21450		3	TREAT LOWER JAW FRACTURE	333.81	397.54	10/1/2009
21451		3	TREATMENT CLOSED OR OPEN MANDIBULAR FRACTURE WITH	450.34	526.48	10/1/2009
21452		3	TREATMENT OF OPEN MANDIBULAR FRACTURE WITHOUT MANI	240.56	428.60	10/1/2009
21453		3	RX OPEN MANDIBULAR FRACTURE WITH MANIPULATION	542.97	609.59	10/1/2009
21454		3	OPEN RX CLOSED/OPEN MANDIBULAR FX W EXTERNAL FIX.	411.95	411.95	10/1/2009
21461		3	OPEN TX CLOSED/OPEN MAND FX WO INTERDENTAL FIX.	673.07	1370.45	10/1/2009
21462		3	OPEN TX CLOSED/OPEN MAND FX W INTERDENTAL FIXATION	747.09	1483.12	10/1/2009
21465		3	OPEN TREATMENT MANDIBULAR CONDYLAR FRACTURE	684.76	684.76	10/1/2009
21470		3	REPAIR LOWER JAW FRACTURE	894.31	894.31	10/1/2009
21480		3	RESET DISLOCATED JAW	25.40	65.48	10/1/2009
21485		3	COMPLICATED MANIPULATIVE TREATMENT OF TEMPOROMANDI	403.22	470.13	10/1/2009
21490		3	RESET DISLOCATED JAW	693.66	693.66	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		
				FACILITY	NON-FACILITY	EFFECTIVE DATE
21495	3		REPAIR HYOID BONE FRACTURE	499.71	499.71	10/1/2009
21497	3		INTERDENTAL WIRING FOR CONDITION OTHER THAN FRACTURE	407.33	474.54	10/1/2009
21501	3		INCISION/DRAINAGE DEEP ABCESS OR HEMATOMA	233.57	316.63	10/1/2009
21502	3		DRAINAGE OF RIB ABSCESS	392.16	392.16	10/1/2009
21510	3		INC DEEP OPENING OF BONE CORTEX OSTEOMYELITIS BONE	345.80	345.80	10/1/2009
21550	3		EXCISIONAL BIOPSY SOFT TISSUE	119.06	185.69	10/1/2009
21555	3		EXCISION BENIGN TUMOR SUBCUTANEOUS	246.90	313.52	10/1/2009
21556	3		EXCISION DEEP SUBFACIAL INTRAMUSCULAR	308.95	308.95	10/1/2009
21557	3		RADICAL RESECTION OF SOFT TISSUE TUMOR	439.04	439.04	10/1/2009
21600	3		EXCISION OF RIB PARTIAL	412.93	412.93	10/1/2009
21610	3		PARTIAL REMOVAL OF RIB	806.94	806.94	10/1/2009
21615	3		EXCISION FIRST AND/OR CERVICAL RIB;	510.19	510.19	10/1/2009
21616	3		EXC FIRST A/O CERV RIB F OUTLET COMP SYND OTH CAUS	650.32	650.32	10/1/2009
21620	3		PARTIAL REMOVAL STERNUM	393.17	393.17	10/1/2009
21627	3		STERNAL DEBRIDEMENT	412.47	412.47	10/1/2009
21630	3		RADICAL RESECTION OF STERNUM;	964.35	964.35	10/1/2009
21632	3		RADICAL RESECTION OF STERNUM W MEDIASTINAL LYMPHAD	955.08	955.08	10/1/2009
21685	3		HYOID MYOTOMY AND SUSPENSION	752.29	752.29	10/1/2009
21700	3		REVISION OF NECK MUSCLE	319.40	319.40	10/1/2009
21705	3		REVISION OF NECK MUSCLE	491.66	491.66	10/1/2009
21720	3		DIVISION STERNOCLEIDOMASTOID FOR TORTICOLLIS.OPEN	307.95	307.95	10/1/2009
21725	3		DIVISION STERNOCLEIDOMASTOID OPEN OP W CAST APPLIC	399.31	399.31	10/1/2009
21740	3		RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARIN	832.39	832.39	10/1/2009
21750	3		CLOSURE OF MEDIAN STERNOTOMY SEPARATION WITH OR WITHOUT DEBI	551.66	551.66	10/1/2009
21800	3		TREATMENT OF RIB FRACTURE(S)	72.14	70.98	10/1/2009
21805	3		TX OF RIB FX OPEN, EACH	190.56	190.56	10/1/2009
21810	3		TX OF RIB FX; OPEN/CLOSED W EXTERNAL FIXATION.	375.67	375.67	10/1/2009
21820	3		TX STERNUM FX; CLOSED	95.92	94.77	10/1/2009
21825	3		TREATMENT OF STERNUM FRACTURE OPEN	426.30	426.30	10/1/2009
21920	3		BIOPSY, SOFT TISSUE OF BACK OR FLANK;	118.96	185.29	10/1/2009
21925	3		BIOPSY, SOFT TISSUE OF BACK OR FLANK;	250.90	307.14	10/1/2009
21930	3		EXCISION TUMOR, SOFT TISSUE OF BACK	278.10	342.71	10/1/2009
21935	3		RADICAL RESECTION OF TUMOR, SOFT TISSUE OF BACK.	882.25	882.25	10/1/2009
22100	3		REMOVAL PART VERTEBRA; CERVICAL	610.64	610.64	10/1/2009
22101	3		REMOVAL PART OF VERTEBRA; THORACIC.	609.16	609.16	10/1/2009
22102	3		REMOVAL PART OF VERTEBRA; LUMBAR.	606.84	606.84	10/1/2009
22110	3		PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, W	759.31	759.31	10/1/2009
22112	3		REMOVAL PART OF VERTEBRA	735.99	735.99	10/1/2009
22114	3		REMOVAL PART OF VERTEBRA	754.60	754.60	10/1/2009
22210	3		OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, OR	1329.86	1329.86	10/1/2009
22212	3		POSTERIOR APPROACH OSTEOTOMY SPINE, THORACIC	1099.76	1099.76	10/1/2009
22214	3		POSTERIOR APPROACH OSTEOTOMY SPINE, LUMBAR	1106.37	1106.37	10/1/2009
22220	3		OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, C	1197.53	1197.53	10/1/2009
22222	3		ANTERIOR APPROACH OSTEOTOMY SPINE, THORACIC	1095.75	1095.75	10/1/2009
22224	3		ANTERIOR APPROACH OSTEOTOMY SPINE, LUMBAR	1185.77	1185.77	10/1/2009
22305	3		CLOSED TREATMENT OF VERTEBRAL PROCESS FRACTURE(S)	125.92	136.02	10/1/2009
22310	3		CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIP	197.62	211.17	10/1/2009
22315	3		CLOSED TX VERTEBRAL FX,W/WO ANES BY MANIPULATION.	561.21	628.11	10/1/2009
22318	3		OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE (CERVIC	1196.05	1196.05	10/1/2009
22319	3		OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE (CERVIC	1315.04	1315.04	10/1/2009
22325	3		OPEN TX VERTEBRAL FX AND/OR DISLOCATION; LUMBAR.	1047.23	1047.23	10/1/2009
22326	3		OPEN TX VERTEBRAL FX AND/OR DISLOCATION; CERVICAL.	1091.92	1091.92	10/1/2009
22327	3		OPEN TX VERTEBRAL FX AND/OR DISLOCATION; THORACIC	1083.52	1083.52	10/1/2009
22505	3		MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	93.11	93.11	10/1/2009
22520	3		PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL	449.13	1678.62	10/1/2009
22521	3		PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL	423.21	1634.25	10/1/2009
22522	3		PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL	198.44	198.44	10/1/2009
22532	3		ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMA	1306.34	1306.34	10/1/2009
22533	3		ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMA	1231.27	1231.27	10/1/2009
22534	3		ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMA	286.46	286.46	10/1/2009
22548	3		ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVL	1389.94	1389.94	10/1/2009
22554	3		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL D	959.80	959.80	10/1/2009
22556	3		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL D	1245.88	1245.88	10/1/2009
22558	3		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL D	1146.36	1146.36	10/1/2009
22585	3		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL D	264.60	264.60	10/1/2009
22590	3		ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)	1153.39	1153.39	10/1/2009
22595	3		ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	1095.09	1095.09	10/1/2009
22600	3		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LE	938.24	938.24	10/1/2009
22610	3		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LE	926.22	926.22	10/1/2009
22612	3		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LE	1201.51	1201.51	10/1/2009
22630	3		ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECT	1154.42	1154.42	10/1/2009
22800	3		ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT C	1019.88	1019.88	10/1/2009
22802	3		ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT C	1623.94	1623.94	10/1/2009
22810	3		ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT C/	1542.65	1542.65	10/1/2009
22812	3		ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT C/	1687.77	1687.77	10/1/2009
22818	3		KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION (	1701.22	1701.22	10/1/2009
22819	3		KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION (	1959.58	1959.58	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
22830		3	EXPLORATION OF SPINAL FUSION	607.36	607.36	10/1/2009
22840		3	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD	602.70	602.70	10/1/2009
22842		3	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAI	604.03	604.03	10/1/2009
22845		3	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS	576.49	576.49	10/1/2009
22849		3	REINSERTION OF SPINAL FIXATION DEVICE	986.95	986.95	10/1/2009
22850		3	HARRINGTON ROD REMOVAL	537.16	537.16	10/1/2009
22852		3	REMOVAL OF SEGMENTAL INSTRUMENTATION	513.53	513.53	10/1/2009
22855		3	DWYER INSTRUMENT REMOVAL	834.99	834.99	10/1/2009
22865		3	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR A	1611.60	1611.60	10/1/2009
22900		3	EXCISION ABDOMINAL WALL TUMOR SUBFASCIAL	307.99	307.99	10/1/2009
23000		3	REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN	265.71	383.96	10/1/2009
23020		3	RELEASE SHOULDER JOINT	517.54	517.54	10/1/2009
23030		3	INCISION AND DRAINAGE DEEP ABSCESS OR HEMATOMA	192.36	306.28	10/1/2009
23031		3	INCISION AND DRAINAGE INFECTED BURSA	159.18	278.87	10/1/2009
23035		3	INCISION DEEP WITH OPENING OF CORTEX FOR OSTEOMYEL	513.10	513.10	10/1/2009
23040		3	INCISION OF SHOULDER JOINT	538.97	538.97	10/1/2009
23044		3	INCISION, COLLARBONE JOINT	427.04	427.04	10/1/2009
23065		3	BIOPSY,SOFT TISSUE SHOULDER; SUPERFICIAL	124.65	156.37	10/1/2009
23066		3	BIOPSY SOFT TISSUES DEEP	251.30	365.22	10/1/2009
23075		3	EXCISION TUMOR SHOULDER; SUBCUTANEOUS.	132.62	187.71	10/1/2009
23076		3	EXCISION, TUMOR, SHOULDER AREA;	421.21	421.21	10/1/2009
23077		3	RADICAL RESECTION OF TUMOR; SOFT TUSSUE SHOULDER.	897.53	897.53	10/1/2009
23100		3	INCISION SHOULDER JOINT	362.73	362.73	10/1/2009
23101		3	INCISION OF SHOULDER JOINT	333.53	333.53	10/1/2009
23105		3	ARTHROTOMY FOR SYNOVECTOMY: GLENOHUMERAL JNT.	476.20	476.20	10/1/2009
23106		3	ARTHROTOMY FOR SYNOVECTOMY, STERNOCLAVICULAR JNT	354.07	354.07	10/1/2009
23107		3	ARTHROTOMY, GLENOHUMERAL JNT, W EXPLORATION.	494.93	494.93	10/1/2009
23120		3	AMB SURG CLAVICULECTOMY PARTIAL	427.41	427.41	10/1/2009
23125		3	CLAVICULECTOMY; TOTAL	526.99	526.99	10/1/2009
23130		3	ACROMIONECTOMY PARTIAL OR TOTAL	449.62	449.62	10/1/2009
23140		3	REMOVAL BONE LESION	383.84	383.84	10/1/2009
23145		3	EXCISION OF BONE CYST CLAVICE, SCAPULA	517.23	517.23	10/1/2009
23146		3	EXCISION OF BONE LESION OF SCAPULA WITH ALLOGRAFT.	449.08	449.08	10/1/2009
23150		3	REMOVAL BONE LESION	489.36	489.36	10/1/2009
23155		3	REMOVAL BONE CYST; HUMERUS W AUTOGRAFT.	593.26	593.26	10/1/2009
23156		3	REMOVAL BONE CYST; HUMERUS, W ALLOGRAFT.	503.77	503.77	10/1/2009
23170		3	SEQUESTRECTOMY FOR OSTEOMYELITIS BONE ABCESS CLAVI	395.80	395.80	10/1/2009
23172		3	SEQUESTRECTOMY FOR OSTEOMYELITIS OF BONE ABCESS SC	405.68	405.68	10/1/2009
23174		3	SEQUESTREC FOR OSTEMYELITIS OR BONE ABCESS HUMER	563.08	563.08	10/1/2009
23180		3	PARTIAL EXCISION OF BONE FOR OSTEOMYELITIS CLAVICL	512.08	512.08	10/1/2009
23182		3	REMOVAL BONE LESION	493.93	493.93	10/1/2009
23184		3	REMOVAL BONE LESION	558.04	558.04	10/1/2009
23190		3	PARTIAL REMOVAL OF SHOULDER	415.56	415.56	10/1/2009
23195		3	REMOVAL OF HEAD OF HUMERUS	564.49	564.49	10/1/2009
23200		3	REMOVAL OF COLLARBONE	667.35	667.35	10/1/2009
23210		3	REMOVAL OF SHOULDERBLADE	697.91	697.91	10/1/2009
23220		3	RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS;	808.76	808.76	10/1/2009
23221		3	PARTIAL REMOVAL OF HUMERUS	945.13	945.13	10/1/2009
23222		3	PARTIAL REMOVAL OF HUMERUS	1287.47	1287.47	10/1/2009
23330		3	REMOVAL FOREIGN BODY, SUBCUTANEOUS, SHOULDER.	110.35	161.69	10/1/2009
23331		3	REMOVAL OF PROSTHETIC DEVICE	438.08	438.08	10/1/2009
23332		3	REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHO	667.18	667.18	10/1/2009
23350		3	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY OR ENHANCED	43.03	116.30	10/1/2009
23395		3	MUSCLE TRANSFER ANY TYPE FOR PARALYSIS OF SHOULDER	973.04	973.04	10/1/2009
23397		3	MUSCLE TRANSFERS, MULTIPLE	872.03	872.03	10/1/2009
23400		3	SCAPULOPEXY	738.33	738.33	10/1/2009
23405		3	TENOMYOTOMY SINGLE	473.78	473.78	10/1/2009
23406		3	TENOMYOTOMY MULTIPLE THRU SAME INCISION	593.04	593.04	10/1/2009
23410		3	REPAIR OF RUPTURED SUPRASPINATUS TENDON, ACUTE	628.67	628.67	10/1/2009
23412		3	REPAIR OF RUPTURED SUPRASPINATU TENDON; CHRONIC.	657.13	657.13	10/1/2009
23415		3	RELEASE OF SHOULDER LIGAMENT.	522.83	522.83	10/1/2009
23420		3	REPAIR OF SHOULDER INJURY	736.68	736.68	10/1/2009
23430		3	REPAIR RUPTURED TENDON.	557.43	557.43	10/1/2009
23440		3	REMOVAL/TRANSPLANT TENDON	575.33	575.33	10/1/2009
23450		3	CAPSULORRHAPHY REPAIR SHOULDER.	722.70	722.70	10/1/2009
23455		3	REPAIR SHOULDER CAPSULE	771.02	771.02	10/1/2009
23460		3	REPAIR SHOULDER CAPSULE.	834.42	834.42	10/1/2009
23462		3	REPAIR SHOULDER CAPSULE.	819.00	819.00	10/1/2009
23465		3	REPAIR SHOULDER CAPSULE.	854.24	854.24	10/1/2009
23466		3	CAPSULORRHAPHY FOR RECURRENT DISLOCATION.	841.11	841.11	10/1/2009
23470		3	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	929.80	929.80	10/1/2009
23472		3	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID ANI	1152.41	1152.41	10/1/2009
23480		3	AMB SURG OSTEOATOMY CLAVICLE W/WO INTERNAL FIXATION	620.45	620.45	10/1/2009
23485		3	OSTEATOMY CLAVICLE, WITH BONE GRAFT.	733.78	733.78	10/1/2009
23490		3	PROPHLACTIC TX OF CLAVICALE.	633.75	633.75	10/1/2009
23491		3	PROPHYLACTIC TX PROXIMAL HUMEROUS/HUMERAL HEAD.	772.38	772.38	10/1/2009
23500		3	TREATMENT CLAVICLE FRACTURE	149.06	149.92	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
23505		3	TREATMENT CLAVICLE FRACTURE	235.38	247.78	10/1/2009
23515		3	REPAIR CLAVICLE FRACTURE	526.06	526.06	10/1/2009
23520		3	TREATMENT OF CLAVICLE DISLOCATION.	156.38	156.38	10/1/2009
23525		3	TREATMENT CLAVICLE DISLOCATION W MANIPULATION	227.35	242.35	10/1/2009
23530		3	OPEN TX CLAVICLE DISLOCATION.	403.20	403.20	10/1/2009
23532		3	OPEN TX OF CLOSED/OPEN STERNOCLAV DISLOCATION.	463.22	463.22	10/1/2009
23540		3	TX CLOSED CLAVICLE DISLOCATION.	151.81	153.83	10/1/2009
23545		3	TX CLOSED CLAVICLE DISLOCATION W MANIPULATION.	205.61	222.34	10/1/2009
23550		3	OPEN REPAIR CLAVICLE DISLOCATION.	427.23	427.23	10/1/2009
23552		3	OPEN REPAIR CLAVICLE DISLOCATION	492.21	492.21	10/1/2009
23570		3	TX OF CLOSED SCAPULAR FX.	162.43	160.41	10/1/2009
23575		3	REPAIR SCAPULA FX W MANIPULATION.	259.52	274.52	10/1/2009
23585		3	REPAIR SCAPULA FRACTURE	716.02	716.02	10/1/2009
23600		3	TX HUMEROUS FRACTURE	207.72	223.87	10/1/2009
23605		3	REPAIR HUMERUS FRACTURE	307.92	332.14	10/1/2009
23615		3	REPAIR HUMERUS FX W/WO TUBEROSITY	654.21	654.21	10/1/2009
23616		3	OPEN TX PROXIMAL HUMERAL FX PROSTHETIC REPLACE	978.31	978.31	10/1/2009
23620		3	TX HUMERUS FRACTURE.	174.30	184.40	10/1/2009
23625		3	REPAIR HUMERUS FRACTURE	253.59	269.17	10/1/2009
23630		3	REPAIR HUMERUS FRACTURE	561.62	561.62	10/1/2009
23650		3	REPAIR SHOULDER DISLOCATION.	192.79	209.81	10/1/2009
23655		3	REPAIR SHOULDER DISLOCATION	279.44	279.44	10/1/2009
23660		3	REPAIR SHOULDER DISLOCATION	433.09	433.09	10/1/2009
23665		3	REPAIR DISLOCATION/FRACTURE	283.06	299.80	10/1/2009
23670		3	REPAIR DISLOCATION/FRACTURE	631.76	631.76	10/1/2009
23675		3	REPAIR DISLOCATION/FRACTURE	364.53	392.22	10/1/2009
23680		3	REPAIR DISLOCATION/FRACTURE	684.10	684.10	10/1/2009
23700		3	FIXATION OF SHOULDER	145.57	145.57	10/1/2009
23800		3	FUSION OF SHOULDER JNT	777.29	777.29	10/1/2009
23802		3	FUSION OF SHOULDER JOINT	944.85	944.85	10/1/2009
23900		3	AMPUTATION OF ARM	1011.29	1011.29	10/1/2009
23920		3	AMPUTATION OF ARM	817.73	817.73	10/1/2009
23921		3	DISARTICULATION OF SHOULDER;	295.60	295.60	10/1/2009
23930		3	INCISION AND DRAINAGE DEEP ABSCESS OR HEMATOMA	161.64	254.52	10/1/2009
23931		3	INCISION AND DRAINAGE INFECTED BURSA.	115.91	197.52	10/1/2009
23935		3	INCISION DEEP W/OPENING OF CORTEX FOR OSTEOMYELITI	368.82	368.82	10/1/2009
24000		3	INCISION OF ELBOW JOINT	350.72	350.72	10/1/2009
24006		3	ARTHROTOMY ELBOW W/CAPSULAR RELEASE	532.35	532.35	10/1/2009
24065		3	BIOPSY SOFT TISSUES SUPERFICIAL.	123.63	181.61	10/1/2009
24066		3	BIOPSY SOFT TISSUES, DEEP.	295.76	422.66	10/1/2009
24075		3	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUBCU	230.87	341.91	10/1/2009
24076		3	EXCISION BENIGN TUMOR DEEP SUBFASCIAL OR INTRAMUSC	353.22	353.22	10/1/2009
24077		3	RADICAL RESECTION SOFT TISSUE TUMOR, ARM/ELBOW.	613.59	613.59	10/1/2009
24100		3	ARTHROTOMY ELBOW WITH SYNOVIAL BIOPSY ONLY	298.98	298.98	10/1/2009
24101		3	EXPLORATION OF ELBOW JOINT	368.53	368.53	10/1/2009
24102		3	EXPLORATION ELBOW JOINT.	458.64	458.64	10/1/2009
24105		3	AMB SURG EXCISION OLECRANON BURSA	246.18	246.18	10/1/2009
24110		3	REMOVAL OF BONE LESION	433.26	433.26	10/1/2009
24115		3	REMOVAL OF BONE LESION/GRAFT	548.62	548.62	10/1/2009
24116		3	REMOVAL OF BONE LESION/GRAFT	652.21	652.21	10/1/2009
24120		3	AMB SURG EXC BONE CYST/BENIGN TUMOR/OLECRANON	387.86	387.86	10/1/2009
24125		3	REMOVAL OF BONE LESION/GRAFT	448.68	448.68	10/1/2009
24126		3	REMOVAL OF BONE LESION/GRAFT	476.29	476.29	10/1/2009
24130		3	REMOVAL OF HEAD OF RADUIS	374.20	374.20	10/1/2009
24134		3	SEQUESTRECTOMY FOR OSTEOMYELITIS OR BONE ABSCESS S	564.22	564.22	10/1/2009
24136		3	SEQUES FOR OSTEO/BONE ABSCESS RADIAL HEAD OR NECK	446.69	446.69	10/1/2009
24138		3	SEQUES FOR OSTEO/BONE ABSCESS OLECRANON PROCESS	491.86	491.86	10/1/2009
24140		3	PARTIAL REMOVAL OF BONE	537.01	537.01	10/1/2009
24145		3	PARTIAL REMOVAL OF BONE	449.67	449.67	10/1/2009
24147		3	PARTIAL REMOVAL OF BONE	466.49	466.49	10/1/2009
24150		3	REMOVAL HUMERUS LESION.	735.67	735.67	10/1/2009
24151		3	REMOVAL OF HUMERUS LESION	846.36	846.36	10/1/2009
24152		3	REMOVAL RADIUS LESION.	552.73	552.73	10/1/2009
24153		3	RADICAL RESECTION TUMOR RADIAL HEAD/NECK GRAFT.	592.93	592.93	10/1/2009
24155		3	REMOVAL OF ELBOW JOINT	640.37	640.37	10/1/2009
24160		3	REMOVAL PROSTHETIC DEVICE	451.10	451.10	10/1/2009
24164		3	IMPLANT REMOVAL RADIAL HEAD	368.30	368.30	10/1/2009
24200		3	REMOVAL OF FOREIGN BODY SUBCUTANEOUS	100.41	141.94	10/1/2009
24201		3	REMOVAL OF FOREIGN BODY DEEP	269.30	395.91	10/1/2009
24220		3	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	56.85	128.08	10/1/2009
24300		3	MANIPULATION, ELBOW, UNDER ANESTHESIA	285.49	285.49	10/1/2009
24301		3	MUSCLE OR TENDON TRANSFER ANY TYPE SINGLE	565.57	565.57	10/1/2009
24305		3	TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON	430.80	430.80	10/1/2009
24310		3	REVISION OF ARM TENDON	352.35	352.35	10/1/2009
24320		3	REPAIR OF ARM TENDON	582.98	582.98	10/1/2009
24330		3	REVISION OF ARM MUSCLES	537.33	537.33	10/1/2009
24331		3	REVISION OF ARM MUSCLES	594.65	594.65	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
24332		3	TENOLYSIS, TRICEPS	449.43	449.43	10/1/2009
24340		3	REPAIR OF RUPTURED TENDON	457.35	457.35	10/1/2009
24342		3	REPAIR OF RUPTURED TENDON	591.12	591.12	10/1/2009
24343		3	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	522.86	522.86	10/1/2009
24344		3	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON	818.17	818.17	10/1/2009
24345		3	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	519.60	519.60	10/1/2009
24346		3	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON	819.88	819.88	10/1/2009
24360		3	REPAIR ELBOW JOINT	680.02	680.02	10/1/2009
24361		3	ARTHROPLASTY ELBOW W HUMERAL PROTHETIC REPLACEMENT	763.08	763.08	10/1/2009
24362		3	REPAIR OF ELBOW JOINT	807.54	807.54	10/1/2009
24363		3	ARTHROPLASTY W HUMERUS/ULNAR PROSTHETIC REPLACE.	1134.95	1134.95	10/1/2009
24365		3	REPAIR OF HEAD OF RADIUS	478.95	478.95	10/1/2009
24366		3	REPAIR OF HEAD OF RADIUS W IMPLANT.	513.42	513.42	10/1/2009
24400		3	REVISION OF HUMERUS	620.09	620.09	10/1/2009
24410		3	MULTIPLE OSTEOTOMIES HUMERUS.	794.04	794.04	10/1/2009
24420		3	REPAIR OF HUMERUS	744.54	744.54	10/1/2009
24430		3	REPAIR NONUNION HUMEROUS	792.08	792.08	10/1/2009
24435		3	REPAIR/GRAFT OF HUMERUS	802.58	802.58	10/1/2009
24470		3	REVISION OF ELBOW JOINT	472.95	472.95	10/1/2009
24495		3	DECOMPRESSION OF FOREARM	490.35	490.35	10/1/2009
24498		3	PROPHYLACTIC TX HUMERUS.	659.45	659.45	10/1/2009
24500		3	TREATMENT HUMERUS FRACTURE	221.78	243.69	10/1/2009
24505		3	TREATMENT HUMERUS FRACTURE	326.64	355.49	10/1/2009
24515		3	REPAIR HUMERUS FRACTURE	660.51	660.51	10/1/2009
24516		3	OPEN TX HUMERAL SHAFT FX W INTRAMEDULLARY IMPLANT	653.83	653.83	10/1/2009
24530		3	TREATMENT HUMERUS FX W/WO INTERCONDYLAR EXTENSION	238.81	262.46	10/1/2009
24535		3	REPAIR HUMERUS FRACTURE	416.84	445.97	10/1/2009
24538		3	FIXATION HUMERAL FX W/WO INTERCONDYLAR EXTENSION	555.91	555.91	10/1/2009
24545		3	REPAIR HUMERUS FX W/O INTERCONDYLAR EXTENSION	688.08	688.08	10/1/2009
24546		3	OPEN TX HUMERAL SUPRA/TRANSCONDYLAR FX; W/WO FIX.	799.54	799.54	10/1/2009
24560		3	TREAT HUMERUS FRACTURE	195.09	218.74	10/1/2009
24565		3	REPAIR HUMERUS FRACTURE	340.46	366.42	10/1/2009
24566		3	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE	519.99	519.99	10/1/2009
24575		3	REPAIR HUMERUS FRACTURE	551.86	551.86	10/1/2009
24576		3	TREAT HUMERUS FRACTURE	207.47	229.97	10/1/2009
24577		3	REPAIR HUMERUS FRACTURE	353.22	381.20	10/1/2009
24579		3	REPAIR HUMERUS FRACTURE	628.00	628.00	10/1/2009
24582		3	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE	580.18	580.18	10/1/2009
24586		3	REPAIR ELBOW FRACTURE	831.90	831.90	10/1/2009
24587		3	REPAIR ELBOW FX WITH IMPLANT	828.40	828.40	10/1/2009
24600		3	TREATMENT OF CLOSED ELBOW DISLOCATION;	237.06	258.99	10/1/2009
24605		3	TREATMENT OF CLOSED ELBOW DISLOCATION;	335.88	335.88	10/1/2009
24615		3	REPAIR ELBOW DISLOCATION	537.74	537.74	10/1/2009
24620		3	TREAT ELBOW FRACTURE	406.85	406.85	10/1/2009
24635		3	REPAIR ELBOW FRACTURE	562.12	562.12	10/1/2009
24640		3	TREAT ELBOW DISLOCATION	63.20	85.11	10/1/2009
24650		3	TREAT RADIUS FRACTURE	160.93	177.37	10/1/2009
24655		3	TREAT RADIUS FRACTURE	283.59	308.11	10/1/2009
24665		3	REPAIR RADIUS FRACTURE	482.60	482.60	10/1/2009
24666		3	REPAIR RADIUS FRACTURE	549.14	549.14	10/1/2009
24670		3	TREAT ULNA FRACTURE	180.03	199.64	10/1/2009
24675		3	TREAT ULNA FRACTURE	301.20	325.72	10/1/2009
24685		3	REPAIR ULNA FRACTURE	484.75	484.75	10/1/2009
24800		3	FUSION OF ELBOW JOINT	597.62	597.62	10/1/2009
24802		3	FUSION/GRAFT OF ELBOW JOINT	757.39	757.39	10/1/2009
24900		3	AMPUTATION OF ARM	539.69	539.69	10/1/2009
24920		3	AMPUTATION OF ARM	536.33	536.33	10/1/2009
24925		3	AMPUTATION, ARM THROUGH HUMERUS;	414.86	414.86	10/1/2009
24930		3	AMPUTATION FOLLOW-UP SURGERY	569.06	569.06	10/1/2009
24931		3	AMPUTATION FOLLOW-UP SURGERY	638.89	638.89	10/1/2009
24935		3	REVISION OF AMPUTATION	775.49	775.49	10/1/2009
24940		3	AMPUTATION OF ARM	890.70	890.70	10/1/2009
25000		3	INCISION OF TENDON SHEATH	254.84	254.84	10/1/2009
25001		3	INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CARPI RADIALIS)	242.13	242.13	10/1/2009
25020		3	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR	422.85	422.85	10/1/2009
25023		3	DECOMP FASCIOTOMY FLEX/EXTEN COMP W DEBR NONVIABLE	818.75	818.75	10/1/2009
25024		3	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR	574.61	574.61	10/1/2009
25025		3	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR	889.03	889.03	10/1/2009
25028		3	INCISION AND DRAINAGE DEEP ABSCESS OR HEMATOMA	376.52	376.52	10/1/2009
25031		3	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA	277.48	277.48	10/1/2009
25035		3	INCISION DEEP W OPENING OF CORTEX FOR OSTEOMYELITIS	480.82	480.82	10/1/2009
25040		3	EXPLORATION OF WRIST JOINT	426.82	426.82	10/1/2009
25065		3	BIOPSY SOFT TISSUES SUPERFICIAL.	121.88	180.13	10/1/2009
25066		3	BIOPSY SOFT TISSUES DEEP	277.96	277.96	10/1/2009
25075		3	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; SUBCUTANEOUS	243.52	243.52	10/1/2009
25076		3	REMOVAL OF FOREARM LESION	328.79	328.79	10/1/2009
25077		3	RADICAL RESECTION SOFT TISSUE TUMOR, FOREARM/WRIST	560.56	560.56	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
25085		3	CAPSULOTOMY WRIST	343.00	343.00	10/1/2009
25100		3	BIOPSY OF WRIST JOINT	254.20	254.20	10/1/2009
25101		3	ARTHROTOMY WITH JOINT EXPLORATION	299.90	299.90	10/1/2009
25105		3	EXPLORATION OF WRIST JOINT	364.84	364.84	10/1/2009
25107		3	ARTHROTOMY DIST RADIOULINAR JOINT EXCISION TRIANGU	453.86	453.86	10/1/2009
25109		3	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR,	388.50	388.50	10/1/2009
25110		3	AMB SURG EXCISION LESION TENDON SHEATH	266.09	266.09	10/1/2009
25111		3	AMB SURG EXCISION GANGLION WRIST PRIMARY	230.79	230.79	10/1/2009
25112		3	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR);	282.96	282.96	10/1/2009
25115		3	AMB SURG EXCISION BURSA WRIST/FOREARM	598.44	598.44	10/1/2009
25116		3	REMOVAL WRIST/ROREARM LESION.	482.77	482.77	10/1/2009
25118		3	EXPLORE WRIST TENDON SHEATH.	283.35	283.35	10/1/2009
25119		3	SYNOVECTOMY WRIST W RESECTION OF ULNA.	375.88	375.88	10/1/2009
25120		3	REMOVAL OF FOREARM LESION	411.70	411.70	10/1/2009
25125		3	REMOVAL OF FOREARM LESION	479.88	479.88	10/1/2009
25126		3	REMOVAL OF FOREARM LESION	484.78	484.78	10/1/2009
25130		3	REMOVAL OF WRIST LESION	332.81	332.81	10/1/2009
25135		3	REMOVAL OF WRIST LESION	416.28	416.28	10/1/2009
25136		3	REMOVAL OF WRIST LESION	367.87	367.87	10/1/2009
25145		3	SEQUESTRECTOMY FOR OSTEOMYELITIS OR BONE ABSCESS	422.91	422.91	10/1/2009
25150		3	PARTIAL EXC BONE FOR OSTEOMYELITIS ULNA	431.78	431.78	10/1/2009
25151		3	PARTIAL REMOVAL RADIUS/ULNA	476.82	476.82	10/1/2009
25170		3	REMOVAL RADIUS/ULNA LESION.	665.35	665.35	10/1/2009
25210		3	REMOVAL OF WRIST BONE	365.15	365.15	10/1/2009
25215		3	REMOVAL OF WRIST BONES	471.14	471.14	10/1/2009
25230		3	PARTIAL REMOVAL OF RADIUS	323.30	323.30	10/1/2009
25240		3	AMB SURG EXCISION DISTAL ULNA (DURRACH PROCEDURE)	327.59	327.59	10/1/2009
25246		3	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	62.56	130.34	10/1/2009
25248		3	EXPLORATION FOR REMOVAL OF DEEP FOREIGN BODY	326.05	326.05	10/1/2009
25250		3	REMOVAL OF WRIST PROSTHESIS SEPARATE PROCEDURE.	388.84	388.84	10/1/2009
25251		3	REMOVAL WRIST PROTHESIS COMPLICATED TOTAL WRIST.	532.41	532.41	10/1/2009
25259		3	MANIPULATION, WRIST, UNDER ANESTHESIA	286.33	286.33	10/1/2009
25260		3	AMB SURG REPAIR TENDON/MUSCLE PRIMARY SINGLE	505.45	505.45	10/1/2009
25263		3	REPAIR ADDITIONAL TENDON	504.70	504.70	10/1/2009
25265		3	REPAIR TENDON OR MUSCLE SECONDARY WITH FREE GRAFT	600.34	600.34	10/1/2009
25270		3	REPAIR TENDON OR MUSCLE EXTENSOR PRIMARY SINGLE EA	405.29	405.29	10/1/2009
25272		3	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST;	456.74	456.74	10/1/2009
25274		3	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SEC	542.13	542.13	10/1/2009
25275		3	REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FR	500.77	500.77	10/1/2009
25280		3	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TE	462.92	462.92	10/1/2009
25290		3	TENOTOMY OPEN SINGLE FLEXOR OR EXTENSOR TENDON EAC	390.65	390.65	10/1/2009
25295		3	TENOLYSIS SING FLEXOR OR EXTENSOR TENDON EACH TEND	430.64	430.64	10/1/2009
25300		3	FUSION OF WRIST TENDONS	510.02	510.02	10/1/2009
25301		3	FUSION OF WRIST TENDONS	485.71	485.71	10/1/2009
25310		3	TRANSPLANT WRIST TENDON	501.35	501.35	10/1/2009
25312		3	TRANSPLANT WRIST TENDON	581.52	581.52	10/1/2009
25315		3	REVISE PALSY HAND	623.81	623.81	10/1/2009
25316		3	REVISE PALSY HAND	722.59	722.59	10/1/2009
25320		3	REPAIR WRIST JOINT	717.78	717.78	10/1/2009
25332		3	REPAIR WRIST JOINT W INTERNAL FIXATION	635.42	635.42	10/1/2009
25335		3	CENTRALZATION OF HAND ON ULNA	721.52	721.52	10/1/2009
25337		3	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA	660.78	660.78	10/1/2009
25350		3	OSTEOTOMY RADIUS	552.54	552.54	10/1/2009
25355		3	OSTEOTOMY RADIUS	622.00	622.00	10/1/2009
25360		3	REVISION ULNA	536.03	536.03	10/1/2009
25365		3	REVISION RADIUS/ULNA	731.87	731.87	10/1/2009
25370		3	REVISION RADIUS OR ULNA	797.72	797.72	10/1/2009
25375		3	REVISION RADIUS AND ULNA	769.86	769.86	10/1/2009
25390		3	REVISE RADIUS OR ULNA	625.82	625.82	10/1/2009
25391		3	REVISE RADIUS OR ULNA	796.82	796.82	10/1/2009
25392		3	REVISE RADIUS & ULNA	808.91	808.91	10/1/2009
25393		3	REVISE/GRAFT RADIUS/ULNA	909.65	909.65	10/1/2009
25394		3	OSTEOPLASTY, CARPAL BONE, SHORTENING	583.69	583.69	10/1/2009
25400		3	REPAIR NONUNION/MALUNION RADIUS OR ULNA	656.69	656.69	10/1/2009
25405		3	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT	836.18	836.18	10/1/2009
25415		3	REPAIR RADIUS AND ULNA	785.10	785.10	10/1/2009
25420		3	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAF	935.76	935.76	10/1/2009
25425		3	REPAIR/GRAFT RADIUS OR ULNA	807.08	807.08	10/1/2009
25426		3	REPAIR/GRAFT RADIUS AND ULNA	849.09	849.09	10/1/2009
25430		3	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HARRI PROCEI	531.73	531.73	10/1/2009
25431		3	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID I	589.53	589.53	10/1/2009
25440		3	REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR W	585.58	585.58	10/1/2009
25441		3	ARTHROPLASTY PROSTHETIC REPLACE DISTAL RADIUS	710.41	710.41	10/1/2009
25442		3	ARTHROPLASTY W PROSTHETIC REPLACEMENT DISTAL ULNA	604.77	604.77	10/1/2009
25443		3	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (N	580.05	580.05	10/1/2009
25444		3	ARTHROPLASTY W PROSTHETIC REPLACEMENT LUNATE	619.03	619.03	10/1/2009
25445		3	ARTHROPLASTY W PROTHETIC REPLACEMENT TRAPEZIUM	541.74	541.74	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
25446	3		ARTHROPLASTY W PROSTHETIC REPLACE DISTAL RAD/CARP	894.39	894.39	10/1/2009
25447	3		INTERPOSITION ARTHROPLASTY INTERCARPAL/CARPOMETA	611.18	611.18	10/1/2009
25449	3		ARTHROPLASTY W REMOVAL OF IMPLANT	783.08	783.08	10/1/2009
25450	3		REVISION OF WRIST JOINT	453.55	453.55	10/1/2009
25455	3		REVISION OF WRIST JOINT	517.53	517.53	10/1/2009
25490	3		PROPHYLACTIC TREATMENT RADIUS	569.31	569.31	10/1/2009
25491	3		PROPHYLACTIC TX ULNA	600.75	600.75	10/1/2009
25492	3		PROPHYLACTIC TX RADIUS AND ULNA	725.03	725.03	10/1/2009
25500	3		TREAT FRACTURE OF RADIUS	166.80	182.37	10/1/2009
25505	3		REPAIR FRACTURE OF RADIUS	331.29	357.25	10/1/2009
25515	3		REPAIR FRACTURE OF RADIUS	498.96	498.96	10/1/2009
25520	3		CLOSED TREATMENT OF RADIAL SHAFT FRACTURE AND CLOSED TREATM	377.68	395.27	10/1/2009
25525	3		OPEN TX RADIAL SHAFT FX & CLOSED TX RADIOULNAR JNT	603.09	603.09	10/1/2009
25526	3		OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/OR	740.60	740.60	10/1/2009
25530	3		TREAT FRACTURE OF ULNA	158.84	176.14	10/1/2009
25535	3		REPAIR FRACTURE OF ULNA	325.71	346.47	10/1/2009
25545	3		REPAIR FRACTURE OF ULNA	466.35	466.35	10/1/2009
25560	3		TREAT FRACTURE RADIUS & ULNA	165.91	184.66	10/1/2009
25565	3		REPAIR FRACTURE RADIUS/ULNA	344.37	374.37	10/1/2009
25574	3		OPEN TX RADIAL/ULNAR SHAFT FXS	490.87	490.87	10/1/2009
25575	3		REPAIR FRACTURE RADIUS/ULNA	668.79	668.79	10/1/2009
25600	3		TREAT FRACTURE RADIUS/ULNA	182.45	201.19	10/1/2009
25605	3		REPAIR FRACTURE RADIUS/ULNA	418.04	440.54	10/1/2009
25606	3		PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EF	490.31	490.31	10/1/2009
25607	3		OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EI	530.98	530.98	10/1/2009
25608	3		OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EP	606.29	606.29	10/1/2009
25609	3		OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EP	774.56	774.56	10/1/2009
25622	3		RX CLOSED CARPAL SCAPHOID FX WITHOUT MANIPULATION	186.27	206.17	10/1/2009
25624	3		CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE;	300.11	327.22	10/1/2009
25628	3		OPEN RX CLOSED OR OPEN CARPAL SCAPHOID FRACTURE	533.56	533.56	10/1/2009
25630	3		TREAT WRIST FRACTURE(S)	191.99	211.60	10/1/2009
25635	3		REPAIR WRIST FRACTURE(S)	278.01	309.75	10/1/2009
25645	3		OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SC	420.66	420.66	10/1/2009
25650	3		TREATMENT OF CLOSED ULNAR STYLOID FRACTURE	203.95	220.68	10/1/2009
25651	3		PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	347.25	347.25	10/1/2009
25652	3		OPEN TREATMENT OF ULNAR STYLOID FRACTURE	458.33	458.33	10/1/2009
25660	3		REPAIR WRIST DISLOCATION	290.14	290.14	10/1/2009
25670	3		OPNE RX OF CLOSED OR OPEN RADIOCARPAL OR INTERCARP	454.08	454.08	10/1/2009
25671	3		PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATIC	382.37	382.37	10/1/2009
25675	3		REPAIR WRIST DISLOCATION	282.94	305.71	10/1/2009
25676	3		REPAIR WRIST DISLOCATION	470.13	470.13	10/1/2009
25680	3		REPAIR WRIST FRACTURE	336.22	336.22	10/1/2009
25685	3		REPAIR WRIST FRACTURE	547.84	547.84	10/1/2009
25690	3		REPAIR WRIST DISLOCATION	338.76	338.76	10/1/2009
25695	3		REPAIR WRIST DISLOCATION	472.01	472.01	10/1/2009
25800	3		FUSION OF WRIST	558.45	558.45	10/1/2009
25805	3		FUSION/GRAFT OF WRIST	644.03	644.03	10/1/2009
25810	3		FUSION/GRAFT OF WRIST	650.20	650.20	10/1/2009
25820	3		INTERCARPAL FUSION WO BONE GRAFT	455.28	455.28	10/1/2009
25825	3		INTERCARPAL FUSION W AUTOGENOUS BONE GRAFT	561.53	561.53	10/1/2009
25830	3		ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION	699.37	699.37	10/1/2009
25900	3		AMPUTATION FOREARM THROUGH RADIUS AND ULNA	559.46	559.46	10/1/2009
25905	3		AMPUTATION OF FOREARM	553.41	553.41	10/1/2009
25907	3		AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;	482.54	482.54	10/1/2009
25909	3		AMPUTATION FOLLOW-UP SURGERY	544.03	544.03	10/1/2009
25915	3		AMPUTATION OF FOREARM	954.76	954.76	10/1/2009
25920	3		DISARTICULATION THROUGH WRIST	511.88	511.88	10/1/2009
25922	3		DISARTICULATION W SECONDARY CLOSURE REVISION	432.59	432.59	10/1/2009
25924	3		REAMPUTATION	499.82	499.82	10/1/2009
25927	3		TRANSMETACARPAL AMPUTATION	578.80	578.80	10/1/2009
25929	3		TRANSMETACARP AMPUT SEC CLOSURE OR SCAR REVISION	419.25	419.25	10/1/2009
25931	3		TRANSMETACARPAL REAMPUTATION	526.96	526.96	10/1/2009
26010	3		DRAINAGE OF FINGER ABSCESS	96.90	179.10	10/1/2009
26011	3		DRAINAGE OF FINGER ABSCESS;	135.42	272.99	10/1/2009
26020	3		DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH	312.16	312.16	10/1/2009
26025	3		DRAINAGE OF PALM BURSA	305.30	305.30	10/1/2009
26030	3		DRAINAGE OF PALM BURSAS	361.38	361.38	10/1/2009
26034	3		INC DEEP W/OPEN CORTEX FOR OSTEO/BONE ABSCESS HAND	391.33	391.33	10/1/2009
26035	3		DECOMPRESSION FINGER/HAND	611.75	611.75	10/1/2009
26037	3		DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)	422.55	422.55	10/1/2009
26040	3		FASCIOTOMY PALMAR FOR DUPUYTREN CONTRACTURE OPEN P	223.44	223.44	10/1/2009
26045	3		RELEASE PALM CONTRACTURE	341.86	341.86	10/1/2009
26055	3		AMB SURG TENDON SHEATH INCISION FOR TRIGGER FINGER	213.65	398.53	10/1/2009
26060	3		TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT	191.20	191.20	10/1/2009
26070	3		EXPLORATION OF HAND JOINT	218.66	218.66	10/1/2009
26075	3		ARTHROTOMY WITH EXPLORATION METACARPOPHALANGEAL JO	231.41	231.41	10/1/2009
26080	3		EXPLORATION OF FINGER JOINT	278.78	278.78	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
26100		3	BIOPSY OF HAND JOINT	234.22	234.22	10/1/2009
26105		3	ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH	239.62	239.62	10/1/2009
26110		3	BIOPSY OF FINGER JOINT	229.94	229.94	10/1/2009
26115		3	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND	260.50	438.74	10/1/2009
26116		3	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND	351.31	351.31	10/1/2009
26117		3	RADICAL RESECTION SOFT TISSUE TUMOR HAND/FINGER	481.72	481.72	10/1/2009
26121		3	FASCIECTOMY PALMAR W/WO Z-PLASTY OR SKIN GRAFTING	442.11	442.11	10/1/2009
26123		3	FASCIECTOMY, PALMAR WITH RELEASE OF SINGLE DIGIT.	605.43	605.43	10/1/2009
26125		3	FASCIECTOMY, PALMER W/ RELEASE ADDITIONAL DIGITS.	218.41	218.41	10/1/2009
26130		3	EXPLORATION HAND JOINT	334.22	334.22	10/1/2009
26135		3	EXPLORATION FINGER JOINT	407.60	407.60	10/1/2009
26140		3	AMB SURG SYNOVECTOMY INTERPHALANGEAL JOINT	370.20	370.20	10/1/2009
26145		3	TENDON EXCISION PALM/DIGIT	376.44	376.44	10/1/2009
26160		3	EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE (EG, CYST, I	233.22	399.93	10/1/2009
26170		3	REMOVAL OF PALM TENDON	295.44	295.44	10/1/2009
26180		3	REMOVAL OF FINGER TENDON	323.00	323.00	10/1/2009
26200		3	AMB SURG EXCISION/CURRETTAGE BONE CYST METACARPAL	332.08	332.08	10/1/2009
26205		3	REMOVAL/GRAFT JOINT LESION	446.94	446.94	10/1/2009
26210		3	REMOVAL OF FINGER LESION	321.40	321.40	10/1/2009
26215		3	REMOVAL/GRAFT FINGER LESION	409.61	409.61	10/1/2009
26230		3	PARTIAL REMOVAL OF HAND BONE	372.04	372.04	10/1/2009
26235		3	PARTIAL REMOVAL FINGER BONE	365.34	365.34	10/1/2009
26236		3	PARTIAL REMOVAL FINGER BONE	323.32	323.32	10/1/2009
26250		3	REMOVAL OF HAND BONE	432.05	432.05	10/1/2009
26255		3	REMOVAL/GRAFT OF HAND BONE	660.06	660.06	10/1/2009
26260		3	RADICAL RESECTION FOR TUMOR OF FINGER	404.56	404.56	10/1/2009
26261		3	PARTIAL REMOVAL/GRAFT FINGER	502.24	502.24	10/1/2009
26262		3	RADICAL RESECTION FOR TUMOR OF FINGER	337.36	337.36	10/1/2009
26320		3	REMOVAL OF IMPLANT HAND	251.21	251.21	10/1/2009
26340		3	MANIPULATION FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	223.51	223.51	10/1/2009
26350		3	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLE;	517.97	517.97	10/1/2009
26352		3	REMOVAL/GRAFT TENDON	590.75	590.75	10/1/2009
26356		3	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR	772.02	772.02	10/1/2009
26357		3	FLEXOR TENDON REPAIR SECONDARY EACH TENDON	635.17	635.17	10/1/2009
26358		3	REPAIR/GRAFT TENDON	671.81	671.81	10/1/2009
26370		3	REPAIR TENDON	562.09	562.09	10/1/2009
26372		3	REPAIR/GRAFT TENDON	652.97	652.97	10/1/2009
26373		3	PROFUNDUS TENDON REPAIR SECONDARY WITHOUT FREE GRA	620.24	620.24	10/1/2009
26390		3	EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR	611.27	611.27	10/1/2009
26392		3	REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAF	713.75	713.75	10/1/2009
26410		3	AMB SURG EXTENSOR TENDON REPAIR DORSUM OF HAND	411.56	411.56	10/1/2009
26412		3	REPAIR/GRAFT TENDON	501.30	501.30	10/1/2009
26415		3	EXCISION OF EXTENSOR TENDON, WITH IMPLANTATION OF SYNTHETIC RO	530.76	530.76	10/1/2009
26416		3	REMOVAL OF SYNTHETIC ROD AND INSERTION OF EXTENSOR TENDON GR	569.23	569.23	10/1/2009
26418		3	REPAIR TENDON	412.44	412.44	10/1/2009
26420		3	REPAIR/GRAFT TENDON	521.37	521.37	10/1/2009
26426		3	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTON	421.21	421.21	10/1/2009
26428		3	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTON	548.19	548.19	10/1/2009
26432		3	AMB SURG REPAIR MULLET FINGER DEFORMITY	359.90	359.90	10/1/2009
26433		3	REPAIR TENDON	386.68	386.68	10/1/2009
26434		3	REPAIR/GRAFT TENDON	465.38	465.38	10/1/2009
26437		3	EXTENSOR TENDON REALIGNMENT	453.29	453.29	10/1/2009
26440		3	AMB SURG TENOLYSIS FLEXOR TENDON HAND	453.53	453.53	10/1/2009
26442		3	RELEASE TENDON PALM & FINGER	690.83	690.83	10/1/2009
26445		3	TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER; EACH TENDON	420.18	420.18	10/1/2009
26449		3	RELEASE TENDON FOREARM	556.14	556.14	10/1/2009
26450		3	INCISION OF TENDON	292.31	292.31	10/1/2009
26455		3	INCISION OF TENDON	290.31	290.31	10/1/2009
26460		3	TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH TENDON	282.09	282.09	10/1/2009
26471		3	FUSION OF TENDONS	446.54	446.54	10/1/2009
26474		3	FUSION OF TENDON	427.92	427.92	10/1/2009
26476		3	TENDON LENGTHENING EXTENSOR SINGLE EACH	416.65	416.65	10/1/2009
26477		3	TENDON SHORTENING EXTENSOR SINGLE EACH	420.15	420.15	10/1/2009
26478		3	TENDON LENGTHENING FLEXOR HAND/FINGER	456.61	456.61	10/1/2009
26479		3	TENDON SHORTENING FLEXOR HAND/FINGER	451.68	451.68	10/1/2009
26480		3	TENDON TRANSPLANT	548.77	548.77	10/1/2009
26483		3	TENDON TRANSPLANT	621.28	621.28	10/1/2009
26485		3	TENDON TRANSPLANT	594.66	594.66	10/1/2009
26489		3	TENDON TRANSPLANT & GRAFT	645.85	645.85	10/1/2009
26490		3	TENDON TRANSFER	576.73	576.73	10/1/2009
26492		3	TENDON TRANSFER WITH GRAFT	643.33	643.33	10/1/2009
26494		3	TENDON/MUSCLE TRANSFER	583.74	583.74	10/1/2009
26496		3	REPAIR THUMB TENDON	634.13	634.13	10/1/2009
26497		3	SUBLIMIS TRANSFER TO CORRECT CLAW FINGER IV AND V	634.45	634.45	10/1/2009
26498		3	SUBLIMIS TRANSFER TO CORRECT CLAW FINGER 2/3/4/5	850.44	850.44	10/1/2009
26499		3	CORRECTION CLAW FINGER, OTHER METHODS	605.92	605.92	10/1/2009
26500		3	TENDON RECONSTRUCTION	456.12	456.12	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
26502		3	TENDON RECONSTRUCTION/GRAFT	515.92	515.92	10/1/2009
26508		3	RELEASE THUMB CONTRACTURE	458.69	458.69	10/1/2009
26510		3	CROSS INTRINSIC TRANSFER, EACH TENDON	434.25	434.25	10/1/2009
26516		3	FUSION OF KNUCKLE JOINT	514.49	514.49	10/1/2009
26517		3	FUSION OF KNUCKLE JOINTS	606.91	606.91	10/1/2009
26518		3	FUSION OF KNUCKLE JOINTS	612.79	612.79	10/1/2009
26520		3	RELEASE KNUCKLE CONTRACTURE	474.23	474.23	10/1/2009
26525		3	RELEASE FINGER CONTRACTURE	476.23	476.23	10/1/2009
26530		3	REPAIR KNUCKLE	395.15	395.15	10/1/2009
26531		3	REPAIR KNUCKLE WITH IMPLANT	460.30	460.30	10/1/2009
26535		3	REPAIR FINGER JOINT	296.67	296.67	10/1/2009
26536		3	REPAIR FINGER JOINT-IMPLANT	489.43	489.43	10/1/2009
26540		3	RECONSTRUCTION COLLATERAL LIGAMENT METACARPOPHALAN	482.36	482.36	10/1/2009
26541		3	RECONSTRUCT COLLATERAL LIG METACARPO JT WITH TENDO	591.30	591.30	10/1/2009
26542		3	PRIM REPAIR COLLATERAL LIGAMENT W/ LOCAL TISSUE	499.06	499.06	10/1/2009
26545		3	RECONSTRUCT FINGER JOINT	508.08	508.08	10/1/2009
26548		3	REPAIR/RECONSTRUCT FINGER VOLAR PLATE	560.36	560.36	10/1/2009
26550		3	CONSTRUCT THUMB REPLACEMENT	1115.65	1115.65	10/1/2009
26555		3	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR AN	1019.25	1019.25	10/1/2009
26560		3	AMB SURG REPAIR SYNDACTYLY FINGERS	415.11	415.11	10/1/2009
26561		3	REPAIR WEB FINGER	670.68	670.68	10/1/2009
26562		3	REPAIR WEB FINGER COMPLEX	977.29	977.29	10/1/2009
26565		3	AMB SURG OSTEOTOMY CORRECTION DEFORMITY METACARPAL	494.53	494.53	10/1/2009
26567		3	AMB SURG OSTEOTOMY CORRECT DEFORMITY PHALANX	499.54	499.54	10/1/2009
26568		3	OSTEOPLASTY FOR LENGTHENING OF METACARPAL/PHALANX	657.96	657.96	10/1/2009
26580		3	REPAIR HAND DEFORMITY	1042.62	1042.62	10/1/2009
26587		3	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE	715.92	715.92	10/1/2009
26590		3	REPAIR MACRODACTYLIA, EACH DIGIT	951.07	951.07	10/1/2009
26591		3	REPAIR INTRINSIC MUSCLES OF HAND	315.72	315.72	10/1/2009
26593		3	RELEASE INTRINSIC MUSCLES OF HAND	432.93	432.93	10/1/2009
26596		3	EXCISION OF CONSTRICTING RING W Z-PLASTICS	542.26	542.26	10/1/2009
26600		3	TREAT METACARPAL FRACTURE	177.85	191.98	10/1/2009
26605		3	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE;	203.12	221.87	10/1/2009
26607		3	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, V	321.12	321.12	10/1/2009
26608		3	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH I	346.77	346.77	10/1/2009
26615		3	AMB SURG OPEN REDUCTION METACARPAL FRACTURE	403.48	403.48	10/1/2009
26641		3	TREATMENT CARPOMETACARP DISLOC THUMB W/MANIPULATIO	235.13	256.18	10/1/2009
26645		3	REPAIR THUMB DISLOCATION	270.87	292.50	10/1/2009
26650		3	AMB SURG CLOSED REDUCTION BENNETT FX PIN FIXATION	346.53	346.53	10/1/2009
26665		3	REPAIR THUMB DISLOCATION	448.12	448.12	10/1/2009
26670		3	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN	209.98	231.61	10/1/2009
26675		3	REPAIR HAND DISLOCATION	289.55	312.05	10/1/2009
26676		3	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATIC	363.34	363.34	10/1/2009
26685		3	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN TH	413.80	413.80	10/1/2009
26686		3	OPEN TREAT CLO/OPEN CARPOMETACA DISLO CMPL/MUL/DEL	459.54	459.54	10/1/2009
26700		3	REPAIR FINGER DISLOCATION	206.88	221.30	10/1/2009
26705		3	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE	263.84	286.04	10/1/2009
26706		3	TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATIO	315.70	315.70	10/1/2009
26715		3	REPAIR FINGER DISLOCATION	404.09	404.09	10/1/2009
26720		3	TREAT FINGER FRACTURES	122.07	133.02	10/1/2009
26725		3	RX CLOSED PHALANGEAL SHAFT FX PROX OR MID PHALANX	215.39	238.75	10/1/2009
26727		3	REPAIR FINGER FRACTURES	340.77	340.77	10/1/2009
26735		3	REPAIR FINGER FRACTURES	421.08	421.08	10/1/2009
26740		3	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOF	145.75	154.99	10/1/2009
26742		3	TX CLOSED ARTICULAR FX OF FINGERS W MANIPULATION	239.20	261.99	10/1/2009
26746		3	OPEN RX CLOSED OR OPEN ARTICULAR FX EACH	516.87	516.87	10/1/2009
26750		3	TREAT FINGER FRACTURE	121.48	124.65	10/1/2009
26755		3	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THL	192.17	219.29	10/1/2009
26756		3	TX OF CLOSED DISTAL PHALANGEAL FX W PINNING	299.90	299.90	10/1/2009
26765		3	OPEN RX CLOSED OR OPEN DISTAL PHALANGEAL FX FINGER	341.90	341.90	10/1/2009
26770		3	REPAIR FINGER DISLOCATION	172.30	187.58	10/1/2009
26775		3	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE,	240.44	266.39	10/1/2009
26776		3	TX OF CLOSED INTERPHALANGEAL JOINT DISLOCATION	319.35	319.35	10/1/2009
26785		3	OPEN RX CLOSED OR OPEN INTERPHALANGEAL JOINT DISLO	373.45	373.45	10/1/2009
26820		3	THUMB FUSION WITH GRAFT	577.59	577.59	10/1/2009
26841		3	THUMB FUSION	533.66	533.66	10/1/2009
26842		3	THUMB FUSION WITH GRAFT	580.96	580.96	10/1/2009
26843		3	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, E/	537.60	537.60	10/1/2009
26844		3	AMB SURG ARTHRODESIS FINGERS (26843-26860)	600.47	600.47	10/1/2009
26850		3	AMB SURG ARTHRODESIS FINGERS (26843-26860)	508.94	508.94	10/1/2009
26852		3	AMB SURG ARTHRODESIS FINGERS (26843-26860)	584.68	584.68	10/1/2009
26860		3	AMB SURG ARTHRODESIS FINGERS	406.26	406.26	10/1/2009
26861		3	ARTHRODESIS EACH ADDITIONAL INTERPHALANGEAL JOINT	82.37	82.37	10/1/2009
26862		3	AMB SURG ARTHRODESIS WITH AUTOGENOUS GRAFT	530.88	530.88	10/1/2009
26863		3	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FI	183.69	183.69	10/1/2009
26910		3	AMPUTATION METACARPAL BONE	523.38	523.38	10/1/2009
26951		3	AMB SURG AMPUTATION FINGER/ANY JOINT PRIMARY/SECON	450.52	450.52	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		
				FACILITY	NON-FACILITY	EFFECTIVE DATE
26952		3	AMPUTATION OF FINGER	472.93	472.93	10/1/2009
26990		3	INCISION/DRAINAGE ABSCESS OR HEMATOMA	458.34	458.34	10/1/2009
26991		3	INCISION/DRAINAGE INFECTED BURSA	387.80	508.35	10/1/2009
26992		3	INCIS W/OPEN BONE CORT EX FOR OSTEOMYELITIS OR BON	724.82	724.82	10/1/2009
27000		3	AMB SURG TENOTOMY ADDUCTOR UNILATERAL HIP	332.84	332.84	10/1/2009
27001		3	AMB SURG TENOTOP ADDUCTOR OPEN HIP	404.11	404.11	10/1/2009
27003		3	INCISION OF HIT TENDON	434.12	434.12	10/1/2009
27005		3	TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)	548.94	548.94	10/1/2009
27006		3	TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE	554.48	554.48	10/1/2009
27025		3	INCISION OF HIP FASCIA	672.71	672.71	10/1/2009
27030		3	DRAINAGE OF HIP JOINT	717.96	717.96	10/1/2009
27033		3	EXPLORATION OF HIP JOINT	743.28	743.28	10/1/2009
27035		3	HIP JOINT DEVERVATION FEMORAL OR OBTURATOR NERVES	834.88	834.88	10/1/2009
27040		3	BIOPSY SOFT TISSUE SUPERFICIAL	152.55	246.86	10/1/2009
27041		3	BIOPSY SOFT TISSUE DEEP	519.76	519.76	10/1/2009
27047		3	EXCISION BENIGN TUMOR SUBCUTANEOUS	387.77	457.85	10/1/2009
27048		3	EXCISION BENIGN TUMOR DEEP	355.40	355.40	10/1/2009
27049		3	RADICAL RESECTION SOFT TISSUE TUMOR PELVIS/HIP	757.12	757.12	10/1/2009
27050		3	BIOPSY OF SACROILIAC JOINT	259.81	259.81	10/1/2009
27052		3	BIOPSY OF HIP JOINT	414.44	414.44	10/1/2009
27054		3	ARTHROTOMY WITH SYNOVECTOMY, HIP JOINT	509.46	509.46	10/1/2009
27060		3	REMOVAL OF ISCHIAL BURSA	320.63	320.63	10/1/2009
27062		3	REMOVAL OF FEMUR LESION	334.16	334.16	10/1/2009
27065		3	REMOVAL OF HIP BONE LESION	373.05	373.05	10/1/2009
27066		3	EXCISION OF BONE CYST OR TUMOR DEEP WITH OR WITHOUT	607.99	607.99	10/1/2009
27067		3	EXCISION BENIGN TUMOR W/BONE GRAFT REQ SEPERATE IN	772.34	772.34	10/1/2009
27070		3	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITI	636.44	636.44	10/1/2009
27071		3	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITI	683.14	683.14	10/1/2009
27075		3	RADICAL RESECTION OF TUMOR OR INFECTION; WING OF ILIUM, ONE PUBI	1772.02	1772.02	10/1/2009
27076		3	PARTIAL REMOVAL OF HIP BONE	1219.96	1219.96	10/1/2009
27077		3	REMOVAL OF HIP BONE	2047.94	2047.94	10/1/2009
27078		3	PARTIAL REMOVAL OF HIP BONES	769.11	769.11	10/1/2009
27079		3	RADICAL RESECTION OF TUMOR OR INFECTION;	738.20	738.20	10/1/2009
27080		3	COCCYGECTOMY PRIMARY	368.84	368.84	10/1/2009
27086		3	REMOVAL FOREIGN BODY SUBCTANEOUS TISSUE	110.31	176.64	10/1/2009
27087		3	REMOVAL OF FOREIGN BODY DEEP TISSUE	474.79	474.79	10/1/2009
27090		3	REMOVAL OF HIP PROSTHESIS	628.87	628.87	10/1/2009
27091		3	REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PRC	1222.48	1222.48	10/1/2009
27093		3	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY;	57.52	143.18	10/1/2009
27095		3	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY WITH ANES	65.68	172.69	10/1/2009
27096		3	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHOGRAPHY AND/OR I	55.33	131.76	10/1/2009
27097		3	HAMSTRING RECESSION PROXIMAL	501.23	501.23	10/1/2009
27098		3	ADDUCT TRANSF TO ISHIUM	468.88	468.88	10/1/2009
27100		3	TRANSFER OF ABDOMINAL MUSCLE	617.89	617.89	10/1/2009
27105		3	TRANSFER OF SPINAL MUSCLE	647.21	647.21	10/1/2009
27110		3	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR	723.80	723.80	10/1/2009
27111		3	TRANSFER ILIOPSOAS TO FEMORAL NECK	646.24	646.24	10/1/2009
27120		3	RECONSTRUCTION OF HIP	983.09	983.09	10/1/2009
27122		3	ACETABULOPLASTY; RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PRC	840.98	840.98	10/1/2009
27125		3	HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIP	856.65	856.65	10/1/2009
27130		3	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REI	1106.00	1106.00	10/1/2009
27132		3	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY,	1293.03	1293.03	10/1/2009
27134		3	REVISION OF TOTAL HIP, BOTH COMPONENTS	1501.64	1501.64	10/1/2009
27137		3	REVISION OF TOTAL HIP, ACETABULAR COMPONENT ONLY	1143.28	1143.28	10/1/2009
27138		3	REVISION OF TOTAL HIP, FEMORAL COMPONENT ONLY	1190.23	1190.23	10/1/2009
27140		3	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER OF FEMUR (SEP/	681.79	681.79	10/1/2009
27146		3	INCISION OF HIP BONE	963.68	963.68	10/1/2009
27147		3	OSTEOTOMY WITH OPEN REDUCTION OF HIP	1123.28	1123.28	10/1/2009
27151		3	INCISION OF HIP BONES	1172.86	1172.86	10/1/2009
27156		3	REVISION OF HIP BONES	1311.78	1311.78	10/1/2009
27158		3	OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFORMATION)	1054.04	1054.04	10/1/2009
27161		3	INCISION OF NECK OF FEMUR	931.29	931.29	10/1/2009
27165		3	OSTEOTOMY INCLUDING INTERNAL OR EXTERNAL FIXATION	1040.82	1040.82	10/1/2009
27170		3	REPAIR/GRAFT FEMUR	901.82	901.82	10/1/2009
27175		3	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS;	500.22	500.22	10/1/2009
27176		3	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS;	691.45	691.45	10/1/2009
27177		3	REPAIR SLIPPED EPIPHYSIS	844.42	844.42	10/1/2009
27178		3	OPEN RX SLIPPED FEM EPIPHYSIS CLOSED MANIP W/SINGL	684.37	684.37	10/1/2009
27179		3	REVISION OF NECK OF FEMUR	737.48	737.48	10/1/2009
27181		3	FIXATION SLIPPED EPIPHYSIS	822.02	822.02	10/1/2009
27185		3	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCH	521.42	521.42	10/1/2009
27187		3	PROPHYLACTIC TX FEMORAL NECK AND PROXIMAL FEMUR	756.04	756.04	10/1/2009
27193		3	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASI	347.62	344.74	10/1/2009
27194		3	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASI	539.28	539.28	10/1/2009
27200		3	REPAIR TAIL BONE FRACTURE	127.00	124.41	10/1/2009
27202		3	REPAIR TAIL BONE FRACTURE	475.72	475.72	10/1/2009
27215		3	OPEN TX OF ILIAC SPINE S/INTERNAL FIXATION	558.49	558.49	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
27216	3		PERCUTANEOUS SKELETAL FX POST PELVIC RING FX/DISLOCATION	817.50	817.50	10/1/2009
27217	3		OPEN TX ANT. RING FX/DISLOCATION W/INTERNAL FIX	773.13	773.13	10/1/2009
27218	3		OPEN TX POST RING FX/DISLOCATION W/INTERNAL FIX.	1058.45	1058.45	10/1/2009
27220	3		TREATMENT HIP SOCKET FRACTURE	385.84	388.44	10/1/2009
27222	3		REPAIR HIP SOCKET FRACTURE	741.23	741.23	10/1/2009
27226	3		OPEN TX POST/ANT. ACETABULAR WALL FX, INTERNAL FIX	790.23	790.23	10/1/2009
27227	3		OPEN TREATMENT ACETABULAR FX W/INTERNAL FIX.	1280.74	1280.74	10/1/2009
27228	3		OPEN TX ACETABULAR FX W/INTERNAL FIXATION	1467.52	1467.52	10/1/2009
27230	3		TREATMENT FRACTURE OF FEMUR	340.69	345.01	10/1/2009
27232	3		REPAIR FRACTURE OF FEMUR	590.10	590.10	10/1/2009
27235	3		FIXATION OF FEMUR FRACTURE	691.25	691.25	10/1/2009
27236	3		OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTER	905.83	905.83	10/1/2009
27238	3		CLSD TRT MNT INTEROCHANTERIC, PERTROCHANTERIC, SUBTROCHANTERI	333.91	333.91	10/1/2009
27240	3		RX CLOSED INTEROCHANTERIC OR PERTRO FEMORAL FX W	723.48	723.48	10/1/2009
27244	3		FIXATION OF FEMUR FRACTURE	931.99	931.99	10/1/2009
27245	3		OPEN TX FEMORAL FX; W/INTRAMEDULLARY IMPLANT	964.99	964.99	10/1/2009
27246	3		TREATMENT OF FEMUR FRACTURE	283.23	282.66	10/1/2009
27248	3		REPAIR OF FEMUR FRACTURE	571.06	571.06	10/1/2009
27250	3		REPAIR OF HIP DISLOCATION	180.97	180.97	10/1/2009
27252	3		REPAIR OF HIP DISLOCATION	571.73	571.73	10/1/2009
27253	3		REPAIR OF HIP DISLOCATION	718.54	718.54	10/1/2009
27254	3		REPAIR OF HIP DISLOCATION	972.93	972.93	10/1/2009
27256	3		TREATMENT OF HIP DISLOCATION	187.18	219.47	10/1/2009
27257	3		REPAIR OF HIP DISLOCATION	256.01	256.01	10/1/2009
27258	3		REPAIR OF HIP DISLOCATION	843.22	843.22	10/1/2009
27259	3		OPEN RX CLOSED/OPEN ACETAB FX W/FEMORAL SHAFT SHOR	1184.15	1184.15	10/1/2009
27265	3		TX ATRAUMATIC HIP DISLOCATION W/O ANESTHESIA	289.76	289.76	10/1/2009
27266	3		TX ATRAUMATIC HIP DISLOCATION W/ GEN ANESTHESIA	433.08	433.08	10/1/2009
27275	3		MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	134.20	134.20	10/1/2009
27280	3		FUSION OF SACROILIAC JOINT	779.45	779.45	10/1/2009
27282	3		FUSION OF PUBIC BONES	611.47	611.47	10/1/2009
27284	3		ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT);	1192.68	1192.68	10/1/2009
27286	3		FUSION OF HIP JOINT	1256.61	1256.61	10/1/2009
27290	3		AMPUTATION OF LEG AT HIP	1201.36	1201.36	10/1/2009
27295	3		AMPUTATION OF LEG AT HIP	970.01	970.01	10/1/2009
27301	3		INCISION AND DRAINAGE DEEP ABSCESS INFECTED BURSA	369.27	480.03	10/1/2009
27303	3		INCISION DEEP W/OPENING BONE CORTEX FOR OSTEOMYE O	478.21	478.21	10/1/2009
27305	3		INCISION OF TENDON & FASCIA	348.28	348.28	10/1/2009
27306	3		INCISION OF TENDON	281.22	281.22	10/1/2009
27307	3		INCISION OF TENDONS	346.86	346.86	10/1/2009
27310	3		EXPLORATION OF KNEE JOINT	545.81	545.81	10/1/2009
27323	3		BIOPSY SOFT TISSUES SUPERFICIAL	132.70	192.11	10/1/2009
27324	3		AMB SURG BIOPSY SOFT TISSUE DEEP	283.67	283.67	10/1/2009
27325	3		NEURECTOMY, HAMSTRING MUSCLE	393.74	393.74	10/1/2009
27326	3		NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	362.89	362.89	10/1/2009
27327	3		EXCISION BENIGN TUMOR SUBCUTANEOUS	259.14	327.21	10/1/2009
27328	3		EXC BENIGN TUMOR DEEP	313.26	313.26	10/1/2009
27329	3		RACICAL RESECTION SOFT TISSUE TUMOR THIGH/KNEE	786.35	786.35	10/1/2009
27330	3		BIOPSY OF KNEE	296.96	296.96	10/1/2009
27331	3		EXPLORATION OF KNEE JOINT	351.00	351.00	10/1/2009
27332	3		ARTHROTOMY KNEE EXC SEMILUNAR CARTILAGE MEDIAL OR	477.21	477.21	10/1/2009
27333	3		ARTHROTOMY KNEE EXC SEMILUNAR CARTILAGE MEDIAL AND	431.92	431.92	10/1/2009
27334	3		ARTHROTOMY KNEE FOR SYNOVECTOMY ANTERIOR OR POSTER	508.48	508.48	10/1/2009
27335	3		ARTHROTOMY KNEE ANTERIOR AND POSTERIOR INCLUDING P	575.82	575.82	10/1/2009
27340	3		REMOVAL OF KNEECAP BURSA	267.83	267.83	10/1/2009
27345	3		REMOVAL OF KNEE CYST	355.33	355.33	10/1/2009
27347	3		EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), K	381.43	381.43	10/1/2009
27350	3		REMOVAL OF KNEECAP	485.65	485.65	10/1/2009
27355	3		REMOVAL OF FEMUR LESION	450.05	450.05	10/1/2009
27356	3		REMOVAL & GRAFT FEMUR LESION	552.86	552.86	10/1/2009
27357	3		REMOVAL & GRAFT FEMUR LESION	613.08	613.08	10/1/2009
27358	3		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; I	225.41	225.41	10/1/2009
27360	3		PARTIAL REMOVAL LEG BONE(S)	637.69	637.69	10/1/2009
27365	3		RADICAL RESECTION OF TUMOR, BONE, FEMUR OR KNEE	933.10	933.10	10/1/2009
27370	3		INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY	41.90	122.08	10/1/2009
27372	3		REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	299.68	429.18	10/1/2009
27380	3		REPAIR KNEECAP TENDON	439.68	439.68	10/1/2009
27381	3		REPAIR/GRAFT KNEECAP TENDON	601.52	601.52	10/1/2009
27385	3		REPAIR OF THIGH MUSCLE	471.29	471.29	10/1/2009
27386	3		REPAIR/GRAFT OF THIGH MUSCLE	623.71	623.71	10/1/2009
27390	3		INCISION THIGH TENDON	325.95	325.95	10/1/2009
27391	3		INCISION THIGH TENDONS	425.73	425.73	10/1/2009
27392	3		INCISION THIGH TENDONS	525.98	525.98	10/1/2009
27393	3		LENGTHENING OF THIGH TENDON	377.27	377.27	10/1/2009
27394	3		LENGTHENING OF THIGH TENDONS	488.61	488.61	10/1/2009
27395	3		LENGTHENING OF THIGH TENDONS	662.94	662.94	10/1/2009
27396	3		TRANSPLANT OF THIGH TENDON	458.88	458.88	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
27397		3	TRANSPLANTS OF THIGH TENDONS	677.61	677.61	10/1/2009
27400		3	REVISION OF THIGH MUSCLES	511.77	511.77	10/1/2009
27403		3	ARTHROTOMY WITH OPEN MENISCUS REPAIR	480.70	480.70	10/1/2009
27405		3	REPAIR OF KNEE LIGAMENT	506.50	506.50	10/1/2009
27407		3	REPAIR OF KNEE LIGAMENT	579.86	579.86	10/1/2009
27409		3	REPAIR OF KNEE LIGAMENTS	729.75	729.75	10/1/2009
27418		3	ANTERIOR TIBIAL TUBERCLE PLASTY CHONDROMALA PATELL	628.87	628.87	10/1/2009
27420		3	REPAIR OF UNSTABLE KNEECAP	562.73	562.73	10/1/2009
27422		3	REPAIR OF UNSTABLE KNEECAP	560.39	560.39	10/1/2009
27424		3	REVISION/REMOVAL OF KNEECAP	561.90	561.90	10/1/2009
27425		3	AMB SURG LATERAL RETINACULAR RELEASE KNEE	325.76	325.76	10/1/2009
27427		3	RECONSTRUCTION KNEE EXTRA-ARTICULAR	539.37	539.37	10/1/2009
27428		3	RECONSTRUCTION KNEE INTRA-ARTICULAR	832.02	832.02	10/1/2009
27429		3	RECONSTRUCTION KNEE INTRA AND EXTRA-ARTICULAR	932.01	932.01	10/1/2009
27430		3	REPAIR OF THIGH MUSCLES	556.90	556.90	10/1/2009
27435		3	INCISION OF KNEE JOINT	597.04	597.04	10/1/2009
27437		3	ARTHROPLASTY PATELLA W/O PROSTHESIS	494.81	494.81	10/1/2009
27438		3	ARTHROPLASTY PATELLA W/PROSTHESIS	635.59	635.59	10/1/2009
27440		3	REPAIR OF KNEE JOINT	581.06	581.06	10/1/2009
27441		3	REPAIR OF KNEE JOINT	600.23	600.23	10/1/2009
27442		3	REPAIR OF KNEE JOINT	658.52	658.52	10/1/2009
27443		3	REPAIR OF KNEE JOINT	616.18	616.18	10/1/2009
27445		3	ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)	962.99	962.99	10/1/2009
27446		3	TOTAL KNEE REPLACEMENT	853.53	853.53	10/1/2009
27447		3	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL CC	1184.01	1184.01	10/1/2009
27448		3	OSTEOTOMY FEMUR SHAFT OR SUPRACONDYLAR W/O FIXATIO	620.87	620.87	10/1/2009
27450		3	OSTEOTOMY FEMUR SHAFT OR SUPRACONDYLAR WITH FIXATI	774.35	774.35	10/1/2009
27454		3	OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD, I	978.97	978.97	10/1/2009
27455		3	OSTEOTOMY PROXIMAL TIBIA UNILATERAL BEFORE EPIPHYS	715.13	715.13	10/1/2009
27457		3	OSTEOTOMY PROXIMAL TIBIA AFTER EPIPHYSEAL CLOSURE	737.45	737.45	10/1/2009
27465		3	REVISION OF FEMUR	930.85	930.85	10/1/2009
27466		3	REVISION OF FEMUR	901.41	901.41	10/1/2009
27468		3	OSTEOPLASTY, FEMUR;	1022.29	1022.29	10/1/2009
27470		3	REPAIR OF FEMUR	898.55	898.55	10/1/2009
27472		3	REPAIR/GRAFT OF FEMUR	972.14	972.14	10/1/2009
27475		3	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYDIODESIS); DISTAL FEMUI	492.24	492.24	10/1/2009
27477		3	REPAIR LOWER LEG EPIPHYSES	552.48	552.48	10/1/2009
27479		3	REPAIR OF LEG EPIPHYSES	712.37	712.37	10/1/2009
27485		3	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL TIBIA OR FIBULA	503.86	503.86	10/1/2009
27486		3	REVISION OF TOTAL KNEE ARTHROPLASTY, ONE COMPONENT	1079.70	1079.70	10/1/2009
27487		3	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAF	1363.84	1363.84	10/1/2009
27488		3	REMOVAL OF PROSTHESIS, INCLUDING TOTAL KNEE PROSTHESIS, METHYI	912.41	912.41	10/1/2009
27495		3	PROPHYLACTIC TREATMENT FEMUR	864.20	864.20	10/1/2009
27496		3	DECOMPRESSION FASCIOTOMY, THIGH/KNEE, 1 COMPART.	375.18	375.18	10/1/2009
27497		3	DECOMPRESSION FASCIOTOMY, THIGH/KNEE W/ DEBRIDEMENT	408.75	408.75	10/1/2009
27498		3	DECOMPRESSION FASCIOTOMY, THIGH/KNEE, MULTIPLE	445.95	445.95	10/1/2009
27499		3	DECOMPRESSION FASCIOTOMY; THIGH/KNEE W/ DEBRIDEMENT	494.40	494.40	10/1/2009
27500		3	TREATMENT OF FEMUR FRACTURE	351.93	376.74	10/1/2009
27501		3	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANCONDYLAR FEMORA	365.99	370.90	10/1/2009
27502		3	TREATMENT OF CLOSED FEMORAL SHAFT FRACTURE WITH MA	595.23	595.23	10/1/2009
27503		3	CLOSED TX SUPRA/TRANCONDYLAR FEM FX; S/MANIPULA.	605.10	605.10	10/1/2009
27506		3	REPAIR FEMUR FX W/INSERTION INTRAMEDULLARY IMPLANT	1014.30	1014.30	10/1/2009
27507		3	OPEN TX FEM SHAFT FX WITH PLATE SCREWS	751.67	751.67	10/1/2009
27508		3	TREATMENT OF FEMUR FRACTURE	359.30	379.49	10/1/2009
27509		3	PERCUTANEOUS SKELETAL FIX FEM FX W/WO INTERCON EXT	479.01	479.01	10/1/2009
27510		3	REPAIR OF FEMUR FRACTURE	525.30	525.30	10/1/2009
27511		3	OPEN TX FEMORAL FX WO INTERCONDYLAR EXTENSION	778.57	778.57	10/1/2009
27513		3	OPEN TX FEMORAL FX W/INTERCONDYLAR EXTENSION	980.16	980.16	10/1/2009
27514		3	REPAIR OF FEMUR FRACTURE	785.79	785.79	10/1/2009
27516		3	TREATMENT OF FEMUR EPIPHYSIS	335.34	354.37	10/1/2009
27517		3	REPAIR OF FEMUR EPIPHYSIS	503.11	503.11	10/1/2009
27519		3	REPAIR OF FEMUR EPIPHYSIS	710.57	710.57	10/1/2009
27520		3	TREATMENT KNEECAP FRACTURE	201.88	222.07	10/1/2009
27524		3	REPAIR OF KNEECAP FRACTURE	568.48	568.48	10/1/2009
27530		3	TREATMENT OF KNEE FRACTURE	261.22	279.69	10/1/2009
27532		3	REPAIR OF KNEE FRACTURE	427.89	450.68	10/1/2009
27535		3	OPEN TX FIBIAL FX, PROXIMAL; UNICONDYLAR	694.60	694.60	10/1/2009
27536		3	TX TIBIAL FX BICONDYLAR	903.65	903.65	10/1/2009
27538		3	TREATMENT OF KNEE FRACTURE	315.44	335.34	10/1/2009
27540		3	REPAIR KNEE FRACTURE	628.38	628.38	10/1/2009
27550		3	REPAIR KNEE DISLOCATION	332.95	356.03	10/1/2009
27552		3	REPAIR KNEE DISLOCATION	462.73	462.73	10/1/2009
27556		3	OPEN RX CLOSED OR OPEN KNEE DISLOC W/O PRIMARY LIG	698.63	698.63	10/1/2009
27557		3	OSTEOTOMY PROXIMAL TIBIA BILATERAL WITH PRIMARY LI	836.98	836.98	10/1/2009
27558		3	OPEN TX KNEE DISLOCATION; W/LIG REPAIR	940.44	940.44	10/1/2009
27560		3	REPAIR KNEECAP DISLOCATION	236.46	259.53	10/1/2009
27562		3	CLOSED TREATMENT OF PATELLAR DISLOCATION;	341.18	341.18	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
27566		3	REPAIR KNEECAP DISLOCATION	678.08	678.08	10/1/2009
27570		3	AMB SURG MANIPULATION OF KNEE UNDER ANESTHESIA	109.26	109.26	10/1/2009
27580		3	ARTHRODESIS, KNEE, ANY TECHNIQUE	1100.62	1100.62	10/1/2009
27590		3	AMPUTATION OF LEG	633.11	633.11	10/1/2009
27591		3	AMPUTATION THIGH THRU FEM IMMED FIT TECH INCLUD FI	699.16	699.16	10/1/2009
27592		3	AMPUTATION OF LEG	536.00	536.00	10/1/2009
27594		3	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;	385.90	385.90	10/1/2009
27596		3	AMPUTATION FOLLOW-UP SURGERY	560.96	560.96	10/1/2009
27598		3	AMPUTATION OF LOWER LEG	569.60	569.60	10/1/2009
27600		3	DECOMPRESSION OF LEG	320.46	320.46	10/1/2009
27601		3	FASCIOTOMY LEG FOR CLOSEDSPACE DECOMPRESSION, ANT.	331.67	331.67	10/1/2009
27602		3	DECOMPRESSION OF LEG	393.95	393.95	10/1/2009
27603		3	INCISION AND DRAINAGE DEEP ABSCESS OR HEMATOMA	289.63	379.91	10/1/2009
27604		3	INCISION AND DRAINAGE INFECTED BURSA	255.20	333.36	10/1/2009
27605		3	AMB SURG ARCHILLES TENOTOMY LOCAL ANESTHESIA	153.30	264.05	10/1/2009
27606		3	TENOTOMY ACHILLES TENDON SUBCUTANEOUS GENERAL ANES	225.23	225.23	10/1/2009
27607		3	INCISION DEEP W/OPENING BN CORTEX FOR OSTEOMYELITI	463.71	463.71	10/1/2009
27610		3	EXPLORATION OF ANKLE JOINT	494.92	494.92	10/1/2009
27612		3	EXPLORATION OF ANKLE JOINT	432.16	432.16	10/1/2009
27613		3	BIOPSY SOFT TISSUES SUPERFICIAL	124.72	180.39	10/1/2009
27614		3	BIOPSY SOFT TISSUE DEEP	309.97	408.61	10/1/2009
27615		3	RADICAL RESECTION SOFT TISSUE TUMOR LEG/ANKLE	668.24	668.24	10/1/2009
27618		3	EXC BENIGN TUMOR SUBSQ	286.98	357.06	10/1/2009
27619		3	EXCISION BENIGN TUMOR DEEP SUBFASCIAL OR INTRAMUSC	446.27	570.29	10/1/2009
27620		3	BIOPSY OF ANKLE JOINT	347.38	347.38	10/1/2009
27625		3	EXPLORATION OF ANKLE JOINT	450.96	450.96	10/1/2009
27626		3	AMB SURG SYNOVECTOMY ANKLE INCLUD TENOSYNOVECTOMY	486.91	486.91	10/1/2009
27630		3	AMB SURG EXCISION LESION OF TENDON SHEATH LEG	279.48	389.08	10/1/2009
27635		3	REMOVAL OF BONE LESION	447.30	447.30	10/1/2009
27637		3	REMOVAL/GRAFT OF BONE LESION	567.66	567.66	10/1/2009
27638		3	REMOVAL/GRAFT OF BONE LESION	592.38	592.38	10/1/2009
27640		3	PARTIAL REMOVAL OF TIBIA	656.32	656.32	10/1/2009
27641		3	PARITAL REMOVAL OF FIBULA	526.05	526.05	10/1/2009
27645		3	RADICAL RESECTION OF TUMOR, BONE; TIBIA	796.50	796.50	10/1/2009
27646		3	REMOVAL OF FIBULA	704.68	704.68	10/1/2009
27647		3	RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS	626.09	626.09	10/1/2009
27648		3	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	41.61	117.74	10/1/2009
27650		3	REPAIR ACHILLES TENDON	511.06	511.06	10/1/2009
27652		3	REPAIR/GRAFT ACHILLES TENDON	564.46	564.46	10/1/2009
27654		3	REPAIR ACHILLES TENDON	550.86	550.86	10/1/2009
27656		3	REPAIR FASCIAL DEFECT OF LEG	264.11	390.73	10/1/2009
27658		3	REPAIR OF LEG TENDON	289.54	289.54	10/1/2009
27659		3	REPAIR OF LEG TENDON	381.39	381.39	10/1/2009
27664		3	REPAIR OF LEG TENDON	275.64	275.64	10/1/2009
27665		3	REPAIR OF LEG TENDON	316.18	316.18	10/1/2009
27675		3	REPAIR FOR DISLOCATING PERONEAL TENDONS W/O FIBULA	389.01	389.01	10/1/2009
27676		3	REPAIR DISLOC PERONEAL TENDONS WITH FIBULAR OSTEO	471.76	471.76	10/1/2009
27680		3	RELEASE OF LEG TENDON	328.41	328.41	10/1/2009
27681		3	AMB SURG TENOLYSIS MULTIPLE ANKLE FLEXOR	391.40	391.40	10/1/2009
27685		3	LENGTHENING OR SHORTENING OF TENDON SINGLE	362.75	463.69	10/1/2009
27686		3	LENGTHENING OR SHORTENING OF TENDON MULTIPLE EACH	427.41	427.41	10/1/2009
27687		3	GASTROCNEMIUS RESECTION	351.75	351.75	10/1/2009
27690		3	REVISION OF LEG TENDON	485.05	485.05	10/1/2009
27691		3	REVISION OF LEG TENDON	568.68	568.68	10/1/2009
27692		3	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECT	87.41	87.41	10/1/2009
27695		3	REPAIR OF ANKLE LIGAMENT	374.16	374.16	10/1/2009
27696		3	REPAIR OF ANKLE LIGAMENTS	448.28	448.28	10/1/2009
27698		3	SUTURE SECONDARY REPAIR LIGAMENT ANKLE COLLATERAL	503.48	503.48	10/1/2009
27700		3	REPAIR OF ANKLE	477.45	477.45	10/1/2009
27702		3	ARTHROPLASTY ANKLE WITH IMPLANT	760.81	760.81	10/1/2009
27703		3	ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE	881.10	881.10	10/1/2009
27704		3	REMOVAL OF ANKLE IMPLANT	429.85	429.85	10/1/2009
27705		3	INCISION OF TIBIA	583.21	583.21	10/1/2009
27707		3	INCISION OF FIBULA	294.17	294.17	10/1/2009
27709		3	INCISION OF TIBIA & FIBULA	854.76	854.76	10/1/2009
27712		3	OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (	832.37	832.37	10/1/2009
27715		3	REVISION OF LOWER LEG	813.00	813.00	10/1/2009
27720		3	REPAIR OF LOWER LEG	667.27	667.27	10/1/2009
27722		3	REPAIR/GRAFT OF LOWER LEG	665.95	665.95	10/1/2009
27724		3	REPAIR/GRAFT OF LOWER LEG	983.42	983.42	10/1/2009
27725		3	REPAIR MALUNION TIBIA BY SYNOSTOSIS WITH FIBULA	912.97	912.97	10/1/2009
27727		3	REPAIR CONGENITAL PSEUDARTHROSIS TIBIA	743.05	743.05	10/1/2009
27730		3	REPAIR OF TIBIA EPIPHYSIS	443.03	443.03	10/1/2009
27732		3	REPAIR OF FIBULA EPIPHYSIS	301.19	301.19	10/1/2009
27734		3	REPAIR LOWER LEG EPIPHYSES	453.45	453.45	10/1/2009
27740		3	REPAIR LOWER LEG EPIPHYSES	502.98	502.98	10/1/2009
27742		3	REPAIR OF LEG EPIPHYSES	530.80	530.80	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
27745	3		PROPHYLACTIC TREATMENT TIBIA	572.13	572.13	10/1/2009
27750	3		TREATMENT OF TIBIA FRACTURE	221.25	240.29	10/1/2009
27752	3		REPAIR OF TIBIA FRACTURE	364.86	389.67	10/1/2009
27756	3		REPAIR OF TIBIA FRACTURE	424.43	424.43	10/1/2009
27758	3		OPEN RX CLOSED OR OPEN TIBIAL SHAFT FX COMPLICATED	672.68	672.68	10/1/2009
27759	3		OPEN TX TIBIAL SHAFT FX BY INTERMEDULLARY IMPLANT	763.09	763.09	10/1/2009
27760	3		TREATMENT OF ANKLE FRACTURE	210.82	231.29	10/1/2009
27762	3		REPAIR OF ANKLE FRACTURE	323.16	348.25	10/1/2009
27766	3		REPAIR OF ANKLE FRACTURE	456.67	456.67	10/1/2009
27780	3		TREATMENT OF FIBULA FRACTURE	188.09	206.83	10/1/2009
27781	3		REPAIR OF FIBULA FRACTURE	281.85	301.18	10/1/2009
27784	3		REPAIR OF FIBULA FRACTURE	519.55	519.55	10/1/2009
27786	3		TREATMENT OF ANKLE FRACTURE	198.17	219.23	10/1/2009
27788	3		REPAIR OF ANKLE FRACTURE	281.31	303.80	10/1/2009
27792	3		REPAIR OF ANKLE FRACTURE	525.17	525.17	10/1/2009
27808	3		TREATMENT OF ANKLE FRACTURE	206.54	229.04	10/1/2009
27810	3		REPAIR OF ANKLE FRACTURE	315.05	340.72	10/1/2009
27814	3		REPAIR OF ANKLE FRACTURE	586.14	586.14	10/1/2009
27816	3		TREATMENT OF ANKLE FRACTURE	196.54	217.31	10/1/2009
27818	3		REPAIR OF ANKLE FRACTURE	322.55	351.68	10/1/2009
27822	3		OPEN RX CLOSED OR OPEN TRIMALLEOLAR ANKLE FX MED A	640.86	640.86	10/1/2009
27823	3		OPEN RX CLOSED OR OPEN TRIMALLEOLAR ANKLE FX W/INT	731.17	731.17	10/1/2009
27824	3		CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR POR	211.06	218.85	10/1/2009
27825	3		CLOSED TX FX ST BEARING PORTION TIBIA; WITH SKEL TRAC	370.73	401.30	10/1/2009
27826	3		OPEN TX FX DISTAL TIBIA W FIXATION OF FIBULA ONLY	615.27	615.27	10/1/2009
27827	3		OPEN TX FIX TIBIA WITH FIXATION FIBULA OR TIBIA ONLY	820.90	820.90	10/1/2009
27828	3		OPEN TX FX TIBIA W FIX FIBULA ONLY/TIBIA & FIBULA	983.44	983.44	10/1/2009
27829	3		OPEN TX TIBIOFIBULAR JNT	491.21	491.21	10/1/2009
27830	3		REPAIR LOWER LEG DISLOCATION	239.45	254.74	10/1/2009
27831	3		CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION;	279.32	279.32	10/1/2009
27832	3		REPAIR LOWER LEG DISLOCATION	530.32	530.32	10/1/2009
27840	3		REPAIR ANKLE DISLOCATION	258.19	258.19	10/1/2009
27842	3		REPAIR ANKLE DISLOCATION	361.36	361.36	10/1/2009
27846	3		REPAIR ANKLE DISLOCATION	559.69	559.69	10/1/2009
27848	3		REPAIR ANKLE DISLOCATION	633.75	633.75	10/1/2009
27860	3		MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPL	134.93	134.93	10/1/2009
27870	3		AMB SURG ARTHRODESIS ANKLE ANY METHOD	800.56	800.56	10/1/2009
27871	3		ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL OR DISTAL	524.43	524.43	10/1/2009
27880	3		AMPUTATION OF LOWER LEG	711.28	711.28	10/1/2009
27881	3		AMPUTATION LEG W/IMMEDIATE FITTING TECHNIQUE INC A	683.07	683.07	10/1/2009
27882	3		AMPUTATION OF LOWER LEG	481.88	481.88	10/1/2009
27884	3		AMPUTATION, LEG, THROUGH TIBIA AND FIBULA;	447.23	447.23	10/1/2009
27886	3		AMPUTATION FOLLOW-UP SURGERY	510.22	510.22	10/1/2009
27888	3		AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (EG, SYMI	539.17	539.17	10/1/2009
27889	3		ANKLE DISARTICULATION	528.08	528.08	10/1/2009
27892	3		DECOMPRESSION FASCIOTOMY, LEG; ANT &/OR LAT COMPAR	413.52	413.52	10/1/2009
27893	3		DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPART.	418.34	418.34	10/1/2009
27894	3		DECOMPRESSION FASCIOTOMY, LEG; ANT &/OR LAT & POST	643.39	643.39	10/1/2009
28001	3		INCISION AND DRAINAGE, BURSA, FOOT	140.72	197.82	10/1/2009
28002	3		DEEP INFEC REQ DISSEC SING BURSAL SPACE	296.68	370.22	10/1/2009
28003	3		DRAINAGE OF FOOT	438.19	512.60	10/1/2009
28005	3		DRAINAGE OF FOOT	476.43	476.43	10/1/2009
28008	3		AMB SURG FASCIOTOMY PLANTAR AND/OR TOE	237.81	312.79	10/1/2009
28010	3		INCISION OF TOE TENDON	164.14	174.81	10/1/2009
28011	3		INCISION OF TOE TENDON	231.71	247.87	10/1/2009
28020	3		EXPLORATION OF A FOOT JOINT	278.71	370.72	10/1/2009
28022	3		EXPLORATION OF A FOOT JOINT	258.06	342.28	10/1/2009
28024	3		EXPLORATION OF A TOE JOINT	244.48	325.23	10/1/2009
28035	3		TARSAL TUNNEL RELEASE	281.39	373.11	10/1/2009
28043	3		EXCISION BENIGN TUMOR SUBCUTANEOUS.	201.76	249.06	10/1/2009
28045	3		EXCISION BENIGN TUMOR DEEP SUBFASCIAL INTRAMUSCULA	256.93	348.65	10/1/2009
28046	3		RADICAL RESECTION SOFT TISSUE TUMOR FOOT	527.14	639.05	10/1/2009
28050	3		ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	242.26	327.35	10/1/2009
28052	3		ARTHROTOMY FOR SYNOVIAL BIOPSY;	220.52	301.85	10/1/2009
28054	3		ARTHROTOMY FOR SYNOVIAL BIOPSY;	200.68	282.88	10/1/2009
28055	3		NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	309.75	309.75	10/1/2009
28060	3		AMB SURG FASCIECTOMY PLANTAR	282.89	368.27	10/1/2009
28062	3		AMB SURG FASCIECTOMY PLANTAR	332.61	434.12	10/1/2009
28070	3		AMB SURG SYNOVECTOMY INTERTARSAL/TARSOMETATARSAL	276.81	365.06	10/1/2009
28072	3		AMB SURG SYNOVECTOMY METATARSOPHALANGEAL JOINT	267.11	358.83	10/1/2009
28080	3		AMB SURG EXCISION MORTON NEUROMA SINGLE EACH	269.64	352.12	10/1/2009
28086	3		SYNOVECTOMY, TENDON SHEATH, FOOT;	278.97	384.81	10/1/2009
28088	3		AMB SURG SYNOVECTOMY TENDON SHEATH EXTENSOR FOOT	232.00	326.03	10/1/2009
28090	3		AMB SURG SYNOVECTOMY FOOT TENDON/FIBROUS TISSUE	243.59	330.40	10/1/2009
28092	3		AMB SURG SYNOVECTOMY TOES	213.29	297.50	10/1/2009
28100	3		REMOVAL OF HEEL LESION	316.27	426.15	10/1/2009
28102	3		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR C	431.58	431.58	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
28103		3	REMOVAL/GRAFT HEEL LESION	349.14	349.14	10/1/2009
28104		3	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR	277.13	366.26	10/1/2009
28106		3	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL	369.49	369.49	10/1/2009
28107		3	REMOVAL/GRAFT FOOT LESION	302.34	406.17	10/1/2009
28108		3	REMOVAL OF TOE LESIONS	228.56	307.87	10/1/2009
28110		3	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE)	227.99	322.59	10/1/2009
28111		3	AMB SURG OSTECTOMY COMP EXCISION 1ST METATARS HEAD	267.06	367.99	10/1/2009
28112		3	AMB SURG OSTECTOMY COMPL EXCISION OTH METATAR HEAD	249.37	347.71	10/1/2009
28113		3	AMB SURG OSTECTOMY COMP EXCISION 5TH METATARS HEAD	325.57	416.72	10/1/2009
28114		3	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTI	630.31	759.81	10/1/2009
28116		3	REVISION OF FOOT	448.79	544.54	10/1/2009
28118		3	PARTIAL REMOVAL OF HEEL	324.00	420.04	10/1/2009
28119		3	AMB SURG OSTECTOMY FOR SPUR W/WO PLANTAR FAC RELEA	286.73	374.41	10/1/2009
28120		3	AMB SURG PARTIAL EXC BONE-SEQUESTRECTOMY	308.17	414.60	10/1/2009
28122		3	AMB SURG PARTIAL EXC TARSAL/METATARSAL BONE	396.12	484.37	10/1/2009
28124		3	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY	264.10	342.54	10/1/2009
28126		3	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE	198.34	275.93	10/1/2009
28130		3	REMOVAL OF BONE OF ANKLE	492.26	492.26	10/1/2009
28140		3	AMB SURG METATARSECTOMY	360.82	455.71	10/1/2009
28150		3	AMB SURG PHALANGECTOMY SINGLE EACH	226.66	307.99	10/1/2009
28153		3	RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE	206.01	286.77	10/1/2009
28160		3	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PRO	214.67	294.27	10/1/2009
28171		3	RADICAL RESECTION FOR TUMOR TARSAL	483.97	483.97	10/1/2009
28173		3	RADICAL RESECTION FOR TUMOR METATARSAL	441.60	544.56	10/1/2009
28175		3	RADICAL RESECTION FOR TUMOR PHALANX	310.93	398.32	10/1/2009
28190		3	REMOVAL OF FOREIGN BODY, FOOT;	105.31	175.10	10/1/2009
28192		3	AMB SURG REMOVAL FOREIGN BODY FOOT DEEP	252.32	338.55	10/1/2009
28193		3	REMOVAL OF FOREIGN BODY, FOOT;	300.52	389.35	10/1/2009
28200		3	AMB SURG REPAIR/SUTURE OF TENDON FOOT FLEXOR SINGL	251.64	338.46	10/1/2009
28202		3	REPAIR/GRAFT OF FOOT TENDON	352.38	451.89	10/1/2009
28208		3	REPAIR OF FOOT TENDON	241.57	325.79	10/1/2009
28210		3	REPAIR/GRAFT OF FOOT TENDON	328.93	420.93	10/1/2009
28220		3	AMB SURG TENOLYSIS FLEXOR SINGLE	244.05	322.21	10/1/2009
28222		3	RELEASE OF FOOT TENDONS	291.08	373.28	10/1/2009
28225		3	AMB SURG TENOLYSIS EXTENSOR SINGLE	202.04	279.33	10/1/2009
28226		3	RELEASE OF FOOT TENDONS	252.04	335.96	10/1/2009
28230		3	INCISION OF FOOT TENDONS	232.00	309.29	10/1/2009
28232		3	TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE PF	196.69	273.41	10/1/2009
28234		3	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON	205.63	283.21	10/1/2009
28238		3	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EX	395.79	496.16	10/1/2009
28240		3	RELEASE OF BIG TOE	238.07	318.25	10/1/2009
28250		3	REVISION OF FOOT FASCIA	316.27	405.68	10/1/2009
28260		3	RELEASE OF MIDFOOT JOINT	409.15	497.70	10/1/2009
28261		3	AMB SURG CAPSULOTOMY WITH TENDON LENGTHENING	624.21	724.29	10/1/2009
28262		3	REVISION OF FOOT AND ANKLE	872.77	1010.63	10/1/2009
28264		3	AMB SURG CAPSULOTOMY MIDTARSAL REYMAN TYPE PROC	548.25	645.74	10/1/2009
28270		3	AMB SURG CAPSULOTOMY FOR CONTRACTURE METATARSOPHAL	263.48	344.24	10/1/2009
28272		3	CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROC)	205.54	281.11	10/1/2009
28280		3	AMB SURG WEBBING OPERATION FOR SOFT CORN	286.54	377.68	10/1/2009
28285		3	CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR	252.98	333.44	10/1/2009
28286		3	REVISION OF HAMMER TOE	243.26	326.03	10/1/2009
28288		3	OSTECTOMY PART EXOTECTOMY CONDYLEC SINGLE 2-5	328.98	417.53	10/1/2009
28289		3	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND C	429.07	529.72	10/1/2009
28290		3	AMB SURG HALLUX VALGUS (BUNIONECTOMY)	313.39	411.73	10/1/2009
28292		3	AMB SURG KELLER/MCBRIDE/MAYO TYPE BUNIONECTOMY	461.77	563.00	10/1/2009
28293		3	AMB SURG RESECTION OF JOINT WITH IMPLANT	559.94	750.00	10/1/2009
28294		3	REVISION OF BUNION	427.63	544.72	10/1/2009
28296		3	AMB SURG BUNIONECTOMY WITH METATARSAL OSTEOTOMY	424.46	533.77	10/1/2009
28297		3	HALLUX VALGUS CORRECTION, LAPIDUS TYPE PROCEDURE	477.02	603.06	10/1/2009
28298		3	INCISION OF TOE	406.35	520.56	10/1/2009
28299		3	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDE	550.94	671.21	10/1/2009
28300		3	AMB SURG OSTEOTOMY CALCANEUS DWYER/CHAMBERS PROC	514.09	514.09	10/1/2009
28302		3	AMB SURG OSTEOTOMY TALUS	509.43	509.43	10/1/2009
28304		3	INCISION OF MIDFOOT BONES	469.07	579.23	10/1/2009
28305		3	INCISION/GRAFT MIDFOOT BONES	539.11	539.11	10/1/2009
28306		3	INCISION OF METATARSALS	316.82	431.60	10/1/2009
28307		3	OSTEOTOMY, 1ST METATARSAL, WITH AUTOGRAFT	356.62	507.46	10/1/2009
28308		3	INCISION OF METATARSALS	290.27	390.93	10/1/2009
28309		3	INCISION OF METATARSALS	695.85	695.85	10/1/2009
28310		3	AMB SURG OSTEOTOMY PHALANGES	283.63	385.44	10/1/2009
28312		3	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION;	252.21	352.00	10/1/2009
28313		3	RECONSTRUCTION, DEFORMITY OF TOE. SOFT TISSUE PROC	288.43	370.34	10/1/2009
28315		3	AMB SURG SESAMOIDECTOMY FIRST TOE	258.12	340.61	10/1/2009
28320		3	REPAIR OF FOOT BONES	486.55	486.55	10/1/2009
28322		3	REPAIR OF METATARSALS	448.84	561.61	10/1/2009
28340		3	RECONSTRUCT TOE, MACRODACTYLY; SOFT TISSUE RESECTION	350.90	448.09	10/1/2009
28341		3	RECONSTRUCT TOE, MACRODACTYLY; REQUIRING BONE RESECTION	415.88	517.40	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
28344	3		RECONSTRUCT TOE(S); POLYDACTYLY	244.84	341.45	10/1/2009
28345	3		RECONSTRUCT TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S)/V	320.80	413.96	10/1/2009
28360	3		RECONSTRUCTION CLEFT FOOT	749.84	749.84	10/1/2009
28400	3		TREATMENT OF HEEL FRACTURE	160.35	173.91	10/1/2009
28405	3		REPAIR OF HEEL FRACTURE	269.54	286.56	10/1/2009
28406	3		TREAT CLOSED CALCAN FIXATION W/MANIPULATION SKELET	393.77	393.77	10/1/2009
28415	3		REPAIR OF HEEL FRACTURE	870.25	870.25	10/1/2009
28420	3		REPAIR/GRAFT HEEL FRACTURE	917.38	917.38	10/1/2009
28430	3		TREATMENT OF ANKLE FRACTURE	145.82	162.84	10/1/2009
28435	3		REPAIR OF ANKLE FRACTURE	215.06	231.21	10/1/2009
28436	3		TREATMENT OF CLOSED TALUS FX W/MANIP AND PINNING	314.73	314.73	10/1/2009
28445	3		REPAIR OF ANKLE FRACTURE	821.81	821.81	10/1/2009
28450	3		TREATMENT MIDFOOT FRACTURE	135.55	150.55	10/1/2009
28455	3		REPAIR MIDFOOT FRACTURE	196.90	210.16	10/1/2009
28456	3		PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FX. WITH MANIPUL	201.16	201.16	10/1/2009
28465	3		REPAIR MIDFOOT FRACTURE(S)	466.78	466.78	10/1/2009
28470	3		TREAT METATARSAL FRACTURES	136.33	150.46	10/1/2009
28475	3		REPAIR METATARSAL FRACTURES	178.31	192.15	10/1/2009
28476	3		TREATMENT OF CLOSED METATARSAL FX W/MANIP, PINNING	249.20	249.20	10/1/2009
28485	3		REPAIR METATARSAL FRACTURES	402.31	402.31	10/1/2009
28490	3		TREAT BIG TOE FRACTURE	84.98	96.52	10/1/2009
28495	3		CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGE:	109.26	122.53	10/1/2009
28496	3		TREATMENT OF CLOSED TOE FX W/MANIP AND PLANNING.	167.29	293.90	10/1/2009
28505	3		REPAIR OF BIG TOE FRACTURE	370.72	476.86	10/1/2009
28510	3		TREATMENT OF TOE FRACTURE	82.68	84.12	10/1/2009
28515	3		CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER TH	102.53	110.89	10/1/2009
28525	3		REPAIR OF TOE FRACTURE	294.14	399.98	10/1/2009
28530	3		TREATMENT OF CLOSED SESAMOID FRACTURE	75.38	81.14	10/1/2009
28531	3		OPEN TX SESAMOID FX	145.55	260.62	10/1/2009
28540	3		REPAIR FOOT DISLOCATION	135.51	144.45	10/1/2009
28545	3		REPAIR FOOT DISLOCATION	164.31	177.58	10/1/2009
28546	3		TREATMENT TARSAL DISLOC WITH PERCUTANEOUS SKELETAL	221.57	331.45	10/1/2009
28555	3		REPAIR OF FOOT DISLOCATION	497.86	623.90	10/1/2009
28570	3		REPAIR FOOT DISLOCATION	112.64	124.46	10/1/2009
28575	3		REPAIR FOOT DISLOCATION	224.03	238.75	10/1/2009
28576	3		PERCUTANEOUS SKELETAL FIX TALOTARSEL JNT DISLOC	264.07	264.07	10/1/2009
28585	3		REPAIR OF FOOT DISLOCATION	560.44	667.45	10/1/2009
28600	3		REPAIR FOOT DISLOCATION	135.62	150.04	10/1/2009
28605	3		CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION;	182.56	194.67	10/1/2009
28606	3		TREAT CLSD TARS/METATARS DISLOC W/PERCUT SKEL FIX	292.30	292.30	10/1/2009
28615	3		REPAIR FOOT DISLOCATION	586.60	586.60	10/1/2009
28630	3		REPAIR OF TOE DISLOCATION	84.40	107.76	10/1/2009
28635	3		CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION;	105.11	128.48	10/1/2009
28636	3		PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT	155.72	210.81	10/1/2009
28645	3		REPAIR OF TOE DISLOCATION	362.27	452.26	10/1/2009
28660	3		REPAIR OF TOE DISLOCATION	64.33	78.46	10/1/2009
28665	3		CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION;	104.57	114.94	10/1/2009
28666	3		PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLO	149.12	149.12	10/1/2009
28675	3		OPEN TREATMENT OF CLOSED OR OPEN INTERPHALANGEAL J	301.14	409.00	10/1/2009
28705	3		AMB SURG PANTALAR ARTHRODESIS	1015.48	1015.48	10/1/2009
28715	3		TRIPLE ARTHRODESIS	750.59	750.59	10/1/2009
28725	3		AMB SURG ARTHRODESIS SUBTALAR	618.13	618.13	10/1/2009
28730	3		AMB SURG ARTHRODESIS MIDTARSAL OR TARSOMETATARSAL	645.81	645.81	10/1/2009
28735	3		FUSION OF FOOT BONES	618.46	618.46	10/1/2009
28737	3		ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTAR	548.72	548.72	10/1/2009
28740	3		AMB SURG ARTHRODESIS MIDTARSAL OR TARSOMETATARSAL	484.05	617.29	10/1/2009
28750	3		AMB SURG ARTHRODESIS GREAT TOE	460.11	599.99	10/1/2009
28755	3		AMB SURG ARTHRODESIS GREAT TOE	261.70	360.62	10/1/2009
28760	3		AMB SURG ARTHRODESIS GREAT TOE	454.95	569.74	10/1/2009
28800	3		AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART TYPE PROCEDURE)	442.99	442.99	10/1/2009
28805	3		AMPUTATION THRU METATARSAL	585.37	585.37	10/1/2009
28810	3		AMPUTATION TOE & METATARSAL	340.85	340.85	10/1/2009
28820	3		AMB SURG AMPUTATION TOE METATARSOPHALANGEAL JOINT	268.36	381.13	10/1/2009
28825	3		AMB SURG AMPUTATION TOE INTERPHALANGEAL JOINT	306.21	414.08	10/1/2009
29000	3		APPLICATION OF BODY CAST	129.02	193.05	10/1/2009
29010	3		APPLICATION OF BODY CAST	118.98	176.09	10/1/2009
29015	3		APPLICATION OF BODY CAST	122.50	171.82	10/1/2009
29020	3		APPLICATION OF BODY CAST	109.97	163.90	10/1/2009
29025	3		APPLICATION OF BODY CAST	133.72	186.20	10/1/2009
29035	3		APPLICATION OF BODY CAST	105.42	171.18	10/1/2009
29040	3		APPLICATION OF BODY CAST	118.45	166.61	10/1/2009
29044	3		APPLICATION OF BODY CAST, SHOULDER TO HIPS;	122.91	186.08	10/1/2009
29046	3		APPLICATION OF BODY CAST, SHOULDER TO HIPS;	140.84	203.42	10/1/2009
29049	3		APPLICATION, CAST; FIGURE-OF-EIGHT	46.18	62.04	10/1/2009
29055	3		APPLICATION;	101.52	147.67	10/1/2009
29058	3		APPLICATION;	63.25	80.54	10/1/2009
29065	3		APPLICATION;	50.86	67.29	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
29075		3	APPLICATION CAST FIGURE 8 ELBOW TO FINGER	45.90	62.34	10/1/2009
29085		3	APPLICATION CAST: HAND AND LOWER FOREARM	49.50	66.52	10/1/2009
29086		3	APPLICATION, CAST; FINGER (EG, CONTRACTURE)	36.29	50.71	10/1/2009
29105		3	APPLICATION OF LONG ARM CAST	44.78	61.80	10/1/2009
29125		3	APPLICATION OF SHORT ARM SPLINT	31.90	47.76	10/1/2009
29126		3	APPLICATION OF SHORT ARM DYNAMIC	39.24	55.10	10/1/2009
29130		3	APPLICATION OF FINGER SPLINT	22.26	29.47	10/1/2009
29131		3	APPLICATION OF FINGER SPLINT DYNAMIC	24.95	36.20	10/1/2009
29200		3	STRAPPING;	30.87	38.94	10/1/2009
29220		3	STRAPPING;	32.00	40.07	10/1/2009
29240		3	STRAPPING: SHOULDER	34.28	43.52	10/1/2009
29260		3	STRAPPING: ELBOW OR WRIST	28.23	37.46	10/1/2009
29280		3	STRAPPING: HAND OR FINGER	26.59	36.11	10/1/2009
29305		3	APPLICATION OF HIP CAST	118.38	166.83	10/1/2009
29325		3	APPLICATION OF HIP SPICA CAST; 1 & 1/2 SPICA OR BOTH LEGS	133.89	185.80	10/1/2009
29345		3	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	76.95	97.13	10/1/2009
29355		3	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	81.97	100.72	10/1/2009
29358		3	APPLICATION LONG LEG CLAST BRACE	78.37	108.95	10/1/2009
29365		3	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	66.70	86.90	10/1/2009
29405		3	APPLICATION OF SHORT LEG CAST	48.90	63.90	10/1/2009
29425		3	APPLICATION OF SHORT LEG CAST-WALKING	54.07	69.35	10/1/2009
29435		3	APPLICATION PATELLAR TENDON BEARING CAST	65.26	84.88	10/1/2009
29440		3	ADDING WALKER TO PREVIOUSLY APPLIED CAST	26.85	38.10	10/1/2009
29445		3	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	87.09	107.27	10/1/2009
29450		3	APPLICATION CLUBFOOT CAST, LONG OR SHORT LEG	97.02	113.74	10/1/2009
29505		3	APPLICATION OF LONG LEG CAST	36.07	54.25	10/1/2009
29515		3	APPLICATION OF SHORT LEG CAST	37.81	51.08	10/1/2009
29520		3	STRAPPING;	28.10	36.46	10/1/2009
29530		3	STRAPPING OF KNEE	28.86	38.08	10/1/2009
29540		3	STRAPPING OF ANKLE	25.74	31.50	10/1/2009
29550		3	STRAPPING;	24.21	30.55	10/1/2009
29580		3	STRAPPING;	28.34	38.43	10/1/2009
29590		3	DENIS-BROWNE SPLINT STRAPPING	33.26	41.62	10/1/2009
29700		3	REMOVAL/REVISION OF CAST	27.15	46.17	10/1/2009
29705		3	REMOVAL OF FULL ARM OR LEG CAST	37.23	49.05	10/1/2009
29710		3	REMOVAL OR BIVALVING;	63.90	85.82	10/1/2009
29715		3	REMOVAL/REVISION OF CAST	43.78	65.12	10/1/2009
29720		3	REPAIR OF CAST	34.24	57.03	10/1/2009
29730		3	WINDOWING OF CAST	35.85	47.67	10/1/2009
29740		3	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)	52.33	68.48	10/1/2009
29750		3	REVISION OF CAST	59.88	74.87	10/1/2009
29800		3	ARTHROSCOPY, TM JOINT WITH OR W/O SYNOVIAL BIOPSY	387.75	387.75	10/1/2009
29804		3	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	482.28	482.28	10/1/2009
29805		3	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BI	350.73	350.73	10/1/2009
29806		3	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	806.56	806.56	10/1/2009
29807		3	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	785.42	785.42	10/1/2009
29819		3	ARTHROSCOPY SHOULDER SURGICAL WITH REMOVAL OF FB	440.33	440.33	10/1/2009
29820		3	ARTHROSCOPY SYNOVECTOMY PARTIAL	406.47	406.47	10/1/2009
29821		3	ARTHROSCOPY SYNOVECTOMY COMPLETE	443.93	443.93	10/1/2009
29822		3	ARTHROSCOPY DEBRIDEMENT LIMITED	431.02	431.02	10/1/2009
29823		3	ARTHROSCOPY DEBRIDEMENT EXTENSIVE	471.68	471.68	10/1/2009
29824		3	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUD	502.66	502.66	10/1/2009
29825		3	ARTHROSCOPY WITH LYSIS OF ADHESIONS	439.76	439.76	10/1/2009
29826		3	ARTHROSCOPY SHOULDER W/ DECOMPR SUBACROMIAL SPACE	505.19	505.19	10/1/2009
29827		3	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	827.22	827.22	10/1/2009
29830		3	ARTHROSCOPY ELBOW DIAGNOSTIC	338.57	338.57	10/1/2009
29834		3	ARTHROSCOPY ELBOW SURGICAL WITH REMOVAL OF FB	368.98	368.98	10/1/2009
29835		3	ARTHROSCOPY ELBOW SYNOVECTOMY PARTIAL	378.80	378.80	10/1/2009
29836		3	ARTHROSCOPY ELBOW SYNOVECTOMY COMPLETE	435.60	435.60	10/1/2009
29837		3	ARTHROSCOPY ELBOW DEBRIDEMENT LIMITED	397.33	397.33	10/1/2009
29838		3	ARTHROSCOPY ELBOW DEBRIDEMENT EXTENSIVE	444.18	444.18	10/1/2009
29840		3	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPS	331.64	331.64	10/1/2009
29843		3	SURGICAL ARTHROSCOPY FOR INFECTION	356.53	356.53	10/1/2009
29844		3	SURGICAL ARTHROSCOPY FOR PARTIAL SYNOVECTOMY	370.71	370.71	10/1/2009
29845		3	SURGICAL ARTHROSCOPY FOR COMPLETE SYNOVECTOMY	423.77	423.77	10/1/2009
29846		3	SURGICAL ARTHROSCOPY FOR EXCISION FIBROCARTILAGE	390.07	390.07	10/1/2009
29847		3	SURGICAL ARTHROSCOPY FOR FIXATION OF FRACTURE	405.17	405.17	10/1/2009
29848		3	ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL	368.46	368.46	10/1/2009
29850		3	ARTHROSCOPICALLY AIDED TX OF FX KNEE	430.89	430.89	10/1/2009
29851		3	ARTHROSCOPICALLY AIDED TX FX OF KNEE	709.53	709.53	10/1/2009
29855		3	ARTHROSCOPICALLY AIDED TX OF TIBIAL FX	593.19	593.19	10/1/2009
29856		3	ARTHROSCOPICALLY AIDED TX OF TIBIAL FX	760.53	760.53	10/1/2009
29860		3	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (S	488.56	488.56	10/1/2009
29861		3	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FORI	542.41	542.41	10/1/2009
29862		3	ARTHROSCOPY, HIP, SURGICAL, WITH DEBRIDEMENT/SHAVING OF ARTICU	605.37	605.37	10/1/2009
29863		3	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	599.11	599.11	10/1/2009
29870		3	ARTHROSCOPY KNEE DIAGNOSTIC	304.19	304.19	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
29871	3		ARTHROSCOPY KNEE SURGICAL	382.91	382.91	10/1/2009
29873	3		ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	381.18	381.18	10/1/2009
29874	3		ARTHROSCOPY KNEE WITH REMOVAL OF FOREIGN BODY	401.95	401.95	10/1/2009
29875	3		ARTHROSCOPY KNEE SYNOVECTOMY LIMITED	370.40	370.40	10/1/2009
29876	3		ARTHROSCOPY KNEE SYNOVECTOMY MAJOR	487.59	487.59	10/1/2009
29877	3		ARTHROSCOPY KNEE DEBRIDEMENT/SHAVING	461.12	461.12	10/1/2009
29879	3		ARTHROSCOPY KNEE ABRASION ARTHROPLASTY	493.75	493.75	10/1/2009
29880	3		ARTHROSCOPY W/MENISCECTOMY, KNEE	515.72	515.72	10/1/2009
29881	3		ARTHROSCOPY KNEE WITH MENISCECTOMY	480.28	480.28	10/1/2009
29882	3		ARTHROSCOPY KNEE WITH MENISCUS REPAIR	520.71	520.71	10/1/2009
29883	3		ARTHROSCOPY W/MENISCUS REPAIR, KNEE	636.07	636.07	10/1/2009
29884	3		ARTHROSCOPY KNEE WITH LYSIS OF ADHESIONS	459.71	459.71	10/1/2009
29885	3		SURGICAL ARTHROSCOPY W/BONE GRAFTING, KNEE	558.26	558.26	10/1/2009
29886	3		ARTHROSCOPY KNEE DRILLING	470.32	470.32	10/1/2009
29887	3		ARTHROSCOPY KNEE DRILLING WITH INTERNAL FIXATION	555.05	555.05	10/1/2009
29888	3		LIGAMENT REPAIR BY ARTHROSCOPY, ANTERIOR	754.92	754.92	10/1/2009
29889	3		LIGAMENT REPAIR BY ARTHROSCOPY, POSTERIOR	921.85	921.85	10/1/2009
29891	3		ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFEC	523.49	523.49	10/1/2009
29892	3		ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSEC	535.95	535.95	10/1/2009
29893	3		ENDOSCOPIC PLANTAR FASCIOTOMY	329.22	432.18	10/1/2009
29894	3		ARTHROSCOPY ANKLE SURGICAL	393.30	393.30	10/1/2009
29895	3		ARTHROSCOPY ANKLE SYNOVECTOMY PARTIAL	380.46	380.46	10/1/2009
29897	3		ARTHROSCOPY ANKLE DEBRIDEMENT LIMITED	398.24	398.24	10/1/2009
29898	3		ARTHROSCOPY ANKLE DEBRIDEMENT EXTENSIVE	445.79	445.79	10/1/2009
29899	3		ENDOSCOPIC PLANTAR FASCIOTOMY WITH ANKLE ARTHRODESIS	802.22	802.22	10/1/2009
29900	3		ARTHROSCOPY, METACARPPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDES	340.90	340.90	10/1/2009
29901	3		ARTHROSCOPY, METACARPPOPHALANGEAL JOINT, SURGICAL; WITH DEBRII	374.06	374.06	10/1/2009
29902	3		ARTHROSCOPY, METACARPPOPHALANGEAL JOINT, SURGICAL; WITH REDUC	400.23	400.23	10/1/2009
30000	3		DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	87.39	164.10	10/1/2009
30020	3		DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	87.96	158.91	10/1/2009
30100	3		BIOPSY, INTRANASAL	53.19	99.91	10/1/2009
30110	3		AMB SURG-REMOVAL OF NASAL POLYP(S)	97.48	161.22	10/1/2009
30115	3		EXCISION NASAL POLYPS, EXTENSIVE	315.70	315.70	10/1/2009
30117	3		EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; INTERNAL	244.22	585.41	10/1/2009
30118	3		REMOVAL OF NOSE LESION	574.52	574.52	10/1/2009
30120	3		REVISION OF NOSE	333.61	379.75	10/1/2009
30124	3		EXCISION DERMOID CYST, NOSE;	200.62	200.62	10/1/2009
30125	3		REMOVAL OF NOSE LESION	456.74	456.74	10/1/2009
30130	3		EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	274.54	274.54	10/1/2009
30140	3		SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, /	312.69	312.69	10/1/2009
30150	3		PARTIAL REMOVAL OF NOSE	587.00	587.00	10/1/2009
30160	3		REMOVAL OF NOSE	590.79	590.79	10/1/2009
30200	3		INJECTION INTO TURBINATE(S), THERAPEUTIC	45.41	80.02	10/1/2009
30210	3		DISPLACEMENT THERAPY (PROETZ TYPE)	73.28	105.30	10/1/2009
30220	3		INSERTION NASAL SEPTAL PROSTHESIS (BUTTON)	93.41	205.89	10/1/2009
30300	3		REMOVAL FOREIGN BODY, INTRANASAL;	88.56	159.51	10/1/2009
30310	3		AMB SURG REMOVE FOREIGN BODY ANESTHESIA REQUIRED	149.98	149.98	10/1/2009
30320	3		REMOVE FOREIGN BODY,NOSE	331.30	331.30	10/1/2009
30400	3		AMB SURG RHINOPLASTY PRIMARY	763.44	763.44	10/1/2009
30410	3		RHINOPLASTY, COMPLETE	907.80	907.80	10/1/2009
30420	3		RHINOPLASTY, INCLUDING MAJOR SEPTAL REPAIR	1022.95	1022.95	10/1/2009
30430	3		AMB SURG RHINOPLASTY SECONDARY MINOR REVISION	664.59	664.59	10/1/2009
30435	3		RHINOPLASTY, INTERMEDIATE REVISION	881.84	881.84	10/1/2009
30450	3		AMB SURG RHINOPLASTY SECONDARY MAJOR REVISION	1177.92	1177.92	10/1/2009
30460	3		RHINOPLASTY FOR NASAL DEFORMITY, TIP ONLY	572.10	572.10	10/1/2009
30462	3		RHINOPLASTY FOR NASAL DEFORMITY; TIP, SEPTUM, OSTEOTOMIES	1149.97	1149.97	10/1/2009
30520	3		REPAIR OF NASAL SEPTUM	445.33	445.33	10/1/2009
30540	3		REPAIR NASAL LESION	497.58	497.58	10/1/2009
30545	3		REPAIR NASAL LESION	720.58	720.58	10/1/2009
30560	3		LYSIS INTRANASAL SYNECHIA	101.01	188.98	10/1/2009
30580	3		AMB SURG REPAIR FISTULA OROMAXILLARY	375.46	463.14	10/1/2009
30600	3		REPAIR MOUTH/NOSE FISTULA	333.17	425.75	10/1/2009
30620	3		RECONSTRUCTION INNER NOSE	452.24	452.24	10/1/2009
30630	3		AMB SURG REPAIR SEPTAL PERFORATION	461.75	461.75	10/1/2009
30801	3		CAUTERY AND/OR ABLATION, MUCOSA OF INFERIOR TURBINATES, UNILATI	96.38	158.97	10/1/2009
30802	3		CAUTERY/ABLATION MUCOSA OF TURBINATES; INTRAMURAL	138.61	206.96	10/1/2009
30901	3		CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE	49.13	77.10	10/1/2009
30903	3		CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX ANY METHOD	63.85	139.70	10/1/2009
30905	3		CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PA	82.09	174.09	10/1/2009
30906	3		CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL	106.88	200.61	10/1/2009
30915	3		LIGATION NASAL SINUS ARTERY	430.43	430.43	10/1/2009
30920	3		LIGATION UPPER JAW ARTERY	620.74	620.74	10/1/2009
30930	3		FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	89.58	89.58	10/1/2009
31000	3		LAVAGE BY CANNULATION; MAXILLARY SINUS	77.49	127.38	10/1/2009
31002	3		LAVAGE BY CANNULATION;	147.36	147.36	10/1/2009
31020	3		SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL	255.86	344.69	10/1/2009
31030	3		SINUSOTOMY, MAXILLARY; RADICAL W/O REMOVAL POLYPS	386.87	505.98	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
31032		3	SINUSOTOMY, MAXILLARY; RADICAL WITH REMOVAL OF POLYPS	422.82	422.82	10/1/2009
31040		3	EXPLORATION BEHIND UPPER JAW	559.21	559.21	10/1/2009
31050		3	AMB SURG SINUSOTOMY SPHENOID	364.16	364.16	10/1/2009
31051		3	SINUSOTOMY W/ MUCOSAL STRIPPING OR POLYP REMOVAL	476.33	476.33	10/1/2009
31070		3	AMB SURG SINUSOTOMY FRONTAL TREPHINE	319.00	319.00	10/1/2009
31075		3	AMB SURG SINUSOTOMY FRONTAL	583.06	583.06	10/1/2009
31080		3	AMB SURG SINUSOTOMY FRONTAL	754.19	754.19	10/1/2009
31081		3	AMB SURG SINUSOTOMY FRONTAL	919.09	919.09	10/1/2009
31084		3	AMB SURG SINUSOTOMY FRONTAL	880.85	880.85	10/1/2009
31085		3	AMB SURG SINUSOTOMY FRONTAL	931.50	931.50	10/1/2009
31086		3	NONOBLITERATIVE W OSTEOPLASTIC FLAP BROW INCISION	834.13	834.13	10/1/2009
31087		3	NONOBLITERATIVE W OSTEOPLASTIC FLAP CORONAL INCIS	827.56	827.56	10/1/2009
31090		3	AMB SURG SINUSOTOMY COMBINED THREE OR MORE SINUSES	738.81	738.81	10/1/2009
31200		3	AMB SURG ETHMOIDECTOMY	391.56	391.56	10/1/2009
31201		3	AMB SURG ETHMOIDECTOMY	542.81	542.81	10/1/2009
31205		3	AMB SURG ETHMOIDECTOMY	637.63	637.63	10/1/2009
31225		3	REMOVAL OF UPPER JAW	1382.75	1382.75	10/1/2009
31230		3	REMOVAL OF UPPER JAW	1552.17	1552.17	10/1/2009
31231		3	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE	59.44	137.02	10/1/2009
31233		3	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY	107.69	194.50	10/1/2009
31235		3	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY	128.69	223.87	10/1/2009
31237		3	NASAL/SINUS ENDOSCOPY, SURGICAL;	143.44	241.50	10/1/2009
31238		3	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORF	155.73	249.17	10/1/2009
31239		3	NASAL/SINUS ENDOSCOPY, SURGICAL;	501.93	501.93	10/1/2009
31240		3	NASAL/SINUS ENDOSCOPY, SURGICAL;	127.36	127.36	10/1/2009
31254		3	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ETHMOIDECTOMY,PARTIAL	218.46	218.46	10/1/2009
31255		3	NASAL/SINUS ENDOSCOPY, SURGICAL, W/ETHMOIDECTOMY,ANTERIOR & P	322.84	322.84	10/1/2009
31256		3	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY	158.13	158.13	10/1/2009
31267		3	MAXILLARY SINUS ENDOSCOPY, SURGICAL; W/ REMOVAL MUCOUS MEMBR	254.93	254.93	10/1/2009
31276		3	NASAL/SINUS ENDOSCOPY W/FRONTAL SINUS EXPLORATION W/WO TISSUI	407.16	407.16	10/1/2009
31287		3	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	185.86	185.86	10/1/2009
31288		3	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	215.62	215.62	10/1/2009
31290		3	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL	896.37	896.37	10/1/2009
31291		3	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL	944.70	944.70	10/1/2009
31292		3	NASAL/SINUS ENDOSCOPY, SURGICAL;	775.24	775.24	10/1/2009
31293		3	NASAL/SINUS ENDOSCOPY, SURGICAL;	844.90	844.90	10/1/2009
31294		3	NASAL/SINUS ENDOSCOPY, SURGICAL;	970.70	970.70	10/1/2009
31300		3	REMOVAL OF LARYNX LESION	942.41	942.41	10/1/2009
31320		3	INCISION OF LARYNX	474.46	474.46	10/1/2009
31360		3	REMOVAL OF LARYNX	1514.55	1514.55	10/1/2009
31365		3	REMOVAL OF LARYNX	1899.08	1899.08	10/1/2009
31367		3	PARTIAL REMOVAL OF LARYNX	1633.21	1633.21	10/1/2009
31368		3	PARTIAL REMOVAL OF LARYNX	1825.05	1825.05	10/1/2009
31370		3	PARTIAL REMOVAL OF LARYNX	1533.70	1533.70	10/1/2009
31375		3	PARTIAL REMOVAL OF LARYNX	1450.52	1450.52	10/1/2009
31380		3	PARTIAL REMOVAL OF LARYNX	1429.30	1429.30	10/1/2009
31382		3	PARTIAL LARYNGECTOMY ANTERO-LATERO-VERTICAL	1566.67	1566.67	10/1/2009
31390		3	REMOVAL OF LARYNX & PHARYNX	2114.48	2114.48	10/1/2009
31395		3	RECONSTRUCT LARYNX & PHARYNX	2240.68	2240.68	10/1/2009
31400		3	REVISION OF LARYNX	746.97	746.97	10/1/2009
31420		3	REMOVAL OF EPIGLOTTIS	630.38	630.38	10/1/2009
31500		3	INSERTION OF WINDPIPE AIRWAY	89.28	89.28	10/1/2009
31502		3	TRACHEOSTOMY CHANGE	28.17	28.17	10/1/2009
31505		3	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE);	37.31	60.96	10/1/2009
31510		3	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE);	94.75	156.47	10/1/2009
31511		3	LARYNGOSCOPY INDIRECT WITH REMOVAL FOREIGN BODY	101.97	157.34	10/1/2009
31512		3	LARYNGOSCOPY INDIRECT WITH REMOVAL LESION	102.13	155.20	10/1/2009
31513		3	LARYNGOSCOPY INDIRECT WITH VOCA CORD INJECTION	104.02	104.02	10/1/2009
31515		3	AMB SURG LARYNGOSCOPY	86.58	154.35	10/1/2009
31520		3	AMB SURG LARYNGOSCOPY	121.27	121.27	10/1/2009
31525		3	AMB SURG LARYNGOSCOPY	125.95	186.80	10/1/2009
31526		3	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTI	124.95	124.95	10/1/2009
31527		3	AMB SURG LARYNGOSCOPY	152.95	152.95	10/1/2009
31528		3	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILA1	114.00	114.00	10/1/2009
31529		3	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILA1	128.57	128.57	10/1/2009
31530		3	AMB SURG LARYNGOSCOPY	157.56	157.56	10/1/2009
31531		3	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WI	169.56	169.56	10/1/2009
31535		3	AMB SURG LARYNGOSCOPY	150.68	150.68	10/1/2009
31536		3	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MI	168.33	168.33	10/1/2009
31540		3	AMB SURG LARYNGOSCOPY	193.53	193.53	10/1/2009
31541		3	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OF	211.69	211.69	10/1/2009
31545		3	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OF	286.80	286.80	10/1/2009
31546		3	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OF	437.34	437.34	10/1/2009
31560		3	AMB SURG LARYNGOSCOPY	250.82	250.82	10/1/2009
31561		3	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OI	274.90	274.90	10/1/2009
31570		3	AMB SURG LARYNGOSCOPY	181.28	260.60	10/1/2009
31571		3	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAP	199.74	199.74	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
31575	3	3	LARYNGOSCOPY FLEXIBLE FIBERSCOPIC DIAGNOSTIC	59.44	86.26	10/1/2009
31576	3	3	LARYNGOSCOPY FLEXIBLE FIBERSCOPIC WITH BIOPSY	97.07	167.16	10/1/2009
31577	3	3	LARYNGOSCOPY FLEX FIBERSCOPIC W/REMOVAL FOREIGN BO	118.08	181.24	10/1/2009
31578	3	3	LARYNGOSCOPY FLEX FIBERSCOPIC W/REMOVAL OF LESION	134.34	210.48	10/1/2009
31579	3	3	LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY	110.66	163.44	10/1/2009
31580	3	3	REVISION OF LARYNX	898.34	898.34	10/1/2009
31582	3	3	REVISION OF LARYNX	1428.24	1428.24	10/1/2009
31584	3	3	REPAIR OF LARYNX	1147.56	1147.56	10/1/2009
31587	3	3	LARYNGOPLASTY, CRICOID SPLIT	753.64	753.64	10/1/2009
31588	3	3	LARYNGOPLASTY NOS	849.71	849.71	10/1/2009
31590	3	3	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	656.26	656.26	10/1/2009
31595	3	3	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PRC	572.08	572.08	10/1/2009
31600	3	3	INCISION OF WINDPIPE	314.93	314.93	10/1/2009
31601	3	3	TRACHEOSTOMY UNDER TWO YEARS	207.49	207.49	10/1/2009
31603	3	3	TRACHEOSTOMY EMERGENCY PROCEDURE TRANSTRACHAEL	177.87	177.87	10/1/2009
31605	3	3	CRICOTHYROIDOSTOMY	146.91	146.91	10/1/2009
31610	3	3	INCISION OF WINDPIPE	534.27	534.27	10/1/2009
31611	3	3	CONST TRACH FISTULA W/ INSERT SPEECH PROSTHESIS	398.16	398.16	10/1/2009
31612	3	3	TRACHEAL PUNCTURE PERCUTAN FOR ASPIRATION OF MUCOU	38.32	60.82	10/1/2009
31613	3	3	TRACHEOSTOMA REVISION;	328.88	328.88	10/1/2009
31614	3	3	TRACHEOSTOMY REVISION COMPLEX WITH FLAP ROTATION	547.24	547.24	10/1/2009
31615	3	3	VISUALIZATION OF WINDPIPE	100.35	138.41	10/1/2009
31620	3	3	ENDOBONCHIAL ULTRASOUND (EBUS) DURING BRONCHOSCOPIC DIAGNC	57.37	212.81	10/1/2009
31622	3	3	BRONCHOSCOPY, (RIGID OR FLEXIBLE); DIAGNOSTIC, WITH OR WITHOUT C	117.93	241.65	10/1/2009
31623	3	3	BRONCHOSCOPY; WITH BRUSHING OR PROTECTED BRUSHINGS	119.48	264.26	10/1/2009
31624	3	3	BRONCHOSCOPY; WITH BRONCHIAL ALVEOLAR LAVAGE	119.77	246.09	10/1/2009
31625	3	3	AMB SURG BRONCHOSCOPY	139.47	265.79	10/1/2009
31628	3	3	BRONCHOSCOPY;	155.78	318.74	10/1/2009
31629	3	3	BRONCHOSCOPY;	166.74	484.28	10/1/2009
31630	3	3	AMB SURG BRONCHOSCOPY	166.08	166.08	10/1/2009
31631	3	3	BRONCHOSCOPY DIAG W/ TRACHEAL DILATION AND STENT	187.37	187.37	10/1/2009
31632	3	3	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC	43.17	59.61	10/1/2009
31633	3	3	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC	54.13	72.01	10/1/2009
31635	3	3	AMB SURG BRONCHOSCOPY	154.65	273.47	10/1/2009
31636	3	3	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC	183.17	183.17	10/1/2009
31637	3	3	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC	65.10	65.10	10/1/2009
31638	3	3	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC	205.53	205.53	10/1/2009
31640	3	3	AMB SURG BRONCHOSCOPY	212.70	212.70	10/1/2009
31641	3	3	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH DESTRUCTION OF TUMOR OI	210.46	210.46	10/1/2009
31643	3	3	BRONCHOSCOPY; WITH PLACEMENT OF CATHETER(S) FOR INTRACAVITAR	144.50	144.50	10/1/2009
31645	3	3	AMB SURG BRONCHOSCOPY	131.11	238.40	10/1/2009
31646	3	3	AMB SURG BRONCHOSCOPY	113.53	216.21	10/1/2009
31656	3	3	AMB SURG BRONCHOSCOPY	91.96	245.12	10/1/2009
31715	3	3	TRANSTRACHEAL INJECTION FOR BRONCHOGRAPHY	45.51	45.51	10/1/2009
31717	3	3	CATH WITH BRONCHIAL BRUSH BIOPSY	90.21	230.38	10/1/2009
31720	3	3	SUCTION	42.80	42.80	10/1/2009
31725	3	3	CATHETER ASPIRATION (SEPARATE PROCEDURE);	77.15	77.15	10/1/2009
31730	3	3	TRANSTRACHEAL INTRO DILAT OR /STENT / TUBE FOR OXYGEN	117.82	648.49	10/1/2009
31750	3	3	REPAIR OF WINDPIPE	1000.83	1000.83	10/1/2009
31755	3	3	REPAIR OF WINDPIPE	1264.04	1264.04	10/1/2009
31760	3	3	REPAIR OF WINDPIPE	1097.01	1097.01	10/1/2009
31766	3	3	CARINAL RECONSTRUCTION	1434.72	1434.72	10/1/2009
31770	3	3	REPAIR/GRAFT OF BRONCHUS	1062.81	1062.81	10/1/2009
31775	3	3	REPAIR OF BRONCHUS	1099.34	1099.34	10/1/2009
31780	3	3	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS CERVICA	926.91	926.91	10/1/2009
31781	3	3	EXCISION TRACHEAL STENOSIS AND ANASTAMOSIS CERVICO	1125.69	1125.69	10/1/2009
31785	3	3	EXCIS TRACHEAL TUMOR OR CARCINOMA CERVICAL	849.17	849.17	10/1/2009
31786	3	3	EXCIS TRACHEAL TUMOR OR CARCINOMA THORACIC	1181.81	1181.81	10/1/2009
31800	3	3	REPAIR OF WINDPIPE INJURY	524.57	524.57	10/1/2009
31805	3	3	REPAIR OF WINDPIPE INJURY	649.96	649.96	10/1/2009
31820	3	3	CLOSURE OF WINDPIPE LESION	248.67	318.17	10/1/2009
31825	3	3	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA;	367.12	446.44	10/1/2009
31830	3	3	REVISION TRACH SCAR	257.26	320.42	10/1/2009
32035	3	3	THORACOSTOMY W/RIB RESECTION	552.93	552.93	10/1/2009
32036	3	3	THORACOSTOMY W/OPEN FLAP DRAINING FOR EMPYEMA	599.90	599.90	10/1/2009
32095	3	3	BIOPSY THRU CHEST WALL	492.37	492.37	10/1/2009
32100	3	3	EXPLORATION/BIOPSY OF CHEST	762.24	762.24	10/1/2009
32110	3	3	THORACOTOMY MAJOR W CONT OF TRAM HEM AND OR REPAIR	1150.37	1150.37	10/1/2009
32120	3	3	EXPLORATION OF CHEST	682.79	682.79	10/1/2009
32124	3	3	EXPLORE CHEST, FREE ADHESIONS	726.37	726.37	10/1/2009
32140	3	3	THORACOTOMY MAJOR W CYST REMOVAL W OR WO PLEURAL P	777.30	777.30	10/1/2009
32141	3	3	THORACOT MAJOR W/EXC-PLICA BULLAE W/WO PLEUR PROCE	1177.73	1177.73	10/1/2009
32150	3	3	REMOVAL OF LUNG LESION(S)	783.37	783.37	10/1/2009
32151	3	3	THORACOT MAJOR W/REMOVAL INTRAPULMONARY FOR BODY	800.69	800.69	10/1/2009
32160	3	3	OPEN CHEST HEART MASSAGE	601.73	601.73	10/1/2009
32200	3	3	DRAINAGE OF LUNG LESION	878.65	878.65	10/1/2009
32201	3	3	PNEUMONOSTOMY; WITH PERCUTANEOUS DRAINAGE OF ABSCESS OR CY	172.41	707.12	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		
				FACILITY	NON-FACILITY	EFFECTIVE DATE
32215	3	3	PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	629.79	629.79	10/1/2009
32220	3	3	RELEASE OF LUNG	1260.02	1260.02	10/1/2009
32225	3	3	PARTIAL RELEASE OF LUNG	784.11	784.11	10/1/2009
32310	3	3	PLEURECTOMY, PARIETAL (SEPARATE PROCEDURE)	723.05	723.05	10/1/2009
32320	3	3	DECORTICATION/PARIETAL PLEURECTOMY	1263.68	1263.68	10/1/2009
32400	3	3	BIOPSY, PLEURA;	74.16	119.44	10/1/2009
32402	3	3	BIOPSY, PLEURA;	443.12	443.12	10/1/2009
32405	3	3	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE	83.40	83.69	10/1/2009
32420	3	3	PNEUMOCENTESIS, PUNCTURE OF LUNG FOR ASPIRATION	92.26	92.26	10/1/2009
32440	3	3	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;	1263.88	1263.88	10/1/2009
32442	3	3	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;	2358.32	2358.32	10/1/2009
32445	3	3	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; EXTRAPLEURAL	2678.67	2678.67	10/1/2009
32480	3	3	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE LOBE	1192.97	1192.97	10/1/2009
32482	3	3	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY;	1272.11	1272.11	10/1/2009
32484	3	3	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY;	1151.49	1151.49	10/1/2009
32486	3	3	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY;	1841.01	1841.01	10/1/2009
32488	3	3	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY;	1864.41	1864.41	10/1/2009
32500	3	3	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WEDGE RES	1152.47	1152.47	10/1/2009
32540	3	3	REMOVAL OF LUNG LESION	1325.71	1325.71	10/1/2009
32601	3	3	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE);	250.63	250.63	10/1/2009
32602	3	3	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE);	271.94	271.94	10/1/2009
32603	3	3	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE);	352.55	352.55	10/1/2009
32604	3	3	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE);	395.92	395.92	10/1/2009
32605	3	3	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE);	312.54	312.54	10/1/2009
32606	3	3	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE);	378.30	378.30	10/1/2009
32650	3	3	THORACOSCOPY, SURGICAL; WITH PLEURODESIS (EG, MECHANICAL OR CI	534.61	534.61	10/1/2009
32651	3	3	THORACOSCOPY, SURGICAL;	847.00	847.00	10/1/2009
32652	3	3	THORACOSCOPY, SURGICAL;	1287.25	1287.25	10/1/2009
32653	3	3	THORACOSCOPY, SURGICAL;	820.88	820.88	10/1/2009
32654	3	3	THORACOSCOPY, SURGICAL;	907.76	907.76	10/1/2009
32655	3	3	THORACOSCOPY, SURGICAL;	748.63	748.63	10/1/2009
32656	3	3	THORACOSCOPY, SURGICAL;	640.59	640.59	10/1/2009
32657	3	3	THORACOSCOPY, SURGICAL;	631.70	631.70	10/1/2009
32658	3	3	THORACOSCOPY, SURGICAL;	577.10	577.10	10/1/2009
32659	3	3	THORACOSCOPY, SURGICAL;	586.39	586.39	10/1/2009
32660	3	3	THORACOSCOPY, SURGICAL;	829.38	829.38	10/1/2009
32661	3	3	THORACOSCOPY, SURGICAL;	645.14	645.14	10/1/2009
32662	3	3	THORACOSCOPY, SURGICAL;	722.28	722.28	10/1/2009
32663	3	3	THORACOSCOPY, SURGICAL;	1114.79	1114.79	10/1/2009
32664	3	3	THORACOSCOPY, SURGICAL;	686.42	686.42	10/1/2009
32665	3	3	THORACOSCOPY, SURGICAL;	965.30	965.30	10/1/2009
32800	3	3	REPAIR LUNG HERNIA THRU CHEST WALL	738.27	738.27	10/1/2009
32810	3	3	CLOSE CHEST WALL FOLL OPEN FLAP DRAIN FOR EMPYEMA	713.88	713.88	10/1/2009
32815	3	3	OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	2122.57	2122.57	10/1/2009
32820	3	3	MAJOR RECONSTRUCT CHEST WALL POST TRAUMA	1063.80	1063.80	10/1/2009
32900	3	3	RESECTION RIBS EXTRAPLEURAL ALL STAGES	1087.20	1087.20	10/1/2009
32905	3	3	THORACOPLASTY SCHEDE TYPE OR EXTRAPLEURAL	1072.15	1072.15	10/1/2009
32906	3	3	THORACOPLASTY WITH CLOSURE BRONCHOPLEURAL FISTULA	1332.29	1332.29	10/1/2009
32940	3	3	REVISION OF LUNG	982.37	982.37	10/1/2009
32960	3	3	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	81.30	109.56	10/1/2009
32997	3	3	TOTAL LUNG LAVAGE (UNILATERAL)	292.44	292.44	10/1/2009
33010	3	3	PERICARDIOCENTESIS, INITIAL	101.45	101.45	10/1/2009
33011	3	3	PERICARDIOCENTESIS; SUBSEQUENT	99.34	99.34	10/1/2009
33015	3	3	INCISION OF HEART SAC	428.57	428.57	10/1/2009
33020	3	3	INCISION OF HEART SAC	695.06	695.06	10/1/2009
33025	3	3	INCISION OF HEART SAC	641.64	641.64	10/1/2009
33030	3	3	PARTIAL REMOVAL OF HEART SAC	1027.67	1027.67	10/1/2009
33031	3	3	PERICARDIECTOMY W/O CARDIOPULMONARY BYPASS	1148.27	1148.27	10/1/2009
33050	3	3	REMOVAL OF HEART SAC LESION	793.70	793.70	10/1/2009
33120	3	3	REMOVAL OF HEART LESION	1255.23	1255.23	10/1/2009
33130	3	3	REMOVAL OF HEART LESION	1105.29	1105.29	10/1/2009
33140	3	3	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY (SE	1262.42	1262.42	10/1/2009
33141	3	3	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PEF	122.54	122.54	10/1/2009
33202	3	3	INSERTION OF EPICARDIAL ELECTRODE(S); OPEN INCISION (EG, THORACO	625.81	625.81	10/1/2009
33203	3	3	INSERTION OF EPICARDIAL ELECTRODE(S); ENDOSCOPIC APPROACH (EG,	659.64	659.64	10/1/2009
33206	3	3	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSV	381.54	381.54	10/1/2009
33207	3	3	INSERTION PERMANENT PACEMAKER VENTRICULAR	408.76	408.76	10/1/2009
33208	3	3	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSV	440.71	440.71	10/1/2009
33210	3	3	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS SINGLE CH	152.02	152.02	10/1/2009
33211	3	3	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAM	152.83	152.83	10/1/2009
33212	3	3	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY;	285.29	285.29	10/1/2009
33213	3	3	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY;	325.73	325.73	10/1/2009
33214	3	3	UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE	403.73	403.73	10/1/2009
33215	3	3	INSERT TRANSVENOUS ELECTRODE; SINGLE CHAMBER (1 ELECTRODE) PE	257.84	257.84	10/1/2009
33216	3	3	INSERTION OF A TRANSVENOUS ELECTRODE; SINGLE CHAMBER (ONE ELE	317.19	317.19	10/1/2009
33217	3	3	INSERTION OR REPOSITIONING OF A TRANSVENOUS ELECTRODE (15 DAYS	314.54	314.54	10/1/2009
33218	3	3	REPAIR OF PACEMAKER ELECTRODE(S) ONLY; SINGLE CHAMBER, ATRIAL C	327.85	327.85	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		
				FACILITY	NON-FACILITY	EFFECTIVE DATE
33220		3	REPAIR OF PACEMAKER ELECTRODE(S) ONLY;	330.93	330.93	10/1/2009
33222		3	REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKER	288.24	288.24	10/1/2009
33223		3	REVISION OF SKIN POCKET FOR SINGLE OR DUAL CHAMBER PACING	349.69	349.69	10/1/2009
33224		3	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT	428.96	428.96	10/1/2009
33225		3	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT	387.16	387.16	10/1/2009
33226		3	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (L	414.40	414.40	10/1/2009
33233		3	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR	201.34	201.34	10/1/2009
33234		3	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); SINGLE LEAD S	409.85	409.85	10/1/2009
33235		3	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL LEAD SYC	529.39	529.39	10/1/2009
33236		3	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY	626.81	626.81	10/1/2009
33237		3	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY	692.04	692.04	10/1/2009
33238		3	REMOVAL OF PERMANENT TRANSVENOUS ELECTRODE(S) BY THORACOTC	747.57	747.57	10/1/2009
33240		3	INSERTION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRIL	391.89	391.89	10/1/2009
33241		3	REMOVAL OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENER	190.57	190.57	10/1/2009
33243		3	REMOVAL OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENER	1101.11	1101.11	10/1/2009
33244		3	REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBR	720.18	720.18	10/1/2009
33249		3	INSERTION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRIL	762.73	762.73	10/1/2009
33250		3	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS	1180.95	1180.95	10/1/2009
33251		3	ABLATION SUPRAVENTRICULAR FOCUS WITH CARD-PUL BYPASS	1309.17	1309.17	10/1/2009
33254		3	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (	1100.81	1100.81	10/1/2009
33255		3	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIV	1346.73	1346.73	10/1/2009
33256		3	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIV	1606.80	1606.80	10/1/2009
33261		3	OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH I	1302.95	1302.95	10/1/2009
33265		3	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUC	1098.50	1098.50	10/1/2009
33266		3	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUC	1508.63	1508.63	10/1/2009
33282		3	IMPLANTATION OF PATIENT-ACTIVATED CARDIAC EVENT RECORDER	270.78	270.78	10/1/2009
33284		3	REMOVAL OF AN IMPLANTABLE, PATIENT-ACTIVATED CARDIAC EVENT REC	194.46	194.46	10/1/2009
33300		3	REPAIR OF HEART WOUND	1873.03	1873.03	10/1/2009
33305		3	REPAIR OF HEART WOUND	3128.59	3128.59	10/1/2009
33310		3	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, AT	941.22	941.22	10/1/2009
33315		3	CARDIOTOMY EXPLOR WITH BYPASS	1197.50	1197.50	10/1/2009
33320		3	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT SHUNT OR CAR	853.48	853.48	10/1/2009
33321		3	SUTURE REPAIR OF AORTA OR GREAT VESSELS;	962.53	962.53	10/1/2009
33322		3	REPAIR MAJOR BLOOD VESSELS	1117.90	1117.90	10/1/2009
33330		3	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITHOUT SHUNT, OR C	1129.53	1129.53	10/1/2009
33332		3	INSERTION OF GRAFT, AORTA OR GREAT VESSELS;	1127.12	1127.12	10/1/2009
33335		3	INSERTION OF HEART GRAFT	1523.78	1523.78	10/1/2009
33400		3	REPAIR OF AORTIC VALVE	1836.64	1836.64	10/1/2009
33401		3	VALVULOPLASTY, AORTIC VALVE;	1208.91	1208.91	10/1/2009
33403		3	VALVULOPLASTY, AORTIC VALVE;	1216.57	1216.57	10/1/2009
33404		3	CONSTRUCTION OF APICAL-AORTIC CONDUIT	1443.83	1443.83	10/1/2009
33405		3	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH I	1872.74	1872.74	10/1/2009
33406		3	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH I	2313.82	2313.82	10/1/2009
33410		3	REPLACEMENT AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH S	2041.58	2041.58	10/1/2009
33411		3	REPLACEMENT AORTIC VALVE W/ ANNULUS ENLARGEMENT	2668.62	2668.62	10/1/2009
33412		3	REPLACEMENT AORTIC VALVE, KONNO PROCEDURE	2020.28	2020.28	10/1/2009
33413		3	REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PUI	2628.57	2628.57	10/1/2009
33414		3	REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH	1755.79	1755.79	10/1/2009
33415		3	REVISION OF AORTIC VALVE	1628.75	1628.75	10/1/2009
33416		3	VENTRICULOMYOTOMY/MYECTOMY FOR SUBAORTIC STENOSIS	1634.61	1634.61	10/1/2009
33417		3	REVISION OF AORTIC VALVE	1360.88	1360.88	10/1/2009
33420		3	VALVOTOMY, MITRAL VALVE; CLOSED HEART	1107.47	1107.47	10/1/2009
33422		3	VALVOTOMY, MITRAL VALVE; OPEN HEART, WITH CARDIOPULMONARY BYP	1366.82	1366.82	10/1/2009
33425		3	REVISION OF MITRAL VALVE	2136.55	2136.55	10/1/2009
33426		3	VALVULOPLASTY MV W/ CARD-PUL BYPASS W/ PROSTH RING	1935.42	1935.42	10/1/2009
33427		3	VALVULOPLASTY MV W/ CPB RADICAL RECONSTR W/WO RING	2019.41	2019.41	10/1/2009
33430		3	REPLACEMENT OF MITRAL VALVE	2240.10	2240.10	10/1/2009
33460		3	VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	1901.57	1901.57	10/1/2009
33463		3	VALVULOPLASTY, TRICUSPID VALVE;	2403.63	2403.63	10/1/2009
33464		3	VALVULOPLASTY, TRICUSPID VALVE;	1934.14	1934.14	10/1/2009
33465		3	REPLACEMENT, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	2166.28	2166.28	10/1/2009
33468		3	REVISION OF TRICUSPID VALVE	1522.55	1522.55	10/1/2009
33470		3	VALVOTOMY, PULMONARY VALVE, CLOSED HEART; TRANSVENTRICULAR	961.99	961.99	10/1/2009
33471		3	VALVOTOMY PULMONARY VALVE, CLOSED HEART VIA PULMONARY ARTER	1072.16	1072.16	10/1/2009
33472		3	VALVOTOMY PULMONARY VALVE, OPEN HEART; WITH INFLOW OCCLUSION	1082.41	1082.41	10/1/2009
33474		3	REVISION OF TRICUSPID VALVE	1668.20	1668.20	10/1/2009
33475		3	REPLACEMENT, PULMONARY VALVE	1875.72	1875.72	10/1/2009
33476		3	REVISION OF HEART CHAMBER	1186.24	1186.24	10/1/2009
33478		3	REVISION OF HEART CHAMBER	1274.38	1274.38	10/1/2009
33496		3	REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH C/	1363.89	1363.89	10/1/2009
33500		3	REPAIR CORONARY FISTULA W/CARDIO-PULMONARY BYPASS	1279.63	1279.63	10/1/2009
33501		3	REPAIR OF CORONARY FISTULA; WO CP BYPASS	887.86	887.86	10/1/2009
33502		3	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY	1024.87	1024.87	10/1/2009
33503		3	ANOMALOUS CORONARY ARTERY GRAFT WITHOUT BYPASS	1095.89	1095.89	10/1/2009
33504		3	ANOMALOUS CORONARY ARTERY GRAFT WITH BYPASS	1171.08	1171.08	10/1/2009
33505		3	REPAIR OF ANOMALOUS CORONARY ARTERY;	1615.99	1615.99	10/1/2009
33506		3	REPAIR OF ANOMALOUS CORONARY ARTERY;	1672.75	1672.75	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
33508		3	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S)	13.34	13.34	10/1/2009
33510		3	CORONARY ARTERY BYPASS SINGLE VENOUS GRAFT	1592.32	1592.32	10/1/2009
33511		3	CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS	1738.37	1738.37	10/1/2009
33512		3	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	1958.83	1958.83	10/1/2009
33513		3	CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	2001.71	2001.71	10/1/2009
33514		3	CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS	2121.24	2121.24	10/1/2009
33516		3	CORONARY ARTERY BYPASS 6 OR MORE VENOUS GRAFTS	2205.25	2205.25	10/1/2009
33517		3	CORONARY ARTERY BYPASS; SINGLE VEIN GRAFT	152.00	152.00	10/1/2009
33518		3	CORONARY ARTERY BYPASS; 2 VENOUS GRAFTS	329.17	329.17	10/1/2009
33519		3	CORONARY ARTERY BYPASS; 3 VENOUS GRAFTS	439.06	439.06	10/1/2009
33521		3	CORONARY ARTERY BYPASS; 4 VENOUS GRAFTS	531.25	531.25	10/1/2009
33522		3	CORONARY ARTERY BYPASS; 5 VENOUS GRAFTS	604.12	604.12	10/1/2009
33523		3	CORONARY ARTERY BYPASS; 6 OR MORE VENOUS GRAFTS	689.41	689.41	10/1/2009
33533		3	CORONARY ARTERY BYPASS; SINGLE ARTERIAL GRAFT	1550.30	1550.30	10/1/2009
33534		3	CORONARY ARTERY BYPASS; 2 ARTERIAL GRAFTS	1803.32	1803.32	10/1/2009
33535		3	CORONARY ARTERY BYPASS; 3 ARTERIAL GRAFTS	2002.94	2002.94	10/1/2009
33536		3	CORONARY ARTERY BYPASS; 4 OR MORE ARTERIAL GRAFTS	2146.84	2146.84	10/1/2009
33542		3	REMOVAL OF HEART LESION	2070.81	2070.81	10/1/2009
33545		3	REPAIR OF HEART DEFECT	2443.62	2443.62	10/1/2009
33572		3	CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR	192.82	192.82	10/1/2009
33600		3	CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY SUTL	1387.95	1387.95	10/1/2009
33602		3	CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR	1322.78	1322.78	10/1/2009
33606		3	ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSE	1440.50	1440.50	10/1/2009
33608		3	REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRE	1478.42	1478.42	10/1/2009
33610		3	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE WITH :	1442.88	1442.88	10/1/2009
33611		3	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR '	1587.50	1587.50	10/1/2009
33612		3	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR '	1639.37	1639.37	10/1/2009
33615		3	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, TRICUSPID ATRESIA)	1632.71	1632.71	10/1/2009
33617		3	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE)	1752.91	1752.91	10/1/2009
33619		3	REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION	2148.90	2148.90	10/1/2009
33641		3	REPAIR OF HEART DEFECT	1305.23	1305.23	10/1/2009
33645		3	REVISION OF HEART VEINS	1284.19	1284.19	10/1/2009
33647		3	REPAIR OF ASD AND VSD, DIRECT OF PATCH CLOSURE	1365.25	1365.25	10/1/2009
33660		3	REPAIR OF INCOMPLETE OR PARTIAL ATRIOVENTRICULAR CANAL (OSTIUM	1432.01	1432.01	10/1/2009
33665		3	REPAIR OF INTERMEDIATE OR TRANSITIONAL ATRIOVENTRICULAR CANAL,	1549.95	1549.95	10/1/2009
33670		3	REPAIR OF HEART CHAMBERS	1612.60	1612.60	10/1/2009
33675		3	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS;	1608.51	1608.51	10/1/2009
33676		3	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONAF	1673.60	1673.60	10/1/2009
33677		3	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH REMOVAL (	1739.53	1739.53	10/1/2009
33681		3	REPAIR OF HEART DEFECT	1486.11	1486.11	10/1/2009
33684		3	REPAIR OF HEART DEFECT	1518.60	1518.60	10/1/2009
33688		3	REPAIR OF HEART DEFECT	1525.79	1525.79	10/1/2009
33690		3	BANDING OF PULMONARY ARTERY	935.84	935.84	10/1/2009
33692		3	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRES	1434.66	1434.66	10/1/2009
33694		3	REPAIR OF HEART DEFECTS	1616.16	1616.16	10/1/2009
33697		3	COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA	1739.21	1739.21	10/1/2009
33702		3	REPAIR OF HEART DEFECTS	1244.22	1244.22	10/1/2009
33710		3	REPAIR OF HEART DEFECTS	1502.66	1502.66	10/1/2009
33720		3	REPAIR OF HEART DEFECT	1260.40	1260.40	10/1/2009
33722		3	CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL	1256.51	1256.51	10/1/2009
33724		3	REPAIR OF ISOLATED PARTIAL ANOMALOUS PULMONARY VENOUS RETURN	1279.26	1279.26	10/1/2009
33726		3	REPAIR OF PULMONARY VENOUS STENOSIS	1672.53	1672.53	10/1/2009
33730		3	COMPLETE REPAIR ANOMALOUS VENOUS RETURN	1594.84	1594.84	10/1/2009
33732		3	REPAIR OF COR TRIARTIATUM OR SUPRAVALVULAR MITRAL RING BY RESE	1329.50	1329.50	10/1/2009
33735		3	ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED HEART (BLALOCK-HANL	1012.41	1012.41	10/1/2009
33736		3	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1128.75	1128.75	10/1/2009
33737		3	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART, WITH INFLOW OCCL	1052.67	1052.67	10/1/2009
33750		3	SHUNT SUBCLAVIAN TO PULMONARY ARTERY	1058.87	1058.87	10/1/2009
33755		3	SHUNT ASCENDING AORTA TO PULMONARY ARTERY	1046.75	1046.75	10/1/2009
33762		3	SHUNT DESCENDING AORTA TO PULMONARY ARTERY	1044.96	1044.96	10/1/2009
33764		3	SHUNT, CENTRAL W/ PROSTHETIC GRAFT	1029.99	1029.99	10/1/2009
33766		3	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO ON	1132.71	1132.71	10/1/2009
33767		3	SHUNT;	1147.49	1147.49	10/1/2009
33770		3	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR	1745.70	1745.70	10/1/2009
33771		3	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR	1789.98	1789.98	10/1/2009
33774		3	REP TRANSPOSITION GRT ARTERIES W CARDIOPULM BYPASS	1470.15	1470.15	10/1/2009
33775		3	REP TRANSPOSITION GRT ART W CPB W REM PULM BAND	1529.51	1529.51	10/1/2009
33776		3	REP TRANSPO GRT ART W CPB W CL VENT SEPTAL DEFECT	1609.29	1609.29	10/1/2009
33777		3	REP TRANSPO GRT ART W CPB W REP SUBPULM OBSTRUCT	1576.62	1576.62	10/1/2009
33778		3	REPAIR TRANSPO GRT ARTERIES W CARDIOPULM BYPASS	1937.99	1937.99	10/1/2009
33779		3	REP TRANSPO GRT ARTERIES W CPB W REMOVAL PULM BAND	1861.12	1861.12	10/1/2009
33780		3	REPAIR AORTIC ARTERY W/ CLOSURE SEPTAL DEFECT	1933.73	1933.73	10/1/2009
33781		3	REPAIR AORTIC ARTERY W/ REPAIR OF OBSTRUCTION	1901.83	1901.83	10/1/2009
33786		3	TOTAL REPAIR TRUNCUS ARTERIOSUS	1869.14	1869.14	10/1/2009
33788		3	REVISION OF PULMONARY ARTERY	1260.71	1260.71	10/1/2009
33800		3	AORTIC SUSPENSION FOR TRACHEAL DECOMPRESSION	790.92	790.92	10/1/2009
33802		3	DIVISION ABERRANT VESSEL	850.09	850.09	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
33803		3	DIVISION OF ABERRANT VESSEL W/ REANASTOMOSIS	925.50	925.50	10/1/2009
33813		3	OBLITERATION SEPTAL DEFECT W/O BYPASS	1047.42	1047.42	10/1/2009
33814		3	OBLITERATION SEPTAL DEFECT WITH BYPASS	1236.13	1236.13	10/1/2009
33820		3	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY LIGATION	791.04	791.04	10/1/2009
33822		3	PATENT DUCTUS ARTERIOSUS DIVISION UNDER 18 YRS	840.04	840.04	10/1/2009
33824		3	PATENE DUCTUS ARTERIOSUS DIVISION 18 YRS OLDER	950.04	950.04	10/1/2009
33840		3	EXC OF COARCTATION OF AORTA W/WO ASSOC PAT DUC W/D	961.28	961.28	10/1/2009
33845		3	EXC COARCTATION OF AORTA W/WO ASSOC PAT DUC ART WI	1107.31	1107.31	10/1/2009
33851		3	EXCISION COARCTATION OF AORTA WALDHUSEN PROCEDURE	1019.28	1019.28	10/1/2009
33852		3	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGE	1107.48	1107.48	10/1/2009
33853		3	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGE	1526.66	1526.66	10/1/2009
33860		3	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR V	2556.14	2556.14	10/1/2009
33861		3	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR	1988.56	1988.56	10/1/2009
33863		3	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR	2553.51	2553.51	10/1/2009
33870		3	TRANSVERSE ARCH GRAFT W/BYPASS	2075.74	2075.74	10/1/2009
33875		3	DESCEND THORACIC AORTA GRAFT W/O BYPASS	1610.91	1610.91	10/1/2009
33877		3	REPAIR THORACOAAA W/ GRFT, W/WO CP BYPASS	2872.11	2872.11	10/1/2009
33910		3	PULMONARY ARTERY EMBOLECTOMY WITH BYPASS	1347.61	1347.61	10/1/2009
33915		3	PULMONARY ARTERY EMBOLECTOMY WITHOUT BYPASS	1078.67	1078.67	10/1/2009
33916		3	PULMONARY ENDARTERECTOMY W/ BYPASS	1347.46	1347.46	10/1/2009
33917		3	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH P	1218.95	1218.95	10/1/2009
33920		3	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT,	1475.33	1475.33	10/1/2009
33922		3	TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPAS	1114.94	1114.94	10/1/2009
33967		3	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	224.45	224.45	10/1/2009
33968		3	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	28.84	28.84	10/1/2009
33970		3	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE FEI	301.92	301.92	10/1/2009
33971		3	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE INCLUDING REPAIR	578.05	578.05	10/1/2009
33973		3	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE ASC	439.95	439.95	10/1/2009
33974		3	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE FROM THE ASCEND	736.12	736.12	10/1/2009
33975		3	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE	911.80	911.80	10/1/2009
33976		3	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTI	1012.52	1012.52	10/1/2009
33977		3	REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE V	975.79	975.79	10/1/2009
33978		3	REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTR	1075.31	1075.31	10/1/2009
33979		3	INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOI	1999.60	1999.60	10/1/2009
33980		3	REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOR	2933.33	2933.33	10/1/2009
34001		3	REMOVAL BLOOD CLOT ARTERY	788.21	788.21	10/1/2009
34051		3	REMOVAL OF BLOOD CLOT, ARTERY	788.97	788.97	10/1/2009
34101		3	AMB SURG-REMOVAL OF BLOOD CLOT, ARTERY	501.15	501.15	10/1/2009
34111		3	EMBOLECTOMY/THROMBECTOMY, RADIAL OR ULNAR ARTERY	500.96	500.96	10/1/2009
34151		3	REMOVAL OF BLOOD CLOT, ARTERY	1162.63	1162.63	10/1/2009
34201		3	REMOVAL BLOOD CLOT ARTERY	820.10	820.10	10/1/2009
34203		3	EMBOLECTOMY/THROMBECTOMY, POPLITEAL-TIBIO-PERONEAL	802.22	802.22	10/1/2009
34401		3	REMOVAL OF BLOOD CLOT, VEIN	1197.09	1197.09	10/1/2009
34421		3	REMOVAL OF BLOOD CLOT, VEIN	607.40	607.40	10/1/2009
34451		3	REMOVAL OF BLOOD CLOT, VEIN	1255.33	1255.33	10/1/2009
34471		3	REMOVAL OF BLOOD CLOT, VEIN	880.27	880.27	10/1/2009
34490		3	REMOVAL OF BLOOD CLOT, VEIN	503.69	503.69	10/1/2009
34501		3	VALVULOPLASTY FEMORAL VEIN	780.96	780.96	10/1/2009
34502		3	RECONSTRUCTION OF VENA CAVA, ANY METHOD	1265.46	1265.46	10/1/2009
34510		3	VENOUS VALVE TRANSPOSITION ANY VEIN DONOR	888.09	888.09	10/1/2009
34520		3	CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	852.95	852.95	10/1/2009
34530		3	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	801.31	801.31	10/1/2009
34800		3	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM	954.53	954.53	10/1/2009
34802		3	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM	1042.59	1042.59	10/1/2009
34803		3	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM	1067.51	1067.51	10/1/2009
34804		3	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM	1042.00	1042.00	10/1/2009
34805		3	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM	979.13	979.13	10/1/2009
34808		3	ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE (LIST :	174.45	174.45	10/1/2009
34812		3	OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF AORTIC ENDOVASI	288.56	288.56	10/1/2009
34813		3	PLACEMENT OF FEMORAL-FEMORAL PROSTHETIC GRAFT DURING ENDOV/	200.66	200.66	10/1/2009
34820		3	OPEN ILIAC ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROS	414.39	414.39	10/1/2009
34825		3	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDC	582.85	582.85	10/1/2009
34826		3	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDC	173.21	173.21	10/1/2009
34830		3	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS	1526.69	1526.69	10/1/2009
34831		3	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS	1618.87	1618.87	10/1/2009
34832		3	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS	1640.58	1640.58	10/1/2009
34833		3	OPEN ILIAC ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVE	515.29	515.29	10/1/2009
34834		3	OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST IN THE DEPLOYMENT OF /	233.43	233.43	10/1/2009
34900		3	ENDOVASCULAR GRAFT REPLACEMENT FOR REPAIR OF ILIAC ARTERY	757.38	757.38	10/1/2009
35001		3	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI/	944.39	944.39	10/1/2009
35002		3	REPAIR RUPTURE ANEURYSM ARTERY NECK INCISION	997.61	997.61	10/1/2009
35005		3	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI/	867.49	867.49	10/1/2009
35011		3	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL	829.41	829.41	10/1/2009
35013		3	REPAIR RUPTURED ANEURYSM ARTERY ARM INCISION	1029.27	1029.27	10/1/2009
35021		3	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI/	1008.53	1008.53	10/1/2009
35022		3	RUPTURED ANEURYSM INNOMINATE ARTERY THORACIC	1141.25	1141.25	10/1/2009
35045		3	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI/	806.51	806.51	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
35081	3	3	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI/	1447.37	1447.37	10/1/2009
35082	3	3	REPAIR RUPTURED ANEURYSM ABDOMINAL AORTA	1818.10	1818.10	10/1/2009
35091	3	3	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI/	1531.73	1531.73	10/1/2009
35092	3	3	REPAIR RUPT ANEURYSM ABD AORTA VISCERAL VESSELS	2172.79	2172.79	10/1/2009
35102	3	3	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI/	1570.68	1570.68	10/1/2009
35103	3	3	REPAIR RUPT ANEURYSM ABD AORTA ILIAC VESSELS	1879.12	1879.12	10/1/2009
35111	3	3	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI/	1156.54	1156.54	10/1/2009
35112	3	3	REPAIR RUPT ANEURYSM SPLENIC ARTERY	1417.73	1417.73	10/1/2009
35121	3	3	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI/	1373.82	1373.82	10/1/2009
35122	3	3	REPAIR RUPT ANEURYSM HEPATIC CELIAC RENAL MESENTER	1644.73	1644.73	10/1/2009
35131	3	3	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI/	1170.84	1170.84	10/1/2009
35132	3	3	RUPTURE ANEURYSM ILIAC ARTERY	1416.03	1416.03	10/1/2009
35141	3	3	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI/	928.59	928.59	10/1/2009
35142	3	3	REPAIR DEFECT OF ARTERY	1111.03	1111.03	10/1/2009
35151	3	3	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI/	1047.36	1047.36	10/1/2009
35152	3	3	RUPTURE ANEURYSM POPLITEAL ARTERY	1216.42	1216.42	10/1/2009
35180	3	3	REPAIR CONGENITAL A-V FISTULA, HEAD AND NECK	694.57	694.57	10/1/2009
35182	3	3	REPAIR CONGENITAL A-V FISTULA, THORAX AND ABDOMEN	1428.76	1428.76	10/1/2009
35184	3	3	REPAIR CONGENITAL A-V FISTULA, EXTREMITIES	841.93	841.93	10/1/2009
35188	3	3	REPAIR ACQ OR TRAUMATIC A-V FISTULA, HEAD AND NECK	704.90	704.90	10/1/2009
35189	3	3	REPAIR ACQ OR TRAUMATIC A-V FISTULA, THORAX/ABD	1319.45	1319.45	10/1/2009
35190	3	3	REPAIR ACQ OR TRAUMATIC A-V FISTULA, EXTREMITIES	615.89	615.89	10/1/2009
35201	3	3	REPAIR BLOOD VESSEL LESION	772.92	772.92	10/1/2009
35206	3	3	REPAIR BLOOD VESSEL LESION	631.55	631.55	10/1/2009
35207	3	3	REPAIR BLOOD VESSELS HAND, FINGER	568.29	568.29	10/1/2009
35211	3	3	REPAIR BLOOD VESSEL LESION	1122.20	1122.20	10/1/2009
35216	3	3	REPAIR BLOOD VESSEL LESION	1565.31	1565.31	10/1/2009
35221	3	3	REPAIR BLOOD VESSEL LESION	1158.02	1158.02	10/1/2009
35226	3	3	REPAIR BLOOD VESSEL LESION	697.34	697.34	10/1/2009
35231	3	3	REPAIR BLOOD VESSEL LESION	969.06	969.06	10/1/2009
35236	3	3	REPAIR BLOOD VESSEL LESION	808.71	808.71	10/1/2009
35241	3	3	REPAIR BLOOD VESSEL LESION	1172.02	1172.02	10/1/2009
35246	3	3	REPAIR BLOOD VESSEL LESION	1275.01	1275.01	10/1/2009
35251	3	3	REPAIR BLOOD VESSEL LESION	1377.49	1377.49	10/1/2009
35256	3	3	REPAIR BLOOD VESSEL LESION	850.57	850.57	10/1/2009
35261	3	3	REPAIR BLOOD VESSEL LESION	859.17	859.17	10/1/2009
35266	3	3	REPAIR BLOOD VESSEL LESION	712.28	712.28	10/1/2009
35271	3	3	REPAIR BLOOD VESSEL LESION	1120.55	1120.55	10/1/2009
35276	3	3	REPAIR BLOOD VESSEL LESION	1176.36	1176.36	10/1/2009
35281	3	3	REPAIR BLOOD VESSEL LESION	1315.38	1315.38	10/1/2009
35286	3	3	REPAIR BLOOD VESSEL LESION	779.69	779.69	10/1/2009
35301	3	3	RECHANNELING OF ARTERY	875.34	875.34	10/1/2009
35302	3	3	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED;	932.06	932.06	10/1/2009
35303	3	3	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED;	1025.92	1025.92	10/1/2009
35304	3	3	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED;	1066.98	1066.98	10/1/2009
35305	3	3	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED;	1024.77	1024.77	10/1/2009
35306	3	3	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED;	384.41	384.41	10/1/2009
35311	3	3	RECHANNELING OF ARTERY	1255.65	1255.65	10/1/2009
35321	3	3	RECHANNELING OF ARTERY	744.13	744.13	10/1/2009
35331	3	3	RECHANNELING OF ARTERY	1229.32	1229.32	10/1/2009
35341	3	3	RECHANNELING OF ARTERY	1157.31	1157.31	10/1/2009
35351	3	3	RECHANNELING OF ARTERY	1076.21	1076.21	10/1/2009
35355	3	3	THROMBOENDARTERECTOMY W/ OR W/O PATCH, ILIOFEMORAL	873.71	873.71	10/1/2009
35361	3	3	RECHANNELING OF ARTERY	1324.55	1324.55	10/1/2009
35363	3	3	THROMBOENDARTERECTOMY W/ OR W/O PATCH AORTOILIOFEM	1441.20	1441.20	10/1/2009
35371	3	3	RECHANNELING OF ARTERY	687.91	687.91	10/1/2009
35372	3	3	THROMBOENDARTERECTOMY, W/WO PATCH GRFT, DEEP FEMORAL	826.09	826.09	10/1/2009
35390	3	3	REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE	135.38	135.38	10/1/2009
35450	3	3	TRANSLUMINAL AGIOPLASTY, INTRAOPERATIVE, RENAL	432.95	432.95	10/1/2009
35452	3	3	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN;	300.35	300.35	10/1/2009
35454	3	3	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN;	263.47	263.47	10/1/2009
35456	3	3	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN;	318.93	318.93	10/1/2009
35458	3	3	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN	409.32	409.32	10/1/2009
35459	3	3	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN;	375.75	375.75	10/1/2009
35460	3	3	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN;	261.23	261.23	10/1/2009
35470	3	3	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; TIBIOPERONEA	384.22	2211.59	10/1/2009
35471	3	3	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS;	458.69	2431.72	10/1/2009
35472	3	3	TRANSLUMINAL ANGIOPLASTY PERCUTANEOUS; AORTIC	307.07	1686.55	10/1/2009
35473	3	3	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS;	271.64	1609.29	10/1/2009
35474	3	3	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS;	328.40	2145.11	10/1/2009
35475	3	3	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; BRACHIOCEPH	411.67	1741.53	10/1/2009
35476	3	3	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS;	262.80	1312.90	10/1/2009
35480	3	3	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN;	469.94	469.94	10/1/2009
35481	3	3	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN;	338.04	338.04	10/1/2009
35482	3	3	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN;	295.58	295.58	10/1/2009
35483	3	3	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN;	356.88	356.88	10/1/2009
35484	3	3	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN	445.17	445.17	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
35485	3		TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN	413.99	413.99	10/1/2009
35490	3		TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS;	511.45	511.45	10/1/2009
35491	3		TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS;	343.60	343.60	10/1/2009
35492	3		TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS;	311.00	311.00	10/1/2009
35493	3		TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS;	378.97	378.97	10/1/2009
35494	3		TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; BRACHIOC	480.76	480.76	10/1/2009
35495	3		TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS;	439.29	439.29	10/1/2009
35500	3		HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT, FOR LOWER EXTRE	271.10	271.10	10/1/2009
35501	3		ARTERY BYPASS GRAFT	1303.93	1303.93	10/1/2009
35506	3		ARTERY BYPASS GRAFT	1110.17	1110.17	10/1/2009
35508	3		BYPASS GRAFT W/ VEIN, CAROTID-VERTEBRAL	1146.80	1146.80	10/1/2009
35509	3		ARTERY BYPASS GRAFT	1253.62	1253.62	10/1/2009
35510	3		BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIAL	1052.78	1052.78	10/1/2009
35511	3		ARTERY BYPASS GRAFT	989.48	989.48	10/1/2009
35512	3		BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRACHIAL	1026.52	1026.52	10/1/2009
35515	3		BYPASS GRAFT W/ VEIN, SUBCLAVIAN-VERTEBRAL	1108.73	1108.73	10/1/2009
35516	3		ARTERY BYPASS GRAFT	1015.75	1015.75	10/1/2009
35518	3		BYPASS GRAFT W/ VEIN, AXILLARY-AXILLARY	1007.32	1007.32	10/1/2009
35521	3		ARTERY BYPASS GRAFT	1060.24	1060.24	10/1/2009
35522	3		BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL	1002.57	1002.57	10/1/2009
35525	3		BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHIAL	940.90	940.90	10/1/2009
35526	3		ARTERY BYPASS GRAFT	1388.11	1388.11	10/1/2009
35531	3		ARTERY BYPASS GRAFT	1694.16	1694.16	10/1/2009
35533	3		BYPASS GRAFT W/ VAIN, AXILLARY-FEMORAL-FEMORAL	1310.96	1310.96	10/1/2009
35536	3		ARTERY BYPASS GRAFT	1460.83	1460.83	10/1/2009
35537	3		BYPASS GRAFT, WITH VEIN; AORTOILIAC	1811.96	1811.96	10/1/2009
35538	3		BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC	2033.76	2033.76	10/1/2009
35539	3		BYPASS GRAFT, WITH VEIN; AORTOFEMORAL	1886.85	1886.85	10/1/2009
35540	3		BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL	2113.56	2113.56	10/1/2009
35548	3		ARTERY BYPASS GRAFT	1005.19	1005.19	10/1/2009
35549	3		ARTERY BYPASS GRAFT	1092.08	1092.08	10/1/2009
35551	3		ARTERY BYPASS GRAFT	1244.43	1244.43	10/1/2009
35556	3		ARTERY BYPASS GRAFT	1157.48	1157.48	10/1/2009
35558	3		ARTERY BYPASS GRAFT	1024.18	1024.18	10/1/2009
35560	3		BYPASS GRAFT W/ VEIN, AORTORENAL	1490.93	1490.93	10/1/2009
35563	3		ARTERY BYPASS GRAFT	1142.69	1142.69	10/1/2009
35565	3		ARTERY BYPASS GRAFT	1106.61	1106.61	10/1/2009
35566	3		ARTERY BYPASS GRAFT	1389.50	1389.50	10/1/2009
35571	3		ARTERY BYPASS GRAFT	1122.78	1122.78	10/1/2009
35572	3		HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RE	293.34	293.34	10/1/2009
35583	3		IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	1195.53	1195.53	10/1/2009
35585	3		IN-SITU VEIN BYPASS; FEMORAL-ANT TIB,POST TIB,PERO	1399.89	1399.89	10/1/2009
35587	3		IN-SITU VEIN BYPASS; POPLITEAL, PERONEAL	1157.60	1157.60	10/1/2009
35600	3		HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY	215.76	215.76	10/1/2009
35601	3		ARTERY BYPASS GRAFT	1205.50	1205.50	10/1/2009
35606	3		ARTERY BYPASS GRAFT	981.85	981.85	10/1/2009
35612	3		ARTERY BYPASS GRAFT	767.10	767.10	10/1/2009
35616	3		ARTERY BYPASS GRAFT	940.24	940.24	10/1/2009
35621	3		ARTERY BYPASS GRAFT	927.54	927.54	10/1/2009
35623	3		BYPASS GRAFT, WITH OTHER THAN VEIN;	1138.44	1138.44	10/1/2009
35626	3		ARTERY BYPASS GRAFT	1306.30	1306.30	10/1/2009
35631	3		ARTERY BYPASS GRAFT	1558.88	1558.88	10/1/2009
35636	3		BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL (SPLENIC TO REN	1383.34	1383.34	10/1/2009
35637	3		BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOILIAC	1431.46	1431.46	10/1/2009
35638	3		BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBI-ILIAC	1462.30	1462.30	10/1/2009
35642	3		BYPASS GRAFT W/ OTHER THAN VEIN, CAROTID-VERTEBRAL	864.69	864.69	10/1/2009
35645	3		BYPASS GRAFT W/ OTHER THAN VEIN, SUBCLAVIAN-VERT	820.55	820.55	10/1/2009
35646	3		BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBIFEMORAL	1443.67	1443.67	10/1/2009
35647	3		BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL	1306.69	1306.69	10/1/2009
35650	3		BYPASS GRAFT W/ OTHER THAN VEIN, AXILLARY-AXILLARY	893.28	893.28	10/1/2009
35651	3		ARTERY BYPASS GRAFT	1156.49	1156.49	10/1/2009
35654	3		BYPASS GRAFT W/ OTHER THAN VEIN, AXIL-FEM-FEM	1153.40	1153.40	10/1/2009
35656	3		ARTERY BYPASS GRAFT	908.56	908.56	10/1/2009
35661	3		ARTERY BYPASS GRAFT	909.18	909.18	10/1/2009
35663	3		ARTERY BYPASS GRAFT	1054.76	1054.76	10/1/2009
35665	3		ARTERY BYPASS GRAFT	987.94	987.94	10/1/2009
35666	3		ARTERY BYPASS GRAFT	1064.64	1064.64	10/1/2009
35671	3		ARTERY BYPASS GRAFT	937.88	937.88	10/1/2009
35681	3		BYPASS GRAFT; COMPOSITE, PROSTHETIC AND VEIN (LIST SEPARATELY IN	67.70	67.70	10/1/2009
35682	3		BYPASS GRAFT; AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS FR	302.23	302.23	10/1/2009
35683	3		BYPASS GRAFT; AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS	356.50	356.50	10/1/2009
35685	3		PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPAS	169.73	169.73	10/1/2009
35686	3		CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMI	141.99	141.99	10/1/2009
35691	3		TRANSPOSITION AND/OR REIMPLANTATION;	826.89	826.89	10/1/2009
35693	3		TRANSPOSITION AND/OR REIMPLANTATION;	732.27	732.27	10/1/2009
35694	3		TRANSPOSITION AND/OR REIMPLANTATION;	855.33	855.33	10/1/2009
35695	3		TRANSPOSITION AND/OR REIMPLANTATION;	890.83	890.83	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
35697	3	3	REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHES	126.44	126.44	10/1/2009
35700	3	3	REOPERATION, FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL) -ANTERIO	130.11	130.11	10/1/2009
35701	3	3	EXPLORATION,CAROTID ARTERY	441.74	441.74	10/1/2009
35721	3	3	EXPLORATION,FEMORAL ARTERY	375.14	375.14	10/1/2009
35741	3	3	EXPLORATION POPLITEAL ARTERY	411.16	411.16	10/1/2009
35761	3	3	EXPLORATION OF ARTERY/VEIN	302.77	302.77	10/1/2009
35800	3	3	EXPLORATION OF NECK	390.19	390.19	10/1/2009
35820	3	3	EXPLORATION OF CHEST	1538.13	1538.13	10/1/2009
35840	3	3	EXPLORATION OF ABDOMEN	510.77	510.77	10/1/2009
35860	3	3	EXPLORATION OF LIMB	329.64	329.64	10/1/2009
35870	3	3	REPAIR OF GRAFT-ENTERIC FISTULA	1071.75	1071.75	10/1/2009
35875	3	3	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODI	492.87	492.87	10/1/2009
35876	3	3	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT;	790.64	790.64	10/1/2009
35879	3	3	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTC	773.63	773.63	10/1/2009
35881	3	3	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTC	860.13	860.13	10/1/2009
35883	3	3	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GR/	1004.16	1004.16	10/1/2009
35884	3	3	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GR/	1059.60	1059.60	10/1/2009
35901	3	3	EXCISION OF INFECTED GRAFT;	412.37	412.37	10/1/2009
35903	3	3	EXCISION OF INFECTED GRAFT;	466.55	466.55	10/1/2009
35905	3	3	EXCISION OF INFECTED GRAFT;	1458.51	1458.51	10/1/2009
35907	3	3	EXCISION OF INFECTED GRAFT;	1607.42	1607.42	10/1/2009
36000	3	3	INSERTION VEIN ACCESS DEVICE	7.83	19.66	10/1/2009
36002	3	3	INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATME	91.29	134.55	10/1/2009
36005	3	3	INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUDING INTRC	41.28	263.07	10/1/2009
36010	3	3	INSERTION VEIN ACCESS DEVICE	103.95	456.10	10/1/2009
36011	3	3	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM;	134.39	720.44	10/1/2009
36012	3	3	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM;	151.48	678.70	10/1/2009
36013	3	3	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTEF	108.89	625.44	10/1/2009
36014	3	3	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY	131.66	653.40	10/1/2009
36015	3	3	SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PUL	152.24	716.95	10/1/2009
36100	3	3	ESTABLISH ACCESS TO ARTERY	133.33	418.00	10/1/2009
36120	3	3	INTRODUCTION OF NEEDLE OR INTRACATHETER;	84.18	344.62	10/1/2009
36140	3	3	INTRODUCTION OF NEEDLE OR INTRACATHETER;	86.60	380.20	10/1/2009
36145	3	3	INTRODUCTION OF NEEDLE OR INTRACATHETER;	84.75	376.62	10/1/2009
36160	3	3	INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR	112.56	419.14	10/1/2009
36200	3	3	ESTABLISH ACCESS TO AORTA	129.47	509.03	10/1/2009
36215	3	3	ARTERIAL CATH. PLACEMENT; 1ST ORDER THORACIC OR BRACHIOCEPHAL	205.17	895.05	10/1/2009
36216	3	3	ARTERIAL CATH PLACEMENT, 2ND ORDER THORACIC BRANCH	231.30	978.58	10/1/2009
36217	3	3	ARTERIAL CATH PLACEMENT, 3RD ORDER THORACIC BRANCH	276.92	1589.20	10/1/2009
36218	3	3	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECC	44.13	150.55	10/1/2009
36245	3	3	INTRODUCTION OF CATHETER AORTA, EACH ADDITIONAL	211.15	986.11	10/1/2009
36246	3	3	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM;	230.67	970.44	10/1/2009
36247	3	3	ARTERIAL CATHETER PLACEMENT;3RD ORDER, ABD, PELVIC,LEG	274.63	1519.13	10/1/2009
36248	3	3	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECC	44.13	129.78	10/1/2009
36260	3	3	INSERTION IMPLANTABLE INFUSION PUMP	469.54	469.54	10/1/2009
36261	3	3	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	285.23	285.23	10/1/2009
36262	3	3	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	216.84	216.84	10/1/2009
36400	3	3	VENIPUNCTURE, UNDER AGE 3 YEARS; FEMORAL OR JUGULAR	14.75	20.52	10/1/2009
36405	3	3	VENIPUNCTURE, UNDER AGE 3 YEARS;	12.86	18.62	10/1/2009
36406	3	3	VENIPUNCTURE, UNDER AGE 3 YEARS;	7.54	13.30	10/1/2009
36410	3	3	VENIPUNCTURE, CHILD OVER AGE 3 YEARS OR ADULT, NECESSITATING	7.25	14.75	10/1/2009
36415	3	3	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	2.78	2.78	10/1/2009
36420	3	3	VENIPUNCTURE, CUTDOWN;	40.09	40.09	10/1/2009
36425	3	3	VENIPUNCTURE, CUTDOWN;	31.51	31.51	10/1/2009
36430	3	3	BLOOD TRANSFUSION SERVICE	28.30	28.30	10/1/2009
36440	3	3	PUSH TRANSFUSION, BLOOD, 2 YEARS OR UNDER	42.17	42.17	10/1/2009
36450	3	3	EXCHANGE TRANSFUSION, BLOOD;	96.75	96.75	10/1/2009
36455	3	3	EXCHANGE TRANSFUSION, BLOOD;	105.55	105.55	10/1/2009
36460	3	3	TRANSFUSION, INTRAUTERINE, FETAL	276.16	276.16	10/1/2009
36470	3	3	INJECTION OF SCLEROSING SOLUTION;	55.68	106.44	10/1/2009
36471	3	3	INJECTION OF SCLEROSING SOLUTION;	78.45	131.80	10/1/2009
36475	3	3	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, IN	280.29	1370.78	10/1/2009
36476	3	3	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, IN	137.21	298.43	10/1/2009
36478	3	3	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, IN	282.89	1132.26	10/1/2009
36479	3	3	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, IN	138.07	313.43	10/1/2009
36481	3	3	PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD	338.97	338.97	10/1/2009
36500	3	3	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING	151.46	151.46	10/1/2009
36510	3	3	CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEW	46.92	85.86	10/1/2009
36511	3	3	THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS	73.72	73.72	10/1/2009
36512	3	3	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	74.87	74.87	10/1/2009
36513	3	3	THERAPEUTIC APHERESIS; FOR PLATELETS	77.22	77.22	10/1/2009
36514	3	3	THERAPEUTIC APHERESIS, FOR PLASMA PHERESIS	73.14	399.34	10/1/2009
36515	3	3	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION	71.70	1479.14	10/1/2009
36516	3	3	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPT	51.44	1672.90	10/1/2009
36522	3	3	PHOTOPHERESIS, EXTRACORPOREAL	82.62	1045.34	10/1/2009
36555	3	3	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS C	105.06	215.23	10/1/2009
36556	3	3	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS C	99.59	184.09	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
36557	3	3	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATH	244.43	654.26	10/1/2009
36558	3	3	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATH	233.63	632.80	10/1/2009
36560	3	3	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCE	289.52	896.62	10/1/2009
36561	3	3	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCE	279.99	886.80	10/1/2009
36563	3	3	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCE	290.70	896.94	10/1/2009
36565	3	3	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCE	275.95	752.12	10/1/2009
36566	3	3	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCE	295.58	2771.30	10/1/2009
36568	3	3	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PI	80.50	242.01	10/1/2009
36569	3	3	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PI	80.40	210.77	10/1/2009
36570	3	3	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVI	258.21	909.44	10/1/2009
36571	3	3	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVI	251.24	942.85	10/1/2009
36575	3	3	REPAIR OF TUNNELED OR NON-TUNNELED CENTRAL VENOUS ACCESS CAT	32.05	124.63	10/1/2009
36576	3	3	REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS POI	152.30	281.22	10/1/2009
36578	3	3	REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE,	174.06	391.23	10/1/2009
36580	3	3	REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED C	57.87	180.44	10/1/2009
36581	3	3	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTI	164.97	586.63	10/1/2009
36582	3	3	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTI	242.34	819.16	10/1/2009
36583	3	3	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTI	242.75	819.57	10/1/2009
36584	3	3	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VEN	59.34	177.59	10/1/2009
36585	3	3	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VEN	227.56	840.15	10/1/2009
36589	3	3	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUT	113.30	132.91	10/1/2009
36590	3	3	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCU	160.67	215.47	10/1/2009
36595	3	3	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, I	159.63	475.16	10/1/2009
36596	3	3	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIV	37.64	106.57	10/1/2009
36597	3	3	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UI	53.24	101.12	10/1/2009
36600	3	3	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	12.68	24.22	10/1/2009
36620	3	3	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITOR	42.14	42.14	10/1/2009
36625	3	3	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITOR	87.08	87.08	10/1/2009
36640	3	3	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEM	97.32	97.32	10/1/2009
36660	3	3	CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR T	55.36	55.36	10/1/2009
36680	3	3	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION	48.82	48.82	10/1/2009
36800	3	3	AMB SURG INSERTION OF CANNULA FOR HEMODIALYSIS	127.43	127.43	10/1/2009
36810	3	3	REDIRECTION OF BLOOD FLOW	171.88	171.88	10/1/2009
36815	3	3	REDIRECTION OF BLOOD FLOW	121.20	121.20	10/1/2009
36818	3	3	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TH	551.15	551.15	10/1/2009
36819	3	3	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRA	649.79	649.79	10/1/2009
36820	3	3	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FOREARM VEIN TRANSPOSITIC	651.91	651.91	10/1/2009
36821	3	3	ARTERIOVENOUS ANASTOMOSIS DIRECT ANY SITE	541.52	541.52	10/1/2009
36823	3	3	INSERTION OF ARTERIAL AND VENOUS CANNULA(S) FOR ISOLATED EXTRA	1037.16	1037.16	10/1/2009
36825	3	3	AMB SURG INTERNAL A-V FISTULA ARTERIOVENOUS	470.00	470.00	10/1/2009
36830	3	3	ARTERIOVENOUS FISTULA NONAUTOGENOUS GRAFT	538.48	538.48	10/1/2009
36831	3	3	THROMBECTOMY, OPEN, ARTERIOVENOUS FISTULA WITHOUT REVISION, A	371.37	371.37	10/1/2009
36832	3	3	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, /	474.67	474.67	10/1/2009
36833	3	3	REVISION, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AUTOGENOU	536.45	536.45	10/1/2009
36834	3	3	PLASTIC REPAIR OF ARTERIOVENOUS ANEURYSM (SEPARATE PROCEDURI	503.28	503.28	10/1/2009
36835	3	3	THOMAS SHUNT	370.72	370.72	10/1/2009
36838	3	3	DISTAL REVASCLARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXT	958.99	958.99	10/1/2009
36860	3	3	CANNULA DECLOTTING WITHOUT BALLOON CATHETER	84.46	150.50	10/1/2009
36861	3	3	CANNULA DECLOTTING WITH BALLOON CATHETER	122.27	122.27	10/1/2009
36870	3	3	THROMBECTOMY, PERCUTANEOUS, ARTERIOVENOUS FISTULA, AUTOGENO	251.72	1424.98	10/1/2009
37140	3	3	VENOUS ANASTOMOSIS, OPEN; PORTOCAVAL	1096.58	1096.58	10/1/2009
37145	3	3	VENOUS ANASTOMOSIS; RENOPORTAL	1182.29	1182.29	10/1/2009
37160	3	3	VENOUS ANASTOMOSIS; CAVAL-MESENERIC	1028.71	1028.71	10/1/2009
37180	3	3	VENOUS ANASTOMOSIS; SPLENORENAL, PROXIMAL	1152.92	1152.92	10/1/2009
37181	3	3	SPLENORENAL DISTAL (SELECTIVE DECOMPRESSION)	1246.18	1246.18	10/1/2009
37182	3	3	INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S)	745.29	745.29	10/1/2009
37183	3	3	REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (T	354.17	354.17	10/1/2009
37195	3	3	THROMBOLYSIS, CEREBRAL, BY INTRAVENOUS INFUSION	251.02	251.02	10/1/2009
37200	3	3	TRANSCATHETER BIOPSY	197.96	197.96	10/1/2009
37201	3	3	TRANSCATHETER THERAPY, INFUSION FOR THROMBOLYSIS OTHER THAN	233.63	233.63	10/1/2009
37202	3	3	TRANSCATHETER THERAPY, INFUSION NOT FOR THROMBOLYSIS	280.46	280.46	10/1/2009
37203	3	3	TRANSCATHETER RETRIEVAL PERCUTANEOUS, INTRAVASCULAR	224.84	1041.91	10/1/2009
37204	3	3	TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DEST	786.58	786.58	10/1/2009
37205	3	3	PLACEMENT INTRAVAS STENT, PERCU; INITIAL VESSEL	369.51	2575.86	10/1/2009
37206	3	3	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CC	180.15	1537.42	10/1/2009
37207	3	3	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CC	358.86	358.86	10/1/2009
37208	3	3	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CC	173.86	173.86	10/1/2009
37209	3	3	EXCHANGE OF A PREVIOUSLY PLACED INTRAVASCULAR CATHETER DURIN	97.11	97.11	10/1/2009
37210	3	3	UTERINE FIBROID EMBOLIZATION (UFE, EMBOLIZATION OF THE UTERINE AI	468.40	2737.04	10/1/2009
37215	3	3	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL C	916.71	916.71	10/1/2009
37216	3	3	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL C	842.49	842.49	10/1/2009
37500	3	3	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORATOR VEI	559.27	559.27	10/1/2009
37565	3	3	LIGATION, INTERNAL JUGULAR VEIN	556.41	556.41	10/1/2009
37600	3	3	LIGATION, EXTERNAL CAROTID ARTERY	569.23	569.23	10/1/2009
37605	3	3	LIGATION; INTERNAL OR COMMON CAROTID ARTERY	651.68	651.68	10/1/2009
37606	3	3	LIGATION OF NECK ARTERY	423.97	423.97	10/1/2009
37607	3	3	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	302.68	302.68	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
37609	3	3	AMB SURG TEMPORAL ARTERY LIGATION OR BIOPSY	155.79	224.43	10/1/2009
37615	3	3	LIGATION MAJOR ARTERY NECK	374.99	374.99	10/1/2009
37616	3	3	LIGATION MAJOR ARTERY CHEST	874.14	874.14	10/1/2009
37617	3	3	LIGATE MAJOR ARTERY ABDOMEN	1042.75	1042.75	10/1/2009
37618	3	3	LIGATION MAJOR ARTERY EXTREMITY	299.42	299.42	10/1/2009
37620	3	3	INTERRUPTION, PARTIAL OR COMPLETE, OF INFERIOR VENA CAVA BY SUTI	542.94	542.94	10/1/2009
37650	3	3	LIGATION OF FEMORAL VEIN	409.37	409.37	10/1/2009
37660	3	3	LIGATION OF COMMON ILIAC VEIN	976.18	976.18	10/1/2009
37700	3	3	AMB SURG VARICOSE VEIN LIGATION W/WO STRIP PARTIAL	200.39	200.39	10/1/2009
37735	3	3	REMOVAL OF LEG VEIN(S)	509.94	509.94	10/1/2009
37760	3	3	REVISION OF LEG VEINS	502.23	502.23	10/1/2009
37765	3	3	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB IN	360.73	360.73	10/1/2009
37766	3	3	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 2	439.13	439.13	10/1/2009
37780	3	3	REVISION OF LEG VEIN	206.71	206.71	10/1/2009
37785	3	3	AMB SURG VARICOSE VEIN LEG LIGATION	207.19	274.39	10/1/2009
38100	3	3	REMOVAL OF SPLEEN	844.89	844.89	10/1/2009
38101	3	3	SPLENECTOMY PARTIAL	849.19	849.19	10/1/2009
38102	3	3	SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTI	202.47	202.47	10/1/2009
38115	3	3	REPAIR RUPTURED SPLEEN W/WO PARTIAL SPLENECTOMY	939.94	939.94	10/1/2009
38120	3	3	LAPAROSCOPY, SURGICAL, SPLENECTOMY	781.54	781.54	10/1/2009
38200	3	3	INJECTION FOR SPLEEN X-RAY	113.35	113.35	10/1/2009
38204	3	3	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR	82.86	82.86	10/1/2009
38205	3	3	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TI	65.46	65.46	10/1/2009
38206	3	3	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TI	65.46	65.46	10/1/2009
38207	3	3	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CR	40.64	40.64	10/1/2009
38208	3	3	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TH/	25.94	25.94	10/1/2009
38209	3	3	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TH/	11.14	11.14	10/1/2009
38220	3	3	BONE MARROW ASPIRATION	49.09	119.75	10/1/2009
38221	3	3	BONE MARROW BIOPSY, NEEDLE OR TROCAR	62.27	133.21	10/1/2009
38230	3	3	BONE MARROW HARVESTING FOR TRANSPLANTATION	250.00	250.00	10/1/2009
38240	3	3	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLAN	101.15	101.15	10/1/2009
38241	3	3	BONE MARROW TRANSPLANTATION;	101.72	101.72	10/1/2009
38242	3	3	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLAN	77.10	77.10	10/1/2009
38300	3	3	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE	135.44	198.61	10/1/2009
38305	3	3	DRAINAGE LYMPH NODE LESION	345.06	345.06	10/1/2009
38308	3	3	INCISION OF LYMPH CHANNELS	331.91	331.91	10/1/2009
38380	3	3	SUTURE AND OR LIGATION OF THORACIC DUCT CERVICAL A	426.94	426.94	10/1/2009
38381	3	3	SUTURE AND OR LIGATION OF THORACIC DUCT THORACIC A	638.20	638.20	10/1/2009
38382	3	3	SUTURE/LIGATION THORACIC DUCT ABDOMINAL APPROACH	515.13	515.13	10/1/2009
38500	3	3	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	186.91	234.79	10/1/2009
38505	3	3	BIOPSY OR EXCISION OF LYMPH NODE(S);	59.53	97.89	10/1/2009
38510	3	3	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S)	317.43	380.87	10/1/2009
38520	3	3	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S)	346.65	346.65	10/1/2009
38525	3	3	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S)	314.17	314.17	10/1/2009
38530	3	3	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INTERNAL MAMMARY NOI	404.28	404.28	10/1/2009
38542	3	3	DISSECTION DEEP JUGULAR NODE	386.12	386.12	10/1/2009
38550	3	3	EXCISION OF CYSTIC HYGROMA AXILLARY OR CERVICAL	357.34	357.34	10/1/2009
38555	3	3	REMOVAL NECK/ARMPIT LESION	744.87	744.87	10/1/2009
38562	3	3	LIMITED LYMPHADENECTOMY FOR STAGING PELVIC	534.94	534.94	10/1/2009
38564	3	3	LIMITED LYMPHADENECTOMY FOR STAGING RETROPERITONEA	531.55	531.55	10/1/2009
38570	3	3	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPL	433.68	433.68	10/1/2009
38571	3	3	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENE(	682.10	682.10	10/1/2009
38572	3	3	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENE(	750.62	750.62	10/1/2009
38700	3	3	REMOVAL OF LYMPH NODES, NECK	600.81	600.81	10/1/2009
38720	3	3	REMOVAL OF LYMPH NODES, NECK	998.87	998.87	10/1/2009
38724	3	3	CERVICAL LYMPHADENECTOMY	1083.58	1083.58	10/1/2009
38740	3	3	AMB SURG AXILLARY LYMPH NODE DISSECT SUPERFICIAL	503.33	503.33	10/1/2009
38745	3	3	AMB SURG AXILLARY LYMPH NODE DISSECT COMPLETE	640.98	640.98	10/1/2009
38746	3	3	THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL ANC	211.67	211.67	10/1/2009
38747	3	3	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, GASTRI(	206.34	206.34	10/1/2009
38760	3	3	INGUINFEMORAL LYMPHADENECTOMY, SUPERFICIAL	632.28	632.28	10/1/2009
38765	3	3	INGUINFEMORAL LYMPHADENECTOMY, SUPERFICIAL	984.23	984.23	10/1/2009
38770	3	3	PELVIC LYMPHADENECTOMY INC EXT ILIAC HYPOGASTRIC W	659.11	659.11	10/1/2009
38780	3	3	RETROPERITONEAL LYMPHADENECTOMY EXTENS INC PEL AOR	830.03	830.03	10/1/2009
38790	3	3	INJECTION FOR LYMPHATIC X-RAY	64.71	64.71	10/1/2009
38792	3	3	INJECTION PROCEDURE; FOR IDENTIFICATION OF SENTINEL NODE	31.24	31.24	10/1/2009
38794	3	3	CANNULATION, THORACIC DUCT	245.01	245.01	10/1/2009
39000	3	3	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN	382.35	382.35	10/1/2009
39010	3	3	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN	635.06	635.06	10/1/2009
39200	3	3	REMOVAL MEDIASTINAL LESION	704.61	704.61	10/1/2009
39220	3	3	REMOVAL MEDIASTINAL LESION	907.48	907.48	10/1/2009
39400	3	3	VISUALIZATION OF MEDIASTINUM	394.28	394.28	10/1/2009
39501	3	3	REPAIR, LACERATION OF DIAPHRAGM, ANY APPROACH	645.94	645.94	10/1/2009
39502	3	3	REPAIR DIAPHRAGMATIC HERNIA EXCEPT NEONATAL	775.63	775.63	10/1/2009
39503	3	3	REPAIR DIAPHRAGMATIC HERNIA NEONATAL	4534.60	4534.60	10/1/2009
39520	3	3	REPAIR OF DIAPHRAGM HERNIA	774.20	774.20	10/1/2009
39530	3	3	REPAIR OF DIAPHRAGM HERNIA	741.54	741.54	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
39531	3	3	REP DIAPHRAG HERNIA COMB THORACICOABDOMINAL W/DILA	775.21	775.21	10/1/2009
39540	3	3	REPAIR OF DIAPHRAGM HERNIA	660.47	660.47	10/1/2009
39541	3	3	REPARI DIAPHR HERNIA TRAUMATIC CHRONIC	712.48	712.48	10/1/2009
39545	3	3	IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR TR	700.65	700.65	10/1/2009
39560	3	3	RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE)	605.71	605.71	10/1/2009
39561	3	3	RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MATE	941.40	941.40	10/1/2009
40490	3	3	BIOPSY OF LIP	56.91	95.84	10/1/2009
40500	3	3	AMB SURG VERMILIONECTOMY (LIP SHAVE)	268.89	361.76	10/1/2009
40510	3	3	AMB SURG EXCISION LIP TRANSVERSE WEDGE EXCISION	267.08	351.58	10/1/2009
40520	3	3	PARTIAL EXCISION OF LIP	269.91	361.04	10/1/2009
40525	3	3	EXCISION LIP FULL THICKNESS LOCAL FLAP	419.92	419.92	10/1/2009
40527	3	3	EXCISION LIP FULL THICKNESS CROSS LIP FLAP	496.38	496.38	10/1/2009
40530	3	3	PARTIAL REMOVAL OF LIP	306.26	398.84	10/1/2009
40650	3	3	REPAIR LIP	214.86	299.36	10/1/2009
40652	3	3	REPAIR LIP	261.78	352.34	10/1/2009
40654	3	3	REPAIR LIP	318.02	416.08	10/1/2009
40700	3	3	REPAIR CLEFT LIP	704.99	704.99	10/1/2009
40701	3	3	REPAIR CLEFT LIP	874.80	874.80	10/1/2009
40702	3	3	REPAIR CLEFT LIP	680.23	680.23	10/1/2009
40720	3	3	REPAIR CLEFT LIP	748.79	748.79	10/1/2009
40761	3	3	REPAIR CLEFT LIP	810.78	810.78	10/1/2009
40800	3	3	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH;	93.32	143.50	10/1/2009
40801	3	3	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH;	163.26	221.81	10/1/2009
40804	3	3	REMOVAL FOREIGN BODY, MOUTH	94.53	146.45	10/1/2009
40805	3	3	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH;	169.31	232.48	10/1/2009
40808	3	3	BIOPSY MOUTH LESION	78.39	128.87	10/1/2009
40810	3	3	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUT	93.36	143.83	10/1/2009
40812	3	3	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUT	145.67	203.36	10/1/2009
40814	3	3	EXCISION MOUTH LESION	224.70	274.30	10/1/2009
40816	3	3	EXC LESION OF MUCOSA AND SUBMUCOSA W/O REPAIR	235.17	289.11	10/1/2009
40818	3	3	EXCISION ORAL NUCOSA, GRAFT	200.29	253.06	10/1/2009
40820	3	3	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH, BY PHYSICI	124.91	186.62	10/1/2009
40830	3	3	CLOSURE OF LACERATION, VESTIBULE OF MOUTH;	117.52	173.18	10/1/2009
40831	3	3	CLOSURE OF LACERATION, VESTIBULE OF MOUTH;	165.21	230.10	10/1/2009
40840	3	3	RECONSTRUCTION MOUTH	479.70	595.06	10/1/2009
40842	3	3	RECONSTRUCTION MOUTH	469.89	586.12	10/1/2009
40843	3	3	RECONSTRUCTION MOUTH	612.18	766.48	10/1/2009
40844	3	3	RECONSTRUCTION MOUTH	854.11	1016.49	10/1/2009
40845	3	3	RECONSTRUCTION MOUTH	957.78	1108.04	10/1/2009
41000	3	3	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	82.76	115.05	10/1/2009
41005	3	3	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	93.91	160.24	10/1/2009
41006	3	3	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	193.69	260.02	10/1/2009
41007	3	3	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	187.96	260.35	10/1/2009
41008	3	3	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	200.84	268.32	10/1/2009
41009	3	3	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	217.94	285.14	10/1/2009
41010	3	3	INCISION OF LINGUAL FRENUM (FRENOTOMY)	80.63	143.79	10/1/2009
41015	3	3	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	249.75	306.86	10/1/2009
41016	3	3	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	259.18	315.13	10/1/2009
41017	3	3	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	260.33	317.44	10/1/2009
41018	3	3	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	305.22	364.64	10/1/2009
41100	3	3	BIOPSY TONGUE	82.36	121.58	10/1/2009
41105	3	3	BIOPSY OF TONGUE;	83.52	121.88	10/1/2009
41108	3	3	BIOPSY FLOOR OF MOUTH	67.07	104.27	10/1/2009
41110	3	3	EXCISION TONGUE LESION	97.86	150.07	10/1/2009
41112	3	3	EXCISION OF LESION OF TONGUE WITH CLOSURE;	185.64	237.55	10/1/2009
41113	3	3	EXCISION TONGUE LESION	206.64	260.87	10/1/2009
41114	3	3	EXC LESION TONGUE LOCAL TONGUE FLAP	480.64	480.64	10/1/2009
41115	3	3	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	110.64	174.67	10/1/2009
41116	3	3	EXCISION, LESION OF FLOOR OF MOUTH	162.61	232.11	10/1/2009
41120	3	3	PARTIAL REMOVAL OF TONGUE	778.60	778.60	10/1/2009
41130	3	3	PARTIAL REMOVAL OF TONGUE	965.17	965.17	10/1/2009
41135	3	3	TONGUE AND NECK SURGERY	1617.82	1617.82	10/1/2009
41140	3	3	REMOVAL OF TONGUE	1660.15	1660.15	10/1/2009
41145	3	3	TONGUE REMOVAL; NECK SURGERY	2081.92	2081.92	10/1/2009
41150	3	3	MOUTH AND JAW SURGERY	1645.96	1645.96	10/1/2009
41153	3	3	GLOSSECTOMY COMPOSITE PROC W/RESECTION FLOOR MOUTH	1787.46	1787.46	10/1/2009
41155	3	3	MOUTH, JAW, AND NECK SURGERY	2227.63	2227.63	10/1/2009
41250	3	3	REPAIR LACERATION TONGUE	106.13	163.82	10/1/2009
41251	3	3	REPAIR LACERATION TO 2CM POSTERIOR ONE THIRD TONGU	123.62	170.06	10/1/2009
41252	3	3	REPAIR LACERATED TONGUE	160.11	222.98	10/1/2009
41500	3	3	FIXATION TONGUE	327.89	327.89	10/1/2009
41510	3	3	TONGUE TO LIP SURGERY	301.01	301.01	10/1/2009
41520	3	3	FRENOPLASTY	188.03	248.31	10/1/2009
41800	3	3	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRU	94.61	161.23	10/1/2009
41805	3	3	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCT	119.77	166.49	10/1/2009
41806	3	3	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCT	188.19	245.29	10/1/2009
41820	3	3	EXCISION, GUM	348.61	348.61	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
41821		3	EXCISION, GUM FLAP	290.53	290.53	10/1/2009
41822		3	EXCISION GUM LESION	131.60	206.01	10/1/2009
41823		3	EXCISION GUM LESION	236.40	307.05	10/1/2009
41825		3	EXCISION GUM LESION	93.51	146.58	10/1/2009
41826		3	EXCISION GUM LESION	151.01	206.97	10/1/2009
41827		3	EXCISION GUM LESION	224.42	307.49	10/1/2009
41830		3	AMB SURG ALVEOLECTOMY INC CURETTAGE OSTEITIS	207.82	277.90	10/1/2009
41850		3	DESTRUCTION OF LESION EXCEPT EXCISION	34.86	34.86	10/1/2009
41870		3	GRAFT GUM	464.83	464.83	10/1/2009
41872		3	GINGIVOPLASTY, EACH QUADRANT (SPECIFY)	192.68	260.17	10/1/2009
41874		3	ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)	189.84	264.54	10/1/2009
42000		3	DRAINAGE OF ABSCESS OF PALATE, UVULA	76.82	113.45	10/1/2009
42100		3	BIOPSY ROOF OF MOUTH	81.54	108.06	10/1/2009
42104		3	EXCISION, LESION OF PALATE, UVULA;	102.51	150.10	10/1/2009
42106		3	EXCISION LESION, MOUTH ROOF	134.21	190.44	10/1/2009
42107		3	EXCISION LESION PALATE, UVULA LOCAL FLAP CLOSURE	259.13	332.39	10/1/2009
42120		3	RESECTION PALATE OR EXTENSIVE RESECTION OF LESION	726.94	726.94	10/1/2009
42140		3	UVULECTOMY, EXCISION OF UVULA	114.87	178.61	10/1/2009
42145		3	PALATOPHARYNGOPLASTY	530.86	530.86	10/1/2009
42160		3	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEM)	114.33	173.16	10/1/2009
42180		3	REPAIR PALATE	139.25	177.32	10/1/2009
42182		3	REPAIR PALATE	203.49	243.58	10/1/2009
42200		3	RECONSTRUCTION CLEFT PALATE	673.64	673.64	10/1/2009
42205		3	RECONSTRUCTION CLEFT PALATE	718.82	718.82	10/1/2009
42210		3	PALATOPLASTY WITH BONE GRAFT TO ALVEOLAR RIDGE-INCLUDES OBTAI	810.62	810.62	10/1/2009
42215		3	RECONSTRUCTION CLEFT PALATE	530.04	530.04	10/1/2009
42220		3	RECONSTRUCTION CLEFT PALATE	411.96	411.96	10/1/2009
42225		3	RECONSTRUCTION CLEFT PALATE	703.22	703.22	10/1/2009
42226		3	LENGTHENING PALATE AND PHARYNGEAL FLAP	699.76	699.76	10/1/2009
42227		3	LENGTHENING OF PALATE WITH ISLAND FLAP	679.99	679.99	10/1/2009
42235		3	REPAIR PALATE	555.06	555.06	10/1/2009
42260		3	REPAIR NOSE TO LIP FISTULA	521.23	621.60	10/1/2009
42300		3	DRAINAGE OF ABSCESS;	114.72	151.35	10/1/2009
42305		3	DRAINAGE OF ABSCESS;	328.64	328.64	10/1/2009
42310		3	DRAINAGE OF ABSCESS;	93.66	117.88	10/1/2009
42320		3	DRAINAGE OF ABSCESS;	134.58	182.16	10/1/2009
42330		3	SIALOLITHOTOMY;	124.92	169.61	10/1/2009
42335		3	TREATMENT SALIVARY STONE	195.55	269.96	10/1/2009
42340		3	TREATMENT SALIVARY STONE	257.67	340.16	10/1/2009
42400		3	BIOPSY OF SALIVARY GLAND;	44.83	79.73	10/1/2009
42405		3	BIOPSY OF SALIVARY GLAND;	174.50	224.11	10/1/2009
42408		3	AMB SURG EXCISION SALIVARY CYST	250.05	333.11	10/1/2009
42409		3	AMB SURG TREATMENT SALIVARY CYST	169.19	240.14	10/1/2009
42410		3	EXCISION PAROTID GLAND	477.34	477.34	10/1/2009
42415		3	EX PAROTID TUMOR PAROTID GL LAT LOB W DISSECAN PRE	863.18	863.18	10/1/2009
42420		3	EXCISION PAROTID GLAND	989.92	989.92	10/1/2009
42425		3	EXCISION PAROTID GLAND	650.91	650.91	10/1/2009
42426		3	EXCISION PAROTID TUMOR OR PAROTID GLAND TOTAL	1059.57	1059.57	10/1/2009
42440		3	EXCISION SUBMAXILLARY GLAND	358.96	358.96	10/1/2009
42450		3	EXCISION SUBLINGUAL GLAND	271.84	332.99	10/1/2009
42500		3	REPAIR SALIVARY DUCT	258.50	317.34	10/1/2009
42505		3	REPAIR SALIVARY DUCT	346.73	413.07	10/1/2009
42507		3	PAROTID DUCT DIVERS BILATERAL	388.07	388.07	10/1/2009
42508		3	PAROTID DUCT DIVERS BILAT W/EXC ONE SUBMANOLB GLAN	553.19	553.19	10/1/2009
42509		3	PAROTID DUCT DIVERSION BILAT W/EXC BOTH SUBMANDIBU	635.43	635.43	10/1/2009
42510		3	PAROTID DUCT DIVERSION BILAT LIGAT SUBMANDIBULAR	479.40	479.40	10/1/2009
42550		3	INJECTION PROCEDURE FOR SIALOGRAPHY	53.92	113.04	10/1/2009
42600		3	CLOSURE SALIVARY FISTULA	269.92	356.73	10/1/2009
42650		3	DILATION SALIVARY DUCT	45.01	60.87	10/1/2009
42660		3	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT I	60.09	78.54	10/1/2009
42665		3	LIGATION SALIVARY DUCT	156.49	224.56	10/1/2009
42700		3	INCISION AND DRAINAGE ABSCESS;	102.16	136.76	10/1/2009
42720		3	DRAINAGE THROAT ABSCESS	305.52	345.32	10/1/2009
42725		3	DRAINAGE THROAT ABSCESS	622.09	622.09	10/1/2009
42800		3	BIOPSY;	84.49	114.78	10/1/2009
42802		3	BIOPSY;	102.35	173.87	10/1/2009
42804		3	BIOPSY;	86.54	145.09	10/1/2009
42806		3	BIOPSY;	101.77	164.07	10/1/2009
42808		3	EXCISION LESION PHARYNX	125.70	168.10	10/1/2009
42809		3	REMOVAL OF FOREIGN BODY FROM PHARYNX	98.58	125.41	10/1/2009
42810		3	AMB SURG BRANCHIAL CLEFT CYST	214.19	281.67	10/1/2009
42815		3	AMB SURG BRANCHIAL CLEFT CYST	420.92	420.92	10/1/2009
42820		3	AMB SURG TONSILLECTOMY & ADENOIDECTOMY UNDER 12	222.96	222.96	10/1/2009
42821		3	AMB SURG TONSILLECTOMY & ADENOIDECTOMY OVER 12	232.73	232.73	10/1/2009
42825		3	AMB SURG TONSILLECTOMY UNDER AGE 12	199.04	199.04	10/1/2009
42826		3	AMB SURG TONSILLECTOMY AGE 12 OR OVER	192.39	192.39	10/1/2009
42830		3	AMB SURG ADENOIDECTOMY PRIMARY UNDER AGE 12	156.55	156.55	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
42831	3	3	AMB SURG ADENOIDECTOMY AGE 12 OR OVER/PRIMARY	168.83	168.83	10/1/2009
42835	3	3	AMB SURG ADENOIDECTOMY SECONDARY UNDER AGE 12	141.11	141.11	10/1/2009
42836	3	3	AMB SURG ADENOIDECTOMY AGE 12 OR OVER/SECONDARY	184.54	184.54	10/1/2009
42842	3	3	RADICAL RESECTION TONSIL WITHOUT CLOSURE	730.87	730.87	10/1/2009
42844	3	3	RADICAL RESECTION TONSIL CLOSURE WITH LOCAL FLAP	1028.76	1028.76	10/1/2009
42845	3	3	RADICAL RESECTION TONSIL CLOSURE WITH OTHER FLAP	1689.72	1689.72	10/1/2009
42860	3	3	EXCISION TONSIL TAGS	141.49	141.49	10/1/2009
42870	3	3	EXCISION LINGUAL TONSIL	428.36	428.36	10/1/2009
42890	3	3	PARTIAL REMOVAL PHARYNX	1048.48	1048.48	10/1/2009
42892	3	3	RESECT LATERAL PHARYNGEAL WALL DIRECT CLOSURE	1377.08	1377.08	10/1/2009
42894	3	3	RESECT PHARYNGEAL WALL WITH MYOCUTANEOUS FLAP	1765.56	1765.56	10/1/2009
42900	3	3	REPAIR THROAT WOUND	266.18	266.18	10/1/2009
42950	3	3	RECONSTRUCTION OF THROAT	593.98	593.98	10/1/2009
42953	3	3	PHARYNGOESOPHAGEAL REPAIR	729.38	729.38	10/1/2009
42955	3	3	SURGICAL OPENING OF THROAT	559.82	559.82	10/1/2009
42960	3	3	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (E	129.23	129.23	10/1/2009
42961	3	3	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (E	320.42	320.42	10/1/2009
42962	3	3	CONTROL BLEEDING THROAT	397.44	397.44	10/1/2009
42970	3	3	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDAR	297.77	297.77	10/1/2009
42971	3	3	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDAR	350.41	350.41	10/1/2009
42972	3	3	CONTROL BLEEDING, NOSE/THROAT	394.13	394.13	10/1/2009
43020	3	3	INCISION OF ESOPHAGUS	405.98	405.98	10/1/2009
43030	3	3	CRICOPHARYNGEAL MYOTOMY	401.79	401.79	10/1/2009
43045	3	3	ESOPHAGOTOMY, THORACIC APPROACH, WITH REMOVAL OF FOREIGN BO	1023.13	1023.13	10/1/2009
43100	3	3	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL APF	480.54	480.54	10/1/2009
43101	3	3	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC OR	799.41	799.41	10/1/2009
43107	3	3	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY;	1980.42	1980.42	10/1/2009
43108	3	3	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WIT	3348.71	3348.71	10/1/2009
43112	3	3	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY;	2117.37	2117.37	10/1/2009
43113	3	3	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH CC	3341.27	3341.27	10/1/2009
43116	3	3	PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT,	3803.28	3803.28	10/1/2009
43117	3	3	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY	1937.14	1937.14	10/1/2009
43118	3	3	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AI	2754.85	2754.85	10/1/2009
43121	3	3	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY	2185.37	2185.37	10/1/2009
43122	3	3	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPRO	1958.89	1958.89	10/1/2009
43123	3	3	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPRO	3366.16	3366.16	10/1/2009
43124	3	3	TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION	2873.57	2873.57	10/1/2009
43130	3	3	REMOVAL ESOPHAGUS POUCH	609.16	609.16	10/1/2009
43135	3	3	REMOVAL ESOPHAGUS POUCH	1144.40	1144.40	10/1/2009
43200	3	3	AMB SURG ESOPHAGOSCOPY RIGID/FIBEROPTIC DIAGNOSTIC	81.56	160.88	10/1/2009
43201	3	3	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJ	102.74	220.98	10/1/2009
43202	3	3	AMB SURG ESOPHAGOSCOPY WITH BIOPSY	90.74	211.00	10/1/2009
43204	3	3	ESOPHAGOSCOPY-RIGID OR FIBEROPTIC DIAGNOSTIC W INJ	178.83	178.83	10/1/2009
43205	3	3	ESOPHAGOSCOPY, RIGID OR FLEXIBLE;	179.34	179.34	10/1/2009
43215	3	3	AMB SURG ESOPHAGOSCOPY WITH REMOVAL FOREIGN BODY	122.62	122.62	10/1/2009
43216	3	3	ESOPHAGOSCOPY, RIGID OR FLEXIBLE;	114.26	151.75	10/1/2009
43217	3	3	AMB SURG ESOPHAGOSCOPY WITH REMOVAL POLYP(S)	134.78	283.32	10/1/2009
43219	3	3	ESOPHAGOSCOPY W/INSERTION PLASTIC TUBE OR STENT	136.17	136.17	10/1/2009
43220	3	3	DILATION OF ESOPHAGUS	100.86	100.86	10/1/2009
43226	3	3	ESOPHAGOGASTROSCOPY W INSERTION WIRE TO GUIDE DILA	112.48	112.48	10/1/2009
43227	3	3	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH CONTROL OF BLEEDING (EG,	167.65	167.65	10/1/2009
43228	3	3	ESOPHAGOGASTROSCOPY WITH ABLATION MUCOSAL LESION	178.75	178.75	10/1/2009
43231	3	3	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND	152.17	152.17	10/1/2009
43232	3	3	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH TRANSENDOSCOPIC ULTRAS	209.84	209.84	10/1/2009
43234	3	3	UPPER GASTROINTESTINAL ENDOSCOPY SIMPLE	94.88	209.66	10/1/2009
43235	3	3	AMB SURG ESOPHAGOGASTRODUODENOSCOPY	115.77	227.10	10/1/2009
43236	3	3	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMA	140.77	282.66	10/1/2009
43237	3	3	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMA	191.72	191.72	10/1/2009
43238	3	3	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMA	237.70	237.70	10/1/2009
43239	3	3	AMB SURG ESOPHAGOGASTRODUODENOSCOPY W BIOPSY	137.10	263.14	10/1/2009
43240	3	3	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMA	319.25	319.25	10/1/2009
43241	3	3	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMA	124.42	124.42	10/1/2009
43242	3	3	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMA	340.48	340.48	10/1/2009
43243	3	3	UGI ENDOSCOPY FOR INJ SCLEROSIS ESPH GAS VARICES	214.46	214.46	10/1/2009
43244	3	3	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMA	237.72	237.72	10/1/2009
43245	3	3	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMA	149.86	149.86	10/1/2009
43246	3	3	UPPER GASTROINTESTINAL ENDOSCOPY FOR PLACEMENT TUB	200.83	200.83	10/1/2009
43247	3	3	AMB SURG ESOPHAGOGASTRODUODENOSCOPY W/REMOVAL FB	160.33	160.33	10/1/2009
43248	3	3	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMA	151.51	151.51	10/1/2009
43249	3	3	UPPER GI ENDOSCOPY, INCLUDING ESOPHAGUS, STOMACH	139.48	139.48	10/1/2009
43250	3	3	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMA	149.90	149.90	10/1/2009
43251	3	3	AMB SURG ESOPHAGOGASTRODUODENOSCOPY W POLYPECTOMY	174.43	174.43	10/1/2009
43255	3	3	AMB SURG ESOPHAGOGASTRODUODENOSCOPY W COAGULATION	226.98	226.98	10/1/2009
43256	3	3	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMA	203.94	203.94	10/1/2009
43258	3	3	AMB SURG ESOPHAGOGASTRODUODENOSCOPY FULGURAT MUCOS	213.84	213.84	10/1/2009
43259	3	3	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMA	243.73	243.73	10/1/2009
43260	3	3	AMB SURG ESOPHAGOGASTRODUODENOSCOPY	279.10	279.10	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
43261	3		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	293.39	293.39	10/1/2009
43262	3		ERCP FOR SPHINCTEROTOMY/PAPILLOTOMY	344.61	344.61	10/1/2009
43263	3		ERCP FOR PRESSURE MEASUREMENT OF SPHINCTER OF ODDI	340.91	340.91	10/1/2009
43264	3		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WIT	413.77	413.77	10/1/2009
43267	3		ENDOSCOPY FOR INSERTION OF DRAINAGE TUBE	343.17	343.17	10/1/2009
43268	3		ERCP W BILIARY CATHETER FOR BILIARY OBSTRUCTION	348.65	348.65	10/1/2009
43269	3		ERCP FOR REMOVAL CHNG TUBE STENT OR FOREIGN BODY	382.04	382.04	10/1/2009
43271	3		ENDOSCOPY FOR BALLOON DILATION	344.32	344.32	10/1/2009
43272	3		ENDOSCOPY FOR ABLATION OF TUMOR OR LESION	343.74	343.74	10/1/2009
43280	3		LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSI	809.34	809.34	10/1/2009
43300	3		REPAIR OF ESOPHAGUS	476.87	476.87	10/1/2009
43305	3		REPAIR ESOPHAGUS AND FISTULA	856.39	856.39	10/1/2009
43310	3		REPAIR OF ESOPHAGUS	1197.11	1197.11	10/1/2009
43312	3		ESOPHAGOPLASTY WITH REPAIR OF TRACHEOESOPHAGEAL FI	1322.32	1322.32	10/1/2009
43313	3		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECC	2106.70	2106.70	10/1/2009
43314	3		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECC	2412.20	2412.20	10/1/2009
43320	3		ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH OR WITHOUT VAGOTOI	1051.76	1051.76	10/1/2009
43324	3		ESOPHAGOGASTRIC FUNDOPLASTY	1020.55	1020.55	10/1/2009
43325	3		ESOPHAGOGASTRIC FUNDOPLASTY WITH FUNDIC PATCH (THA	1004.37	1004.37	10/1/2009
43326	3		ESOPHAGOGASTRIC FUNDOPLASTY WITH GASTROPLASTY	1022.69	1022.69	10/1/2009
43330	3		ESOPHAGOMYOTOMY (HELLER TYPE); ABDOMINAL APPROACH	985.25	985.25	10/1/2009
43331	3		ESOPHAGOMYOTOMY THORACIC APPROACH	1066.67	1066.67	10/1/2009
43340	3		ESOPHAGOJEJUNOSTOMY W TOT GASTREC ABD APPROACH	1022.69	1022.69	10/1/2009
43341	3		ESOPHAGOJEJUNOSTOMY THORACIC APPROACH	1124.67	1124.67	10/1/2009
43350	3		AMB SURG ESOPHAGOSTOMY	872.13	872.13	10/1/2009
43351	3		AMB SURG ESOPHAGOSTOMY	1023.18	1023.18	10/1/2009
43352	3		AMB SURG ESOPHAGOSTOMY	836.55	836.55	10/1/2009
43360	3		GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY	1794.55	1794.55	10/1/2009
43361	3		GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY	2005.43	2005.43	10/1/2009
43400	3		LIGATION ESOPHAGEAL VEINS	1231.18	1231.18	10/1/2009
43401	3		TRANSECTION OF ESOPH W/ REPAIR FOR ESOPH VARICES	1168.29	1168.29	10/1/2009
43405	3		LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EXIS	1130.49	1130.49	10/1/2009
43410	3		REPAIR WOUND,ESOPHAGUS	772.91	772.91	10/1/2009
43415	3		SUTURE OF ESOPHAGEAL WOUND OR INJURY; TRANSTHORACIC OR TRAN	1317.94	1317.94	10/1/2009
43420	3		REPAIR OPENING,ESOPHAGUS	773.81	773.81	10/1/2009
43425	3		CLOSURE OF ESOPHAGOSTOMY OR FISTULA; TRANSTHORACIC OR TRANS	1157.58	1157.58	10/1/2009
43450	3		AMB SURG ESOPHAGEAL DILATION BOUGIE INITIAL	70.58	120.77	10/1/2009
43453	3		DILATION ESOPHAGUS OVER GUIDE WIRE OR STRING	76.66	224.61	10/1/2009
43456	3		DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR, RETROGRADE	123.89	453.54	10/1/2009
43458	3		DILATION OF ESOPHAGUS WITH BALLOON (30 MM DIAMETER OR LARGER)	144.85	294.26	10/1/2009
43460	3		ESOPHAGOGASTRIC TAMPONADE, WITH BALLOON (SENGSTAAKEN TYPE)	175.92	175.92	10/1/2009
43500	3		INCISION OF STOMACH	578.39	578.39	10/1/2009
43501	3		GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER	995.83	995.83	10/1/2009
43502	3		GASTROTOMY;	1127.90	1127.90	10/1/2009
43510	3		GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PERMANI	713.86	713.86	10/1/2009
43520	3		INCISION PYLORIC MUSCLE	522.92	522.92	10/1/2009
43600	3		BIOPSY OF STOMACH;	85.39	85.39	10/1/2009
43605	3		BIOPSY OF STOMACH	614.29	614.29	10/1/2009
43610	3		EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH	725.88	725.88	10/1/2009
43611	3		EXCISION, LOCAL;	903.29	903.29	10/1/2009
43620	3		GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY	1473.60	1473.60	10/1/2009
43621	3		GASTRECTOMY, TOTAL;	1678.66	1678.66	10/1/2009
43622	3		GASTRECTOMY, TOTAL;	1703.43	1703.43	10/1/2009
43631	3		GASTRECTOMY, PARTIAL, DISTAL;	1079.99	1079.99	10/1/2009
43632	3		GASTRECTOMY, PARTIAL, DISTAL;	1473.44	1473.44	10/1/2009
43633	3		GASTRECTOMY, PARTIAL, DISTAL;	1401.79	1401.79	10/1/2009
43634	3		GASTRECTOMY, PARTIAL, DISTAL;	1548.27	1548.27	10/1/2009
43635	3		VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIS	86.59	86.59	10/1/2009
43640	3		DIVISION VAGUS NERVE	867.96	867.96	10/1/2009
43641	3		VAGOTOMY W/ PYLOROPLASTY PARIETAL CELL	875.56	875.56	10/1/2009
43644	3		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GA	1285.36	1285.36	10/1/2009
43651	3		LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL	481.15	481.15	10/1/2009
43652	3		LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE	563.73	563.73	10/1/2009
43653	3		LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF	410.17	410.17	10/1/2009
43760	3		CHANGE OF GASTROSTOMY TUBE	40.51	251.05	10/1/2009
43761	3		REPOSITIONING OF THE GASTRIC FEEDING TUBE, ANY METHOD, THROUGH	86.87	97.83	10/1/2009
43800	3		RECONSTRUCTION OF PYLORUS	688.79	688.79	10/1/2009
43810	3		FUSION STOMACH AND BOWEL	746.76	746.76	10/1/2009
43820	3		GASTROJEJUNOSTOMY; WITHOUT VAGOTOMY	968.04	968.04	10/1/2009
43825	3		FUSION STOMACH AND BOWEL	960.83	960.83	10/1/2009
43830	3		GASTROSTOMY, OPEN; WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, I	510.16	510.16	10/1/2009
43831	3		TEMPORARY OPENING,STOMACH	425.56	425.56	10/1/2009
43832	3		GASTROSTOMY PERMANENT W CONSTRUCTION GASTRIC TUBE	786.39	786.39	10/1/2009
43840	3		REPAIR LESION,STOMACH	981.83	981.83	10/1/2009
43842	3		GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MO	954.18	954.18	10/1/2009
43843	3		GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MO	936.63	936.63	10/1/2009
43846	3		GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID	1207.99	1207.99	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
43847	3	3	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID	1320.36	1320.36	10/1/2009
43848	3	3	REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OB	1432.83	1432.83	10/1/2009
43850	3	3	REVISION STOMACHBOWEL FUSION	1200.19	1200.19	10/1/2009
43855	3	3	REVISION STOMACHBOWEL FUSION	1254.13	1254.13	10/1/2009
43860	3	3	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) W	1218.53	1218.53	10/1/2009
43865	3	3	REVISION STOMACHBOWEL FUSION	1267.58	1267.58	10/1/2009
43870	3	3	REPAIR OPENING STOMACH.	521.20	521.20	10/1/2009
43880	3	3	REPAIR STOMACH-BOWEL FISTULA	1190.41	1190.41	10/1/2009
44005	3	3	FREEING OF BOWEL ADHESION	813.15	813.15	10/1/2009
44010	3	3	DUODENOTOMY	638.94	638.94	10/1/2009
44015	3	3	TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR EXTERNAL ALIMENTATIC	111.10	111.10	10/1/2009
44020	3	3	ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR EXPLOR	718.54	718.54	10/1/2009
44021	3	3	ENTEROTOMY SMALL BOWEL FOR DECOMPRESSION	726.73	726.73	10/1/2009
44025	3	3	EXPLORATION OF LARGE BOWEL	731.54	731.54	10/1/2009
44050	3	3	REDUCTION BOWEL OBSTRUCTION	692.38	692.38	10/1/2009
44055	3	3	CORRECTION OF MALROTATION	1110.23	1110.23	10/1/2009
44100	3	3	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPEC	91.99	91.99	10/1/2009
44110	3	3	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NO1	626.55	626.55	10/1/2009
44111	3	3	EXCISION BOWEL LESIONS	729.82	729.82	10/1/2009
44120	3	3	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AN	904.57	904.57	10/1/2009
44121	3	3	ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RES	186.82	186.82	10/1/2009
44125	3	3	ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH ENTEROSTOMY	877.98	877.98	10/1/2009
44126	3	3	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRE	1814.44	1814.44	10/1/2009
44127	3	3	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRE	2113.05	2113.05	10/1/2009
44128	3	3	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRE	187.70	187.70	10/1/2009
44130	3	3	ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE, WITH OR WITHOUT	947.46	947.46	10/1/2009
44139	3	3	MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN	93.52	93.52	10/1/2009
44140	3	3	PARTIAL REMOVAL OF COLON	999.02	999.02	10/1/2009
44141	3	3	COLECTOMY PARTIAL WITH CECOSTOMY COLOSTOMY	1315.62	1315.62	10/1/2009
44143	3	3	COLECTOMY PARTIAL WITH END COLOSTOMY CLOSURE DISTA	1230.97	1230.97	10/1/2009
44144	3	3	COLECTOMY PARTIAL W/RESEC COLOS ILEOS MUCOFISTULA	1293.88	1293.88	10/1/2009
44145	3	3	PARTIAL REMOVAL OF COLON	1245.70	1245.70	10/1/2009
44146	3	3	COLECTOMY PARTIAL W/COLOPROCTOSTOMY COLOSTOMY	1556.75	1556.75	10/1/2009
44147	3	3	COLECTOMY PARTIAL ABD AND TRANSANAL APPROACH	1405.89	1405.89	10/1/2009
44150	3	3	REMOVAL OF COLON	1363.76	1363.76	10/1/2009
44151	3	3	COLECTOMY TOTAL WITH CONTINENT ILEOSTOMY	1559.96	1559.96	10/1/2009
44155	3	3	REMOVAL OF COLON	1528.68	1528.68	10/1/2009
44156	3	3	COLECTOMY TOTAL ABD W/ PROCTECTOMY W/ CONTINENT	1679.60	1679.60	10/1/2009
44157	3	3	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL A	1595.53	1595.53	10/1/2009
44158	3	3	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL A	1635.62	1635.62	10/1/2009
44160	3	3	COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOANI	920.59	920.59	10/1/2009
44202	3	3	LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL INTEST	1033.93	1033.93	10/1/2009
44203	3	3	LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTI	186.05	186.05	10/1/2009
44204	3	3	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	1154.89	1154.89	10/1/2009
44205	3	3	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TEF	1008.24	1008.24	10/1/2009
44206	3	3	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOMY	1310.08	1310.08	10/1/2009
44207	3	3	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, W	1377.25	1377.25	10/1/2009
44208	3	3	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, W	1496.41	1496.41	10/1/2009
44210	3	3	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PF	1336.98	1336.98	10/1/2009
44211	3	3	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROC	1641.57	1641.57	10/1/2009
44212	3	3	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROC	1539.47	1539.47	10/1/2009
44300	3	3	SURGICAL OPENING OF BOWEL	621.62	621.62	10/1/2009
44310	3	3	ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	777.90	777.90	10/1/2009
44312	3	3	REPAIR SMALL BOWEL OPENING	441.48	441.48	10/1/2009
44314	3	3	REPAIR SMALL BOWEL OPENING	752.64	752.64	10/1/2009
44316	3	3	CONTINENT ILEOSTOMY	1031.46	1031.46	10/1/2009
44320	3	3	COLOSTOMY OR SKIN LEVEL CECOSTOMY;	886.88	886.88	10/1/2009
44322	3	3	COLOSTOMY OR SKIN LEVEL CECOSTOMY; WITH MULTIPLE BIOPSIES (EG,	700.89	700.89	10/1/2009
44340	3	3	AMB SURG REVISION COLOSTOMY SIMPLE	443.81	443.81	10/1/2009
44345	3	3	REVISION OF COLOSTOMY, COMPLICATED	775.93	775.93	10/1/2009
44346	3	3	REVISE COLOSTOMY W/ REPAIR PARACOLOSTOMY HERNIA	871.53	871.53	10/1/2009
44360	3	3	SM INTESTINE-ENDOSCOPY/ENTEROSCOPY DIAGNOSTIC	126.04	126.04	10/1/2009
44361	3	3	SM INTEST ENDOSCOPY ENTEROSCOPY W/BIOP COLLEC SPEC	138.92	138.92	10/1/2009
44363	3	3	SM INTEST ENDOSCOPY ENTEROSCOPY W/REMOVAL F/B	164.63	164.63	10/1/2009
44364	3	3	SM INTEST ENDOSCOPY ENTEROSCOPY W/REMOV POLYPS	177.30	177.30	10/1/2009
44365	3	3	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTI	157.85	157.85	10/1/2009
44366	3	3	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTI	208.98	208.98	10/1/2009
44369	3	3	SM INTEST ENDOSCOPY FOR ABLATION TUMOR/LESION	213.48	213.48	10/1/2009
44370	3	3	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTI	229.92	229.92	10/1/2009
44372	3	3	SMALL INTEST ENDO ENTERO PLACEMENT J TUBE	203.52	203.52	10/1/2009
44373	3	3	SMALL INT ENDOSCOPY CONVERSION OF GTUBE TO JTUBE	164.63	164.63	10/1/2009
44376	3	3	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTI	243.53	243.53	10/1/2009
44377	3	3	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTI	258.18	258.18	10/1/2009
44378	3	3	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTI	331.20	331.20	10/1/2009
44379	3	3	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTI	351.00	351.00	10/1/2009
44380	3	3	FIBEROPTIC ILEOSCOPY VIA STOMA	54.80	54.80	10/1/2009
44382	3	3	ILEOSCOPY, THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE	65.91	65.91	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
44383	3	3	ILEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLACEMI	141.68	141.68	10/1/2009
44385	3	3	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC	84.51	186.61	10/1/2009
44386	3	3	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC	99.18	258.68	10/1/2009
44388	3	3	COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLÉ	131.71	259.20	10/1/2009
44389	3	3	COLONOSCOPY THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE	147.06	300.78	10/1/2009
44390	3	3	FIBEROPTIC COLONOSCOPY W REMOVAL FOREIGN BODY	176.48	347.79	10/1/2009
44391	3	3	COLONOSCOPY THROUGH STOMA; WITH CONTROL OF BLEEDING (EG, INJE	201.09	389.72	10/1/2009
44392	3	3	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S)	173.68	326.83	10/1/2009
44393	3	3	COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S)	221.19	380.69	10/1/2009
44394	3	3	COLONOSCOPY THROUGH STOMA;	204.74	382.40	10/1/2009
44397	3	3	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLAC	220.88	220.88	10/1/2009
44500	3	3	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT)	21.07	21.07	10/1/2009
44602	3	3	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCI	1028.21	1028.21	10/1/2009
44603	3	3	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCI	1178.20	1178.20	10/1/2009
44604	3	3	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER	789.31	789.31	10/1/2009
44605	3	3	REPAIR BOWEL LESION	972.84	972.84	10/1/2009
44615	3	3	INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) WI	801.35	801.35	10/1/2009
44620	3	3	REPAIR BOWEL OPENING	639.66	639.66	10/1/2009
44625	3	3	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECT	757.93	757.93	10/1/2009
44626	3	3	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECT	1206.05	1206.05	10/1/2009
44640	3	3	REPAIR BOWEL-SKIN FISTULA	1051.87	1051.87	10/1/2009
44650	3	3	REPAIR BOWEL FISTULA	1093.90	1093.90	10/1/2009
44660	3	3	REPAIR BOWEL-BLADDER FISTULA	1059.89	1059.89	10/1/2009
44661	3	3	CLOSURE OF ENTEROVESICAL FISTULA; WITH INTESTINE AND/OR BLADDEI	1189.03	1189.03	10/1/2009
44680	3	3	SURGICAL FOLDING INTESTINE	791.42	791.42	10/1/2009
44700	3	3	EXCLUSION OF SMALL INTESTINE FROM PELVIS BY MESH OR OTHER PROS	766.37	766.37	10/1/2009
44701	3	3	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CC	129.35	129.35	10/1/2009
44800	3	3	EXCISION BOWEL POUCH	562.28	562.28	10/1/2009
44820	3	3	EXCISION MESENTERY LESION	621.67	621.67	10/1/2009
44850	3	3	REPAIR OF MESENTERY	548.50	548.50	10/1/2009
44900	3	3	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; OPEN	562.13	562.13	10/1/2009
44901	3	3	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; PERCUTANEOUS	145.19	739.60	10/1/2009
44950	3	3	APPENDECTOMY	476.19	476.19	10/1/2009
44955	3	3	APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHI	64.93	64.93	10/1/2009
44960	3	3	APPENDECTOMY FOR RUPT APPEN W/ABSCESS OR GENERALIZ	641.54	641.54	10/1/2009
44970	3	3	LAPAROSCOPY, SURGICAL, APPENDECTOMY	437.22	437.22	10/1/2009
45000	3	3	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	304.82	304.82	10/1/2009
45005	3	3	AMB SURG INCISION AND DRAINAGE SUBMUCOUS ABSCESS	112.87	180.94	10/1/2009
45020	3	3	DRAINAGE OF RECTAL ABSCESS	398.31	398.31	10/1/2009
45100	3	3	BIOPSY OF RECTUM	211.19	211.19	10/1/2009
45108	3	3	ANORECTAL MYOMECTOMY	257.35	257.35	10/1/2009
45110	3	3	PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLO:	1375.48	1375.48	10/1/2009
45111	3	3	PROCTECTOMY; PARTIAL RESECTION OF RECTUM, TRANSABDOMINAL APP	807.83	807.83	10/1/2009
45112	3	3	PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROC	1420.45	1420.45	10/1/2009
45113	3	3	PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSECTOMY, ILEOANAL	1455.18	1455.18	10/1/2009
45114	3	3	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; ABDOMINAL AND TRANS	1329.76	1329.76	10/1/2009
45116	3	3	PARTIAL REMOVAL OF RECTUM	1194.85	1194.85	10/1/2009
45119	3	3	PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROC	1457.55	1457.55	10/1/2009
45120	3	3	PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL	1164.20	1164.20	10/1/2009
45121	3	3	PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL	1274.30	1274.30	10/1/2009
45123	3	3	PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH	825.75	825.75	10/1/2009
45126	3	3	PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTECT	2153.04	2153.04	10/1/2009
45130	3	3	EXCISION OF RECTAL PROLAPSE	807.64	807.64	10/1/2009
45135	3	3	EXCISION OF RECTAL PROLAPSE	988.49	988.49	10/1/2009
45136	3	3	EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY	1368.40	1368.40	10/1/2009
45150	3	3	EXCISION RECTAL STRICTURE	292.91	292.91	10/1/2009
45160	3	3	EXCISION OF RECTAL LESION	734.08	734.08	10/1/2009
45170	3	3	EXCISION RECTAL TUMOR SIMPLE TRANSANAL APPROACH	573.57	573.57	10/1/2009
45190	3	3	DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESSICATION, ELECTRO	498.05	498.05	10/1/2009
45300	3	3	AMB SURG PROCTOSIGMOIDOSCOPY DIAGNOSTIC	37.85	78.81	10/1/2009
45303	3	3	PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION (EG, BALLOON, GUIDE WI	64.77	602.08	10/1/2009
45305	3	3	AMB SURG PROCTOSIGMOIDOSCOPY WITH BIOPSY	58.17	128.25	10/1/2009
45307	3	3	PROCTOSIGM W/REMOVAL OF FOREIGN BODY	73.64	143.43	10/1/2009
45308	3	3	PROCTOSIGMOIDOSCOPY, RIGID;	62.44	131.09	10/1/2009
45309	3	3	PROCTOSIGMOIDOSCOPY, RIGID;	72.46	147.45	10/1/2009
45315	3	3	AMB SURG PROCTOSIGMOIDOSCOPY W REMOVAL EXCRESCENCE	82.45	159.17	10/1/2009
45317	3	3	PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING (EG, INJEC	86.96	154.45	10/1/2009
45320	3	3	PROCTOSIGMOIDOSCOPY FOR ABLATION OF TUMOR	82.60	154.99	10/1/2009
45321	3	3	PROCTOSIGMOIDOSCOPY FOR DECOMPRESSION OF VOLVULUS	79.92	79.92	10/1/2009
45327	3	3	PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACE	93.21	93.21	10/1/2009
45330	3	3	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION	48.82	101.60	10/1/2009
45331	3	3	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	59.27	129.07	10/1/2009
45332	3	3	SIGMOIDOSCOPY W/REMOVAL OF FOREIGN BODY	86.95	211.83	10/1/2009
45333	3	3	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR (	86.47	213.08	10/1/2009
45334	3	3	SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECTION	131.19	131.19	10/1/2009
45335	3	3	SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S),	72.21	182.10	10/1/2009
45337	3	3	AMB SURG-SIGMOIDOSCOPY FOR DECOMPRESSION VOLVULUS	112.35	112.35	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
45338	3		SIGMOIDOSCOPY, FLEXIBLE;	112.48	238.51	10/1/2009
45339	3		SIGMOIDOSCOPY, FLEXIBLE;	148.90	248.98	10/1/2009
45340	3		SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STR	91.03	323.20	10/1/2009
45341	3		SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATI	125.20	125.20	10/1/2009
45342	3		SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUII	191.62	191.62	10/1/2009
45345	3		SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC STENT PLACEMEN'	139.14	139.14	10/1/2009
45355	3		COLONOSCOPY W/STANDARD SIGMOIDOSCOPE	160.40	160.40	10/1/2009
45378	3		AMB SURG COLONOSCOPY ASCENDING COLON	172.32	300.96	10/1/2009
45379	3		COLONOSCOPY FIBEROPTIC BEYOND SPLENIC FLEX W/RE FB	215.92	382.05	10/1/2009
45380	3		AMB SURG COLONOSCOPY ASCENDING COLON WITH BIOPSY	207.63	361.35	10/1/2009
45381	3		COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE W DIRECTED S	196.56	351.44	10/1/2009
45382	3		COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTR	265.38	475.92	10/1/2009
45383	3		AMB SURG-COLONOSCOPY, FOR ABLATION TUMOR/LESION	267.19	431.29	10/1/2009
45384	3		COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE;	215.75	355.63	10/1/2009
45385	3		AMB SURG COLONOSCOPY ASCENDING COLON W POLYPECTOMY	246.52	408.03	10/1/2009
45386	3		COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE W DILATION BY	211.92	499.46	10/1/2009
45387	3		COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSI	276.22	276.22	10/1/2009
45391	3		COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ENDOS	238.53	238.53	10/1/2009
45392	3		COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSI	301.91	301.91	10/1/2009
45500	3		REPAIR OF RECTUM	376.19	376.19	10/1/2009
45505	3		REPAIR OF RECTUM	412.27	412.27	10/1/2009
45520	3		TREATMENT OF RECTAL PROLAPSE	29.09	90.82	10/1/2009
45540	3		PROCTOPEXY (EG, FOR PROLAPSE); ABDOMINAL APPROACH	792.53	792.53	10/1/2009
45541	3		PROCTOPEXY FOR PROLAPSE PERINEAL APPROACH	679.67	679.67	10/1/2009
45550	3		PROCTOPEXY (EG, FOR PROLAPSE); WITH SIGMOID RESECTION, ABDOMIN.	1089.79	1089.79	10/1/2009
45560	3		REPAIR RECTOCELE SEPARATE PROCEDURE	537.61	537.61	10/1/2009
45562	3		EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY;	824.74	824.74	10/1/2009
45563	3		EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY;	1195.39	1195.39	10/1/2009
45800	3		REPAIR RECTOBLADDER FISTULA	926.41	926.41	10/1/2009
45805	3		REPAIR RECTOBLADDER FISTULA	1047.27	1047.27	10/1/2009
45820	3		REPAIR RECTOURETHRAL FISTULA	920.15	920.15	10/1/2009
45825	3		REPAIR RECTOURETHRAL FISTULA	1107.12	1107.12	10/1/2009
45900	3		REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHES	145.52	145.52	10/1/2009
45905	3		AMB SURG RECTAL DILATION	123.24	123.24	10/1/2009
45910	3		DILATION RECTAL NARROWING	146.06	146.06	10/1/2009
45915	3		REMOVAL RECTAL OBSTRUCTION	163.58	225.59	10/1/2009
46020	3		PLACEMENT OF SETON	161.24	183.16	10/1/2009
46030	3		REMOVAL OF ANAL SETON, OTHER MARKER	64.22	91.61	10/1/2009
46040	3		AMB SURG I & D ISCHIORECTAL/PERIRECTAL ABSCESS	289.03	356.52	10/1/2009
46045	3		DRAINAGE TRANSANAL ABSCESS UNDER ANESTHESIA	298.21	298.21	10/1/2009
46050	3		INCISION ANAL ABSCESS	67.60	126.44	10/1/2009
46060	3		AMB SURG FISTULECTOMY ANUS	328.07	328.07	10/1/2009
46070	3		INCISION, ANAL SEPTUM (INFANT)	166.67	166.67	10/1/2009
46080	3		SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDUF	117.04	166.94	10/1/2009
46083	3		INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	78.10	125.40	10/1/2009
46200	3		AMB SURG FISSURECTOMY	217.44	278.59	10/1/2009
46210	3		CRYPTPECTOMY;	182.67	254.78	10/1/2009
46211	3		REMOVAL ANAL CRYPTS	266.74	346.05	10/1/2009
46220	3		PAPILLECTOMY OR EXCISION OF SINGLE TAG, ANUS (SEPARATE PROCEDL	83.77	133.95	10/1/2009
46221	3		AMB SURG HEMORRHOIDECTOMY	132.52	175.78	10/1/2009
46230	3		REMOVAL OF ANAL TAB	125.63	184.46	10/1/2009
46250	3		AMB SURG HEMORRHOIDECTOMY COMPLETE	220.84	306.79	10/1/2009
46255	3		AMB SURG HEMORRHOIDECTOMY	251.59	342.72	10/1/2009
46257	3		AMB SURG HEMORRHOIDECTOMY	294.16	294.16	10/1/2009
46258	3		AMB SURG HEMORRHOIDECTOMY	321.73	321.73	10/1/2009
46260	3		AMB SURG HEMORRHOIDECTOMY	334.56	334.56	10/1/2009
46261	3		AMB SURG HEMORRHOIDECTOMY	374.36	374.36	10/1/2009
46262	3		AMB SURG HEMORRHOIDECTOMY	390.54	390.54	10/1/2009
46270	3		REMOVAL ANAL FISTULA	264.63	332.11	10/1/2009
46275	3		REMOVAL ANAL FISTULA	284.00	352.06	10/1/2009
46280	3		REMOVAL ANAL FISTULA	325.66	325.66	10/1/2009
46285	3		REMOVAL ANAL FISTULA	280.40	342.41	10/1/2009
46288	3		CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP	385.44	385.44	10/1/2009
46320	3		ENUCLEATION OR EXCISION OF EXTERNAL THROMBOTIC HEMORRHOID	79.73	121.27	10/1/2009
46500	3		INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS	90.06	146.87	10/1/2009
46600	3		ANOSCOPY;DIAGNOSTIC,W/O COLLECTION OF SPECIMEN,BRUSHING OR	28.81	58.80	10/1/2009
46604	3		ANOSCOPY; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	50.06	361.26	10/1/2009
46606	3		ANOSCOPY; WITH BIOPSY, SINGLE OR MULTIPLE	55.35	149.94	10/1/2009
46608	3		ANOSCOPY WITH REMOVAL OF FOREIGN BODY	61.00	155.03	10/1/2009
46610	3		ANOSCOPY WITH REMOVAL OF POLYP.	60.47	153.34	10/1/2009
46611	3		ANOSCOPY;	62.46	121.59	10/1/2009
46612	3		ANOSCOPY WITH MULTIPLE POLYP REMOVAL	73.94	183.82	10/1/2009
46614	3		ANOSCOPY; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUT	52.73	93.39	10/1/2009
46615	3		ANOSCOPY;	75.21	108.38	10/1/2009
46700	3		REPAIR ANAL STRICTURE	464.89	464.89	10/1/2009
46705	3		ANOPLASTY, PLASTIC OPERATION FOR STRICTURE;	382.35	382.35	10/1/2009
46706	3		REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	122.79	122.79	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
46715	3	3	REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL FISTULA ("CUT-	378.45	378.45	10/1/2009
46716	3	3	REPAIR OF LOW IMPERFORATE ANUS; WITH TRANSPOSITION OF ANOPERII	923.29	923.29	10/1/2009
46730	3	3	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; PERINEAL OR SA	1405.40	1405.40	10/1/2009
46735	3	3	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; COMBINED TRAN	1642.26	1642.26	10/1/2009
46740	3	3	CONSTRUCTION OF ANUS	1509.79	1509.79	10/1/2009
46742	3	3	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOV	1784.95	1784.95	10/1/2009
46744	3	3	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETH	2550.61	2550.61	10/1/2009
46746	3	3	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETH	2942.44	2942.44	10/1/2009
46748	3	3	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETH	3075.89	3075.89	10/1/2009
46750	3	3	REPAIR ANAL SPHINCTER	562.65	562.65	10/1/2009
46751	3	3	REPAIR ANAL SPHINCTER	466.06	466.06	10/1/2009
46753	3	3	RECONSTRUCTION OF ANUS	424.51	424.51	10/1/2009
46754	3	3	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL	155.27	199.98	10/1/2009
46760	3	3	REPAIR ANAL SPHINCTER	796.45	796.45	10/1/2009
46761	3	3	SPHINCTEROPLASTY, LEVATORMUSCLE IMBRICATION	689.28	689.28	10/1/2009
46762	3	3	SPHINCTEROPLASTY W/ ARTIFICIAL SPHINCTER	678.88	678.88	10/1/2009
46900	3	3	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	101.27	160.97	10/1/2009
46910	3	3	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	96.98	167.64	10/1/2009
46916	3	3	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	106.36	166.07	10/1/2009
46917	3	3	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	97.67	316.28	10/1/2009
46922	3	3	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	97.00	174.58	10/1/2009
46924	3	3	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLU	135.65	359.75	10/1/2009
46937	3	3	CRYOSURGERY OF RECTAL TUMOR;	129.64	181.26	10/1/2009
46938	3	3	CRYOSURGERY OF RECTAL TUMOR;	263.28	316.63	10/1/2009
46940	3	3	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF AN/	108.34	152.76	10/1/2009
46942	3	3	CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION	96.22	141.22	10/1/2009
46945	3	3	LIGATION OF INTERNAL HEMORRHOIDS - SINGLE PROCEDURE	151.50	195.34	10/1/2009
46946	3	3	LIGATION OF INTERNAL HEMORRHOIDS;	160.82	212.15	10/1/2009
46947	3	3	HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY	274.26	274.26	10/1/2009
47000	3	3	AMB SURG BIOPSY LIVER NEEDLE PERCUTANEOUS	82.66	248.50	10/1/2009
47001	3	3	BIOPSY OF LIVER, NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIMI	80.04	80.04	10/1/2009
47010	3	3	HEPATOTOMY; FOR OPEN DRAINAGE OF ABSCESS OR CYST, ONE OR TWO	882.92	882.92	10/1/2009
47011	3	3	HEPATOTOMY; FOR PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST, OF	160.07	160.07	10/1/2009
47015	3	3	LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC	837.86	837.86	10/1/2009
47100	3	3	BIOPSY OF LIVER, WEDGE	612.73	612.73	10/1/2009
47120	3	3	PARTIAL REMOVAL OF LIVER	1729.94	1729.94	10/1/2009
47122	3	3	RESECTION OF LIVER, TRISEGMENTECTOMY	2577.36	2577.36	10/1/2009
47125	3	3	PARTIAL REMOVAL OF LIVER	2308.01	2308.01	10/1/2009
47130	3	3	PARTIAL REMOVAL OF LIVER	2481.98	2481.98	10/1/2009
47140	3	3	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING I	2598.27	2598.27	10/1/2009
47141	3	3	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLO	3092.81	3092.81	10/1/2009
47142	3	3	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLO	3405.84	3405.84	10/1/2009
47300	3	3	TREATMENT,LIVER LESION	824.41	824.41	10/1/2009
47350	3	3	MANAGEMENT OF LIVER HEMORRHAGE; SIMPLE SUTURE OF LIVER WOUN	1012.27	1012.27	10/1/2009
47360	3	3	MANAGEMENT OF LIVER HEMORRHAGE; COMPLEX SUTURE OF LIVER WOU	1378.74	1378.74	10/1/2009
47370	3	3	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S);	926.11	926.11	10/1/2009
47371	3	3	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S);	942.67	942.67	10/1/2009
47380	3	3	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	1083.21	1083.21	10/1/2009
47381	3	3	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	1103.98	1103.98	10/1/2009
47382	3	3	ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQU	684.10	684.10	10/1/2009
47400	3	3	INCISION OF BILE DUCT	1573.82	1573.82	10/1/2009
47420	3	3	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAIN.	991.27	991.27	10/1/2009
47425	3	3	INCISION OF BILE DUCT	1001.25	1001.25	10/1/2009
47460	3	3	TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR V	944.25	944.25	10/1/2009
47480	3	3	INCISION OF GALLBLADDER	627.79	627.79	10/1/2009
47490	3	3	PERCUTANEOUS CHOLECYSTOSTOMY	420.72	420.72	10/1/2009
47500	3	3	INJECTION PROCEDURE FOR PERCUTANEOUS TRANSHEPATIC CHOLANGIC	85.11	85.11	10/1/2009
47505	3	3	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY THROUGH AN EXISTING	32.85	32.85	10/1/2009
47510	3	3	INTRODUCTION TRANSHEPATIC CATH OR STENT	399.14	399.14	10/1/2009
47511	3	3	INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC STENT FOR INTERNAL	502.87	502.87	10/1/2009
47525	3	3	CHANGE OF PERCUTANEOUS BILIARY DRAINAGE CATHETER	102.70	453.70	10/1/2009
47530	3	3	T-TUBE REVISION AND/OR REINSERTION	299.85	1100.20	10/1/2009
47550	3	3	BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY) (LIST SEP	128.03	128.03	10/1/2009
47552	3	3	BILIARY ENDOSCOPY	273.32	273.32	10/1/2009
47553	3	3	BILIARY ENDOSCOPY FOR BIOPSY	273.92	273.92	10/1/2009
47554	3	3	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WIT	400.95	400.95	10/1/2009
47555	3	3	BILIARY ENDOSCOPY FOR DILATION	328.52	328.52	10/1/2009
47556	3	3	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WIT	371.64	371.64	10/1/2009
47560	3	3	LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRA	206.82	206.82	10/1/2009
47561	3	3	LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRA	224.14	224.14	10/1/2009
47562	3	3	LAPAROSCOPY, SURGICAL, CHOLECYSTOMY	544.92	544.92	10/1/2009
47563	3	3	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPH	558.03	558.03	10/1/2009
47564	3	3	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF C	645.40	645.40	10/1/2009
47570	3	3	LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY	575.94	575.94	10/1/2009
47600	3	3	REMOVAL OF GALLBLADDER	782.47	782.47	10/1/2009
47605	3	3	REMOVAL OF GALLBLADDER	724.08	724.08	10/1/2009
47610	3	3	REMOVAL OF GALLBLADDER	929.16	929.16	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		
				FACILITY	NON-FACILITY	EFFECTIVE DATE
47612	3	3	CHOLECYSTECTOMY W/ CHOLEDOCHENTEROSTOMY	938.87	938.87	10/1/2009
47620	3	3	REMOVAL OF GALLBLADDER	1019.31	1019.31	10/1/2009
47630	3	3	BILIARY DUCT STONE EXTRACTION, PERCUTANEOUS VIA T-TUBE TRACT,	456.02	456.02	10/1/2009
47700	3	3	EXPLOR FOR CONG ATRESIA BILE DUCTS WITH OR W/O LIV	771.73	771.73	10/1/2009
47701	3	3	PORTOENTEROSTOMY	1328.51	1328.51	10/1/2009
47711	3	3	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF E	1153.35	1153.35	10/1/2009
47712	3	3	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF E	1478.03	1478.03	10/1/2009
47715	3	3	EXCISION OF CHOLEDOCHAL CYST	968.88	968.88	10/1/2009
47720	3	3	FUSION GALLBLADDER & BOWEL	836.47	836.47	10/1/2009
47721	3	3	CHOLECYSTOENTEROSTOMY W/GASTROENTEROSTOMY	987.70	987.70	10/1/2009
47740	3	3	FUSION GALLBLADDER & BOWEL	954.34	954.34	10/1/2009
47741	3	3	CHOLECYSTOENTEROSTOMY;	1081.61	1081.61	10/1/2009
47760	3	3	ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTIN/	1631.45	1631.45	10/1/2009
47765	3	3	ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT	2155.55	2155.55	10/1/2009
47780	3	3	FUSION BILE DUCTS AND BOWEL	1784.56	1784.56	10/1/2009
47785	3	3	ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND	2328.10	2328.10	10/1/2009
47800	3	3	RECONSTRUCTION OF BILE DUCTS	1164.67	1164.67	10/1/2009
47801	3	3	PLACEMENT OF CHOLEDOCHAL STENT	821.44	821.44	10/1/2009
47802	3	3	U-TUBE HEPATICOENTEROSTOMY	1117.63	1117.63	10/1/2009
47900	3	3	SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY	1007.29	1007.29	10/1/2009
48000	3	3	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS;	1397.80	1397.80	10/1/2009
48001	3	3	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS;	1719.28	1719.28	10/1/2009
48020	3	3	REMOVAL OF PANCREATIC STONE	860.82	860.82	10/1/2009
48100	3	3	BIOPSY OF PANCREAS, OPEN (EG, FINE NEEDLE ASPIRATION, NEEDLE COF	653.43	653.43	10/1/2009
48102	3	3	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE	210.87	419.10	10/1/2009
48105	3	3	RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSI	2119.47	2119.47	10/1/2009
48120	3	3	REMOVAL PANCREAS LESION	816.94	816.94	10/1/2009
48140	3	3	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY	1157.12	1157.12	10/1/2009
48145	3	3	PARTIAL REMOVAL OF PANCREAS	1201.81	1201.81	10/1/2009
48146	3	3	PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODE	1370.11	1370.11	10/1/2009
48148	3	3	EXCISION OF AMPULLA OF VATER	909.91	909.91	10/1/2009
48150	3	3	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY,	2315.63	2315.63	10/1/2009
48152	3	3	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY,	2140.75	2140.75	10/1/2009
48153	3	3	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECT	2312.50	2312.50	10/1/2009
48154	3	3	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECT	2146.40	2146.40	10/1/2009
48155	3	3	REMOVAL OF PANCREAS	1328.55	1328.55	10/1/2009
48400	3	3	INJECTION PROCEDURE FOR INTRAOPERATIVE PANCREATOGRAPHY (LIST	84.24	84.24	10/1/2009
48500	3	3	MARSUPIALIZATION OF PANCREATIC CYST	831.88	831.88	10/1/2009
48510	3	3	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; OPEN	789.89	789.89	10/1/2009
48511	3	3	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; PERCUTANEOUS	173.28	718.37	10/1/2009
48520	3	3	FUSION PANCREAS CYST - BOWEL	807.47	807.47	10/1/2009
48540	3	3	FUSION PANCREAS CYST - BOWEL	965.64	965.64	10/1/2009
48545	3	3	PANCREATORRHAPHY FOR INJURY	977.52	977.52	10/1/2009
48547	3	3	DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC IN	1319.39	1319.39	10/1/2009
48548	3	3	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUESTOW-TY	1235.12	1235.12	10/1/2009
48554	3	3	TRANSPLANTATION OF PANCREATIC ALLOGRAFT	1825.48	1825.48	10/1/2009
48556	3	3	REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT	911.26	911.26	10/1/2009
49000	3	3	EXPLORATION OF ABDOMEN	573.96	573.96	10/1/2009
49002	3	3	REEXPLORATION OF ABDOMEN	754.83	754.83	10/1/2009
49010	3	3	EXPLORATION BEHIND ABDOMEN	712.10	712.10	10/1/2009
49020	3	3	DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLU:	1178.41	1178.41	10/1/2009
49040	3	3	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; OPEN	738.21	738.21	10/1/2009
49041	3	3	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; PERCUTAN	172.99	701.07	10/1/2009
49060	3	3	DRAINAGE OF RETROPERITONEAL ABSCESS; OPEN	826.39	826.39	10/1/2009
49061	3	3	DRAINAGE OF RETROPERITONEAL ABSCESS; PERCUTANEOUS	160.07	688.44	10/1/2009
49062	3	3	DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, I	561.12	561.12	10/1/2009
49080	3	3	REMOVAL OF ABDOMINAL FLUID	58.38	131.64	10/1/2009
49081	3	3	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVA	54.91	122.98	10/1/2009
49180	3	3	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEE	74.96	132.92	10/1/2009
49215	3	3	EXCISION OF PRESACRAL OR SACROCCYGEAL TUMOR	1652.19	1652.19	10/1/2009
49220	3	3	STAGING LAPAROTOMY FOR HODGKINS DISEASE OR LYMPHOMA (INCLUDE	717.53	717.53	10/1/2009
49250	3	3	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS	427.84	427.84	10/1/2009
49255	3	3	REMOVAL OF OMENTUM	581.34	581.34	10/1/2009
49320	3	3	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, W	245.10	245.10	10/1/2009
49321	3	3	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	258.04	258.04	10/1/2009
49322	3	3	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WIT	280.62	280.62	10/1/2009
49323	3	3	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WIT	476.57	476.57	10/1/2009
49324	3	3	LAPAROSCOPY, SURGICAL; WITH INSERTION OF INTRAPERITONEAL CANNL	292.13	292.13	10/1/2009
49325	3	3	LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTR	313.74	313.74	10/1/2009
49326	3	3	LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROC	145.23	145.23	10/1/2009
49400	3	3	AIR INJECTION INTO ABDOMEN	81.20	138.59	10/1/2009
49402	3	3	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	633.82	633.82	10/1/2009
49419	3	3	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER, WITH SUBCUT.	338.46	338.46	10/1/2009
49420	3	3	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE	107.40	107.40	10/1/2009
49421	3	3	AMB SURG INSERTION INTRAPERITONEAL CANNULA PERMANE	289.94	289.94	10/1/2009
49422	3	3	REMOVAL OF PERMANENT INTRAPERITONEAL CANNULA OR CATHETER	291.48	291.48	10/1/2009
49423	3	3	EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHE	64.61	432.33	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
49424	3	3	CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREV	33.72	118.22	10/1/2009
49425	3	3	INSERTION OF PERITONIAL-VENOUS SHUNT	569.00	569.00	10/1/2009
49426	3	3	REVISION OF PERITONEAL-VENOUS SHUNT	484.68	484.68	10/1/2009
49427	3	3	INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF	38.94	38.94	10/1/2009
49428	3	3	LIGATION OF PERITONEAL-VENOUS SHUNT	325.87	325.87	10/1/2009
49429	3	3	REMOVAL OF PERITONEAL-VENOUS SHUNT	344.65	344.65	10/1/2009
49435	3	3	INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNU	92.99	92.99	10/1/2009
49436	3	3	DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEG	135.84	135.84	10/1/2009
49491	3	3	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEK	572.40	572.40	10/1/2009
49492	3	3	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEK	699.48	699.48	10/1/2009
49495	3	3	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONT	290.89	290.89	10/1/2009
49496	3	3	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR	441.24	441.24	10/1/2009
49500	3	3	AMB SURG REPAIR INGUINAL HERNIA UNDER AGE 5 UNITAL	288.81	288.81	10/1/2009
49501	3	3	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS,	438.10	438.10	10/1/2009
49505	3	3	AMB SURG REPAIR INGUINAL HERNIA AGE 5/OVER UNILAT	379.41	379.41	10/1/2009
49507	3	3	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER;	467.49	467.49	10/1/2009
49520	3	3	REPAIR INGUINAL HERNIA	464.08	464.08	10/1/2009
49521	3	3	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE;	566.49	566.49	10/1/2009
49525	3	3	REPAIR INGUINAL HERNIA	419.41	419.41	10/1/2009
49540	3	3	REPAIR LUMBAR HERNIA	496.45	496.45	10/1/2009
49550	3	3	AMB SURG REPAIR HERNIA FEMORAL	421.48	421.48	10/1/2009
49553	3	3	REPAIR INITIAL FEMORAL HERNIA, ANY AGE;	461.40	461.40	10/1/2009
49555	3	3	REPAIR FEMORAL HERNIA	438.88	438.88	10/1/2009
49557	3	3	REPAIR RECURRENT FEMORAL HERNIA;	533.37	533.37	10/1/2009
49560	3	3	AMB SURG HERNIA REPAIR VENTRAL	545.44	545.44	10/1/2009
49561	3	3	REPAIR INITIAL INCISIONAL HERNIA;	688.61	688.61	10/1/2009
49565	3	3	REPAIR ABDOMINAL HERNIA	565.53	565.53	10/1/2009
49566	3	3	REPAIR RECURRENT INCISIONAL HERNIA;	695.70	695.70	10/1/2009
49568	3	3	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VEN	205.76	205.76	10/1/2009
49570	3	3	AMB SURG HERNIA REPAIR EPIGASTRIC	298.16	298.16	10/1/2009
49572	3	3	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT);	370.17	370.17	10/1/2009
49580	3	3	AMB SURG HERNIA REPAIR UMBILICAL	231.77	231.77	10/1/2009
49582	3	3	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS;	345.08	345.08	10/1/2009
49585	3	3	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER;	320.71	320.71	10/1/2009
49587	3	3	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER;	380.53	380.53	10/1/2009
49590	3	3	REPAIR ABDOMINAL HERNIA	417.90	417.90	10/1/2009
49600	3	3	REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE	539.47	539.47	10/1/2009
49605	3	3	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH OR WITHOUT	3739.48	3739.48	10/1/2009
49606	3	3	REPAIR OMPHALOCELE STAG CLO PROSTH RED OP ROOM ANE	845.63	845.63	10/1/2009
49610	3	3	REPAIR UMBILICAL HERNIA	501.88	501.88	10/1/2009
49611	3	3	REPAIR UMBILICAL HERNIA	451.23	451.23	10/1/2009
49650	3	3	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	312.01	312.01	10/1/2009
49651	3	3	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT IGUINAL HERNIA	403.59	403.59	10/1/2009
49900	3	3	REPAIR OF ABDOMINAL WALL	599.16	599.16	10/1/2009
49904	3	3	OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STER	1115.50	1115.50	10/1/2009
49905	3	3	OMENTAL FLAP FOR RECONSTRUCTION OF CHEST WALL	274.69	274.69	10/1/2009
50010	3	3	EXPLORATION OF KIDNEY	586.66	586.66	10/1/2009
50020	3	3	DRAINAGE OF KIDNEY ABSCESS	837.78	837.78	10/1/2009
50021	3	3	DRAINAGE OF PERIRENAL OR RENAL ABSCESS; PERCUTANEOUS	145.95	721.04	10/1/2009
50040	3	3	DRAINAGE OF KIDNEY	788.87	788.87	10/1/2009
50045	3	3	EXPLORATION OF KIDNEY	796.63	796.63	10/1/2009
50060	3	3	REMOVAL OF KIDNEY STONE	981.43	981.43	10/1/2009
50065	3	3	INCISION OF KIDNEY	1032.15	1032.15	10/1/2009
50070	3	3	INCISION OF KIDNEY	1025.49	1025.49	10/1/2009
50075	3	3	REMOVAL OF KIDNEY STONE	1261.01	1261.01	10/1/2009
50080	3	3	PERCUTANEOUS NEPHROSTOLITHOTOMY, UP TO 2 CM	749.25	749.25	10/1/2009
50081	3	3	PERCUTANEOUS NEPHROSTOLITHOTOMY, OVER 2 CM	1101.05	1101.05	10/1/2009
50100	3	3	REVISE KIDNEY BLOOD VESSELS	802.98	802.98	10/1/2009
50120	3	3	EXPLORATION OF KIDNEY: PYELOTOMY	812.24	812.24	10/1/2009
50125	3	3	EXPLORATION / DRAINAGE KIDNEY	839.94	839.94	10/1/2009
50130	3	3	REMOVAL OF KIDNEY STONE	888.89	888.89	10/1/2009
50135	3	3	EXPLORATION OF KIDNEY: COMPLICATED	962.97	962.97	10/1/2009
50200	3	3	BIOPSY OF KIDNEY	121.79	121.79	10/1/2009
50205	3	3	BIOPSY OF KIDNEY	565.56	565.56	10/1/2009
50220	3	3	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPRO/	875.27	875.27	10/1/2009
50225	3	3	REMOVAL OF KIDNEY	1014.34	1014.34	10/1/2009
50230	3	3	REMOVAL OF KIDNEY	1100.07	1100.07	10/1/2009
50234	3	3	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CU	1116.66	1116.66	10/1/2009
50236	3	3	REMOVAL OF KIDNEY & URETER	1263.28	1263.28	10/1/2009
50240	3	3	PARTIAL REMOVAL OF KIDNEY	1134.59	1134.59	10/1/2009
50280	3	3	REMOVAL OF KIDNEY LESION	808.68	808.68	10/1/2009
50290	3	3	EXCISION OF PERINEPHRIC CYST	746.80	746.80	10/1/2009
50300	3	3	DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); FROM CADAVI	1252.71	1252.71	10/1/2009
50320	3	3	DONOR NEPHRECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLO	1100.41	1100.41	10/1/2009
50340	3	3	REMOVAL OF KIDNEY	678.77	678.77	10/1/2009
50360	3	3	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; EXCLUDING DC	1865.67	1865.67	10/1/2009
50365	3	3	TRANSPLANTATION OF KIDNEY	2101.95	2101.95	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
50370	3		REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	871.75	871.75	10/1/2009
50380	3		REIMPLANTATION OF KIDNEY	1471.05	1471.05	10/1/2009
50390	3		ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PI	85.11	85.11	10/1/2009
50391	3		INSTILLATION(S) OF THERAPEUTIC AGENT INTO RENAL PELVIS AND/OR UR	86.67	108.30	10/1/2009
50392	3		INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS	155.76	155.76	10/1/2009
50393	3		INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROU	190.00	190.00	10/1/2009
50394	3		PREPARATION FOR KIDNEY X-RAY	42.57	84.97	10/1/2009
50395	3		INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH	156.81	156.81	10/1/2009
50396	3		MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE	101.19	101.19	10/1/2009
50398	3		CHANGE OF KIDNEY TUBE	64.61	420.50	10/1/2009
50400	3		REVISION OF KIDNEY/URETER	991.22	991.22	10/1/2009
50405	3		REVISION OF KIDNEY/URETER	1202.65	1202.65	10/1/2009
50500	3		REPAIR OF KIDNEY WOUND	961.07	961.07	10/1/2009
50520	3		CLOSURE KIDNEY/SKIN FISTULA	888.60	888.60	10/1/2009
50525	3		CLOSURE NEPHROVISCERAL FISTULA INCLUDING VISCERAL	1111.95	1111.95	10/1/2009
50526	3		CLOSURE NEPHROVISCERAL FISTULA THORACIC APPROACH	1165.44	1165.44	10/1/2009
50540	3		REVISION OF HORSESHOE KIDNEY	971.40	971.40	10/1/2009
50541	3		LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS	791.21	791.21	10/1/2009
50542	3		LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S)	1003.68	1003.68	10/1/2009
50543	3		LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	1280.96	1280.96	10/1/2009
50544	3		LAPAROSCOPY, SURGICAL; PYELOPLASTY	1080.38	1080.38	10/1/2009
50545	3		LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL	1159.51	1159.51	10/1/2009
50546	3		LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL URETERE	1027.46	1027.46	10/1/2009
50547	3		LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY (INCLUDING COLD PRE	1234.29	1234.29	10/1/2009
50548	3		LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH TOTAL URETERECTOMY	1169.33	1169.33	10/1/2009
50551	3		RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOS'	257.77	314.58	10/1/2009
50553	3		RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOS'	272.33	328.56	10/1/2009
50555	3		VISUALIZATION/BIOPSY KIDNEY	298.13	358.41	10/1/2009
50557	3		TREATMENT OF KIDNEY LESION	302.78	365.65	10/1/2009
50561	3		RENAL ENDOSCOPY WITH REMOVAL OF FOREIGN BODY	345.95	414.87	10/1/2009
50562	3		RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOS'	508.88	508.88	10/1/2009
50570	3		RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR W	432.00	432.00	10/1/2009
50572	3		RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR W	470.12	470.12	10/1/2009
50574	3		VISUALIZATION/BIOPSY KIDNEY	496.63	496.63	10/1/2009
50575	3		RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR W	628.17	628.17	10/1/2009
50576	3		TREATMENT OF KIDNEY LESION	495.90	495.90	10/1/2009
50580	3		TREATMENT OF KIDNEY LESION	531.22	531.22	10/1/2009
50590	3		LITHOTRIPSY SHOCK WAVE (PROFESSIONAL COMPONENT)	482.15	774.30	10/1/2009
50600	3		EXPLORATION OF URETER	803.11	803.11	10/1/2009
50605	3		URETEROTOMY FOR INSERTION OF INDWELLING STENT	774.23	774.23	10/1/2009
50610	3		REMOVAL OF STONE, URETER	819.33	819.33	10/1/2009
50620	3		REMOVAL OF STONE, URETER	777.12	777.12	10/1/2009
50630	3		REMOVAL OF STONE, URETER	757.97	757.97	10/1/2009
50650	3		REMOVAL OF URETER	886.19	886.19	10/1/2009
50660	3		URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL,	980.25	980.25	10/1/2009
50684	3		INJECTION FOR URETER X-RAY	42.28	145.53	10/1/2009
50686	3		MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URET	77.52	77.52	10/1/2009
50688	3		CHANGE OF URETEROSTOMY TUBE OR EXTERNALLY ACCESSIBLE URETEF	67.30	67.30	10/1/2009
50690	3		INJECTION FOR URETER X-RAY	59.76	83.12	10/1/2009
50700	3		REVISION OF URETER	793.47	793.47	10/1/2009
50715	3		RELEASE OF URETER	939.01	939.01	10/1/2009
50722	3		RELEASE OF URETER	816.85	816.85	10/1/2009
50725	3		RELEASE/REVISION OF URETER	933.81	933.81	10/1/2009
50727	3		REVISION URINARY-CUTANEOUS ANASTOMOSIS	426.86	426.86	10/1/2009
50728	3		REVISION OF URINARY-CUTANEOUS ANASTOMOSIS W REPAIR	589.18	589.18	10/1/2009
50740	3		FUSION OF URETER-KIDNEY	919.32	919.32	10/1/2009
50750	3		FUSION OF URETER-KIDNEY	997.16	997.16	10/1/2009
50760	3		FUSION OF URETER	930.63	930.63	10/1/2009
50770	3		SPLICING OF URETERS	966.53	966.53	10/1/2009
50780	3		REIMPLANT URETER IN BLADDER	933.02	933.02	10/1/2009
50782	3		URETERONEOCYSTOSTOMY; ANASTOMOSIS	916.15	916.15	10/1/2009
50783	3		URETERONEOCYSTOSTOMY; URETERAL TAILORING	950.83	950.83	10/1/2009
50785	3		REIMPLANT URETER IN BLADDER	1035.52	1035.52	10/1/2009
50800	3		IMPLANT URETER IN BOWEL	785.68	785.68	10/1/2009
50810	3		URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER AND E	1035.24	1035.24	10/1/2009
50815	3		URETEROCOLON CONDUIT, INCLUDING INTESTINE ANASTOMOSIS	1048.49	1048.49	10/1/2009
50820	3		URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING INTESTINE ANASTC	1117.29	1117.29	10/1/2009
50825	3		CONTINENT DIVERSION, INCLUDING INTESTINE ANASTOMOSIS USING ANY	1418.03	1418.03	10/1/2009
50830	3		URINARY ANDIVERSION	1540.21	1540.21	10/1/2009
50840	3		REPLACEMENT OF ALL OR PART OF URETER BY INTESTINE SEGMENT, INCI	1055.20	1055.20	10/1/2009
50845	3		CUTANEOUS APPENDICO-VESICOSTOMY	1069.91	1069.91	10/1/2009
50860	3		TRANSPLANT OF URETER TO SKIN	810.64	810.64	10/1/2009
50900	3		REPAIR OF URETER	713.20	713.20	10/1/2009
50920	3		CLOSURE URETER/SKIN FISTULA	753.96	753.96	10/1/2009
50930	3		CLOSURE URETER/BOWEL FISTULA	914.33	914.33	10/1/2009
50940	3		RELEASE OF URETER	758.61	758.61	10/1/2009
50945	3		LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY	842.48	842.48	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
50947		3	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCO	1195.05	1195.05	10/1/2009
50948		3	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTO	1109.03	1109.03	10/1/2009
50951		3	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH	268.91	328.61	10/1/2009
50953		3	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH	295.61	346.96	10/1/2009
50955		3	VISUALIZATION/BIOPSY URETER	319.43	383.46	10/1/2009
50957		3	TREATMENT OF URETER LESION	310.29	373.45	10/1/2009
50961		3	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH	277.76	336.88	10/1/2009
50970		3	VISUALIZATION OF URETER	325.74	325.74	10/1/2009
50972		3	VISUALIZATION OF URETER	313.61	313.61	10/1/2009
50974		3	VISUALIZATION/BIOPSY URETER	415.35	415.35	10/1/2009
50976		3	TREATMENT OF URETER LESION	409.10	409.10	10/1/2009
50980		3	TREATMENT OF URETER LESION	312.74	312.74	10/1/2009
51020		3	CYSTOTOMY OR CYSTOSTOMY W/FULGRATION AND/OR INSERT	395.56	395.56	10/1/2009
51030		3	INCISION/TREATMENT BLADDER	392.25	392.25	10/1/2009
51040		3	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	246.64	246.64	10/1/2009
51045		3	INCISION OF BLADDER	394.52	394.52	10/1/2009
51050		3	REMOVAL OF BLADDER STONE	401.87	401.87	10/1/2009
51060		3	REMOVAL OF URETERAL STONE	495.24	495.24	10/1/2009
51065		3	CYSTOTOMY, WITH CALCULUS BASKET EXTRACTION AND/OR ULTRASONIC	491.97	491.97	10/1/2009
51080		3	DRAINAGE OF BLADDER ABSCESS	344.10	344.10	10/1/2009
51500		3	REMOVAL OF BLADDER CYST	530.43	530.43	10/1/2009
51520		3	REMOVAL OF BLADDER LESION	499.24	499.24	10/1/2009
51525		3	REMOVAL OF BLADDER LESION	735.11	735.11	10/1/2009
51530		3	REMOVAL OF BLADDER LESION	655.01	655.01	10/1/2009
51535		3	REVISION OF URETER LESION	665.36	665.36	10/1/2009
51550		3	PARTIAL REMOVAL OF BLADDER	808.84	808.84	10/1/2009
51555		3	PARTIAL REMOVAL OF BLADDER	1076.14	1076.14	10/1/2009
51565		3	REVISION OF BLADDER & URETER	1100.08	1100.08	10/1/2009
51570		3	REMOVAL OF BLADDER	1256.99	1256.99	10/1/2009
51575		3	CYCTECTOMY W/BILAT LYMPHADENECTOMY INCLUDING HYPOG	1571.39	1571.39	10/1/2009
51580		3	REMOVAL OF BLADDER	1637.06	1637.06	10/1/2009
51585		3	CYCTECTOMY W/BILAT LYMPH INCLUDING HYPOGASTRIC AND	1823.98	1823.98	10/1/2009
51590		3	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BL	1661.93	1661.93	10/1/2009
51595		3	CYSTECTOMY W/BILAT LYMPH INCLUDING HYPOGASTRIC AND	1888.99	1888.99	10/1/2009
51596		3	CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY OPEN TECH	2030.24	2030.24	10/1/2009
51597		3	REMOVAL OF PELVIC STRUCTURES	1958.25	1958.25	10/1/2009
51600		3	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYST	38.43	156.67	10/1/2009
51605		3	INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND/	32.86	32.86	10/1/2009
51610		3	INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY	54.31	92.09	10/1/2009
51700		3	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	38.43	72.46	10/1/2009
51701		3	INSERTION OF NON-DWELLING BLADDER CATHETER (EG, STRAIGHT CATHE	23.30	50.12	10/1/2009
51702		3	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EC	25.61	64.26	10/1/2009
51703		3	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICA	70.31	117.03	10/1/2009
51705		3	CHANGE OF CYSTOSTOMY TUBE;	56.86	93.78	10/1/2009
51710		3	CHANGE OF CYSTOSTOMY TUBE;	80.95	132.30	10/1/2009
51715		3	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL	171.64	246.92	10/1/2009
51720		3	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING DETE	71.74	97.99	10/1/2009
51725		3	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	181.18	181.18	10/1/2009
51725	26	5	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	65.89	65.89	10/1/2009
51725	TC	T	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	115.29	115.29	10/1/2009
51726		3	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT	262.52	262.52	10/1/2009
51726	26	5	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT	74.92	74.92	10/1/2009
51726	TC	T	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT	187.59	187.59	10/1/2009
51736		3	SIMPLE UROFLOWMETRY	44.72	44.72	10/1/2009
51736	26	5	SIMPLE UROFLOWMETRY	26.93	26.93	10/1/2009
51736	TC	T	SIMPLE UROFLOWMETRY	17.79	17.79	10/1/2009
51741		3	COMPLEX UROFLOWMETRY	71.17	71.17	10/1/2009
51741	26	5	COMPLEX UROFLOWMETRY	50.30	50.30	10/1/2009
51741	TC	T	COMPLEX UROFLOWMETRY	20.88	20.88	10/1/2009
51772		3	URETHRAL PRESSURE PROFILE STUDIES (UPP) (URETHRAL CLOSURE	202.68	202.68	10/1/2009
51772	26	5	URETHRAL PRESSURE PROFILE STUDIES (UPP) (URETHRAL CLOSURE	69.89	69.89	10/1/2009
51772	TC	T	URETHRAL PRESSURE PROFILE STUDIES (UPP) (URETHRAL CLOSURE	132.80	132.80	10/1/2009
51784		3	ANAL/URINARY MUSCLE STUDY	166.52	166.52	10/1/2009
51784	26	5	ANAL/URINARY MUSCLE STUDY	66.51	66.51	10/1/2009
51784	TC	T	ANAL/URINARY MUSCLE STUDY	100.00	100.00	10/1/2009
51785		3	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SP	180.45	180.45	10/1/2009
51785	26	5	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SP	66.60	66.60	10/1/2009
51785	TC	T	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SP	113.85	113.85	10/1/2009
51792		3	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSI	188.22	188.22	10/1/2009
51792	26	5	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSI	47.79	47.79	10/1/2009
51792	TC	T	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSI	140.43	140.43	10/1/2009
51795		3	VOIDING PRESSURE STUDIES (VP);	247.31	247.31	10/1/2009
51795	26	5	VOIDING PRESSURE STUDIES (VP);	66.80	66.80	10/1/2009
51795	TC	T	VOIDING PRESSURE STUDIES (VP);	180.51	180.51	10/1/2009
51797		3	VOIDING PRESSURE STUDIES (VP);	122.32	122.32	10/1/2009
51797	26	5	VOIDING PRESSURE STUDIES (VP);	37.98	37.98	10/1/2009
51797	TC	T	VOIDING PRESSURE STUDIES (VP);	84.34	84.34	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
51800	3		CYSTOPLASTY OR CYSTOURETHROPLASTY WITH OR W/O RES	893.62	893.62	10/1/2009
51820	3		REVISION OF URINARY TRACT	911.18	911.18	10/1/2009
51840	3		ANTERIOR VESICourethroPEXY, OR UREthroPEXY (EG, MARSHALL-MAI	543.69	543.69	10/1/2009
51841	3		FIXATION OF BLADDER/URETHRA	645.54	645.54	10/1/2009
51845	3		ABDOMINO-VAGINAL VESICAL NECK SUSPENSION	495.14	495.14	10/1/2009
51860	3		REPAIR OF BLADDER WOUND	605.60	605.60	10/1/2009
51865	3		REPAIR OF BLADDER WOUND	750.60	750.60	10/1/2009
51880	3		REPAIR OF BLADDER OPENING	392.44	392.44	10/1/2009
51900	3		REPAIR BLADDER/VAGINA LESION	696.03	696.03	10/1/2009
51920	3		REPAIR BLADDER/UTERUS LESION	643.27	643.27	10/1/2009
51925	3		HYSTERECTOMY/BLADDER REPAIR	838.85	838.85	10/1/2009
51940	3		CLOSURE, EXSTROPHY OF BLADDER	1378.46	1378.46	10/1/2009
51960	3		ENTEROCYSTOPLASTY, INCLUDING INTESTINAL ANASTOMOSIS	1188.27	1188.27	10/1/2009
51980	3		CONSTRUCT BLADDER OPENING	607.92	607.92	10/1/2009
51990	3		LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONT	625.79	625.79	10/1/2009
51992	3		LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENC	683.07	683.07	10/1/2009
52000	3		AMB SURG CYSTOSCOPY	107.77	175.84	10/1/2009
52001	3		CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF CLOTS	250.59	326.44	10/1/2009
52005	3		AMB SURG CYSTOSCOPY/URETHRAL CATHETER	115.04	241.08	10/1/2009
52007	3		AMB SURG CYSTOURETHROSCOPY	144.08	448.07	10/1/2009
52010	3		AMB SURG CYSTOSCOPY/DUCT CATHETER	139.85	335.39	10/1/2009
52204	3		AMB SURG CYSTOSCOPY AND BIOPSY	122.19	367.34	10/1/2009
52214	3		AMB SURG TREAT URINARY TRACT LESION	188.57	483.33	10/1/2009
52224	3		AMB SURG TREAT URINARY TRACT LESION	147.53	685.42	10/1/2009
52234	3		AMB SURG TREATMENT OF BLADDER LESION	215.18	215.18	10/1/2009
52235	3		TREATMENT OF BLADDER LESION	252.32	252.32	10/1/2009
52240	3		TREATMENT OF BLADDER LESION	441.57	441.57	10/1/2009
52250	3		AMB SURG CYSTOURETHROSCOPY	211.21	211.21	10/1/2009
52260	3		AMB SURG CYSTOURETHROSCOPY	182.25	182.25	10/1/2009
52265	3		CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL C	137.26	352.42	10/1/2009
52270	3		AMB SURG CYSTOURETHROSCOPY	158.54	341.10	10/1/2009
52275	3		AMB SURG CYSTOURETHROSCOPY	217.36	466.84	10/1/2009
52276	3		AMB SURG CYSTOURETHROSCOPY	232.01	232.01	10/1/2009
52277	3		AMB SURG CYSTOURETHROSCOPY	283.54	283.54	10/1/2009
52281	3		AMB SURG DILATION URETHRAL STRICTURE	134.23	257.09	10/1/2009
52282	3		CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT	292.64	292.64	10/1/2009
52283	3		AMB SURG INJECTION TREATMENT, URETHRA	174.51	239.68	10/1/2009
52285	3		AMB SURG CYSTOURETHROSCOPY	169.01	241.11	10/1/2009
52290	3		AMB SURG CYSTOURETHROSCOPY	213.44	213.44	10/1/2009
52300	3		AMB SURG CYSTOURETHROSCOPY	245.15	245.15	10/1/2009
52305	3		AMB SURG CYSTOURETHROSCOPY	243.72	243.72	10/1/2009
52310	3		REMOVE BLADDER/URETHRA STONE	131.95	212.99	10/1/2009
52315	3		AMB SURG CYSTOURETHROSCOPY	240.11	377.40	10/1/2009
52317	3		LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS	304.94	796.10	10/1/2009
52318	3		AMB SURG LITHOLAPAXY: OF CALCULUS COMPLICATED	415.60	415.60	10/1/2009
52320	3		AMB SURG CYSTOURETHROSCOPY	215.63	215.63	10/1/2009
52325	3		AMB SURG CYSTOURETHROSCOPY W/FRAGMENTAT OF CALCULU	280.63	280.63	10/1/2009
52327	3		CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION);	229.97	446.86	10/1/2009
52330	3		AMB SURG CYSTOURETHROSCOPY	230.86	646.76	10/1/2009
52332	3		AMB SURG CYSTOURETHROSCOPY	135.65	399.54	10/1/2009
52334	3		AMB SURG CYSTOURETHROSCOP W/INSERTION URETERAL WIR	224.11	224.11	10/1/2009
52341	3		CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG	254.63	254.63	10/1/2009
52342	3		CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION	276.87	276.87	10/1/2009
52343	3		CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (I	308.04	308.04	10/1/2009
52344	3		CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URE	333.94	333.94	10/1/2009
52345	3		CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URE	356.18	356.18	10/1/2009
52346	3		CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INTF	402.08	402.08	10/1/2009
52351	3		CYSTOURETHROSCOPY, W/URETEROSCOPY AND/OR PYELOSCOPY; DIAGN	274.15	274.15	10/1/2009
52352	3		CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WI	321.95	321.95	10/1/2009
52353	3		CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WI	370.50	370.50	10/1/2009
52354	3		CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WI	342.37	342.37	10/1/2009
52355	3		CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WI	408.28	408.28	10/1/2009
52400	3		CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF	418.72	418.72	10/1/2009
52450	3		TRANSURETHRAL INCISION OF PROSTATE	398.26	398.26	10/1/2009
52500	3		TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDUR	416.15	416.15	10/1/2009
52601	3		AMB SURG TRANSURETHRAL RESECTION OF BLADDER	709.01	709.01	10/1/2009
52630	3		AMB SURG TRANSURETHRAL RESECTION OF PROSTATE	378.97	378.97	10/1/2009
52640	3		AMB SURG TRANSURETHRAL RESECTION OF PROSTATE	258.00	258.00	10/1/2009
52647	3		LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPER	551.57	1796.07	10/1/2009
52648	3		LASER VAPORIZATION OF PROSTATE, INCLUDING CONTROL OF POSTOPEF	588.78	1835.58	10/1/2009
52700	3		DRAINAGE OF PROSTATE ABSCESS	369.98	369.98	10/1/2009
53000	3		REVISION OF URETHRA	126.22	126.22	10/1/2009
53010	3		REVISION OF URETHRA	247.09	247.09	10/1/2009
53020	3		MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE);	84.29	84.29	10/1/2009
53025	3		MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE);	55.27	55.27	10/1/2009
53040	3		DRAINAGE OF URETHRA ABSCESS	334.12	334.12	10/1/2009
53060	3		DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST	130.56	146.71	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
53080		3	DRAINAGE OF URINARY LEAKAGE	369.72	369.72	10/1/2009
53085		3	DRAINAGE OF URINARY LEAKAGE	526.25	526.25	10/1/2009
53200		3	BIOPSY OF URETHRA	121.34	132.59	10/1/2009
53210		3	REMOVAL OF URETHRA	658.49	658.49	10/1/2009
53215		3	REMOVAL OF URETHRA	800.33	800.33	10/1/2009
53220		3	TREATMENT OF URETHRA LESION	383.77	383.77	10/1/2009
53230		3	REMOVAL OF URETHRA LESION	512.11	512.11	10/1/2009
53235		3	REMOVAL OF URETHRA LESION	544.64	544.64	10/1/2009
53240		3	REVISION OF URETHRAL POUCH	365.20	365.20	10/1/2009
53250		3	REMOVAL OF URETHRAL GLAND	338.78	338.78	10/1/2009
53260		3	EXCISION OR FULGURATION;	149.53	168.28	10/1/2009
53265		3	TREATMENT OF URETHRAL LESION	157.16	186.58	10/1/2009
53270		3	REMOVAL OF URETHRAL GLAND	153.94	171.54	10/1/2009
53275		3	REPAIR OF URETHRAL DEFECT	226.91	226.91	10/1/2009
53400		3	REVISION URETHRA, 1ST STAGE	684.55	684.55	10/1/2009
53405		3	REVISION URETHRA, 2ND STAGE	754.24	754.24	10/1/2009
53410		3	RECONSTRUCTION OF URETHRA	842.06	842.06	10/1/2009
53415		3	URETHROPLASTY, TRANSPUBIC, ONE STAGE	971.81	971.81	10/1/2009
53420		3	REVISION URETHRA, 1ST STAGE	691.25	691.25	10/1/2009
53425		3	REVISION URETHRA, 2ND STAGE	811.25	811.25	10/1/2009
53430		3	RECONSTRUCTION OF URETHRA	809.88	809.88	10/1/2009
53431		3	URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/O	993.34	993.34	10/1/2009
53440		3	OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE, WITH	750.79	750.79	10/1/2009
53442		3	REM PERINEAL PROSTHESIS INTRODUCED FOR INCONTINEN	660.74	660.74	10/1/2009
53444		3	INSERTION OF TANDEM CUFF (DUAL CUFF)	683.08	683.08	10/1/2009
53445		3	INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLU	753.67	753.67	10/1/2009
53446		3	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUD	550.48	550.48	10/1/2009
53447		3	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK	697.04	697.04	10/1/2009
53448		3	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK	1103.29	1103.29	10/1/2009
53449		3	REPAIR OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDIN	523.51	523.51	10/1/2009
53450		3	REVISION OF URETHRA	347.69	347.69	10/1/2009
53460		3	REVISION OF URETHRA	390.88	390.88	10/1/2009
53500		3	URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOU	629.61	629.61	10/1/2009
53502		3	URETHRORRHAPHY, FEMALE	413.49	413.49	10/1/2009
53505		3	REPAIR OF URETHRA INJURY	415.36	415.36	10/1/2009
53510		3	REPAIR OF URETHRA INJURY	540.92	540.92	10/1/2009
53515		3	REPAIR OF URETHRA INJURY	683.02	683.02	10/1/2009
53520		3	REPAIR OF URETHRA DEFECT	474.33	474.33	10/1/2009
53600		3	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRA	55.95	73.26	10/1/2009
53601		3	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRA	46.65	70.87	10/1/2009
53605		3	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE	56.40	56.40	10/1/2009
53620		3	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLC	76.05	104.60	10/1/2009
53621		3	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLC	63.11	98.58	10/1/2009
53660		3	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILL	35.53	61.20	10/1/2009
53661		3	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILL	34.97	60.93	10/1/2009
53665		3	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANE	32.96	32.96	10/1/2009
53850		3	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE T	486.80	2056.91	10/1/2009
53852		3	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUE	529.69	1981.55	10/1/2009
54000		3	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE);NE	90.62	130.99	10/1/2009
54001		3	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE);	117.15	161.57	10/1/2009
54015		3	I & D PENIS, DEEP	265.13	265.13	10/1/2009
54050		3	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	79.22	98.84	10/1/2009
54055		3	TREATMENT OF PENIS LESION	73.10	94.44	10/1/2009
54056		3	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	81.72	103.06	10/1/2009
54057		3	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	76.83	113.17	10/1/2009
54060		3	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	107.50	153.35	10/1/2009
54065		3	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLU	131.43	168.63	10/1/2009
54100		3	BIOPSY OF PENIS; (SEPARATE PROCEDURE)	97.84	154.09	10/1/2009
54105		3	BIOPSY OF PENIS;	183.60	233.21	10/1/2009
54110		3	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	533.22	533.22	10/1/2009
54111		3	EXCISION OF PENILE PLAQUE WITH GRAFT TO 5CM	689.78	689.78	10/1/2009
54112		3	EXCISION OF PENILE PLAQUE WITH GRAFT MORE THAN 5CM	809.73	809.73	10/1/2009
54115		3	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE	357.85	382.08	10/1/2009
54120		3	PARTIAL AMPUTATION OF PENIS	539.28	539.28	10/1/2009
54125		3	AMPUTATION OF PENIS	695.97	695.97	10/1/2009
54130		3	AMPUTATION OF PENIS	1030.73	1030.73	10/1/2009
54135		3	AMPUTATION PENIS W/BILATERAL LYMPH INCLUDE HYPOGAS	1309.34	1309.34	10/1/2009
54150		3	CIRCUMCISION	84.04	141.14	10/1/2009
54160		3	CIRCUMCISION,SURGICAL EXCISION OTHER THAN CLAMP; NEWBORN	124.11	195.34	10/1/2009
54161		3	AMB SURG CIRCUMCISION EXCEPT NEWBORN	168.27	168.27	10/1/2009
54162		3	LYSIS OR EXCICION OF PENILE POST-CIRCUMCISION ADHESIONS	167.25	227.25	10/1/2009
54163		3	REPAIR INCOMPLETE CIRCUMCISION	184.56	184.56	10/1/2009
54164		3	FRENULOTOMY OF PENIS	162.32	162.32	10/1/2009
54200		3	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	71.02	92.07	10/1/2009
54205		3	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	457.44	457.44	10/1/2009
54220		3	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM	116.02	178.90	10/1/2009
54230		3	INJ PROCEDURE FOR CORPORA CAVERNOSGRAPHY	68.65	82.78	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
54240		3	PENILE PLETHYSMOGRAPHY	86.02	86.02	10/1/2009
54240	26	5	PENILE PLETHYSMOGRAPHY	58.02	58.02	10/1/2009
54240	TC	T	PENILE PLETHYSMOGRAPHY	28.01	28.01	10/1/2009
54300		3	REVISION OF PENIS	555.44	555.44	10/1/2009
54304		3	CORRECTION OF CHORDEE OR 1ST STAGE HYPOSPADIAS	650.92	650.92	10/1/2009
54308		3	URETHROPLASTY FOR 2ND STAGE HYPOSPADIAS REPAIR	619.76	619.76	10/1/2009
54312		3	URETHROPLASTY FOR HYPOSPADIAS REPAIR MORE THAN 3CM	716.25	716.25	10/1/2009
54316		3	URETHROPLASTY FOR HYPOSPADIAS REPAIR WITH GRAFT	867.28	867.28	10/1/2009
54318		3	URETHROPLASTY FOR HYPOSPADIAS TO RELEASE PENIS	624.36	624.36	10/1/2009
54322		3	ONE STAGE DISTAL HYPOSPADIAS REPAIR & MEATAL ADV.	678.16	678.16	10/1/2009
54324		3	ONE STAGE DISTAL HYPOSPADIAS REPAIR W/ URETHROPLST	843.09	843.09	10/1/2009
54326		3	ONE STAGE DISTAL HYPOSPADIAS REPAIR W/ URETHROPLST	793.09	793.09	10/1/2009
54328		3	HYPOSPADIAS WITH URETHROPLASTY TO CORRECT CHORDEE	803.78	803.78	10/1/2009
54332		3	PENILE HYPOSPADIAS REPAIR DISSECTION TO CORR CHORD	878.70	878.70	10/1/2009
54336		3	HYPOSPADIAS REPAIR TO CORR CHORDEE AND URETHROPLA	998.57	998.57	10/1/2009
54340		3	REPAIR HYPOSPADIAS COMPLICATIONS; SIMPLE	482.18	482.18	10/1/2009
54344		3	REPAIR HYPOSPADIAS COMPLICATIONS W/ URETHROPLASTY	831.97	831.97	10/1/2009
54348		3	REPAIR HYPOSPADIAS COMPLI DISSECTION AND URETHROPL	883.30	883.30	10/1/2009
54352		3	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING DISSECTION	1246.12	1246.12	10/1/2009
54360		3	PLASTI OPERATION ON PENIS TO CORRECT ANGLULATION	624.74	624.74	10/1/2009
54380		3	REVISION OF PENIS	692.33	692.33	10/1/2009
54385		3	REVISE PENIS/BLADDER DEFECT	835.74	835.74	10/1/2009
54390		3	REVISE PENIS/BLADDER DEFECT	1019.45	1019.45	10/1/2009
54406		3	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PE	627.13	627.13	10/1/2009
54415		3	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTA	449.83	449.83	10/1/2009
54420		3	REVISION OF PENIS	607.66	607.66	10/1/2009
54430		3	REVISION OF PENIS	550.28	550.28	10/1/2009
54435		3	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE	355.57	355.57	10/1/2009
54440		3	REVISION OF PENIS	751.87	751.87	10/1/2009
54450		3	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AN	50.92	62.46	10/1/2009
54500		3	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)	65.03	65.03	10/1/2009
54505		3	BIOPSY OF TESTIS	182.17	182.17	10/1/2009
54512		3	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	458.21	458.21	10/1/2009
54520		3	ORCHIECTOMY, SIMPLE	277.11	277.11	10/1/2009
54522		3	ORCHIECTOMY, PARTIAL	497.60	497.60	10/1/2009
54530		3	AMB SURG ORCHIECTOMY RADICAL INGUINAL APPROACH	432.60	432.60	10/1/2009
54535		3	AMB SURG ORCHIECTOMY WITH ABDOMINAL APPROACH	629.60	629.60	10/1/2009
54550		3	EXPLORATION FOR TESTIS	417.57	417.57	10/1/2009
54560		3	EXPLORATION FOR TESTIS	570.41	570.41	10/1/2009
54600		3	REDUCE TESTIS TORSION	385.92	385.92	10/1/2009
54620		3	FIXATION OF TESTIS	259.34	259.34	10/1/2009
54640		3	AMB SURG ORCHIOPEXY ANY TYPE	396.24	396.24	10/1/2009
54650		3	ORCHIOPEXY ABDOMINAL APPROACH FOR INTRA-ABDOMINAL TESTIS	607.90	607.90	10/1/2009
54670		3	REPAIR TESTIS INJURY	344.50	344.50	10/1/2009
54680		3	RELOCATION OF TESTIS(ES)	671.80	671.80	10/1/2009
54690		3	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	543.07	543.07	10/1/2009
54692		3	LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS	663.54	663.54	10/1/2009
54700		3	AMB SURG I & D EPIDIDYMIS TESTIS/SCROTAL SPACE	179.71	179.71	10/1/2009
54800		3	BIOPSY OF EPIDIDYMIS, NEEDLE	113.82	113.82	10/1/2009
54830		3	EXCISION OF LOCAL LESION OF EPIDIDYMIS	313.51	313.51	10/1/2009
54840		3	AMB SURG EXCISION SPERMATOCELE W/WO EPIDIDYMECTOMY	275.34	275.34	10/1/2009
54860		3	REMOVAL OF EPIDIDYMIS	355.72	355.72	10/1/2009
54861		3	REMOVAL OF EPIDIDYMES	481.58	481.58	10/1/2009
54865		3	EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY	302.66	302.66	10/1/2009
55000		3	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR	72.14	102.14	10/1/2009
55040		3	AMB SURG EXCISION HYDROCELE UNILATERAL	286.16	286.16	10/1/2009
55041		3	AMB SURG EXCISION HYDROCELE BILATERAL	430.98	430.98	10/1/2009
55060		3	REPAIR OF HYDROCELE	320.02	320.02	10/1/2009
55100		3	DRAINAGE OF SCROTAL WALL ABSCESS	135.59	180.29	10/1/2009
55110		3	SCROTAL EXPLORATION	325.62	325.62	10/1/2009
55120		3	REMOVAL OF SCROTUM LESION	298.59	298.59	10/1/2009
55150		3	REMOVAL OF SCROTUM	412.81	412.81	10/1/2009
55175		3	SCROTOPLASTY; SIMPLE	306.33	306.33	10/1/2009
55180		3	SCROTOPLASTY; COMPLICATED	583.74	583.74	10/1/2009
55200		3	INCISION OF SPERM DUCT	234.80	408.71	10/1/2009
55250		3	REMOVAL OF SPERM DUCT(S)	191.81	359.38	10/1/2009
55300		3	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGRAMS, OR EPIDIDYMO	155.89	155.89	10/1/2009
55450		3	LIGATION OF SPERM DUCTS	217.57	320.54	10/1/2009
55500		3	AMB SURG EXCISION HYDROCELE OF SPERMATIC CORD	317.64	317.64	10/1/2009
55520		3	REMOVAL OF SPERM CORD LESION	327.23	327.23	10/1/2009
55530		3	AMB SURG EXCISION VARICOCELE	300.23	300.23	10/1/2009
55535		3	AMB SURG EXCISION VARICOCELE ABDOMINAL APPROACH	363.31	363.31	10/1/2009
55540		3	AMB SURG EXCISION VARICOCELE WITH HERNIA REPAIR	397.11	397.11	10/1/2009
55550		3	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VAF	359.83	359.83	10/1/2009
55600		3	INCISE SPERM DUCT POUCH	362.40	362.40	10/1/2009
55650		3	REMOVE SPERM DUCT POUCH	610.73	610.73	10/1/2009
55680		3	REMOVE SPERM POUCH LESION	288.57	288.57	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
55700	3		BIOPSY, PROSTATE;	117.81	193.95	10/1/2009
55705	3		AMB SURG PROSTATE BIOPSY INCISIONAL ANY APPROACH	230.75	230.75	10/1/2009
55720	3		DRAINAGE OF PROSTATE ABSCESS	394.92	394.92	10/1/2009
55725	3		DRAINAGE OF PROSTATE ABSCESS	501.33	501.33	10/1/2009
55801	3		REMOVAL OF PROSTATE	933.85	933.85	10/1/2009
55810	3		REMOVAL OF PROSTATE	1130.40	1130.40	10/1/2009
55812	3		PROSTATECTOMY PERINEAL RADICAL W LYMPH BIOPSY	1389.35	1389.35	10/1/2009
55815	3		PROSTATECTOMY PERINEAL W PELVIC LYMPHADENECTOMY	1524.33	1524.33	10/1/2009
55821	3		REMOVAL OF PROSTATE	751.01	751.01	10/1/2009
55831	3		REMOVAL OF PROSTATE	814.10	814.10	10/1/2009
55840	3		PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPAI	1153.24	1153.24	10/1/2009
55842	3		PROSTATECTOMY RETROPUBIC W LYMPH BIOPSY	1236.10	1236.10	10/1/2009
55845	3		EXTENSIVE PROSTATE SURGERY	1414.83	1414.83	10/1/2009
55860	3		EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACT	753.42	753.42	10/1/2009
55862	3		EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACT	952.16	952.16	10/1/2009
55865	3		EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACT	1154.07	1154.07	10/1/2009
55866	3		LAPAROSCOPY SURGICAL PROSTATECTOMY RETROPUBIC RADICAL INCLU	1502.97	1502.97	10/1/2009
55873	3		CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GL	981.69	981.69	10/1/2009
55875	3		TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTA	653.23	653.23	10/1/2009
55876	3		PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDAI	91.20	119.76	10/1/2009
56405	3		INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	82.34	84.07	10/1/2009
56420	3		DRAINAGE OF VULVA ABSCESS	71.64	96.44	10/1/2009
56440	3		MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST	142.91	142.91	10/1/2009
56441	3		LYSIS OF LABIAL ADHESIONS	110.42	116.47	10/1/2009
56442	3		HYMENOTOMY, SIMPLE INCISION	38.07	38.07	10/1/2009
56501	3		DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECT	87.65	100.34	10/1/2009
56515	3		DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, EL	152.91	171.94	10/1/2009
56605	3		BIOPSY OF VULVA/PERINEUM 1 LESION	48.11	64.85	10/1/2009
56606	3		BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARA	23.72	30.07	10/1/2009
56620	3		VULVECTOMY PARTIAL UNILATERAL OR BILATERAL.	383.67	383.67	10/1/2009
56625	3		EXTERNAL GENITAL SURGERY	463.00	463.00	10/1/2009
56630	3		VULVECTOMY RADICAL WITHOUT SKIN GRAFT	678.37	678.37	10/1/2009
56631	3		VULVECTOMY, RADICAL, PARTIAL; W LYMPHADENECTOMY	863.46	863.46	10/1/2009
56632	3		VULVECTOMY, RADICAL, PARTIAL;	999.64	999.64	10/1/2009
56633	3		VULVECTOMY, RADICAL, COMPLETE	885.59	885.59	10/1/2009
56634	3		VULVECTOMY, RAD, COMPLETE; UNI LYMPHADENECTOMY	935.54	935.54	10/1/2009
56637	3		VULVECTOMY, RADICAL, COMPLETE; W LYMPHADENECTOMY	1106.38	1106.38	10/1/2009
56640	3		VULVECTOMY RADICAL WITH INGUINFEM ILIAC PELVIC LY	1103.74	1103.74	10/1/2009
56700	3		EXTERNAL GENITAL SURGERY	144.54	144.54	10/1/2009
56740	3		AMB SURG EXCISION BARTHOLIN GLAND OR CYST	231.75	231.75	10/1/2009
56800	3		PLASTIC REPAIR OF INTROITUS	190.57	190.57	10/1/2009
56805	3		CLITOROPLASTY FOR INTERSEX STATE	900.27	900.27	10/1/2009
56810	3		PERINEOPLASTY, REPAIR OF PERINEUM NON-OB	204.80	204.80	10/1/2009
56820	3		COLPOSCOPY OF THE VULVA;	67.06	86.10	10/1/2009
56821	3		COLPOSCOPY OF THE VULVA; WITH BIOPSY (S)	91.06	115.30	10/1/2009
57000	3		AMB SURG COLPOTOMY WITH EXPLORATION	148.96	148.96	10/1/2009
57010	3		AMB SURG COLPOTOMY W DRAINAGE PELVIC ABSCESS	334.93	334.93	10/1/2009
57020	3		COLPOCENTESIS (SEPARATE PROCEDURE)	64.75	73.97	10/1/2009
57022	3		INCISION AND DRAINAGE OF VAGINAL HEMATOMA; OBSTETRICAL/POSTPAF	129.99	129.99	10/1/2009
57023	3		INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL (EG	243.81	243.81	10/1/2009
57061	3		DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY, ELECT	74.87	87.27	10/1/2009
57065	3		DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY, I	133.12	148.99	10/1/2009
57100	3		BIOPSY OF VAGINA	52.01	68.73	10/1/2009
57105	3		BIOPSY OF VAGINA	96.79	104.86	10/1/2009
57106	3		VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL;	369.06	369.06	10/1/2009
57107	3		VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF	1098.13	1098.13	10/1/2009
57109	3		VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF	1255.96	1255.96	10/1/2009
57110	3		VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL;	706.31	706.31	10/1/2009
57111	3		VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL C	1268.72	1268.72	10/1/2009
57112	3		VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL C	1347.56	1347.56	10/1/2009
57120	3		VAGINAL SURGERY	399.54	399.54	10/1/2009
57130	3		AMB SURG EXCISION VAGINAL SEPTUM	125.65	140.36	10/1/2009
57135	3		AMB SURG EXCISION VAGINAL CYST OR TUMOR	135.54	150.54	10/1/2009
57150	3		TREATMENT VAGINAL INFECTION	23.72	39.29	10/1/2009
57155	3		INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVIDS FOR CLINICAL	330.96	330.96	10/1/2009
57160	3		FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT	38.09	59.72	10/1/2009
57170	3		DIAPHRAM FITTING WITH INSTRUCTIONS	38.62	53.91	10/1/2009
57180	3		INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS	83.35	109.59	10/1/2009
57200	3		AMB SURG COLPORRHAPHY SUTURE OF INJURY TO VAGINA	230.36	230.36	10/1/2009
57210	3		AMB SURG COLPORRHAPHY	286.15	286.15	10/1/2009
57220	3		AMB SURG COLPORRHAPHY	248.50	248.50	10/1/2009
57230	3		AMB SURG COLPORRHAPHY	311.32	311.32	10/1/2009
57240	3		AMB SURG COLPORRHAPHY	519.75	519.75	10/1/2009
57250	3		AMB SURG COLPORRHAPHY W/WO PERINEORRHAPHY	508.80	508.80	10/1/2009
57260	3		COMBINED ANTEROPOSTERIOR COLPORRHAPHY	634.48	634.48	10/1/2009
57265	3		COMB ANTEROPOSTERIOR COLPORRHAPHY W ENTEROCELE	708.65	708.65	10/1/2009
57267	3		INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLO	214.13	214.13	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
57268	3		REPAIR ENTEROCELE VAGINAL APPROACH	375.14	375.14	10/1/2009
57270	3		REPAIR OF VISCERAL POUCH	625.38	625.38	10/1/2009
57280	3		FIXATION OF VAGINA	760.81	760.81	10/1/2009
57282	3		COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS,	397.86	397.86	10/1/2009
57283	3		COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LE	538.98	538.98	10/1/2009
57287	3		REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCI	551.92	551.92	10/1/2009
57288	3		SLING OPERATION FOR STRESS INCONTINENCE	581.17	581.17	10/1/2009
57289	3		PEREYRA PROCEDURE INC ANTERIOR COLPORRHAPHY	610.80	610.80	10/1/2009
57291	3		CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	423.67	423.67	10/1/2009
57292	3		CONSTRUCTION ARTIFICIAL VAGINA WITH GRAFT	650.39	650.39	10/1/2009
57296	3		REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT; OPEN	744.85	744.85	10/1/2009
57300	3		AMB SURG CLOSURE RECTOVAGINAL FISTULA VAG APPROACH	414.80	414.80	10/1/2009
57305	3		REPAIR RECTUM/VAGINA LESION	694.82	694.82	10/1/2009
57307	3		REPAIR RECTUM/VAGINA LESION	777.40	777.40	10/1/2009
57308	3		CLOSURE OF RECTOVAGINAL FISTULA; TRANSPERINEAL APPROACH, WITH	495.52	495.52	10/1/2009
57310	3		REPAIR URTHRA/VAGINA LESION	386.25	386.25	10/1/2009
57311	3		CLOSURE URETHROVAGINAL FISTULA W/ BULBOCAVERNOSUS	441.27	441.27	10/1/2009
57320	3		REPAIR BLADDER/VAGINA LESION	439.68	439.68	10/1/2009
57330	3		REPAIR BLADDER/VAGINA LESION	625.55	625.55	10/1/2009
57335	3		VAGINOPLASTY FOR INTERSEX STATE	913.60	913.60	10/1/2009
57400	3		DILATION OF VAGINA UNDER ANESTHESIA	106.78	106.78	10/1/2009
57410	3		AMB SURG PELVIC EXAM UNDER ANESTHESIA	83.79	83.79	10/1/2009
57415	3		REMOVAL VAG FOREIGN BODY W ANESTH.	124.66	124.66	10/1/2009
57420	3		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	71.24	90.56	10/1/2009
57421	3		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BI	97.30	122.09	10/1/2009
57425	3		LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)	767.72	767.72	10/1/2009
57452	3		COLPOSCOPY (VAGINOSCOPY);	72.25	85.22	10/1/2009
57454	3		COLPOSCOPY WITH BIOPSY	107.89	120.87	10/1/2009
57455	3		COLPOSCOOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WI	88.13	112.08	10/1/2009
57456	3		COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH	82.22	105.87	10/1/2009
57460	3		COLPOSCOPY (VAGINOSCOPY); WITH LOOP ELECTRODE EXCISION PROCE	129.57	229.65	10/1/2009
57461	3		COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; W/LC	149.95	258.10	10/1/2009
57500	3		BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH	58.53	101.51	10/1/2009
57505	3		ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CUF	70.09	78.16	10/1/2009
57510	3		CAUTERY OF CERVIX; ELECTRO OR THERMAL	91.19	103.59	10/1/2009
57511	3		CRYOCAUTRY INITIAL OR REPEAT CERVIX UTERI	102.19	112.58	10/1/2009
57513	3		AMB SURG-CAUTERIZATION OF CERVIX, LASER SURGERY	102.77	111.14	10/1/2009
57520	3		CONIZATION CERVIX-INCLUDING D&C, REPAIR OR FULGURATION	212.41	238.37	10/1/2009
57522	3		CONIZATION OF CERVIX, LOOP ELECTRODE EXCISION	188.46	204.32	10/1/2009
57530	3		REMOVAL OF CERVIX	267.31	267.31	10/1/2009
57531	3		RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENE	1333.32	1333.32	10/1/2009
57540	3		REMOVAL OF CERVIX TISSUE	609.72	609.72	10/1/2009
57545	3		REMOVE CERVIX, REPAIR PELVIS	643.36	643.36	10/1/2009
57550	3		REMOVAL OF CERVIX TISSUE	316.25	316.25	10/1/2009
57555	3		REMOVE CERVIX, REPAIR VAGINA	468.23	468.23	10/1/2009
57556	3		CERVIX UTERI WITH REPAIR OF ENTEROCELE	446.79	446.79	10/1/2009
57558	3		DILATION AND CURETTAGE OF CERVICAL STUMP	88.09	97.02	10/1/2009
57700	3		AMB SURG CERVICAL CERCLAGE (TRACHELOPLASTY)	236.88	236.88	10/1/2009
57720	3		REVISION OF CERVIX	237.74	237.74	10/1/2009
57800	3		DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)	38.19	46.84	10/1/2009
58100	3		ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAI	69.43	85.88	10/1/2009
58120	3		DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBS'	168.56	193.94	10/1/2009
58140	3		MYOMECTOMY, EXCISION OF LEIOMYOMATA OF UTERUS, SINGLE OR MULT	715.25	715.25	10/1/2009
58145	3		REMOVAL OF UTERINE LESION	423.08	423.08	10/1/2009
58146	3		MYOMECTOMY EXCISION OF FIBROID TUMOR(S) OF UTERUS 5 OR MORE IN	911.61	911.61	10/1/2009
58150	3		AMBULATORY SURGERY, TOTAL ABDOMINAL HYSTERECTOMY	775.35	775.35	10/1/2009
58152	3		TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITI	978.91	978.91	10/1/2009
58180	3		PARTIAL HYSTERECTOMY	744.44	744.44	10/1/2009
58200	3		EXTENSIVE UTERINE SURGERY	1025.67	1025.67	10/1/2009
58210	3		EXTENSIVE UTERINE SURGERY	1366.51	1366.51	10/1/2009
58240	3		REMOVAL OF PELVIS CONTENTS	2148.77	2148.77	10/1/2009
58260	3		HYSTERECTOMY	646.99	646.99	10/1/2009
58262	3		VAGINAL HYSTERECTOMY W/ REMOVAL OF TUBES AND OVARY(S)	723.21	723.21	10/1/2009
58263	3		VAGINAL HYSTERECTOMY W/ REMOVAL OF TUBE/OVARY & ENTEROCELE	779.38	779.38	10/1/2009
58267	3		HYSTERECTOMY & REPAIR VAGINA	828.23	828.23	10/1/2009
58270	3		HYSTERECTOMY & REPAIR VAGINA	693.48	693.48	10/1/2009
58275	3		VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY;	771.68	771.68	10/1/2009
58280	3		HYSTERECTOMY, REVISE VAGINA	825.85	825.85	10/1/2009
58285	3		HYSTERECTOMY	1037.03	1037.03	10/1/2009
58290	3		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS	907.40	907.40	10/1/2009
58291	3		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH	986.21	986.21	10/1/2009
58292	3		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH	1039.49	1039.49	10/1/2009
58293	3		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH	1079.43	1079.43	10/1/2009
58294	3		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH	958.80	958.80	10/1/2009
58300	3		INSERT INTRAUTERINE DEVICE	43.96	60.97	10/1/2009
58301	3		REMOVAL OF IUD	54.10	74.87	10/1/2009
58346	3		INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	356.20	356.20	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
58353		3	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANC	172.88	862.47	10/1/2009
58400		3	FIXATION OF UTERUS	349.45	349.45	10/1/2009
58410		3	FIXATION OF UTERUS	627.72	627.72	10/1/2009
58520		3	REPAIR OF RUPTURED UTERUS	612.94	612.94	10/1/2009
58540		3	REVISION OF UTERUS	711.87	711.87	10/1/2009
58541		3	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERI	671.22	671.22	10/1/2009
58542		3	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERI	745.85	745.85	10/1/2009
58543		3	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERI	758.32	758.32	10/1/2009
58544		3	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERI	819.79	819.79	10/1/2009
58545		3	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL	701.21	701.21	10/1/2009
58546		3	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAM	889.22	889.22	10/1/2009
58548		3	LAPAROSCOPY, SURGICAL, WITH RADICAL HYSTERECTOMY, WITH BILATEF	1387.62	1387.62	10/1/2009
58550		3	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS ;	691.88	691.88	10/1/2009
58552		3	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS ;	763.90	763.90	10/1/2009
58553		3	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS	893.84	893.84	10/1/2009
58554		3	LAPAROSCOPY, SURGICAL, W/VAGINAL HYSTERECTOMY, FOR UTERUS GR	1024.32	1024.32	10/1/2009
58555		3	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	150.67	187.59	10/1/2009
58558		3	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM	212.41	253.94	10/1/2009
58559		3	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (A	273.32	273.32	10/1/2009
58560		3	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTEI	308.96	308.96	10/1/2009
58561		3	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	437.50	437.50	10/1/2009
58562		3	HYSTEROSCOPY, SURGICAL WITH REMOVAL OF IMPACTED FOREIGN OBJE	231.70	268.90	10/1/2009
58563		3	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOME	273.32	1404.76	10/1/2009
58565		3	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULA	347.19	1495.07	10/1/2009
58600		3	AMB SURG LIGATION OR TRANSECTION FALLOPIAN TUBES	283.44	283.44	10/1/2009
58605		3	LIGATION OR TRANSECTION FALLOP TUBES ABD OR VAG PO	257.56	257.56	10/1/2009
58611		3	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE T	62.04	62.03	10/1/2009
58615		3	OCCCLUS FALLOPIAN TUBES BY DEVICE VAG/SUPRAPUBIC	194.66	194.66	10/1/2009
58660		3	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, C	527.08	527.08	10/1/2009
58661		3	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (P/	506.87	506.87	10/1/2009
58662		3	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS	554.03	554.03	10/1/2009
58670		3	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR W	285.37	285.37	10/1/2009
58671		3	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE	285.27	285.28	10/1/2009
58700		3	SALPINGECTOMY COMPLETE OR PARTIAL UNILATERAL OR BI	596.32	596.32	10/1/2009
58720		3	REMOVAL OF OVARY/TUBE(S)	560.45	560.45	10/1/2009
58800		3	AMB SURG DRAINAGE OVARIAN CYST	231.68	248.11	10/1/2009
58805		3	DRAINAGE OF OVARIAN CYST(S)	315.15	315.15	10/1/2009
58820		3	DRAINAGE OF OVARIAN ABSCESS	242.87	242.87	10/1/2009
58822		3	DRAINAGE OF OVARIAN ABSCESS	550.70	550.70	10/1/2009
58823		3	DRAINAGE OF PELVIC ABSCESS, TRANSVAGINAL OR TRANSRECTAL APPRC	145.87	693.57	10/1/2009
58900		3	BIOPSY OF OVARY(S)	321.60	321.60	10/1/2009
58920		3	PARTIAL REMOVAL OF OVARY(S)	548.63	548.63	10/1/2009
58925		3	OVARIAN CYSTECTOMY UNILATERAL OR BILATERAL	571.81	571.81	10/1/2009
58940		3	OOPHORECTOMY PARTIAL OR TOTAL UNILATERAL OR BILATE	390.85	390.85	10/1/2009
58943		3	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR O	875.13	875.13	10/1/2009
58950		3	RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY V	833.91	833.91	10/1/2009
58951		3	RESECT OVARIAN MALIGNANCY	1076.86	1076.86	10/1/2009
58952		3	RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY V	1214.45	1214.45	10/1/2009
58953		3	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABD	1507.13	1507.13	10/1/2009
58954		3	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABD	1636.23	1636.23	10/1/2009
58956		3	BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOT	1054.86	1054.86	10/1/2009
58957		3	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIM	1159.84	1159.84	10/1/2009
58958		3	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIM	1289.23	1289.23	10/1/2009
58960		3	LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN, TUBAL OR PRIM	720.60	720.60	10/1/2009
59000		3	AMNIOCENTESIS; DIAGNOSTIC	63.68	99.44	10/1/2009
59001		3	AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES L	145.65	145.65	10/1/2009
59012		3	CORDOCENTESIS (INTRAUTERINE), ANY METHOD	160.67	160.67	10/1/2009
59015		3	CHORIONIC VILLUS SAMPLING, ANY METHOD	104.54	121.56	10/1/2009
59020		3	FETAL CONTRACTION	54.27	54.27	10/1/2009
59020	26	5	FETAL CONTRACTION	29.80	29.80	10/1/2009
59020	TC	T	FETAL CONTRACTION	24.47	24.47	10/1/2009
59025		3	FETAL NON-STRESS TEST	36.22	36.22	10/1/2009
59025	26	5	FETAL NON-STRESS TEST	24.00	24.00	10/1/2009
59025	TC	T	FETAL NON-STRESS TEST	12.22	12.22	10/1/2009
59030		3	FETAL BLOOD SAMPLING SCALP	89.51	89.51	10/1/2009
59100		3	REMOVAL OF UTERUS LESION	641.34	641.34	10/1/2009
59120		3	TREATMENT ATYPICAL PREGNANCY	612.58	612.58	10/1/2009
59121		3	SURG TREAT ECTOPIC PREGN TUBAL WO SALPING/OOPHOREC	615.39	615.39	10/1/2009
59130		3	TREATMENT ATYPICAL PREGNANCY	718.66	718.66	10/1/2009
59135		3	TREATMENT ATYPICAL PREGNANCY	727.10	727.10	10/1/2009
59136		3	TX ECTOPIC PREGNANCY W/ PARTIAL RESECTION UTERUS	679.77	679.77	10/1/2009
59140		3	TREATMENT ATYPICAL PREGNANCY	303.97	303.97	10/1/2009
59150		3	LAP TX ECTOPIC PREGNANCY W/O REMOVAL TUBES/OVARIES	595.59	595.59	10/1/2009
59151		3	LAP TX ECTOPIC PREGNANCY W/ REMOVAL TUBES/OVARIES	582.06	582.06	10/1/2009
59160		3	CURRETTAGE, POSTPARTUM	139.88	165.26	10/1/2009
59200		3	INSERTION OF HYGROSCOPIC CERVICAL DILATOR	35.60	57.23	10/1/2009
59300		3	AMB SURG EPISIOTOMY OF VAGINAL REPAIR ONLY	114.96	148.70	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
59320	3		CERCLAGE OF CERVIX DURING PREGNANCY, VAGINAL	120.43	120.43	10/1/2009
59325	3		CERCLAGE OF CERVIX DURING PREGNANCY, ABDOMINAL	190.14	190.14	10/1/2009
59350	3		HYSTERORRHAPHY OF RUPTURED UTERUS	219.26	219.26	10/1/2009
59400	3		OBSTETRICAL CARE	1368.59	1368.59	10/1/2009
59409	3		VAGINAL DELIVERY ONLY (W OR W/O EPISIOTOMY AND/OR FORCEPS)	607.68	607.68	10/1/2009
59410	3		OBSTETRICAL CARE	704.66	704.66	10/1/2009
59412	3		EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS	81.41	81.41	10/1/2009
59414	3		DELIVERY OF PLACENTA (INFANT BORN OUTSIDE OF HOSP)	72.42	72.42	10/1/2009
59425	3		ANTEPARTUM CARE ONLY;	268.96	340.20	10/1/2009
59426	3		ANTEPARTUM CARE ONLY;	475.94	608.62	10/1/2009
59430	3		POSTPARTUM CARE ONLY, SEPARATE PROCEDURE	99.08	109.17	10/1/2009
59510	3		ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN	1549.75	1549.75	10/1/2009
59514	3		CESAREAN DELIVERY ONLY;	719.52	719.52	10/1/2009
59515	3		CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE	848.26	848.26	10/1/2009
59525	3		SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST :	382.96	382.96	10/1/2009
59812	3		SURGICAL TX SPONTANEOUS ABORTION, ANY TRIMESTER	226.32	242.18	10/1/2009
59820	3		AMB SURG MISSED ABORTION ANY TRIMESTER	266.22	285.55	10/1/2009
59821	3		TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY;	270.52	290.99	10/1/2009
59830	3		SEPTIC ABORTION	336.72	336.72	10/1/2009
59840	3		AMB SURG LEGAL THERAPEUTIC ABORTION	162.68	167.88	10/1/2009
59841	3		AMB SURG LEGAL ABORTION D & C	276.63	292.49	10/1/2009
59850	3		AMB SURG LEGAL ABORTION INTRA-AMNIOTIC INJECTION	301.56	301.56	10/1/2009
59851	3		AMB SURG LEGAL ABORTION WITH D & C	309.39	309.39	10/1/2009
59852	3		AMB SURG LEGAL ABORTION WITH HYSTEROTOMY	434.29	434.29	10/1/2009
59855	3		INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES	321.90	321.90	10/1/2009
59856	3		INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES	380.54	380.54	10/1/2009
59857	3		INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES	455.36	455.36	10/1/2009
59866	3		MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	188.32	188.32	10/1/2009
59870	3		UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE	361.15	361.15	10/1/2009
59871	3		REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOC,	105.14	105.14	10/1/2009
60000	3		INCISION AND DRAINAGE OF THYROGLOSSAL DUCT CYST, INFECTED	109.80	119.89	10/1/2009
60100	3		BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE	66.77	90.13	10/1/2009
60200	3		DRAINAGE THYROID DUCT LESION	494.79	494.79	10/1/2009
60210	3		PARTIAL THYROID LOBECTOMY, UNILATERAL;	530.30	530.30	10/1/2009
60212	3		PARTIAL THYROID LOBECTOMY, UNILATERAL;	762.26	762.26	10/1/2009
60220	3		PARTIAL REMOVAL OF THYROID	581.47	581.47	10/1/2009
60225	3		TOT THY SUBT LOBECTOMY INC ISTHMUS	698.63	698.63	10/1/2009
60240	3		REMOVAL OF THYROID	741.12	741.12	10/1/2009
60252	3		REMOVAL OF THYROID	1000.80	1000.80	10/1/2009
60254	3		EXTENSIVE THYROID SURGERY	1289.85	1289.85	10/1/2009
60260	3		THYROIDECTOMY, REMOVAL OF ALL REMAINING THYROID TISSUE	835.63	835.63	10/1/2009
60270	3		THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; STERNAL SPLIT OR	1053.21	1053.21	10/1/2009
60271	3		THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND;	807.31	807.31	10/1/2009
60280	3		AMB SURG EXCISION THYROGLOSSAL DUCT CYST OR SINUS	331.70	331.70	10/1/2009
60281	3		EXCISION OF THYROGLOSSAL DUCT,CYST,SINUS;RECURRENT	444.05	444.05	10/1/2009
60500	3		EXPLORE PARATHYROID GLANDS	768.36	768.36	10/1/2009
60502	3		RE-EXPLORATION OF PARATHYROIDS	964.57	964.57	10/1/2009
60505	3		EXPLORE PARATHYROID GLANDS	1059.16	1059.16	10/1/2009
60512	3		PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION T	188.72	188.72	10/1/2009
60520	3		THYMECTOMY, PARTIAL OR TOTAL; TRANSCERVICAL APPROACH (SEPARA	791.45	791.45	10/1/2009
60521	3		THYMECTOMY, PARTIAL OR TOTAL;	907.99	907.99	10/1/2009
60522	3		THYMECTOMY, PARTIAL OR TOTAL;	1095.57	1095.57	10/1/2009
60540	3		EXPLORATION ADRENAL GLAND	834.42	834.42	10/1/2009
60545	3		EXPLORATION ADRENAL GLAND	950.14	950.14	10/1/2009
60600	3		REMOVAL CAROTID BODY LESION	1105.31	1105.31	10/1/2009
60605	3		REMOVAL CAROTID BODY LESION	1390.92	1390.92	10/1/2009
60650	3		LAPAROSCOPY, SURGICAL, WITH ADRENALECTOMY, PARTIAL OR COMPLE	930.77	930.77	10/1/2009
61000	3		SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERA	84.42	84.42	10/1/2009
61001	3		SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERA	82.50	82.50	10/1/2009
61020	3		VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE	97.93	97.93	10/1/2009
61026	3		VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE	98.15	98.15	10/1/2009
61050	3		REMOVAL BRAIN CANAL FLUID	83.87	83.87	10/1/2009
61055	3		CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION O	108.35	108.35	10/1/2009
61070	3		PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJEC	62.26	62.26	10/1/2009
61105	3		TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE;	322.80	322.80	10/1/2009
61107	3		TWIST DRILL HOLE FOR IMPLANT VENTRIC CATH/RECORDIN	241.37	241.37	10/1/2009
61108	3		TWIST DRILL HOLE FOR EVAC OF SUBDURAL HEMATOMA	642.66	642.66	10/1/2009
61120	3		BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING INJECTION OF C	526.96	526.96	10/1/2009
61140	3		INCISE SKULL BRAIN BIOPSY	915.43	915.43	10/1/2009
61150	3		INCISE SKULL FOR DRAINAGE	980.46	980.46	10/1/2009
61151	3		INCISE SKULL FOR DRAINAGE	709.50	709.50	10/1/2009
61154	3		INCISE SKULL FOR DRAINAGE	916.79	916.79	10/1/2009
61156	3		INCISE SKULL FOR DRAINAGE	914.78	914.78	10/1/2009
61210	3		RELIEVE/MEASURE BRAIN FLUID	281.80	281.80	10/1/2009
61215	3		INSERTION OF SUBCUTANEOUS RESERVOIR TO VENTR CATH	350.75	350.75	10/1/2009
61250	3		BURR HOLE TREPINE, SUPRATENTORIAL, EXPLORATORY	617.31	617.31	10/1/2009
61253	3		BURR HOLE OR TREPINE INFRATENTORIAL UNILATERAL/BI	681.32	681.32	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
61304		3	INCISE SKULL FOR EXPLORATION	1208.13	1208.13	10/1/2009
61305		3	INCISE SKULL FOR EXPLORATION	1457.22	1457.22	10/1/2009
61312		3	CRANIECTOMY FOR EVAC OF HEMATOMA, SUPRATENTORIAL	1512.64	1512.64	10/1/2009
61313		3	CRANIECTOMY FOR EVAC OF HEMATOMA, INTRACEREBRAL	1444.54	1444.54	10/1/2009
61314		3	CRANIECTOMY FOR EVAC OF HEMATOMA, INFRANTENTORIAL	1336.90	1336.90	10/1/2009
61315		3	CRANIECTOMY FOR EVAC OF HEMATOMA, INTRACEREBELLAR	1522.27	1522.27	10/1/2009
61316		3	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL BONE (LIST SEPA	66.41	66.41	10/1/2009
61320		3	INCISE SKULL FOR DRAINAGE	1407.81	1407.81	10/1/2009
61321		3	CRANIECTOMY DRAINAGE OF INTRACRANIAL ABSCESS INFRA	1543.82	1543.82	10/1/2009
61322		3	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DL	1714.40	1714.40	10/1/2009
61323		3	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DL	1744.77	1744.77	10/1/2009
61330		3	INCISE SKULL FOR EXPLORATION	1197.51	1197.51	10/1/2009
61332		3	EXPLORATION OR DECOMPRESSION OF ORBIT TRANSCCRANIA	1387.01	1387.01	10/1/2009
61333		3	EXPLOR DECOMPRESS ORBIT TRANSCRAN APPROACH REMOVE	1401.74	1401.74	10/1/2009
61334		3	EXPLORATION/DECOMPRESSION ORBIT TRANSCRAN W/REMOVA	910.53	910.53	10/1/2009
61340		3	OTHER CRANIAL DECOMPRESSION EG SUBTEMPORAL SUPRATE	1047.79	1047.79	10/1/2009
61343		3	CRANIECTOMY W/ CERVICAL LAMINECTOMY	1620.56	1620.56	10/1/2009
61345		3	OTHER CRANIAL DECOMPRESSION POSTERIOR FOSSA	1499.30	1499.30	10/1/2009
61440		3	CRANIOTOMY FOR SECTION OF TENTORIUM CEREBELLI	1467.80	1467.80	10/1/2009
61450		3	CRANIECTOMY FOR SECTION COMP OR DECOMP OR SENSORY	1391.17	1391.17	10/1/2009
61458		3	CRANIECTOMY EXPLORATION/DECOMPRESS CRANIAL NERVES	1482.33	1482.33	10/1/2009
61460		3	CRANIECTOMY SUBOCCIPITAL FOR SECTION OF 1 OR MORE	1504.10	1504.10	10/1/2009
61470		3	INCISE SKULL FOR SURGERY	1395.19	1395.19	10/1/2009
61480		3	INCISE SKULL FOR SURGERY	1358.39	1358.39	10/1/2009
61490		3	CRANIOTOMY FOR LOBOTOMY, INCLUDING CINGULOTOMY	1402.89	1402.89	10/1/2009
61500		3	REMOVAL OF SKULL LESION	991.32	991.32	10/1/2009
61501		3	CRANIECTOMY FOR OSTEOMYELITIS	849.43	849.43	10/1/2009
61510		3	REMOVAL OF BRAIN LESION	1598.12	1598.12	10/1/2009
61512		3	REMOVE BRAIN LINING LESION	1888.30	1888.30	10/1/2009
61514		3	REMOVAL OF BRAIN ABSCESS	1400.81	1400.81	10/1/2009
61516		3	REMOVAL OF BRAIN LESION	1366.69	1366.69	10/1/2009
61517		3	IMPLANTATION OF BRAIN INTRACAVITARY CHEMOTHERAPY AGENT (LIST S	66.38	66.38	10/1/2009
61518		3	REMOVAL OF BRAIN LESION	2031.64	2031.64	10/1/2009
61519		3	REMOVE BRAIN LINING LESION	2188.90	2188.90	10/1/2009
61520		3	CRANIECTOMY CEREBELLOPONTINE ANGLE TUMOR	2800.36	2800.36	10/1/2009
61521		3	CRANIECTOMY EXCISION BRAIN TUMOR,MIDLINE TUMOR SKU	2352.70	2352.70	10/1/2009
61522		3	REMOVAL OF BRAIN ABSCESS	1612.49	1612.49	10/1/2009
61524		3	REMOVAL OF BRAIN LESION	1522.54	1522.54	10/1/2009
61526		3	REMOVAL SKULL CAVITY LESION	2545.98	2545.98	10/1/2009
61530		3	REMOVAL SKULL CAVITY LESION	2161.90	2161.90	10/1/2009
61531		3	SUBDURAL IMPLANT OF STRIP ELECTRODES,LNG TERM MONI	880.45	880.45	10/1/2009
61533		3	CRANIECTOMY FOR INSERTION EPIDURAL ELECTRODE ARRAY	1113.30	1113.30	10/1/2009
61534		3	REMOVAL OF BRAIN LESION	1199.03	1199.03	10/1/2009
61535		3	CRANIECTOMY REMOVAL EPIDURAL ELECTRO ARRAY WO TISS	716.36	716.36	10/1/2009
61536		3	REMOVAL OF BRAIN LESION	1913.91	1913.91	10/1/2009
61537		3	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPOF	1765.48	1765.48	10/1/2009
61538		3	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPOF	1893.35	1893.35	10/1/2009
61539		3	CRAN F LOBECTOMY W/ELECTROCORTICOGR PARTIAL OR TOT	1732.82	1732.82	10/1/2009
61540		3	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER	1624.35	1624.35	10/1/2009
61541		3	CRANIECTOMY FOR TRANSECTION OF CORPUS CALLOSUM	1560.36	1560.36	10/1/2009
61542		3	REMOVAL OF BRAIN TISSUE	1692.45	1692.45	10/1/2009
61543		3	CRANIECTOMY FOR PART OR SUBTOTAL HEMISPHERECTOMY	1581.64	1581.64	10/1/2009
61544		3	REMOVE/TREAT BRAIN LESION	1308.01	1308.01	10/1/2009
61545		3	BONE FLAP CRANIECTOMY TO EXCISE CRANIOPHARYNGIOMA	2330.49	2330.49	10/1/2009
61546		3	REMOVAL OF PITUITARY GLAND	1688.59	1688.59	10/1/2009
61548		3	REMOVAL OF PITUITARY GLAND	1146.37	1146.37	10/1/2009
61550		3	RELEASE SKULL CLOSURE	751.41	751.41	10/1/2009
61552		3	CRANIECTOMY FOR CRANIOSTENOSIS MULTIPLE SUTURES ON	986.95	986.95	10/1/2009
61556		3	CRANIOTOMY FOR CRANIOSYNOSTOSIS, FRONTAL/PARIETAL	1204.49	1204.49	10/1/2009
61557		3	CRANIOTOMY FOR CRANIOSYNOSTOSIS, BIFRONTAL BONE	1236.80	1236.80	10/1/2009
61558		3	EXT. CRANIECTOMY FOR MULT CRANIAL SUT. CRANIOSYNOS	1277.05	1277.05	10/1/2009
61559		3	EXT. CRANIECTOMY FOR CRANIOSYNOSTOSIS W RECONTOURI	1770.99	1770.99	10/1/2009
61563		3	EXC. TUMOR OF CRANIAL BONE W/O OPTIC NERVE DECOMPR	1425.40	1425.40	10/1/2009
61564		3	EXC. TUMOR OF CRANIAL BONE W OPTIC NERVE DECOMPRES	1783.90	1783.90	10/1/2009
61566		3	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SELECTIVE AMYGDALI	1646.75	1646.75	10/1/2009
61567		3	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL TR	1853.03	1853.03	10/1/2009
61570		3	CRANIECTOMY OR CRANIOTOMY FOR EXCISION FOREIGN BOD	1347.15	1347.15	10/1/2009
61571		3	CRANIECTOMY OR CRANIOTOMY PENETRATING WOUND BRAIN	1462.75	1462.75	10/1/2009
61575		3	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM	1747.31	1747.31	10/1/2009
61576		3	TRANSORAL APPROACH TO SKULL BASE W/ SPLIT TONGUE	2786.43	2786.43	10/1/2009
61580		3	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA;	1827.50	1827.50	10/1/2009
61581		3	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA;	2052.31	2052.31	10/1/2009
61582		3	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA;	2096.00	2096.00	10/1/2009
61583		3	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA;	2126.94	2126.94	10/1/2009
61584		3	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL	2071.55	2071.55	10/1/2009
61585		3	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL	2200.33	2200.33	10/1/2009
61590		3	INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA	2333.24	2333.24	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
61591	3	3	INFRATEMPORAL POST-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA	2349.10	2349.10	10/1/2009
61592	3	3	ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CAV	2333.45	2333.45	10/1/2009
61595	3	3	TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR	1761.32	1761.32	10/1/2009
61596	3	3	TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR	1940.94	1940.94	10/1/2009
61597	3	3	TRANSCONDYLAR (FAR LATERAL) APPROACH TO POSTERIOR CRANIAL FO	2119.29	2119.29	10/1/2009
61598	3	3	TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR	1879.83	1879.83	10/1/2009
61600	3	3	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	1585.32	1585.32	10/1/2009
61601	3	3	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	1729.05	1729.05	10/1/2009
61605	3	3	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	1662.03	1662.03	10/1/2009
61606	3	3	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	2222.46	2222.46	10/1/2009
61607	3	3	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	2064.71	2064.71	10/1/2009
61608	3	3	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	2397.95	2397.95	10/1/2009
61609	3	3	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WIT	465.37	465.37	10/1/2009
61610	3	3	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WIT	1424.93	1424.93	10/1/2009
61611	3	3	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHC	359.54	359.54	10/1/2009
61612	3	3	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITH I	1268.76	1268.76	10/1/2009
61613	3	3	OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATIOI	2331.97	2331.97	10/1/2009
61615	3	3	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	1844.13	1844.13	10/1/2009
61616	3	3	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	2421.21	2421.21	10/1/2009
61618	3	3	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIC	957.13	957.13	10/1/2009
61619	3	3	SECONDARY REPAIR OF DURA FOR CSF LEAK, ANTERIOR, MIDDLE OR	1104.68	1104.68	10/1/2009
61623	3	3	ENDOVASCULAR TEMPORARY BALLOON ARTERIAL OCCLUSION, HEAD OR I	446.36	446.36	10/1/2009
61624	3	3	TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTR	889.02	889.02	10/1/2009
61626	3	3	TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTR	724.66	724.66	10/1/2009
61680	3	3	SURG OF MALFORMATION, SUPRATENTORIAL, SIMPLE	1670.08	1670.08	10/1/2009
61682	3	3	SURG OF MALFORMATION, SUPRATENTORIAL, COMPLEX	3143.72	3143.72	10/1/2009
61684	3	3	SURG OF MALFORMATION, INFRATENTORIAL, SIMPLE	2091.29	2091.29	10/1/2009
61686	3	3	SURG OF MALFORMATION, INFRATENTORIAL, COMPLEX	3364.65	3364.65	10/1/2009
61690	3	3	SURG OF MALFORMATION, DURAL, SIMPLE	1589.58	1589.58	10/1/2009
61692	3	3	SURG OF MALFORMATION, DURAL, COMPLEX	2717.65	2717.65	10/1/2009
61697	3	3	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPRC	3076.01	3076.01	10/1/2009
61698	3	3	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPRC	3312.87	3312.87	10/1/2009
61700	3	3	SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROAC	2566.97	2566.97	10/1/2009
61702	3	3	INCISE SKULL/VESSEL SURGERY	2881.78	2881.78	10/1/2009
61703	3	3	SURGERY INTRACRANIAL ANEURYSM CERVICAL APPROACH	983.75	983.75	10/1/2009
61705	3	3	REVISE CIRCULATION TO HEAD	1891.64	1891.64	10/1/2009
61708	3	3	REVISE CIRCULATION TO HEAD	1644.12	1644.12	10/1/2009
61710	3	3	REVISE CIRCULATION TO HEAD	1490.43	1490.43	10/1/2009
61711	3	3	ANASTOMOSIS ARTERIAL EXTRACRANIAL INTRACRANIAL ART	1926.46	1926.46	10/1/2009
61735	3	3	INCISE SKULL/BRAIN SURGERY	1058.27	1058.27	10/1/2009
61750	3	3	STEREOTACTIC BIOPSY ASPIRATION OR EXCISION	1029.19	1029.19	10/1/2009
61751	3	3	STEREOTACTIC BIOPSY W COMPUTER AXIAL TOMOGRAPHY	1001.85	1001.85	10/1/2009
61760	3	3	STEREOTACTIC IMPLANT DEPTH ELECTRODE; LONG TERM MON	1133.70	1133.70	10/1/2009
61770	3	3	STEREOTACTIC LOCALIZATION, INCLUDING BURR HOLE(S), WITH INSERTIO	1120.92	1120.92	10/1/2009
61790	3	3	STEREOTACTIC LESION OF GAS GANGLION PERCUTANEOUS B	622.26	622.26	10/1/2009
61791	3	3	STEROTACTIC LESION TRIGEMINAL MEDULLARY TRACT	806.45	806.45	10/1/2009
61863	3	3	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREO	1106.31	1106.31	10/1/2009
61864	3	3	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREO	302.14	302.14	10/1/2009
61867	3	3	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREO	1635.22	1635.22	10/1/2009
61868	3	3	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREO	450.30	450.30	10/1/2009
61886	3	3	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULAT	580.26	580.26	10/1/2009
62000	3	3	REPAIR OF SKULL FRACTURE	647.14	647.14	10/1/2009
62005	3	3	REPAIR OF SKULL FRACTURE	908.90	908.90	10/1/2009
62010	3	3	ELEVATION OF DEPRESSED SKULL FRACTURE WITH DEBRIDE	1110.10	1110.10	10/1/2009
62100	3	3	CRANIOTOMY FOR REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, INCLU	1183.20	1183.20	10/1/2009
62115	3	3	REDUCE CRANIOMEGALIC SKULL W/O GRAFT/CRANIOPLASTY	1056.39	1056.39	10/1/2009
62116	3	3	REDUCE CRANIOMEGALIC SKULL WITH CRANIOPLASTY	1301.79	1301.79	10/1/2009
62117	3	3	REDUCE CRANIOMEGALIC SKULL W CRANIOTOMY/RECONSTRUC	1407.34	1407.34	10/1/2009
62120	3	3	REPAIR SKULL CAVITY LESION	1333.43	1333.43	10/1/2009
62121	3	3	CRANIOTOMY W REPAIR ENCEPHALOCELE, SKULL BASE	1219.04	1219.04	10/1/2009
62140	3	3	AMB SURG CRANIOPLASTY FOR SKULL DEFECT	767.75	767.75	10/1/2009
62141	3	3	REPAIR OF SKULL	843.37	843.37	10/1/2009
62142	3	3	REMOVAL BONE FLAP OR PROSTHETIC PLATE OF SKULL	641.78	641.78	10/1/2009
62143	3	3	REPLACE BONE FLAP OR PROSTHETIC PLATE OF SKULL	752.43	752.43	10/1/2009
62145	3	3	REPAIR OF SKULL & BRAIN	1032.66	1032.66	10/1/2009
62146	3	3	CRANIOPLASTY W AUTOGRAFT UP TO 5 CM DIAMETER	886.12	886.12	10/1/2009
62147	3	3	CRANIOPLASTY W AUTOGRAFT LARGER THAN 5CM DIAMETER	1052.67	1052.67	10/1/2009
62148	3	3	INCISION AND RETRIEVAL OF SUBCUTANEOUS CRANIAL BONE GRAFT FOR	94.92	94.92	10/1/2009
62160	3	3	NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT	145.39	145.39	10/1/2009
62161	3	3	NEUROENDOSCOPY INTRACRANIAL; WITH DISSECTION OF ADHESIONS FEN	1110.04	1110.04	10/1/2009
62162	3	3	NEUROENDOSCOPY, INTRACRANIAL; WITH FENERATION OR EXCISION OF C	1381.01	1381.01	10/1/2009
62163	3	3	NEUROENDOSCOPY, INTRACRANIAL; WITH RETRIEVAL OF FOREIGN BODY	892.58	892.58	10/1/2009
62164	3	3	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, INC	1473.80	1473.80	10/1/2009
62165	3	3	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOF	1144.02	1144.02	10/1/2009
62180	3	3	ESTABLISH BRAIN CAVITY SHUNT	1163.55	1163.55	10/1/2009
62190	3	3	CREATION SHUNT SUBDURAL ARIAL JUGULAR AURICULAR	660.69	660.69	10/1/2009
62192	3	3	ESTABLISH BRAIN CAVITY SHUNT	705.00	705.00	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
62194		3	REPLACEMENT OF IRRIGATION SUBDURAL CATHETER	288.15	288.15	10/1/2009
62200		3	ESTABLISH BRAIN CAVITY SHUNT	1006.07	1006.07	10/1/2009
62201		3	VENTRICULOCISTERNOSTOMY, STEREOTACTIC METHOD	862.37	862.37	10/1/2009
62220		3	ESTABLISH BRAIN CAVITY SHUNT	740.97	740.97	10/1/2009
62223		3	ESTABLISH BRAIN CAVITY SHUNT	759.65	759.65	10/1/2009
62225		3	REPLACEMENT OF IRRIGATION VENTRICULAR CATHETER	361.32	361.32	10/1/2009
62230		3	REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRUC	611.95	611.95	10/1/2009
62252		3	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT	74.81	74.81	10/1/2009
62252	26	5	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT	35.77	35.77	10/1/2009
62252	TC	T	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT	39.04	39.04	10/1/2009
62256		3	REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITHOL	423.70	423.70	10/1/2009
62258		3	REPLACE BRAIN CAVITY SHUNT	823.51	823.51	10/1/2009
62263		3	PERCUTANEOUSLYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJ. OR	293.34	488.88	10/1/2009
62264		3	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECT	180.35	300.34	10/1/2009
62268		3	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX	211.93	354.98	10/1/2009
62269		3	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	216.02	384.74	10/1/2009
62270		3	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	61.31	117.26	10/1/2009
62272		3	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FL	64.68	137.66	10/1/2009
62273		3	AMB SURG EPIDURAL BLOOD PATCH	87.78	126.14	10/1/2009
62280		3	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL	119.66	230.41	10/1/2009
62281		3	INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED	115.53	213.89	10/1/2009
62282		3	INJ. NEUROLYTIC SUST, LUMBAR OR CAUDIL EPIDURAL.	106.29	220.79	10/1/2009
62284		3	INJECTION FOR SPINE X-RAY	71.93	167.97	10/1/2009
62287		3	ASPIRATION OR DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUC	423.90	423.90	10/1/2009
62290		3	INJECTION FOR DISC X-RAY	134.13	246.62	10/1/2009
62291		3	INJECTION FOR DISC X-RAY	129.62	231.14	10/1/2009
62292		3	INJ PROC CHEMONUCLEOLYSIS LUMBAR 1 OR MORE LEVELS	383.97	383.97	10/1/2009
62294		3	INTRATHECAL INJECTION INTO SPINE	612.74	612.74	10/1/2009
62310		3	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NE	79.52	162.58	10/1/2009
62311		3	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NE	65.95	143.24	10/1/2009
62318		3	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION O	80.11	173.85	10/1/2009
62319		3	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION O	74.90	157.38	10/1/2009
62350		3	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL	296.36	296.36	10/1/2009
62351		3	IMPLANTATION, REVISION/REPOSITION INTRATHECAL/EPIDURAL CATH W/L	622.33	622.33	10/1/2009
62360		3	IMPLANTATION/REPLACEMENT DEVICE FOR INTRATHECAL/EPIDURAL DRUG	213.71	213.71	10/1/2009
62361		3	IMPLANTATION/REPLACEMENT DEVICE INTRATHECAL/EPIDURAL DRUG IN V	294.25	294.25	10/1/2009
62362		3	IMPLANT/REPLACE DEVICE FOR INTRATHECAL/EPIDURAL DRUG INF PRO/PI	310.89	310.89	10/1/2009
63001		3	DECOMPRESSION OF SPINAL CORD	906.59	906.59	10/1/2009
63003		3	LAMIN F/DECOMP SPIN CORD A/O CAUDA EQ ONE/TWO SEGM	912.16	912.16	10/1/2009
63005		3	REVISION OF SPINAL COLUMN	865.12	865.12	10/1/2009
63011		3	LAMINECTOMY SACRAL DECOMPRESSION SPINAL CORD	818.40	818.40	10/1/2009
63012		3	LAMINECTOMY, LUMBAR W DECOMPRESSION CAUDA EQUINA	880.45	880.45	10/1/2009
63015		3	LAMINECTOMY MORE THAN TWO SEGS CERVICAL	1088.49	1088.49	10/1/2009
63016		3	LAMINOTOMY THORACIC	1120.53	1120.53	10/1/2009
63017		3	LAMINOTOMY LUMBAR	912.48	912.48	10/1/2009
63020		3	LAMINOTOMY, CERVICAL, ONE INTERSPACE	862.96	862.96	10/1/2009
63030		3	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE RO	716.40	716.40	10/1/2009
63035		3	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE RO	153.05	153.05	10/1/2009
63040		3	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE RO	1049.64	1049.64	10/1/2009
63042		3	REVISION OF SPINAL COLUMN	982.29	982.29	10/1/2009
63043		3	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE RO	235.44	235.44	10/1/2009
63044		3	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE RO	222.00	222.00	10/1/2009
63045		3	LAMINECTOMY, SINGLE SEGMENT, CERVICAL	938.19	938.19	10/1/2009
63046		3	LAMINECTOMY, SINGLE SEGMENT, THORACIC	896.91	896.91	10/1/2009
63047		3	LAMINECTOMY, SINGLE SEGMENT, LUMBAR	817.78	817.78	10/1/2009
63048		3	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BIL	164.82	164.82	10/1/2009
63055		3	DECOMPRESSION SPINAL CORD, SINGLE SEGMENT, THORACIC	1208.29	1208.29	10/1/2009
63056		3	DECOMPRESSION SPINAL CORD, SINGLE SEGMENT, LUMBAR	1115.99	1115.99	10/1/2009
63057		3	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, E	252.42	252.42	10/1/2009
63064		3	HEMILAMINECTOMY THORACIC COSTOVERTEBRAL APPROACH	1322.34	1322.34	10/1/2009
63066		3	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD C	155.66	155.66	10/1/2009
63075		3	DISKECTOMY CERVICAL ANTE APPR W/O ARTHRODESIS	1030.56	1030.56	10/1/2009
63076		3	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ C	194.84	194.84	10/1/2009
63077		3	DISKECTOMY, SINGLE SPACE, THORACIC	1132.58	1132.58	10/1/2009
63078		3	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ C	155.12	155.12	10/1/2009
63081		3	VERTEBRAL CORPECTOMY, SINGLE SEGMENT, CERVICAL	1325.44	1325.44	10/1/2009
63082		3	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR C	210.33	210.33	10/1/2009
63085		3	VERTEBRAL CORPECTOMY, SINGLE SEGMENT, THORACIC	1419.75	1419.75	10/1/2009
63086		3	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR C	149.49	149.49	10/1/2009
63087		3	VERTEBRAL CORPECTOMY, SINGLE SEGMENT, LUMBAR	1812.78	1812.78	10/1/2009
63088		3	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR C	204.55	204.55	10/1/2009
63090		3	VERTEBRAL CORPECTOMY, SINGLE SEGMENT, LUMBAR	1483.82	1483.82	10/1/2009
63091		3	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR C	140.60	140.60	10/1/2009
63101		3	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR C	1696.84	1696.84	10/1/2009
63102		3	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR C	1689.92	1689.92	10/1/2009
63103		3	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR C	224.49	224.49	10/1/2009
63170		3	LAMINECTOMY FOR MYELOTOMY THORACIC OR THORACOLUMBA	1135.72	1135.72	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
63172	3		LAMINECTOMY W/ DRAINAGE TO SUBARACHNOID SPACE	1022.18	1022.18	10/1/2009
63173	3		LAMINECTOMY W/ DRAINAGE TO PERITONEAL SPACE	1260.00	1260.00	10/1/2009
63180	3		LAMINECTOMY CERVICAL ONE OR TWO SEGMENTS	1028.14	1028.14	10/1/2009
63182	3		LAMIN AND SECTION OF DENTATE LIGAMENTS MORE THAN T	1103.07	1103.07	10/1/2009
63185	3		REVISE SPINAL COLUMN/NERVES	836.26	836.26	10/1/2009
63190	3		LAMINECTOMY FOR RHIZOTOMY MORE THAN TWO SEGMENTS	961.23	961.23	10/1/2009
63191	3		LAMINECTOMY W SECTION OF SPINAL ACCESSORY NERVE	919.25	919.25	10/1/2009
63194	3		LAMINECTOMY CORDOTOMY UNILATERAL CERVICAL	1093.73	1093.73	10/1/2009
63195	3		REVISE SPINAL COLUMN/CORD	1106.10	1106.10	10/1/2009
63196	3		REVISE SPINAL COLUMN/CORD	1301.03	1301.03	10/1/2009
63197	3		LAMINECTOMY COROTOMY BILATERAL CERVICAL	1240.15	1240.15	10/1/2009
63198	3		REVISE SPINAL COLUMN/CORD	1381.29	1381.29	10/1/2009
63199	3		LAMINECTOMY CORDOTOMY BILATERAL THORACIC	1462.51	1462.51	10/1/2009
63200	3		LAMINECTOMY FOR TETHERED SPINAL CORD, LUMBAR	1109.06	1109.06	10/1/2009
63250	3		REVISE SPINAL CORD VESSELS	2155.64	2155.64	10/1/2009
63251	3		LAMINECTOMY ARTERIOVENOUS MALFUNCTION THORACIC	2235.85	2235.85	10/1/2009
63252	3		LAMINECTOMY FOR MALFORMATION, THORACOLUMBAR	2237.49	2237.49	10/1/2009
63265	3		LAMINECTOMY FOR INTRASPINAL LESION, CERVICAL	1228.24	1228.24	10/1/2009
63266	3		LAMINECTOMY FOR INTRASPINAL LESION, THORACIC	1263.00	1263.00	10/1/2009
63267	3		EXCISE INTRASPINAL LESION LUMBAR	1016.61	1016.61	10/1/2009
63268	3		EXCISE INTRASPINAL LESION, SACRAL	1021.23	1021.23	10/1/2009
63270	3		EXCISE INTRASPINAL LESION, CERVICAL	1512.54	1512.54	10/1/2009
63271	3		EXCISE INTRASPINAL LESION, THORACIC	1521.61	1521.61	10/1/2009
63272	3		EXCISE INTRASPINAL LESION, LUMBAR	1401.65	1401.65	10/1/2009
63273	3		EXCISE INTRASPINAL LESION, SACRAL	1324.49	1324.49	10/1/2009
63275	3		BIOPSY/ EXCISE SPINAL TUMOR, CERVICAL	1319.64	1319.64	10/1/2009
63276	3		BIOPSY/ EXCISE SPINAL TUMOR, THORACIC	1314.64	1314.64	10/1/2009
63277	3		BIOPSY/ EXCISE SPINAL TUMOR, LUMBAR	1153.72	1153.72	10/1/2009
63278	3		BIOPSY/ EXCISE SPINAL TUMOR, SACRAL	1129.66	1129.66	10/1/2009
63280	3		BIOPSY/ EXCISE SPINAL TUMOR, CERVICAL	1560.03	1560.03	10/1/2009
63281	3		BIOPSY/ EXCISE SPINAL TUMOR, THORACIC	1542.35	1542.35	10/1/2009
63282	3		BIOPSY/ EXCISE SPINAL TUMOR, LUMBAR	1455.24	1455.24	10/1/2009
63283	3		BIOPSY/ EXCISE SPINAL TUMOR, SACRAL	1378.95	1378.95	10/1/2009
63285	3		BIOPSY/ EXCISE SPINAL TUMOR, CERVICAL	1916.37	1916.37	10/1/2009
63286	3		BIOPSY, EXCISE SPINAL TUMOR	1909.32	1909.32	10/1/2009
63287	3		BIOPSY, EXCISE SPINAL TUMOR	2014.96	2014.96	10/1/2009
63290	3		BIOPSY, EXCISE SPINAL TUMOR	2039.08	2039.08	10/1/2009
63295	3		OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLO	243.47	243.47	10/1/2009
63300	3		REMOVAL VERTEBRAL BODY	1360.96	1360.96	10/1/2009
63301	3		REMOVAL OF VERTEBRAL BODY	1528.45	1528.45	10/1/2009
63302	3		REMOVAL OF VERTEBRAL BODY	1518.70	1518.70	10/1/2009
63303	3		REMOVAL OF VERTEBRAL BODY	1588.98	1588.98	10/1/2009
63304	3		REMOVAL OF VERTEBRAL BODY	1684.31	1684.31	10/1/2009
63305	3		REMOVAL OF VERTEBRAL BODY	1721.63	1721.63	10/1/2009
63306	3		REMOVAL OF VERTEBRAL BODY	1803.82	1803.82	10/1/2009
63307	3		REMOVAL OF VERTEBRAL BODY	1674.12	1674.12	10/1/2009
63308	3		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), EACH ADDITIC	252.91	252.91	10/1/2009
63600	3		EXAMINE SPINAL CORD LESION	635.94	635.94	10/1/2009
63610	3		STEREOTACTIC STIM OF SPINAL CORD PERCU NOT FOLLOWE	341.67	1000.69	10/1/2009
63615	3		STEREOTACTIC BIOPSY ASPIRATION/EXC LESION	850.22	850.22	10/1/2009
63650	3		PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARR	315.03	315.03	10/1/2009
63655	3		LAMINECTOMY IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLAT	623.23	623.23	10/1/2009
63660	3		REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERC	331.14	331.14	10/1/2009
63685	3		INCISION SUBCUT PLACEMENT NEU/STIMULATOR RECEIVER	300.70	300.70	10/1/2009
63688	3		REVISION REMOVAL SPINAL NEUROSTIMULATOR RECEIVERR	269.25	269.25	10/1/2009
63700	3		REPAIR OF SPINAL HERNIATION	906.59	906.59	10/1/2009
63702	3		REPAIR OF SPINAL HERNIATION	1019.32	1019.32	10/1/2009
63704	3		REPAIR OF SPINAL HERNIATION	1136.96	1136.96	10/1/2009
63706	3		REPAIR OF SPINAL HERNIATION	1323.60	1323.60	10/1/2009
63707	3		REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, NOT REQUIRING LAMINEC	669.19	669.19	10/1/2009
63709	3		REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK OR PSEUDOMENINGOCELE	813.70	813.70	10/1/2009
63710	3		DURAL GRAFT SPINAL	812.61	812.61	10/1/2009
63740	3		CREATION OF SHUNT, INCLUDING LAMINECTOMY	688.69	688.69	10/1/2009
63741	3		CREATION SHUNT LUMBAR, PERCUTANEO W/O LAMINECTOMY	449.03	449.03	10/1/2009
63744	3		REPLACEMENT IRRIGATION OR REVISION OF LUMBAR SUBAR	470.42	470.42	10/1/2009
63746	3		REMOVAL SHUNT SYSTEM WITHOUT REPLACEMENT	409.74	409.74	10/1/2009
64400	3		INJECTION, ANESTHETIC AGENT;	48.98	80.41	10/1/2009
64402	3		INJECTION, ANESTHETIC AGENT;	55.75	82.57	10/1/2009
64405	3		INJECTION, ANESTHETIC AGENT;	57.16	78.21	10/1/2009
64408	3		INJECTION, ANESTHETIC AGENT;	68.72	90.06	10/1/2009
64410	3		INJECTION, ANESTHETIC AGENT;	61.36	104.34	10/1/2009
64412	3		INJECTION, ANESTHETIC AGENT;	54.53	103.27	10/1/2009
64413	3		INJECTION, ANESTHETIC AGENT;	59.65	86.77	10/1/2009
64415	3		INJECTION, ANESTHETIC AGENT;	58.02	98.40	10/1/2009
64416	3		INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSIO	72.95	72.95	10/1/2009
64417	3		INJECTION, ANESTHETIC AGENT;	57.46	99.27	10/1/2009
64418	3		INJECTION, ANESTHETIC AGENT;	56.96	100.80	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		
				FACILITY	NON-FACILITY	EFFECTIVE DATE
64420	3		INJECTION, ANESTHETIC AGENT;	51.35	119.13	10/1/2009
64421	3		INJECTION, ANESTHETIC AGENT;	70.42	175.68	10/1/2009
64425	3		INJECTION, ANESTHETIC AGENT;	73.00	97.52	10/1/2009
64430	3		INJECTION, ANESTHETIC AGENT;	68.84	117.58	10/1/2009
64435	3		INJECTION, ANESTHETIC AGENT;	65.97	109.23	10/1/2009
64445	3		INJECTION, ANESTHETIC AGENT;	62.84	102.06	10/1/2009
64446	3		INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION I	72.79	72.79	10/1/2009
64447	3		INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE	55.47	55.47	10/1/2009
64448	3		INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSIOI	64.47	64.47	10/1/2009
64449	3		INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROACH	72.09	72.09	10/1/2009
64450	3		INJECTION FOR NERVE BLOCK	56.30	78.22	10/1/2009
64470	3		INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACE	80.91	194.83	10/1/2009
64472	3		INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACE	51.90	85.35	10/1/2009
64475	3		INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACE	63.54	173.99	10/1/2009
64476	3		INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACE	38.87	71.45	10/1/2009
64479	3		INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPII	95.77	206.81	10/1/2009
64480	3		INJECTION, ANESTHETIC AGENT AND/OR STEROID, CERVICAL OR THORACI	62.68	104.80	10/1/2009
64483	3		INJECTION, ANESTHETIC AGENT AND/OR STEROID, LUMBAR OR SACRAL, S	84.20	200.72	10/1/2009
64484	3		INJECTION, ANESTHETIC AGENT AND/OR STEROID, LUMBAR OR SACRAL, E	53.44	102.47	10/1/2009
64505	3		INJECTION, ANESTHETIC AGENT, SPHENOPALATIVE GANGLION	65.15	77.26	10/1/2009
64508	3		INJECTION, ANESTHETIC AGENT;	53.90	106.10	10/1/2009
64510	3		INJECTION, ANESTHETIC AGENT;	52.69	105.76	10/1/2009
64517	3		INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	92.69	128.74	10/1/2009
64520	3		INJECTION, ANESTHETIC AGENT;	59.53	137.98	10/1/2009
64530	3		INJECTION, ANESTHETIC AGENT;	70.28	142.95	10/1/2009
64555	3		PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PE	119.28	161.97	10/1/2009
64561	3		PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SA	335.51	866.18	10/1/2009
64575	3		INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIF	216.95	216.95	10/1/2009
64581	3		INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACR	652.02	652.02	10/1/2009
64585	3		REVISION OR REMOVAL PERIPHERAL STIMULATOR ELECTODE	123.03	250.50	10/1/2009
64600	3		INJECTION TREATMENT OF NERVE	163.92	300.34	10/1/2009
64605	3		INJECTION TREATMENT OF NERVE	261.22	424.46	10/1/2009
64610	3		INJECTION TREATMENT OF NERVE	365.83	517.24	10/1/2009
64612	3		CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL	103.13	116.69	10/1/2009
64613	3		CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S) (EG, FOR SPASMO	97.65	114.96	10/1/2009
64614	3		CHEMODENERVATION OF MUSCLE(S); EXTREMITY(S) AND/OR TRUNK MUSC	108.64	128.83	10/1/2009
64620	3		INJECTION TREATMENT OF NERVE	128.31	203.30	10/1/2009
64622	3		DESTRUCT NEUROLYTIC AGENT PARAVERT FACET JT SINGLE	136.08	242.51	10/1/2009
64623	3		DESTRUCTION BY NEUROLYTIC AGENT; PARAVERTEBRAL FACET JOINT NE	38.68	89.74	10/1/2009
64626	3		DESTRUCTION BY NEUROLYTIC AGENT; CERVICAL OR THORACIC, SINGLE I	179.30	282.84	10/1/2009
64627	3		DESTRUCTION BY NEUROLYTIC AGENT, CERVICAL OR THORACIC, EACH AT	45.34	122.06	10/1/2009
64630	3		DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	148.69	177.25	10/1/2009
64640	3		INJECTION OF TREATMENT OF NERVE	136.25	174.03	10/1/2009
64680	3		DESTRUCTION BY NEUROLYTIC AGENT COL/AC PLEXUS W/W	124.23	228.93	10/1/2009
64681	3		DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC M	167.52	296.44	10/1/2009
64702	3		AMB SURG NEUROLYSIS	343.86	343.86	10/1/2009
64704	3		AMB SURG NEUROLYSIS	253.28	253.28	10/1/2009
64708	3		AMB SURG NEUROLYSIS	357.12	357.12	10/1/2009
64712	3		AMB SURG NEUROLYSIS	412.08	412.08	10/1/2009
64713	3		AMB SURG NEUROLYSIS	576.81	576.81	10/1/2009
64714	3		AMB SURG NEUROLYSIS	494.11	494.11	10/1/2009
64716	3		NEUROPLASTY AND/OR TRANSPOSITION CRANIAL NERVE	390.45	390.45	10/1/2009
64718	3		AMB SURG EXPLORATION ULNAR NERVE AT ELBOW	420.57	420.57	10/1/2009
64719	3		AMB SURG EXPLORATION ULNAR NERVE AT WRIST	291.71	291.71	10/1/2009
64721	3		AMB SURG EXPLORATION MEDIAN NERVE AT CARPAL TUNNEL	306.08	307.23	10/1/2009
64722	3		AMB SURG DECOMPRESSION UNSPECIFIED NERVE	250.72	250.72	10/1/2009
64726	3		AMB SURG DECOMPRESSION PLANTAR DIGITAL NERVE	220.97	220.97	10/1/2009
64727	3		AMB SURG NEUROLYSIS	144.79	144.79	10/1/2009
64732	3		AMB SURG TRANSECTION OF AVULSION SUPRAORBITAL NERV	285.58	285.58	10/1/2009
64734	3		AMB SURG TRANSECTION INFRAORBITAL NERVE	308.95	308.95	10/1/2009
64736	3		INCISION OF CHIN NERVE	291.66	291.66	10/1/2009
64738	3		TRANSECTION OR AVULSION OF INFERIOR ALVEOLAR NERVE	345.16	345.16	10/1/2009
64740	3		TRANSECTION OR AVULSION OF LINGUAL NERVE	344.05	344.05	10/1/2009
64742	3		INCISION OF FACIAL NERVE	352.94	352.94	10/1/2009
64744	3		AMB SURG TRANSECT GREATER OCCIPITAL NERVE UNILATER	309.54	309.54	10/1/2009
64746	3		INCISE DIAPHRAGM NERVE	334.43	334.43	10/1/2009
64752	3		INCISION OF VAGUS NERVE	379.05	379.05	10/1/2009
64755	3		TRANSECTION OR AVULSION OF; VAGUS NERVES LIMITED TO PROXIMAL S'	677.04	677.04	10/1/2009
64760	3		INCISION OF VAGUS NERVE	358.57	358.57	10/1/2009
64761	3		INCISE NERVE IN PELVIS	339.06	339.06	10/1/2009
64763	3		INCISE HIP/THIGH NERVE	408.94	408.94	10/1/2009
64766	3		INCISE HIP/THIGH NERVE	472.53	472.53	10/1/2009
64771	3		TRANSECTION/AVULSION CRANIAL NERVE EXTRADURAL	442.23	442.23	10/1/2009
64772	3		INCISE SPINAL NERVE	425.32	425.32	10/1/2009
64774	3		AMB SURG EXCISION NEUROMA CUTANEOUS NERVE SURGICAL	307.14	307.14	10/1/2009
64776	3		AMB SURG EXCISION NEUROMA DIGITAL NERVE 1/BOTH	295.29	295.29	10/1/2009
64778	3		EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SE	143.84	143.84	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
64782		3	REMOVE NERVE LESION	348.33	348.33	10/1/2009
64783		3	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEI	171.91	171.91	10/1/2009
64784		3	REMOVE NERVE LESION	542.11	542.11	10/1/2009
64786		3	EXCISION OF NEUROMA;	814.64	814.64	10/1/2009
64787		3	REMOVE NERVE LESION/IMPLANT	197.42	197.42	10/1/2009
64788		3	REMOVAL OF NERVE LESION	288.04	288.04	10/1/2009
64790		3	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA;	620.28	620.28	10/1/2009
64792		3	REMOVAL OF NERVE LESION	804.68	804.68	10/1/2009
64795		3	BIOPSY OF NERVE	147.39	147.39	10/1/2009
64802		3	REMOVE SYMPATHETIC NERVES	458.99	458.99	10/1/2009
64804		3	REMOVE SYMPATHETIC NERVES	699.77	699.77	10/1/2009
64809		3	REMOVE SYMPATHETIC NERVES	656.50	656.50	10/1/2009
64818		3	REMOVE SYMPATHETIC NERVES	509.42	509.42	10/1/2009
64820		3	SYMPATHECTOMY; DIGITAL ARTERIES, EACH DIGIT	567.13	567.13	10/1/2009
64821		3	SYMPATHECTOMY; RADIAL ARTERY	510.92	510.92	10/1/2009
64822		3	SYMPATHECTOMY; ULNAR ARTERY	504.90	504.90	10/1/2009
64823		3	SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	574.27	574.27	10/1/2009
64831		3	REPAIR OF NERVE, DIGITAL	506.34	506.34	10/1/2009
64832		3	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NI	267.09	267.09	10/1/2009
64834		3	REPAIR OF NERVE, HAND	561.36	561.36	10/1/2009
64835		3	REPAIR OF NERVE, HAND	608.64	608.64	10/1/2009
64836		3	REPAIR OF NERVE, HAND	608.32	608.32	10/1/2009
64837		3	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY	296.53	296.53	10/1/2009
64840		3	REPAIR OF NERVE, FOOT	693.16	693.16	10/1/2009
64856		3	REPAIR/TRANSPOSE NERVE	766.06	766.06	10/1/2009
64857		3	SUTURE MAJOR PERIPH NERVE ARM/LEG EXC SCIATIC W/O	801.03	801.03	10/1/2009
64858		3	REPAIR SCIATIC NERVE	923.30	923.30	10/1/2009
64859		3	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARAT	201.14	201.14	10/1/2009
64861		3	REPAIR OF ARM NERVES	1043.04	1043.04	10/1/2009
64862		3	REPAIR OF LOW BACK NERVES	1022.96	1022.96	10/1/2009
64864		3	REPAIR OF FACIAL NERVE	664.29	664.29	10/1/2009
64865		3	SUTURE FACIAL NERVE INTRATEMPORAL W/WO GRAFTING	875.68	875.68	10/1/2009
64866		3	FUSION OF FACIAL/OTHER NERVE	910.78	910.78	10/1/2009
64868		3	FUSION OF FACIAL/OTHER NERVE	796.89	796.89	10/1/2009
64870		3	ANASTOMOSIS;	782.62	782.62	10/1/2009
64872		3	SUTURE OF NERVE;	94.31	94.31	10/1/2009
64874		3	REPAIR & REVISE NERVE	138.71	138.71	10/1/2009
64885		3	NERVE GRAFT, HEAD/NECK; UP TO 4CM.	865.41	865.41	10/1/2009
64886		3	NERVE GRAFT, HEAD/NECK; MORE THAN 4 CM.	1026.82	1026.82	10/1/2009
64890		3	NERVE GRAFT, HAND OR FOOT	825.22	825.22	10/1/2009
64891		3	NERVE GRAFT SINGLE STRAND HAND OR FOOT MORE THAN 4	852.35	852.35	10/1/2009
64892		3	NERVE GRAFT, ARM OR LEG	802.81	802.81	10/1/2009
64893		3	NERVE GRAFT SINGLE STRAND ARM OR LEG MORE THAN 4 C	845.71	845.71	10/1/2009
64895		3	NERVE GRAFT, HAND OR FOOT	992.75	992.75	10/1/2009
64896		3	NERVE GRAFT MULTIPLE STRANDS HAND OR FOOT OVER 4CM	1094.56	1094.56	10/1/2009
64897		3	NERVE GRAFT, ARM OR LEG	960.37	960.37	10/1/2009
64898		3	NERVE GRAFT SINGLE STRAND MORE THAN 4CM	1047.04	1047.04	10/1/2009
64901		3	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND	472.02	472.02	10/1/2009
64902		3	NERVE GRAFT MULTIPLE STRANDS	542.50	542.50	10/1/2009
64905		3	NERVE PEDICLE TRANSFER FIRST STAGE	767.53	767.53	10/1/2009
64907		3	NERVE PEDICLE TRANSFER SECOND STAGE	1009.34	1009.34	10/1/2009
65091		3	REVISE EYEBALL	438.02	438.02	10/1/2009
65101		3	REMOVAL OF EYEBALL	504.62	504.62	10/1/2009
65110		3	REMOVAL OF EYEBALL	851.26	851.26	10/1/2009
65112		3	REMOVE EYE, REVISE SOCKET	1002.67	1002.67	10/1/2009
65114		3	REMOVE EYE, REVISE SOCKET	1043.06	1043.06	10/1/2009
65205		3	REMOVAL OF FOREIGN BODY, EXTERNAL EYE;	31.96	39.75	10/1/2009
65210		3	REMOVAL OF FOREIGN BODY, EXTERNAL EYE;	38.52	48.61	10/1/2009
65220		3	REMOVAL OF FOREIGN BODY, EXTERNAL EYE;	31.49	40.72	10/1/2009
65222		3	REMOVAL OF FOREIGN BODY, EXTERNAL EYE;	42.19	53.44	10/1/2009
65235		3	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER	481.81	481.81	10/1/2009
65260		3	REMOVE FOREIGN BODY FROM EYE	661.24	661.24	10/1/2009
65265		3	REMOVE FOREIGN BODY FROM EYE	744.83	744.83	10/1/2009
65270		3	REPAIR OF LACERATION;	98.56	182.20	10/1/2009
65272		3	REPAIR WOUND OF EYE	239.22	338.14	10/1/2009
65273		3	REP LACERATION CONJUNCTIVA BY MOBILAZATION REARR W	262.99	262.99	10/1/2009
65275		3	REPAIR WOUND OF EYE	313.10	381.45	10/1/2009
65280		3	REPAIR WOUND OF EYE	461.45	461.45	10/1/2009
65285		3	REPAIR WOUND OF EYE	720.99	720.99	10/1/2009
65286		3	REPAIR OF LACERATION BY APPLICATION OF TISSUE GLUE	339.11	478.71	10/1/2009
65290		3	REPAIR WOUND OF EYE SOCKET	338.52	338.52	10/1/2009
65400		3	REMOVAL OF EYE LESION	407.96	457.86	10/1/2009
65410		3	BIOPSY OF CORNEA OF EYE	73.76	99.42	10/1/2009
65420		3	AMB SURG EXCISION/TRANSPOSITION PTERYGIUM WO GRAFT	256.62	350.35	10/1/2009
65426		3	AMB SURG PTERYGIUM EXCISION/TRANSPOSITION W GRAFT	327.98	443.06	10/1/2009
65430		3	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	73.76	80.96	10/1/2009
65435		3	REMOVAL OF CORNEAL EPITHELIUM;	49.09	55.72	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		
				FACILITY	NON-FACILITY	EFFECTIVE DATE
65436	3		CURETTE/TREAT CORNEA	255.15	265.24	10/1/2009
65450	3		DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGUL	215.77	218.36	10/1/2009
65600	3		MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSIC	230.63	264.66	10/1/2009
65710	3		CORNEAL TRANSPLANT	761.13	761.13	10/1/2009
65730	3		CORNEAL TRANSPLANT	847.25	847.25	10/1/2009
65750	3		CORNEAL TRANSPLANT	859.85	859.85	10/1/2009
65755	3		KERATOPLASTY, PENETRATING	854.77	854.77	10/1/2009
65770	3		KERATOPROSTHESIS	983.77	983.77	10/1/2009
65772	3		CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCEI	276.48	306.47	10/1/2009
65775	3		CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCE	377.75	377.75	10/1/2009
65800	3		PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE)	93.35	105.75	10/1/2009
65805	3		DRAINAGE OF EYEBALL	93.35	114.98	10/1/2009
65810	3		AMB SURG PARACENTESIS ANTERIOR CHAMBER EYE	320.26	320.26	10/1/2009
65815	3		DRAINAGE OF EYEBALL	324.92	433.64	10/1/2009
65820	3		RELIEVE INNER EYE PRESSURE	514.85	514.85	10/1/2009
65850	3		INCISION OF EYEBALL	588.01	588.01	10/1/2009
65855	3		TRABECULOPLASTY BY LASER ONE OR MORE SESSIONS	207.26	234.38	10/1/2009
65860	3		SEVERING ADHESIONS OF ANTER. SEGMENT. LASER TECHNIQ.	180.03	216.37	10/1/2009
65865	3		RELIEVE INNER EYE ADHESIONS	327.66	327.66	10/1/2009
65870	3		RELIEVE INNER EYE ADHESIONS	405.13	405.13	10/1/2009
65875	3		RELIEVE INNER EYE ADHESIONS	430.20	430.20	10/1/2009
65880	3		RELIEVE INNER EYE ADHESIONS	453.72	453.72	10/1/2009
65900	3		REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE	666.35	666.35	10/1/2009
65920	3		REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT OF EYE	538.77	538.77	10/1/2009
65930	3		REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT OF EYE	443.92	443.92	10/1/2009
66020	3		INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR OF	90.72	127.35	10/1/2009
66030	3		INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE);	75.68	112.31	10/1/2009
66130	3		AMB SURG EXCISION LESION SCLERA	400.25	485.63	10/1/2009
66150	3		INCISION OF EYEBALL	591.55	591.55	10/1/2009
66155	3		INCISION OF EYEBALL	589.67	589.67	10/1/2009
66160	3		INCISION OF EYEBALL	671.97	671.97	10/1/2009
66165	3		INCISION OF EYEBALL	577.58	577.58	10/1/2009
66170	3		INCISION OF EYEBALL	813.69	813.69	10/1/2009
66172	3		FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTEF	1022.36	1022.36	10/1/2009
66180	3		AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	812.33	812.33	10/1/2009
66185	3		REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	511.42	511.42	10/1/2009
66220	3		REPAIR EYEBALL LESION	499.31	499.31	10/1/2009
66225	3		REPAIR/GRAFT EYEBALL LESION	644.04	644.04	10/1/2009
66250	3		REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT,	379.45	509.53	10/1/2009
66500	3		INCISION OF IRIS	241.32	241.32	10/1/2009
66505	3		INCISION OF IRIS	264.24	264.24	10/1/2009
66600	3		AMB SURG IRIDECTOMY, CORNEOSCLERAL/CORNEAL SECTION	561.72	561.72	10/1/2009
66605	3		AMB SURG IRIDECTOMY, CORNEOSCLERAL/CORNEAL SECTION	732.34	732.34	10/1/2009
66625	3		AMB SURG IRIDECTOMY CORNEOSCLERAL OR CORNEAL	295.30	295.30	10/1/2009
66630	3		AMB SURG IRIDECTOMY CORNEOSCLERAL OR CORNEAL	389.02	389.02	10/1/2009
66635	3		AMB SURG IRIDECTOMY CORNEOSCLERAL OR CORNEAL	392.97	392.97	10/1/2009
66680	3		REPAIR OF IRIS	351.31	351.31	10/1/2009
66682	3		SUTURE OF IRIS CILIARY BODY W/RETRIEVAL OF SUTURE	426.34	426.34	10/1/2009
66700	3		CILIARY BODY DESTRUCTION; DIATHERMY.	272.11	307.30	10/1/2009
66710	3		CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSSCLER	271.33	302.19	10/1/2009
66711	3		CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC	434.06	434.06	10/1/2009
66720	3		CILARY BODY DISTRUCTION; CRYOTHERAPY.	286.17	316.16	10/1/2009
66740	3		CILIARY BODY DISTRUCTION; CYCLODIALYSIS.	272.49	300.17	10/1/2009
66761	3		REVISION OF IRIS	280.68	307.51	10/1/2009
66762	3		REVISION OF IRIS	290.53	322.54	10/1/2009
66770	3		DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISION/	329.46	358.59	10/1/2009
66820	3		INCISION OF LENS LESION	270.50	270.50	10/1/2009
66821	3		DISCISSION SECONDARY CATARACT; LASER	207.79	219.90	10/1/2009
66825	3		REPOSITIONING INTRAOCULAR LENS PROS; INCISIONAL	522.00	522.00	10/1/2009
66830	3		AMB SURG CATARACT REMOVAL	490.54	490.54	10/1/2009
66840	3		AMB SURG CATARACT REMOVAL	478.05	478.05	10/1/2009
66850	3		REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION WITH ASPIRATION	545.83	545.83	10/1/2009
66852	3		REMOVAL LENS MATERIAL, PARS PLANA W/WO VITRECTOMY	584.39	584.39	10/1/2009
66920	3		AMB SURG CATARACT REMOVAL	521.36	521.36	10/1/2009
66930	3		AMB SURG CATARACT REMOVAL	592.65	592.65	10/1/2009
66940	3		AMB SURG CATARACT REMOVAL	537.80	537.80	10/1/2009
66982	3		EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAF	741.91	741.91	10/1/2009
66983	3		INTRACAPSULAR EXTRACTION WITH INSERTION OF PROSTHE	511.44	511.44	10/1/2009
66984	3		EXTRACAPSULAR CATARACT REMOVAL WITH LENS PROSTHES	531.47	531.47	10/1/2009
66985	3		INSERT LENS PROSTHESIS	524.79	524.79	10/1/2009
66986	3		EXCHANGE OF INTRAOCULAR LENS.	643.02	643.02	10/1/2009
66990	3		USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO COI	66.35	66.35	10/1/2009
67005	3		PARTIAL REMOVAL OF EYE FLUID	323.30	323.30	10/1/2009
67010	3		PARTIAL REMOVAL OF EYE FLUID	374.81	374.81	10/1/2009
67015	3		RELEASE OF EYE FLUID	399.18	399.18	10/1/2009
67025	3		REPLACE EYE FLUID	431.30	494.75	10/1/2009
67027	3		IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLC	592.02	592.02	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
67028	3	3	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PRO	120.17	148.72	10/1/2009
67030	3	3	INCISE INNER EYE STRANDS	356.01	356.01	10/1/2009
67031	3	3	SEVERING OF VITREOUS STANDS LASER SURGERY	242.13	263.18	10/1/2009
67036	3	3	VITRECTOMY, PARS PLANA APPROACH	669.09	669.09	10/1/2009
67039	3	3	VITRECTOMY, MECH, W FOCAL ENDOLASER PHOTOCOAGULAT	856.16	856.16	10/1/2009
67040	3	3	LASER TREATMENT OF RETINA	988.44	988.44	10/1/2009
67101	3	3	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS	461.77	530.13	10/1/2009
67105	3	3	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; PHOTOCOAC	443.02	491.47	10/1/2009
67107	3	3	REPAIR DETACHED RETINA	841.19	841.19	10/1/2009
67108	3	3	REPAIR DETACHED RETINA	1121.42	1121.42	10/1/2009
67110	3	3	REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (	531.95	594.53	10/1/2009
67112	3	3	RE-REPAIR DETACHED RETINA	925.08	925.08	10/1/2009
67115	3	3	RELEASE OF ENCIRCLING MATERIAL	337.22	337.22	10/1/2009
67120	3	3	REVISION OF INNER EYE	380.41	446.46	10/1/2009
67121	3	3	REMOVAL OF IMPLANTED MATERIAL, INTRAOCULAR.	626.61	626.61	10/1/2009
67141	3	3	PROPHYLAXIS OF RETINAL DETACHMENT	331.80	355.17	10/1/2009
67145	3	3	PROPHYLAXIS OF RETINAL DETACHMENT;PHOTOCOAGULATION	339.33	358.36	10/1/2009
67208	3	3	DESTRUCTION OF RETINAL LESION	397.84	411.68	10/1/2009
67210	3	3	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, T	466.93	482.22	10/1/2009
67218	3	3	TREATMENT INNER EYE LESION	980.89	980.89	10/1/2009
67220	3	3	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOV	707.07	739.95	10/1/2009
67221	3	3	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOV	157.09	208.14	10/1/2009
67225	3	3	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOV	20.53	21.69	10/1/2009
67227	3	3	DESTRUCTION OF RETINOPATHY, ONE OR MORE SESSIONS	392.95	418.62	10/1/2009
67228	3	3	DESTRUCTION OF RETINOPATHY, PHOTOCOAGULATION	729.97	823.70	10/1/2009
67250	3	3	REINFORCE EYEBALL WALL	542.48	542.48	10/1/2009
67255	3	3	REINFORCE/GRAFT EYEBALL WALL	579.71	579.71	10/1/2009
67311	3	3	STRABISMUS SURGERY, ONE HORIZONTAL MUSCLE	411.82	411.82	10/1/2009
67312	3	3	STRABISMUS SURGERY, TWO HORIZONTAL MUSCLES	493.28	493.28	10/1/2009
67314	3	3	STRABISMUS SURGERY, ONE VERTICAL MUSCLE	461.85	461.85	10/1/2009
67316	3	3	STRABISMUS SURGERY, 2 OR MORE VERTICAL MUSCLES	553.92	553.92	10/1/2009
67318	3	3	STRABISMUS SURGERY, ANY PROCEDURE, SUPERIOR OBLIQUE MUSCLE	483.21	483.21	10/1/2009
67320	3	3	REVISE EYE BALL MUSCLES	232.71	232.71	10/1/2009
67331	3	3	AMB SURG STRABISMUS SURGERY PATIENT PRIOR SURGERY	220.35	220.35	10/1/2009
67332	3	3	REVISE EYEBALL MUSCLES	239.62	239.62	10/1/2009
67334	3	3	STRABISMUS SURG., POST FIXATION SUTURE W/WO RECESS	217.36	217.36	10/1/2009
67335	3	3	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY,	109.34	109.34	10/1/2009
67340	3	3	STRABISMUS SURG. W EXPLORATION/REPAIR DETACHED MUS	258.93	258.93	10/1/2009
67343	3	3	RELEASE EXTENSIVE SCAR TISSUE W/O DETACHING MUSCLE	448.65	448.65	10/1/2009
67345	3	3	CHEMODENERVATION OF EXTRAOCULAR MUSCLE	149.34	163.47	10/1/2009
67346	3	3	BIOPSY OF EXTRAOCULAR MUSCLE	143.21	143.21	10/1/2009
67400	3	3	EXPLORE/TREAT EYE SOCKET	644.70	644.70	10/1/2009
67405	3	3	EXPLORE/TREAT EYE SOCKET	548.02	548.02	10/1/2009
67412	3	3	EXPLORE/TREAT EYE SOCKET	596.82	596.82	10/1/2009
67413	3	3	EXPLORE/TREAT EYE SOCKET	597.03	597.03	10/1/2009
67414	3	3	ORBITOTOMY W/O FLAP; W BONE REMOVAL FOR DECOMPRESS.	918.80	918.80	10/1/2009
67415	3	3	EXPLORE/TREAT EYE SOCKET	76.56	76.56	10/1/2009
67420	3	3	EXPLORE/TREAT EYE SOCKET	1144.45	1144.45	10/1/2009
67430	3	3	EXPLORE/TREAT EYE SOCKET	867.10	867.10	10/1/2009
67440	3	3	EXPLORE/TREAT EYE SOCKET	836.12	836.12	10/1/2009
67445	3	3	ORBITOTOMY W FLAP/WINDOW; W BONE REMOVAL.	985.91	985.91	10/1/2009
67450	3	3	EXPLORE/TREAT EYE SOCKET	867.58	867.58	10/1/2009
67500	3	3	RETROBULBAR INJECTION;	58.29	64.05	10/1/2009
67505	3	3	INJECT/TREAT EYE SOCKET	56.17	62.22	10/1/2009
67515	3	3	INJECTION OF MEDICATION OR OTHER SUBSTANCE INTO TENON'S CAPSUL	61.26	66.17	10/1/2009
67570	3	3	OPTIC NERVE DECOMPRESSION.	804.90	804.90	10/1/2009
67700	3	3	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	79.29	180.81	10/1/2009
67710	3	3	INCISION OF EYELID	66.00	152.24	10/1/2009
67715	3	3	INCISION OF EYELID	74.75	160.70	10/1/2009
67800	3	3	EXCISION OF CHALAZION;	72.70	87.41	10/1/2009
67801	3	3	EXCISION OF CHALAZION;	94.45	112.33	10/1/2009
67805	3	3	EXCISION OF CHALAZION;	115.85	138.93	10/1/2009
67808	3	3	EXCISION OF CHALAZION;	250.71	250.71	10/1/2009
67810	3	3	BIOPSY OF EYELID	68.10	156.07	10/1/2009
67820	3	3	CORRECTION OF TRICHIASIS;	38.21	37.06	10/1/2009
67825	3	3	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS	83.39	88.59	10/1/2009
67830	3	3	REVISE EYELASHES	95.59	181.83	10/1/2009
67835	3	3	REVISE EYELASHES W/FREE MUCOUS MEMBRANE GRAFT	305.33	305.33	10/1/2009
67840	3	3	EXCISION EYELID LESION W/O CLOSURE OR WITH SIMPLE DIRECT CLOSUR	110.91	190.80	10/1/2009
67850	3	3	DESTRUCTION OF LESION OF LID MARGIN UP TO 1 CM	99.12	153.63	10/1/2009
67875	3	3	TEMPORARY CLOSURE OF EYELIDS BY SUTURE	69.14	119.33	10/1/2009
67880	3	3	REVISION OF EYELID(S)	250.71	310.69	10/1/2009
67882	3	3	CONSTRUCTION INTERMARGINAL ADHESIONS WITH TRANSPOSITION OF T/	323.23	384.08	10/1/2009
67901	3	3	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTI	401.35	480.08	10/1/2009
67902	3	3	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUT	497.69	497.69	10/1/2009
67903	3	3	AMB SURG REPAIR BLEPHAROPTOSIS	346.75	424.62	10/1/2009
67904	3	3	AMB SURG REPAIR BLEPHAROPTOSIS	411.45	502.58	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
67906		3	AMB SURG REPAIR BLEPHAROPTOSIS	359.65	359.65	10/1/2009
67908		3	AMB SURG REPAIR BLEPHAROPTOSIS	298.58	338.38	10/1/2009
67909		3	AMB SURG REDUCTION OVERCORRECTION OF PTOSIS	305.87	371.04	10/1/2009
67911		3	AMB SURG CORRECTION OF LID RETRACTION	384.77	384.77	10/1/2009
67912		3	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELI	345.44	620.87	10/1/2009
67914		3	AMB SURG REPAIR ECTROPION SUTURE	201.61	269.39	10/1/2009
67915		3	REPAIR OF ECTROPION;	177.95	241.11	10/1/2009
67916		3	AMB SURG REPAIR ECTROPION BLEPHAROPLASTY	300.45	371.40	10/1/2009
67917		3	AMB SURG REPAIR ECTROPION BLEPHAROPLASTY EXTENSIVE	332.53	406.36	10/1/2009
67921		3	AMB SURG REPAIR ENTROPION SUTURE	188.44	256.22	10/1/2009
67922		3	REPAIR OF ENTROPION;	171.42	233.42	10/1/2009
67923		3	AMB SURG REPAIR ENTROPION EXCISION TARSAL WEDGE	324.39	392.16	10/1/2009
67924		3	AMB SURG REPAIR ENTROPION BLEPHAROPLASTY EXTENSIVE	313.77	405.20	10/1/2009
67930		3	REPAIR EYELID WOUND; PARTIAL THICKNESS	173.73	254.49	10/1/2009
67935		3	REPAIR EYELID WOUND; FULL THICKNESS	316.84	414.03	10/1/2009
67938		3	REMOVE FOREIGN BODY, EYELID	79.62	165.27	10/1/2009
67950		3	REVISION OF EYELIDS: CANTHOPLASTY	326.30	399.55	10/1/2009
67961		3	REVISION OF EYELIDS	318.76	398.65	10/1/2009
67966		3	REVISION OF EYELIDS OVER ONE-FOURTH OF LID MARGIN	452.79	527.78	10/1/2009
67971		3	RECONSTRUCTION OF EYELID	511.17	511.17	10/1/2009
67973		3	RECONSTRUCTION OF EYELID	662.63	662.63	10/1/2009
67974		3	RECONSTRUCTION OF EYELID, TOTAL EYELID, UPPER, 1 STAGE OR 1ST ST	659.96	659.96	10/1/2009
67975		3	RECONSTRUCTION OF EYELID, 2ND STAGE	482.50	482.50	10/1/2009
68020		3	INCISE / DRAIN EYELID LESION	76.83	82.31	10/1/2009
68040		3	TREATMENT OF EYELID LESIONS	38.54	46.04	10/1/2009
68100		3	BIOPSY EYELID LINING	69.72	118.46	10/1/2009
68110		3	REMOVE EYELID LINING LESION	102.58	154.21	10/1/2009
68115		3	REMOVE EYELID LINING LESION; OVER 1 CM	128.20	213.86	10/1/2009
68130		3	REMOVE EYELID LINING LESION; WITH ADJACENT SCLERA	284.06	369.71	10/1/2009
68135		3	REMOVE EYELID LINING LESION; DESTRUCTION OF LESION, CONJUNCTIVA	104.77	108.23	10/1/2009
68200		3	SUBCONJUNCTIVAL INJECTION	24.62	29.52	10/1/2009
68320		3	REVISE / GRAFT EYELID LINING	365.05	489.07	10/1/2009
68325		3	REVISE / GRAFT EYELID LINING; W/BUCCAL MUCOUS MEMBRANE GRAFT	454.97	454.97	10/1/2009
68326		3	REVISE EYELID LINING; CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-	442.90	442.90	10/1/2009
68328		3	REVISE / GRAFT EYELID LINING; W/ BUCCAL MUCOUS MEMBRANE GRAFT	494.92	494.92	10/1/2009
68330		3	REVISE EYELID LINING; REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLAST	314.10	411.30	10/1/2009
68335		3	REVISE/GRAFT EYELID LINING; W/FREE GRAFT CONJUNCTIVA OR BUCCAL I	444.34	444.34	10/1/2009
68340		3	SEPARATE EYELID ADHESIONS	271.29	369.92	10/1/2009
68360		3	REVISE EYELID LINING; CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL	280.61	361.36	10/1/2009
68362		3	REVISE EYELID LINING; TOTAL	450.46	450.46	10/1/2009
68400		3	INCISE/DRAIN TEAR GLAND	94.99	191.61	10/1/2009
68420		3	INCISE/DRAIN TEAR GLAND; OF LACRIMAL SAC	122.09	219.29	10/1/2009
68440		3	INCISE TEAR DUCT OPENING	66.11	73.32	10/1/2009
68500		3	REMOVAL OF TEAR GLAND	671.13	671.13	10/1/2009
68505		3	PARTIAL REMOVAL OF TEAR GLAND	674.97	674.97	10/1/2009
68510		3	BIOPSY OF TEAR GLAND	210.27	315.82	10/1/2009
68520		3	REMOVAL OF TEAR SAC	474.70	474.70	10/1/2009
68525		3	BIOPSY OF TEAR SAC	193.78	193.78	10/1/2009
68530		3	CLEARANCE OF TEAR DUCT	184.61	299.69	10/1/2009
68540		3	REMOVE TEAR GLAND LESION	641.82	641.82	10/1/2009
68550		3	REMOVE TEAR GLAND LESION	789.47	789.47	10/1/2009
68700		3	REPAIR TEAR DUCTS	414.20	414.20	10/1/2009
68705		3	REVISE TEAR DUCT OPENING	115.29	163.45	10/1/2009
68720		3	INCISE TEAR DUCTS	525.91	525.91	10/1/2009
68745		3	INCISE TEAR DUCTS	527.87	527.87	10/1/2009
68750		3	ESTABLISH TEAR DUCT CHANNEL	542.36	542.36	10/1/2009
68760		3	CLOSE TEAR DUCT OPENING	100.76	138.54	10/1/2009
68761		3	CLOSURE OF THE LACRIMAL PUNCTUM;	81.71	101.03	10/1/2009
68770		3	CLOSE TEAR SYSTEM FISTULA	410.57	410.57	10/1/2009
68840		3	EXPLORATION OF TEAR DUCTS	77.12	85.49	10/1/2009
68850		3	INJECTION ONLY DACRYOCYSTOGRAPHY	44.19	48.23	10/1/2009
69000		3	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA;	87.14	130.98	10/1/2009
69005		3	DRAIN EXTERNAL EAR LESION	118.80	156.01	10/1/2009
69020		3	DRAIN OUTER EAR CANAL LESION	105.67	166.24	10/1/2009
69100		3	BIOPSY EXTERNAL EAR	37.67	77.76	10/1/2009
69105		3	BIOPSY EXTERNAL AUDITORY CANAL	48.94	101.43	10/1/2009
69110		3	PARTIAL REMOVAL EXTERNAL EAR	243.62	331.88	10/1/2009
69120		3	REMOVAL OF EXTERNAL EAR	295.95	295.95	10/1/2009
69140		3	AMB SURG EXCISION EXOTOSIS EXTERNAL AUDITORY CANAL	644.79	644.79	10/1/2009
69145		3	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	183.68	278.57	10/1/2009
69150		3	EXTENSIVE OUTER EAR SURGERY	795.15	795.15	10/1/2009
69155		3	EXTENSIVE EAR/NECK SURGERY	1279.18	1279.18	10/1/2009
69200		3	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL;	42.50	88.36	10/1/2009
69205		3	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL;	76.02	76.02	10/1/2009
69210		3	REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH E	25.49	37.03	10/1/2009
69220		3	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE	47.45	99.08	10/1/2009
69222		3	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX	102.60	159.13	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
69310		3	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, I	806.75	806.75	10/1/2009
69320		3	REBUILD OUTER EAR CANAL	1153.35	1153.35	10/1/2009
69400		3	EUSTACHIAN TUBE INFLATION, TRANSNASAL;	47.17	102.83	10/1/2009
69401		3	EUSTACHIAN TUBE INFLATION, TRANSNASAL;	37.65	60.43	10/1/2009
69405		3	EUSTACHIAN TUBE CATHETERIZATION, TRANSTYMPANIC	147.06	191.18	10/1/2009
69420		3	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLA'	89.54	138.00	10/1/2009
69421		3	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLA'	113.48	113.48	10/1/2009
69424		3	REMOVAL VENTILATING TUBE INSERT BY OTHER PHYSICIAN	47.50	93.65	10/1/2009
69433		3	TYMPANOSTOMY, LOCAL OR TOPICAL ANESTHESIA	97.02	144.03	10/1/2009
69436		3	AMB SURG TYMPANOSTOMY W INSERT VENTILATION TUBES	123.46	123.46	10/1/2009
69440		3	AMB SURG MIDDLE EAR EXPLORATION	510.37	510.37	10/1/2009
69450		3	TYMPANOLYSIS TRANSCANAL	399.84	399.84	10/1/2009
69501		3	AMB SURG TRANSMASTOID ANTROTOMY (MASTOIDECTOMY)	549.99	549.99	10/1/2009
69502		3	MASTOIDECTOMY COMPLETE	732.40	732.40	10/1/2009
69505		3	REMOVAL MASTOID STRUCTURES	900.35	900.35	10/1/2009
69511		3	REMOVAL MASTOID STRUCTURE	926.03	926.03	10/1/2009
69530		3	REMOVE PART OF TEMPORAL BONE	1251.32	1251.32	10/1/2009
69535		3	REMOVE PART OF TEMPORAL BONE	2043.40	2043.40	10/1/2009
69540		3	REMOVE EAR LESION	94.24	149.90	10/1/2009
69550		3	REMOVE EAR LESION	777.70	777.70	10/1/2009
69552		3	REMOVE EAR LESION	1192.47	1192.47	10/1/2009
69554		3	REMOVE EAR LESION	1901.41	1901.41	10/1/2009
69601		3	REVISE MASTOID SURGERY	789.45	789.45	10/1/2009
69602		3	REVISE MASTOID SURGERY	820.82	820.82	10/1/2009
69603		3	REVISE MASTOID SURGERY	952.71	952.71	10/1/2009
69604		3	REVISE MASTOID SURGERY	846.86	846.86	10/1/2009
69605		3	REVISE MASTOID SURGERY	1179.95	1179.95	10/1/2009
69610		3	REPAIR OF EAR DRUM	227.17	292.65	10/1/2009
69620		3	AMB SURG MYRINGOPLASTY	367.46	509.35	10/1/2009
69631		3	AMB SURG TYMPANOPLASTY WITHOUT MASTOIDECTOMY	656.81	656.81	10/1/2009
69632		3	REPAIR OF EAR DRUM	808.00	808.00	10/1/2009
69633		3	TYMPANOPLASTY W/O MASTOIDECTOMY WITH OSSICULAR CHA	778.09	778.09	10/1/2009
69635		3	REPAIR EAR DRUM STRUCTURES	913.57	913.57	10/1/2009
69636		3	REBUILD EAR DRUM STRUCTURES	1035.48	1035.48	10/1/2009
69637		3	AMB SURG TYMPANO/ANTR OR MAST W OSSIC-PORP OR TORP	1030.69	1030.69	10/1/2009
69641		3	AMB SURG TYMPANO/MASTOIDECT, NO OSSIC CHN RECONSTR	783.36	783.36	10/1/2009
69642		3	REVISE MIDDLE EAR & MASTOID	1011.26	1011.26	10/1/2009
69643		3	REVISE MIDDLE EAR AND MASTOID	923.57	923.57	10/1/2009
69644		3	REVISE MIDDLE EAR & MASTOID	1115.71	1115.71	10/1/2009
69645		3	REVISE MIDDLE EAR & MASTOID	1092.65	1092.65	10/1/2009
69646		3	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDI	1162.84	1162.84	10/1/2009
69650		3	RELEASE MIDDLE EAR BONE	596.49	596.49	10/1/2009
69660		3	AMB SURG STAPEDECTOMY	702.75	702.75	10/1/2009
69661		3	STAPEDECTOMY WITH FOOT PLATE DRILL OUT	919.50	919.50	10/1/2009
69662		3	REVISION STAPEDECTOMY OR STAPEDOTOMY	882.04	882.04	10/1/2009
69666		3	REPAIR MIDDLE EAR STRUCTURES	605.26	605.26	10/1/2009
69667		3	REPAIR MIDDLE EAR STRUCTURES	607.31	607.31	10/1/2009
69670		3	REMOVE MASTOID AIR CELLS	708.62	708.62	10/1/2009
69676		3	TYPANIC NEURECTOMY	623.31	623.31	10/1/2009
69700		3	AMB SURG CLOSURE POSTAURICULARICULAR FISTULA MASTO	520.31	520.31	10/1/2009
69720		3	RELEASE FACIAL NERVE	884.75	884.75	10/1/2009
69725		3	RELEASE FACIAL NERVE	1449.97	1449.97	10/1/2009
69740		3	REPAIR FACIAL NERVE	894.15	894.15	10/1/2009
69745		3	REPAIR FACIAL NERVE	948.95	948.95	10/1/2009
69801		3	INCISE INNER EAR	559.55	559.55	10/1/2009
69802		3	INCISE INNER EAR	787.71	787.71	10/1/2009
69805		3	EXPLORE INNER EAR	800.85	800.85	10/1/2009
69806		3	EXPLORE INNER EAR	718.16	718.16	10/1/2009
69820		3	ESTABLISH INNER EAR WINDOW	649.50	649.50	10/1/2009
69840		3	REVISE INNER EAR WINDOW	681.18	681.18	10/1/2009
69905		3	REMOVE INNER EAR	692.21	692.21	10/1/2009
69910		3	REMOVE EAR AND MASTOID	777.05	777.05	10/1/2009
69915		3	INCISE INNER EAR NERVE	1180.81	1180.81	10/1/2009
69930		3	COCHLEAR DEVICE IMPLANTATION WITH OR W/O MASTOIDECTOMY	947.69	947.69	10/1/2009
69950		3	INCISE INNER EAR NERVE	1399.79	1399.79	10/1/2009
69955		3	RELEASE FACIAL NERVE	1529.33	1529.33	10/1/2009
69960		3	RELEASE INNER EAR CANAL	1484.26	1484.26	10/1/2009
69970		3	REMOVE INNER EAR LESION	1656.65	1656.65	10/1/2009
69990		3	MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCI	167.59	167.59	10/1/2009
70010		3	MYELOGRAPHY, POSTERIOR FOSSA	137.04	137.04	10/1/2009
70010	26	5	MYELOGRAPHY, POSTERIOR FOSSA	50.50	50.50	10/1/2009
70010	TC	T	MYELOGRAPHY, POSTERIOR FOSSA	86.55	86.55	10/1/2009
70015		3	CISTERNOGRAPHY, POSITIVE CONTRAST	114.97	114.97	10/1/2009
70015	26	5	CISTERNOGRAPHY, POSITIVE CONTRAST	51.66	51.66	10/1/2009
70015	TC	T	CISTERNOGRAPHY, POSITIVE CONTRAST	63.30	63.30	10/1/2009
70030		3	RADIOLOGIC EXAM EYE	22.33	22.33	10/1/2009
70030	26	5	RADIOLOGIC EXAM EYE	7.23	7.23	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
70030	TC	T	RADIOLOGIC EXAM EYE	15.11	15.11	10/1/2009
70100		3	RADIOLOGIC EXAM MANDIBLE PARTIAL	24.09	24.09	10/1/2009
70100	26	5	RADIOLOGIC EXAM MANDIBLE PARTIAL	7.54	7.54	10/1/2009
70100	TC	T	RADIOLOGIC EXAM MANDIBLE PARTIAL	16.54	16.54	10/1/2009
70110		3	RADIOLOGIC EXAM MANDIBLE COMPLETE	31.28	31.28	10/1/2009
70110	26	5	RADIOLOGIC EXAM MANDIBLE COMPLETE	10.59	10.59	10/1/2009
70110	TC	T	RADIOLOGIC EXAM MANDIBLE COMPLETE	20.69	20.69	10/1/2009
70120		3	RADIOLOGIC EXAM MASTOID	26.22	26.22	10/1/2009
70120	26	5	RADIOLOGIC EXAM MASTOID	7.54	7.54	10/1/2009
70120	TC	T	RADIOLOGIC EXAM MASTOID	18.67	18.67	10/1/2009
70130		3	RADIOLOGIC EXAM MASTOIDS, COMPLETE	43.43	43.43	10/1/2009
70130	26	5	RADIOLOGIC EXAM MASTOIDS, COMPLETE	14.46	14.46	10/1/2009
70130	TC	T	RADIOLOGIC EXAM MASTOIDS, COMPLETE	28.97	28.97	10/1/2009
70134		3	RADIOLOGIC EXAM INTERNAL AUDITORY COMPLETE	37.36	37.36	10/1/2009
70134	26	5	RADIOLOGIC EXAM INTERNAL AUDITORY COMPLETE	14.46	14.46	10/1/2009
70134	TC	T	RADIOLOGIC EXAM INTERNAL AUDITORY COMPLETE	22.90	22.90	10/1/2009
70140		3	RADIOLOGIC EXAM, FACIAL BONES, LESS THAN THREE VIEWS	23.64	23.64	10/1/2009
70140	26	5	RADIOLOGIC EXAM, FACIAL BONES, LESS THAN THREE VIEWS	7.85	7.85	10/1/2009
70140	TC	T	RADIOLOGIC EXAM, FACIAL BONES, LESS THAN THREE VIEWS	15.79	15.79	10/1/2009
70150		3	RADIOLOGIC EXAM FACIAL BONES, COMPLETE	33.81	33.81	10/1/2009
70150	26	5	RADIOLOGIC EXAM FACIAL BONES, COMPLETE	10.90	10.90	10/1/2009
70150	TC	T	RADIOLOGIC EXAM FACIAL BONES, COMPLETE	22.90	22.90	10/1/2009
70160		3	RADIOLOGIC EXAM, NASAL BONES, COMPLETE, MINIMUM OF 3 VIEWS	25.22	25.22	10/1/2009
70160	26	5	RADIOLOGIC EXAM, NASAL BONES, COMPLETE, MINIMUM OF 3 VIEWS	7.23	7.23	10/1/2009
70160	TC	T	RADIOLOGIC EXAM, NASAL BONES, COMPLETE, MINIMUM OF 3 VIEWS	17.99	17.99	10/1/2009
70170		3	DACRYOCYSTOGRAPHY	42.68	42.68	10/1/2009
70170	26	5	DACRYOCYSTOGRAPHY	12.72	12.72	10/1/2009
70170	TC	T	DACRYOCYSTOGRAPHY	30.40	30.40	10/1/2009
70190		3	RADIOLOGIC EXAM, OPTIC FORAMINA	28.01	28.01	10/1/2009
70190	26	5	RADIOLOGIC EXAM, OPTIC FORAMINA	8.76	8.76	10/1/2009
70190	TC	T	RADIOLOGIC EXAM, OPTIC FORAMINA	19.25	19.25	10/1/2009
70200		3	RADIOLOGIC EXAM, ORBITS, COMPLETE	35.01	35.01	10/1/2009
70200	26	5	RADIOLOGIC EXAM, ORBITS, COMPLETE	11.81	11.81	10/1/2009
70200	TC	T	RADIOLOGIC EXAM, ORBITS, COMPLETE	23.20	23.20	10/1/2009
70210		3	RADIOLOGIC EXAM, SINUSES, PARANASAL LESS THAN 3 VIEWS	23.60	23.60	10/1/2009
70210	26	5	RADIOLOGIC EXAM, SINUSES, PARANASAL LESS THAN 3 VIEWS	7.23	7.23	10/1/2009
70210	TC	T	RADIOLOGIC EXAM, SINUSES, PARANASAL LESS THAN 3 VIEWS	16.36	16.36	10/1/2009
70220		3	RADIOLOGIC EXAM SINUSES COMPLETE	30.90	30.90	10/1/2009
70220	26	5	RADIOLOGIC EXAM SINUSES COMPLETE	10.30	10.30	10/1/2009
70220	TC	T	RADIOLOGIC EXAM SINUSES COMPLETE	20.60	20.60	10/1/2009
70240		3	RADIOLOGIC EXAM SELLA TURCICA	23.24	23.24	10/1/2009
70240	26	5	RADIOLOGIC EXAM SELLA TURCICA	8.14	8.14	10/1/2009
70240	TC	T	RADIOLOGIC EXAM SELLA TURCICA	15.11	15.11	10/1/2009
70250		3	RADIOLOGIC EXAM, SKULL, LESS THAN 4 VIEWS, WITH/WITHOUT STEREO	28.66	28.66	10/1/2009
70250	26	5	RADIOLOGIC EXAM, SKULL, LESS THAN 4 VIEWS, WITH/WITHOUT STEREO	9.99	9.99	10/1/2009
70250	TC	T	RADIOLOGIC EXAM, SKULL, LESS THAN 4 VIEWS, WITH/WITHOUT STEREO	18.67	18.67	10/1/2009
70260		3	RADIOLOGIC EXAM SKULL COMPLETE	38.14	38.14	10/1/2009
70260	26	5	RADIOLOGIC EXAM SKULL COMPLETE	14.17	14.17	10/1/2009
70260	TC	T	RADIOLOGIC EXAM SKULL COMPLETE	23.97	23.97	10/1/2009
70300		3	RADIOLOGIC EXAM TEETH	11.21	11.21	10/1/2009
70300	26	5	RADIOLOGIC EXAM TEETH	4.47	4.47	10/1/2009
70300	TC	T	RADIOLOGIC EXAM TEETH	6.74	6.74	10/1/2009
70310		3	RADIOLOGIC EXAM, TEETH PARTIAL EXAM	26.64	26.64	10/1/2009
70310	26	5	RADIOLOGIC EXAM, TEETH PARTIAL EXAM	6.92	6.92	10/1/2009
70310	TC	T	RADIOLOGIC EXAM, TEETH PARTIAL EXAM	19.72	19.72	10/1/2009
70320		3	RADIOLOGIC EXAM TEETH COMPLETE	37.46	37.46	10/1/2009
70320	26	5	RADIOLOGIC EXAM TEETH COMPLETE	9.36	9.36	10/1/2009
70320	TC	T	RADIOLOGIC EXAM TEETH COMPLETE	28.10	28.10	10/1/2009
70328		3	RADIOLOGIC EXAM TEMPOROMANDIBULAR JOINT	23.51	23.51	10/1/2009
70328	26	5	RADIOLOGIC EXAM TEMPOROMANDIBULAR JOINT	7.54	7.54	10/1/2009
70328	TC	T	RADIOLOGIC EXAM TEMPOROMANDIBULAR JOINT	15.97	15.97	10/1/2009
70330		3	RADIOLOGIC EXAM, TEMPOROMANDIBULAR JOINT, OPEN & CLOSED,BILATE	37.22	37.22	10/1/2009
70330	26	5	RADIOLOGIC EXAM, TEMPOROMANDIBULAR JOINT, OPEN & CLOSED,BILATE	10.27	10.27	10/1/2009
70330	TC	T	RADIOLOGIC EXAM, TEMPOROMANDIBULAR JOINT, OPEN & CLOSED,BILATE	26.95	26.95	10/1/2009
70332		3	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	67.19	67.19	10/1/2009
70332	26	5	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	22.42	22.42	10/1/2009
70332	TC	T	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	44.77	44.77	10/1/2009
70336		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR J	405.29	405.29	10/1/2009
70336	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR J	63.10	63.10	10/1/2009
70336	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR J	342.18	342.18	10/1/2009
70350		3	CEPHALOGRAM, ORTHODONTIC	16.28	16.28	10/1/2009
70350	26	5	CEPHALOGRAM, ORTHODONTIC	7.23	7.23	10/1/2009
70350	TC	T	CEPHALOGRAM, ORTHODONTIC	9.05	9.05	10/1/2009
70355		3	ORTHOPANTOGRAM	18.18	18.18	10/1/2009
70355	26	5	ORTHOPANTOGRAM	8.45	8.45	10/1/2009
70355	TC	T	ORTHOPANTOGRAM	9.73	9.73	10/1/2009
70360		3	RADIOLOGIC EXAM, NECK	21.47	21.47	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
70360	26	5	RADIOLOGIC EXAM; NECK	7.23	7.23	10/1/2009
70360	TC	T	RADIOLOGIC EXAM; NECK	14.24	14.24	10/1/2009
70370		3	RADIOLOGIC EXAM; PHARYNX OR LARYNX	58.57	58.57	10/1/2009
70370	26	5	RADIOLOGIC EXAM; PHARYNX OR LARYNX	13.35	13.35	10/1/2009
70370	TC	T	RADIOLOGIC EXAM; PHARYNX OR LARYNX	45.22	45.22	10/1/2009
70373		3	LARYNGOGRAPHY	63.59	63.59	10/1/2009
70373	26	5	LARYNGOGRAPHY	17.57	17.57	10/1/2009
70373	TC	T	LARYNGOGRAPHY	46.01	46.01	10/1/2009
70380		3	RADIOLOGIC EXAM, SALIVARY GLAND	29.07	29.07	10/1/2009
70380	26	5	RADIOLOGIC EXAM, SALIVARY GLAND	7.23	7.23	10/1/2009
70380	TC	T	RADIOLOGIC EXAM, SALIVARY GLAND	21.85	21.85	10/1/2009
70390		3	SIALOGRAPHY	78.44	78.44	10/1/2009
70390	26	5	SIALOGRAPHY	16.28	16.28	10/1/2009
70390	TC	T	SIALOGRAPHY	62.16	62.16	10/1/2009
70450		3	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN	174.14	174.14	10/1/2009
70450	26	5	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN	36.52	36.52	10/1/2009
70450	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN	137.61	137.61	10/1/2009
70460		3	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	225.29	225.29	10/1/2009
70460	26	5	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	48.34	48.34	10/1/2009
70460	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	176.96	176.96	10/1/2009
70470		3	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	272.48	272.48	10/1/2009
70470	26	5	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	54.34	54.34	10/1/2009
70470	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	218.15	218.15	10/1/2009
70480		3	COMPUTERIZED AXIAL TOMOGRAPHY ORBIT	265.23	265.23	10/1/2009
70480	26	5	COMPUTERIZED AXIAL TOMOGRAPHY ORBIT	54.65	54.65	10/1/2009
70480	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY ORBIT	210.58	210.58	10/1/2009
70481		3	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	308.27	308.27	10/1/2009
70481	26	5	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	58.92	58.92	10/1/2009
70481	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	249.35	249.35	10/1/2009
70482		3	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	352.80	352.80	10/1/2009
70482	26	5	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	61.68	61.68	10/1/2009
70482	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	291.11	291.11	10/1/2009
70486		3	COMPUTERIZED AXIAL TOMOGRAPHY	224.32	224.32	10/1/2009
70486	26	5	COMPUTERIZED AXIAL TOMOGRAPHY	48.65	48.65	10/1/2009
70486	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY	175.68	175.68	10/1/2009
70487		3	COMPUTERIZED AXIAL TOMOGRAPHY, WITH CONTRAST	271.17	271.17	10/1/2009
70487	26	5	COMPUTERIZED AXIAL TOMOGRAPHY, WITH CONTRAST	55.86	55.86	10/1/2009
70487	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY, WITH CONTRAST	215.32	215.32	10/1/2009
70488		3	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	329.65	329.65	10/1/2009
70488	26	5	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	60.46	60.46	10/1/2009
70488	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	269.20	269.20	10/1/2009
70490		3	COMPUTERIZED AXIAL TOMOGRAPHY,NECK	222.55	222.55	10/1/2009
70490	26	5	COMPUTERIZED AXIAL TOMOGRAPHY,NECK	54.94	54.94	10/1/2009
70490	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY,NECK	167.60	167.60	10/1/2009
70491		3	COMPUTERIZED AXIAL TOMOGRAPHY NECK WITH CONTRAST	266.74	266.74	10/1/2009
70491	26	5	COMPUTERIZED AXIAL TOMOGRAPHY NECK WITH CONTRAST	58.92	58.92	10/1/2009
70491	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY NECK WITH CONTRAST	207.82	207.82	10/1/2009
70492		3	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	323.38	323.38	10/1/2009
70492	26	5	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	61.68	61.68	10/1/2009
70492	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	261.69	261.69	10/1/2009
70496		3	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST M.	514.36	514.36	10/1/2009
70496	26	5	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST M.	75.18	75.18	10/1/2009
70496	TC	T	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST M.	439.18	439.18	10/1/2009
70498		3	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST M.	516.67	516.67	10/1/2009
70498	26	5	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST M.	75.47	75.47	10/1/2009
70498	TC	T	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST M.	441.20	441.20	10/1/2009
70540		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK;	438.61	438.61	10/1/2009
70540	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK;	57.41	57.41	10/1/2009
70540	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK;	381.20	381.20	10/1/2009
70542		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK;	487.46	487.46	10/1/2009
70542	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK;	68.91	68.91	10/1/2009
70542	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK;	418.55	418.55	10/1/2009
70543		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK;	671.67	671.67	10/1/2009
70543	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK;	91.51	91.51	10/1/2009
70543	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK;	580.16	580.16	10/1/2009
70544		3	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATE	472.59	472.59	10/1/2009
70544	26	5	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATE	51.10	51.10	10/1/2009
70544	TC	T	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATE	421.49	421.49	10/1/2009
70545		3	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	470.57	470.57	10/1/2009
70545	26	5	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	51.10	51.10	10/1/2009
70545	TC	T	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	419.47	419.47	10/1/2009
70546		3	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATE	749.16	749.16	10/1/2009
70546	26	5	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATE	76.74	76.74	10/1/2009
70546	TC	T	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATE	672.42	672.42	10/1/2009
70547		3	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATE	471.43	471.43	10/1/2009
70547	26	5	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATE	51.10	51.10	10/1/2009
70547	TC	T	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATE	420.34	420.34	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
70548		3	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL	489.90	489.90	10/1/2009
70548	26	5	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL	51.10	51.10	10/1/2009
70548	TC	T	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL	438.80	438.80	10/1/2009
70549		3	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATE	749.73	749.73	10/1/2009
70549	26	5	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATE	76.74	76.74	10/1/2009
70549	TC	T	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATE	672.99	672.99	10/1/2009
70551		3	MAGNETIC RESONANCE, BRAIN	453.16	453.16	10/1/2009
70551	26	5	MAGNETIC RESONANCE, BRAIN	63.10	63.10	10/1/2009
70551	TC	T	MAGNETIC RESONANCE, BRAIN	390.06	390.06	10/1/2009
70552		3	MAGNETIC RESONANCE, BRAIN WITH CONTRAST	506.71	506.71	10/1/2009
70552	26	5	MAGNETIC RESONANCE, BRAIN WITH CONTRAST	76.11	76.11	10/1/2009
70552	TC	T	MAGNETIC RESONANCE, BRAIN WITH CONTRAST	430.59	430.59	10/1/2009
70553		3	MAGNETIC RESONANCE, BRAIN WITH/WITHOUT CONTRAST	674.53	674.53	10/1/2009
70553	26	5	MAGNETIC RESONANCE, BRAIN WITH/WITHOUT CONTRAST	100.66	100.66	10/1/2009
70553	TC	T	MAGNETIC RESONANCE, BRAIN WITH/WITHOUT CONTRAST	573.88	573.88	10/1/2009
70557		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN	498.38	498.38	10/1/2009
70557	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN	124.60	124.60	10/1/2009
70557	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN	373.79	373.79	10/1/2009
70558		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN	544.29	544.29	10/1/2009
70558	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN	136.07	136.07	10/1/2009
70558	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN	408.22	408.22	10/1/2009
70559		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN	552.78	552.78	10/1/2009
70559	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN	138.20	138.20	10/1/2009
70559	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN	414.59	414.59	10/1/2009
71010		3	RADIOLOGIC EXAM, CHEST	19.18	19.18	10/1/2009
71010	26	5	RADIOLOGIC EXAM, CHEST	7.54	7.54	10/1/2009
71010	TC	T	RADIOLOGIC EXAM, CHEST	11.64	11.64	10/1/2009
71015		3	RADIOLOGIC EXAM STEREO, FRONTAL	23.58	23.58	10/1/2009
71015	26	5	RADIOLOGIC EXAM STEREO, FRONTAL	8.76	8.76	10/1/2009
71015	TC	T	RADIOLOGIC EXAM STEREO, FRONTAL	14.81	14.81	10/1/2009
71020		3	RADIOLOGICAL EXAM CHEST TWO VIEWS FRONTAL/LATERAL	25.44	25.44	10/1/2009
71020	26	5	RADIOLOGICAL EXAM CHEST TWO VIEWS FRONTAL/LATERAL	9.36	9.36	10/1/2009
71020	TC	T	RADIOLOGICAL EXAM CHEST TWO VIEWS FRONTAL/LATERAL	16.08	16.08	10/1/2009
71021		3	RADIOLOGICAL EXAM CHEST WITH APICAL LORDTIC	30.66	30.66	10/1/2009
71021	26	5	RADIOLOGICAL EXAM CHEST WITH APICAL LORDTIC	11.21	11.21	10/1/2009
71021	TC	T	RADIOLOGICAL EXAM CHEST WITH APICAL LORDTIC	19.45	19.45	10/1/2009
71022		3	RADIOLOGIC EXAM CHEST WITH OBLIQUE PROJECTIONS	36.81	36.81	10/1/2009
71022	26	5	RADIOLOGIC EXAM CHEST WITH OBLIQUE PROJECTIONS	13.04	13.04	10/1/2009
71022	TC	T	RADIOLOGIC EXAM CHEST WITH OBLIQUE PROJECTIONS	23.77	23.77	10/1/2009
71023		3	RADIOLOGIC EXAM CHEST WITH FLUROSCOPY	53.13	53.13	10/1/2009
71023	26	5	RADIOLOGIC EXAM CHEST WITH FLUROSCOPY	16.37	16.37	10/1/2009
71023	TC	T	RADIOLOGIC EXAM CHEST WITH FLUROSCOPY	36.75	36.75	10/1/2009
71030		3	RADIOLOGICAL EXAM CHEST COMPLETE	37.10	37.10	10/1/2009
71030	26	5	RADIOLOGICAL EXAM CHEST COMPLETE	13.04	13.04	10/1/2009
71030	TC	T	RADIOLOGICAL EXAM CHEST COMPLETE	24.06	24.06	10/1/2009
71034		3	RADIOLOGIC EXAM, CHEST WITH FLUOROSCOPY	72.85	72.85	10/1/2009
71034	26	5	RADIOLOGIC EXAM, CHEST WITH FLUOROSCOPY	20.79	20.79	10/1/2009
71034	TC	T	RADIOLOGIC EXAM, CHEST WITH FLUOROSCOPY	52.05	52.05	10/1/2009
71035		3	RADIOLOGIC EXAM CHEST, SPECIAL VIEWS	27.26	27.26	10/1/2009
71035	26	5	RADIOLOGIC EXAM CHEST, SPECIAL VIEWS	7.83	7.83	10/1/2009
71035	TC	T	RADIOLOGIC EXAM CHEST, SPECIAL VIEWS	19.43	19.43	10/1/2009
71040		3	BRONCHOGRAPHY, UNILATERAL	76.21	76.21	10/1/2009
71040	26	5	BRONCHOGRAPHY, UNILATERAL	24.73	24.73	10/1/2009
71040	TC	T	BRONCHOGRAPHY, UNILATERAL	51.48	51.48	10/1/2009
71060		3	BRONCHOGRAPHY, BILATERAL	110.74	110.74	10/1/2009
71060	26	5	BRONCHOGRAPHY, BILATERAL	31.45	31.45	10/1/2009
71060	TC	T	BRONCHOGRAPHY, BILATERAL	79.29	79.29	10/1/2009
71090		3	INSERTION PACEMAKER	77.04	77.04	10/1/2009
71090	26	5	INSERTION PACEMAKER	24.73	24.73	10/1/2009
71090	TC	T	INSERTION PACEMAKER	53.25	53.25	10/1/2009
71100		3	RADIOLOGIC EXAM, RIBS	26.02	26.02	10/1/2009
71100	26	5	RADIOLOGIC EXAM, RIBS	9.36	9.36	10/1/2009
71100	TC	T	RADIOLOGIC EXAM, RIBS	16.65	16.65	10/1/2009
71101		3	RADIOLOGIC EXAM RIBS /POSTEROANTERIOR CHEST	31.32	31.32	10/1/2009
71101	26	5	RADIOLOGIC EXAM RIBS /POSTEROANTERIOR CHEST	11.21	11.21	10/1/2009
71101	TC	T	RADIOLOGIC EXAM RIBS /POSTEROANTERIOR CHEST	20.11	20.11	10/1/2009
71110		3	RADIOLOGIC EXAM, RIBS BILATERAL	32.39	32.39	10/1/2009
71110	26	5	RADIOLOGIC EXAM, RIBS BILATERAL	11.21	11.21	10/1/2009
71110	TC	T	RADIOLOGIC EXAM, RIBS BILATERAL	21.18	21.18	10/1/2009
71111		3	RADIOLOGIC EXAM INCLUDING POSTEROANTERIOR	41.36	41.36	10/1/2009
71111	26	5	RADIOLOGIC EXAM INCLUDING POSTEROANTERIOR	13.35	13.35	10/1/2009
71111	TC	T	RADIOLOGIC EXAM INCLUDING POSTEROANTERIOR	28.01	28.01	10/1/2009
71120		3	RADIOLOGIC EXAM STERNUM	25.97	25.97	10/1/2009
71120	26	5	RADIOLOGIC EXAM STERNUM	8.45	8.45	10/1/2009
71120	TC	T	RADIOLOGIC EXAM STERNUM	17.52	17.52	10/1/2009
71130		3	RADIOLOGIC EXAM STERNOCLAVICULAR JOINT(S)	29.77	29.77	10/1/2009
71130	26	5	RADIOLOGIC EXAM STERNOCLAVICULAR JOINT(S)	9.36	9.36	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
71130	TC	T	RADIOLOGIC EXAM STERNOCLAVICULAR JOINT(S)	20.40	20.40	10/1/2009
71250		3	COMPUTERIZED AXIAL TOMOGRAPHY	227.29	227.29	10/1/2009
71250	26	5	COMPUTERIZED AXIAL TOMOGRAPHY	49.56	49.56	10/1/2009
71250	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY	177.73	177.73	10/1/2009
71260		3	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	272.50	272.50	10/1/2009
71260	26	5	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	52.92	52.92	10/1/2009
71260	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	219.58	219.58	10/1/2009
71270		3	COMPUTERIZED AXIAL TOMOGRAPHY WITHOUT CONTRAST	336.24	336.24	10/1/2009
71270	26	5	COMPUTERIZED AXIAL TOMOGRAPHY WITHOUT CONTRAST	58.92	58.92	10/1/2009
71270	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY WITHOUT CONTRAST	277.31	277.31	10/1/2009
71275		3	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST	415.16	415.16	10/1/2009
71275	26	5	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST	82.41	82.41	10/1/2009
71275	TC	T	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST	332.75	332.75	10/1/2009
71550		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUA	489.66	489.66	10/1/2009
71550	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUA	62.00	62.00	10/1/2009
71550	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUA	427.67	427.67	10/1/2009
71551		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUA	549.47	549.47	10/1/2009
71551	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUA	73.40	73.40	10/1/2009
71551	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUA	476.07	476.07	10/1/2009
71552		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUA	753.56	753.56	10/1/2009
71552	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUA	96.96	96.96	10/1/2009
71552	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUA	656.60	656.60	10/1/2009
72010		3	RADIOLOGIC EXAM SPINE	54.84	54.84	10/1/2009
72010	26	5	RADIOLOGIC EXAM SPINE	18.46	18.46	10/1/2009
72010	TC	T	RADIOLOGIC EXAM SPINE	36.37	36.37	10/1/2009
72020		3	RADIOLOGIC EXAM SPINE /SPECIFY LEVEL	18.83	18.83	10/1/2009
72020	26	5	RADIOLOGIC EXAM SPINE /SPECIFY LEVEL	6.61	6.61	10/1/2009
72020	TC	T	RADIOLOGIC EXAM SPINE /SPECIFY LEVEL	12.22	12.22	10/1/2009
72040		3	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	29.19	29.19	10/1/2009
72040	26	5	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	9.36	9.36	10/1/2009
72040	TC	T	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	19.83	19.83	10/1/2009
72050		3	RADIOLOGIC EXAM SPINE. 4 VIEWS	41.33	41.33	10/1/2009
72050	26	5	RADIOLOGIC EXAM SPINE. 4 VIEWS	13.04	13.04	10/1/2009
72050	TC	T	RADIOLOGIC EXAM SPINE. 4 VIEWS	28.30	28.30	10/1/2009
72052		3	RADIOLOGIC EXAM SPINE, COMPLETE	51.74	51.74	10/1/2009
72052	26	5	RADIOLOGIC EXAM SPINE, COMPLETE	15.37	15.37	10/1/2009
72052	TC	T	RADIOLOGIC EXAM SPINE, COMPLETE	36.37	36.37	10/1/2009
72069		3	RADIOLOGIC EXAM SPINE THORACOLUMBAR	27.65	27.65	10/1/2009
72069	26	5	RADIOLOGIC EXAM SPINE THORACOLUMBAR	9.36	9.36	10/1/2009
72069	TC	T	RADIOLOGIC EXAM SPINE THORACOLUMBAR	18.27	18.27	10/1/2009
72070		3	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	26.88	26.88	10/1/2009
72070	26	5	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	9.36	9.36	10/1/2009
72070	TC	T	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	17.52	17.52	10/1/2009
72072		3	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	30.54	30.54	10/1/2009
72072	26	5	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	9.36	9.36	10/1/2009
72072	TC	T	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	21.18	21.18	10/1/2009
72074		3	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	35.64	35.64	10/1/2009
72074	26	5	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	9.36	9.36	10/1/2009
72074	TC	T	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	26.28	26.28	10/1/2009
72080		3	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	28.04	28.04	10/1/2009
72080	26	5	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	9.36	9.36	10/1/2009
72080	TC	T	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	18.67	18.67	10/1/2009
72090		3	RADIOLOGIC EXAM SPINE. SCOLIOSIS	36.83	36.83	10/1/2009
72090	26	5	RADIOLOGIC EXAM SPINE. SCOLIOSIS	12.10	12.10	10/1/2009
72090	TC	T	RADIOLOGIC EXAM SPINE. SCOLIOSIS	24.72	24.72	10/1/2009
72100		3	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	30.63	30.63	10/1/2009
72100	26	5	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	9.36	9.36	10/1/2009
72100	TC	T	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	21.27	21.27	10/1/2009
72110		3	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIE	42.78	42.78	10/1/2009
72110	26	5	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIE	13.04	13.04	10/1/2009
72110	TC	T	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIE	29.74	29.74	10/1/2009
72114		3	RADIOLOGIC EXAM SPINE COMPLETE /BENDING VIEW	55.78	55.78	10/1/2009
72114	26	5	RADIOLOGIC EXAM SPINE COMPLETE /BENDING VIEW	15.37	15.37	10/1/2009
72114	TC	T	RADIOLOGIC EXAM SPINE COMPLETE /BENDING VIEW	40.41	40.41	10/1/2009
72120		3	RADIOLOGIC EXAM SPINE BENDING VIEW	38.24	38.24	10/1/2009
72120	26	5	RADIOLOGIC EXAM SPINE BENDING VIEW	9.36	9.36	10/1/2009
72120	TC	T	RADIOLOGIC EXAM SPINE BENDING VIEW	28.87	28.87	10/1/2009
72125		3	COMPUTERIZED AXIAL TOMOGRAPHY	227.86	227.86	10/1/2009
72125	26	5	COMPUTERIZED AXIAL TOMOGRAPHY	49.56	49.56	10/1/2009
72125	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY	178.31	178.31	10/1/2009
72126		3	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	271.88	271.88	10/1/2009
72126	26	5	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	52.01	52.01	10/1/2009
72126	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	219.87	219.87	10/1/2009
72127		3	COMPUTERIZED AXIAL TOMOGRAPHY WITHOUT CONTRAST	330.79	330.79	10/1/2009
72127	26	5	COMPUTERIZED AXIAL TOMOGRAPHY WITHOUT CONTRAST	54.05	54.05	10/1/2009
72127	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY WITHOUT CONTRAST	276.74	276.74	10/1/2009
72128		3	COMPUTERIZED AXIAL TOMOGRAPHY THORACIC SPINE	227.29	227.29	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
72128	26	5	COMPUTERIZED AXIAL TOMOGRAPHY THORACIC SPINE	49.56	49.56	10/1/2009
72128	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY THORACIC SPINE	177.73	177.73	10/1/2009
72129		3	COMP. AXIAL TOMOGRAPHY/THORACIC SPINE WITH CONTRAS	272.17	272.17	10/1/2009
72129	26	5	COMP. AXIAL TOMOGRAPHY/THORACIC SPINE WITH CONTRAS	52.30	52.30	10/1/2009
72129	TC	T	COMP. AXIAL TOMOGRAPHY/THORACIC SPINE WITH CONTRAS	219.87	219.87	10/1/2009
72130		3	COMP. TOMOGRAPHY/THORACIC SPINE WITHOUT CONTRAST	331.66	331.66	10/1/2009
72130	26	5	COMP. TOMOGRAPHY/THORACIC SPINE WITHOUT CONTRAST	54.34	54.34	10/1/2009
72130	TC	T	COMP. TOMOGRAPHY/THORACIC SPINE WITHOUT CONTRAST	277.31	277.31	10/1/2009
72131		3	COMPUTERIZED AXIAL TOMOGRAPHY/ LUMBAR SPINE	227.00	227.00	10/1/2009
72131	26	5	COMPUTERIZED AXIAL TOMOGRAPHY/ LUMBAR SPINE	49.56	49.56	10/1/2009
72131	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY/ LUMBAR SPINE	177.44	177.44	10/1/2009
72132		3	COMPUTERIZED AXIAL TOMOGRAPHY LUMBAR SPINE/CONTRAS	271.88	271.88	10/1/2009
72132	26	5	COMPUTERIZED AXIAL TOMOGRAPHY LUMBAR SPINE/CONTRAS	52.30	52.30	10/1/2009
72132	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY LUMBAR SPINE/CONTRAS	219.58	219.58	10/1/2009
72133		3	COMPUTERIZED TOMOGRAPHY LUMBAR SPINE W/WO CONTRAST	331.37	331.37	10/1/2009
72133	26	5	COMPUTERIZED TOMOGRAPHY LUMBAR SPINE W/WO CONTRAST	54.34	54.34	10/1/2009
72133	TC	T	COMPUTERIZED TOMOGRAPHY LUMBAR SPINE W/WO CONTRAST	277.03	277.03	10/1/2009
72141		3	MAGNETIC RESONANCE SPINAL CANAL	414.80	414.80	10/1/2009
72141	26	5	MAGNETIC RESONANCE SPINAL CANAL	68.00	68.00	10/1/2009
72141	TC	T	MAGNETIC RESONANCE SPINAL CANAL	346.80	346.80	10/1/2009
72142		3	MAGNETIC RESONANCE /SPINE CANAL WITH CONTRAST	511.85	511.85	10/1/2009
72142	26	5	MAGNETIC RESONANCE /SPINE CANAL WITH CONTRAST	81.84	81.84	10/1/2009
72142	TC	T	MAGNETIC RESONANCE /SPINE CANAL WITH CONTRAST	430.01	430.01	10/1/2009
72146		3	MAGNETIC RESONANCE/ SPINAL CANAL AND CONTENTS	425.31	425.31	10/1/2009
72146	26	5	MAGNETIC RESONANCE/ SPINAL CANAL AND CONTENTS	68.29	68.29	10/1/2009
72146	TC	T	MAGNETIC RESONANCE/ SPINAL CANAL AND CONTENTS	357.01	357.01	10/1/2009
72147		3	MAGNETIC RESONANCE/SPINAL CANAL WITH CONTRAST	468.30	468.30	10/1/2009
72147	26	5	MAGNETIC RESONANCE/SPINAL CANAL WITH CONTRAST	82.12	82.12	10/1/2009
72147	TC	T	MAGNETIC RESONANCE/SPINAL CANAL WITH CONTRAST	386.18	386.18	10/1/2009
72148		3	MAGNETIC RESONANCE LUMBAR	419.83	419.83	10/1/2009
72148	26	5	MAGNETIC RESONANCE LUMBAR	63.10	63.10	10/1/2009
72148	TC	T	MAGNETIC RESONANCE LUMBAR	356.73	356.73	10/1/2009
72149		3	MAGNETIC RESONANCE LUMBAR WITH CONTRAST	505.84	505.84	10/1/2009
72149	26	5	MAGNETIC RESONANCE LUMBAR WITH CONTRAST	76.11	76.11	10/1/2009
72149	TC	T	MAGNETIC RESONANCE LUMBAR WITH CONTRAST	429.73	429.73	10/1/2009
72156		3	MAGNETIC RESONANCE WITH /WITHOUT CONTRAST	675.22	675.22	10/1/2009
72156	26	5	MAGNETIC RESONANCE WITH /WITHOUT CONTRAST	109.42	109.42	10/1/2009
72156	TC	T	MAGNETIC RESONANCE WITH /WITHOUT CONTRAST	565.80	565.80	10/1/2009
72157		3	MRI; SPINAL CANAL, WO THEN W CONTRAST; THORACIC	641.76	641.76	10/1/2009
72157	26	5	MRI; SPINAL CANAL, WO THEN W CONTRAST; THORACIC	109.71	109.71	10/1/2009
72157	TC	T	MRI; SPINAL CANAL, WO THEN W CONTRAST; THORACIC	532.06	532.06	10/1/2009
72158		3	MAGNETIC RESONANCE LUMBAR WITH/WITHOUT CONTRAST	665.87	665.87	10/1/2009
72158	26	5	MAGNETIC RESONANCE LUMBAR WITH/WITHOUT CONTRAST	100.36	100.36	10/1/2009
72158	TC	T	MAGNETIC RESONANCE LUMBAR WITH/WITHOUT CONTRAST	565.51	565.51	10/1/2009
72170		3	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	20.60	20.60	10/1/2009
72170	26	5	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	7.23	7.23	10/1/2009
72170	TC	T	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	13.38	13.38	10/1/2009
72190		3	RADIOLOGIC EXAM PELVIC COMPLETE	31.19	31.19	10/1/2009
72190	26	5	RADIOLOGIC EXAM PELVIC COMPLETE	9.05	9.05	10/1/2009
72190	TC	T	RADIOLOGIC EXAM PELVIC COMPLETE	22.13	22.13	10/1/2009
72191		3	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST I	399.99	399.99	10/1/2009
72191	26	5	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST I	77.63	77.63	10/1/2009
72191	TC	T	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST I	322.37	322.37	10/1/2009
72192		3	COMPUTERIZED AXIAL TOMOGRAPHY; PELVIC	216.17	216.17	10/1/2009
72192	26	5	COMPUTERIZED AXIAL TOMOGRAPHY; PELVIC	46.80	46.80	10/1/2009
72192	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY; PELVIC	169.37	169.37	10/1/2009
72193		3	COMPUTERIZED AXIAL TOMOGRAPHY; PELVIC WITH CONTRAS	258.57	258.57	10/1/2009
72193	26	5	COMPUTERIZED AXIAL TOMOGRAPHY; PELVIC WITH CONTRAS	49.56	49.56	10/1/2009
72193	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY; PELVIC WITH CONTRAS	209.01	209.01	10/1/2009
72194		3	TOMOGRAPHY; PELVIC WITH/WITHOUT CONTRAST	329.30	329.30	10/1/2009
72194	26	5	TOMOGRAPHY; PELVIC WITH/WITHOUT CONTRAST	52.01	52.01	10/1/2009
72194	TC	T	TOMOGRAPHY; PELVIC WITH/WITHOUT CONTRAST	277.30	277.30	10/1/2009
72195		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTR	448.71	448.71	10/1/2009
72195	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTR	62.00	62.00	10/1/2009
72195	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTR	386.71	386.71	10/1/2009
72196		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST	497.55	497.55	10/1/2009
72196	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST	73.98	73.98	10/1/2009
72196	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST	423.57	423.57	10/1/2009
72197		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTR	681.58	681.58	10/1/2009
72197	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTR	96.38	96.38	10/1/2009
72197	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTR	585.20	585.20	10/1/2009
72200		3	RADIOLOGIC EXAM SACRUM, COCCYX	22.91	22.91	10/1/2009
72200	26	5	RADIOLOGIC EXAM SACRUM, COCCYX	7.23	7.23	10/1/2009
72200	TC	T	RADIOLOGIC EXAM SACRUM, COCCYX	15.68	15.68	10/1/2009
72202		3	X-RAY EXAM OF SACROILIAC JOINTS, 3 OR MORE VIEWS	27.68	27.68	10/1/2009
72202	26	5	X-RAY EXAM OF SACROILIAC JOINTS, 3 OR MORE VIEWS	8.14	8.14	10/1/2009
72202		3	SACRUM AND COCCYX	23.31	23.31	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
72220	26	5	SACRUM AND COCCYX	7.23	7.23	10/1/2009
72220	TC	T	SACRUM AND COCCYX	16.08	16.08	10/1/2009
72240		3	MYELOGRAPH, CERVICAL	126.11	126.11	10/1/2009
72240	26	5	MYELOGRAPH, CERVICAL	38.68	38.68	10/1/2009
72240	TC	T	MYELOGRAPH, CERVICAL	87.42	87.42	10/1/2009
72255		3	MYELOGRAPHY, THORACIC	115.42	115.42	10/1/2009
72255	26	5	MYELOGRAPHY, THORACIC	37.82	37.82	10/1/2009
72255	TC	T	MYELOGRAPHY, THORACIC	77.60	77.60	10/1/2009
72265		3	MYELOGRAPHY, LUMBO SACRAL	117.25	117.25	10/1/2009
72265	26	5	MYELOGRAPHY, LUMBO SACRAL	35.33	35.33	10/1/2009
72265	TC	T	MYELOGRAPHY, LUMBO SACRAL	81.93	81.93	10/1/2009
72270		3	MYELOGRAPHY, ENTIRE SPINAL CANAL	183.00	183.00	10/1/2009
72270	26	5	MYELOGRAPHY, ENTIRE SPINAL CANAL	56.78	56.78	10/1/2009
72270	TC	T	MYELOGRAPHY, ENTIRE SPINAL CANAL	126.22	126.22	10/1/2009
72275		3	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	83.06	83.06	10/1/2009
72275	26	5	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	30.54	30.54	10/1/2009
72275	TC	T	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	52.52	52.52	10/1/2009
72285		3	DISKOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION & INTERPRETATION	141.23	141.23	10/1/2009
72285	26	5	DISKOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION & INTERPRETATION	47.36	47.36	10/1/2009
72285	TC	T	DISKOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION & INTERPRETATION	93.87	93.87	10/1/2009
72291	26	5	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VEF	57.53	57.53	10/1/2009
72292	26	5	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VEF	59.99	59.99	10/1/2009
72295		3	DISDOGRAPHY, LUMBAR	125.24	125.24	10/1/2009
72295	26	5	DISDOGRAPHY, LUMBAR	34.56	34.56	10/1/2009
72295	TC	T	DISDOGRAPHY, LUMBAR	90.68	90.68	10/1/2009
73000		3	RADIOLOGIC EXAM CLAVICLE, COMPLETE	21.73	21.73	10/1/2009
73000	26	5	RADIOLOGIC EXAM CLAVICLE, COMPLETE	6.92	6.92	10/1/2009
73000	TC	T	RADIOLOGIC EXAM CLAVICLE, COMPLETE	14.81	14.81	10/1/2009
73010		3	RADIOLOGIC EXAM, SCAPULA/ COMPLETE	22.33	22.33	10/1/2009
73010	26	5	RADIOLOGIC EXAM, SCAPULA/ COMPLETE	7.23	7.23	10/1/2009
73010	TC	T	RADIOLOGIC EXAM, SCAPULA/ COMPLETE	15.11	15.11	10/1/2009
73020		3	RADIOLOGIC EXAM SHOULDER	18.54	18.54	10/1/2009
73020	26	5	RADIOLOGIC EXAM SHOULDER	6.32	6.32	10/1/2009
73020	TC	T	RADIOLOGIC EXAM SHOULDER	12.22	12.22	10/1/2009
73030		3	RADIOLOGIC EXAM SHOULDER COMPLETE	23.61	23.61	10/1/2009
73030	26	5	RADIOLOGIC EXAM SHOULDER COMPLETE	7.83	7.83	10/1/2009
73030	TC	T	RADIOLOGIC EXAM SHOULDER COMPLETE	15.79	15.79	10/1/2009
73040		3	RADIOLOGIC EXAM SHOULDER, ARTHROGRAPHY	84.49	84.49	10/1/2009
73040	26	5	RADIOLOGIC EXAM SHOULDER, ARTHROGRAPHY	23.00	23.00	10/1/2009
73040	TC	T	RADIOLOGIC EXAM SHOULDER, ARTHROGRAPHY	61.50	61.50	10/1/2009
73050		3	RADIOLOGIC EXAM, ACROMIOCLAVICULAR JOINTS	28.28	28.28	10/1/2009
73050	26	5	RADIOLOGIC EXAM, ACROMIOCLAVICULAR JOINTS	8.75	8.75	10/1/2009
73050	TC	T	RADIOLOGIC EXAM, ACROMIOCLAVICULAR JOINTS	19.54	19.54	10/1/2009
73060		3	RADIOLOGIC EXAM HUMERUS	23.01	23.01	10/1/2009
73060	26	5	RADIOLOGIC EXAM HUMERUS	7.23	7.23	10/1/2009
73060	TC	T	RADIOLOGIC EXAM HUMERUS	15.79	15.79	10/1/2009
73070		3	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	21.13	21.13	10/1/2009
73070	26	5	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	6.32	6.32	10/1/2009
73070	TC	T	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	14.81	14.81	10/1/2009
73080		3	RADIOLOGIC EXAM ELBOW, COMPLETE	27.05	27.05	10/1/2009
73080	26	5	RADIOLOGIC EXAM ELBOW, COMPLETE	7.23	7.23	10/1/2009
73080	TC	T	RADIOLOGIC EXAM ELBOW, COMPLETE	19.83	19.83	10/1/2009
73085		3	RADIOLOGIC EXAM ELBOW, ARTHROGRAPHY	76.42	76.42	10/1/2009
73085	26	5	RADIOLOGIC EXAM ELBOW, ARTHROGRAPHY	22.71	22.71	10/1/2009
73085	TC	T	RADIOLOGIC EXAM ELBOW, ARTHROGRAPHY	53.71	53.71	10/1/2009
73090		3	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	21.45	21.45	10/1/2009
73090	26	5	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	6.62	6.62	10/1/2009
73090	TC	T	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	14.81	14.81	10/1/2009
73092		3	RADIOLOGIC EXAM FOREARM INFANT	22.02	22.02	10/1/2009
73092	26	5	RADIOLOGIC EXAM FOREARM INFANT	6.62	6.62	10/1/2009
73092	TC	T	RADIOLOGIC EXAM FOREARM INFANT	15.40	15.40	10/1/2009
73100		3	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	22.31	22.31	10/1/2009
73100	26	5	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	6.92	6.92	10/1/2009
73100	TC	T	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	15.40	15.40	10/1/2009
73110		3	RADIOLOGIC EXAM WRIST, COMPLETE	26.66	26.66	10/1/2009
73110	26	5	RADIOLOGIC EXAM WRIST, COMPLETE	7.23	7.23	10/1/2009
73110	TC	T	RADIOLOGIC EXAM WRIST, COMPLETE	19.43	19.43	10/1/2009
73115		3	RADIOLOGIC EXAM WRIST ARTHROGRAPHY	80.93	80.93	10/1/2009
73115	26	5	RADIOLOGIC EXAM WRIST ARTHROGRAPHY	23.00	23.00	10/1/2009
73115	TC	T	RADIOLOGIC EXAM WRIST ARTHROGRAPHY	57.93	57.93	10/1/2009
73120		3	RADIOLOGIC EXAM, HAND	21.16	21.16	10/1/2009
73120	26	5	RADIOLOGIC EXAM, HAND	6.62	6.62	10/1/2009
73120	TC	T	RADIOLOGIC EXAM, HAND	14.52	14.52	10/1/2009
73130		3	RADIOLOGIC EXAM HAND MIN/3 VIEWS	24.35	24.35	10/1/2009
73130	26	5	RADIOLOGIC EXAM HAND MIN/3 VIEWS	7.23	7.23	10/1/2009
73130	TC	T	RADIOLOGIC EXAM HAND MIN/3 VIEWS	17.13	17.13	10/1/2009
73140		3	RADIOLOGIC EXAM FINGER(S)	22.53	22.53	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
73140	26	5	RADIOLOGIC EXAM FINGER(S)	5.70	5.70	10/1/2009
73140	TC	T	RADIOLOGIC EXAM FINGER(S)	16.84	16.84	10/1/2009
73200		3	TOMOGRAPHY, UPPER EXTREMITY	215.56	215.56	10/1/2009
73200	26	5	TOMOGRAPHY, UPPER EXTREMITY	46.51	46.51	10/1/2009
73200	TC	T	TOMOGRAPHY, UPPER EXTREMITY	169.05	169.05	10/1/2009
73201		3	TOMOGRAPHY UPPER EXTREMITY, WITH CONTRAST	258.44	258.44	10/1/2009
73201	26	5	TOMOGRAPHY UPPER EXTREMITY, WITH CONTRAST	49.56	49.56	10/1/2009
73201	TC	T	TOMOGRAPHY UPPER EXTREMITY, WITH CONTRAST	208.88	208.88	10/1/2009
73202		3	TOMOGRAPHY UPPER EXTREMITY, WITHOUT CONTRAST	330.25	330.25	10/1/2009
73202	26	5	TOMOGRAPHY UPPER EXTREMITY, WITHOUT CONTRAST	52.01	52.01	10/1/2009
73202	TC	T	TOMOGRAPHY UPPER EXTREMITY, WITHOUT CONTRAST	278.24	278.24	10/1/2009
73206		3	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT	383.26	383.26	10/1/2009
73206	26	5	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT	78.21	78.21	10/1/2009
73206	TC	T	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT	305.06	305.06	10/1/2009
73218		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHE	448.71	448.71	10/1/2009
73218	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHE	57.12	57.12	10/1/2009
73218	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHE	391.58	391.58	10/1/2009
73219		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHE	492.94	492.94	10/1/2009
73219	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHE	68.91	68.91	10/1/2009
73219	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHE	424.02	424.02	10/1/2009
73220		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHE	677.72	677.72	10/1/2009
73220	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHE	91.80	91.80	10/1/2009
73220	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHE	585.93	585.93	10/1/2009
73221		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX1	424.77	424.77	10/1/2009
73221	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX1	57.41	57.41	10/1/2009
73221	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX1	367.36	367.36	10/1/2009
73222		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX1	468.71	468.71	10/1/2009
73222	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX1	68.91	68.91	10/1/2009
73222	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX1	399.80	399.80	10/1/2009
73223		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX1	648.31	648.31	10/1/2009
73223	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX1	91.51	91.51	10/1/2009
73223	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX1	556.80	556.80	10/1/2009
73500		3	RADIOLOGIC EXAM HIP	20.03	20.03	10/1/2009
73500	26	5	RADIOLOGIC EXAM HIP	7.23	7.23	10/1/2009
73500	TC	T	RADIOLOGIC EXAM HIP	12.79	12.79	10/1/2009
73510		3	RADIOLOGIC EXAM, HIP	28.87	28.87	10/1/2009
73510	26	5	RADIOLOGIC EXAM, HIP	9.05	9.05	10/1/2009
73510	TC	T	RADIOLOGIC EXAM, HIP	19.83	19.83	10/1/2009
73520		3	RADIOLOGIC EXAM HIP BILATERAL	31.30	31.30	10/1/2009
73520	26	5	RADIOLOGIC EXAM HIP BILATERAL	10.90	10.90	10/1/2009
73520	TC	T	RADIOLOGIC EXAM HIP BILATERAL	20.40	20.40	10/1/2009
73525		3	RADIOLOGIC EXAM HIP, AUTHROGRAPH	76.33	76.33	10/1/2009
73525	26	5	RADIOLOGIC EXAM HIP, AUTHROGRAPH	23.20	23.20	10/1/2009
73525	TC	T	RADIOLOGIC EXAM HIP, AUTHROGRAPH	53.13	53.13	10/1/2009
73530		3	RAD. EXAM HIP DURING OPERATIVE PROCEDURE	28.31	28.31	10/1/2009
73530	26	5	RAD. EXAM HIP DURING OPERATIVE PROCEDURE	12.41	12.41	10/1/2009
73530	TC	T	RAD. EXAM HIP DURING OPERATIVE PROCEDURE	16.37	16.37	10/1/2009
73540		3	RADIOLOGIC EXAM HIP/ PELVIS; CHILD	28.86	28.86	10/1/2009
73540	26	5	RADIOLOGIC EXAM HIP/ PELVIS; CHILD	8.45	8.45	10/1/2009
73540	TC	T	RADIOLOGIC EXAM HIP/ PELVIS; CHILD	20.40	20.40	10/1/2009
73542		3	RADIOLOGICAL EXAMINATION, SACROILIAC JOINT ARTHROGRAPHY, RADIO	62.89	62.89	10/1/2009
73542	26	5	RADIOLOGICAL EXAMINATION, SACROILIAC JOINT ARTHROGRAPHY, RADIO	23.61	23.61	10/1/2009
73542	TC	T	RADIOLOGICAL EXAMINATION, SACROILIAC JOINT ARTHROGRAPHY, RADIO	39.28	39.28	10/1/2009
73550		3	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	22.44	22.44	10/1/2009
73550	26	5	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	7.23	7.23	10/1/2009
73550	TC	T	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	15.22	15.22	10/1/2009
73560		3	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	22.33	22.33	10/1/2009
73560	26	5	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	7.23	7.23	10/1/2009
73560	TC	T	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	15.11	15.11	10/1/2009
73562		3	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	26.79	26.79	10/1/2009
73562	26	5	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	7.83	7.83	10/1/2009
73562	TC	T	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	18.96	18.96	10/1/2009
73564		3	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	31.21	31.21	10/1/2009
73564	26	5	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	9.36	9.36	10/1/2009
73564	TC	T	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	21.85	21.85	10/1/2009
73565		3	RADIOLOGIC EXAM KNEE (BOTH)	23.78	23.78	10/1/2009
73565	26	5	RADIOLOGIC EXAM KNEE (BOTH)	7.52	7.52	10/1/2009
73565	TC	T	RADIOLOGIC EXAM KNEE (BOTH)	16.26	16.26	10/1/2009
73580		3	RADIOLOGIC EXAM KNEE, ARTHROGRAPHY	94.89	94.89	10/1/2009
73580	26	5	RADIOLOGIC EXAM KNEE, ARTHROGRAPHY	23.20	23.20	10/1/2009
73580	TC	T	RADIOLOGIC EXAM KNEE, ARTHROGRAPHY	71.70	71.70	10/1/2009
73590		3	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	21.47	21.47	10/1/2009
73590	26	5	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	7.23	7.23	10/1/2009
73590	TC	T	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	14.24	14.24	10/1/2009
73592		3	RAD EXAM LOWER EXTREMITY INFANT	22.02	22.02	10/1/2009
73592	26	5	RAD EXAM LOWER EXTREMITY INFANT	6.62	6.62	10/1/2009
73592	TC	T	RAD EXAM LOWER EXTREMITY INFANT	15.40	15.40	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
73600		3	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	21.16	21.16	10/1/2009
73600	26	5	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	6.62	6.62	10/1/2009
73600	TC	T	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	14.52	14.52	10/1/2009
73610		3	RADIOLOGIC EXAM COMPLETE	24.35	24.35	10/1/2009
73610	26	5	RADIOLOGIC EXAM COMPLETE	7.23	7.23	10/1/2009
73610	TC	T	RADIOLOGIC EXAM COMPLETE	17.13	17.13	10/1/2009
73615		3	RADIOLOGIC EXAM ANKLE, ARTHROGRAPHY	78.35	78.35	10/1/2009
73615	26	5	RADIOLOGIC EXAM ANKLE, ARTHROGRAPHY	22.91	22.91	10/1/2009
73615	TC	T	RADIOLOGIC EXAM ANKLE, ARTHROGRAPHY	55.44	55.44	10/1/2009
73620		3	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	20.58	20.58	10/1/2009
73620	26	5	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	6.62	6.62	10/1/2009
73620	TC	T	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	13.95	13.95	10/1/2009
73630		3	RADIOLOGIC EXAM FOOT COMPLETE	24.06	24.06	10/1/2009
73630	26	5	RADIOLOGIC EXAM FOOT COMPLETE	7.23	7.23	10/1/2009
73630	TC	T	RADIOLOGIC EXAM FOOT COMPLETE	16.84	16.84	10/1/2009
73650		3	RADIOLOGIC EXAM CALCANEUS	20.87	20.87	10/1/2009
73650	26	5	RADIOLOGIC EXAM CALCANEUS	6.62	6.62	10/1/2009
73650	TC	T	RADIOLOGIC EXAM CALCANEUS	14.24	14.24	10/1/2009
73660		3	RADIOLOGIC EXAM CALCANEUS TOE OR TOES	21.38	21.38	10/1/2009
73660	26	5	RADIOLOGIC EXAM CALCANEUS TOE OR TOES	5.41	5.41	10/1/2009
73660	TC	T	RADIOLOGIC EXAM CALCANEUS TOE OR TOES	15.97	15.97	10/1/2009
73700		3	COMPUTERIZED AXIAL TOMOGRAPHY LOWER EXTREMITY	215.84	215.84	10/1/2009
73700	26	5	COMPUTERIZED AXIAL TOMOGRAPHY LOWER EXTREMITY	46.51	46.51	10/1/2009
73700	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY LOWER EXTREMITY	169.33	169.33	10/1/2009
73701		3	COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY W/CONTRAST	260.17	260.17	10/1/2009
73701	26	5	COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY W/CONTRAST	49.85	49.85	10/1/2009
73701	TC	T	COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY W/CONTRAST	210.32	210.32	10/1/2009
73702		3	COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY W & W/O CONTRAST	331.11	331.11	10/1/2009
73702	26	5	COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY W & W/O CONTRAST	52.30	52.30	10/1/2009
73702	TC	T	COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY W & W/O CONTRAST	278.81	278.81	10/1/2009
73706		3	COMPUTERIZED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY	416.35	416.35	10/1/2009
73706	26	5	COMPUTERIZED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY	82.16	82.16	10/1/2009
73706	TC	T	COMPUTERIZED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY	334.19	334.19	10/1/2009
73718		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHE	440.92	440.92	10/1/2009
73718	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHE	57.41	57.41	10/1/2009
73718	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHE	383.51	383.51	10/1/2009
73719		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHE	487.74	487.74	10/1/2009
73719	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHE	68.91	68.91	10/1/2009
73719	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHE	418.84	418.84	10/1/2009
73720		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHE	677.44	677.44	10/1/2009
73720	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHE	91.80	91.80	10/1/2009
73720	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHE	585.64	585.64	10/1/2009
73721		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EX	431.98	431.98	10/1/2009
73721	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EX	57.41	57.41	10/1/2009
73721	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EX	374.57	374.57	10/1/2009
73722		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EX	472.46	472.46	10/1/2009
73722	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EX	69.20	69.20	10/1/2009
73722	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EX	403.26	403.26	10/1/2009
73723		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EX	646.86	646.86	10/1/2009
73723	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EX	91.80	91.80	10/1/2009
73723	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EX	555.07	555.07	10/1/2009
74000		3	RADIOLOGIC EXAM ABDOMEN	20.34	20.34	10/1/2009
74000	26	5	RADIOLOGIC EXAM ABDOMEN	7.54	7.54	10/1/2009
74000	TC	T	RADIOLOGIC EXAM ABDOMEN	12.79	12.79	10/1/2009
74010		3	RADIOLOGIC EXAM ABDOMEN ANTEROPOSTERIOR/ OBLIQUE	29.79	29.79	10/1/2009
74010	26	5	RADIOLOGIC EXAM ABDOMEN ANTEROPOSTERIOR/ OBLIQUE	9.68	9.68	10/1/2009
74010	TC	T	RADIOLOGIC EXAM ABDOMEN ANTEROPOSTERIOR/ OBLIQUE	20.11	20.11	10/1/2009
74020		3	RADIOLOGIC EXAM ABDOMEN, COMPLETE	31.90	31.90	10/1/2009
74020	26	5	RADIOLOGIC EXAM ABDOMEN, COMPLETE	11.50	11.50	10/1/2009
74020	TC	T	RADIOLOGIC EXAM ABDOMEN, COMPLETE	20.40	20.40	10/1/2009
74022		3	RAD EXAM ABDOMEN. COMPLETE ABDOMEN SERIES	38.57	38.57	10/1/2009
74022	26	5	RAD EXAM ABDOMEN. COMPLETE ABDOMEN SERIES	13.63	13.63	10/1/2009
74022	TC	T	RAD EXAM ABDOMEN. COMPLETE ABDOMEN SERIES	24.92	24.92	10/1/2009
74150		3	COMPUTER TOMOGRAPHY WITHOUT CONTRAST MATER	218.23	218.23	10/1/2009
74150	26	5	COMPUTER TOMOGRAPHY WITHOUT CONTRAST MATER	50.78	50.78	10/1/2009
74150	TC	T	COMPUTER TOMOGRAPHY WITHOUT CONTRAST MATER	167.44	167.44	10/1/2009
74160		3	TOMOGRAPHY, ABDOMEN WITH CONTRAST	289.88	289.88	10/1/2009
74160	26	5	TOMOGRAPHY, ABDOMEN WITH CONTRAST	54.63	54.63	10/1/2009
74160	TC	T	TOMOGRAPHY, ABDOMEN WITH CONTRAST	235.25	235.25	10/1/2009
74170		3	TOMOGRAPHY, WITHOUT/WITH CONTRAST	379.24	379.24	10/1/2009
74170	26	5	TOMOGRAPHY, WITHOUT/WITH CONTRAST	59.83	59.83	10/1/2009
74170	TC	T	TOMOGRAPHY, WITHOUT/WITH CONTRAST	319.41	319.41	10/1/2009
74175		3	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRA	423.28	423.28	10/1/2009
74175	26	5	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRA	81.59	81.59	10/1/2009
74175	TC	T	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRA	341.69	341.69	10/1/2009
74181		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CON	406.89	406.89	10/1/2009
74181	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CON	62.28	62.28	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
74181	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CON	344.61	344.61	10/1/2009
74182		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRA	539.66	539.66	10/1/2009
74182	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRA	73.98	73.98	10/1/2009
74182	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRA	465.68	465.68	10/1/2009
74183		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CON	682.16	682.16	10/1/2009
74183	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CON	96.38	96.38	10/1/2009
74183	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CON	585.78	585.78	10/1/2009
74190		3	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLO	61.32	61.32	10/1/2009
74190	26	5	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLO	20.56	20.56	10/1/2009
74190	TC	T	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLO	41.68	41.68	10/1/2009
74210		3	RADIOLOGIC EXAM, PHARYNX	60.68	60.68	10/1/2009
74210	26	5	RADIOLOGIC EXAM, PHARYNX	15.66	15.66	10/1/2009
74210	TC	T	RADIOLOGIC EXAM, PHARYNX	45.03	45.03	10/1/2009
74220		3	RADIOLOGIC EXAM; ESOPHAGUS	69.00	69.00	10/1/2009
74220	26	5	RADIOLOGIC EXAM; ESOPHAGUS	19.64	19.64	10/1/2009
74220	TC	T	RADIOLOGIC EXAM; ESOPHAGUS	49.35	49.35	10/1/2009
74230		3	SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY	71.08	71.08	10/1/2009
74230	26	5	SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY	22.69	22.69	10/1/2009
74230	TC	T	SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY	48.39	48.39	10/1/2009
74235		3	REMOVAL OF FOREIGN BODY(S)	132.26	132.26	10/1/2009
74235	26	5	REMOVAL OF FOREIGN BODY(S)	51.93	51.93	10/1/2009
74235	TC	T	REMOVAL OF FOREIGN BODY(S)	80.32	80.32	10/1/2009
74240		3	RADIOLOGIC EXAM; GASTROINTESTINAL TRACT	85.69	85.69	10/1/2009
74240	26	5	RADIOLOGIC EXAM; GASTROINTESTINAL TRACT	29.60	29.60	10/1/2009
74240	TC	T	RADIOLOGIC EXAM; GASTROINTESTINAL TRACT	56.09	56.09	10/1/2009
74241		3	RADIOLOGIC EXAM, GASTROINTESTINAL TRACT (FILMS)	91.17	91.17	10/1/2009
74241	26	5	RADIOLOGIC EXAM, GASTROINTESTINAL TRACT (FILMS)	29.32	29.32	10/1/2009
74241	TC	T	RADIOLOGIC EXAM, GASTROINTESTINAL TRACT (FILMS)	61.86	61.86	10/1/2009
74245		3	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SM/	136.43	136.43	10/1/2009
74245	26	5	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SM/	38.97	38.97	10/1/2009
74245	TC	T	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SM/	97.46	97.46	10/1/2009
74246		3	RAD EXAM, GASTROINTESTINAL TRACT UPPER AIR CONTRAS	97.92	97.92	10/1/2009
74246	26	5	RAD EXAM, GASTROINTESTINAL TRACT UPPER AIR CONTRAS	29.60	29.60	10/1/2009
74246	TC	T	RAD EXAM, GASTROINTESTINAL TRACT UPPER AIR CONTRAS	68.31	68.31	10/1/2009
74247		3	RAD EXAM, GASTROINTESTINAL TRACT WITH/WITHOUT FILM	107.34	107.34	10/1/2009
74247	26	5	RAD EXAM, GASTROINTESTINAL TRACT WITH/WITHOUT FILM	29.60	29.60	10/1/2009
74247	TC	T	RAD EXAM, GASTROINTESTINAL TRACT WITH/WITHOUT FILM	77.74	77.74	10/1/2009
74249		3	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CO	146.15	146.15	10/1/2009
74249	26	5	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CO	38.97	38.97	10/1/2009
74249	TC	T	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CO	107.17	107.17	10/1/2009
74250		3	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIA	80.17	80.17	10/1/2009
74250	26	5	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIA	19.96	19.96	10/1/2009
74250	TC	T	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIA	60.22	60.22	10/1/2009
74251		3	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FI	249.03	249.03	10/1/2009
74251	26	5	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FI	29.60	29.60	10/1/2009
74251	TC	T	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FI	219.42	219.42	10/1/2009
74260		3	DUODENOGRAPHY, HYPOTONIC	207.34	207.34	10/1/2009
74260	26	5	DUODENOGRAPHY, HYPOTONIC	21.18	21.18	10/1/2009
74260	TC	T	DUODENOGRAPHY, HYPOTONIC	186.17	186.17	10/1/2009
74270		3	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT KI	115.13	115.13	10/1/2009
74270	26	5	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT KI	29.60	29.60	10/1/2009
74270	TC	T	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT KI	85.52	85.52	10/1/2009
74280		3	RADIOLOGIC EXAM, AIR CONTRAST/ HIGH DENSITY	159.40	159.40	10/1/2009
74280	26	5	RADIOLOGIC EXAM, AIR CONTRAST/ HIGH DENSITY	42.33	42.33	10/1/2009
74280	TC	T	RADIOLOGIC EXAM, AIR CONTRAST/ HIGH DENSITY	117.07	117.07	10/1/2009
74283		3	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSC	167.03	167.03	10/1/2009
74283	26	5	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSC	86.10	86.10	10/1/2009
74283	TC	T	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSC	80.93	80.93	10/1/2009
74290		3	CHOLECYSTOGRAPHY, ORAL CONTRAST	51.25	51.25	10/1/2009
74290	26	5	CHOLECYSTOGRAPHY, ORAL CONTRAST	13.63	13.63	10/1/2009
74290	TC	T	CHOLECYSTOGRAPHY, ORAL CONTRAST	37.62	37.62	10/1/2009
74291		3	CHOLECYSTOGRAPHY, ADDITIONAL EXAM	44.03	44.03	10/1/2009
74291	26	5	CHOLECYSTOGRAPHY, ADDITIONAL EXAM	8.45	8.45	10/1/2009
74291	TC	T	CHOLECYSTOGRAPHY, ADDITIONAL EXAM	35.58	35.58	10/1/2009
74300	26	5	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RAC	15.37	15.37	10/1/2009
74301	26	5	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTR/	9.05	9.05	10/1/2009
74305	26	5	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; THROUGH EXISTING C,	18.11	18.11	10/1/2009
74320		3	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC	90.96	90.96	10/1/2009
74320	26	5	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC	23.29	23.29	10/1/2009
74320	TC	T	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC	67.68	67.68	10/1/2009
74327		3	POSTOPERATIVE BILIARY DUCT CALCULUS REMOVAL, PERCUTANEOUS VI/	103.62	103.62	10/1/2009
74327	26	5	POSTOPERATIVE BILIARY DUCT CALCULUS REMOVAL, PERCUTANEOUS VI/	30.20	30.20	10/1/2009
74327	TC	T	POSTOPERATIVE BILIARY DUCT CALCULUS REMOVAL, PERCUTANEOUS VI/	73.41	73.41	10/1/2009
74328		3	ENDOSCOPIC CATHETERIZATION	129.22	129.22	10/1/2009
74328	26	5	ENDOSCOPIC CATHETERIZATION	30.20	30.20	10/1/2009
74328	TC	T	ENDOSCOPIC CATHETERIZATION	100.55	100.55	10/1/2009
74329		3	ENDOSCOPIC CATH OF THE PANCREATIC DUCTAL SYSTEM	125.85	125.85	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
74329	26	5	ENDOSCOPIC CATH OF THE PANCREATIC DUCTAL SYSTEM	30.20	30.20	10/1/2009
74329	TC	T	ENDOSCOPIC CATH OF THE PANCREATIC DUCTAL SYSTEM	95.65	95.65	10/1/2009
74330		3	COMBINED ENDOSCOPIC CATHETERIZATION	137.26	137.26	10/1/2009
74330	26	5	COMBINED ENDOSCOPIC CATHETERIZATION	38.66	38.66	10/1/2009
74330	TC	T	COMBINED ENDOSCOPIC CATHETERIZATION	100.55	100.55	10/1/2009
74340	26	5	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT),	23.00	23.00	10/1/2009
74355		3	PERCUTANEOUS PLACEMENT ENTEROCLYSIS TUBE RADIOLOGI	114.59	114.59	10/1/2009
74355	26	5	PERCUTANEOUS PLACEMENT ENTEROCLYSIS TUBE RADIOLOGI	32.65	32.65	10/1/2009
74355	TC	T	PERCUTANEOUS PLACEMENT ENTEROCLYSIS TUBE RADIOLOGI	83.97	83.97	10/1/2009
74360		3	INTRALUMINAL DILATION STRICTURES/OBSTRUCTIONS RADI	123.11	123.11	10/1/2009
74360	26	5	INTRALUMINAL DILATION STRICTURES/OBSTRUCTIONS RADI	23.87	23.87	10/1/2009
74360	TC	T	INTRALUMINAL DILATION STRICTURES/OBSTRUCTIONS RADI	100.24	100.24	10/1/2009
74363		3	PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE V	223.76	223.76	10/1/2009
74363	26	5	PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE V	38.04	38.04	10/1/2009
74400		3	UROGRAPHY, INTRAVENOUS	86.78	86.78	10/1/2009
74400	26	5	UROGRAPHY, INTRAVENOUS	20.87	20.87	10/1/2009
74400	TC	T	UROGRAPHY, INTRAVENOUS	65.91	65.91	10/1/2009
74410		3	UROGRAPHY, INFUSION, DRIP TECHNIQUE	91.39	91.39	10/1/2009
74410	26	5	UROGRAPHY, INFUSION, DRIP TECHNIQUE	21.16	21.16	10/1/2009
74410	TC	T	UROGRAPHY, INFUSION, DRIP TECHNIQUE	70.24	70.24	10/1/2009
74415		3	UROGRAPHY, WITH MEPHROTOMOGRAPHY	104.57	104.57	10/1/2009
74415	26	5	UROGRAPHY, WITH MEPHROTOMOGRAPHY	20.87	20.87	10/1/2009
74415	TC	T	UROGRAPHY, WITH MEPHROTOMOGRAPHY	83.70	83.70	10/1/2009
74420		3	UROGRAPHY, RETROGRADE	98.42	98.42	10/1/2009
74420	26	5	UROGRAPHY, RETROGRADE	15.66	15.66	10/1/2009
74420	TC	T	UROGRAPHY, RETROGRADE	83.66	83.66	10/1/2009
74425		3	UROGRAPHY, ANTEGRADE	56.43	56.43	10/1/2009
74425	26	5	UROGRAPHY, ANTEGRADE	15.66	15.66	10/1/2009
74425	TC	T	UROGRAPHY, ANTEGRADE	41.67	41.67	10/1/2009
74430		3	CYSTOGRAPHY, MINIMUM 3 VIEWS	62.03	62.03	10/1/2009
74430	26	5	CYSTOGRAPHY, MINIMUM 3 VIEWS	13.83	13.83	10/1/2009
74430	TC	T	CYSTOGRAPHY, MINIMUM 3 VIEWS	48.19	48.19	10/1/2009
74440		3	VASOGRAPH	66.78	66.78	10/1/2009
74440	26	5	VASOGRAPH	16.28	16.28	10/1/2009
74440	TC	T	VASOGRAPH	50.51	50.51	10/1/2009
74445		3	CORPORA CAVERNOSOGRAPHY	83.06	83.06	10/1/2009
74445	26	5	CORPORA CAVERNOSOGRAPHY	49.90	49.90	10/1/2009
74445	TC	T	CORPORA CAVERNOSOGRAPHY	35.33	35.33	10/1/2009
74450		3	URETHROCYSTOGRAPHY	60.26	60.26	10/1/2009
74450	26	5	URETHROCYSTOGRAPHY	14.43	14.43	10/1/2009
74450	TC	T	URETHROCYSTOGRAPHY	46.47	46.47	10/1/2009
74455		3	URETHROCYSTOGRAPHY, VOIDING	71.79	71.79	10/1/2009
74455	26	5	URETHROCYSTOGRAPHY, VOIDING	14.43	14.43	10/1/2009
74455	TC	T	URETHROCYSTOGRAPHY, VOIDING	57.35	57.35	10/1/2009
74470		3	RADIOLOGIC EXAM; RENAL CYST STUDY	62.08	62.08	10/1/2009
74470	26	5	RADIOLOGIC EXAM; RENAL CYST STUDY	23.29	23.29	10/1/2009
74470	TC	T	RADIOLOGIC EXAM; RENAL CYST STUDY	40.14	40.14	10/1/2009
74475		3	INTRODUCTION CATHETER INTO RENAL PELVIS	98.30	98.30	10/1/2009
74475	26	5	INTRODUCTION CATHETER INTO RENAL PELVIS	23.29	23.29	10/1/2009
74475	TC	T	INTRODUCTION CATHETER INTO RENAL PELVIS	75.01	75.01	10/1/2009
74480		3	INTRODUCTION OF URETERAL CATHETER OR STENT	98.59	98.59	10/1/2009
74480	26	5	INTRODUCTION OF URETERAL CATHETER OR STENT	23.29	23.29	10/1/2009
74480	TC	T	INTRODUCTION OF URETERAL CATHETER OR STENT	75.30	75.30	10/1/2009
74485		3	DILATION OF NEPHROSTOMY/URETERS, SUPERV AND INTERP	94.05	94.05	10/1/2009
74485	26	5	DILATION OF NEPHROSTOMY/URETERS, SUPERV AND INTERP	23.49	23.49	10/1/2009
74485	TC	T	DILATION OF NEPHROSTOMY/URETERS, SUPERV AND INTERP	70.56	70.56	10/1/2009
74710		3	PELVIMENTRY, WITH/WITHOUT PLACENTAL LOCALIZATION	34.97	34.97	10/1/2009
74710	26	5	PELVIMENTRY, WITH/WITHOUT PLACENTAL LOCALIZATION	14.74	14.74	10/1/2009
74710	TC	T	PELVIMENTRY, WITH/WITHOUT PLACENTAL LOCALIZATION	20.22	20.22	10/1/2009
74775		3	PERINEOGRAM	72.20	72.20	10/1/2009
74775	26	5	PERINEOGRAM	26.55	26.55	10/1/2009
74775	TC	T	PERINEOGRAM	46.79	46.79	10/1/2009
75600		3	AORTOGRAPHY, THORACIC WITHOUT SERIALOGRAPHY	253.20	253.20	10/1/2009
75600	26	5	AORTOGRAPHY, THORACIC WITHOUT SERIALOGRAPHY	22.30	22.30	10/1/2009
75600	TC	T	AORTOGRAPHY, THORACIC WITHOUT SERIALOGRAPHY	230.89	230.89	10/1/2009
75605		3	AORTOGRAPHY THORACIC BY SERIALOGRAPHY	217.82	217.82	10/1/2009
75605	26	5	AORTOGRAPHY THORACIC BY SERIALOGRAPHY	50.38	50.38	10/1/2009
75605	TC	T	AORTOGRAPHY THORACIC BY SERIALOGRAPHY	167.44	167.44	10/1/2009
75625		3	AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY	214.84	214.84	10/1/2009
75625	26	5	AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY	49.13	49.13	10/1/2009
75625	TC	T	AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY	165.71	165.71	10/1/2009
75630		3	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL LOWER EXTREM	250.44	250.44	10/1/2009
75630	26	5	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL LOWER EXTREM	78.46	78.46	10/1/2009
75630	TC	T	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL LOWER EXTREM	171.98	171.98	10/1/2009
75635		3	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILAT	482.15	482.15	10/1/2009
75635	26	5	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILAT	104.40	104.40	10/1/2009
75635	TC	T	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILAT	377.74	377.74	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
75650		3	ANGIOGRAPHY, CERVICOCEREBRAL	231.14	231.14	10/1/2009
75650	26	5	ANGIOGRAPHY, CERVICOCEREBRAL	64.57	64.57	10/1/2009
75650	TC	T	ANGIOGRAPHY, CERVICOCEREBRAL	166.58	166.58	10/1/2009
75658		3	ANGIOGRAPHY, BRACHIAL	228.13	228.13	10/1/2009
75658	26	5	ANGIOGRAPHY, BRACHIAL	55.49	55.49	10/1/2009
75658	TC	T	ANGIOGRAPHY, BRACHIAL	172.63	172.63	10/1/2009
75660		3	ANGIOGRAPHY, EXTERNAL CAROTID UNILATERAL	232.25	232.25	10/1/2009
75660	26	5	ANGIOGRAPHY, EXTERNAL CAROTID UNILATERAL	56.74	56.74	10/1/2009
75660	TC	T	ANGIOGRAPHY, EXTERNAL CAROTID UNILATERAL	175.51	175.51	10/1/2009
75662		3	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL	267.10	267.10	10/1/2009
75662	26	5	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL	72.85	72.85	10/1/2009
75662	TC	T	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL	194.26	194.26	10/1/2009
75665		3	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL	238.33	238.33	10/1/2009
75665	26	5	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL	57.05	57.05	10/1/2009
75665	TC	T	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL	181.28	181.28	10/1/2009
75671		3	ANGIOGRAPHY, CARODID, CEREBRAL, BILATERAL	270.48	270.48	10/1/2009
75671	26	5	ANGIOGRAPHY, CARODID, CEREBRAL, BILATERAL	71.89	71.89	10/1/2009
75671	TC	T	ANGIOGRAPHY, CARODID, CEREBRAL, BILATERAL	198.59	198.59	10/1/2009
75676		3	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL	232.45	232.45	10/1/2009
75676	26	5	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL	56.65	56.65	10/1/2009
75676	TC	T	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL	175.80	175.80	10/1/2009
75680		3	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL	259.81	259.81	10/1/2009
75680	26	5	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL	72.18	72.18	10/1/2009
75680	TC	T	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL	187.62	187.62	10/1/2009
75685		3	ANGIOGRAPHY	232.83	232.83	10/1/2009
75685	26	5	ANGIOGRAPHY	56.74	56.74	10/1/2009
75685	TC	T	ANGIOGRAPHY	176.09	176.09	10/1/2009
75705		3	ANGIOGRAPHY, SPINAL, SELECTIVE	269.71	269.71	10/1/2009
75705	26	5	ANGIOGRAPHY, SPINAL, SELECTIVE	94.77	94.77	10/1/2009
75705	TC	T	ANGIOGRAPHY, SPINAL, SELECTIVE	174.94	174.94	10/1/2009
75710		3	ANGIOGRAPHY, EXTREMITY, UNILATERAL	227.15	227.15	10/1/2009
75710	26	5	ANGIOGRAPHY, EXTREMITY, UNILATERAL	49.33	49.33	10/1/2009
75710	TC	T	ANGIOGRAPHY, EXTREMITY, UNILATERAL	177.82	177.82	10/1/2009
75716		3	ANGIOGRAPHY, EXTREMITY, BILATERAL	253.51	253.51	10/1/2009
75716	26	5	ANGIOGRAPHY, EXTREMITY, BILATERAL	56.65	56.65	10/1/2009
75716	TC	T	ANGIOGRAPHY, EXTREMITY, BILATERAL	196.85	196.85	10/1/2009
75722		3	ANGIOGRAPHY, RENAL, UNILATERAL	224.45	224.45	10/1/2009
75722	26	5	ANGIOGRAPHY, RENAL, UNILATERAL	50.09	50.09	10/1/2009
75722	TC	T	ANGIOGRAPHY, RENAL, UNILATERAL	174.36	174.36	10/1/2009
75724		3	ANGIOGRAPHY RENAL BILATERAL SELECTIVE	261.90	261.90	10/1/2009
75724	26	5	ANGIOGRAPHY RENAL BILATERAL SELECTIVE	67.92	67.92	10/1/2009
75724	TC	T	ANGIOGRAPHY RENAL BILATERAL SELECTIVE	193.98	193.98	10/1/2009
75726		3	ANGIOGRAPHY VISCERAL SELECTIVE OR SUPRASELECTIVE	224.73	224.73	10/1/2009
75726	26	5	ANGIOGRAPHY VISCERAL SELECTIVE OR SUPRASELECTIVE	49.22	49.22	10/1/2009
75726	TC	T	ANGIOGRAPHY VISCERAL SELECTIVE OR SUPRASELECTIVE	175.51	175.51	10/1/2009
75731		3	ANGIOGRAPHY ADRENAL UNILATERAL, SELECTIVE	232.43	232.43	10/1/2009
75731	26	5	ANGIOGRAPHY ADRENAL UNILATERAL, SELECTIVE	51.72	51.72	10/1/2009
75731	TC	T	ANGIOGRAPHY ADRENAL UNILATERAL, SELECTIVE	180.71	180.71	10/1/2009
75733		3	ANGIOGRAPHY ADRENAL BILATERAL SELECTIVE	263.40	263.40	10/1/2009
75733	26	5	ANGIOGRAPHY ADRENAL BILATERAL SELECTIVE	60.21	60.21	10/1/2009
75733	TC	T	ANGIOGRAPHY ADRENAL BILATERAL SELECTIVE	203.20	203.20	10/1/2009
75736		3	ANGIOGRAPHY PELVIC,SELECTIVE OR SUPRASELECTIVE	226.66	226.66	10/1/2009
75736	26	5	ANGIOGRAPHY PELVIC,SELECTIVE OR SUPRASELECTIVE	49.71	49.71	10/1/2009
75736	TC	T	ANGIOGRAPHY PELVIC,SELECTIVE OR SUPRASELECTIVE	176.96	176.96	10/1/2009
75741		3	ANGIOGRAPHY PULMONARY UNILATERAL SELECTIVE	218.12	218.12	10/1/2009
75741	26	5	ANGIOGRAPHY PULMONARY UNILATERAL SELECTIVE	56.74	56.74	10/1/2009
75741	TC	T	ANGIOGRAPHY PULMONARY UNILATERAL SELECTIVE	161.38	161.38	10/1/2009
75743		3	ANGIOGRAPHY PULMONARY BILATERAL SELECTIVE	239.33	239.33	10/1/2009
75743	26	5	ANGIOGRAPHY PULMONARY BILATERAL SELECTIVE	72.18	72.18	10/1/2009
75743	TC	T	ANGIOGRAPHY PULMONARY BILATERAL SELECTIVE	167.15	167.15	10/1/2009
75746		3	ANGIOGRAPHY PULMONARY BY NONSEL CATH OR VEN INJ.	219.84	219.84	10/1/2009
75746	26	5	ANGIOGRAPHY PULMONARY BY NONSEL CATH OR VEN INJ.	48.93	48.93	10/1/2009
75746	TC	T	ANGIOGRAPHY PULMONARY BY NONSEL CATH OR VEN INJ.	170.90	170.90	10/1/2009
75756		3	ANGIOGRAPHY,INTERNAL MAMMARY	233.19	233.19	10/1/2009
75756	26	5	ANGIOGRAPHY,INTERNAL MAMMARY	52.20	52.20	10/1/2009
75756	TC	T	ANGIOGRAPHY,INTERNAL MAMMARY	180.99	180.99	10/1/2009
75774		3	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER B/	169.54	169.54	10/1/2009
75774	26	5	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER B/	15.66	15.66	10/1/2009
75774	TC	T	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER B/	153.88	153.88	10/1/2009
75790		3	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PT)	142.35	142.35	10/1/2009
75790	26	5	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PT)	77.32	77.32	10/1/2009
75790	TC	T	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PT)	65.03	65.03	10/1/2009
75801		3	LYMPHANGIOGRAPHY, EXTEMITY ONLY UNILATERAL	207.02	207.02	10/1/2009
75801	26	5	LYMPHANGIOGRAPHY, EXTEMITY ONLY UNILATERAL	34.04	34.04	10/1/2009
75801	TC	T	LYMPHANGIOGRAPHY, EXTEMITY ONLY UNILATERAL	173.05	173.05	10/1/2009
75803		3	LYMPHANGIOGRAPHY, EXTEMITY ONLY, BILATERAL	220.39	220.39	10/1/2009
75803	26	5	LYMPHANGIOGRAPHY, EXTEMITY ONLY, BILATERAL	50.45	50.45	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		
				FACILITY	NON-FACILITY	EFFECTIVE DATE
75803	TC	T	LYMPHANGIOGRAPHY, EXTEMITY ONLY, BILATERAL	173.35	173.35	10/1/2009
75805		3	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL	228.38	228.38	10/1/2009
75805	26	5	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL	35.18	35.18	10/1/2009
75805	TC	T	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL	195.06	195.06	10/1/2009
75807		3	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL	240.21	240.21	10/1/2009
75807	26	5	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL	50.45	50.45	10/1/2009
75807	TC	T	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL	189.76	189.76	10/1/2009
75809		3	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING	69.40	69.40	10/1/2009
75809	26	5	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING	19.96	19.96	10/1/2009
75809	TC	T	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING	49.44	49.44	10/1/2009
75810		3	SPLENOPORTOGRAPHY	448.27	448.27	10/1/2009
75810	26	5	SPLENOPORTOGRAPHY	49.51	49.51	10/1/2009
75810	TC	T	SPLENOPORTOGRAPHY	401.89	401.89	10/1/2009
75820		3	VENOGRAPHY, EXTREMITY, UNILATERAL	95.42	95.42	10/1/2009
75820	26	5	VENOGRAPHY, EXTREMITY, UNILATERAL	30.49	30.49	10/1/2009
75820	TC	T	VENOGRAPHY, EXTREMITY, UNILATERAL	64.93	64.93	10/1/2009
75822		3	VENOGRAPHY, EXTREMITY, BILATERAL	117.24	117.24	10/1/2009
75822	26	5	VENOGRAPHY, EXTREMITY, BILATERAL	45.29	45.29	10/1/2009
75822	TC	T	VENOGRAPHY, EXTREMITY, BILATERAL	71.95	71.95	10/1/2009
75825		3	VENOGRAPHY, CAVAL, INFERIOR WITH SERIALOGRAPHY	207.25	207.25	10/1/2009
75825	26	5	VENOGRAPHY, CAVAL, INFERIOR WITH SERIALOGRAPHY	48.76	48.76	10/1/2009
75825	TC	T	VENOGRAPHY, CAVAL, INFERIOR WITH SERIALOGRAPHY	158.49	158.49	10/1/2009
75827		3	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY	206.85	206.85	10/1/2009
75827	26	5	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY	47.78	47.78	10/1/2009
75827	TC	T	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY	159.08	159.08	10/1/2009
75831		3	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE	209.65	209.65	10/1/2009
75831	26	5	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE	48.84	48.84	10/1/2009
75831	TC	T	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE	160.81	160.81	10/1/2009
75833		3	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE	234.43	234.43	10/1/2009
75833	26	5	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE	63.24	63.24	10/1/2009
75833	TC	T	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE	171.19	171.19	10/1/2009
75840		3	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE	207.83	207.83	10/1/2009
75840	26	5	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE	48.18	48.18	10/1/2009
75840	TC	T	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE	159.65	159.65	10/1/2009
75842		3	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE	235.75	235.75	10/1/2009
75842	26	5	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE	63.99	63.99	10/1/2009
75842	TC	T	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE	171.76	171.76	10/1/2009
75860		3	VENOGRAPHY, SINUS OR JUGULAR, CATHETER	213.87	213.87	10/1/2009
75860	26	5	VENOGRAPHY, SINUS OR JUGULAR, CATHETER	49.90	49.90	10/1/2009
75860	TC	T	VENOGRAPHY, SINUS OR JUGULAR, CATHETER	163.97	163.97	10/1/2009
75870		3	VENOGRAPHY, SUPERIOR SAGITTAL SINUS	212.05	212.05	10/1/2009
75870	26	5	VENOGRAPHY, SUPERIOR SAGITTAL SINUS	48.65	48.65	10/1/2009
75870	TC	T	VENOGRAPHY, SUPERIOR SAGITTAL SINUS	163.40	163.40	10/1/2009
75872		3	VENOGRAPHY, EPIDURAL	231.13	231.13	10/1/2009
75872	26	5	VENOGRAPHY, EPIDURAL	51.29	51.29	10/1/2009
75872	TC	T	VENOGRAPHY, EPIDURAL	179.84	179.84	10/1/2009
75880		3	VENOGRAPHY, ORBITAL	96.29	96.29	10/1/2009
75880	26	5	VENOGRAPHY, ORBITAL	29.34	29.34	10/1/2009
75880	TC	T	VENOGRAPHY, ORBITAL	66.94	66.94	10/1/2009
75885		3	PERCUTANEOUS TRANSHEPATIC PORTO W HEMODYNAMUC EVAL	223.61	223.61	10/1/2009
75885	26	5	PERCUTANEOUS TRANSHEPATIC PORTO W HEMODYNAMUC EVAL	62.23	62.23	10/1/2009
75885	TC	T	PERCUTANEOUS TRANSHEPATIC PORTO W HEMODYNAMUC EVAL	161.38	161.38	10/1/2009
75887		3	PERCUTANEOUS TRANSHEPATIC PORTOG WO HEMODY EVAL	225.34	225.34	10/1/2009
75887	26	5	PERCUTANEOUS TRANSHEPATIC PORTOG WO HEMODY EVAL	62.23	62.23	10/1/2009
75887	TC	T	PERCUTANEOUS TRANSHEPATIC PORTOG WO HEMODY EVAL	163.11	163.11	10/1/2009
75889		3	HEPATIC VENOG WEDGED OR FREE W HEMODYNAMIC EVAL	210.32	210.32	10/1/2009
75889	26	5	HEPATIC VENOG WEDGED OR FREE W HEMODYNAMIC EVAL	49.22	49.22	10/1/2009
75889	TC	T	HEPATIC VENOG WEDGED OR FREE W HEMODYNAMIC EVAL	161.09	161.09	10/1/2009
75891		3	HEPATIC VENOGRAPHY WEDGED OR FREE WO HEMODY EVA	210.32	210.32	10/1/2009
75891	26	5	HEPATIC VENOGRAPHY WEDGED OR FREE WO HEMODY EVA	49.22	49.22	10/1/2009
75891	TC	T	HEPATIC VENOGRAPHY WEDGED OR FREE WO HEMODY EVA	161.09	161.09	10/1/2009
75893		3	VENOUS SAMPLING THRU CATH W OR WO ANGIOGRAPHY	183.80	183.80	10/1/2009
75893	26	5	VENOUS SAMPLING THRU CATH W OR WO ANGIOGRAPHY	23.00	23.00	10/1/2009
75893	TC	T	VENOUS SAMPLING THRU CATH W OR WO ANGIOGRAPHY	160.81	160.81	10/1/2009
75894		3	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD	823.53	823.53	10/1/2009
75894	26	5	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD	56.56	56.56	10/1/2009
75894	TC	T	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD	769.69	769.69	10/1/2009
75896		3	TRANSCATHETER THERAPY, INFUSION, ANY METHOD	723.28	723.28	10/1/2009
75896	26	5	TRANSCATHETER THERAPY, INFUSION, ANY METHOD	56.83	56.83	10/1/2009
75896	TC	T	TRANSCATHETER THERAPY, INFUSION, ANY METHOD	668.83	668.83	10/1/2009
75898		3	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FC	101.10	101.10	10/1/2009
75898	26	5	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FC	71.58	71.58	10/1/2009
75898	TC	T	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FC	33.48	33.48	10/1/2009
75900		3	EXCHANGE OF A PREVIOUSLY PLACED INTRAVASCULAR CATHETER DURIN	666.30	666.30	10/1/2009
75900	26	5	EXCHANGE OF A PREVIOUSLY PLACED INTRAVASCULAR CATHETER DURIN	21.07	21.07	10/1/2009
75900	TC	T	EXCHANGE OF A PREVIOUSLY PLACED INTRAVASCULAR CATHETER DURIN	645.24	645.24	10/1/2009
75901		3	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, I	132.45	132.45	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
75901	26	5	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, I	20.87	20.87	10/1/2009
75901	TC	T	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, I	111.58	111.58	10/1/2009
75902		3	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIV	74.53	74.53	10/1/2009
75902	26	5	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIV	16.59	16.59	10/1/2009
75902	TC	T	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIV	57.94	57.94	10/1/2009
75940		3	PERCUTANEOUS PLACEMENT IVC FILTER SUPERV/INTERP	424.24	424.24	10/1/2009
75940	26	5	PERCUTANEOUS PLACEMENT IVC FILTER SUPERV/INTERP	23.10	23.10	10/1/2009
75940	TC	T	PERCUTANEOUS PLACEMENT IVC FILTER SUPERV/INTERP	401.57	401.57	10/1/2009
75952	26	5	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM	189.45	189.45	10/1/2009
75953		3	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDC	73.57	73.57	10/1/2009
75953	26	5	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDC	57.38	57.38	10/1/2009
75954	26	5	ENDOVASCULAR REPAIR OF ILIAC ARTERY ANEURYSM, PSEUDOANEURY!	93.59	93.59	10/1/2009
75960		3	TRANSCATH. INTRO.INTRAVASC. STENT PERCU.&/ OR OPEN	208.76	208.76	10/1/2009
75960	26	5	TRANSCATH. INTRO.INTRAVASC. STENT PERCU.&/ OR OPEN	35.78	35.78	10/1/2009
75960	TC	T	TRANSCATH. INTRO.INTRAVASC. STENT PERCU.&/ OR OPEN	172.98	172.98	10/1/2009
75961		3	TRANSCATH RETRVL, PERCUTANEOUS OF INTRAV FORGN BOD	336.12	336.12	10/1/2009
75961	26	5	TRANSCATH RETRVL, PERCUTANEOUS OF INTRAV FORGN BOD	181.62	181.62	10/1/2009
75961	TC	T	TRANSCATH RETRVL, PERCUTANEOUS OF INTRAV FORGN BOD	154.50	154.50	10/1/2009
75962		3	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY PERIPH ARTER	222.46	222.46	10/1/2009
75962	26	5	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY PERIPH ARTER	23.20	23.20	10/1/2009
75962	TC	T	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY PERIPH ARTER	199.26	199.26	10/1/2009
75964		3	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL /	131.36	131.36	10/1/2009
75964	26	5	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL /	15.57	15.57	10/1/2009
75964	TC	T	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL /	115.79	115.79	10/1/2009
75966		3	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY VISCERAL ART	262.64	262.64	10/1/2009
75966	26	5	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY VISCERAL ART	57.89	57.89	10/1/2009
75966	TC	T	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY VISCERAL ART	204.74	204.74	10/1/2009
75968		3	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ART	131.73	131.73	10/1/2009
75968	26	5	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ART	15.94	15.94	10/1/2009
75968	TC	T	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ART	115.79	115.79	10/1/2009
75970		3	TRANSCATHETER BIOPSY	391.56	391.56	10/1/2009
75970	26	5	TRANSCATHETER BIOPSY	35.90	35.90	10/1/2009
75970	TC	T	TRANSCATHETER BIOPSY	355.66	355.66	10/1/2009
75978		3	TRANSLUM ANGIOPLASTY VENOUS INTERRUPT/SUPER, ONLY	218.80	218.80	10/1/2009
75978	26	5	TRANSLUM ANGIOPLASTY VENOUS INTERRUPT/SUPER, ONLY	22.71	22.71	10/1/2009
75980		3	PERCUTANEOUS TRANSHEPATICBILIARY GRAING W CONT MON	229.94	229.94	10/1/2009
75980	26	5	PERCUTANEOUS TRANSHEPATICBILIARY GRAING W CONT MON	61.94	61.94	10/1/2009
75980	TC	T	PERCUTANEOUS TRANSHEPATICBILIARY GRAING W CONT MON	167.99	167.99	10/1/2009
75982		3	PERCUT PLCMNT OF DRNG CATH F/COMB INT&EXT BIL DRN	247.82	247.82	10/1/2009
75982	26	5	PERCUT PLCMNT OF DRNG CATH F/COMB INT&EXT BIL DRN	61.94	61.94	10/1/2009
75982	TC	T	PERCUT PLCMNT OF DRNG CATH F/COMB INT&EXT BIL DRN	185.87	185.87	10/1/2009
75984		3	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTF	91.56	91.56	10/1/2009
75984	26	5	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTF	31.12	31.12	10/1/2009
75984	TC	T	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTF	60.43	60.43	10/1/2009
75989		3	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS,	116.15	116.15	10/1/2009
75989	26	5	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS,	51.07	51.07	10/1/2009
75989	TC	T	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS,	65.08	65.08	10/1/2009
75992		3	TRANSLUMINAL ATHERECTOMY, PERIDHERAL ARTERY	511.37	511.37	10/1/2009
75992	26	5	TRANSLUMINAL ATHERECTOMY, PERIDHERAL ARTERY	23.78	23.78	10/1/2009
75992	TC	T	TRANSLUMINAL ATHERECTOMY, PERIDHERAL ARTERY	487.61	487.61	10/1/2009
75993		3	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY,	260.89	260.89	10/1/2009
75993	26	5	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY,	15.66	15.66	10/1/2009
75993	TC	T	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY,	245.23	245.23	10/1/2009
75994		3	TRANSLUMINAL ATHERECTOMY, RENAL, RADIO. SUP.& INTR	478.29	478.29	10/1/2009
75994	26	5	TRANSLUMINAL ATHERECTOMY, RENAL, RADIO. SUP.& INTR	52.62	52.62	10/1/2009
75994	TC	T	TRANSLUMINAL ATHERECTOMY, RENAL, RADIO. SUP.& INTR	425.67	425.67	10/1/2009
75995		3	TRANSLUMINAL ATHERECTOMY, VISCERAL, RAD.SUP & INTER	506.19	506.19	10/1/2009
75995	26	5	TRANSLUMINAL ATHERECTOMY, VISCERAL, RAD.SUP & INTER	55.67	55.67	10/1/2009
75995	TC	T	TRANSLUMINAL ATHERECTOMY, VISCERAL, RAD.SUP & INTER	450.50	450.50	10/1/2009
75996		3	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL VISCERAL ARTERY, RA	256.16	256.16	10/1/2009
75996	26	5	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL VISCERAL ARTERY, RA	15.37	15.37	10/1/2009
75996	TC	T	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL VISCERAL ARTERY, RA	240.79	240.79	10/1/2009
76000		3	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TI	75.81	75.81	10/1/2009
76000	26	5	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TI	7.23	7.23	10/1/2009
76000	TC	T	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TI	68.59	68.59	10/1/2009
76001		3	FLUOROSCOPE EXAM, EXTENSIVE	109.81	109.81	10/1/2009
76001	26	5	FLUOROSCOPE EXAM, EXTENSIVE	29.09	29.09	10/1/2009
76001	TC	T	FLUOROSCOPE EXAM, EXTENSIVE	80.72	80.72	10/1/2009
76010		3	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY,	22.36	22.36	10/1/2009
76010	26	5	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY,	7.83	7.83	10/1/2009
76010	TC	T	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY,	14.52	14.52	10/1/2009
76080		3	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, F	51.30	51.30	10/1/2009
76080	26	5	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, F	23.29	23.29	10/1/2009
76080	TC	T	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, F	28.01	28.01	10/1/2009
76098		3	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	15.96	15.96	10/1/2009
76098	26	5	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	6.92	6.92	10/1/2009
76098	TC	T	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	9.05	9.05	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
76100		3	XRAY EXAM, SNGL PLANE BODY SCTN OTHER THAN W UROGR	106.87	106.87	10/1/2009
76100	26	5	XRAY EXAM, SNGL PLANE BODY SCTN OTHER THAN W UROGR	24.73	24.73	10/1/2009
76100	TC	T	XRAY EXAM, SNGL PLANE BODY SCTN OTHER THAN W UROGR	82.14	82.14	10/1/2009
76101		3	XRAY EXAM COMPLEX MOTION BDY SECT OTHR W KIDY; UNI	147.45	147.45	10/1/2009
76101	26	5	XRAY EXAM COMPLEX MOTION BDY SECT OTHR W KIDY; UNI	24.44	24.44	10/1/2009
76101	TC	T	XRAY EXAM COMPLEX MOTION BDY SECT OTHR W KIDY; UNI	123.00	123.00	10/1/2009
76102		3	XRAY EXAM COMPLEX MOTION BDY SECT OTHR W KID; BILT	197.36	197.36	10/1/2009
76102	26	5	XRAY EXAM COMPLEX MOTION BDY SECT OTHR W KID; BILT	24.16	24.16	10/1/2009
76102	TC	T	XRAY EXAM COMPLEX MOTION BDY SECT OTHR W KID; BILT	173.20	173.20	10/1/2009
76120		3	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY	60.15	60.15	10/1/2009
76120	26	5	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY	15.99	15.99	10/1/2009
76120	TC	T	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY	44.16	44.16	10/1/2009
76125		3	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAI	37.27	37.27	10/1/2009
76125	26	5	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAI	12.08	12.08	10/1/2009
76125	TC	T	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAI	25.20	25.20	10/1/2009
76140		3	X-RAY CONSULTATION	32.02	32.02	10/1/2009
76150		3	X-RAY EXAM, DRY PROCESS	14.52	14.52	10/1/2009
76350		3	SUBTRACTION IN CONJUNCTION WITH CONTRAST STUDIES	122.43	122.43	10/1/2009
76350	26	5	SUBTRACTION IN CONJUNCTION WITH CONTRAST STUDIES	10.77	10.77	10/1/2009
76380		3	COMPUTERIZED AXIAL TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP	164.11	164.11	10/1/2009
76380	26	5	COMPUTERIZED AXIAL TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP	41.73	41.73	10/1/2009
76380	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP	122.39	122.39	10/1/2009
76506		3	ECHOENCEPHALOGRAPHY,B-SCAN INCLUDING A-MODE	92.49	92.49	10/1/2009
76506	26	5	ECHOENCEPHALOGRAPHY,B-SCAN INCLUDING A-MODE	27.46	27.46	10/1/2009
76506	TC	T	ECHOENCEPHALOGRAPHY,B-SCAN INCLUDING A-MODE	65.03	65.03	10/1/2009
76511		3	OPHTHALMIC ALTRASND, ECHOG A-SCAN W AMPLITUD QUALI	78.30	78.30	10/1/2009
76511	26	5	OPHTHALMIC ALTRASND, ECHOG A-SCAN W AMPLITUD QUALI	40.58	40.58	10/1/2009
76511	TC	T	OPHTHALMIC ALTRASND, ECHOG A-SCAN W AMPLITUD QUALI	37.72	37.72	10/1/2009
76512		3	OPHTHALMIC ULTRASND, ECHOG; CONSTRAST B-SCAN	73.50	73.50	10/1/2009
76512	26	5	OPHTHALMIC ULTRASND, ECHOG; CONSTRAST B-SCAN	40.67	40.67	10/1/2009
76512	TC	T	OPHTHALMIC ULTRASND, ECHOG; CONSTRAST B-SCAN	32.83	32.83	10/1/2009
76513		3	ECHO EXAM OF EYE, WATER BATH	67.37	67.37	10/1/2009
76513	26	5	ECHO EXAM OF EYE, WATER BATH	27.89	27.89	10/1/2009
76513	TC	T	ECHO EXAM OF EYE, WATER BATH	39.47	39.47	10/1/2009
76514		3	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACH'	10.31	10.31	10/1/2009
76514	26	5	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACH'	7.52	7.52	10/1/2009
76514	TC	T	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACH'	2.79	2.79	10/1/2009
76516		3	OPHTHALMIC BIOMETRY BY ULTRSND ECHOGRAPHY A-SCAN	53.89	53.89	10/1/2009
76516	26	5	OPHTHALMIC BIOMETRY BY ULTRSND ECHOGRAPHY A-SCAN	23.10	23.10	10/1/2009
76516	TC	T	OPHTHALMIC BIOMETRY BY ULTRSND ECHOGRAPHY A-SCAN	30.80	30.80	10/1/2009
76519		3	OPHTHALMIC BILM BY ULTRASND ECHOG, A-SCAN W/INTRAO	57.64	57.64	10/1/2009
76519	26	5	OPHTHALMIC BILM BY ULTRASND ECHOG, A-SCAN W/INTRAO	23.38	23.38	10/1/2009
76519	TC	T	OPHTHALMIC BILM BY ULTRASND ECHOG, A-SCAN W/INTRAO	34.26	34.26	10/1/2009
76529		3	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	54.65	54.65	10/1/2009
76529	26	5	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	24.52	24.52	10/1/2009
76529	TC	T	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	30.13	30.13	10/1/2009
76536		3	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATH'	88.08	88.08	10/1/2009
76536	26	5	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATH'	23.33	23.33	10/1/2009
76536	TC	T	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATH'	64.75	64.75	10/1/2009
76604		3	ULTRASOUND, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TII	69.11	69.11	10/1/2009
76604	26	5	ULTRASOUND, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TII	23.31	23.31	10/1/2009
76604	TC	T	ULTRASOUND, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TII	45.80	45.80	10/1/2009
76645		3	ULTRASOUND, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/OR R	72.93	72.93	10/1/2009
76645	26	5	ULTRASOUND, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/OR R	23.00	23.00	10/1/2009
76645	TC	T	ULTRASOUND, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/OR R	49.93	49.93	10/1/2009
76700		3	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCU	109.26	109.26	10/1/2009
76700	26	5	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCU	34.41	34.41	10/1/2009
76700	TC	T	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCU	74.86	74.86	10/1/2009
76705		3	ECHOG, ABD, B-SCAN &/OR REAL TIME W/ IMG DOCUMNTN	82.86	82.86	10/1/2009
76705	26	5	ECHOG, ABD, B-SCAN &/OR REAL TIME W/ IMG DOCUMNTN	25.33	25.33	10/1/2009
76705	TC	T	ECHOG, ABD, B-SCAN &/OR REAL TIME W/ IMG DOCUMNTN	57.53	57.53	10/1/2009
76770		3	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN A	104.58	104.58	10/1/2009
76770	26	5	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN A	31.45	31.45	10/1/2009
76770	TC	T	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN A	73.13	73.13	10/1/2009
76775		3	ECHOG,RETROPRTNL,B-SCAN&/OR REL TM W/IMG DOC; LMTD	88.90	88.90	10/1/2009
76775	26	5	ECHOG,RETROPRTNL,B-SCAN&/OR REL TM W/IMG DOC; LMTD	25.03	25.31	10/1/2009
76775	TC	T	ECHOG,RETROPRTNL,B-SCAN&/OR REL TM W/IMG DOC; LMTD	63.88	63.88	10/1/2009
76776		3	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER	116.16	116.16	10/1/2009
76776	26	5	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER	32.37	32.37	10/1/2009
76776	TC	T	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER	83.79	83.79	10/1/2009
76800		3	ULTRASOUND, SPINAL CANAL AND CONTENTS	99.24	99.24	10/1/2009
76800	26	5	ULTRASOUND, SPINAL CANAL AND CONTENTS	45.45	45.45	10/1/2009
76800	TC	T	ULTRASOUND, SPINAL CANAL AND CONTENTS	53.78	53.78	10/1/2009
76801		3	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	63.52	63.52	10/1/2009
76801	26	5	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	25.15	25.15	10/1/2009
76801	TC	T	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	75.63	75.63	10/1/2009
76810		3	ECHOGRAPHY; COMPLETE WITH MULTIPLE GESTATION	40.40	40.40	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
76811	TC	T	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	86.95	86.95	10/1/2009
76812	TC	T	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	88.57	88.57	10/1/2009
76813	TC	T	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	54.97	54.97	10/1/2009
76814	TC	T	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	26.99	26.99	10/1/2009
76815	TC	T	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMA	45.71	45.71	10/1/2009
76816	TC	T	ECHOGRAPH PREGNANT UTERUS FOLLOW UP	54.25	54.25	10/1/2009
76817	TC	T	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	50.21	50.21	10/1/2009
76819	TC	T	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	43.22	43.22	10/1/2009
76820	TC	T	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	22.85	22.85	10/1/2009
76821	TC	T	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	49.09	49.09	10/1/2009
76825	TC	T	ECHOCARDIOGRAPHY FETAL	98.51	98.51	10/1/2009
76826	TC	T	ECHOCARDIOGRAPHY, FETAL HEART IN UTERO	58.39	58.39	10/1/2009
76827	TC	T	DOPPLER ECG, FETAL HEART PULSED&/OR CONT WAVE COMP	33.81	33.81	10/1/2009
76828	TC	T	DOPPLER ECG FETAL HEART ULS.&/OR CONT WAVE FOL-UP	19.75	19.75	10/1/2009
76830		3	ULTRASOUND, TRANSVAGINAL	95.90	95.90	10/1/2009
76830	26	5	ULTRASOUND, TRANSVAGINAL	29.03	29.03	10/1/2009
76830	TC	T	ULTRASOUND, TRANSVAGINAL	66.87	66.87	10/1/2009
76831		3	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER	95.97	95.97	10/1/2009
76831	26	5	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER	29.68	29.68	10/1/2009
76831	TC	T	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER	66.29	66.29	10/1/2009
76856		3	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH	96.48	96.48	10/1/2009
76856	26	5	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH	29.32	29.32	10/1/2009
76856	TC	T	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH	67.16	67.16	10/1/2009
76857		3	ECHO, PELV (NON-OB) B-SCAN&/OR REL TM W/IMG D:LTD/	80.05	80.05	10/1/2009
76857	26	5	ECHO, PELV (NON-OB) B-SCAN&/OR REL TM W/IMG D:LTD/	16.57	16.57	10/1/2009
76857	TC	T	ECHO, PELV (NON-OB) B-SCAN&/OR REL TM W/IMG D:LTD/	63.48	63.48	10/1/2009
76870		3	ULTRASOUND, SCROTUM AND CONTENTS	95.50	95.50	10/1/2009
76870	26	5	ULTRASOUND, SCROTUM AND CONTENTS	27.47	27.47	10/1/2009
76870	TC	T	ULTRASOUND, SCROTUM AND CONTENTS	68.02	68.02	10/1/2009
76872		3	ECHOGRAPHY, TRANSRECTAL	113.69	113.69	10/1/2009
76872	26	5	ECHOGRAPHY, TRANSRECTAL	30.38	30.38	10/1/2009
76872	TC	T	ECHOGRAPHY, TRANSRECTAL	83.31	83.31	10/1/2009
76873		3	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTI	144.41	144.41	10/1/2009
76873	26	5	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTI	66.26	66.26	10/1/2009
76873	TC	T	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTI	78.15	78.15	10/1/2009
76880		3	ULTRASOUND, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME W	99.88	99.88	10/1/2009
76880	26	5	ULTRASOUND, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME W	24.47	24.47	10/1/2009
76880	TC	T	ULTRASOUND, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME W	75.41	75.41	10/1/2009
76885		3	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; I	108.71	108.71	10/1/2009
76885	TC	T	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; I	77.25	77.25	10/1/2009
76886		3	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; I	80.34	80.34	10/1/2009
76886	26	5	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; I	25.98	25.98	10/1/2009
76886	TC	T	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; I	54.36	54.36	10/1/2009
76930		3	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISIC	78.92	78.92	10/1/2009
76930	26	5	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISIC	30.51	30.51	10/1/2009
76930	TC	T	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISIC	48.41	48.41	10/1/2009
76932		3	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPER	79.42	79.42	10/1/2009
76932	26	5	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPER	30.51	30.51	10/1/2009
76932	TC	T	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPER	48.89	48.89	10/1/2009
76936		3	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDO-ANEI	251.89	251.89	10/1/2009
76936	26	5	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDO-ANEI	85.67	85.67	10/1/2009
76936	TC	T	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDO-ANEI	166.21	166.21	10/1/2009
76937		3	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOU	28.94	28.94	10/1/2009
76937	26	5	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOU	13.12	13.12	10/1/2009
76937	TC	T	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOU	15.82	15.82	10/1/2009
76940		3	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE AB	139.10	139.10	10/1/2009
76940	26	5	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE AB	88.39	88.39	10/1/2009
76940	TC	T	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE AB	53.34	53.34	10/1/2009
76941		3	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR COF	100.69	100.69	10/1/2009
76941	26	5	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR COF	55.86	55.86	10/1/2009
76941	TC	T	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR COF	44.84	44.84	10/1/2009
76942		3	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATIC	147.47	147.47	10/1/2009
76942	26	5	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATIC	28.69	28.69	10/1/2009
76942	TC	T	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATIC	118.78	118.78	10/1/2009
76945		3	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING SUP	73.35	73.35	10/1/2009
76945	26	5	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING SUP	27.83	27.83	10/1/2009
76945	TC	T	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING SUP	45.52	45.52	10/1/2009
76946		3	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION ANI	35.85	35.85	10/1/2009
76946	26	5	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION ANI	15.71	15.71	10/1/2009
76946	TC	T	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION ANI	20.15	20.15	10/1/2009
76950		3	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	56.98	56.98	10/1/2009
76950	26	5	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	24.44	24.44	10/1/2009
76950	TC	T	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	32.53	32.53	10/1/2009
76970		3	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	66.26	66.26	10/1/2009
76970	26	5	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	16.33	16.33	10/1/2009
76970	TC	T	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	49.93	49.93	10/1/2009
76975		3	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTEF	81.78	81.78	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
76975	26	5	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTEF	34.99	34.99	10/1/2009
76975	TC	T	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTEF	46.80	46.80	10/1/2009
76977		3	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERI	11.11	11.11	10/1/2009
76977	26	5	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERI	2.33	2.33	10/1/2009
76977	TC	T	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERI	8.77	8.77	10/1/2009
76998		3	ULTRASONIC GUIDANCE, INTRAOPERATIVE	134.61	134.61	10/1/2009
76998	26	5	ULTRASONIC GUIDANCE, INTRAOPERATIVE	51.23	51.23	10/1/2009
76998	TC	T	ULTRASONIC GUIDANCE, INTRAOPERATIVE	83.97	83.97	10/1/2009
77001		3	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACI	82.96	82.96	10/1/2009
77001	26	5	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACI	16.08	16.08	10/1/2009
77001	TC	T	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACI	66.87	66.87	10/1/2009
77002		3	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIR/	56.98	56.98	10/1/2009
77002	26	5	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIR/	22.42	22.42	10/1/2009
77002	TC	T	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIR/	34.55	34.55	10/1/2009
77003		3	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER	47.79	47.79	10/1/2009
77003	26	5	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER	23.63	23.62	10/1/2009
77003	TC	T	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER	24.17	24.17	10/1/2009
77011		3	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	538.18	538.18	10/1/2009
77011	26	5	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	51.11	51.11	10/1/2009
77011	TC	T	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	487.07	487.07	10/1/2009
77012		3	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOP	158.80	158.80	10/1/2009
77012	26	5	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOP	49.85	49.85	10/1/2009
77012	TC	T	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOP	108.95	108.95	10/1/2009
77013		3	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PAF	481.36	481.36	10/1/2009
77013	26	5	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PAF	171.81	171.81	10/1/2009
77013	TC	T	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PAF	319.10	319.10	10/1/2009
77014		3	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION TH	148.13	148.13	10/1/2009
77014	26	5	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION TH	35.65	35.65	10/1/2009
77014	TC	T	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION TH	112.47	112.47	10/1/2009
77021		3	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIC	355.91	355.91	10/1/2009
77021	26	5	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIC	64.70	64.70	10/1/2009
77021	TC	T	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIC	291.21	291.21	10/1/2009
77022		3	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHY	239.90	239.90	10/1/2009
77022	26	5	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHY	179.92	179.92	10/1/2009
77022	TC	T	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHY	59.99	59.99	10/1/2009
77031		3	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDL	155.28	155.28	10/1/2009
77031	26	5	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDL	67.80	67.80	10/1/2009
77031	TC	T	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDL	87.50	87.50	10/1/2009
77032		3	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST (EG, FOR '	48.37	48.37	10/1/2009
77032	TC	T	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST (EG, FOR '	24.46	24.46	10/1/2009
77051		3	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGI	9.76	9.76	10/1/2009
77051	26	5	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGI	2.65	2.65	10/1/2009
77051	TC	T	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGI	7.12	7.12	10/1/2009
77052		3	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGI	9.76	9.76	10/1/2009
77052	26	5	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGI	2.65	2.65	10/1/2009
77052	TC	T	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGI	7.12	7.12	10/1/2009
77053		3	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL	60.82	60.82	10/1/2009
77053	26	5	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL	15.37	15.37	10/1/2009
77053	TC	T	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL	45.45	45.45	10/1/2009
77054		3	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOG	81.92	81.92	10/1/2009
77054	26	5	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOG	19.33	19.33	10/1/2009
77054	TC	T	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOG	62.59	62.59	10/1/2009
77055		3	MAMMOGRAPHY; UNILATERAL	68.60	68.60	10/1/2009
77055	26	5	MAMMOGRAPHY; UNILATERAL	29.92	29.92	10/1/2009
77055	TC	T	MAMMOGRAPHY; UNILATERAL	38.68	38.68	10/1/2009
77056		3	MAMMOGRAPHY; BILATERAL	86.99	86.99	10/1/2009
77056	26	5	MAMMOGRAPHY; BILATERAL	37.15	37.15	10/1/2009
77056	TC	T	MAMMOGRAPHY; BILATERAL	49.84	49.84	10/1/2009
77057		3	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW FILM STUDY OF EACH BR	65.91	65.91	10/1/2009
77057	26	5	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW FILM STUDY OF EACH BR	29.92	29.92	10/1/2009
77057	TC	T	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW FILM STUDY OF EACH BR	35.99	35.99	10/1/2009
77058		3	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTF	666.54	666.54	10/1/2009
77058	26	5	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTF	69.51	69.51	10/1/2009
77058	TC	T	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTF	597.03	597.03	10/1/2009
77059		3	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTF	715.55	715.55	10/1/2009
77059	26	5	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTF	69.51	69.51	10/1/2009
77059	TC	T	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTF	646.04	646.04	10/1/2009
77071		3	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT	31.85	31.85	10/1/2009
77072		3	BONE AGE STUDIES	18.92	18.92	10/1/2009
77072	26	5	BONE AGE STUDIES	8.14	8.14	10/1/2009
77072	TC	T	BONE AGE STUDIES	10.77	10.77	10/1/2009
77073		3	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	30.08	30.08	10/1/2009
77073	26	5	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	11.50	11.50	10/1/2009
77073	TC	T	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	18.58	18.58	10/1/2009
77074		3	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METAST	55.13	55.13	10/1/2009
77074	26	5	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METAST	19.33	19.33	10/1/2009
77074	TC	T	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METAST	35.80	35.80	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
77075		3	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND AP	79.67	79.67	10/1/2009
77075	26	5	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND AP	23.00	23.00	10/1/2009
77075	TC	T	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND AP	56.67	56.67	10/1/2009
77076		3	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	74.75	74.75	10/1/2009
77076	26	5	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	28.77	28.77	10/1/2009
77076	TC	T	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	45.98	45.98	10/1/2009
77077		3	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	34.03	34.03	10/1/2009
77077	26	5	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	13.23	13.23	10/1/2009
77077	TC	T	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	20.80	20.80	10/1/2009
77078		3	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE S	135.17	135.17	10/1/2009
77078	26	5	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE S	10.59	10.59	10/1/2009
77078	TC	T	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE S	124.59	124.59	10/1/2009
77079		3	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE S	45.83	45.83	10/1/2009
77079	26	5	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE S	8.79	8.79	10/1/2009
77079	TC	T	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE S	37.04	37.04	10/1/2009
77080		3	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 C	56.23	56.23	10/1/2009
77080	26	5	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 C	8.45	8.45	10/1/2009
77080	TC	T	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 C	47.78	47.78	10/1/2009
77081		3	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 C	24.20	24.20	10/1/2009
77081	26	5	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 C	9.07	9.07	10/1/2009
77081	TC	T	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 C	15.12	15.12	10/1/2009
77082		3	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 C	23.21	23.21	10/1/2009
77082	26	5	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 C	6.94	6.94	10/1/2009
77082	TC	T	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 C	16.27	16.27	10/1/2009
77083		3	RADIOGRAPHIC ABSORPTIOMETRY (EG, PHOTODENSITOMETRY, RADIOGR	21.27	21.27	10/1/2009
77083	26	5	RADIOGRAPHIC ABSORPTIOMETRY (EG, PHOTODENSITOMETRY, RADIOGR	8.16	8.16	10/1/2009
77083	TC	T	RADIOGRAPHIC ABSORPTIOMETRY (EG, PHOTODENSITOMETRY, RADIOGR	13.10	13.10	10/1/2009
77084		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD S	460.65	460.65	10/1/2009
77084	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD S	68.58	68.58	10/1/2009
77084	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD S	392.07	392.07	10/1/2009
77261		3	THERAPEUTIC RADIOLOGY TREATMENT PLANNING;	59.43	59.43	10/1/2009
77262		3	THERAPEUTIC RADIOLOGY TREATMENT PLANNING;	89.31	89.31	10/1/2009
77263		3	THERAPEUTIC RADIOLOGY TREATMENT PLANNING;	132.51	132.51	10/1/2009
77280		3	RADIATION THERAPEUTIC SIMULATOR AIDED FIELD SETTING SIMPLE	147.02	147.02	10/1/2009
77280	26	5	RADIATION THERAPEUTIC SIMULATOR AIDED FIELD SETTING SIMPLE	29.54	29.54	10/1/2009
77280	TC	T	RADIATION THERAPEUTIC SIMULATOR AIDED FIELD SETTING SIMPLE	117.48	117.48	10/1/2009
77285		3	RADIATION THERAPEUTIC SIMULATOR AIDED FIELD SETTING INTERMEDIA	253.08	253.08	10/1/2009
77285	26	5	RADIATION THERAPEUTIC SIMULATOR AIDED FIELD SETTING INTERMEDIA	44.11	44.11	10/1/2009
77285	TC	T	RADIATION THERAPEUTIC SIMULATOR AIDED FIELD SETTING INTERMEDIA	208.97	208.97	10/1/2009
77290		3	RADIATION THERAPY SIMULATOR AIDED FIELD SETTING COMPLEX	392.85	392.85	10/1/2009
77290	26	5	RADIATION THERAPY SIMULATOR AIDED FIELD SETTING COMPLEX	65.51	65.51	10/1/2009
77290	TC	T	RADIATION THERAPY SIMULATOR AIDED FIELD SETTING COMPLEX	327.35	327.35	10/1/2009
77295		3	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; THREE-DIM	548.03	548.03	10/1/2009
77295	26	5	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; THREE-DIM	191.43	191.43	10/1/2009
77295	TC	T	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; THREE-DIM	356.60	356.60	10/1/2009
77300		3	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE	57.65	57.65	10/1/2009
77300	26	5	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE	25.98	25.98	10/1/2009
77300	TC	T	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE	31.67	31.67	10/1/2009
77301		3	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME	1726.32	1726.32	10/1/2009
77301	26	5	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME	335.48	335.48	10/1/2009
77301	TC	T	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME	1390.84	1390.84	10/1/2009
77305		3	RADIATION THERPY ISODOSE PLAN SIMPLE	59.40	59.40	10/1/2009
77305	26	5	RADIATION THERPY ISODOSE PLAN SIMPLE	29.54	29.54	10/1/2009
77305	TC	T	RADIATION THERPY ISODOSE PLAN SIMPLE	29.87	29.87	10/1/2009
77310		3	RADIATION THERAPY INTERMED THREE OR MORE THERAPY B	82.73	82.73	10/1/2009
77310	26	5	RADIATION THERAPY INTERMED THREE OR MORE THERAPY B	44.11	44.11	10/1/2009
77310	TC	T	RADIATION THERAPY INTERMED THREE OR MORE THERAPY B	38.62	38.62	10/1/2009
77315		3	RADIATION THERAPY COMPLEX	120.77	120.77	10/1/2009
77315	26	5	RADIATION THERAPY COMPLEX	65.51	65.51	10/1/2009
77315	TC	T	RADIATION THERAPY COMPLEX	55.26	55.26	10/1/2009
77321		3	SPECIAL TELETHERAPY PORT PART/ HEMI/ TOTAL BODY	98.50	98.50	10/1/2009
77321	26	5	SPECIAL TELETHERAPY PORT PART/ HEMI/ TOTAL BODY	39.84	39.84	10/1/2009
77321	TC	T	SPECIAL TELETHERAPY PORT PART/ HEMI/ TOTAL BODY	58.66	58.66	10/1/2009
77326		3	BRACHYTHERAPY ISODOSE CALCULATION (SIMPLE)	114.75	114.75	10/1/2009
77326	26	5	BRACHYTHERAPY ISODOSE CALCULATION (SIMPLE)	38.93	38.93	10/1/2009
77326	TC	T	BRACHYTHERAPY ISODOSE CALCULATION (SIMPLE)	75.83	75.83	10/1/2009
77327		3	BRACHYTHERAPY ISODOSE CALCULATION (INTERMEDIATE)	163.65	163.65	10/1/2009
77327	26	5	BRACHYTHERAPY ISODOSE CALCULATION (INTERMEDIATE)	58.28	58.28	10/1/2009
77327	TC	T	BRACHYTHERAPY ISODOSE CALCULATION (INTERMEDIATE)	105.37	105.37	10/1/2009
77328		3	BRACHYTHERAPY ISODOSE CALCULATION COMPLEX	224.56	224.56	10/1/2009
77328	26	5	BRACHYTHERAPY ISODOSE CALCULATION COMPLEX	87.82	87.82	10/1/2009
77328	TC	T	BRACHYTHERAPY ISODOSE CALCULATION COMPLEX	136.75	136.75	10/1/2009
77331		3	SPECIAL DOSIMETRY	51.39	51.39	10/1/2009
77331	26	5	SPECIAL DOSIMETRY	36.57	36.57	10/1/2009
77331	TC	T	SPECIAL DOSIMETRY	14.81	14.81	10/1/2009
77332		3	TREATMENT DEVICES (SIMPLE)	62.65	62.65	10/1/2009
77332	26	5	TREATMENT DEVICES (SIMPLE)	22.62	22.62	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
77332	TC	T	TREATMENT DEVICES (SIMPLE)	40.03	40.03	10/1/2009
77333		3	TREATMENT DEVICES (INTERMEDIATE)	56.27	56.27	10/1/2009
77333	26	5	TREATMENT DEVICES (INTERMEDIATE)	35.34	35.34	10/1/2009
77333	TC	T	TREATMENT DEVICES (INTERMEDIATE)	20.92	20.92	10/1/2009
77334		3	TREATMENT DEVICES (COMPLEX)	127.71	127.71	10/1/2009
77334	26	5	TREATMENT DEVICES (COMPLEX)	51.96	51.96	10/1/2009
77334	TC	T	TREATMENT DEVICES (COMPLEX)	75.75	75.75	10/1/2009
77336		3	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT	48.73	48.73	10/1/2009
77370		3	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	92.67	92.67	10/1/2009
77371	TC	T	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS)	237.90	237.90	10/1/2009
77372	TC	T	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS)	484.29	484.29	10/1/2009
77373	TC	T	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER F	897.01	897.01	10/1/2009
77418		3	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIEL	412.11	412.11	10/1/2009
77427		3	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	157.66	157.66	10/1/2009
77431		3	RADIATION THERAPY MGMT, COMPLETE COURSE, 1-2 FRACT	80.43	80.43	10/1/2009
77432		3	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CEREBRAL LES	335.23	335.23	10/1/2009
77435		3	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, P	555.86	555.86	10/1/2009
77470		3	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIB	206.20	206.20	10/1/2009
77470	26	5	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIB	87.82	87.82	10/1/2009
77470	TC	T	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIB	118.37	118.37	10/1/2009
77600		3	HYPERTHERMIA, EXTERNALLY GENERATED	296.22	296.22	10/1/2009
77600	26	5	HYPERTHERMIA, EXTERNALLY GENERATED	65.51	65.51	10/1/2009
77600	TC	T	HYPERTHERMIA, EXTERNALLY GENERATED	230.72	230.72	10/1/2009
77605		3	HYPERTHERMIA, EXT; DEEP	528.36	528.36	10/1/2009
77605	26	5	HYPERTHERMIA, EXT; DEEP	85.63	85.63	10/1/2009
77605	TC	T	HYPERTHERMIA, EXT; DEEP	442.73	442.73	10/1/2009
77610		3	HYPERTHERMIA GENERATED BY INTERSTITIAL PROB(S)	492.92	492.92	10/1/2009
77610	26	5	HYPERTHERMIA GENERATED BY INTERSTITIAL PROB(S)	63.77	63.77	10/1/2009
77610	TC	T	HYPERTHERMIA GENERATED BY INTERSTITIAL PROB(S)	429.15	429.15	10/1/2009
77615		3	HYPERTHERMIA; MORE THAN 5 INTERSTITIAL APPLICATORS	696.97	696.97	10/1/2009
77615	26	5	HYPERTHERMIA; MORE THAN 5 INTERSTITIAL APPLICATORS	87.53	87.53	10/1/2009
77615	TC	T	HYPERTHERMIA; MORE THAN 5 INTERSTITIAL APPLICATORS	609.44	609.44	10/1/2009
77620		3	INTRACAVITY HYPERTHERMIA	310.14	310.14	10/1/2009
77620	26	5	INTRACAVITY HYPERTHERMIA	65.86	65.86	10/1/2009
77620	TC	T	INTRACAVITY HYPERTHERMIA	244.27	244.27	10/1/2009
77750		3	INFUSION OR INSTILLATION OF RADIOELEMENT SOULTION	279.75	279.75	10/1/2009
77750	26	5	INFUSION OR INSTILLATION OF RADIOELEMENT SOULTION	207.43	207.43	10/1/2009
77750	TC	T	INFUSION OR INSTILLATION OF RADIOELEMENT SOULTION	72.34	72.34	10/1/2009
77761		3	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	286.85	286.85	10/1/2009
77761	26	5	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	159.20	159.20	10/1/2009
77761	TC	T	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	127.65	127.65	10/1/2009
77762		3	INTRACAVITARY RADIOELEMENT APPLICATION (INTERMED)	392.35	392.35	10/1/2009
77762	26	5	INTRACAVITARY RADIOELEMENT APPLICATION (INTERMED)	240.63	240.63	10/1/2009
77762	TC	T	INTRACAVITARY RADIOELEMENT APPLICATION (INTERMED)	151.72	151.72	10/1/2009
77763		3	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	556.34	556.34	10/1/2009
77763	26	5	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	361.15	361.15	10/1/2009
77763	TC	T	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	195.19	195.19	10/1/2009
77776		3	INTERSTITIAL RADIATION SOURCE APPLICATION; SIMPLE	337.14	337.14	10/1/2009
77776	26	5	INTERSTITIAL RADIATION SOURCE APPLICATION; SIMPLE	199.30	199.30	10/1/2009
77776	TC	T	INTERSTITIAL RADIATION SOURCE APPLICATION; SIMPLE	137.84	137.84	10/1/2009
77777		3	INTERSTITIAL RADIOELEMENT APPELCATION; INTERMED.	471.13	471.13	10/1/2009
77777	26	5	INTERSTITIAL RADIOELEMENT APPELCATION; INTERMED.	318.25	318.25	10/1/2009
77777	TC	T	INTERSTITIAL RADIOELEMENT APPELCATION; INTERMED.	152.88	152.88	10/1/2009
77778		3	INTERSTITIAL RADIOELEMENT APPLICATION COMPLEX	675.36	675.36	10/1/2009
77778	26	5	INTERSTITIAL RADIOELEMENT APPLICATION COMPLEX	472.16	472.16	10/1/2009
77778	TC	T	INTERSTITIAL RADIOELEMENT APPLICATION COMPLEX	203.18	203.18	10/1/2009
77789		3	SURFACE APPLICATION OF RADIATION SOURCE	85.29	85.29	10/1/2009
77789	26	5	SURFACE APPLICATION OF RADIATION SOURCE	47.98	47.98	10/1/2009
77789	TC	T	SURFACE APPLICATION OF RADIATION SOURCE	37.31	37.31	10/1/2009
77790		3	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	71.62	71.62	10/1/2009
77790	26	5	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	44.11	44.11	10/1/2009
77790	TC	T	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	27.51	27.51	10/1/2009
78000		3	THYROID UPTAKE; SINGLE DETERMINATION	54.61	54.61	10/1/2009
78000	26	5	THYROID UPTAKE; SINGLE DETERMINATION	8.14	8.14	10/1/2009
78000	TC	T	THYROID UPTAKE; SINGLE DETERMINATION	46.46	46.46	10/1/2009
78001		3	THYROID UPTAKE; MULTIPLE DETERMINATIONS	69.39	69.39	10/1/2009
78001	26	5	THYROID UPTAKE; MULTIPLE DETERMINATIONS	11.19	11.19	10/1/2009
78001	TC	T	THYROID UPTAKE; MULTIPLE DETERMINATIONS	58.20	58.20	10/1/2009
78003		3	THYROID UPTAKE STIMULATION, SUPPRESION OR DISCHARG	60.71	60.71	10/1/2009
78003	26	5	THYROID UPTAKE STIMULATION, SUPPRESION OR DISCHARG	13.95	13.95	10/1/2009
78003	TC	T	THYROID UPTAKE STIMULATION, SUPPRESION OR DISCHARG	46.76	46.76	10/1/2009
78006		3	THYROID IMAGING, W/UPTAKE; SINGLE DETERMINATION	170.52	170.52	10/1/2009
78006	26	5	THYROID IMAGING, W/UPTAKE; SINGLE DETERMINATION	20.87	20.87	10/1/2009
78006	TC	T	THYROID IMAGING, W/UPTAKE; SINGLE DETERMINATION	149.66	149.66	10/1/2009
78007		3	THYROID IMAGING, W/UPTAKE; MULTPL DETERMINATIONS	104.41	104.41	10/1/2009
78007	26	5	THYROID IMAGING, W/UPTAKE; MULTPL DETERMINATIONS	21.47	21.47	10/1/2009
78007	TC	T	THYROID IMAGING, W/UPTAKE; MULTPL DETERMINATIONS	82.95	82.95	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		
				FACILITY	NON-FACILITY	EFFECTIVE DATE
78010		3	THYROID IMAGING; ONLY	118.85	118.85	10/1/2009
78010	26	5	THYROID IMAGING; ONLY	16.59	16.59	10/1/2009
78010	TC	T	THYROID IMAGING; ONLY	102.26	102.26	10/1/2009
78011		3	THYROID IMAGING; WITH VASCULAR FLOW	135.24	135.24	10/1/2009
78011	26	5	THYROID IMAGING; WITH VASCULAR FLOW	19.33	19.33	10/1/2009
78011	TC	T	THYROID IMAGING; WITH VASCULAR FLOW	115.92	115.92	10/1/2009
78015		3	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA	160.96	160.96	10/1/2009
78015	26	5	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA	28.69	28.69	10/1/2009
78015	TC	T	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA	132.27	132.27	10/1/2009
78016		3	THYROID CARCINOMA METASTES IMAGING W/ADD'L STUDIES	244.01	244.01	10/1/2009
78016	26	5	THYROID CARCINOMA METASTES IMAGING W/ADD'L STUDIES	35.10	35.10	10/1/2009
78016	TC	T	THYROID CARCINOMA METASTES IMAGING W/ADD'L STUDIES	208.91	208.91	10/1/2009
78018		3	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	246.18	246.18	10/1/2009
78018	26	5	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	36.84	36.84	10/1/2009
78018	TC	T	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	209.35	209.35	10/1/2009
78020		3	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITK	72.63	72.63	10/1/2009
78020	26	5	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITK	25.73	25.73	10/1/2009
78020	TC	T	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITK	46.89	46.89	10/1/2009
78070		3	PARATHYROID IMAGING	136.97	136.97	10/1/2009
78070	26	5	PARATHYROID IMAGING	35.30	35.30	10/1/2009
78070	TC	T	PARATHYROID IMAGING	101.67	101.67	10/1/2009
78075		3	ADRENAL IMAGING, CORTEX &/OR MEDULLA	319.26	319.26	10/1/2009
78075	26	5	ADRENAL IMAGING, CORTEX &/OR MEDULLA	31.74	31.74	10/1/2009
78075	TC	T	ADRENAL IMAGING, CORTEX &/OR MEDULLA	287.51	287.51	10/1/2009
78102		3	BONE MARROW IMAGING; LIMITED AREA	126.63	126.63	10/1/2009
78102	26	5	BONE MARROW IMAGING; LIMITED AREA	23.60	23.60	10/1/2009
78102	TC	T	BONE MARROW IMAGING; LIMITED AREA	103.03	103.03	10/1/2009
78103		3	BONE MARROW IMAGING; MULTIPLE AREAS	170.11	170.11	10/1/2009
78103	26	5	BONE MARROW IMAGING; MULTIPLE AREAS	32.05	32.05	10/1/2009
78103	TC	T	BONE MARROW IMAGING; MULTIPLE AREAS	138.05	138.05	10/1/2009
78104		3	BONE MARROW IMAGING; WHOLE BODY	194.86	194.86	10/1/2009
78104	26	5	BONE MARROW IMAGING; WHOLE BODY	34.48	34.48	10/1/2009
78104	TC	T	BONE MARROW IMAGING; WHOLE BODY	160.38	160.38	10/1/2009
78110		3	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE	60.38	60.38	10/1/2009
78110	26	5	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE	8.14	8.14	10/1/2009
78110	TC	T	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE	52.23	52.23	10/1/2009
78111		3	PLASMA VOLUME RADIONUCLIDE VOL-DILUT TECH;MULT SAM	77.02	77.02	10/1/2009
78111	26	5	PLASMA VOLUME RADIONUCLIDE VOL-DILUT TECH;MULT SAM	9.66	9.66	10/1/2009
78111	TC	T	PLASMA VOLUME RADIONUCLIDE VOL-DILUT TECH;MULT SAM	67.37	67.37	10/1/2009
78120		3	RED CELL VOLUME DETERMINATION; SINGLE SAMPLING	68.67	68.67	10/1/2009
78120	26	5	RED CELL VOLUME DETERMINATION; SINGLE SAMPLING	9.96	9.96	10/1/2009
78120	TC	T	RED CELL VOLUME DETERMINATION; SINGLE SAMPLING	58.70	58.70	10/1/2009
78121		3	RED CELL VOLUME DETERMINATION; MULTIPLE SAMPLING	83.32	83.32	10/1/2009
78121	26	5	RED CELL VOLUME DETERMINATION; MULTIPLE SAMPLING	13.63	13.63	10/1/2009
78121	TC	T	RED CELL VOLUME DETERMINATION; MULTIPLE SAMPLING	69.68	69.68	10/1/2009
78122		3	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUR	103.39	103.39	10/1/2009
78122	26	5	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUR	19.33	19.33	10/1/2009
78122	TC	T	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUR	84.06	84.06	10/1/2009
78130		3	RED CELL SURVIVAL STUDY	121.02	121.02	10/1/2009
78130	26	5	RED CELL SURVIVAL STUDY	26.24	26.24	10/1/2009
78130	TC	T	RED CELL SURVIVAL STUDY	94.77	94.77	10/1/2009
78135		3	RED CELL SURVIVAL STUDY PLUS SPLENIC AND/OR HEPAT	251.02	251.02	10/1/2009
78135	26	5	RED CELL SURVIVAL STUDY PLUS SPLENIC AND/OR HEPAT	27.47	27.47	10/1/2009
78135	TC	T	RED CELL SURVIVAL STUDY PLUS SPLENIC AND/OR HEPAT	223.56	223.56	10/1/2009
78140		3	RED CELL SPLENIC AND/OR HEPATIC SEQUESTRATION	117.21	117.21	10/1/2009
78140	26	5	RED CELL SPLENIC AND/OR HEPATIC SEQUESTRATION	26.24	26.24	10/1/2009
78140	TC	T	RED CELL SPLENIC AND/OR HEPATIC SEQUESTRATION	90.96	90.96	10/1/2009
78185		3	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	146.37	146.37	10/1/2009
78185	26	5	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	17.19	17.19	10/1/2009
78185	TC	T	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	129.18	129.18	10/1/2009
78190		3	KINETICS, PLATELET SURVIVAL, W/WO DIFF ORG/TIS LOC	288.09	288.09	10/1/2009
78190	26	5	KINETICS, PLATELET SURVIVAL, W/WO DIFF ORG/TIS LOC	46.24	46.24	10/1/2009
78190	TC	T	KINETICS, PLATELET SURVIVAL, W/WO DIFF ORG/TIS LOC	241.85	241.85	10/1/2009
78191		3	PLATELET SURVIVAL STUDY	156.71	156.71	10/1/2009
78191	26	5	PLATELET SURVIVAL STUDY	25.95	25.95	10/1/2009
78191	TC	T	PLATELET SURVIVAL STUDY	130.76	130.76	10/1/2009
78195		3	LYMPHATICS AND LYMPH NODES IMAGING	262.72	262.72	10/1/2009
78195	26	5	LYMPHATICS AND LYMPH NODES IMAGING	51.58	51.58	10/1/2009
78195	TC	T	LYMPHATICS AND LYMPH NODES IMAGING	211.14	211.14	10/1/2009
78201		3	LIVER IMAGING; STATIC ONLY	135.22	135.22	10/1/2009
78201	26	5	LIVER IMAGING; STATIC ONLY	18.44	18.44	10/1/2009
78201	TC	T	LIVER IMAGING; STATIC ONLY	116.78	116.78	10/1/2009
78202		3	LIVER IMAGING; WITH VASCULAR FLOW	156.06	156.06	10/1/2009
78202	26	5	LIVER IMAGING; WITH VASCULAR FLOW	21.49	21.49	10/1/2009
78202	TC	T	LIVER IMAGING; WITH VASCULAR FLOW	134.57	134.57	10/1/2009
78205		3	NUCLEAR SCAN OF LIVER 3D	186.90	186.90	10/1/2009
78205	26	5	NUCLEAR SCAN OF LIVER 3D	30.52	30.52	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
78205	TC	T	NUCLEAR SCAN OF LIVER 3D	156.39	156.39	10/1/2009
78206		3	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	262.76	262.76	10/1/2009
78206	26	5	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	41.10	41.10	10/1/2009
78206	TC	T	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	221.66	221.66	10/1/2009
78215		3	LIVER AND SPLEEN IMAGING; STATIC ONLY	144.48	144.48	10/1/2009
78215	26	5	LIVER AND SPLEEN IMAGING; STATIC ONLY	20.87	20.87	10/1/2009
78215	TC	T	LIVER AND SPLEEN IMAGING; STATIC ONLY	123.61	123.61	10/1/2009
78216		3	LIVER AND SPLEEN IMAGING WITH VASCULAR FLOW	109.69	109.69	10/1/2009
78216	26	5	LIVER AND SPLEEN IMAGING WITH VASCULAR FLOW	24.22	24.22	10/1/2009
78216	TC	T	LIVER AND SPLEEN IMAGING WITH VASCULAR FLOW	85.47	85.47	10/1/2009
78220		3	LIVER FUNCTN STDY W/HEPATOBIILIARY AGNTS, W/SER IMA	114.03	114.03	10/1/2009
78220	26	5	LIVER FUNCTN STDY W/HEPATOBIILIARY AGNTS, W/SER IMA	20.87	20.87	10/1/2009
78220	TC	T	LIVER FUNCTN STDY W/HEPATOBIILIARY AGNTS, W/SER IMA	93.17	93.17	10/1/2009
78223		3	HEPATOBIILIARY DUCTAL SYS IMAGING,INCL GALLBLADDER	241.85	241.85	10/1/2009
78223	26	5	HEPATOBIILIARY DUCTAL SYS IMAGING,INCL GALLBLADDER	35.93	35.93	10/1/2009
78223	TC	T	HEPATOBIILIARY DUCTAL SYS IMAGING,INCL GALLBLADDER	205.93	205.93	10/1/2009
78230		3	SALIVARY GLAND IMAGING	123.13	123.13	10/1/2009
78230	26	5	SALIVARY GLAND IMAGING	19.04	19.04	10/1/2009
78230	TC	T	SALIVARY GLAND IMAGING	104.09	104.09	10/1/2009
78231		3	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	105.34	105.34	10/1/2009
78231	26	5	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	22.09	22.09	10/1/2009
78231	TC	T	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	83.25	83.25	10/1/2009
78232		3	SALIVARY GLAND FUNCTION STUDY	107.15	107.15	10/1/2009
78232	26	5	SALIVARY GLAND FUNCTION STUDY	20.24	20.24	10/1/2009
78232	TC	T	SALIVARY GLAND FUNCTION STUDY	86.91	86.91	10/1/2009
78258		3	ESOPHAGEAL MOTILITY	171.79	171.79	10/1/2009
78258	26	5	ESOPHAGEAL MOTILITY	32.03	32.03	10/1/2009
78258	TC	T	ESOPHAGEAL MOTILITY	139.77	139.77	10/1/2009
78261		3	GASTRIC MUCOSA IMAGING	189.41	189.41	10/1/2009
78261	26	5	GASTRIC MUCOSA IMAGING	29.60	29.60	10/1/2009
78261	TC	T	GASTRIC MUCOSA IMAGING	159.81	159.81	10/1/2009
78262		3	GASTROESOPHAGEAL REFLUX STUDY	186.79	186.79	10/1/2009
78262	26	5	GASTROESOPHAGEAL REFLUX STUDY	28.72	28.72	10/1/2009
78262	TC	T	GASTROESOPHAGEAL REFLUX STUDY	158.08	158.08	10/1/2009
78264		3	GASTRIC EMPTYING STUDY	215.00	215.00	10/1/2009
78264	26	5	GASTRIC EMPTYING STUDY	33.28	33.28	10/1/2009
78264	TC	T	GASTRIC EMPTYING STUDY	181.72	181.72	10/1/2009
78267		3	UREA BREATH TEST, C-14 (ISOTOPIC); ACQUISITION FOR ANALYSIS	10.17	10.17	10/1/2009
78268		3	UREA BREATH TEST, C-14; ANALYSIS	87.18	87.18	10/1/2009
78270		3	VITAMIN B-12 ABSORPTION STUDY; WO INTRINSIC FACTOR	62.34	62.34	10/1/2009
78270	26	5	VITAMIN B-12 ABSORPTION STUDY; WO INTRINSIC FACTOR	8.45	8.45	10/1/2009
78270	TC	T	VITAMIN B-12 ABSORPTION STUDY; WO INTRINSIC FACTOR	53.89	53.89	10/1/2009
78271		3	VITAMIN B-12 ABSORPTION STUDY; W/INTRINSIC FACTOR	62.92	62.92	10/1/2009
78271	26	5	VITAMIN B-12 ABSORPTION STUDY; W/INTRINSIC FACTOR	8.16	8.16	10/1/2009
78271	TC	T	VITAMIN B-12 ABSORPTION STUDY; W/INTRINSIC FACTOR	54.75	54.75	10/1/2009
78272		3	VITAMIN B-12 ABSORPTION STDS CMBND,W&WO INTRIN FAC	71.46	71.46	10/1/2009
78272	26	5	VITAMIN B-12 ABSORPTION STDS CMBND,W&WO INTRIN FAC	10.92	10.92	10/1/2009
78272	TC	T	VITAMIN B-12 ABSORPTION STDS CMBND,W&WO INTRIN FAC	60.54	60.54	10/1/2009
78278		3	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	259.25	259.25	10/1/2009
78278	26	5	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	42.33	42.33	10/1/2009
78278	TC	T	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	216.93	216.93	10/1/2009
78282		3	GASTROINTESTINAL PROTEIN LOSS	57.32	57.32	10/1/2009
78282	26	5	GASTROINTESTINAL PROTEIN LOSS	16.28	16.28	10/1/2009
78282	TC	T	GASTROINTESTINAL PROTEIN LOSS	41.04	41.04	10/1/2009
78290		3	INTESTINE IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKELS LOCALIZA'	231.46	231.46	10/1/2009
78290	26	5	INTESTINE IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKELS LOCALIZA'	29.29	29.29	10/1/2009
78290	TC	T	INTESTINE IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKELS LOCALIZA'	202.17	202.17	10/1/2009
78291		3	PERITONEAL-VENOUS SHUNT PATENCY TEST	189.15	189.15	10/1/2009
78291	26	5	PERITONEAL-VENOUS SHUNT PATENCY TEST	37.75	37.75	10/1/2009
78291	TC	T	PERITONEAL-VENOUS SHUNT PATENCY TEST	151.41	151.41	10/1/2009
78300		3	BONE AND/OR JOINT IMAGING, LIMITED AREA	132.87	132.87	10/1/2009
78300	26	5	BONE AND/OR JOINT IMAGING, LIMITED AREA	26.55	26.55	10/1/2009
78300	TC	T	BONE AND/OR JOINT IMAGING, LIMITED AREA	106.31	106.31	10/1/2009
78305		3	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	176.65	176.65	10/1/2009
78305	26	5	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	35.33	35.33	10/1/2009
78305	TC	T	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	141.33	141.33	10/1/2009
78306		3	BONE AND/OR JOINT IMAGING; WHOLE BODY	195.49	195.49	10/1/2009
78306	26	5	BONE AND/OR JOINT IMAGING; WHOLE BODY	36.84	36.84	10/1/2009
78306	TC	T	BONE AND/OR JOINT IMAGING; WHOLE BODY	158.65	158.65	10/1/2009
78315		3	BONE IMAGING BY THREE PHASE TECHNIQUE	259.61	259.61	10/1/2009
78315	26	5	BONE IMAGING BY THREE PHASE TECHNIQUE	43.55	43.55	10/1/2009
78315	TC	T	BONE IMAGING BY THREE PHASE TECHNIQUE	216.06	216.06	10/1/2009
78320		3	NUCLEAR SCAN OF BONE 3D	200.86	200.86	10/1/2009
78320	26	5	NUCLEAR SCAN OF BONE 3D	44.46	44.46	10/1/2009
78320	TC	T	NUCLEAR SCAN OF BONE 3D	156.39	156.39	10/1/2009
78350		3	BONE DENSITY STUDY; SINGLE PHOTON ABSORPTIOMETRY	26.79	26.79	10/1/2009
78350	26	5	BONE DENSITY STUDY; SINGLE PHOTON ABSORPTIOMETRY	9.07	9.07	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
78350	TC	T	BONE DENSITY STUDY; SINGLE PHOTON ABSORPTIOMETRY	17.72	17.72	10/1/2009
78351		3	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; D	12.72	12.72	10/1/2009
78351	26	5	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; D	3.19	3.19	10/1/2009
78414		3	DETERM OF VENTRICULAR EJECTION FRCTN W/PROBE TECH	66.87	66.87	10/1/2009
78414	26	5	DETERM OF VENTRICULAR EJECTION FRCTN W/PROBE TECH	18.17	18.17	10/1/2009
78414	TC	T	DETERM OF VENTRICULAR EJECTION FRCTN W/PROBE TECH	48.69	48.69	10/1/2009
78428		3	CARDIAC SHUNT DETECTION	154.38	154.38	10/1/2009
78428	26	5	CARDIAC SHUNT DETECTION	34.72	34.72	10/1/2009
78428	TC	T	CARDIAC SHUNT DETECTION	119.67	119.67	10/1/2009
78445		3	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAP-	129.17	129.17	10/1/2009
78445	26	5	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAP-	20.87	20.87	10/1/2009
78445	TC	T	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAP-	108.31	108.31	10/1/2009
78456		3	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	273.05	273.05	10/1/2009
78456	26	5	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	45.24	45.24	10/1/2009
78456	TC	T	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	227.81	227.81	10/1/2009
78457		3	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	148.79	148.79	10/1/2009
78457	26	5	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	32.68	32.68	10/1/2009
78457	TC	T	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	116.12	116.12	10/1/2009
78458		3	VENOUS THROMBOSIS IMAGING; BILATERAL	164.23	164.23	10/1/2009
78458	26	5	VENOUS THROMBOSIS IMAGING; BILATERAL	38.66	38.66	10/1/2009
78458	TC	T	VENOUS THROMBOSIS IMAGING; BILATERAL	125.57	125.57	10/1/2009
78460		3	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR	149.29	149.29	10/1/2009
78460	26	5	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR	37.12	37.12	10/1/2009
78460	TC	T	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR	112.17	112.17	10/1/2009
78461		3	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES; (PLANAR) AT RES1	168.59	168.59	10/1/2009
78461	26	5	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES; (PLANAR) AT RES1	53.18	53.18	10/1/2009
78461	TC	T	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES; (PLANAR) AT RES1	115.41	115.41	10/1/2009
78464		3	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUD	218.31	218.31	10/1/2009
78464	26	5	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUD	48.91	48.91	10/1/2009
78464	TC	T	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUD	169.41	169.41	10/1/2009
78465		3	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE ST	385.25	385.25	10/1/2009
78465	26	5	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE ST	66.12	66.12	10/1/2009
78465	TC	T	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE ST	319.13	319.13	10/1/2009
78466		3	NUCLEAR SCAN, HEART MUSCLE	141.97	141.97	10/1/2009
78466	26	5	NUCLEAR SCAN, HEART MUSCLE	30.47	30.47	10/1/2009
78466	TC	T	NUCLEAR SCAN, HEART MUSCLE	111.50	111.50	10/1/2009
78468		3	NUCLEAR SCAN, HEART MUSCLE	178.98	178.98	10/1/2009
78468	26	5	NUCLEAR SCAN, HEART MUSCLE	36.21	36.21	10/1/2009
78468	TC	T	NUCLEAR SCAN, HEART MUSCLE	142.77	142.77	10/1/2009
78469		3	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT W/1	203.53	203.53	10/1/2009
78469	26	5	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT W/1	40.81	40.81	10/1/2009
78469	TC	T	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT W/1	162.72	162.72	10/1/2009
78472		3	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE ST	207.15	207.15	10/1/2009
78472	26	5	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE ST	43.17	43.17	10/1/2009
78472	TC	T	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE ST	163.98	163.98	10/1/2009
78473		3	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES	283.46	283.46	10/1/2009
78473	26	5	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES	65.77	65.77	10/1/2009
78473	TC	T	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES	217.69	217.69	10/1/2009
78478		3	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QL	47.67	47.67	10/1/2009
78478	26	5	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QL	22.90	22.90	10/1/2009
78478	TC	T	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QL	24.76	24.76	10/1/2009
78480		3	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARA	39.41	39.41	10/1/2009
78480	26	5	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARA	14.65	14.65	10/1/2009
78480	TC	T	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARA	24.76	24.76	10/1/2009
78481		3	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SING	182.05	182.05	10/1/2009
78481	26	5	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SING	44.71	44.71	10/1/2009
78481	TC	T	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SING	137.34	137.34	10/1/2009
78483		3	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MULT	257.39	257.39	10/1/2009
78483	26	5	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MULT	67.88	67.88	10/1/2009
78483	TC	T	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MULT	189.52	189.52	10/1/2009
78494		3	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, W	226.30	226.30	10/1/2009
78494	26	5	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, W	52.80	52.80	10/1/2009
78494	TC	T	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, W	173.50	173.50	10/1/2009
78496		3	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT	93.16	93.16	10/1/2009
78496	26	5	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT	22.62	22.62	10/1/2009
78496	TC	T	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT	70.53	70.53	10/1/2009
78580		3	PULMONARY PERFUSION IMAGING; PARTICULATE	163.93	163.93	10/1/2009
78580	26	5	PULMONARY PERFUSION IMAGING; PARTICULATE	31.74	31.74	10/1/2009
78580	TC	T	PULMONARY PERFUSION IMAGING; PARTICULATE	132.19	132.19	10/1/2009
78584		3	PULMONARY PERFUSION IMAG.PARTIC.W/VENT;SINGL BREAT	125.58	125.58	10/1/2009
78584	26	5	PULMONARY PERFUSION IMAG.PARTIC.W/VENT;SINGL BREAT	42.33	42.33	10/1/2009
78584	TC	T	PULMONARY PERFUSION IMAG.PARTIC.W/VENT;SINGL BREAT	83.25	83.25	10/1/2009
78585		3	PULM PERF IMGING, PART W/VENT;REBR &WSHOT W CR W S	270.19	270.19	10/1/2009
78585	26	5	PULM PERF IMGING, PART W/VENT;REBR &WSHOT W CR W S	46.80	46.80	10/1/2009
78585	TC	T	PULM PERF IMGING, PART W/VENT;REBR &WSHOT W CR W S	223.40	223.40	10/1/2009
78586		3	PULMONARY VENTILATION AEROSOL; SINGLE PROJECTION	124.65	124.65	10/1/2009
78586	26	5	PULMONARY VENTILATION AEROSOL; SINGLE PROJECTION	17.19	17.19	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		
				FACILITY	NON-FACILITY	EFFECTIVE DATE
78586	TC	T	PULMONARY VENTILATION AEROSOL; SINGLE PROJECTION	107.46	107.46	10/1/2009
78587		3	PULMONARY VENTILATION IMAGING, AEORSOL; MULT PROJ.	156.87	156.87	10/1/2009
78587	26	5	PULMONARY VENTILATION IMAGING, AEORSOL; MULT PROJ.	21.16	21.16	10/1/2009
78587	TC	T	PULMONARY VENTILATION IMAGING, AEORSOL; MULT PROJ.	135.73	135.73	10/1/2009
78588		3	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION IMAG	250.81	250.81	10/1/2009
78588	26	5	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION IMAG	46.80	46.80	10/1/2009
78588	TC	T	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION IMAG	204.00	204.00	10/1/2009
78591		3	PULMONARY VENTILATION IMAG, GASEOUS, SNGL BRETH&IN	126.38	126.38	10/1/2009
78591	26	5	PULMONARY VENTILATION IMAG, GASEOUS, SNGL BRETH&IN	17.19	17.19	10/1/2009
78591	TC	T	PULMONARY VENTILATION IMAG, GASEOUS, SNGL BRETH&IN	109.19	109.19	10/1/2009
78593		3	PULMNRV VENT. IMAG, GAS W/REBR&WSHOT W/WO SI BR;SI	149.01	149.01	10/1/2009
78593	26	5	PULMNRV VENT. IMAG, GAS W/REBR&WSHOT W/WO SI BR;SI	20.87	20.87	10/1/2009
78593	TC	T	PULMNRV VENT. IMAG, GAS W/REBR&WSHOT W/WO SI BR;SI	128.16	128.16	10/1/2009
78594		3	PULM VENT IMGNG, GAS, W/REBR&SHOT W/WO SI BR;MUL P	174.15	174.15	10/1/2009
78594	26	5	PULM VENT IMGNG, GAS, W/REBR&SHOT W/WO SI BR;MUL P	22.69	22.69	10/1/2009
78594	TC	T	PULM VENT IMGNG, GAS, W/REBR&SHOT W/WO SI BR;MUL P	151.45	151.45	10/1/2009
78596		3	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION STUDY	290.45	290.45	10/1/2009
78596	26	5	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION STUDY	53.28	53.28	10/1/2009
78596	TC	T	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION STUDY	237.18	237.18	10/1/2009
78600		3	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	135.71	135.71	10/1/2009
78600	26	5	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	19.02	19.02	10/1/2009
78600	TC	T	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	116.69	116.69	10/1/2009
78601		3	BRAIN IMAGING, LTD PROCEDURE; W/VASCULAR FLOW	161.46	161.46	10/1/2009
78601	26	5	BRAIN IMAGING, LTD PROCEDURE; W/VASCULAR FLOW	21.78	21.78	10/1/2009
78601	TC	T	BRAIN IMAGING, LTD PROCEDURE; W/VASCULAR FLOW	139.69	139.69	10/1/2009
78605		3	BRAIN IMAGING, COMPLETE STUDY; STATIC	151.13	151.13	10/1/2009
78605	26	5	BRAIN IMAGING, COMPLETE STUDY; STATIC	22.98	22.98	10/1/2009
78605	TC	T	BRAIN IMAGING, COMPLETE STUDY; STATIC	128.16	128.16	10/1/2009
78606		3	BRAIN IMAGING, COMPLETE STUDY W/VASCULAR FLOW	236.39	236.39	10/1/2009
78606	26	5	BRAIN IMAGING, COMPLETE STUDY W/VASCULAR FLOW	27.47	27.47	10/1/2009
78606	TC	T	BRAIN IMAGING, COMPLETE STUDY W/VASCULAR FLOW	208.93	208.93	10/1/2009
78607		3	NUCLEAR SCAN OF BRAIN 3D	284.48	284.48	10/1/2009
78607	26	5	NUCLEAR SCAN OF BRAIN 3D	52.61	52.61	10/1/2009
78607	TC	T	NUCLEAR SCAN OF BRAIN 3D	231.88	231.88	10/1/2009
78610		3	BRAIN IMAGING, VASCULAR FLOW ONLY	136.70	136.70	10/1/2009
78610	26	5	BRAIN IMAGING, VASCULAR FLOW ONLY	13.30	13.30	10/1/2009
78610	TC	T	BRAIN IMAGING, VASCULAR FLOW ONLY	123.40	123.40	10/1/2009
78630		3	CEREBROSPINAL FLUID FLOW,IMAG; CISTERNOGRAPHY	250.94	250.94	10/1/2009
78630	26	5	CEREBROSPINAL FLUID FLOW,IMAG; CISTERNOGRAPHY	29.29	29.29	10/1/2009
78630	TC	T	CEREBROSPINAL FLUID FLOW,IMAG; CISTERNOGRAPHY	221.65	221.65	10/1/2009
78635		3	CEREBROSPINAL FLUID FLOW IMAG; VENTRICULOGRAPHY	228.40	228.40	10/1/2009
78635	26	5	CEREBROSPINAL FLUID FLOW IMAG; VENTRICULOGRAPHY	26.34	26.34	10/1/2009
78635	TC	T	CEREBROSPINAL FLUID FLOW IMAG; VENTRICULOGRAPHY	202.06	202.06	10/1/2009
78645		3	CEREBROSPINAL FLUID FLOW IMAG; SHUNT EVALUATION	231.11	231.11	10/1/2009
78645	26	5	CEREBROSPINAL FLUID FLOW IMAG; SHUNT EVALUATION	24.52	24.52	10/1/2009
78645	TC	T	CEREBROSPINAL FLUID FLOW IMAG; SHUNT EVALUATION	206.60	206.60	10/1/2009
78647		3	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION C	265.13	265.13	10/1/2009
78647	26	5	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION C	38.37	38.37	10/1/2009
78647	TC	T	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION C	226.76	226.76	10/1/2009
78650		3	CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION	244.70	244.70	10/1/2009
78650	26	5	CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION	26.24	26.24	10/1/2009
78650	TC	T	CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION	218.45	218.45	10/1/2009
78660		3	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	128.03	128.03	10/1/2009
78660	26	5	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	22.69	22.69	10/1/2009
78660	TC	T	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	105.33	105.33	10/1/2009
78700		3	KIDNEY IMAGING; STATIC ONLY	134.68	134.68	10/1/2009
78700	26	5	KIDNEY IMAGING; STATIC ONLY	19.33	19.33	10/1/2009
78700	TC	T	KIDNEY IMAGING; STATIC ONLY	115.35	115.35	10/1/2009
78701		3	KIDNEY IMAGING; WITH VASCULAR FLOW	161.13	161.13	10/1/2009
78701	26	5	KIDNEY IMAGING; WITH VASCULAR FLOW	20.87	20.87	10/1/2009
78701	TC	T	KIDNEY IMAGING; WITH VASCULAR FLOW	140.27	140.27	10/1/2009
78707		3	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY W	188.42	188.42	10/1/2009
78707	26	5	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY W	41.10	41.10	10/1/2009
78707	TC	T	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY W	147.31	147.31	10/1/2009
78708		3	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, V	154.30	154.30	10/1/2009
78708	26	5	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, V	51.98	51.98	10/1/2009
78708	TC	T	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, V	102.32	102.32	10/1/2009
78709		3	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDI	277.54	277.54	10/1/2009
78709	26	5	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDI	60.43	60.43	10/1/2009
78709	TC	T	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDI	217.11	217.11	10/1/2009
78710		3	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	185.35	185.35	10/1/2009
78710	26	5	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	28.38	28.38	10/1/2009
78710	TC	T	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	156.97	156.97	10/1/2009
78725		3	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY	78.44	78.44	10/1/2009
78725	26	5	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY	15.99	15.99	10/1/2009
78725	TC	T	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY	62.45	62.45	10/1/2009
78730		3	URINARY BLADDER RESIDUAL STUDY	60.01	60.01	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
78730	26	5	URINARY BLADDER RESIDUAL STUDY	7.38	7.38	10/1/2009
78730	TC	T	URINARY BLADDER RESIDUAL STUDY	52.63	52.63	10/1/2009
78740		3	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAI	160.33	160.33	10/1/2009
78740	26	5	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAI	24.71	24.71	10/1/2009
78740	TC	T	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAI	135.62	135.62	10/1/2009
78761		3	TESTICULAR IMAGING; WITH VASCULAR FLOW	161.07	161.07	10/1/2009
78761	26	5	TESTICULAR IMAGING; WITH VASCULAR FLOW	30.52	30.52	10/1/2009
78761	TC	T	TESTICULAR IMAGING; WITH VASCULAR FLOW	130.55	130.55	10/1/2009
78800		3	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; LIMITED AREA	144.04	144.04	10/1/2009
78800	26	5	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; LIMITED AREA	28.00	28.00	10/1/2009
78800	TC	T	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; LIMITED AREA	116.04	116.04	10/1/2009
78801		3	RADIONUCLIDE LOCALIZATION MULTIPLE AREAS	192.64	192.64	10/1/2009
78801	26	5	RADIONUCLIDE LOCALIZATION MULTIPLE AREAS	33.99	33.99	10/1/2009
78801	TC	T	RADIONUCLIDE LOCALIZATION MULTIPLE AREAS	158.65	158.65	10/1/2009
78802		3	RADIONUCLIDE LOCALIZATION WHOLE BODY	251.86	251.86	10/1/2009
78802	26	5	RADIONUCLIDE LOCALIZATION WHOLE BODY	36.84	36.84	10/1/2009
78802	TC	T	RADIONUCLIDE LOCALIZATION WHOLE BODY	215.03	215.03	10/1/2009
78803		3	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; TOMOGRAPHIC (SPEC	277.81	277.81	10/1/2009
78803	26	5	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; TOMOGRAPHIC (SPEC	46.80	46.80	10/1/2009
78803	TC	T	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; TOMOGRAPHIC (SPEC	231.01	231.01	10/1/2009
78804		3	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	443.00	443.00	10/1/2009
78804	26	5	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	45.98	45.98	10/1/2009
78804	TC	T	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	397.01	397.01	10/1/2009
78805		3	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIM	144.58	144.58	10/1/2009
78805	26	5	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIM	31.14	31.14	10/1/2009
78805	TC	T	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIM	113.44	113.44	10/1/2009
78806		3	RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY	263.53	263.53	10/1/2009
78806	26	5	RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY	36.84	36.84	10/1/2009
78806	TC	T	RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY	226.69	226.69	10/1/2009
78807		3	RADIOPHARMACEUTICAL LOCALIZATION OF ABSCESS; TOMOGRAPHIC (SPI	278.20	278.20	10/1/2009
78807	26	5	RADIOPHARMACEUTICAL LOCALIZATION OF ABSCESS; TOMOGRAPHIC (SPI	46.89	46.89	10/1/2009
78807	TC	T	RADIOPHARMACEUTICAL LOCALIZATION OF ABSCESS; TOMOGRAPHIC (SPI	231.30	231.30	10/1/2009
79200		3	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	142.73	142.73	10/1/2009
79200	26	5	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	85.46	85.46	10/1/2009
79200	TC	T	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	57.28	57.28	10/1/2009
79300		3	INTERSTITIAL RADIOACTIVE COLLOID THERAPY	180.85	180.85	10/1/2009
79300	26	5	INTERSTITIAL RADIOACTIVE COLLOID THERAPY	69.19	69.19	10/1/2009
79300	TC	T	INTERSTITIAL RADIOACTIVE COLLOID THERAPY	111.67	111.67	10/1/2009
79403		3	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBC	178.15	178.15	10/1/2009
79403	26	5	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBC	97.22	97.22	10/1/2009
79403	TC	T	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBC	80.93	80.93	10/1/2009
79440		3	INTRA-ARTICULAR RADIOPHARMACEUTICAL THERAPY	132.15	132.15	10/1/2009
79440	26	5	INTRA-ARTICULAR RADIOPHARMACEUTICAL THERAPY	85.26	85.26	10/1/2009
79440	TC	T	INTRA-ARTICULAR RADIOPHARMACEUTICAL THERAPY	46.89	46.89	10/1/2009
80048		3	BASIC METABOLIC PANEL	10.19	10.19	10/1/2009
80050		3	GENERAL HEALTH SCREEN PANEL	11.50	11.73	10/1/2009
80051		3	ELECTROLYTE PANEL	8.77	8.77	10/1/2009
80053		3	COMPREHENSIVE METABOLIC PANEL	10.74	10.74	10/1/2009
80055		3	OBSTETRIC PANEL	28.67	28.67	10/1/2009
80061		3	LIPID PANEL	17.04	17.04	10/1/2009
80069		3	RENAL FUNCTION PANEL	10.19	10.19	10/1/2009
80074		3	ACUTE HEPATITIS PANEL	59.25	59.25	10/1/2009
80076		3	HEPATIC FUNCTION PANEL	10.19	10.19	10/1/2009
80100		3	DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES CHROMATOGRAP	18.49	18.49	10/1/2009
80101		3	DRUG SCREEN, QUALITATIVE; SINGLE DRUG CLASS METHOD (EG, IMMUNO	17.51	17.51	10/1/2009
80102		3	DRUG CONFIRMATION	16.84	16.84	10/1/2009
80150		3	AMIKACIN	19.16	19.16	10/1/2009
80152		3	AMITRIPTYLINE	20.71	20.71	10/1/2009
80154		3	BENZODIAZEPINES	23.51	23.51	10/1/2009
80156		3	CARBAMAZEPINE; TOTAL	18.51	18.51	10/1/2009
80157		3	CARBAMAZEPINE; FREE	16.85	16.85	10/1/2009
80158		3	CYCLOSPORINE	22.96	22.96	10/1/2009
80160		3	DESIPRAMINE	21.89	21.89	10/1/2009
80162		3	DIGOXIN	16.88	16.88	10/1/2009
80164		3	DIPROPYLACETIC ACID	17.04	17.04	10/1/2009
80166		3	DOXEPIN	19.71	19.71	10/1/2009
80168		3	ETHOSUXIMIDE	20.78	20.78	10/1/2009
80170		3	GENTAMICIN	4.40	4.40	10/1/2009
80172		3	GOLD	20.71	20.71	10/1/2009
80173		3	HALOPERIDOL	18.51	18.51	10/1/2009
80174		3	IMPURAMINE	21.89	21.89	10/1/2009
80176		3	LIDOCAINE	18.67	18.67	10/1/2009
80178		3	LITHIUM	8.41	8.41	10/1/2009
80182		3	NORTRIPTYLINE	17.04	17.04	10/1/2009
80184		3	PHENOBARBITAL	14.57	14.57	10/1/2009
80185		3	PHENTOIN; TOTAL	16.85	16.85	10/1/2009
80186		3	PHENTOIN; FREE	17.50	17.50	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		
				FACILITY	NON-FACILITY	EFFECTIVE DATE
80188		3	PRIMIDONE	20.71	20.71	10/1/2009
80190		3	PROCAINAMIDE	21.30	21.30	10/1/2009
80192		3	PROCAINAMIDE: WITH ANTIBODIES	21.30	21.30	10/1/2009
80194		3	QUINIDINE	18.55	18.55	10/1/2009
80196		3	SALICYLATE	9.03	9.03	10/1/2009
80197		3	TACROLIMUS	17.44	17.44	10/1/2009
80198		3	THEOPHYLLINE	17.99	17.99	10/1/2009
80200		3	TOBRAMYCIN	20.49	20.49	10/1/2009
80201		3	TOPIRAMATE	15.16	15.16	10/1/2009
80202		3	VANCOMYCIN	17.04	17.04	10/1/2009
80299		3	QUANTITATION OF DRUG, NOT ELSEWHERE SPECIFIED	17.41	17.41	10/1/2009
80400		3	ACTH STIMULATION PANEL;	41.46	41.46	10/1/2009
80402		3	ACTH STIMULATION PANEL;	110.53	110.53	10/1/2009
80406		3	ACTH STIMULATION PANEL;	99.50	99.50	10/1/2009
80408		3	ALDOSTERONE SUPPRESSION EVALUATION PANEL (EG, SALINE INFUSION)	159.56	159.56	10/1/2009
80410		3	CALCITONIN STIMULATION PANEL (EG, CALCIUM, PENTAGASTRIN)	102.13	102.13	10/1/2009
80412		3	CORTICOTROPIC RELEASING HORMONE (CRH) STIMULATION PANEL	419.06	419.06	10/1/2009
80418		3	COMBINED RAPID ANTERIOR PITUITARY EVALUATION PANEL	734.33	734.33	10/1/2009
80420		3	DEXAMETHASONE SUPPRESSION PANEL, 48 HOUR	91.58	91.58	10/1/2009
80422		3	GLUCAGON TOLERANCE PANEL;	58.59	58.59	10/1/2009
80424		3	GLUCAGON TOLERANCE PANEL;	64.21	64.21	10/1/2009
80428		3	GROWTH HORMONE STIMULATION PANEL (EG, ARGININE INFUSION, L-DOP.	84.78	84.78	10/1/2009
80430		3	GROWTH HORMONE SUPPRESSION PANEL (GLUCOSE ADMINISTRATION)	99.74	99.74	10/1/2009
80432		3	INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL	140.49	140.49	10/1/2009
80434		3	INSULIN TOLERANCE PANEL;	128.58	128.58	10/1/2009
80435		3	INSULIN TOLERANCE PANEL;	130.90	130.90	10/1/2009
80436		3	METYRAPONE PANEL	115.90	115.90	10/1/2009
80438		3	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;	62.16	62.16	10/1/2009
80439		3	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;	82.88	82.88	10/1/2009
80440		3	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;	73.93	73.93	10/1/2009
80500		3	CLINICAL PATHOLOGY CONSULTATION, WITHOUT PATIENT'S HISTORY	15.20	17.22	10/1/2009
80500	26	5	CLINICAL PATHOLOGY CONSULTATION, WITHOUT PATIENT'S HISTORY	13.19	14.56	10/1/2009
80502		3	CLINICAL PATHOLOGY CONSULTATION , COMPREHENSIVE	52.93	54.08	10/1/2009
80502	26	5	CLINICAL PATHOLOGY CONSULTATION , COMPREHENSIVE	40.41	41.14	10/1/2009
81000		3	ROUTINE URINE ANALYSIS	4.03	4.03	10/1/2009
81001		3	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE	4.03	4.03	10/1/2009
81002		3	URINALYSIS ROUTINE WITHOUT MICROSCOPY	3.25	3.25	10/1/2009
81003		3	UA, BY DIP STICK OR TABLET; AUTOMATED, WO MICRO	2.86	2.86	10/1/2009
81005		3	URINE TESTS	2.76	2.76	10/1/2009
81007		3	URINALYSIS; BACTERIURIA SCREEN, EXCEPT BY CULTURE OR DIPSTICK	3.27	3.27	10/1/2009
81015		3	MICROSCOPIC URINE EXAM	3.86	3.86	10/1/2009
81020		3	URINALYSIS ROUTINE 2 OR 3 GLASS TEST	4.69	4.69	10/1/2009
81025		3	UA PREG. TEST - COLOR COMPARISON METHOD	8.04	8.04	10/1/2009
81050		3	VOLUME MEASUREMENT FOR TIMED COLLECTION, EACH	3.81	3.81	10/1/2009
82000		3	ACETALDEHYDE BLOOD	15.75	15.75	10/1/2009
82003		3	ACETAMINOPHEN	25.73	25.73	10/1/2009
82009		3	ACETONE QUALITATIVE	5.74	5.74	10/1/2009
82010		3	LABORATORY SERVICES, ANALYSIS	10.39	10.39	10/1/2009
82013		3	ACETYLCHELINESTERASE	14.21	14.21	10/1/2009
82016		3	ACYLCARNITINES; QUALITATIVE, EACH SPECIMEN	17.63	17.63	10/1/2009
82017		3	ACYLCARNITINES; QUANTITATIVE, EACH SPECIMEN (FOR CARNITINE, SEE 8	21.45	21.45	10/1/2009
82024		3	ACTH	49.11	49.11	10/1/2009
82030		3	ADENOSINE;5'MONOPHOSPHATE,CYCLIC (CYCLIC AMP)	32.81	32.81	10/1/2009
82040		3	ALBUMIN SERUM	6.30	6.30	10/1/2009
82042		3	ALBUMIN; URINE OR OTHER SOURCE, QUANTITATIVE, EACH SPECIMEN	6.58	6.58	10/1/2009
82043		3	ALBUMIN; URINE, MICR, QUANTITATIVE	7.36	7.36	10/1/2009
82044		3	ALBUMIN; URINE, MICRO, SEMIQUANTITATIVE	3.64	3.64	10/1/2009
82055		3	A150 OR A350 SALIVA ALCOHOL TEST	13.74	13.74	10/1/2009
82075		3	ALCOHOL BREATH	15.32	15.32	10/1/2009
82085		3	ALDOLASE	12.34	12.34	10/1/2009
82088		3	ALDOSTERONE	51.82	51.82	10/1/2009
82101		3	LABORATORY SERVICES, ANALYSIS	38.17	38.17	10/1/2009
82103		3	ALPHA-1-ANTITRYPSIN; TOTAL	17.08	17.08	10/1/2009
82104		3	ALPHA-1-ANTITRYPSIN; PHENOTYPE	18.38	18.38	10/1/2009
82105		3	ALPHA-FETOPROTEIN; SERUM	21.33	21.33	10/1/2009
82106		3	ALPHA-FETOPROTEIN; AMNIOTIC FLUID	21.33	21.33	10/1/2009
82107		3	ALPHA-FETOPROTEIN (AFP); AFP-L3 FRACTION ISOFORM AND TOTAL AFP (I	81.89	81.89	10/1/2009
82108		3	ALUMINUM	32.40	32.40	10/1/2009
82120		3	AMINES, VAGINAL FLUID, QUALITATIVE	4.78	4.78	10/1/2009
82127		3	AMINO ACIDS; SINGLE, QUALITATIVE, EACH SPECIMEN	17.63	17.63	10/1/2009
82128		3	AMINO ACIDS; MULTIPLE, QUALITATIVE, EACH SPECIMEN	17.63	17.63	10/1/2009
82131		3	AMINO ACIDS; SINGLE, QUANTITATIVE, EACH SPECIMEN	21.45	21.45	10/1/2009
82135		3	AMINOLEVULINIC ACID DELTA	20.93	20.93	10/1/2009
82136		3	AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	21.45	21.45	10/1/2009
82139		3	AMINO ACIDS, 6 OR MORE AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	21.45	21.45	10/1/2009
82140		3	AMMONIA	18.53	18.53	10/1/2009
82143		3	AMNIOTIC FLUID SCAN	8.75	8.75	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
82145		3	AMPHETAMINE OR METHAMPHETAMINE	19.77	19.77	10/1/2009
82150		3	AMYLASE	8.24	8.24	10/1/2009
82154		3	ANDROSTANEDIOL GLUCURONIDE	36.66	36.66	10/1/2009
82157		3	ANDROSTENEDIONE	37.22	37.22	10/1/2009
82160		3	ANDROSTERONE	31.80	31.80	10/1/2009
82163		3	ANGIOTENSIN II	26.10	26.10	10/1/2009
82164		3	ANGIOTENSIN I (ACE)	18.55	18.55	10/1/2009
82172		3	APOLIPOPROTEIN, EACH	19.70	19.70	10/1/2009
82175		3	ARSENIC	24.12	24.12	10/1/2009
82180		3	ASCORBIC ACID	12.57	12.57	10/1/2009
82190		3	ATOMIC ABSORPTION SPECTROSCOPY, EACH	18.96	18.96	10/1/2009
82205		3	BARBITURATES, NOT ELSEWHERE SPECIFIED	14.57	14.57	10/1/2009
82232		3	BETA-2 MICROGLOBULIN	20.58	20.58	10/1/2009
82239		3	BILE ACIDS; TOTAL	20.71	20.71	10/1/2009
82240		3	BILE ACIDS; CHOLYLGLYCINE	20.71	20.71	10/1/2009
82247		3	BILIRUBIN; TOTAL	6.39	6.39	10/1/2009
82248		3	BILIRUBIN; DIRECT	6.39	6.39	10/1/2009
82252		3	BILIRUBIN FECES QUALITATIVE	5.78	5.78	10/1/2009
82261		3	BIOTINIDASE, EACH SPECIMEN	21.45	21.45	10/1/2009
82270		3	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE; FI	4.13	4.13	10/1/2009
82274		3	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOAS	20.22	20.22	10/1/2009
82286		3	BRADYKININ	8.75	8.75	10/1/2009
82300		3	CADMIUM	29.42	29.42	10/1/2009
82306		3	CALCIFEDIOL (25-OH VITAMIN D-3)	37.64	37.64	10/1/2009
82307		3	CALCIFEROL (VITAMIN D)	40.97	40.97	10/1/2009
82308		3	CALCITONIN	34.04	34.04	10/1/2009
82310		3	CALCIUM; TOTAL	6.55	6.55	10/1/2009
82330		3	CALCIUM; IONIZED	17.37	17.37	10/1/2009
82331		3	CALCIUM AFTER CALCIUM INFUSION TEST	6.58	6.58	10/1/2009
82340		3	CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	6.62	6.62	10/1/2009
82355		3	CALCULUS; QUALITATIVE ANALYSIS	14.71	14.71	10/1/2009
82360		3	CALCULUS QUANTITATIVE CHEMICAL	16.37	16.37	10/1/2009
82365		3	CALCULUS QUANTITATIVE INFRARED SPECTROSCOPY	16.39	16.39	10/1/2009
82370		3	CALCULUS QUANTITATIVE X-RAY DEFRACTION	15.93	15.93	10/1/2009
82373		3	CARBOHYDRATE DEFICIENT TRANSFERRIN	22.96	22.96	10/1/2009
82374		3	CARBON DIOXIDE	6.22	6.22	10/1/2009
82375		3	LABORATORY SERVICES, ANALYSIS	14.07	14.07	10/1/2009
82376		3	CARBON DIOX COMB PARCARB MUNO QUALITATIV	7.62	7.62	10/1/2009
82378		3	CARCINOEMBRYONIC ANTIGEN (CEA)	24.12	24.12	10/1/2009
82379		3	CARNITINE (TOTAL AND FREE), QUANTITATIVE, EACH SPECIMEN	21.45	21.45	10/1/2009
82380		3	CAROTENE	11.73	11.73	10/1/2009
82382		3	CATECHOLAMINES; TOTAL URINE	21.86	21.86	10/1/2009
82383		3	CATECHOLAMINES BLOOD	31.86	31.86	10/1/2009
82384		3	CATECHOLAMINES FRACTIONATED	32.10	32.10	10/1/2009
82387		3	CATHEPSIN-D	17.63	17.63	10/1/2009
82390		3	CERULOPLASMIN	13.66	13.66	10/1/2009
82397		3	CHEMILUMINESCENT ASSAY	17.63	17.63	10/1/2009
82415		3	CHLORAMPHENICOL	16.11	16.11	10/1/2009
82435		3	CHLORIDE, SERUM	5.84	5.84	10/1/2009
82436		3	CHLORIDE, URINE	6.39	6.39	10/1/2009
82438		3	CHLORIDE; OTHER SOURCE	6.22	6.22	10/1/2009
82441		3	CHLORINATRD HYDROCARBONNS SCREEN	7.63	7.63	10/1/2009
82465		3	CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL	5.53	5.53	10/1/2009
82480		3	CHOLINESTERASE	7.31	7.31	10/1/2009
82482		3	CHOLINESTERASE	5.85	5.85	10/1/2009
82485		3	CHONDRUITINE B SULFATE QUANTITATIVE	26.25	26.25	10/1/2009
82486		3	CHROMATOGRAPHY, QUALITATIVE; COLUMN (EG, GAS LIQUID OR HPLC), AI	22.96	22.96	10/1/2009
82487		3	CHROMATOGRAPHY PAPER	20.29	20.29	10/1/2009
82488		3	CHROMATOGRAPHY PAPER 2 DIMENSIONAL	27.16	27.16	10/1/2009
82489		3	CHROMATOGRAPHY THIN LAYER	23.51	23.51	10/1/2009
82491		3	CHROMATOGRAPHY, QUANTITATIVE, COLUMN (EG, GAS LIQUID OR HPLC); :	22.96	22.96	10/1/2009
82492		3	CHROMATOGRAPHY, QUANTITATIVE, COLUMN (EG, GAS LIQUID OR HPLC);	22.96	22.96	10/1/2009
82495		3	CHROMIUM	25.79	25.79	10/1/2009
82507		3	CITRIC ACID	35.35	35.35	10/1/2009
82520		3	COCAINE OR METABOLITE	19.26	19.26	10/1/2009
82523		3	COLLAGEN CROSS LINKS, ANY METHOD	18.64	18.64	10/1/2009
82525		3	COPPER	15.78	15.78	10/1/2009
82528		3	CORTICOSTERONE	28.62	28.62	10/1/2009
82530		3	CORTISOL; FREE	21.25	21.25	10/1/2009
82533		3	CORTISOL; TOTAL	20.73	20.73	10/1/2009
82540		3	CREATINE	5.90	5.90	10/1/2009
82541		3	COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPLC)	22.96	22.96	10/1/2009
82542		3	COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPLC)	22.96	22.96	10/1/2009
82543		3	COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPLC)	22.96	22.96	10/1/2009
82544		3	COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPLC)	22.96	22.96	10/1/2009
82550		3	CREATINE KINASE (CK), (CPK); TOTAL	8.28	8.28	10/1/2009
82552		3	CPK ISOENZYME (QUALITATIVE)	17.03	17.03	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		
				FACILITY	NON-FACILITY	EFFECTIVE DATE
82553	3	3	CPK; MB FRACTION ONLY	14.68	14.68	10/1/2009
82554	3	3	CPK; ISOFORMS	15.09	15.09	10/1/2009
82565	3	3	SERUM CREATININE	6.52	6.52	10/1/2009
82570	3	3	CREATININE; OTHER SOURCE	6.58	6.58	10/1/2009
82575	3	3	CREATININE CLEARANCE	12.01	12.01	10/1/2009
82585	3	3	CRYOFIBRINOGEN	10.90	10.90	10/1/2009
82595	3	3	CRYOGLOBULIN, QUALITATIVE OR SEMI-QUANTITATIVE (EG, CRYOCRIT)	8.23	8.23	10/1/2009
82600	3	3	CYANIDE	24.67	24.67	10/1/2009
82607	3	3	CYANOCOBALAMIN (VITAMIN B-12)	19.16	19.16	10/1/2009
82608	3	3	CYANOCOBALAMIN UNSATURATED BINDING CAPACITY	18.21	18.21	10/1/2009
82615	3	3	CYSTINE	10.38	10.38	10/1/2009
82626	3	3	DEHYDROEPIANDROSTERONE (DHEA)	32.13	32.13	10/1/2009
82627	3	3	DHEA-S	28.27	28.27	10/1/2009
82633	3	3	DEOXYCORTICOSTERONE	39.38	39.38	10/1/2009
82634	3	3	DEOXYCORTISOL, 11-	37.22	37.22	10/1/2009
82638	3	3	DIBUCAINE NUMBER	15.57	15.57	10/1/2009
82646	3	3	CREATINE AND CREATININE	26.25	26.25	10/1/2009
82649	3	3	DIHYDROMORPHINONE	32.68	32.68	10/1/2009
82651	3	3	DIHYDROTESTOSTERONE	32.82	32.82	10/1/2009
82652	3	3	DIHYDROXYVITAMIN D	48.94	48.94	10/1/2009
82654	3	3	DIMETHADIONE	17.60	17.60	10/1/2009
82657	3	3	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT EL	22.96	22.96	10/1/2009
82658	3	3	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT EL	22.96	22.96	10/1/2009
82664	3	3	ELECTROPHORETIC TECH	43.68	43.68	10/1/2009
82666	3	3	EPIANDROSTERONE	27.31	27.31	10/1/2009
82668	3	3	ERYTHROPOIETIN	23.90	23.90	10/1/2009
82670	3	3	ESTRADIOL	30.28	30.28	10/1/2009
82671	3	3	ESTROGENS FRACTIONATED BLOOD	41.07	41.07	10/1/2009
82672	3	3	ESTROGENS TOTAL BLOOD	27.57	27.57	10/1/2009
82677	3	3	ESTRIOL	30.75	30.75	10/1/2009
82679	3	3	ESTRONE	31.74	31.74	10/1/2009
82690	3	3	ETHCHLORVYNOL	21.98	21.98	10/1/2009
82693	3	3	ETHYLENE GLYCOL	17.64	17.64	10/1/2009
82696	3	3	ETIOCHOLANOLONE	29.98	29.98	10/1/2009
82705	3	3	FECAL FAT SCREEN	6.47	6.47	10/1/2009
82710	3	3	FAT OR LIPIDS, FECES; QUANTITATIVE	21.36	21.36	10/1/2009
82715	3	3	FECAL FAT	21.89	21.89	10/1/2009
82725	3	3	FATTY ACIDS, NONESTERIFIED	16.93	16.93	10/1/2009
82726	3	3	VERY LONG CHAIN FATTY ACIDS	22.96	22.96	10/1/2009
82728	3	3	FERRITIN SPECIFY METHOD	17.32	17.32	10/1/2009
82731	3	3	FETAL FIBRONECTIN, CERVICOVAGINAL SECRETIONS, SEMI-QUANTITATIVE	81.89	81.89	10/1/2009
82735	3	3	FLUORIDE	23.58	23.58	10/1/2009
82742	3	3	FLURAZEPAM	25.17	25.17	10/1/2009
82746	3	3	FOLIC ACID	18.69	18.69	10/1/2009
82747	3	3	FOLIC ACID; RBC	19.16	19.16	10/1/2009
82757	3	3	FRUCTOSE SEMEN	22.06	22.06	10/1/2009
82759	3	3	GALACTORINASE RBC	27.31	27.31	10/1/2009
82760	3	3	GALACTOSE	14.23	14.23	10/1/2009
82775	3	3	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE:QUAL	26.78	26.78	10/1/2009
82776	3	3	GALACTOSE 1 PHOSPHATE URIDYL TRANSFERASE QUANTITAT	10.66	10.66	10/1/2009
82784	3	3	GAMMA GLOBULIN	11.82	11.82	10/1/2009
82785	3	3	GAMMAGLOBULIN; IGE	20.94	20.94	10/1/2009
82787	3	3	GAMMAGLOBULIN; IMMUNOGLOBULIN SUBCLASSES, (IGG1, 2, 3, OR 4), EAC	10.19	10.19	10/1/2009
82800	3	3	OXYGEN SATURATION PH ONLY	8.16	8.16	10/1/2009
82803	3	3	GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO3 (INCLUD	24.61	24.61	10/1/2009
82805	3	3	GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO2 (INCLUD	36.08	36.08	10/1/2009
82810	3	3	GASES, BLOOD, O2 SATURATION ONLY, BY DIRECT MEASUREMENT, EXCEF	11.10	11.10	10/1/2009
82820	3	3	HEMOGLOBIN - OXYGEN AFFINITY	12.70	12.70	10/1/2009
82926	3	3	GASTRIC ANALYSIS	6.93	6.93	10/1/2009
82928	3	3	GASTRIC ACID FREE OR TOTOAL SINGLE SPEC	8.33	8.33	10/1/2009
82938	3	3	GASTRIN AFTER SECRETIN STIMULATION	22.50	22.50	10/1/2009
82941	3	3	GASTRIN	22.42	22.42	10/1/2009
82943	3	3	GLUCAGON	18.17	18.17	10/1/2009
82945	3	3	GLUCOSE, BODY FLUID, OTHER THAN BLOOD	4.99	4.99	10/1/2009
82946	3	3	GLUCAGON TOLERANCE TEST	19.16	19.16	10/1/2009
82947	3	3	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	4.99	4.99	10/1/2009
82948	3	3	BLOOD GLUCOSE -FINGER STICK	4.03	4.03	10/1/2009
82950	3	3	GLUCOSE POST GLUCOSE DOSE	6.04	6.04	10/1/2009
82951	3	3	ORAL GLUCOSE TOLERANCE TEST	16.37	16.37	10/1/2009
82952	3	3	GLUCOSE TOLERANCE TEST EACH ASSIT BEYOND 3 SPEC	4.99	4.99	10/1/2009
82953	3	3	TOLBUTAMIDE TOLERANCE	18.45	18.45	10/1/2009
82955	3	3	GLUCOSE 6 PHOSPHATE DEHYDROGENASE	5.92	5.92	10/1/2009
82960	3	3	GLUCOSE 6 PHOSPHATE DEHYDROGENASE SCREEN	7.71	7.71	10/1/2009
82962	3	3	BLOOD GLUCOSE BY MONITORING DEVICE	2.98	2.98	10/1/2009
82963	3	3	GLUCOSIDASE BETA	27.31	27.31	10/1/2009
82965	3	3	GLUTAMATE DEHYDROGENASE	9.83	9.83	10/1/2009
82975	3	3	GLUTAMINE	20.14	20.14	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		
				FACILITY	NON-FACILITY	EFFECTIVE DATE
82977		3	G G T	9.15	9.15	10/1/2009
82978		3	GLUTATHIONE LEVEL AND STABILITY	18.12	18.12	10/1/2009
82979		3	GLUTATHIONE REDUCTASE RBC	8.75	8.75	10/1/2009
82980		3	GLUTETHIMIDE	23.30	23.30	10/1/2009
82985		3	GLYCATED PROTEIN	19.16	19.16	10/1/2009
83001		3	GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)	23.63	23.63	10/1/2009
83002		3	HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTROPHORESIS	23.55	23.55	10/1/2009
83003		3	GROWTH STIMULATING HORMONE	21.19	21.19	10/1/2009
83008		3	GUANOSINE MONOPHOSPHATE (GMP), CYCLIC	21.34	21.34	10/1/2009
83010		3	HAPTOGLOBIN	16.00	16.00	10/1/2009
83012		3	HAPTOGLOBIN PHENOTYPES ELECTROPHORESIS	21.86	21.86	10/1/2009
83013		3	HELICOBACTER PYLORI; ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACT	85.64	85.64	10/1/2009
83014		3	HELICOBACTER PYLORI, BREATH TEST ANALYSIS; DRUG ADMINISTRATION	9.99	9.99	10/1/2009
83015		3	HEAVY METAL SCREEN	23.94	23.94	10/1/2009
83018		3	HEAVY METAL; QUANTITATIVE, EACH	27.92	27.92	10/1/2009
83020		3	HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTROPHORESIS (E	15.98	15.98	10/1/2009
83020	26	5	HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTROPHORESIS (E	15.48	15.48	10/1/2009
83021		3	HEMOGLOBIN FRACTIONATION AND QUANTITATION; CHROMATOGRAPHY (I	22.96	22.96	10/1/2009
83026		3	HEMOGLOBIN; BY COPPER SULFATE METHOD	3.00	3.00	10/1/2009
83030		3	HEMOGLOBIN F (FETAL) CHEMICAL	10.52	10.52	10/1/2009
83033		3	HEMOGLOBIN; F (FETAL), QUALITATIVE	7.58	7.58	10/1/2009
83036		3	HEMOGLOBIN; GLYCOSYLATED (A1C)	12.34	12.34	10/1/2009
83045		3	METHEMOGLOBIN	6.31	6.31	10/1/2009
83050		3	METHEMOGLOBIN QUANTITATIVE	9.31	9.31	10/1/2009
83051		3	METHEMOGLOBIN PLASMA	9.29	9.29	10/1/2009
83055		3	SULFHEMOGLOBIN QUALITATIVE	6.25	6.25	10/1/2009
83060		3	SULFHEMOGLOBIN QUANTITATIVE	10.52	10.52	10/1/2009
83065		3	HEMOGLOBIN THERMOLABILE	8.75	8.75	10/1/2009
83068		3	HEMOGLOBIN UNSTABLESCREEN	3.66	3.66	10/1/2009
83069		3	HEMOGLOBIN URINE	5.01	5.01	10/1/2009
83070		3	HEMOSIDERIN	0.70	0.70	10/1/2009
83071		3	HEMOSIDERIN; QUANTITATIVE	8.75	8.75	10/1/2009
83080		3	B-HEXOSAMINIDASE, EACH ASSAY	21.45	21.45	10/1/2009
83088		3	HISTAMINE	37.55	37.55	10/1/2009
83090		3	HOMOCYSTINE	21.45	21.45	10/1/2009
83150		3	HOMOVANILLIC ACID (HVA)	24.61	24.61	10/1/2009
83491		3	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS)	22.27	22.27	10/1/2009
83497		3	5 HIAA QUALITATIVE	16.39	16.39	10/1/2009
83498		3	HYDROXYPROGESTERONE, 17-D	34.53	34.53	10/1/2009
83499		3	HYDROXYPROGESTERONE 20	32.05	32.05	10/1/2009
83500		3	HYDROXYPROLINE FREE	28.80	28.80	10/1/2009
83505		3	HYDROXYPROLINE TOTAL	30.90	30.90	10/1/2009
83516		3	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY	14.57	14.57	10/1/2009
83518		3	IMMUNOASSAY FOR ANALYTE OTHER THAN ANTIBODY OR INFECTIOUS AG	9.72	9.72	10/1/2009
83519		3	IMMUNOASSAY, ANALYTE, QUANTITATIVE; BY RADIOPHARMACEUTICAL TE	17.18	17.18	10/1/2009
83520		3	IMMUNOASSAY ANALYTE; NOT OTHERWISE SPECIFIED	16.46	16.46	10/1/2009
83525		3	INSULIN; TOTAL	14.54	14.54	10/1/2009
83527		3	INSULIN;	16.09	16.09	10/1/2009
83528		3	INTRINSIC FACTOR LEVEL	20.22	20.22	10/1/2009
83540		3	IRON	8.24	8.24	10/1/2009
83550		3	IBC	11.11	11.11	10/1/2009
83570		3	IDH	11.25	11.25	10/1/2009
83582		3	KETOGENIC STEROIDS; FRACTIONATION	18.02	18.02	10/1/2009
83586		3	KETOSTEROIDS, 17- (17-KS); TOTAL	16.28	16.28	10/1/2009
83593		3	KETOSTEROIDS, 17- (17-KS); FRACTIONATION	33.44	33.44	10/1/2009
83605		3	"LACTATES"	13.58	13.58	10/1/2009
83615		3	LACTATE DEHYDROGENASE (LD), (LDH)	7.68	7.68	10/1/2009
83625		3	LDH ISOENZYMES	11.83	11.83	10/1/2009
83632		3	LACTOGEN, HUMAN PLACENTAL (HPL)	25.70	25.70	10/1/2009
83633		3	LACTOSE URINE QUALITATIVE	7.00	7.00	10/1/2009
83634		3	LACTOSE URINE QUANTITATIVE	14.65	14.65	10/1/2009
83655		3	LEAD	15.39	15.39	10/1/2009
83661		3	FETAL LUNG MATURITY ASSESSMENT; LECITHIN SPHINGOMYELIN (L/S) RA	27.95	27.95	10/1/2009
83662		3	L/S RATIO	24.05	24.05	10/1/2009
83663		3	FETAL LUNG MATURITY ASSESSMENT; FLUORESCENCE POLARIZATION	24.05	24.05	10/1/2009
83664		3	FETAL LUNG MATURITY ASSESSMENT; LAMELLAR BODY DENSITY	24.05	24.05	10/1/2009
83670		3	LEUCINE AMINOPEPTIDASE (LAP)	11.65	11.65	10/1/2009
83690		3	LIPASE	8.75	8.75	10/1/2009
83718		3	LIPOPROTEIN. DIRECT MEASUREMENT; HIGH DENSITY CHOLESTEROL.	10.41	10.41	10/1/2009
83719		3	LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT, VLDL CHC	14.80	14.80	10/1/2009
83721		3	LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT, LDL CHOL	12.13	12.13	10/1/2009
83727		3	LUTEINIZING RELEASING FACTOR (LRH)	21.86	21.86	10/1/2009
83735		3	MAGNESIUM	8.52	8.52	10/1/2009
83775		3	MALATE DEHYDROGENASE	9.37	9.37	10/1/2009
83785		3	MANGANESE BLOOD OR URINE	31.27	31.27	10/1/2009
83788		3	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY (MS, MS/ MS),	22.96	22.96	10/1/2009
83789		3	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY (MS, MS/ MS),	22.96	22.96	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		
				FACILITY	NON-FACILITY	EFFECTIVE DATE
83805		3	MEPROBAMATE BLOOD/URINE	22.41	22.41	10/1/2009
83825		3	MERCURY, QUANTITATIVE	20.68	20.68	10/1/2009
83835		3	METHANEPHRINES	21.54	21.54	10/1/2009
83840		3	METHADONE OR COCAINE	20.76	20.76	10/1/2009
83857		3	METHMALBUMIN	13.66	13.66	10/1/2009
83858		3	METHSUXIMIDE	18.85	18.85	10/1/2009
83864		3	MUCOPOLYSACCHARIDES, ACID; QUANTITATIVE	25.32	25.32	10/1/2009
83866		3	MUCOPOLYSACCHARIDES ACID URINE SCREEN	12.52	12.52	10/1/2009
83872		3	MUCIN SYNOVIAL FLUID	7.45	7.45	10/1/2009
83873		3	MYELIN BASIC PROTEIN, CEREBROSPINAL FLUID	21.88	21.88	10/1/2009
83874		3	MYOGLOBIN	16.42	16.42	10/1/2009
83880		3	NATRIURETIC PEPTIDE	43.16	43.16	10/1/2009
83883		3	NEPHELOMETRY, EACH ANALYTE	17.29	17.29	10/1/2009
83885		3	NICKEL	31.15	31.15	10/1/2009
83887		3	NICOTINE	30.11	30.11	10/1/2009
83890		3	MOLECULAR DIAGNOSTICS; MOLECULAR ISOLATION OR EXTRACTION	5.10	5.10	10/1/2009
83891		3	MOLECULAR DIAGNOSTICS; ISOLATION OR EXTRACTION OF HIGHLY PURIF	5.10	5.10	10/1/2009
83892		3	NUCLEAR MOLECULAR DX; ENZYMATIC DIGESTION	5.10	5.10	10/1/2009
83893		3	MOLECULAR DIAGNOSTICS; DOT/SLOT BLOT PRODUCTION	5.10	5.10	10/1/2009
83894		3	MOLECULAR DIAGNOSTICS; SEPARATION BY GEL ELECTROPHORESIS (EG,	5.10	5.10	10/1/2009
83896		3	NUCLEAR MOLECULAR DX; EACH	5.10	5.10	10/1/2009
83897		3	MOLECULAR DIAGNOSTICS; NUCLEIC ACID TRANSFER (EG, SOUTHERN, NC	5.10	5.10	10/1/2009
83898		3	MOLECULAR DIAGNOSTICS; AMPLIFICATION OF PATIENT NUCLEIC ACID, EA	5.23	5.23	10/1/2009
83901		3	MOLECULAR DIAGNOSTICS; AMPLIFICATION OF PATIENT NUCLEIC ACID, ML	5.23	5.23	10/1/2009
83902		3	MOLECULAR DIAGNOSTICS; REVERSE TRANSCRIPTION	5.23	5.23	10/1/2009
83903		3	MOLECULAR DIAGNOSTICS; MUTATION SCANNING, BY PHYSICAL PROPERT	5.23	5.23	10/1/2009
83904		3	MOLECULAR DIAGNOSTICS; MUTATION IDENTIFICATION BY SEQUENCING, S	5.23	5.23	10/1/2009
83905		3	MOLECULAR DIAGNOSTICS; MUTATION IDENTIFICATION BY ALLELE SPECIF	5.23	5.23	10/1/2009
83906		3	MOLECULAR DIAGNOSTICS; MUTATION IDENTIFICATION BY ALLELE SPECIF	5.23	5.23	10/1/2009
83912	26	5	NUCLEAR MOLECULAR DIAGNOSTICS; INTERPRETATION AND REPORT	14.91	14.91	10/1/2009
83913		3	MOLECULAR DIAGNOSTICS; RNA STABILIZATION	16.98	16.98	10/1/2009
83915		3	5 NUCLEOTIDASE	14.18	14.18	10/1/2009
83916		3	OLIGOCLONAL IMMUNE (OLIGOCLONAL BANDS)	25.56	25.56	10/1/2009
83918		3	ORGANIC ACIDS; TOTAL, QUANTITATIVE, EACH SPECIMEN	20.93	20.93	10/1/2009
83919		3	ORGANIC ACIDS; QUALITATIVE, EACH SPECIMEN	20.93	20.93	10/1/2009
83921		3	ORGANIC ACID, SINGLE, QUANTITATIVE	20.93	20.93	10/1/2009
83925		3	OPIATES	24.74	24.74	10/1/2009
83930		3	OSMOLALITY BLOOD	8.41	8.41	10/1/2009
83935		3	OSMOLALITY	8.66	8.66	10/1/2009
83937		3	OSTEOCALCIN (BONE G1A PROTEIN)	36.20	36.20	10/1/2009
83945		3	OXALATE	16.37	16.37	10/1/2009
83950		3	ONCOPROTEIN, HER-2/NEU	81.89	81.89	10/1/2009
83970		3	PARATHORMONE	52.48	52.48	10/1/2009
83986		3	PH BODY FLUID EXCEPT BLOOD	4.55	4.55	10/1/2009
83992		3	PHENCYCLIDINE	18.69	18.69	10/1/2009
84022		3	PHENOTHIAZINE	19.80	19.80	10/1/2009
84030		3	PHENYLALANINE (PKU), BLOOD	7.00	7.00	10/1/2009
84035		3	PHENYLKETONES, QUALITATIVE	4.65	4.65	10/1/2009
84060		3	PHOSPHATASE ACID	9.39	9.39	10/1/2009
84061		3	PHOSPHATASE ACID; FORENSIC EXAM	10.06	10.06	10/1/2009
84066		3	PHOSPHATASE ACID; PROSTATIC	12.29	12.29	10/1/2009
84075		3	PHOSPHATASE ALKALINE	6.58	6.58	10/1/2009
84078		3	PHOSPHATASE ALKALINE BLOOD HEAT STABLE	9.28	9.28	10/1/2009
84080		3	ALKALINE PHOSPHATASE ISOENZYME	18.80	18.80	10/1/2009
84081		3	PHOSPHATYDYLGLYCEROL	21.01	21.01	10/1/2009
84085		3	PHOSPHOGLUCONAT6 6-DEHYDROGENASE RBC	8.57	8.57	10/1/2009
84087		3	PHOSPHOHEXOSE ISOMERASE	13.12	13.12	10/1/2009
84100		3	PHOSPHORUS INORGANIC (PHOSPHATE)	6.03	6.03	10/1/2009
84105		3	PHOSPHORUS (PHOSPHATE) URINE	6.58	6.58	10/1/2009
84106		3	PORPHOBILINOGEN	5.45	5.45	10/1/2009
84110		3	PORPHOBILINOGEN URINE QUANTITATIVE	10.74	10.74	10/1/2009
84119		3	PORPHYRINS QUALITATIVE	10.95	10.95	10/1/2009
84120		3	PORPHYRINS, URINE; QUANTITATION AND FRACTIONATION	18.70	18.70	10/1/2009
84126		3	PROPHYRINS FECES QUANITATIVE	32.39	32.39	10/1/2009
84127		3	PORPHYRINS, FECES; QUALITATIVE	11.83	11.83	10/1/2009
84132		3	POTASSIUM SERUM	5.84	5.84	10/1/2009
84133		3	POTASSIUM URINE	5.47	5.47	10/1/2009
84134		3	PREALBUMIN	18.55	18.55	10/1/2009
84135		3	PREGNANEDIOL	24.32	24.32	10/1/2009
84138		3	PREGNANETRIOL	24.08	24.08	10/1/2009
84140		3	PREGNENOLONE	25.45	25.45	10/1/2009
84143		3	17-HYDROXYPREGNENOLONE	29.02	29.02	10/1/2009
84144		3	PROGESTERONE	26.53	26.53	10/1/2009
84146		3	PROLACTIN	24.64	24.64	10/1/2009
84150		3	PROSTAGLANDIN, EACH	31.74	31.74	10/1/2009
84152		3	PROSTATE SPECIFIC ANTIGEN (PSA); COMPLEXED (DIRECT MEASUREMENT	23.39	23.39	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
84153		3	PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	23.39	23.39	10/1/2009
84154		3	PROSTATE SPECIFIC ANTIGEN (PSA); FREE	23.39	23.39	10/1/2009
84155		3	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM	4.66	4.66	10/1/2009
84160		3	PROTEIN REFRACTOMETRIC	6.58	6.58	10/1/2009
84165		3	PROTEIN ELECTROPHORESIS	13.60	13.60	10/1/2009
84165	26	5	PROTEIN ELECTROPHORESIS	15.20	15.20	10/1/2009
84181		3	PROTEIN; WESTERN BLOT, WITH REPORT AND INTERPRETATION	14.95	14.95	10/1/2009
84181	26	5	PROTEIN; WESTERN BLOT, WITH REPORT AND INTERPRETATION	15.20	15.20	10/1/2009
84182		3	PROTEIN;IMMUNO PROBE FOR BAND ID, EACH	14.95	14.95	10/1/2009
84182	26	5	PROTEIN;IMMUNO PROBE FOR BAND ID, EACH	15.68	15.68	10/1/2009
84202		3	PROTOPORPHYRIN RBC QUANTITATIVE	18.25	18.25	10/1/2009
84203		3	PROTOPORPHYRIN RBC SCREEN	10.95	10.95	10/1/2009
84206		3	PROINSULIN	22.65	22.65	10/1/2009
84207		3	PYRIDOXINE VITAMINE B-6	35.72	35.72	10/1/2009
84210		3	PYRUVATE	13.80	13.80	10/1/2009
84220		3	PYRUVATE KINASE	11.99	11.99	10/1/2009
84228		3	QUININE	14.80	14.80	10/1/2009
84233		3	RECEPTOR ASSAY ESTROGEN (ESTRADIOL)	81.89	81.89	10/1/2009
84234		3	RECEPTOR ASSAY PROGESTERONE	82.48	82.48	10/1/2009
84235		3	RECEPTOR ASSAY ENDOCRINE NOT ESTROGEN OR PROGESTER	66.54	66.54	10/1/2009
84238		3	RECEPTOR ASSAY; NON-ENDOCRINE (SPECIFY RECEPTOR)	46.49	46.49	10/1/2009
84244		3	RENIN	27.96	27.96	10/1/2009
84252		3	RIBOFLAVIN	25.73	25.73	10/1/2009
84255		3	SELENIUM	32.46	32.46	10/1/2009
84260		3	SEROTONIN	20.71	20.71	10/1/2009
84270		3	SHBG	27.63	27.63	10/1/2009
84275		3	SIALIC ACID	17.08	17.08	10/1/2009
84285		3	SILICA	29.94	29.94	10/1/2009
84295		3	SODIUM BLOOD	6.12	6.12	10/1/2009
84300		3	SODIUM URINE	6.18	6.18	10/1/2009
84302		3	SODIUM; OTHER SOURCE	6.18	6.18	10/1/2009
84305		3	SOMATOMEDIN	17.63	17.63	10/1/2009
84307		3	SOMATOSTATIN	17.63	17.63	10/1/2009
84311		3	SPECTROPHOMETRY, NOT ELSEWHERE SPECIFIED	8.89	8.89	10/1/2009
84315		3	SPECIFIC GRAVITY CEXCE PT URINE	3.19	3.19	10/1/2009
84375		3	SUGAR CHOMATOGRAPHIC TLC/PAPER CHOMATOYA PHY	24.92	24.92	10/1/2009
84376		3	SUGARS (MON-, DI, AND OLIGOSACCHARIDES); SINGLE QUALITATIVE, EACH	7.00	7.00	10/1/2009
84377		3	SUGARS (MON-, DI, AND OLIGOSACCHARIDES); MULTIPLE QUALITATIVE, EA	7.00	7.00	10/1/2009
84378		3	SUGARS (MON-, DI, AND OLIGOSACCHARIDES); SINGLE QUANTITATIVE, EAC	14.65	14.65	10/1/2009
84379		3	SUGARS (MON-, DI, AND OLIGOSACCHARIDES); MULTIPLE QUANTITATIVE, E	14.65	14.65	10/1/2009
84392		3	SULFATE, URINE	6.04	6.04	10/1/2009
84402		3	TESTOSTERONE; FREE	32.37	32.37	10/1/2009
84403		3	TESTOSTERONE; TOTAL	32.83	32.83	10/1/2009
84425		3	THIAMINE	27.00	27.00	10/1/2009
84430		3	THIOCYANATE	7.33	7.33	10/1/2009
84432		3	THYROGLOBULIN	20.42	20.42	10/1/2009
84436		3	THYROXINE; TOTAL	7.33	7.33	10/1/2009
84437		3	THYROXINE; REQUIRING ELUTION (EG, NEONATAL)	8.23	8.23	10/1/2009
84439		3	THYROXINE; FREE	11.47	11.47	10/1/2009
84442		3	TBG BY RIA	18.80	18.80	10/1/2009
84443		3	TSH	20.72	20.72	10/1/2009
84445		3	THYROID STIMULATING IMMUNE GLOBULINS (TSI)	64.66	64.66	10/1/2009
84446		3	VITAMIN E	18.03	18.03	10/1/2009
84449		3	TRANCORTIN (CORTISOL BINDING GLOBULIN)	22.89	22.89	10/1/2009
84450		3	TRANSFERASE; ASPARTATE AMINO (AST) (SGOT)	6.57	6.57	10/1/2009
84460		3	TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	6.73	6.73	10/1/2009
84466		3	TRANSFERRIN	16.23	16.23	10/1/2009
84478		3	TRIGLYCERIDES	7.32	7.32	10/1/2009
84479		3	THYROID HORMONE (T3 OR T4) UPTAKE OR THYROID HORMONE BINDING F	7.58	7.58	10/1/2009
84480		3	TRIODOXYRONE T3; TOTAL (TT-3)	18.03	18.03	10/1/2009
84481		3	TRIDOTHYRONE (T-3); FREE	21.54	21.54	10/1/2009
84482		3	T-3; REVERSE	20.04	20.04	10/1/2009
84484		3	TROPONIN, QUANTITATIVE	12.51	12.51	10/1/2009
84485		3	TRYPSIN DUODENAL FLUID	9.55	9.55	10/1/2009
84488		3	TRYPSIN; FECES, QUALITATIVE	9.28	9.28	10/1/2009
84490		3	TRYPSIN FECES QUANTITATIVE	9.67	9.67	10/1/2009
84510		3	TYROSINE	13.22	13.22	10/1/2009
84512		3	TROPONIN, QUALITATIVE	7.91	7.91	10/1/2009
84520		3	UREA NITROGEN; QUANTITATIVE	5.01	5.01	10/1/2009
84525		3	UREA NITROGEN; SEMIQUANTITATIVE (EG, REAGENT STRIP TEST)	4.78	4.78	10/1/2009
84540		3	LABORATORY SERVICES, ANALYSIS	6.04	6.04	10/1/2009
84545		3	UREA CLEARANCE	7.33	7.33	10/1/2009
84550		3	URIC ACID; BLOOD	5.74	5.74	10/1/2009
84560		3	URIC ACID; OTHER SOURCE	6.04	6.04	10/1/2009
84577		3	FECAL UROBILINOGEN QUANTITATIVE	15.86	15.86	10/1/2009
84578		3	UROBILINOGEN QUALITATIVE	2.98	2.98	10/1/2009
84580		3	UROBILINOGEN URINE QUANTITATIVE	9.03	9.03	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
84583		3	UROBILINOGEN URINE SEMIQUANTITATIVE	6.39	6.39	10/1/2009
84585		3	UMA	19.71	19.71	10/1/2009
84586		3	VASOACTIVE INTESTINAL PEPTIDE (VIP)	20.32	20.32	10/1/2009
84588		3	VASOPRESSIN (ANTIDIURETIC HORMONE, ADH)	43.16	43.16	10/1/2009
84590		3	VITAMIN A	14.74	14.74	10/1/2009
84591		3	VITAMIN, NOT OTHERWISE SPECIFIED	14.74	14.74	10/1/2009
84597		3	VITAMIN K	17.43	17.43	10/1/2009
84600		3	VOLATILES	17.70	17.70	10/1/2009
84620		3	D-XYLOSE TOLERANCE	15.06	15.06	10/1/2009
84630		3	ZINC	14.48	14.48	10/1/2009
84681		3	C-PEPTIDE ANY METHOD	20.20	20.20	10/1/2009
84702		3	GONADOTROPIN CHORIONIC QUANTITATIVE	11.12	11.12	10/1/2009
84703		3	PREGNANCY TEST (GONADOTROPIN, CHORIONIC (HCG); QUALITATIVE)	9.55	9.55	10/1/2009
85002		3	BLEEDING TIME	5.72	5.72	10/1/2009
85004		3	BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT	8.23	8.23	10/1/2009
85007		3	BLOOD COUNT DIFF WBC COUNT	4.38	4.38	10/1/2009
85008		3	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITHOUT MA	4.38	4.38	10/1/2009
85009		3	BLOOD COUNT; MANUAL DIFFERENTIAL WBC COUNT, BUFFY COAT	4.72	4.72	10/1/2009
85013		3	BLOOD COUNT; SPUN MICROHEMATOCRIT	3.01	3.01	10/1/2009
85014		3	BLOOD COUNT; HEMATOCRIT (HCT)	3.01	3.01	10/1/2009
85018		3	BLOOD COUNT; HEMOGLOBIN (HGB)	3.01	3.01	10/1/2009
85025		3	BLOOD COUNT HEMOGRAM/PLATELET COUNT AUTO/AUTO COMP	9.88	9.88	10/1/2009
85027		3	BLOOD COUNT HEMOGRAM AUTOMATED W PLATELET COUNT	8.23	8.23	10/1/2009
85032		3	BLOOD COUNT; MANUAL CELL COUNT (ERYTHROCYTE, LEUKOCYTE, OR PL	5.47	5.47	10/1/2009
85041		3	RBC	3.82	3.82	10/1/2009
85044		3	BLOOD COUNT; RETICULOCYTE, MANUAL	5.47	5.47	10/1/2009
85045		3	BLOOD COUNT, RETICULOCYTE COUNT, FLOW CYTOMETRY	5.09	5.09	10/1/2009
85046		3	BLOOD COUNT; RETICULOCYTES, AUTOMATED, INCLUDING ONE OR MORE	7.10	7.10	10/1/2009
85048		3	BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED	3.23	3.23	10/1/2009
85049		3	BLOOD COUNT; PLATELET, AUTOMATED	5.69	5.69	10/1/2009
85060		3	BLOOD SMEAR, PERIPHERAL, INTERP BY PHYSICIAN	18.76	18.76	10/1/2009
85060	26	5	BLOOD SMEAR, PERIPHERAL, INTERP BY PHYSICIAN	13.49	13.49	10/1/2009
85097		3	BONE MARROW, SMEAR INTERPRETATION	39.04	70.48	10/1/2009
85097	26	5	BONE MARROW, SMEAR INTERPRETATION	30.39	61.03	10/1/2009
85130		3	CHROMOGENIC SUBSTRATE ASSAY	15.12	15.12	10/1/2009
85170		3	CLOT RETRACTION	4.60	4.60	10/1/2009
85175		3	CLOT LYSIS TIME WHOLE BLOOD DILUTION	5.78	5.78	10/1/2009
85210		3	CLOTTING FACTOR II PROTHROMBIN SPECIFIC	16.51	16.51	10/1/2009
85220		3	CLOTTING FACTOR V LABILE FACTOR	22.44	22.44	10/1/2009
85230		3	CLOTTING FACTOR VII	22.77	22.77	10/1/2009
85240		3	CLOTTING FACTOR VIII ONE STAGE	22.77	22.77	10/1/2009
85244		3	CLOTTING; FACTOR VIII RELATED ANTIGEN	25.96	25.96	10/1/2009
85245		3	CLOTTING; FACTOR 8	29.17	29.17	10/1/2009
85246		3	CLOTTING; FACTOR 8, VW FACTOR ANTIGEN	29.17	29.17	10/1/2009
85247		3	CLOTTING; FACTOR 8, MULTIMETRIC ANALYSIS	29.17	29.17	10/1/2009
85250		3	CLOTTING FACTOR IX	24.21	24.21	10/1/2009
85260		3	CLOTTING FACTOR X	22.77	22.77	10/1/2009
85270		3	CLOTTING FACTOR XI	22.77	22.77	10/1/2009
85280		3	CLOTTING FACTOR XII	24.61	24.61	10/1/2009
85290		3	CLOTTING FACTOR XIII	20.78	20.78	10/1/2009
85291		3	CLOTTING FACTOR XIII FIBRIN STABILIZING SCREEN SOL	11.30	11.30	10/1/2009
85292		3	CLOTTING; FACTOR II PREKALLIKREIN ASSAY	24.08	24.08	10/1/2009
85293		3	CLOTTING; FACTOR II MOLECULAR WEIGHT ASSAY	24.08	24.08	10/1/2009
85300		3	CLOTTING INHIBITORS OR ANTICOAGULANTS ANTITHROMBIN	15.06	15.06	10/1/2009
85301		3	CLOTTING INHIBITORS; ANTITHROMBIN III, ANTIGEN ASS	13.75	13.75	10/1/2009
85302		3	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ANTIGEN	15.29	15.29	10/1/2009
85303		3	CLOTTING INHIBITORS OR ANTICOAG; PROTEIN C	17.58	17.58	10/1/2009
85305		3	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, TOTAL	14.74	14.74	10/1/2009
85306		3	CLOTTING INHIBITORS OR ANTICOAG; PROTEIN S FREE	18.17	18.17	10/1/2009
85307		3	ACTIVATED PROTEIN C (APC) RESISTANCE ASSAY	18.17	18.17	10/1/2009
85335		3	FACTOR INHIBITOR TEST	16.37	16.37	10/1/2009
85337		3	THROMBOMODULIN	13.25	13.25	10/1/2009
85345		3	COAGULATION TIME	5.47	5.47	10/1/2009
85347		3	COAGULATION TIME OTHER METHODS	5.41	5.41	10/1/2009
85348		3	COAGULATION TIME OTHER METHODS	4.73	4.73	10/1/2009
85360		3	EUGLOBULIN LYSIS	10.68	10.68	10/1/2009
85362		3	FIBRIN DEGRADATION PRODUCTS	8.75	8.75	10/1/2009
85370		3	FDP; QUANTITATIVE	11.71	11.71	10/1/2009
85378		3	FDP, D-DIMER; SEMIQUANTITATIVE	9.07	9.07	10/1/2009
85379		3	FDP, D-DIMER; QUANTITATIVE	11.71	11.71	10/1/2009
85380		3	FIBRIN DEGRADATION PRODUCTS, D-DIMER; ULTRASENSITIVE (EG, FOR EV	11.71	11.71	10/1/2009
85384		3	FIBRINOGEN; ACTIVITY	10.80	10.80	10/1/2009
85385		3	FIBRINOGEN; ANTIGEN	10.80	10.80	10/1/2009
85390		3	FIBRINOLYSINS OR COAGULOPATHY SCREEN, INTERPRETATION AND REPC	6.57	6.57	10/1/2009
85390	26	5	FIBRINOLYSINS OR COAGULOPATHY SCREEN, INTERPRETATION AND REPC	15.48	15.48	10/1/2009
85400		3	FIBRINOLYTIC MECHANISMS PLASMIN	11.25	11.25	10/1/2009
85410		3	FIBRINOLYTIC MECHANISMS ANTIPLASMIN	9.80	9.80	10/1/2009

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

					Medicaid Maximum Allowable		
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
85415		3	FIBRINOLYTIC FACTORS & INHIBITORS	21.86	21.86	10/1/2009	
85420		3	FIBRINOLYTIC MECHANISMS PLASMINOGEN	8.31	8.31	10/1/2009	
85421		3	PLASMINOGEN, ANTIGENIC ASSAY	12.95	12.95	10/1/2009	
85441		3	HEINZ BODIES DIRECT	5.35	5.35	10/1/2009	
85445		3	HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	8.66	8.66	10/1/2009	
85460		3	HEMOGLOBIN OR RBCS, FETAL, FOR FETOMATERNAL HEMORRHAGE;	9.58	9.58	10/1/2009	
85461		3	HEMOGLOBIN OR RBCS, FETAL, FOR FETOMATERNAL HEMORRHAGE;	8.43	8.43	10/1/2009	
85475		3	HEMOLYSIN, ACID	9.58	9.58	10/1/2009	
85520		3	HEPARIN ASSAY	16.64	16.64	10/1/2009	
85525		3	HEPARIN NEUTRALIZATION	15.06	15.06	10/1/2009	
85530		3	HEPARIN-PROTAMINE TOLERANCE TEST	18.03	18.03	10/1/2009	
85536		3	IRON STAIN, PERIPHERAL BLOOD	8.23	8.23	10/1/2009	
85540		3	LEUKOCYTE ALKALINE PHOSPHATASE	10.94	10.94	10/1/2009	
85547		3	RBC FRAGILITY	5.21	5.21	10/1/2009	
85549		3	MURAMIDASE	23.85	23.85	10/1/2009	
85555		3	OSMOTIC FRAGILITY, RBC; UNINCUBATED	8.50	8.50	10/1/2009	
85557		3	OSMOTIC FRAGILITY INCUBATED QUANTITATIVE	16.98	16.98	10/1/2009	
85576		3	PLATELET; AGGREGATION (IN VITRO), EACH AGENT	27.31	27.31	10/1/2009	
85576	26	5	PLATELET; AGGREGATION (IN VITRO), EACH AGENT	15.48	15.48	10/1/2009	
85597		3	PLATELET NEUTRALIZATION	22.86	22.86	10/1/2009	
85610		3	PROTHROMBIN TIME	5.00	5.00	10/1/2009	
85611		3	PROTHROMBIN TIME	5.01	5.01	10/1/2009	
85612		3	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); UNDILUTED	12.17	12.17	10/1/2009	
85613		3	RUSSELL VIPOR VENOM TIME; DULUTED	12.17	12.17	10/1/2009	
85635		3	REPTILASE TEST	12.52	12.52	10/1/2009	
85651		3	SEDIMENTATION RATE, ERYTHROCYTE, NON-AUTOMATED	4.51	4.51	10/1/2009	
85652		3	SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED	3.43	3.43	10/1/2009	
85660		3	SICKLING RBC REDUCTION SLIDE METHOD	7.02	7.02	10/1/2009	
85670		3	THROMBIN TIME PLASMA	7.34	7.34	10/1/2009	
85675		3	THROMBIN TIME TITER	8.72	8.72	10/1/2009	
85705		3	THROMBOPLASTIN INHIBITION; TISSUE	12.24	12.24	10/1/2009	
85730		3	PTT	7.63	7.63	10/1/2009	
85732		3	THROMBOPLASTIN TIME, PARTIAL (PTT); SUBSTITUTION, PLASMA FRACTIOI	8.23	8.23	10/1/2009	
85810		3	VISCOSITY	12.89	12.89	10/1/2009	
86000		3	AGGLUTINS FEBRILE EA	8.87	8.87	10/1/2009	
86001		3	ALLERGEN SPECIFIC IGG QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALL	6.64	6.64	10/1/2009	
86003		3	ALLERGEN SPECIFIC IGE; QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALI	6.64	6.64	10/1/2009	
86005		3	ALLERGEN SPECIFIC IGE; QUALITATIVE, MULTIALLERGEN SCREEN (DIPSTIC	10.14	10.14	10/1/2009	
86021		3	ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	19.14	19.14	10/1/2009	
86022		3	ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	23.35	23.35	10/1/2009	
86023		3	ANTIBODY ID PLATELET ASSOCIATED IMMUNOGLOBULIN	15.83	15.83	10/1/2009	
86038		3	ANTINUCLEAR ANTIBODIES (ANA);	15.37	15.37	10/1/2009	
86039		3	ANA; TITER	14.20	14.20	10/1/2009	
86060		3	ASO TITER	9.28	9.28	10/1/2009	
86063		3	ANTISTREPTOLYSIN SCREEN	7.34	7.34	10/1/2009	
86077		3	BLOOD BANK SERVICES; EVALUATION OF IRREGULAR ANTIB	39.13	40.86	10/1/2009	
86077	26	5	BLOOD BANK SERVICES; EVALUATION OF IRREGULAR ANTIB	29.77	31.02	10/1/2009	
86078		3	BLOOD BANK IRREGULAR ANTIB INVESTIGATION OF TRANSF	39.13	41.44	10/1/2009	
86078	26	5	BLOOD BANK IRREGULAR ANTIB INVESTIGATION OF TRANSF	30.04	31.69	10/1/2009	
86079		3	BLOOD BANK AUTHORIZATION FOR DEVIATION STAND PROCE	39.42	41.72	10/1/2009	
86079	26	5	BLOOD BANK AUTHORIZATION FOR DEVIATION STAND PROCE	29.86	31.31	10/1/2009	
86140		3	CRP	6.58	6.58	10/1/2009	
86141		3	C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCRIP)	16.46	16.46	10/1/2009	
86146		3	BETA 2 GLYCOPROTEIN I ANTIBODY, EACH	18.45	18.45	10/1/2009	
86147		3	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY, EACH IG CLASS	18.45	18.45	10/1/2009	
86148		3	ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID) ANTIBODY	18.98	18.98	10/1/2009	
86155		3	CHEMOTHAXIS ASSAY SPECIFY METHOD	20.32	20.32	10/1/2009	
86156		3	COLD AGGLUTININ; SCREEN	8.16	8.16	10/1/2009	
86157		3	COLD AGGLUTININ; TITER	8.16	8.16	10/1/2009	
86160		3	COMPLEMENT; ANTIGEN, EACH COMPONENT	15.27	15.27	10/1/2009	
86161		3	COMPLEMENT; FUNCTIONAL ACTIVITY, EACH	15.27	15.27	10/1/2009	
86162		3	COMPLEMENT TOTAL	25.83	25.83	10/1/2009	
86171		3	COMPLEMENT FIXATION TEST, EACH	12.74	12.74	10/1/2009	
86185		3	COUNTERIMMUNOELECTROPHORESIS, EACH ANTIGEN	11.38	11.38	10/1/2009	
86215		3	ASH TITER	16.84	16.84	10/1/2009	
86225		3	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NATIVE OR DOUBLE STRANDE	17.47	17.47	10/1/2009	
86226		3	DNA ANTIBODY; SINGLE STRANDED	15.40	15.40	10/1/2009	
86235		3	EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY	22.80	22.80	10/1/2009	
86243		3	FC RECEPTOR	26.10	26.10	10/1/2009	
86255		3	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; SCREEN, EACH ANTIBC	15.32	15.32	10/1/2009	
86255	26	5	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; SCREEN, EACH ANTIBC	15.48	15.48	10/1/2009	
86256		3	FLUORESCENT ANTIBODY TITER	15.32	15.32	10/1/2009	
86256	26	5	FLUORESCENT ANTIBODY TITER	15.48	15.48	10/1/2009	
86277		3	GROWTH HORMONE, HUMAN (HGH), ANTIBODY	20.01	20.01	10/1/2009	
86280		3	HEMAGGLUTINATION INHIBITON	10.41	10.41	10/1/2009	
86294		3	IMMUNOASSAY FOR TUMOR ANTIGEN, QUALITATIVE OR SEMIQUANTITATIV	24.94	24.94	10/1/2009	
86300		3	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 15-3 (27.29)	26.45	26.45	10/1/2009	

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
86301		3	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 19-9	26.45	26.45	10/1/2009
86304		3	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 125	26.45	26.45	10/1/2009
86308		3	HETEROPHILE ANTIBODIES; SCREENING	6.58	6.58	10/1/2009
86309		3	HETEROPHILE ANTIBODIES; TITER	8.23	8.23	10/1/2009
86310		3	HETEROPHILE ABSORPTION	9.37	9.37	10/1/2009
86316		3	IMMUNOASSAY FOR TUMOR ANTIGEN; OTHER ANTIGEN, QUANTITATIVE (EC	26.45	26.45	10/1/2009
86317		3	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUANTITATIVE, NOT O	18.45	18.45	10/1/2009
86318		3	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUALITATIVE OR SEMI	16.46	16.46	10/1/2009
86320		3	IMMUNOELECTROPHORESIS; SERUM	28.50	28.50	10/1/2009
86320	26	5	IMMUNOELECTROPHORESIS; SERUM	15.48	15.48	10/1/2009
86325		3	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE, CEREBROSPINAL	28.43	28.43	10/1/2009
86325	26	5	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE, CEREBROSPINAL	15.20	15.20	10/1/2009
86327		3	IMMUNOELECTROPHORESIS, SERUM EACH SPECIMEN PLATE	28.85	28.85	10/1/2009
86327	26	5	IMMUNOELECTROPHORESIS, SERUM EACH SPECIMEN PLATE	17.82	17.82	10/1/2009
86329		3	IMMUNODIFFUSION, NOT ELSEWHERE SPECIFIED	17.85	17.85	10/1/2009
86331		3	GEL DIFFUSION QUALITATIVE OUCHTERLONY	14.43	14.43	10/1/2009
86332		3	IMMUNE COMPLEX ASSAY	30.99	30.99	10/1/2009
86334		3	IMMUNOFIXATION ELECTOPHORESIS	28.40	28.40	10/1/2009
86334	26	5	IMMUNOFIXATION ELECTOPHORESIS	15.48	15.48	10/1/2009
86337		3	INSULIN ANTIBODIES	27.23	27.23	10/1/2009
86340		3	INTRINSIC FACTOR ANTIBODIES	19.16	19.16	10/1/2009
86341		3	ISLET CELL ANTIBODY	17.08	17.08	10/1/2009
86343		3	LEUKOCYTE HISTAMINE RELEASE	15.84	15.84	10/1/2009
86344		3	LEUKOCYTE PHAGOCYTOSIS	10.16	10.16	10/1/2009
86353		3	LYMPHOCYTE TRANSFORMATION, MITOGEN (PHYTOMITOGEN) OR ANTIGEI	62.33	62.33	10/1/2009
86359		3	T CELLS;	47.96	47.96	10/1/2009
86360		3	T CELLS; ABSOLUTE CD4 AND CD8 COUNT, INCLUDING RATIO	59.74	59.74	10/1/2009
86361		3	T CELLS; ABSOLUTE CD4 COUNT	34.04	34.04	10/1/2009
86376		3	MICROSOMAL ANTIBODIES (EG, THYROID OR LIVER-KIDNEY), EACH	17.62	17.62	10/1/2009
86378		3	MIGRATION INHIBITORY FACTOR TEST	25.03	25.03	10/1/2009
86382		3	NEUTRALIZATION TEST VIRAL	21.49	21.49	10/1/2009
86384		3	NBT TEST	14.48	14.48	10/1/2009
86403		3	PARTICLE AGGLUTINATION; SCREEN, EACH ANTIBODY	12.96	12.96	10/1/2009
86406		3	PARTICLE AGGLUTINATION;	13.53	13.53	10/1/2009
86430		3	RHEUMATOID FACTOR; QUALITATIVE	7.22	7.22	10/1/2009
86431		3	RHEUMATOID FACTOR; QUANTITATIVE	7.22	7.22	10/1/2009
86485		3	SKIN TEAT; CANDIDA	6.33	6.33	10/1/2009
86490		3	SENSITIVITY TEST COCCIDIOIDOMYCOSIS	5.30	5.30	10/1/2009
86510		3	SENSITIVITY TEST HISTOPLASMOSIS	5.30	5.30	10/1/2009
86580		3	TUBERCULIN SKIN TEST - PPD (MANTOUX METHOD)	5.59	5.59	10/1/2009
86590		3	STREPTOKINASE ANTIBODY	14.02	14.02	10/1/2009
86592		3	SYPHILIS, PRECIPITATION OR FLOCCULATION TESTS	5.42	5.42	10/1/2009
86593		3	SYPHILIS PRECIPITATION FLOCCULATION TEST QUANTITATIVE	5.61	5.61	10/1/2009
86602		3	ANTIBODY; ACTINOMYCES	12.94	12.94	10/1/2009
86603		3	ANTIBODY; ADENOVIRUS	16.21	16.21	10/1/2009
86606		3	ANTIBODY; ASPIRIGILLUS	16.21	16.21	10/1/2009
86609		3	ANTIBODY; BACTERIUM, NOT ELSEWHERE SPECIFIED	16.21	16.21	10/1/2009
86611		3	ANTIBODY; BARTONELLA	12.94	12.94	10/1/2009
86612		3	ANTIBODY; BLASTOMYCES	16.21	16.21	10/1/2009
86615		3	ANTIBODY; BORDETELLA	16.77	16.77	10/1/2009
86617		3	ANTIBODY;	15.05	15.05	10/1/2009
86618		3	ANITBODY:LYME DISEASE	18.45	18.45	10/1/2009
86619		3	ANTIBODY; BORRELLIA	17.01	17.01	10/1/2009
86622		3	ANTIBODY; BRUCELLA	9.58	9.58	10/1/2009
86625		3	ANTIBODY; CAMPYLOBACTOR	9.58	9.58	10/1/2009
86628		3	ANTIBODY; CANDIDA	14.43	14.43	10/1/2009
86631		3	ANTIBODY; CHLAMYDIA	15.03	15.03	10/1/2009
86632		3	ANTIBODY; CHLAMIDA, IGM	16.14	16.14	10/1/2009
86635		3	ANTIBODY, COCCIDIOIDES	14.59	14.59	10/1/2009
86638		3	ANTIBODY; Q FEVER	15.42	15.42	10/1/2009
86641		3	ANTIBODY; CRYPTOCOCCUS	18.33	18.33	10/1/2009
86644		3	ANTIBODY; CMV	18.27	18.27	10/1/2009
86645		3	ANTIBODY; CMV, IGM	18.45	18.45	10/1/2009
86648		3	ANTIBODY; DIPHTHERIA	18.45	18.45	10/1/2009
86651		3	ANTIBODY; ENCEPHALITIS, CALIFORNIA	16.77	16.77	10/1/2009
86652		3	ANTIBODY; ENCEPHALITIS, EASTERN EQUINE	16.77	16.77	10/1/2009
86653		3	ANTIBODY; ENCEPHALITIS ST, LOUIS	16.77	16.77	10/1/2009
86654		3	ANTIBODY;ENCEPHALITIS WESTERN EQUINE	16.77	16.77	10/1/2009
86658		3	ANTIBODY; ENTEROVIRUS	16.21	16.21	10/1/2009
86663		3	ANTIBODY; EPSTEIN-BARR, EARLY ANTIGEN	16.68	16.68	10/1/2009
86664		3	ANTIBODY; EPSTEIN-BARR, NUCLEAR ANTIGEN	18.45	18.45	10/1/2009
86665		3	ANTIBODY; EPSTEIN-BARR VIRAL CAPSID	20.66	20.66	10/1/2009
86666		3	ANTIBODY; EHRlichia	12.94	12.94	10/1/2009
86668		3	ANTIBODY; FRACISELLA TULARENSIS	13.22	13.22	10/1/2009
86671		3	ANTIBODY; FUNGUS	15.59	15.59	10/1/2009
86674		3	ANTIBODY; GIARDIA LAMBLIA	18.45	18.45	10/1/2009
86677		3	ANTIBODY; HELICOBACTER PYLOUI	18.45	18.45	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		
				FACILITY	NON-FACILITY	EFFECTIVE DATE
86682		3	ANTIBODY; HELMINTH	16.53	16.53	10/1/2009
86684		3	ANTIBODY; HEMOPHILUS INFLUENZA	18.45	18.45	10/1/2009
86687		3	ANTIBODY; HTLV I	10.67	10.67	10/1/2009
86688		3	ANTIBODY; HTLV-IT	14.95	14.95	10/1/2009
86689		3	HTLV 1, ANTIBODY DETECTION, CONFIRMATORY TEST	24.62	24.62	10/1/2009
86692		3	ANTOBODY; HEPATITIS, DELTA AGENT	18.45	18.45	10/1/2009
86694		3	ANTIBODY; HERPES SIMPLEX, NON-SPECIFIC TYPE TEST	18.27	18.27	10/1/2009
86695		3	ANTIBODY; HERPES SIMPLEX, TYPE 1	16.77	16.77	10/1/2009
86696		3	ANTIBODY; HERPES SIMPLEX, TYPE 2	24.62	24.62	10/1/2009
86698		3	ANTOBODY; HISTOPLASM	15.89	15.89	10/1/2009
86701		3	ANTIBODY; HIV-1	11.29	11.29	10/1/2009
86702		3	ANTIBODY; HIV-2	14.95	14.95	10/1/2009
86703		3	ANTIBODY; HIV-1 & HIV-2, SINGLE ASSAY	14.95	14.95	10/1/2009
86704		3	HEPATITIS B CORE ANTIBODY (HBCAB), TOTAL	14.80	14.80	10/1/2009
86705		3	HEPATITIS B CORE ANTIBODY (HBCAB); IGM ANTIBODY	14.96	14.96	10/1/2009
86706		3	HEPATITIS B SURFACE ANTIBODY (HBSAB)	13.66	13.66	10/1/2009
86707		3	HEPATITIS BE ANTIBODY (HBEAB)	14.71	14.71	10/1/2009
86708		3	HEPATITIS A ANTIBODY (HAAB), TOTAL	15.75	15.75	10/1/2009
86709		3	HEPATITIS A ANTIBODY (HAAB); IGM ANTIBODY	14.31	14.31	10/1/2009
86710		3	ANTIBODY, INFLUENZA VIRUS	17.24	17.24	10/1/2009
86713		3	ANTIBODY; LEGIONELLA	19.46	19.46	10/1/2009
86717		3	ANTIBODY; LEISHMANIA	10.66	10.66	10/1/2009
86720		3	ANTIBODY; LEPTOSPIRA	12.54	12.54	10/1/2009
86723		3	ANTIBODY; LISTERIA MONOCYTOGENES	16.77	16.77	10/1/2009
86727		3	ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS	16.21	16.21	10/1/2009
86729		3	ANTIBODY; LYMPHOGRANULOMA VENERUM	15.19	15.19	10/1/2009
86732		3	ANTIBODY; MUCORMYCOSIS	16.77	16.77	10/1/2009
86735		3	ANTIBODY; MUMPS	16.59	16.59	10/1/2009
86738		3	ANTIBODY; MYCOPLASMA	16.84	16.84	10/1/2009
86744		3	ANTIBODY; NOCARDIA	16.77	16.77	10/1/2009
86747		3	ANTIBODY; PARVOVIRUS	18.45	18.45	10/1/2009
86750		3	ANTIBODY; MALARIA	16.77	16.77	10/1/2009
86753		3	ANTIBODY; PROTOZOA, NOT ELSEWHERE SPECIFIED	10.66	10.66	10/1/2009
86756		3	ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	16.39	16.39	10/1/2009
86757		3	ANTIBODY; RICKETTSIA	24.62	24.62	10/1/2009
86759		3	ANTIBODY; ROTAVIRUS	16.21	16.21	10/1/2009
86762		3	ANTIBODY; RUBELLA	18.27	18.27	10/1/2009
86765		3	ANTIBODY; RUBEOLA	16.38	16.38	10/1/2009
86768		3	ANTIBODY; SALMONELLA	16.77	16.77	10/1/2009
86771		3	ANTIBODY; SHIGELLA	16.77	16.77	10/1/2009
86774		3	ANTIBODY; TETANUS	18.45	18.45	10/1/2009
86777		3	ANTIBODY; TOXOPLASMA	18.27	18.27	10/1/2009
86778		3	ANTIBODY; TOXOPLASMA, IGM	18.31	18.31	10/1/2009
86781		3	ANTIBODY; TREPONEMA PALLIDUM, CONFIRM. TEST	16.84	16.84	10/1/2009
86784		3	ANTIBODY; TRICHINELLA	15.97	15.97	10/1/2009
86787		3	ANTIBODY; VARICELLA-ZOSTER	16.38	16.38	10/1/2009
86788		3	ANTIBODY; WEST NILE VIRUS, IGM	18.45	18.45	10/1/2009
86789		3	ANTIBODY; WEST NILE VIRUS	18.27	18.27	10/1/2009
86790		3	ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED	16.38	16.38	10/1/2009
86793		3	ANTIBODY; YERSINIA	16.77	16.77	10/1/2009
86800		3	THYROGLOBULIN ANTIBODY	20.22	20.22	10/1/2009
86803		3	HEPATITIS C ANTIBODY;	18.15	18.15	10/1/2009
86804		3	HEPATITIS C ANTIBODY; CONFIRMATORY TEST (EG, IMMUNOBLOT)	15.05	15.05	10/1/2009
86805		3	LYMPHOCYTOTOXICITY ASSAY, VISUAL XM; W/ TITRATION	66.48	66.48	10/1/2009
86806		3	LYMPHOCYTOTOXICITY ASSAY, VISUAL XM; W/O TITRATION	60.51	60.51	10/1/2009
86807		3	SERUM SCREENING FOR CYTOTOXIC PRA; STANDARD METHOD	50.31	50.31	10/1/2009
86808		3	SERUM SCREENING FOR CYTOTOXIC PRA; QUICK METHOD	37.74	37.74	10/1/2009
86812		3	TISSUE TYPING HLA TYPING A,B, OR C SINGLE ANTIGEN	32.81	32.81	10/1/2009
86813		3	TISSUE TYPING HLA TYPING A,B, &/OR C MULT ANTIGENS	73.73	73.73	10/1/2009
86816		3	HLA TYPING; DR/DQ, SINGLE ANTIGEN	35.42	35.42	10/1/2009
86817		3	HLA TYPING; DR/DQ, MULTIPLE ANTIGENS	81.85	81.85	10/1/2009
86821		3	TISSUE TYPING LYMPNOCYTE CULTURE MIXED (MLC)	71.78	71.78	10/1/2009
86822		3	TISSUE TYPING LYMPHOCYTE CULTURE PRIMED (PLC)	46.47	46.47	10/1/2009
86850		3	ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	14.81	14.81	10/1/2009
86860		3	ANTIBODY ELUTION, EACH ELUTION	14.49	14.49	10/1/2009
86870		3	ANTIBODY ID, EACH PANEL FOR EACH SERUM TECHNIQUE	26.15	26.15	10/1/2009
86880		3	COOMBS TEST; DIRECT, EACH ANTISERUM	6.83	6.83	10/1/2009
86885		3	ANTIHUMAN GLOBULIN TEST INDIRECT, QUALITATIVE EACH ANTISERUM	7.27	7.27	10/1/2009
86886		3	COOMBS TEST, INDIRECT TITER, EACH ANTISERUM	6.58	6.58	10/1/2009
86900		3	BLOOD TYPING; ABO	3.79	3.79	10/1/2009
86901		3	BLOOD TYPING; RH (D)	3.79	3.79	10/1/2009
86903		3	BLOOD TYPING; ANTIGEN SCREENING, PER UNIT SCREENED	12.00	12.00	10/1/2009
86904		3	BLOOD TYPING; ANTIGEN SCREENING, PER UNIT SCREENED	12.08	12.08	10/1/2009
86905		3	BLOOD TYPING; RBC ANTIGENS, EACH	4.86	4.86	10/1/2009
86906		3	BLOOD TYPING; RH PHENOTYPING, COMPLETE	9.86	9.86	10/1/2009
86940		3	HEMOLYSINS/AGGLUTININS, AUTO, SCREEN, EACH	10.43	10.43	10/1/2009
86941		3	HEMOLYSINS/ AGGLUTININS, EACH; INCUBATED	15.40	15.40	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
87001		3	ANIMAL INOCULATION SMALL ANIMAL W/OBSERVATION	16.81	16.81	10/1/2009
87003		3	ANIMAL INNOCULATION SMALL ANIMAL W/OBSERVATION AND	21.40	21.40	10/1/2009
87015		3	CONCENTRATION (ANY TYPE), FOR INFECTIOUS AGENTS	8.49	8.49	10/1/2009
87040		3	CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH ISOLATION AND PRESUMPT	13.12	13.12	10/1/2009
87045		3	CULTURE, BACTERIAL; FECES, WITH ISOLATION AND PRELIMINARY EXAMIN	11.99	11.99	10/1/2009
87046		3	CULTURE, BACTERIAL; STOOL, ADDITIONAL PATHOGENS, ISOLATION AND F	11.99	11.99	10/1/2009
87070		3	CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOOD OR ST	10.95	10.95	10/1/2009
87071		3	CULTURE, BACTERIAL; QUANTITATIVE, AEROBIC WITH ISOLATION AND PRE	11.99	11.99	10/1/2009
87073		3	CULTURE, BACTERIAL; QUANTITATIVE, ANAEROBIC WITH ISOLATION AND P	11.99	11.99	10/1/2009
87075		3	CULTURE, BACTERIAL; ANY SOURCE, ANAEROBIC WITH ISOLATION AND PR	12.03	12.03	10/1/2009
87076		3	CULTURE, BACTERIAL; ANAEROBIC ISOLATE, ADDITIONAL METHODS REQU	10.27	10.27	10/1/2009
87077		3	CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQUIRE	10.27	10.27	10/1/2009
87081		3	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY;	7.33	7.33	10/1/2009
87084		3	CULTURE W COLONY ESTIMATION FROM DENSITY CHART INC	10.95	10.95	10/1/2009
87086		3	CULTURE, BACTERIAL; QUANTITATIVE COLONY COUNT, URINE	10.26	10.26	10/1/2009
87088		3	CULTURE, BACTERIAL; WITH ISOLATION AND PRESUMPTIVE IDENTIFICATIO	10.29	10.29	10/1/2009
87101		3	CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENT	9.80	9.80	10/1/2009
87102		3	CULTURE FUNGI ISOLATION OTHER SOURCE	10.68	10.68	10/1/2009
87103		3	BLOOD CULTURE FOR FUNGI	11.47	11.47	10/1/2009
87106		3	CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; YEAST	13.12	13.12	10/1/2009
87107		3	CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; MOLD	13.12	13.12	10/1/2009
87109		3	CULTURE MYCOPLASM ANY SOURCE	19.57	19.57	10/1/2009
87110		3	CULTURE CHLAMYDIA, ANY SOURCE	24.91	24.91	10/1/2009
87116		3	CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, AFB, MYCOBA	13.74	13.74	10/1/2009
87118		3	CULTURE, MYCOBACTERIAL, DEFINITIVE IDENTIFICATION, EACH ISOLATE	13.91	13.91	10/1/2009
87140		3	CULTURE, TYPING; IMMUNOFLUORESCENT METHOD, EACH ANTISERUM	7.09	7.09	10/1/2009
87143		3	CULTURE, TYPING; GAS LIQUID CHROMATOGRAPHY (GLC) OR HIGH PRESS	15.93	15.93	10/1/2009
87147		3	CULTURE, TYPING; IMMUNOLOGIC METHOD, OTHER THAN IMMUNOFLUORE	6.58	6.58	10/1/2009
87149		3	CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID PROBE	25.50	25.50	10/1/2009
87152		3	CULTURE, TYPING; IDENTIFICATION BY PULSE FIELD GEL TYPING	6.65	6.65	10/1/2009
87158		3	CULTURE TYPING OTHER METHODS	6.65	6.65	10/1/2009
87164		3	DARKFIELD EXAMINATION	8.05	8.05	10/1/2009
87164	26	5	DARKFIELD EXAMINATION	15.20	15.20	10/1/2009
87166		3	DARK FIELD EXAM ANY SOURCE W/O COLLECTION	14.36	14.36	10/1/2009
87168		3	MACROSCOPIC EXAMINATION; ARTHROPOD	4.85	4.85	10/1/2009
87169		3	MACROSCOPIC EXAMINATION; PARASITE	4.85	4.85	10/1/2009
87172		3	PINWORM EXAM (EG, CELLOPHANE TAPE PREP)	4.85	4.85	10/1/2009
87176		3	HOMOGENIZATION, TISSUE, FOR CULTURE	7.48	7.48	10/1/2009
87177		3	OVA AND PARASITES	11.31	11.31	10/1/2009
87181		3	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; AGAR DILUTION METHC	6.04	6.04	10/1/2009
87184		3	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; DISK METHOD, PER PLA	8.76	8.76	10/1/2009
87185		3	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; ENZYME DETECTION (E	6.04	6.04	10/1/2009
87186		3	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AG	10.99	10.99	10/1/2009
87187		3	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AG	13.18	13.18	10/1/2009
87188		3	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MACROBROTH DILUTIO	8.44	8.44	10/1/2009
87190		3	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MYCOBACTERIA, PROPI	7.19	7.19	10/1/2009
87197		3	SERUM BACTERICIDAL TITER	19.10	19.10	10/1/2009
87205		3	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEMSA STA	5.42	5.42	10/1/2009
87206		3	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; FLUORESCENT AND/OF	6.83	6.83	10/1/2009
87207		3	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; SPECIAL STAIN FOR INI	7.62	7.62	10/1/2009
87207	26	5	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; SPECIAL STAIN FOR INI	15.48	15.48	10/1/2009
87210		3	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFE	4.85	4.85	10/1/2009
87220		3	TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR N/	5.42	5.42	10/1/2009
87230		3	TISSUE CULTURE LYMPHOCYTE	25.11	25.11	10/1/2009
87250		3	VIRUS ISOLATION; INOCULATION OF EMBRYONATED EGGS, OR SMALL ANIM	20.71	20.71	10/1/2009
87252		3	VIRUS ISOLATION; TISSUE CULTURE INOCULATION, OBSERVATION, AND PF	20.71	20.71	10/1/2009
87253		3	VIRUS ISOLATION; TISSUE CULTURE, ADDITIONAL STUDIES OR DEFINITIVE	20.71	20.71	10/1/2009
87254		3	VIRUS ISOLATION; CENTRIFUGE ENHANCED (SHELL VIAL) TECHNIQUE, INCI	20.71	20.71	10/1/2009
87255		3	VIRUS ISOLATION; INCLUDING IDENTIFICATION BY NON-IMMUNOLOGIC MET	31.07	31.07	10/1/2009
87260		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	14.57	14.57	10/1/2009
87265		3	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIE	14.57	14.57	10/1/2009
87267		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	14.57	14.57	10/1/2009
87270		3	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIE	14.57	14.57	10/1/2009
87271		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	14.57	14.57	10/1/2009
87272		3	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIE	14.57	14.57	10/1/2009
87273		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	14.57	14.57	10/1/2009
87274		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	14.57	14.57	10/1/2009
87275		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	14.57	14.57	10/1/2009
87276		3	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIE	14.57	14.57	10/1/2009
87277		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	14.57	14.57	10/1/2009
87278		3	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIE	14.57	14.57	10/1/2009
87279		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	14.57	14.57	10/1/2009
87280		3	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIE	14.57	14.57	10/1/2009
87281		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	14.57	14.57	10/1/2009
87283		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	14.57	14.57	10/1/2009
87285		3	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIE	14.57	14.57	10/1/2009
87290		3	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIE	14.57	14.57	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
87552		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBA	41.41	41.41	10/1/2009
87555		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBA	25.50	25.50	10/1/2009
87556		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBA	31.18	31.18	10/1/2009
87557		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBA	41.41	41.41	10/1/2009
87560		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBA	25.50	25.50	10/1/2009
87561		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBA	31.18	31.18	10/1/2009
87562		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBA	41.41	41.41	10/1/2009
87580		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPL	25.50	25.50	10/1/2009
87581		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPL	31.18	31.18	10/1/2009
87582		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPL	41.41	41.41	10/1/2009
87590		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSER	25.50	25.50	10/1/2009
87591		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSER	31.18	31.18	10/1/2009
87592		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSER	41.41	41.41	10/1/2009
87620		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); PAPILLO	25.50	25.50	10/1/2009
87621		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); PAPILLO	31.18	31.18	10/1/2009
87622		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); PAPILLO	41.41	41.41	10/1/2009
87640		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STAPHYL	31.18	31.18	10/1/2009
87641		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STAPHYL	31.18	31.18	10/1/2009
87650		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTC	25.50	25.50	10/1/2009
87651		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTC	31.18	31.18	10/1/2009
87652		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTC	41.41	41.41	10/1/2009
87653		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTC	31.18	31.18	10/1/2009
87797		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTI	25.50	25.50	10/1/2009
87798		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTI	31.18	31.18	10/1/2009
87799		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTI	41.41	41.41	10/1/2009
87800		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPL	50.99	50.99	10/1/2009
87801		3	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPL	62.35	62.35	10/1/2009
87802		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT	14.57	14.57	10/1/2009
87803		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT	14.57	14.57	10/1/2009
87804		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT	14.57	14.57	10/1/2009
87808		3	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT	14.57	14.57	10/1/2009
87810		3	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	14.57	14.57	10/1/2009
87850		3	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	14.57	14.57	10/1/2009
87880		3	"INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	14.57	14.57	10/1/2009
87899		3	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL C	14.57	14.57	10/1/2009
87901		3	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA)	99.24	99.24	10/1/2009
87902		3	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA)	99.24	99.24	10/1/2009
87903		3	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA)	346.04	346.04	10/1/2009
87904		3	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA)	20.71	20.71	10/1/2009
88104		3	CYTOPATHOLOGY,FLD,WASH OR BRUSH, EXCPT CERV OR VAG	49.40	49.40	10/1/2009
88104	26	5	CYTOPATHOLOGY,FLD,WASH OR BRUSH, EXCPT CERV OR VAG	23.05	23.05	10/1/2009
88104	TC	T	CYTOPATHOLOGY,FLD,WASH OR BRUSH, EXCPT CERV OR VAG	26.35	26.35	10/1/2009
88106		3	CYTOPATHLGY,FLD,WASH OR BRUSH,EXPT CER OR VAG FLTME	61.22	61.22	10/1/2009
88106	26	5	CYTOPATHLGY,FLD,WASH OR BRUSH,EXPT CER OR VAG FLTME	23.05	23.05	10/1/2009
88106	TC	T	CYTOPATHLGY,FLD,WASH OR BRUSH,EXPT CER OR VAG FLTME	38.17	38.17	10/1/2009
88107		3	CYTOPATHLGY,FLD,WASH OR BRUSH,EXPT CER OR VAG SM&FL	77.18	77.18	10/1/2009
88107	26	5	CYTOPATHLGY,FLD,WASH OR BRUSH,EXPT CER OR VAG SM&FL	31.79	31.79	10/1/2009
88107	TC	T	CYTOPATHLGY,FLD,WASH OR BRUSH,EXPT CER OR VAG SM&FL	45.39	45.39	10/1/2009
88108		3	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPRE	58.05	58.05	10/1/2009
88108	26	5	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPRE	23.05	23.05	10/1/2009
88108	TC	T	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPRE	35.01	35.01	10/1/2009
88125		3	CYTOPATHOLOGY, FORENSIC	17.44	17.44	10/1/2009
88125	26	5	CYTOPATHOLOGY, FORENSIC	10.90	10.90	10/1/2009
88125	TC	T	CYTOPATHOLOGY, FORENSIC	6.54	6.54	10/1/2009
88130		3	BUCCAL SMEAR	19.13	19.13	10/1/2009
88130	26	5	BUCCAL SMEAR	20.11	20.11	10/1/2009
88140		3	SEX CHROMATIN IDENT PERIPH BLOOD SMEAR	10.16	10.16	10/1/2009
88140	26	5	SEX CHROMATIN IDENT PERIPH BLOOD SMEAR	10.26	10.26	10/1/2009
88141		3	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM); RE	22.43	22.43	10/1/2009
88142		3	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COI	25.76	25.76	10/1/2009
88143		3	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COI	25.76	25.76	10/1/2009
88147		3	CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTOI	13.43	13.43	10/1/2009
88148		3	CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTOI	13.43	13.43	10/1/2009
88150		3	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; MANUAL SCREENING L	13.43	13.43	10/1/2009
88152		3	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREEN	13.43	13.43	10/1/2009
88153		3	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREEN	13.43	13.43	10/1/2009
88154		3	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREEN	13.43	13.43	10/1/2009
88155		3	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL, DEFINITIVE HORMONAI	7.62	7.62	10/1/2009
88160		3	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTER	41.76	41.76	10/1/2009
88160	26	5	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTER	20.60	20.60	10/1/2009
88160	TC	T	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTER	21.16	21.16	10/1/2009
88161		3	CYTOPATHOLOGY,ANY OTHR SOURCE; PREP,SCREEN & INTER	43.49	43.49	10/1/2009
88161	26	5	CYTOPATHOLOGY,ANY OTHR SOURCE; PREP,SCREEN & INTER	20.31	20.31	10/1/2009
88161	TC	T	CYTOPATHOLOGY,ANY OTHR SOURCE; PREP,SCREEN & INTER	23.18	23.18	10/1/2009
88162		3	CYTOPATHOLOGY, EXTEND STDY INVOLV OVER5SLID &/ORMU	63.04	63.04	10/1/2009
88162	26	5	CYTOPATHOLOGY, EXTEND STDY INVOLV OVER5SLID &/ORMU	31.50	31.50	10/1/2009
88162	TC	T	CYTOPATHOLOGY, EXTEND STDY INVOLV OVER5SLID &/ORMU	31.54	31.54	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
88164		3	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTE	13.43	13.43	10/1/2009
88165		3	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTE	13.43	13.43	10/1/2009
88166		3	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTE	13.43	13.43	10/1/2009
88167		3	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTE	13.43	13.43	10/1/2009
88172		3	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE C	42.57	42.57	10/1/2009
88172	26	5	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE C	24.87	24.87	10/1/2009
88172	TC	T	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE C	17.70	17.70	10/1/2009
88173		3	EVAL FN NDL SSPIR W/WO PREP SM; INTERPRET & REPORT	107.89	107.89	10/1/2009
88173	26	5	EVAL FN NDL SSPIR W/WO PREP SM; INTERPRET & REPORT	57.30	57.30	10/1/2009
88173	TC	T	EVAL FN NDL SSPIR W/WO PREP SM; INTERPRET & REPORT	50.58	50.58	10/1/2009
88174		3	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COI	27.16	27.16	10/1/2009
88175		3	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COI	33.04	33.04	10/1/2009
88182		3	CELL CYCLE OR DNA ANALYSIS	81.92	81.92	10/1/2009
88182	26	5	CELL CYCLE OR DNA ANALYSIS	29.79	29.79	10/1/2009
88182	TC	T	CELL CYCLE OR DNA ANALYSIS	52.12	52.12	10/1/2009
88230		3	TISSUE CULTURE FOR NON-NEOPLASTIC DISEASE	148.12	148.12	10/1/2009
88230	26	5	TISSUE CULTURE FOR NON-NEOPLASTIC DISEASE	121.17	121.17	10/1/2009
88230	TC	T	TISSUE CULTURE FOR NON-NEOPLASTIC DISEASE	39.78	39.78	10/1/2009
88233		3	TISSUE CULTURE, SKIN	178.93	178.93	10/1/2009
88233	26	5	TISSUE CULTURE, SKIN	146.56	146.56	10/1/2009
88233	TC	T	TISSUE CULTURE, SKIN	48.25	48.25	10/1/2009
88235		3	TISSUE CULTURE, PLACENTA	187.22	187.22	10/1/2009
88235	26	5	TISSUE CULTURE, PLACENTA	153.40	153.40	10/1/2009
88235	TC	T	TISSUE CULTURE, PLACENTA	50.52	50.52	10/1/2009
88237		3	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; BONE MARROW, BLOOD (	160.59	160.59	10/1/2009
88237	26	5	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; BONE MARROW, BLOOD (	131.44	131.44	10/1/2009
88237	TC	T	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; BONE MARROW, BLOOD (	43.21	43.21	10/1/2009
88239		3	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; SOLID TUMOR	187.57	187.57	10/1/2009
88239	26	5	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; SOLID TUMOR	153.68	153.68	10/1/2009
88239	TC	T	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; SOLID TUMOR	50.62	50.62	10/1/2009
88245		3	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE SISTER	189.26	189.26	10/1/2009
88245	26	5	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE SISTER	155.08	155.08	10/1/2009
88245	TC	T	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE SISTER	51.08	51.08	10/1/2009
88248		3	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE BREAK	220.18	220.18	10/1/2009
88248	26	5	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE BREAK	180.56	180.56	10/1/2009
88248	TC	T	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE BREAK	59.58	59.58	10/1/2009
88261		3	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING	224.71	224.71	10/1/2009
88261	26	5	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING	184.29	184.29	10/1/2009
88261	TC	T	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING	60.82	60.82	10/1/2009
88262		3	CHROMOSOME ANALYSIS, COUNT 15-20 CELLS, 2 KARYOTYPES W/BANDIN	158.47	158.47	10/1/2009
88262	26	5	CHROMOSOME ANALYSIS, COUNT 15-20 CELLS, 2 KARYOTYPES W/BANDIN	129.70	129.70	10/1/2009
88262	TC	T	CHROMOSOME ANALYSIS, COUNT 15-20 CELLS, 2 KARYOTYPES W/BANDIN	42.62	42.62	10/1/2009
88263		3	CHROMOSOME ANALYSIS	191.07	191.07	10/1/2009
88263	26	5	CHROMOSOME ANALYSIS	156.57	156.57	10/1/2009
88263	TC	T	CHROMOSOME ANALYSIS	51.58	51.58	10/1/2009
88264		3	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	158.47	158.47	10/1/2009
88264	26	5	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	129.70	129.70	10/1/2009
88264	TC	T	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	42.62	42.62	10/1/2009
88267		3	CHROMOSOME ANALYSIS, AMNIOTIC FLUID OR CHORIOIC VILLUS, 15 CELL	228.56	228.56	10/1/2009
88267	26	5	CHROMOSOME ANALYSIS, AMNIOTIC FLUID OR CHORIOIC VILLUS, 15 CELL	187.47	187.47	10/1/2009
88267	TC	T	CHROMOSOME ANALYSIS, AMNIOTIC FLUID OR CHORIOIC VILLUS, 15 CELL	61.88	61.88	10/1/2009
88269		3	CHROMOSOME ANALYSIS, AMNIOTIC FLUID	211.47	211.47	10/1/2009
88269	26	5	CHROMOSOME ANALYSIS, AMNIOTIC FLUID	173.38	173.38	10/1/2009
88269	TC	T	CHROMOSOME ANALYSIS, AMNIOTIC FLUID	57.18	57.18	10/1/2009
88271		3	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	18.40	18.40	10/1/2009
88271	26	5	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	14.26	14.26	10/1/2009
88271	TC	T	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	4.14	4.14	10/1/2009
88272		3	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, AN	34.04	34.04	10/1/2009
88272	26	5	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, AN	27.15	27.15	10/1/2009
88272	TC	T	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, AN	8.44	8.44	10/1/2009
88273		3	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, AN	40.85	40.85	10/1/2009
88273	26	5	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, AN	32.76	32.76	10/1/2009
88273	TC	T	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, AN	10.31	10.31	10/1/2009
88274		3	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALY	44.25	44.25	10/1/2009
88274	26	5	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALY	35.56	35.56	10/1/2009
88274	TC	T	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALY	11.25	11.25	10/1/2009
88275		3	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALY	51.06	51.06	10/1/2009
88275	26	5	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALY	41.17	41.17	10/1/2009
88275	TC	T	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALY	13.12	13.12	10/1/2009
88280		3	CHROM ANALYSIS ADDITIONAL KAROTYPING	31.91	31.91	10/1/2009
88280	26	5	CHROM ANALYSIS ADDITIONAL KAROTYPING	25.39	25.39	10/1/2009
88280	TC	T	CHROM ANALYSIS ADDITIONAL KAROTYPING	7.86	7.86	10/1/2009
88283		3	BANDING FOR CHROMOSOME ANALYSIS	24.49	24.49	10/1/2009
88283	26	5	BANDING FOR CHROMOSOME ANALYSIS	19.27	19.27	10/1/2009
88283	TC	T	BANDING FOR CHROMOSOME ANALYSIS	5.82	5.82	10/1/2009
88285		3	CHROMOSOME ANALYSIS, ADDITIONAL CELLS COUNTED	24.15	24.15	10/1/2009
88285	26	5	CHROMOSOME ANALYSIS, ADDITIONAL CELLS COUNTED	19.00	19.00	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
88285	TC	T	CHROMOSOME ANALYSIS, ADDITIONAL CELLS COUNTED	5.72	5.72	10/1/2009
88289		3	CHROMOSOME ANALYSIS, ADDITIONAL HIGH RESOLUTION STUDY	43.12	43.12	10/1/2009
88289	26	5	CHROMOSOME ANALYSIS, ADDITIONAL HIGH RESOLUTION STUDY	34.63	34.63	10/1/2009
88289	TC	T	CHROMOSOME ANALYSIS, ADDITIONAL HIGH RESOLUTION STUDY	10.94	10.94	10/1/2009
88291		3	CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND	23.81	23.81	10/1/2009
88300		3	LEVEL I-SURGICAL PATHOLOGY, GROSS EXAM ONLY	18.46	18.46	10/1/2009
88300	26	5	LEVEL I-SURGICAL PATHOLOGY, GROSS EXAM ONLY	3.56	3.56	10/1/2009
88300	TC	T	LEVEL I-SURGICAL PATHOLOGY, GROSS EXAM ONLY	14.91	14.91	10/1/2009
88302		3	LEVEL II-SURGICAL PATHOLOGY, GROSS&MICRO EXAM	38.68	38.68	10/1/2009
88302	26	5	LEVEL II-SURGICAL PATHOLOGY, GROSS&MICRO EXAM	5.41	5.41	10/1/2009
88302	TC	T	LEVEL II-SURGICAL PATHOLOGY, GROSS&MICRO EXAM	33.28	33.28	10/1/2009
88304		3	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIC	49.28	49.28	10/1/2009
88304	26	5	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIC	9.08	9.08	10/1/2009
88304	TC	T	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIC	40.19	40.19	10/1/2009
88305		3	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIC	84.18	84.18	10/1/2009
88305	26	5	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIC	31.19	31.19	10/1/2009
88305	TC	T	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIC	52.99	52.99	10/1/2009
88307		3	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIC	168.75	168.75	10/1/2009
88307	26	5	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIC	66.34	66.34	10/1/2009
88307	TC	T	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIC	102.42	102.42	10/1/2009
88309		3	LEVEL VI-SURGICAL PATHOLOGY, GROSS & MICRO EXAM	255.05	255.05	10/1/2009
88309	26	5	LEVEL VI-SURGICAL PATHOLOGY, GROSS & MICRO EXAM	114.55	114.55	10/1/2009
88309	TC	T	LEVEL VI-SURGICAL PATHOLOGY, GROSS & MICRO EXAM	140.49	140.49	10/1/2009
88311		3	DECALCIFICATION PROCEDURE	14.80	14.80	10/1/2009
88311	26	5	DECALCIFICATION PROCEDURE	9.99	9.99	10/1/2009
88311	TC	T	DECALCIFICATION PROCEDURE	4.81	4.81	10/1/2009
88312		3	SPECIAL STAINS; GROUP I FOR MICROORGANISMS, EACH	79.15	79.15	10/1/2009
88312	26	5	SPECIAL STAINS; GROUP I FOR MICROORGANISMS, EACH	22.13	22.13	10/1/2009
88312	TC	T	SPECIAL STAINS; GROUP I FOR MICROORGANISMS, EACH	57.01	57.01	10/1/2009
88313		3	GROUP II, ALL OTHER, EXCEPT IMMUNOCYTOCHEM & IMMUNOPE	57.48	57.48	10/1/2009
88313	26	5	GROUP II, ALL OTHER, EXCEPT IMMUNOCYTOCHEM & IMMUNOPE	9.70	9.70	10/1/2009
88313	TC	T	GROUP II, ALL OTHER, EXCEPT IMMUNOCYTOCHEM & IMMUNOPE	47.78	47.78	10/1/2009
88314		3	GROUP II, HISTOCHEMICAL STAINING W/FROZEN SECTION	70.49	70.49	10/1/2009
88314	26	5	GROUP II, HISTOCHEMICAL STAINING W/FROZEN SECTION	18.76	18.76	10/1/2009
88314	TC	T	GROUP II, HISTOCHEMICAL STAINING W/FROZEN SECTION	51.73	51.73	10/1/2009
88318		3	DETERMINATIVE HISTOCHEMISTRY IDENTIFY CHEMICAL COMPONENTS	79.16	79.16	10/1/2009
88318	26	5	DETERMINATIVE HISTOCHEMISTRY IDENTIFY CHEMICAL COMPONENTS	17.24	17.24	10/1/2009
88318	TC	T	DETERMINATIVE HISTOCHEMISTRY IDENTIFY CHEMICAL COMPONENTS	61.92	61.92	10/1/2009
88319		3	DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY/ENZYME /EACH	109.89	109.89	10/1/2009
88319	26	5	DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY/ENZYME /EACH	21.82	21.82	10/1/2009
88319	TC	T	DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY/ENZYME /EACH	88.07	88.07	10/1/2009
88321		3	CONSULTATION ON TISSUE EXAM	66.23	73.15	10/1/2009
88323		3	CONSULT & REPORT ON REFERRED MAT' REQ.PREP OF SLD	116.70	116.70	10/1/2009
88323	26	5	CONSULT & REPORT ON REFERRED MAT' REQ.PREP OF SLD	71.89	71.89	10/1/2009
88323	TC	T	CONSULT & REPORT ON REFERRED MAT' REQ.PREP OF SLD	44.81	44.81	10/1/2009
88325		3	COMPREHENSIVE REVIEW RECORDS SLIDES W/REPORT	102.98	155.47	10/1/2009
88329		3	OPERATING ROOM CONSULTATION	27.92	40.32	10/1/2009
88331		3	PATHOLOGY CONSULTATION DURING SURGERY; FIRST TISSUE BLOCK, WITH	73.01	73.01	10/1/2009
88331	26	5	PATHOLOGY CONSULTATION DURING SURGERY; FIRST TISSUE BLOCK, WITH	50.00	50.00	10/1/2009
88331	TC	T	PATHOLOGY CONSULTATION DURING SURGERY; FIRST TISSUE BLOCK, WITH	23.00	23.00	10/1/2009
88332		3	PATHOLOGY CONSULT DUR. SURG; EA ADD TIS BLK W/FRZ SC	32.74	32.74	10/1/2009
88332	26	5	PATHOLOGY CONSULT DUR. SURG; EA ADD TIS BLK W/FRZ SC	24.56	24.56	10/1/2009
88332	TC	T	PATHOLOGY CONSULT DUR. SURG; EA ADD TIS BLK W/FRZ SC	8.18	8.18	10/1/2009
88342		3	IMMUNOCYTOCHEMISTRY EACH ANTIBODY	79.98	79.98	10/1/2009
88342	26	5	IMMUNOCYTOCHEMISTRY EACH ANTIBODY	34.60	34.60	10/1/2009
88342	TC	T	IMMUNOCYTOCHEMISTRY EACH ANTIBODY	45.39	45.39	10/1/2009
88346		3	IMMUNOFLUORESCENT STDY, EA. ANTIBDY; DIRECT METHOD	80.29	80.29	10/1/2009
88346	26	5	IMMUNOFLUORESCENT STDY, EA. ANTIBDY; DIRECT METHOD	35.20	35.20	10/1/2009
88346	TC	T	IMMUNOFLUORESCENT STDY, EA. ANTIBDY; DIRECT METHOD	45.10	45.10	10/1/2009
88347		3	IMMUNOFLUORESCENT STUDY INDIRECT METHOD	63.85	63.85	10/1/2009
88347	26	5	IMMUNOFLUORESCENT STUDY INDIRECT METHOD	33.75	33.75	10/1/2009
88347	TC	T	IMMUNOFLUORESCENT STUDY INDIRECT METHOD	30.10	30.10	10/1/2009
88348		3	ELECTRON MICROSCOPY DIAGNOSTIC	496.11	496.11	10/1/2009
88348	26	5	ELECTRON MICROSCOPY DIAGNOSTIC	62.11	62.11	10/1/2009
88348	TC	T	ELECTRON MICROSCOPY DIAGNOSTIC	434.00	434.00	10/1/2009
88349		3	ELECTRON MICROSCOPY SCANNING	236.02	236.02	10/1/2009
88349	26	5	ELECTRON MICROSCOPY SCANNING	31.79	31.79	10/1/2009
88349	TC	T	ELECTRON MICROSCOPY SCANNING	204.23	204.23	10/1/2009
88355		3	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	192.06	192.06	10/1/2009
88355	26	5	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	72.91	72.91	10/1/2009
88355	TC	T	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	119.15	119.15	10/1/2009
88356		3	MORPHOMETRIC ANALYSIS NERVE	234.33	234.33	10/1/2009
88356	26	5	MORPHOMETRIC ANALYSIS NERVE	116.43	116.43	10/1/2009
88356	TC	T	MORPHOMETRIC ANALYSIS NERVE	117.90	117.90	10/1/2009
88358		3	MORPHOMETRIC ANALYSIS OF TUMOR	62.69	62.69	10/1/2009
88358	26	5	MORPHOMETRIC ANALYSIS OF TUMOR	37.95	37.95	10/1/2009
88358	TC	T	MORPHOMETRIC ANALYSIS OF TUMOR	24.74	24.74	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
88362		3	NERVE TEASING PREPARATION	211.08	211.08	10/1/2009
88362	26	5	NERVE TEASING PREPARATION	89.05	89.05	10/1/2009
88362	TC	T	NERVE TEASING PREPARATION	122.03	122.03	10/1/2009
88365	3	3	TISSUE IN SITU HYBRIDIZATION, INTERPRETATION AND REPORT	125.79	125.79	10/1/2009
88365	26	5	TISSUE IN SITU HYBRIDIZATION, INTERPRETATION AND REPORT	48.39	48.39	10/1/2009
88365	TC	T	TISSUE IN SITU HYBRIDIZATION, INTERPRETATION AND REPORT	77.40	77.40	10/1/2009
88371	3	3	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, INTERP AND REPORT	18.45	18.45	10/1/2009
88371	26	5	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, INTERP AND REPORT	15.20	15.20	10/1/2009
88372	3	3	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, IMMUNOLOGICAL PROE	14.95	14.95	10/1/2009
88372	26	5	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, IMMUNOLOGICAL PROE	15.20	15.20	10/1/2009
88372	TC	T	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, IMMUNOLOGICAL PROE	15.52	15.52	10/1/2009
88400	3	3	BILIRUBIN, TOTAL, TRANSCUTANEOUS	6.39	6.39	10/1/2009
89050	3	3	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID,	6.02	6.02	10/1/2009
89051	3	3	SYNOVIAL FLUID DIFF	6.62	6.62	10/1/2009
89055	3	3	LEUKOCYTE ASSESSMENT, FECAL, QUALITATIVE OR SEMIQUANTITATIVE	5.42	5.42	10/1/2009
89060	3	3	CRYSTAL ID, SYNOVIAL FLUID	9.09	9.09	10/1/2009
89100	3	3	DUODENAL INTUB/ASPIRATION SING SPEC APPROP TEST	31.99	192.06	10/1/2009
89105	3	3	DUODENAL INTUB/ASPIR MULTI FRACT SPEC WWO CUTOL P	27.24	197.11	10/1/2009
89125	3	3	FAT STAIN, FECES, URINE, OR RESPIRATORY SECRETIONS	5.49	5.49	10/1/2009
89130	3	3	GASTRIC INTUBATION AND ASPIRATION	23.65	166.99	10/1/2009
89132	3	3	GASTRIC INTUB AND ASPIRATION DIAGNOSTIC AFTER STIM	14.78	189.55	10/1/2009
89135	3	3	GASTRIC ANALYSIS FRACTIONAL	42.15	227.60	10/1/2009
89136	3	3	GASTRIC INTUB/ASPIR/FRACT COLLECTIONS 2 HOURS	13.96	160.76	10/1/2009
89140	3	3	GASTRIC ANALYSIS WIH HISTAMINE	43.08	189.59	10/1/2009
89141	3	3	GASTRIC INTUB ASP FOR AC COLLECTION 3 HR INCLUD GA	40.65	195.81	10/1/2009
89160	3	3	MEAT FIBERS FECES	4.69	4.69	10/1/2009
89190	3	3	NASAL SMEAR FOR EOSINOPHILS	5.92	5.92	10/1/2009
89300	3	3	SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY OF SPERM INCLUDING HU	11.33	11.33	10/1/2009
89310	3	3	SEMEN ANALYSIS	10.66	10.66	10/1/2009
89320	3	3	SEMEN ANALYSIS COMPLETE	15.32	15.32	10/1/2009
89325	3	3	SPERM AGGLUTINATION WITH ANTIBODY TITER	13.57	13.57	10/1/2009
90465	EP	L	IMMUNIZATION ADMIN UNDER 8 YEARS (PERCUTANEOUS, INTRADERMAL, S	15.70	15.70	10/1/2009
90466	EP	L	EACH ADDITIONAL INJECTION PER DAY (SINGLE OR COMBINATION VACCIN	8.84	8.84	10/1/2009
90471	EP	L	IMMUNIZATION ADMIN (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCU	15.70	15.70	10/1/2009
90471	EP	L	IMMUNIZATION ADMINISTRATION-ONE SINGLE OR COMBO VACCINE TOXIOI	15.70	15.70	10/1/2009
90472	EP	L	EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TAXOID)	8.84	8.84	10/1/2009
90472	EP	L	EACH ADDITIONAL IMMUNIZATION ADMIN;ONE VACCINE SINGLE OR COMBC	8.84	8.84	10/1/2009
90473	EP	L	EACH ADDITIONAL IMMUNIZATION ADMIN;ONE VACCINE SINGLE OR COMBC	6.94	11.27	10/1/2009
90473	EP	L	IMMUNIZATION ADMIN (INTRANASAL OR ORAL)	6.94	11.27	10/1/2009
90474	EP	L	EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TAXOID)	6.32	7.47	10/1/2009
90474	EP	L	EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TAXOID)	6.32	7.47	10/1/2009
90801	3	3	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION	108.39	128.29	10/1/2009
90802	3	3	PSYCHIATRIC INTERVIEW INTERACTIVE	116.58	136.76	10/1/2009
90804	3	3	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	48.11	56.28	10/1/2009
90805	3	3	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	65.07	67.49	10/1/2009
90806	3	3	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	73.84	78.98	10/1/2009
90807	3	3	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	93.15	95.27	10/1/2009
90808	3	3	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	111.06	116.21	10/1/2009
90809	3	3	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	117.42	125.28	10/1/2009
90810	3	3	INDIVIDUAL PSYCHOTHERAPY INTERACTIVE 20-30 MINUTES	52.52	59.79	10/1/2009
90811	3	3	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PH	58.98	69.58	10/1/2009
90812	3	3	INDIVIDUAL PSYCHOTHERAPY INTERACTIVE 45-50 MINUTES	78.35	85.91	10/1/2009
90813	3	3	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PH	84.70	95.30	10/1/2009
90814	3	3	INDIVIDUAL PSYCHOTHERAPY INTERACTIVE 75-80 MINUTES	117.39	124.66	10/1/2009
90815	3	3	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PH	121.62	132.21	10/1/2009
90816	3	3	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	52.45	52.45	10/1/2009
90817	3	3	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	58.29	58.29	10/1/2009
90818	3	3	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	78.14	78.14	10/1/2009
90819	3	3	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	83.90	83.90	10/1/2009
90821	3	3	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	109.90	109.90	10/1/2009
90822	3	3	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	121.35	121.35	10/1/2009
90823	3	3	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PH	56.65	56.65	10/1/2009
90824	3	3	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PH	63.01	63.01	10/1/2009
90826	3	3	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PH	82.90	82.90	10/1/2009
90827	3	3	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PH	88.10	88.10	10/1/2009
90828	3	3	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PH	119.91	119.91	10/1/2009
90829	3	3	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PH	125.34	125.34	10/1/2009
90845	3	3	PSYCHOANALYSIS	67.85	69.30	10/1/2009
90846	3	3	FAMILY THERAPY	71.98	73.71	10/1/2009
90847	3	3	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT P	86.33	91.53	10/1/2009
90849	3	3	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	25.13	27.45	10/1/2009
90853	3	3	GROUP THERAPY	24.65	26.09	10/1/2009
90857	3	3	INTERACTIVE GROUP PSYCHOTHERAPY	26.19	29.36	10/1/2009
90862	3	3	PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, REVIEW OF I	48.07	50.49	10/1/2009
90865	3	3	NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PUI	111.98	129.28	10/1/2009
90870	3	3	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING)	72.10	113.34	10/1/2009
90935	3	3	HEMODIALYSIS PROC. WITH SINGLE PHYSICIAN EVAL.	55.56	55.56	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
90937		3	HEMODIALYSIS PROC. REQUIRING REPEATED EVALUATIONS	91.40	91.40	10/1/2009
90945		3	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIAI	57.72	57.72	10/1/2009
90947		3	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIAI	93.54	93.54	10/1/2009
91000		3	ESOPHAGEAL INTUBATION	71.14	71.14	10/1/2009
91000	26	5	ESOPHAGEAL INTUBATION	30.28	30.28	10/1/2009
91000	TC	T	ESOPHAGEAL INTUBATION	40.87	40.87	10/1/2009
91010		3	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/O	149.79	149.79	10/1/2009
91010	26	5	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/O	55.74	55.74	10/1/2009
91010	TC	T	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/O	94.06	94.06	10/1/2009
91011		3	ESOPHAGEAL MOTILITY STUDY	200.18	200.18	10/1/2009
91011	26	5	ESOPHAGEAL MOTILITY STUDY	68.34	68.34	10/1/2009
91011	TC	T	ESOPHAGEAL MOTILITY STUDY	131.84	131.84	10/1/2009
91012		3	ESOPHAGEAL MOTILITY STUDY WITH ACID PERFUSION	203.26	203.26	10/1/2009
91012	26	5	ESOPHAGEAL MOTILITY STUDY WITH ACID PERFUSION	65.75	65.75	10/1/2009
91012	TC	T	ESOPHAGEAL MOTILITY STUDY WITH ACID PERFUSION	137.51	137.51	10/1/2009
91020		3	GASTRIC MOTILITY (MANOMETRIC) STUDIES	181.87	181.87	10/1/2009
91020	26	5	GASTRIC MOTILITY (MANOMETRIC) STUDIES	63.87	63.87	10/1/2009
91020	TC	T	GASTRIC MOTILITY (MANOMETRIC) STUDIES	117.99	117.99	10/1/2009
91030		3	ESOPHAGUS, ACID PERFUSION	109.16	109.16	10/1/2009
91030	26	5	ESOPHAGUS, ACID PERFUSION	41.28	41.28	10/1/2009
91030	TC	T	ESOPHAGUS, ACID PERFUSION	67.89	67.89	10/1/2009
91034		3	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETEI	156.35	156.35	10/1/2009
91034	26	5	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETEI	43.25	43.25	10/1/2009
91034	TC	T	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETEI	113.09	113.09	10/1/2009
91037		3	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH	125.77	125.77	10/1/2009
91037	26	5	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH	43.83	43.83	10/1/2009
91037	TC	T	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH	81.95	81.95	10/1/2009
91038		3	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH	111.37	111.37	10/1/2009
91038	26	5	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH	49.61	49.61	10/1/2009
91038	TC	T	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH	61.75	61.75	10/1/2009
91040		3	ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY	296.22	296.22	10/1/2009
91040	26	5	ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY	44.98	44.98	10/1/2009
91040	TC	T	ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY	251.24	251.24	10/1/2009
91052		3	GASTRIC ANALUSIS TEST	97.14	97.14	10/1/2009
91052	26	5	GASTRIC ANALUSIS TEST	33.88	33.88	10/1/2009
91052	TC	T	GASTRIC ANALUSIS TEST	63.27	63.27	10/1/2009
91055		3	GASTRIC INTUBATION	105.11	105.11	10/1/2009
91055	26	5	GASTRIC INTUBATION	38.66	38.66	10/1/2009
91055	TC	T	GASTRIC INTUBATION	66.44	66.44	10/1/2009
91065		3	BREATH HYDROGEN TEST	51.24	51.24	10/1/2009
91065	26	5	BREATH HYDROGEN TEST	8.75	8.75	10/1/2009
91065	TC	T	BREATH HYDROGEN TEST	42.51	42.51	10/1/2009
91105		3	GASTRIC INTUBATION,AND ASPIRATION/LAVAGE FOR TX.	14.15	62.32	10/1/2009
91110		3	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (E.G., CAPSULE ENDC	707.90	707.90	10/1/2009
91110	26	5	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (E.G., CAPSULE ENDC	162.28	162.28	10/1/2009
91110	TC	T	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (E.G., CAPSULE ENDC	545.62	545.62	10/1/2009
91120		3	RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO GR	303.52	303.52	10/1/2009
91120	26	5	RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO GR	40.86	40.86	10/1/2009
91120	TC	T	RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO GR	262.67	262.67	10/1/2009
91122		3	ANORECTAL MANOMETRY	183.65	183.65	10/1/2009
91122	26	5	ANORECTAL MANOMETRY	75.64	75.64	10/1/2009
91122	TC	T	ANORECTAL MANOMETRY	108.01	108.01	10/1/2009
92002		3	EYE EXAM & TREATMENT,INITIAL	36.48	55.52	10/1/2009
92004		3	EYE EXAM & TREATMENT,INITIAL	75.71	104.84	10/1/2009
92012		3	EYE EXAM & TREATMENT	38.60	58.49	10/1/2009
92014		3	EYE EXAM & TREATMENT	59.29	85.53	10/1/2009
92015		3	2ETERMINATION OF REFRACTIVE STATE	15.80	25.89	10/1/2009
92018		3	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION W/ANES	107.31	107.31	10/1/2009
92019		3	OPHTHALMOL EXAM/EVAL UNDER GEN ANESTHESIA SUBSEQUEN	53.55	53.55	10/1/2009
92020		3	GONIOSCOPY (SEPARATE PROCEDURE)	15.77	19.81	10/1/2009
92025		3	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WIT	25.44	25.44	10/1/2009
92025	26	5	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WIT	14.86	14.86	10/1/2009
92025	TC	T	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WIT	10.58	10.58	10/1/2009
92060		3	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCUL	44.32	44.32	10/1/2009
92070		3	THERAPEUTIC BANDAGE LENS	29.72	49.62	10/1/2009
92081		3	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRET	39.02	39.02	10/1/2009
92082		3	SPECIAL EYE EXAM	51.61	51.61	10/1/2009
92083		3	SPECIAL EYE EXAM	58.96	58.96	10/1/2009
92135		3	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG, SCAN	34.38	34.38	10/1/2009
92135	26	5	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG, SCAN	15.15	15.15	10/1/2009
92135	TC	T	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG, SCAN	19.23	19.23	10/1/2009
92136		3	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WIT	61.11	61.11	10/1/2009
92136	26	5	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WIT	23.38	23.38	10/1/2009
92136	TC	T	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WIT	37.72	37.72	10/1/2009
92235		3	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INT	94.61	94.61	10/1/2009
92235	26	5	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INT	35.17	35.17	10/1/2009
92235	TC	T	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INT	59.44	59.44	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
92265		3	NEEDLE OCULOGRAPHY, ONE OR MORE EXTRAOCULAR MUS	58.17	58.17	10/1/2009
92270		3	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	66.62	66.62	10/1/2009
92275		3	ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT	99.10	99.10	10/1/2009
92283		3	COLOR VISION EXAMINATION	33.39	33.39	10/1/2009
92284		3	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT	44.80	44.80	10/1/2009
92502		3	EAR AND THROAT EXAMINATION UNDER GENERAL ANESTHESIA	76.05	76.05	10/1/2009
92504		3	SPECIAL EAR EXAMINATION	7.83	22.25	10/1/2009
92506		3	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR A	36.64	119.41	10/1/2009
92507		3	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR A	24.42	68.25	10/1/2009
92508		3	TREATMENT OF SPEECH, LANGUAGE 2 OR MORE	11.19	23.88	10/1/2009
92511		3	VISUALIZATION NOSE & THROAT	46.97	117.34	10/1/2009
92512		3	NASAL FUNCTION STUDIES	23.02	46.97	10/1/2009
92516		3	FACIAL NERVE FUNCTION STUDIES (EG, ELECTRONEUROGRAPHY)	18.51	48.21	10/1/2009
92520		3	LARYNGEAL FUNCTION STUDIES (IE, AERODYNAMIC TESTING AND ACOUST	32.34	48.20	10/1/2009
92531		3	SPONTANEOUS NYSTAGMUS TEST	18.05	18.05	10/1/2009
92532		3	POSITIONAL NYSTAGMUS TEST	18.41	18.41	10/1/2009
92533		3	INNER EAR TEST	11.73	11.73	10/1/2009
92534		3	OPTOKINETIC NYSTAGMUS TEST	34.67	34.67	10/1/2009
92541		3	SPONTANEOUS NYSTAGMUS TEST	46.14	46.14	10/1/2009
92541	26	5	SPONTANEOUS NYSTAGMUS TEST	16.91	16.91	10/1/2009
92541	TC	T	SPONTANEOUS NYSTAGMUS TEST	29.24	29.24	10/1/2009
92542		3	POSITIONAL NYSTAGMUS TEST	47.80	47.80	10/1/2009
92542	26	5	POSITIONAL NYSTAGMUS TEST	13.95	13.95	10/1/2009
92542	TC	T	POSITIONAL NYSTAGMUS TEST	33.85	33.85	10/1/2009
92543		3	CALORIC VESTIBULAR TEST	21.97	21.97	10/1/2009
92543	26	5	CALORIC VESTIBULAR TEST	4.47	4.47	10/1/2009
92543	TC	T	CALORIC VESTIBULAR TEST	17.50	17.50	10/1/2009
92544		3	OPTOKINETIC NUSTAGMUS TEST	38.40	38.40	10/1/2009
92544	26	5	OPTOKINETIC NUSTAGMUS TEST	10.90	10.90	10/1/2009
92544	TC	T	OPTOKINETIC NUSTAGMUS TEST	27.51	27.51	10/1/2009
92545		3	OSCILLATING TRACKING TEST	36.03	36.03	10/1/2009
92545	26	5	OSCILLATING TRACKING TEST	9.67	9.67	10/1/2009
92545	TC	T	OSCILLATING TRACKING TEST	26.35	26.35	10/1/2009
92546		3	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	64.44	64.44	10/1/2009
92546	26	5	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	12.12	12.12	10/1/2009
92546	TC	T	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	52.31	52.31	10/1/2009
92547		3	USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE	4.07	4.07	10/1/2009
92551		3	SCREENING TEST, PURE TONE AIR ONLY	8.27	8.27	10/1/2009
92552		3	PURE TONE AUDIOMETRY (THRESHOLD) AIR ONLY	16.65	16.65	10/1/2009
92553		3	AUDIOMETRY AIR AND BONE	22.24	22.24	10/1/2009
92555		3	SPEECH AUDIOMETRY THRESHOLD	12.33	12.33	10/1/2009
92556		3	SPEECH AUDIOMETRY AND SPEECH RECOGNITION	19.06	19.06	10/1/2009
92557		3	COMPREHENSIVE AUDIOMETRY THRESHOLD EVAL AND SPEECH RECOGNI	34.34	36.36	10/1/2009
92560		3	HEARING TEST, SCREENING	17.50	17.50	10/1/2009
92561		3	SPECIAL HEARING TEST	21.67	21.67	10/1/2009
92562		3	SPECIAL HEARING TEST	17.52	17.52	10/1/2009
92563		3	SPECIAL HEARING TEST	15.79	15.79	10/1/2009
92564		3	SPECIAL HEARING TEST	15.12	15.12	10/1/2009
92565		3	SPECIAL HEARING TEST	9.73	9.73	10/1/2009
92567		3	TYMPANOMETRY IMPEDANCE TESTING	12.61	14.06	10/1/2009
92568		3	ACOUSTIC REFLEX TESTING; THRESHOLD	14.73	14.73	10/1/2009
92569		3	ACOUSTIC REFLEX TESTING; DECAY	11.64	11.64	10/1/2009
92571		3	FILTERED SPEECH TEST	12.61	12.61	10/1/2009
92572		3	STAGGERED SPORATIC WORD TEST	13.47	13.47	10/1/2009
92575		3	SPECIAL HEARING TEST	27.22	27.22	10/1/2009
92576		3	SYNTHETIC SENTENCE IDENTIFICATION TEST	16.27	16.27	10/1/2009
92577		3	SPECIAL HEARING TEST	13.20	13.20	10/1/2009
92582		3	CONDITIONING PLAY AUDIOMETRY	31.76	31.76	10/1/2009
92583		3	SELECT PICTURE AUDIOMETRY	25.52	25.52	10/1/2009
92584		3	ELECTROCOCHLEOGRAPHY	51.74	51.74	10/1/2009
92585		3	EVOKED OTOACOUSTIC POTENTIALS FOR EVOKED RESPONSE	79.22	79.22	10/1/2009
92585	26	5	EVOKED OTOACOUSTIC POTENTIALS FOR EVOKED RESPONSE	21.38	21.38	10/1/2009
92585	TC	T	EVOKED OTOACOUSTIC POTENTIALS FOR EVOKED RESPONSE	57.86	57.86	10/1/2009
92586		3	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AI	48.05	48.05	10/1/2009
92587		3	EVOKED OTOACOUSTIC EMSISSIONS;LIMITED	30.08	30.08	10/1/2009
92588		3	EVOKED OTOACOUSTIC EMSISSIONS;COMPREHENSIVE	49.76	49.76	10/1/2009
92590		3	HEARING AID EXAM AND SELECTION MONAURAL	35.53	35.53	10/1/2009
92591		3	HEARING AID EXAM BINAURAL	53.36	53.36	10/1/2009
92592		3	HEARING AID CHECK MONAURAL	15.55	15.55	10/1/2009
92593		3	HEARING AID CHECK BINAURAL	23.51	23.51	10/1/2009
92594		3	ELECTRACOUSTIC EVAL FOR HEARING AID MONAURAL	17.17	17.17	10/1/2009
92595		3	ELECTRONACOUSTIC EVAL BINAURAL	25.66	25.66	10/1/2009
92596		3	EAR PROTECTOR ATTENUATION MEASUREMENTS	26.85	26.85	10/1/2009
92601		3	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS	115.78	126.16	10/1/2009
92602		3	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS	69.02	78.54	10/1/2009
92603		3	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER V	104.41	113.93	10/1/2009
92604		3	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER S	59.68	67.47	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
92607		3	EVAL FOR PRESCRIPTION FOR SPEECH GENERATING & ALT. COMM. DEVIC	119.81	119.81	10/1/2009
92608		3	EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION WITH 92607)	22.90	22.90	10/1/2009
92609		3	THERAPEUTIC SVCS FOR USE OF SPEECH GENERATING DEVICE INCLUDIN	63.66	63.66	10/1/2009
92610		3	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	61.57	61.57	10/1/2009
92611		3	MOTION FLOURSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE	67.05	67.05	10/1/2009
92612		3	ENDOSCOPIC STUDY OF SWALLOWING	54.81	123.74	10/1/2009
92614		3	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY T	54.81	110.47	10/1/2009
92616		3	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND L	80.85	152.10	10/1/2009
92620		3	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60	60.25	60.25	10/1/2009
92621		3	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADC	14.00	14.00	10/1/2009
92625		3	ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, AND	47.70	47.70	10/1/2009
92950		3	HEART-LUNG RESUSCITATION	147.93	222.34	10/1/2009
92953		3	TEMPORARY EXTERNAL PACING	9.87	9.87	10/1/2009
92960		3	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA, I	111.34	208.54	10/1/2009
92961		3	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; I	217.78	217.78	10/1/2009
92970		3	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; INTERNAL	152.12	152.12	10/1/2009
92971		3	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; EXTERNAL	86.37	86.37	10/1/2009
92973		3	PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY (LIST SEPA	154.40	154.40	10/1/2009
92974		3	TRANSCATHETER PLACEMENT OF RADIATION DELIVERY DEVICE FOR SUBS	141.53	141.53	10/1/2009
92975		3	THROMBOLYSIS CORONARY BY INTRACORONARY INFUSION	339.17	339.17	10/1/2009
92977		3	THROMBOLYSIS CORONARY BY INTRAVENOUS INFUSION	103.11	103.11	10/1/2009
92980		3	TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCU	703.37	703.37	10/1/2009
92981		3	TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCU	195.71	195.71	10/1/2009
92982		3	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY	521.44	521.44	10/1/2009
92984		3	PERCUTANEOUS TRANSLUMINAL CORONARY BALLOON ANGIOPLASTY; EA	139.73	139.73	10/1/2009
92986		3	PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE	1151.79	1151.79	10/1/2009
92990		3	PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALVE	917.49	917.49	10/1/2009
92995		3	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, BY MECHAN	574.65	574.65	10/1/2009
92996		3	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, BY MECHAN	150.92	150.92	10/1/2009
92997		3	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPL	532.86	532.86	10/1/2009
92998		3	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPL	272.76	272.76	10/1/2009
93000		3	ELECTROCARDIOGRAM, ROUTINE EKG AT LEAST 12 LEADS; INTERP AND RI	16.85	16.85	10/1/2009
93005		3	ELECTROCARDIOGRAM, TRACING	9.34	9.34	10/1/2009
93010		3	ELECTROCARDIOGRAM REPORT	7.52	7.52	10/1/2009
93015		3	CARDIOVASCULAR STRESS TEST	80.66	80.66	10/1/2009
93016		3	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREAD	20.48	20.48	10/1/2009
93017		3	ELECTROCARDIOGRAM TRACING	46.59	46.59	10/1/2009
93018		3	TREADMILL EKG-INTERP ONLY	13.59	13.59	10/1/2009
93024		3	ERGONOVINE PROVOCATION TEST	99.13	99.13	10/1/2009
93024	26	5	ERGONOVINE PROVOCATION TEST	52.84	52.84	10/1/2009
93024	TC	T	ERGONOVINE PROVOCATION TEST	46.28	46.28	10/1/2009
93025		3	MICROVOLT T-WAVE ALTERNANS FOR ASSESSMENT OF VENTRICULAR ARR	170.93	170.93	10/1/2009
93040		3	ELECTROCARDIOGRAM REPORT	10.86	10.87	10/1/2009
93041		3	RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY W/O INTERPRETATIC	4.23	4.23	10/1/2009
93042		3	RHYTHM STRIP-INTERP ONLY	6.63	6.63	10/1/2009
93224		3	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS C	94.50	94.50	10/1/2009
93225		3	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS C	27.83	27.83	10/1/2009
93226		3	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS C	42.86	42.86	10/1/2009
93227		3	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS C	23.82	23.81	10/1/2009
93230		3	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS C	96.63	96.63	10/1/2009
93231		3	24 HR ECG, RECORDING ONLY	27.85	27.85	10/1/2009
93232		3	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS C	45.83	45.83	10/1/2009
93233		3	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS C	22.95	22.95	10/1/2009
93235		3	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS C	102.30	102.30	10/1/2009
93236		3	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS C	83.66	83.66	10/1/2009
93237		3	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS C	20.48	20.48	10/1/2009
93271		3	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH	171.42	171.42	10/1/2009
93272		3	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH	22.95	22.95	10/1/2009
93278		3	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY	32.09	32.09	10/1/2009
93278	26	5	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY	10.87	10.87	10/1/2009
93278	TC	T	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY	21.21	21.21	10/1/2009
93307		3	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUME	141.40	141.40	10/1/2009
93307	26	5	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUME	41.68	41.68	10/1/2009
93307	TC	T	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUME	99.73	99.73	10/1/2009
93308		3	ECHOCARDIOGRAPHY REAL TIME SCAN LIMITED	89.29	89.29	10/1/2009
93308	26	5	ECHOCARDIOGRAPHY REAL TIME SCAN LIMITED	24.42	24.42	10/1/2009
93308	TC	T	ECHOCARDIOGRAPHY REAL TIME SCAN LIMITED	64.86	64.86	10/1/2009
93312		3	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCL	262.23	262.23	10/1/2009
93312	26	5	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCL	97.29	97.29	10/1/2009
93312	TC	T	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCL	164.94	164.94	10/1/2009
93313		3	ECHOCARDIO, RL TIME W/DOC TRANSESOPHAGEAL; PLC PRO	34.84	34.84	10/1/2009
93314		3	ECHOCARDIO, RL TIME W/DOC TRANSESOPHAGEAL INTRP.ON	224.02	224.02	10/1/2009
93314	26	5	ECHOCARDIO, RL TIME W/DOC TRANSESOPHAGEAL INTRP.ON	55.06	55.06	10/1/2009
93314	TC	T	ECHOCARDIO, RL TIME W/DOC TRANSESOPHAGEAL INTRP.ON	168.98	168.98	10/1/2009
93320		3	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WA	62.30	62.30	10/1/2009
93320	26	5	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WA	17.24	17.24	10/1/2009
93320	TC	T	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WA	45.05	45.05	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
93321		3	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WA	27.51	27.51	10/1/2009
93321	26	5	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WA	6.90	6.90	10/1/2009
93321	TC	T	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WA	20.62	20.62	10/1/2009
93325		3	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST S	41.43	41.43	10/1/2009
93325	26	5	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST S	3.25	3.25	10/1/2009
93350		3	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUME	171.08	171.08	10/1/2009
93350	26	5	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUME	67.28	67.28	10/1/2009
93350	TC	T	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUME	103.80	103.80	10/1/2009
93501		3	RIGHT HEART CATHETERIZATION	638.41	638.41	10/1/2009
93501	26	5	RIGHT HEART CATHETERIZATION	141.00	141.00	10/1/2009
93501	TC	T	RIGHT HEART CATHETERIZATION	497.41	497.41	10/1/2009
93503		3	PLACEMENT OF FLOW DIRECTED CATHETER	94.69	94.69	10/1/2009
93505		3	ENDOCARDIAL BIOPSY	603.06	603.06	10/1/2009
93505	26	5	ENDOCARDIAL BIOPSY	203.90	203.90	10/1/2009
93505	TC	T	ENDOCARDIAL BIOPSY	399.15	399.15	10/1/2009
93508		3	CATHETER PLACEMENT IN CORONARY ARTERY(S), ARTERIAL CORONARY (	849.35	849.35	10/1/2009
93510		3	LEFT HEART CATH.,RETROGRADE, BRACHIAL, AXILLARY OR FEMORAL ART	1052.97	1052.97	10/1/2009
93510	26	5	LEFT HEART CATH.,RETROGRADE, BRACHIAL, AXILLARY OR FEMORAL ART	206.39	206.39	10/1/2009
93510	TC	T	LEFT HEART CATH.,RETROGRADE, BRACHIAL, AXILLARY OR FEMORAL ART	846.58	846.58	10/1/2009
93511		3	LEFT HEART CATHETERIZATION, BY CUTDOWN	1386.69	1386.69	10/1/2009
93511	26	5	LEFT HEART CATHETERIZATION, BY CUTDOWN	239.29	239.29	10/1/2009
93511	TC	T	LEFT HEART CATHETERIZATION, BY CUTDOWN	1152.49	1152.49	10/1/2009
93514		3	LEFT HEART CATHETERIZATION BY LEFT VENTRICAL PUNCTURE	1432.89	1432.89	10/1/2009
93514	26	5	LEFT HEART CATHETERIZATION BY LEFT VENTRICAL PUNCTURE	329.56	329.56	10/1/2009
93514	TC	T	LEFT HEART CATHETERIZATION BY LEFT VENTRICAL PUNCTURE	1103.32	1103.32	10/1/2009
93524		3	COMBINED TRANSSEPTAL & RETROGRADE LEFT HEART CATHETERIZATIO	1824.07	1824.07	10/1/2009
93524	26	5	COMBINED TRANSSEPTAL & RETROGRADE LEFT HEART CATHETERIZATIO	329.99	329.99	10/1/2009
93524	TC	T	COMBINED TRANSSEPTAL & RETROGRADE LEFT HEART CATHETERIZATIO	1504.08	1504.08	10/1/2009
93526		3	COMBINED RIGHT HEART & RETROGRADE LEFT HEART CATHETERIZATION	1351.40	1351.40	10/1/2009
93526	26	5	COMBINED RIGHT HEART & RETROGRADE LEFT HEART CATHETERIZATION	284.46	284.46	10/1/2009
93526	TC	T	COMBINED RIGHT HEART & RETROGRADE LEFT HEART CATHETERIZATION	1066.94	1066.94	10/1/2009
93527		3	COMBINED RIGHT & TRANSSEPTAL LEFT HEART CATH. THRU INTACT SEPT	1838.98	1838.98	10/1/2009
93527	26	5	COMBINED RIGHT & TRANSSEPTAL LEFT HEART CATH. THRU INTACT SEPT	344.63	344.63	10/1/2009
93527	TC	T	COMBINED RIGHT & TRANSSEPTAL LEFT HEART CATH. THRU INTACT SEPT	1503.47	1503.47	10/1/2009
93528		3	COMBINED RIGHT HEART CATH. W/LEFT VENTRICULAR PUNCTURE	1914.98	1914.98	10/1/2009
93528	26	5	COMBINED RIGHT HEART CATH. W/LEFT VENTRICULAR PUNCTURE	409.95	409.95	10/1/2009
93528	TC	T	COMBINED RIGHT HEART CATH. W/LEFT VENTRICULAR PUNCTURE	1504.08	1504.08	10/1/2009
93529		3	COMBINED RIGHT & LEFT HEART CATH. THRU EXISTING SEPTAL OPENING	1729.05	1729.05	10/1/2009
93529	26	5	COMBINED RIGHT & LEFT HEART CATH. THRU EXISTING SEPTAL OPENING	228.26	228.26	10/1/2009
93529	TC	T	COMBINED RIGHT & LEFT HEART CATH. THRU EXISTING SEPTAL OPENING	1506.22	1506.22	10/1/2009
93530		3	RIGHT HEART CATHETERIZATION FOR CONGENITAL CARDIAC ANOMALIES	734.37	734.37	10/1/2009
93530	26	5	RIGHT HEART CATHETERIZATION FOR CONGENITAL CARDIAC ANOMALIES	194.70	194.70	10/1/2009
93530	TC	T	RIGHT HEART CATHETERIZATION FOR CONGENITAL CARDIAC ANOMALIES	542.86	542.86	10/1/2009
93531		3	COMBINED RIGHT HEART CATH AND RETROGRADE LEFT HEART CATH FOR	1922.17	1922.17	10/1/2009
93531	26	5	COMBINED RIGHT HEART CATH AND RETROGRADE LEFT HEART CATH FOR	381.39	381.39	10/1/2009
93531	TC	T	COMBINED RIGHT HEART CATH AND RETROGRADE LEFT HEART CATH FOR	1548.93	1548.93	10/1/2009
93532		3	COMBINED RIGHT AND LEFT CATHETERIZATION FOR CONGENITAL CARDIA	1882.05	1882.05	10/1/2009
93532	26	5	COMBINED RIGHT AND LEFT CATHETERIZATION FOR CONGENITAL CARDIA	452.32	452.32	10/1/2009
93532	TC	T	COMBINED RIGHT AND LEFT CATHETERIZATION FOR CONGENITAL CARDIA	1429.75	1429.75	10/1/2009
93533		3	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEA	1747.63	1747.63	10/1/2009
93533	26	5	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEA	304.40	304.40	10/1/2009
93533	TC	T	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEA	1443.22	1443.22	10/1/2009
93539		3	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELEC	18.44	64.87	10/1/2009
93540		3	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELEC	19.95	191.85	10/1/2009
93541		3	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR PULMC	13.28	13.28	10/1/2009
93542		3	INJECTION PX; CARDIAC CATH. SELECTIVE RIGHT VENTRICULAR/ATRIAL	13.28	116.53	10/1/2009
93543		3	INJECTION PX; CARDIAC CATH. SELECT. LEFT VENTRICULAR/ATRIAL ANGIC	13.28	64.04	10/1/2009
93544		3	INJECTION PX; CARDIAC CATH. FOR AORTOGRAPHY	11.74	46.64	10/1/2009
93545		3	INJECTION PX; CARDIAC CATH. SELECTIVE CORONARY ANGIOGRAPHY	18.44	134.38	10/1/2009
93555		3	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION	92.85	92.85	10/1/2009
93555	26	5	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION	37.38	37.38	10/1/2009
93555	TC	T	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION	55.46	55.46	10/1/2009
93556		3	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION	128.85	128.85	10/1/2009
93556	26	5	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION	38.29	38.29	10/1/2009
93556	TC	T	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION	90.55	90.55	10/1/2009
93561		3	INDICATOR DILUTION STUDIES, INCLUDING ARTERIAL/VENOUS CATH.	37.52	37.52	10/1/2009
93561	26	5	INDICATOR DILUTION STUDIES, INCLUDING ARTERIAL/VENOUS CATH.	20.02	20.02	10/1/2009
93561	TC	T	INDICATOR DILUTION STUDIES, INCLUDING ARTERIAL/VENOUS CATH.	17.22	17.22	10/1/2009
93562		3	INDICATOR DILUTION STUDIES, INCLUDING ARTERIAL/VENOUS CATH. SUBE	17.06	17.06	10/1/2009
93562	26	5	INDICATOR DILUTION STUDIES, INCLUDING ARTERIAL/VENOUS CATH. SUBE	6.34	6.34	10/1/2009
93562	TC	T	INDICATOR DILUTION STUDIES, INCLUDING ARTERIAL/VENOUS CATH. SUBE	10.66	10.66	10/1/2009
93571		3	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED COROI	221.36	221.36	10/1/2009
93571	26	5	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED COROI	82.97	82.97	10/1/2009
93571	TC	T	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED COROI	142.84	142.84	10/1/2009
93572		3	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED COROI	138.93	138.93	10/1/2009
93572	26	5	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED COROI	65.30	65.30	10/1/2009
93572	TC	T	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED COROI	73.63	73.63	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
93580		3	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRI/	845.44	845.44	10/1/2009
93581		3	PERCUTANEOUS TRANSCATHETER CLOSURE OF A CONGENITAL VENTRICI	1108.55	1108.55	10/1/2009
93600		3	SPECIAL ELECTROCARDIGRAM	155.28	155.28	10/1/2009
93600	26	5	SPECIAL ELECTROCARDIGRAM	98.97	98.97	10/1/2009
93600	TC	T	SPECIAL ELECTROCARDIGRAM	60.73	60.73	10/1/2009
93602		3	INTRA ATRIAL RECORDING	127.86	127.86	10/1/2009
93602	26	5	INTRA ATRIAL RECORDING	98.59	98.59	10/1/2009
93602	TC	T	INTRA ATRIAL RECORDING	33.39	33.39	10/1/2009
93603		3	RIGHT VENTRICULAR RECORDING	146.08	146.08	10/1/2009
93603	26	5	RIGHT VENTRICULAR RECORDING	98.79	98.79	10/1/2009
93603	TC	T	RIGHT VENTRICULAR RECORDING	51.72	51.72	10/1/2009
93609	26	5	INTRAVENTRICULAR AND/OR INTRA-ATRIAL MAPPING OF TACHYCARDIA SI	233.45	233.45	10/1/2009
93610		3	INTRA-ATRIAL PACING	174.71	174.71	10/1/2009
93610	26	5	INTRA-ATRIAL PACING	140.15	140.15	10/1/2009
93610	TC	T	INTRA-ATRIAL PACING	40.76	40.76	10/1/2009
93612		3	INTRAVENTRICULAR PACING	183.10	183.10	10/1/2009
93612	26	5	INTRAVENTRICULAR PACING	139.48	139.48	10/1/2009
93612	TC	T	INTRAVENTRICULAR PACING	49.26	49.26	10/1/2009
93613		3	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (LIST SEI	328.00	328.00	10/1/2009
93613	26	5	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (LIST SEI	188.75	188.75	10/1/2009
93613	TC	T	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (LIST SEI	122.43	122.43	10/1/2009
93618		3	INDUCTION ARRHYTHMIA BY ELECTRICAL PACING	311.58	311.58	10/1/2009
93618	26	5	INDUCTION ARRHYTHMIA BY ELECTRICAL PACING	200.45	200.45	10/1/2009
93618	TC	T	INDUCTION ARRHYTHMIA BY ELECTRICAL PACING	121.66	121.66	10/1/2009
93619		3	COMPREHENSIVE EP EVAL WITH RT ATRIAL PACING AND RECORDING, RT \	574.12	574.12	10/1/2009
93619	26	5	COMPREHENSIVE EP EVAL WITH RT ATRIAL PACING AND RECORDING, RT \	346.15	346.15	10/1/2009
93619	TC	T	COMPREHENSIVE EP EVAL WITH RT ATRIAL PACING AND RECORDING, RT \	241.28	241.28	10/1/2009
93620		3	COMPREHENSIVE EP EVAL WITH RT ATRIAL PACING AND RECORDING, RT \	807.94	807.94	10/1/2009
93620	26	5	COMPREHENSIVE EP EVAL WITH RT ATRIAL PACING AND RECORDING, RT \	544.13	544.13	10/1/2009
93620	TC	T	COMPREHENSIVE EP EVAL WITH RT ATRIAL PACING AND RECORDING, RT \	272.45	272.45	10/1/2009
93621		3	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIA	174.11	174.11	10/1/2009
93621	26	5	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIA	98.43	98.43	10/1/2009
93621	TC	T	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIA	75.67	75.67	10/1/2009
93622		3	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIA	254.50	254.50	10/1/2009
93622	26	5	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIA	143.98	143.98	10/1/2009
93622	TC	T	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIA	110.52	110.52	10/1/2009
93623	26	5	PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INF	133.48	133.48	10/1/2009
93640		3	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR I	381.44	381.44	10/1/2009
93640	26	5	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR I	163.79	163.79	10/1/2009
93640	TC	T	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR I	225.18	225.18	10/1/2009
93641		3	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER- DEFIBRILLATOR	486.38	486.38	10/1/2009
93641	26	5	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER- DEFIBRILLATOR	277.20	277.20	10/1/2009
93641	TC	T	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER- DEFIBRILLATOR	222.72	222.72	10/1/2009
93642		3	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR	384.35	384.35	10/1/2009
93642	26	5	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR	227.51	227.51	10/1/2009
93642	TC	T	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR	156.84	156.84	10/1/2009
93660		3	EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATI	140.69	140.69	10/1/2009
93662		3	INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC	253.66	253.66	10/1/2009
93662	26	5	INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC	128.88	128.88	10/1/2009
93662	TC	T	INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC	103.88	103.88	10/1/2009
93701		3	BIOIMPEDANCE, THORACIC, ELECTRICAL	27.33	27.33	10/1/2009
93701	26	5	BIOIMPEDANCE, THORACIC, ELECTRICAL	7.52	7.52	10/1/2009
93701	TC	T	BIOIMPEDANCE, THORACIC, ELECTRICAL	19.81	19.81	10/1/2009
93720		3	PLETH., TOTAL BODY; WITH INTERP	36.68	36.68	10/1/2009
93721		3	PLETH., TRACING ONLY	29.74	29.74	10/1/2009
93722		3	PLETH., INTERP. ONLY	6.94	6.94	10/1/2009
93724		3	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCL	275.52	275.52	10/1/2009
93724	26	5	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCL	223.76	223.76	10/1/2009
93724	TC	T	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCL	51.75	51.75	10/1/2009
93740		3	ANALYSIS PACEMAKER SINGLE CHAMBER/TELEPHONIC	7.98	7.98	10/1/2009
93740	26	5	ANALYSIS PACEMAKER SINGLE CHAMBER/TELEPHONIC	6.62	6.62	10/1/2009
93740	TC	T	ANALYSIS PACEMAKER SINGLE CHAMBER/TELEPHONIC	1.35	1.35	10/1/2009
93745		3	INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OF WEARABLE	59.58	59.58	10/1/2009
93745	26	5	INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OF WEARABLE	37.63	37.63	10/1/2009
93745	TC	T	INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OF WEARABLE	21.95	21.95	10/1/2009
93770		3	DETERMINATION OF VENOUS PRESSURE	7.12	7.12	10/1/2009
93770	26	5	DETERMINATION OF VENOUS PRESSURE	6.62	6.62	10/1/2009
93770	TC	T	DETERMINATION OF VENOUS PRESSURE	0.48	0.48	10/1/2009
93875		3	BILAT. EXTRACRANIAL ARTERY STUDIES, NON-INVASIVE	80.47	80.47	10/1/2009
93875	26	5	BILAT. EXTRACRANIAL ARTERY STUDIES, NON-INVASIVE	9.36	9.36	10/1/2009
93875	TC	T	BILAT. EXTRACRANIAL ARTERY STUDIES, NON-INVASIVE	71.11	71.11	10/1/2009
93880		3	DUPLEX SCAN EXTRACRANIAL ARTERIES, BILAT. COMPLETE	196.58	196.58	10/1/2009
93880	26	5	DUPLEX SCAN EXTRACRANIAL ARTERIES, BILAT. COMPLETE	25.84	25.84	10/1/2009
93880	TC	T	DUPLEX SCAN EXTRACRANIAL ARTERIES, BILAT. COMPLETE	170.73	170.73	10/1/2009
93882		3	DUPLEX SCAN OF EXTRACRANIAL ARTERIES;	129.51	129.51	10/1/2009
93882	26	5	DUPLEX SCAN OF EXTRACRANIAL ARTERIES;	17.01	17.01	10/1/2009
93882	TC	T	DUPLEX SCAN OF EXTRACRANIAL ARTERIES;	112.50	112.50	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
93886		3	TRANSCRANIAL DOPPLER STUDY OF INTRACRANIAL ART;COMP	236.35	236.35	10/1/2009
93886	26	5	TRANSCRANIAL DOPPLER STUDY OF INTRACRANIAL ART;COMP	39.44	39.44	10/1/2009
93886	TC	T	TRANSCRANIAL DOPPLER STUDY OF INTRACRANIAL ART;COMP	196.91	196.91	10/1/2009
93888		3	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITE	160.92	160.92	10/1/2009
93888	26	5	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITE	26.66	26.66	10/1/2009
93888	TC	T	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITE	134.26	134.26	10/1/2009
93890		3	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; VASOI	207.64	207.64	10/1/2009
93890	26	5	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; VASOI	41.89	41.89	10/1/2009
93890	TC	T	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; VASOI	165.76	165.76	10/1/2009
93892		3	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBO	227.89	227.89	10/1/2009
93892	26	5	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBO	47.71	47.71	10/1/2009
93892	TC	T	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBO	180.18	180.18	10/1/2009
93893		3	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBO	227.32	227.32	10/1/2009
93893	26	5	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBO	48.00	48.00	10/1/2009
93893	TC	T	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBO	179.32	179.32	10/1/2009
93922		3	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY	95.55	95.55	10/1/2009
93922	26	5	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY	10.50	10.50	10/1/2009
93922	TC	T	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY	85.06	85.06	10/1/2009
93923		3	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY	147.51	147.51	10/1/2009
93923	26	5	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY	19.15	19.15	10/1/2009
93923	TC	T	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY	128.36	128.36	10/1/2009
93924		3	NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES,	181.59	181.59	10/1/2009
93924	26	5	NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES,	21.77	21.77	10/1/2009
93924	TC	T	NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES,	159.82	159.82	10/1/2009
93925		3	DUPLEX SCAN LOWER EXTREM. ARTERIES; BILAT,COMPLETE	244.41	244.41	10/1/2009
93925	26	5	DUPLEX SCAN LOWER EXTREM. ARTERIES; BILAT,COMPLETE	24.64	24.64	10/1/2009
93925	TC	T	DUPLEX SCAN LOWER EXTREM. ARTERIES; BILAT,COMPLETE	219.77	219.77	10/1/2009
93926		3	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GR	155.94	155.94	10/1/2009
93926	26	5	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GR	16.70	16.70	10/1/2009
93926	TC	T	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GR	139.24	139.24	10/1/2009
93930		3	DUPLEX SCAN UPPER EXTREM. ARTERIES; BILAT COMPLETE	192.61	192.61	10/1/2009
93930	26	5	DUPLEX SCAN UPPER EXTREM. ARTERIES; BILAT COMPLETE	19.75	19.75	10/1/2009
93930	TC	T	DUPLEX SCAN UPPER EXTREM. ARTERIES; BILAT COMPLETE	172.86	172.86	10/1/2009
93931		3	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GR.	128.93	128.93	10/1/2009
93931	26	5	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GR.	13.14	13.14	10/1/2009
93931	TC	T	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GR.	115.78	115.78	10/1/2009
93965		3	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE B	97.90	97.90	10/1/2009
93965	26	5	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE B	14.77	14.77	10/1/2009
93965	TC	T	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE B	83.13	83.13	10/1/2009
93970		3	DUPLEX SCAN OF EXTREMITY VEINS; COMPLETE, BILATERA	200.45	200.45	10/1/2009
93970	26	5	DUPLEX SCAN OF EXTREMITY VEINS; COMPLETE, BILATERA	29.02	29.02	10/1/2009
93970	TC	T	DUPLEX SCAN OF EXTREMITY VEINS; COMPLETE, BILATERA	171.43	171.43	10/1/2009
93971		3	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRES	132.73	132.73	10/1/2009
93971	26	5	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRES	19.24	19.24	10/1/2009
93971	TC	T	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRES	113.50	113.50	10/1/2009
93975		3	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMIN	301.67	301.67	10/1/2009
93975	26	5	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMIN	77.44	77.44	10/1/2009
93975	TC	T	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMIN	224.23	224.23	10/1/2009
93976		3	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMIN	174.15	174.15	10/1/2009
93976	26	5	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMIN	51.41	51.41	10/1/2009
93976	TC	T	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMIN	122.74	122.74	10/1/2009
93978		3	DUPLEX SCAN COMPLETE; AORTA, VENA CAVA, ILIAC VASC.	188.54	188.54	10/1/2009
93978	26	5	DUPLEX SCAN COMPLETE; AORTA, VENA CAVA, ILIAC VASC.	27.80	27.80	10/1/2009
93978	TC	T	DUPLEX SCAN COMPLETE; AORTA, VENA CAVA, ILIAC VASC.	160.75	160.75	10/1/2009
93979		3	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR	130.38	130.38	10/1/2009
93979	26	5	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR	18.64	18.64	10/1/2009
93979	TC	T	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR	111.75	111.75	10/1/2009
93990		3	DUPLEX SCAN OF HEMODIALYSIS	152.53	152.53	10/1/2009
93990	26	5	DUPLEX SCAN OF HEMODIALYSIS	10.41	10.41	10/1/2009
94002		3	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VC	73.92	73.92	10/1/2009
94003		3	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VC	53.42	53.42	10/1/2009
94004		3	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VC	38.89	38.89	10/1/2009
94010		3	SPIROMETRY INCLUDING GRAPHIC RECORD TOTAL TIMED VITAL CAPACITY	26.37	26.37	10/1/2009
94010	26	5	SPIROMETRY INCLUDING GRAPHIC RECORD TOTAL TIMED VITAL CAPACITY	6.94	6.94	10/1/2009
94010	TC	T	SPIROMETRY INCLUDING GRAPHIC RECORD TOTAL TIMED VITAL CAPACITY	19.43	19.43	10/1/2009
94060		3	BRONCHOSPASM EVALUATION, SPIROMETRY AS IN 94010 BEFORE & AFTEF	46.24	46.24	10/1/2009
94060	26	5	BRONCHOSPASM EVALUATION, SPIROMETRY AS IN 94010 BEFORE & AFTEF	12.17	12.17	10/1/2009
94060	TC	T	BRONCHOSPASM EVALUATION, SPIROMETRY AS IN 94010 BEFORE & AFTEF	34.06	34.06	10/1/2009
94070		3	PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPASM WITH MU	48.38	48.38	10/1/2009
94070	26	5	PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPASM WITH MU	23.91	23.91	10/1/2009
94070	TC	T	PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPASM WITH MU	24.47	24.47	10/1/2009
94150		3	VITAL CAPACITY TOTAL	17.86	17.86	10/1/2009
94150	26	5	VITAL CAPACITY TOTAL	3.25	3.25	10/1/2009
94150	TC	T	VITAL CAPACITY TOTAL	14.61	14.61	10/1/2009
94200		3	MAX BREATHING CAPACITY, MAX VOLUNTARY VENTILATION	17.86	17.86	10/1/2009
94200	26	5	MAX BREATHING CAPACITY, MAX VOLUNTARY VENTILATION	4.50	4.50	10/1/2009
94200	TC	T	MAX BREATHING CAPACITY, MAX VOLUNTARY VENTILATION	13.38	13.38	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
94240		3	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME, HELIUM METHO	31.21	31.21	10/1/2009
94240	26	5	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME, HELIUM METHO	10.32	10.32	10/1/2009
94240	TC	T	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME, HELIUM METHO	20.88	20.88	10/1/2009
94250		3	EXPIRED GAS COLLECTION	19.40	19.40	10/1/2009
94250	26	5	EXPIRED GAS COLLECTION	4.50	4.50	10/1/2009
94250	TC	T	EXPIRED GAS COLLECTION	14.91	14.91	10/1/2009
94260		3	THORACIC GAS VOLUME	24.94	24.94	10/1/2009
94260	26	5	THORACIC GAS VOLUME	5.11	5.11	10/1/2009
94260	TC	T	THORACIC GAS VOLUME	19.83	19.83	10/1/2009
94350		3	DETERMINATION MALDISTRIBUTION OF INSPIRED GAS	27.85	27.85	10/1/2009
94350	26	5	DETERMINATION MALDISTRIBUTION OF INSPIRED GAS	10.32	10.32	10/1/2009
94350	TC	T	DETERMINATION MALDISTRIBUTION OF INSPIRED GAS	17.52	17.52	10/1/2009
94360		3	DETERMINATION OF RESISTANCE TO AIRFLOW	34.58	34.58	10/1/2009
94360	26	5	DETERMINATION OF RESISTANCE TO AIRFLOW	10.32	10.32	10/1/2009
94360	TC	T	DETERMINATION OF RESISTANCE TO AIRFLOW	24.26	24.26	10/1/2009
94370		3	LUNG FUNCTION TEST	26.87	26.87	10/1/2009
94375		3	RESPIRATORY FLOW VOLUME LOOP	29.87	29.87	10/1/2009
94375	26	5	RESPIRATORY FLOW VOLUME LOOP	12.17	12.17	10/1/2009
94375	TC	T	RESPIRATORY FLOW VOLUME LOOP	17.70	17.70	10/1/2009
94400		3	BREATHING RESPONSE TO CO2	42.22	42.22	10/1/2009
94400	26	5	BREATHING RESPONSE TO CO2	16.23	16.23	10/1/2009
94400	TC	T	BREATHING RESPONSE TO CO2	25.99	25.99	10/1/2009
94450		3	BREATHING RESPONSE TO HYPOXIA	40.66	40.66	10/1/2009
94450	26	5	BREATHING RESPONSE TO HYPOXIA	15.75	15.75	10/1/2009
94450	TC	T	BREATHING RESPONSE TO HYPOXIA	24.91	24.91	10/1/2009
94610		3	INTRAPULMONARY SURFACTANT ADMINISTRATION BY A PHYSICIAN THROU	51.98	51.98	10/1/2009
94620		3	PULMONARY STRESS TESTING; SIMPLE (EG, PROLONGED EXERCISE TEST	57.71	57.71	10/1/2009
94620	26	5	PULMONARY STRESS TESTING; SIMPLE (EG, PROLONGED EXERCISE TEST	25.74	25.74	10/1/2009
94620	TC	T	PULMONARY STRESS TESTING; SIMPLE (EG, PROLONGED EXERCISE TEST	31.97	31.97	10/1/2009
94621		3	PULMONARY STRESS TESTING; COMPLEX (INCLUDING MEASUREMENTS OF	130.50	130.50	10/1/2009
94621	26	5	PULMONARY STRESS TESTING; COMPLEX (INCLUDING MEASUREMENTS OF	59.01	59.01	10/1/2009
94621	TC	T	PULMONARY STRESS TESTING; COMPLEX (INCLUDING MEASUREMENTS OF	71.48	71.48	10/1/2009
94640		3	NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRU	10.49	10.49	10/1/2009
94642		3	AEROSOL INHALATION PENTAMIDINE PROPHYLAXIS	9.20	9.20	10/1/2009
94644		3	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR /	26.93	26.93	10/1/2009
94645		3	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR /	10.49	10.49	10/1/2009
94660		3	CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INITIATC	30.26	46.12	10/1/2009
94662		3	CONT NEGATIVE PRESSURE VENT INIATION/MANAGEMENT	30.06	30.06	10/1/2009
94664		3	AEROSOL TX INITIAL	11.46	11.47	10/1/2009
94667		3	MANIPULATION OF CHEST WALL	15.99	15.99	10/1/2009
94668		3	SUBSEQUENT MANIPULATION OF CHEST WALL	15.11	15.11	10/1/2009
94680		3	EXPIRED GAS ANALYSIS	45.83	45.83	10/1/2009
94680	26	5	EXPIRED GAS ANALYSIS	10.32	10.32	10/1/2009
94680	TC	T	EXPIRED GAS ANALYSIS	35.51	35.51	10/1/2009
94681		3	EXPIRED GAS ANALYSIS WITH CO2	49.47	49.47	10/1/2009
94681	26	5	EXPIRED GAS ANALYSIS WITH CO2	7.87	7.87	10/1/2009
94681	TC	T	EXPIRED GAS ANALYSIS WITH CO2	41.60	41.60	10/1/2009
94690		3	EXPIRED GAS ANALYSIS REST, INDIRECT	39.80	39.80	10/1/2009
94690	26	5	EXPIRED GAS ANALYSIS REST, INDIRECT	2.96	2.96	10/1/2009
94690	TC	T	EXPIRED GAS ANALYSIS REST, INDIRECT	36.85	36.85	10/1/2009
94720		3	CARBON MONOXIDE DIFFUSING CAPACITY (EG, SINGLE BREATH, STEADY S	40.93	40.93	10/1/2009
94720	26	5	CARBON MONOXIDE DIFFUSING CAPACITY (EG, SINGLE BREATH, STEADY S	10.32	10.32	10/1/2009
94725		3	MEMBRANE DIFFUSION CAPACITY	52.79	52.79	10/1/2009
94725	26	5	MEMBRANE DIFFUSION CAPACITY	10.32	10.32	10/1/2009
94725	TC	T	MEMBRANE DIFFUSION CAPACITY	42.46	42.46	10/1/2009
94750		3	PULMONARY COMPLIANCE STUDY (EG, PLETHYSMOGRAPHY, VOLUME ANC	56.32	56.32	10/1/2009
94750	26	5	PULMONARY COMPLIANCE STUDY (EG, PLETHYSMOGRAPHY, VOLUME ANC	9.10	9.10	10/1/2009
94750	TC	T	PULMONARY COMPLIANCE STUDY (EG, PLETHYSMOGRAPHY, VOLUME ANC	47.23	47.23	10/1/2009
94760		3	NON-INVASIVE EAR OR PULSE OXIMETRY	2.13	2.13	10/1/2009
94761		3	NONINVASIVE EAR OR PULSE OXIMETRY MULTIPLE DETERM.	4.07	4.07	10/1/2009
94762		3	NONINVASIVE PULSE OXIMETRY FOR O2 SATURATION; BY CONTINUOUS O	22.74	22.74	10/1/2009
94770		3	CARBON DIOXIDE /INFRARED ANALYSIS	28.76	28.76	10/1/2009
94770	26	5	CARBON DIOXIDE /INFRARED ANALYSIS	6.02	6.02	10/1/2009
94770	TC	T	CARBON DIOXIDE /INFRARED ANALYSIS	22.72	22.72	10/1/2009
94772		3	RESPIRATORY PATTERN RECORDING	95.65	95.65	10/1/2009
94772	26	5	RESPIRATORY PATTERN RECORDING	50.37	50.37	10/1/2009
94772	TC	T	RESPIRATORY PATTERN RECORDING	45.29	45.29	10/1/2009
95004		3	PERCUTANEOUS TEST ALLERGENIC EXTRACT, EACH TEST	4.55	4.55	10/1/2009
95010		3	PERCUTANEOUS TEST W/DRUGS OR INSECTS, EACH TEST	13.81	13.81	10/1/2009
95015		3	INTRACUTANEOUS TEST W/DRUGS OR INSECTS, EACH TEST	10.36	10.36	10/1/2009
95024		3	INTERACUTANEOUS TEST W/ALLERGENIC EXTRACT EACH TEST	5.41	5.41	10/1/2009
95027		3	SKIN END POINT TITRATION	3.69	3.69	10/1/2009
95028		3	INTERACUTANEOUS TEST DELAYED REACTION,EACH TEST	8.56	8.56	10/1/2009
95044		3	PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)	4.81	4.81	10/1/2009
95052		3	PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)	5.39	5.39	10/1/2009
95056		3	PHOTOSENSITIVITY TESTS	27.31	27.31	10/1/2009
95060		3	ALLERGY EYE TESTS	18.27	18.27	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		
				FACILITY	NON-FACILITY	EFFECTIVE DATE
95065		3	ALLERGY NOSE TEST	16.63	16.63	10/1/2009
95070		3	ALLERGY BRONCHIAL TESTS	33.85	33.85	10/1/2009
95071		3	INHALA BRONCH CHALLENGE TESTING WANTIGENS SPECIFY	41.92	41.92	10/1/2009
95075		3	INGESTION CHALLENGE TEST	39.44	51.56	10/1/2009
95115		3	IMMUNOTHERAPY, ONE INJECTION	8.18	8.18	10/1/2009
95117		3	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDI	9.91	9.91	10/1/2009
95120		3	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIB	4.39	4.39	10/1/2009
95125		3	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIB	6.60	6.60	10/1/2009
95130		3	IMMUNOTHERAPY	28.52	28.52	10/1/2009
95131		3	IMMUNOTHERAPY 2 STINGING INSECT VENOMS	35.53	35.53	10/1/2009
95132		3	IMMUNOTHERAPY 3 STINGING INSECT VENOMS	27.97	27.97	10/1/2009
95133		3	IMMUNOTHERAPY 4 STINGING INSECT VENOMS	51.74	51.74	10/1/2009
95134		3	IMMUNOTHERAPY 5 STINGING INSECT VENOMS	61.93	61.93	10/1/2009
95144		3	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND I	2.65	9.28	10/1/2009
95165		3	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND I	2.65	9.28	10/1/2009
95180		3	RAPID DESENSITIZATION PROCEDURE, EACH HOUR (EG, INSULIN, PENICILL	88.26	115.38	10/1/2009
95805		3	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING	337.65	337.65	10/1/2009
95805	26	5	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING	76.55	76.55	10/1/2009
95805	TC	T	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING	261.10	261.10	10/1/2009
95806		3	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATO	167.62	167.62	10/1/2009
95807		3	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATO	393.89	393.89	10/1/2009
95807	26	5	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATO	67.19	67.19	10/1/2009
95807	TC	T	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATO	326.71	326.71	10/1/2009
95808		3	POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADD'L PARAMETERS OF SI	517.17	517.17	10/1/2009
95808	26	5	POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADD'L PARAMETERS OF SI	107.69	107.69	10/1/2009
95808	TC	T	POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADD'L PARAMETERS OF SI	409.48	409.48	10/1/2009
95810		3	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADD'L PARAMETE	616.62	616.62	10/1/2009
95810	26	5	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADD'L PARAMETE	141.95	141.95	10/1/2009
95810	TC	T	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADD'L PARAMETE	474.67	474.67	10/1/2009
95811		3	POLYSOMNOGRAPHY; OF SLEEP, ATTENDED BY A TECHNOLOGIST SLEEP	679.36	679.36	10/1/2009
95812		3	EEG EXTENDED MONITORING; UP TO 1 HOUR	189.03	189.03	10/1/2009
95812	26	5	EEG EXTENDED MONITORING; UP TO 1 HOUR	44.95	44.95	10/1/2009
95813		3	EEG EXTENDED MONITORING; GREATER THAN 1 HOUR	232.67	232.67	10/1/2009
95813	26	5	EEG EXTENDED MONITORING; GREATER THAN 1 HOUR	71.58	71.58	10/1/2009
95816		3	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND DF	173.55	173.55	10/1/2009
95816	26	5	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND DF	44.95	44.95	10/1/2009
95816	TC	T	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND DF	128.59	128.59	10/1/2009
95819		3	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND AS	186.23	186.23	10/1/2009
95819	26	5	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND AS	44.95	44.95	10/1/2009
95819	TC	T	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND AS	141.28	141.28	10/1/2009
95822		3	ELECTROENCEPHALOGRAM; SLEEP ONLY	185.39	185.39	10/1/2009
95822	26	5	ELECTROENCEPHALOGRAM; SLEEP ONLY	44.95	44.95	10/1/2009
95822	TC	T	ELECTROENCEPHALOGRAM; SLEEP ONLY	140.43	140.43	10/1/2009
95824		3	ELECTROENCEPHALOGRAM; CEREBRAL DEATH EVAL. ONLY	49.90	49.90	10/1/2009
95824	26	5	ELECTROENCEPHALOGRAM; CEREBRAL DEATH EVAL. ONLY	30.79	30.79	10/1/2009
95824	TC	T	ELECTROENCEPHALOGRAM; CEREBRAL DEATH EVAL. ONLY	13.44	13.44	10/1/2009
95827		3	ELECTROENCEPHALOGRAM; ALL NIGHT SLEEP ONLY	298.73	298.73	10/1/2009
95827	26	5	ELECTROENCEPHALOGRAM; ALL NIGHT SLEEP ONLY	44.47	44.47	10/1/2009
95827	TC	T	ELECTROENCEPHALOGRAM; ALL NIGHT SLEEP ONLY	254.26	254.26	10/1/2009
95829		3	ELECTROCORTICOGRAM AT SURGER	967.48	967.48	10/1/2009
95829	26	5	ELECTROCORTICOGRAM AT SURGER	260.77	260.77	10/1/2009
95829	TC	T	ELECTROCORTICOGRAM AT SURGER	706.72	706.72	10/1/2009
95830		3	INSERTION OF ELECTRODES FOR ELECTROENCEPHALOGRAPHI	70.75	142.28	10/1/2009
95830	26	5	INSERTION OF ELECTRODES FOR ELECTROENCEPHALOGRAPHI	23.46	24.96	10/1/2009
95831		3	MUSCLE TESTING, MANUAL W/REPORT; EXTREMITY	11.81	20.76	10/1/2009
95832		3	MUSCLE TESTING, MANUAL WITH REPORT; HAND	12.32	19.53	10/1/2009
95833		3	MUSCLE TESTING, MANUAL WITH REPORT; TOTAL EVAL OF BODY EXCLUDI	19.67	28.89	10/1/2009
95834		3	MUSCLE TESTING, MANUAL WITH REPORT; TOTAL EVAL OF BODY INCLUDI	24.78	34.30	10/1/2009
95851		3	RANGE OF MOTION EVALUATION	6.62	13.26	10/1/2009
95851	26	5	RANGE OF MOTION EVALUATION	4.98	10.68	10/1/2009
95852		3	RANGE OF MOTION MEASUREMENTS AND REPORT OF HANDS	4.78	10.26	10/1/2009
95852	26	5	RANGE OF MOTION MEASUREMENTS AND REPORT OF HANDS	1.19	2.57	10/1/2009
95857		3	TENSILON TEST FOR MYASTHENIA GRAVIS	22.40	33.65	10/1/2009
95857	26	5	TENSILON TEST FOR MYASTHENIA GRAVIS	5.60	8.41	10/1/2009
95860		3	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELA'	65.93	65.93	10/1/2009
95860	26	5	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELA'	41.01	41.01	10/1/2009
95860	TC	T	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELA'	24.91	24.91	10/1/2009
95861		3	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT REL	95.87	95.87	10/1/2009
95861	26	5	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT REL	65.55	65.55	10/1/2009
95861	TC	T	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT REL	30.31	30.31	10/1/2009
95863		3	NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH OR WITHOUT R	114.34	114.34	10/1/2009
95863	26	5	NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH OR WITHOUT R	78.54	78.54	10/1/2009
95863	TC	T	NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH OR WITHOUT R	35.80	35.80	10/1/2009
95864		3	NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH OR WITHOUT RE	130.80	130.80	10/1/2009
95864	26	5	NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH OR WITHOUT RE	84.01	84.01	10/1/2009
95864	TC	T	NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH OR WITHOUT RE	46.78	46.78	10/1/2009
95867		3	NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES, UNIL	57.17	57.17	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
95867	26	5	NEEDLE ELECTROMYOGRAPHY,CRANIAL NERVE SUPPLIED MUSCLES,UNIL	33.30	33.30	10/1/2009
95867	TC	T	NEEDLE ELECTROMYOGRAPHY,CRANIAL NERVE SUPPLIED MUSCLES,UNIL	23.86	23.86	10/1/2009
95868	3	3	NEEDLE ELECTROMYOGRAPHY,CRANIAL NERVE SUPPLIED MUSCLES,BILA`	78.57	78.57	10/1/2009
95868	26	5	NEEDLE ELECTROMYOGRAPHY,CRANIAL NERVE SUPPLIED MUSCLES,BILA`	49.60	49.60	10/1/2009
95868	TC	T	NEEDLE ELECTROMYOGRAPHY,CRANIAL NERVE SUPPLIED MUSCLES,BILA`	28.97	28.97	10/1/2009
95869	3	3	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES	36.26	36.26	10/1/2009
95869	26	5	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES	15.68	15.68	10/1/2009
95869	TC	T	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES	20.58	20.58	10/1/2009
95870	3	3	NEEDLE ELECTROMYOGRAPHY; OTHER THAN PARASPINAL (EG, ABDOMEN	35.40	35.40	10/1/2009
95870	26	5	NEEDLE ELECTROMYOGRAPHY; OTHER THAN PARASPINAL (EG, ABDOMEN	15.68	15.68	10/1/2009
95870	TC	T	NEEDLE ELECTROMYOGRAPHY; OTHER THAN PARASPINAL (EG, ABDOMEN	19.72	19.72	10/1/2009
95872	3	3	NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QI	136.78	136.78	10/1/2009
95872	26	5	NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QI	115.90	115.90	10/1/2009
95872	TC	T	NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QI	20.88	20.88	10/1/2009
95875	3	3	ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION F	75.12	75.12	10/1/2009
95875	26	5	ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION F	45.96	45.96	10/1/2009
95875	TC	T	ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION F	29.17	29.17	10/1/2009
95900	3	3	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH I	42.44	42.44	10/1/2009
95900	26	5	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH I	17.82	17.82	10/1/2009
95900	TC	T	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH I	24.62	24.62	10/1/2009
95904	3	3	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH I	37.35	37.35	10/1/2009
95904	26	5	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH I	14.46	14.46	10/1/2009
95904	TC	T	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH I	22.90	22.90	10/1/2009
95920	3	3	INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR (LIST SEPARA`	122.82	122.82	10/1/2009
95920	26	5	INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR (LIST SEPARA`	89.43	89.43	10/1/2009
95920	TC	T	INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR (LIST SEPARA`	33.40	33.40	10/1/2009
95925	3	3	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULA	93.22	93.22	10/1/2009
95925	26	5	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULA	22.82	22.82	10/1/2009
95925	TC	T	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULA	70.41	70.41	10/1/2009
95933	3	3	ORBISULARIS OCCULI REFLEX BY ELECTRODIAGNOSTIC TES	51.23	51.23	10/1/2009
95933	26	5	ORBISULARIS OCCULI REFLEX BY ELECTRODIAGNOSTIC TES	24.95	24.95	10/1/2009
95933	TC	T	ORBISULARIS OCCULI REFLEX BY ELECTRODIAGNOSTIC TES	26.28	26.28	10/1/2009
95937	3	3	NEUROMUSCULAR JUNCTN TESTING, EA NERVE,ANY 1 METH.	45.89	45.89	10/1/2009
95937	26	5	NEUROMUSCULAR JUNCTN TESTING, EA NERVE,ANY 1 METH.	28.19	28.19	10/1/2009
95937	TC	T	NEUROMUSCULAR JUNCTN TESTING, EA NERVE,ANY 1 METH.	17.70	17.70	10/1/2009
95950	3	3	MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SE	188.68	188.68	10/1/2009
95950	26	5	MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SE	62.80	62.80	10/1/2009
95950	TC	T	MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SE	125.88	125.88	10/1/2009
95951	3	3	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLI	1436.21	1436.21	10/1/2009
95951	26	5	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLI	249.62	249.62	10/1/2009
95951	TC	T	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLI	1154.21	1154.21	10/1/2009
95953	3	3	MONITOR FOR LOCLZN OF CERBRAL SEIZ.BY COMP EEG;RE	321.26	321.26	10/1/2009
95953	26	5	MONITOR FOR LOCLZN OF CERBRAL SEIZ.BY COMP EEG;RE	136.54	136.54	10/1/2009
95953	TC	T	MONITOR FOR LOCLZN OF CERBRAL SEIZ.BY COMP EEG;RE	184.72	184.72	10/1/2009
95954	3	3	PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN AT	198.68	198.68	10/1/2009
95954	26	5	PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN AT	95.11	95.11	10/1/2009
95954	TC	T	PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN AT	103.58	103.58	10/1/2009
95955	3	3	ELECTROENCEPHALOGRAM DURING SURGERY INTERPRETATION	109.67	109.67	10/1/2009
95955	26	5	ELECTROENCEPHALOGRAM DURING SURGERY INTERPRETATION	41.42	41.42	10/1/2009
95955	TC	T	ELECTROENCEPHALOGRAM DURING SURGERY INTERPRETATION	68.25	68.25	10/1/2009
95956	3	3	MONITOR FOR LOCALIZATION OF CEREBRAL SEIZER BY TELEMET. EEG	561.94	561.94	10/1/2009
95956	26	5	MONITOR FOR LOCALIZATION OF CEREBRAL SEIZER BY TELEMET. EEG	128.33	128.33	10/1/2009
95956	TC	T	MONITOR FOR LOCALIZATION OF CEREBRAL SEIZER BY TELEMET. EEG	433.62	433.62	10/1/2009
95957	3	3	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, FOR EPILEPT	207.61	207.61	10/1/2009
95958	3	3	WADA ACTIVATION TEST FOR HEMISPHERIC FUNCT.INC.EEG	308.80	308.80	10/1/2009
95958	26	5	WADA ACTIVATION TEST FOR HEMISPHERIC FUNCT.INC.EEG	176.73	176.73	10/1/2009
95958	TC	T	WADA ACTIVATION TEST FOR HEMISPHERIC FUNCT.INC.EEG	132.07	132.07	10/1/2009
95961	3	3	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION ANI	187.11	187.11	10/1/2009
95961	26	5	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION ANI	131.51	131.51	10/1/2009
95961	TC	T	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION ANI	55.60	55.60	10/1/2009
95962	3	3	FUNCTIONAL CORTICAL MAPPING BY STIMULATION OF ELECTRODES ON BI	173.85	173.85	10/1/2009
95962	26	5	FUNCTIONAL CORTICAL MAPPING BY STIMULATION OF ELECTRODES ON BI	136.69	136.69	10/1/2009
95962	TC	T	FUNCTIONAL CORTICAL MAPPING BY STIMULATION OF ELECTRODES ON BI	37.15	37.15	10/1/2009
95965	26	5	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR SF	340.70	340.70	10/1/2009
95966	26	5	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR E\	169.70	169.70	10/1/2009
95967	26	5	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR E\	145.44	145.44	10/1/2009
95970	3	3	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	18.37	40.00	10/1/2009
95971	3	3	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	33.21	46.47	10/1/2009
95972	3	3	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	63.09	82.99	10/1/2009
95973	3	3	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	37.56	45.65	10/1/2009
95974	3	3	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	123.81	140.54	10/1/2009
95975	3	3	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	71.24	77.88	10/1/2009
95978	3	3	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	145.28	166.91	10/1/2009
95979	3	3	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	68.29	74.92	10/1/2009
95990	3	3	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FO	46.18	46.18	10/1/2009
95991	3	3	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FO	30.38	70.48	10/1/2009
96000	3	3	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING	72.43	72.43	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	FACILITY	Medicaid Maximum Allowable	
					NON-FACILITY	EFFECTIVE DATE
96001	3	3	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING	85.74	85.74	10/1/2009
96002	3	3	DYNAMIC SURFACE ELECTROMYOGRAPHY, DURING WALKING OR OTHER F	16.93	16.93	10/1/2009
96003	3	3	DYNAMIC FINE WIRE ELECTROMYOGRAPHY, DURING WALKING OR OTHER	14.81	14.81	10/1/2009
96004	3	3	PHYSICIAN REVIEW AND INTERPRETATION OF COMPREHENSIVE COMPUTE	91.68	91.68	10/1/2009
96040	3	3	MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINU'	32.05	32.05	10/1/2009
96110	3	3	DEVELOPMENTAL SCREENING	8.75	8.75	10/1/2009
96150	3	3	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL IN'	18.96	19.25	10/1/2009
96151	3	3	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL IN'	18.34	18.63	10/1/2009
96405	3	3	CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, UP TO AND INCLUDIN'	24.01	68.43	10/1/2009
96406	3	3	CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESION	35.05	94.76	10/1/2009
96420	3	3	CHEMOTHERAPY ADMIN, INTRA-ARTERIAL PUSH	85.90	85.90	10/1/2009
96422	3	3	CHEMOTHERAPY ADMIN, INTRA-ARTERIAL INFUSION UP TO 1 HOUR	138.68	138.68	10/1/2009
96423	3	3	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQU	62.23	62.23	10/1/2009
96425	3	3	CHEMOTHERAPY ADMIN, INTRA-ARTERIAL INFUSION, OVER 8 HOURS (PUM	136.66	136.66	10/1/2009
96440	3	3	CHEMOTHERAPY ADMIN, INTO PLEURAL CAVITY INCLUDING THORACENTE'	109.85	482.18	10/1/2009
96445	3	3	CHEMOTHERAPY ADMIN, INTO PERITONEAL CAVITY INCLUDING PERITONE'	97.32	232.00	10/1/2009
96450	3	3	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIR	73.14	169.18	10/1/2009
96542	3	3	CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA	37.46	108.41	10/1/2009
96570	3	3	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO AB	48.01	48.01	10/1/2009
96571	3	3	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO AB	23.22	23.22	10/1/2009
96900	3	3	ULTRAVIOLET LIGHT THERAPY	15.40	15.40	10/1/2009
96910	3	3	PHOTOCHEMOTHERAPY TAR/ULTRAVIOLET B GOECKERMAN TRE	49.82	49.82	10/1/2009
96912	3	3	PHOTOCHEMOTHERAPY PSORALENS/ULTRAVIOLET A PUVA	63.86	63.86	10/1/2009
96920	3	3	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS) TOTA	53.27	130.57	10/1/2009
96921	3	3	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 S	52.93	127.92	10/1/2009
96922	3	3	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVEF	94.53	190.28	10/1/2009
97001	3	3	PHYSICAL THERAPY EVAL	58.30	58.30	10/1/2009
97002	3	3	PHYSICAL THERAPY RE-EVAL	31.21	31.21	10/1/2009
97003	3	3	OCCUPATIONAL THERAPY EVAL	61.67	61.67	10/1/2009
97004	3	3	OCCUPATIONAL THERAPY RE-EVAL	35.54	35.54	10/1/2009
97010	3	3	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACKS	3.79	3.79	10/1/2009
97012	3	3	TRACTION; MECHANICAL	12.03	12.03	10/1/2009
97014	3	3	ELECTRICAL STIMULATION (UNATTENDED)	11.00	11.00	10/1/2009
97016	3	3	VASOPNEUMATIC DEVICES	12.44	12.44	10/1/2009
97018	3	3	PARAFFIN BATH	6.40	6.40	10/1/2009
97022	3	3	WHIRLPOOL	14.15	14.15	10/1/2009
97024	3	3	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG, I	4.38	4.38	10/1/2009
97026	3	3	INFARED	4.09	4.09	10/1/2009
97028	3	3	ULTRAVIOLET	5.00	5.00	10/1/2009
97032	3	3	APPLICATION OF MODALITY TO 1 OR MORE AREAS	13.47	13.47	10/1/2009
97033	3	3	IONTOPHORESIS	19.84	19.84	10/1/2009
97034	3	3	CONTRAST BATH	12.22	12.22	10/1/2009
97035	3	3	ULTRASOUND	9.63	9.63	10/1/2009
97036	3	3	HUBBARD TANK	20.76	20.76	10/1/2009
97110	3	3	THERAPEUTIC PROCEDURE 1 OR MORE AREA	23.37	23.37	10/1/2009
97112	3	3	NEUROMUSCULAR RE-EDUCATION OF MOVEMENT	24.03	24.03	10/1/2009
97113	3	3	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;	28.34	28.34	10/1/2009
97116	3	3	THERAPEUTIC PROCEDURE 1 OR MORE AREAS	20.46	20.46	10/1/2009
97124	3	3	MASSAGE INCLUDING EFFLEURAGE	18.61	18.61	10/1/2009
97140	3	3	MANUAL THERAPY TECHNIQUES; EACH 15 MINS	21.68	21.68	10/1/2009
97530	3	3	THERAPEUTIC ACTIVITIES DIRECT 1 ON 1 BY PROVIDER; EACH 15 MINS	24.59	24.59	10/1/2009
97597	3	3	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEI	26.57	47.63	10/1/2009
97598	3	3	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEI	35.45	59.10	10/1/2009
97750	3	3	PHYSICAL PERFORMANCE TEST OR MEASUREMENT	23.94	23.94	10/1/2009
97802	3	3	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION,	23.07	24.51	10/1/2009
97803	3	3	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDI	19.99	21.44	10/1/2009
99050	3	3	MEDICAL SERVICES AFTER HOURS	27.30	27.30	10/1/2009
99051	3	3	SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED E'	27.30	27.30	10/1/2009
99053	3	3	SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-HOUR FACIL	27.30	27.30	10/1/2009
99058	3	3	OFFICE VISIT/EMERGENCY	18.20	18.20	10/1/2009
99070	3	3	SPECIAL SUPPLIES	9.71	9.71	10/1/2009
99082	3	3	UNUSUAL TRAVEL	0.85	0.85	10/1/2009
99100	3	3	ANESTHESIA FOR PATIENT OF EXTREME AGE, UNDER ONE YEAR AND OVE	17.90	17.90	10/1/2009
99116	3	3	ANESTHESIA COMPLICATED BY UTILIZATION OF TOTAL BODY HYPOTHERM	17.90	17.90	10/1/2009
99135	3	3	ANESTHESIA COMPLICATED BY UTILIZATION OF CONTROLLED HYPOTENSIO	17.51	17.51	10/1/2009
99140	3	3	ANESTHESIA COMPLICATED BY EMERGENCY CONDITIONS (SPECIFY) (LIST	17.90	17.90	10/1/2009
99170	3	3	ANOGENITAL EXAMINATION WITH COLPOSCOPIC MAGNIFICATION IN CHILD	78.64	117.00	10/1/2009
99175	3	3	INDUCED VOMITING	19.86	19.86	10/1/2009
99183	3	3	PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THI	94.59	155.44	10/1/2009
99185	3	3	HYPOTHERMIA, REGIONAL	44.63	44.63	10/1/2009
99186	3	3	HYPOTHERMIA, TOTAL BODY	57.06	57.06	10/1/2009
99190	3	3	MONITORING SERVICES	92.52	92.52	10/1/2009
99191	3	3	MONITORING SERVICES	59.41	59.41	10/1/2009
99192	3	3	MONITORING SERVICES	43.02	43.02	10/1/2009
99195	3	3	THERAPEUTIC PHLEBOTOMY	56.06	56.06	10/1/2009
99201	3	3	OFFICE OR OTHER OUTPATIENT VISIT NEW PATIENT	21.46	33.18	1/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
99202	3	3	OFFICE OR OTHER OUTPATIENT VISIT NEW PATIENT	41.38	57.54	1/1/2009
99203	3	3	OFFICE OR OTHER OUTPATIENT VISIT NEW PATIENT	62.45	83.36	1/1/2009
99204	3	3	OFFICE OR OTHER OUTPATIENT VISIT NEW PATIENT	104.87	129.27	1/1/2009
99205	3	3	OFFICE OR OTHER OUTPATIENT VISIT NEW PATIENT	136.47	163.41	1/1/2009
99211	3	3	OV ESTAB PT, MINIMAL W/WO PHYS, TIME APPROX 5 MIN	7.94	16.82	1/1/2009
99212	3	3	OV ESTABLISHED PT, MINOR-PHYS TIME APPROX 10 MIN.	21.14	33.50	1/1/2009
99213	3	3	OV ESTAB. PT, MODERATE. PHYS TIME APPROX 15 MIN.	41.37	55.94	1/1/2009
99214	3	3	OV ESTAB. PT, SEVERE. PHYS TIME APPROX 25 MIN.	64.00	84.29	1/1/2009
99215	3	3	OV ESTAB. PT, SEVERE. PHYS TIME APPROX 40 MIN.	90.87	114.00	1/1/2009
99217	3	3	OBSERVATION CARE DISCHARGE DAY MANAGEMENT	61.32	61.32	1/1/2009
99218	3	3	INITIAL OBSERVATION, PER DAY, LOW COMPLEXITY	57.84	57.84	1/1/2009
99219	3	3	INITIAL OBSERVATION CARE, PER DAY, MODERATE COMPLEXITY	95.78	95.78	1/1/2009
99220	3	3	INITIAL OBSERVATION CARE, PER DAY, HIGH COMPLEXITY	134.33	134.33	1/1/2009
99221	3	3	INITIAL HOSP. CARE, MINOR. PHYS TIME APPROX 30 MIN	83.05	83.05	1/1/2009
99222	3	3	INITIAL HOSP CARE,MODERATE-PHYS TIME APPROX 50 MIN	113.34	113.34	1/1/2009
99223	3	3	INITIAL HOSP CARE, SEVERE-PHYS TIME APPROX 70 MIN	166.89	166.89	1/1/2009
99231	3	3	HOSP VISIT, STABLE. PHYS TIME APPROX 15 MINUTES	34.30	34.30	1/1/2009
99232	3	3	HOSP VISIT, MODERATE. PHYS TIME APPROX 25 MINUTES	61.81	61.81	1/1/2009
99233	3	3	HOSP VISIT, COMPLEX. PHYS TIME APPROX 35 MINUTES	88.53	88.53	1/1/2009
99234	3	3	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND	117.16	117.16	1/1/2009
99235	3	3	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND	153.91	153.91	1/1/2009
99236	3	3	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND	191.29	191.29	1/1/2009
99238	3	3	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	61.11	61.11	1/1/2009
99239	3	3	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	88.81	88.81	1/1/2009
99241	3	3	OFFICE CONSULTATION NEW OR ESTABLISHED PATIENT	27.57	39.98	10/1/2009
99242	3	3	OFFICE CONSULTATION NEW OR ESTABLISHED PATIENT	58.18	74.90	10/1/2009
99243	3	3	OFFICE CONSULTATION NEW OR ESTABLISHED PATIENT	81.09	103.00	10/1/2009
99244	3	3	OFFICE CONSULTATION NEW OR ESTABLISHED PATIENT	128.77	152.99	10/1/2009
99245	3	3	OFFICE CONSULTATION NEW OR ESTABLISHED PATIENT	160.63	188.03	10/1/2009
99251	3	3	INITIAL INPT CONSULT- PHYS TIME APPROX 20 MIN.	40.82	40.82	10/1/2009
99252	3	3	INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.	63.26	63.25	10/1/2009
99253	3	3	INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.	96.03	96.02	10/1/2009
99254	3	3	INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.	138.89	138.89	10/1/2009
99255	3	3	INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.	169.23	169.23	10/1/2009
99281	3	3	ER VISIT, MINOR	17.03	17.03	10/1/2009
99282	3	3	ER VISIT, LOW SEVERITY	33.13	33.13	10/1/2009
99283	3	3	ER VISIT, MODERATE SEVERITY	51.35	51.35	10/1/2009
99284	3	3	ER VISIT, HIGH SEVERITY	96.14	96.14	10/1/2009
99285	3	3	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMEN	142.93	142.93	10/1/2009
99288	3	3	PHYSICIAN DIRECTION OF EMS ADVANCED LIFE SUPPORT	44.63	44.63	10/1/2009
99291	3	3	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL C	195.83	232.59	1/1/2009
99292	3	3	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE UNSTABLE CRITI	97.86	105.47	1/1/2009
99354	3	3	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT :	80.13	84.57	1/1/2009
99355	3	3	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT :	79.28	83.72	1/1/2009
99356	3	3	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING	77.23	77.23	1/1/2009
99357	3	3	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING	77.76	77.76	1/1/2009
99360	3	3	PHYSICIAN STANDBY SERVICE, REQUIRING PROLONGED PHYSICIAN ATTEM	49.94	49.94	10/1/2009
99375	3	3	PHYSICIAN SUPERVISION OF PATIENTS UNDER CARE OF HOME HEALTH	86.78	95.98	1/1/2009
99378	3	3	PHYSICIAN SUPERVISION OF A HOSPICE PATIENT (PATIENT NOT PRESENT)	89.95	99.15	1/1/2009
99404	3	3	PREVENTIVE MEDICINE, INDIVIDUAL COUNSELING, APPX 60 MINUTES	81.40	91.49	10/1/2009
99412	3	3	PREVENTIVE MEDICINE, GROUP COUNSELING, APPX 60 MINUTES	10.59	16.07	10/1/2009
99460	3	3	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION	51.95	51.95	1/1/2009
99463	3	3	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION	69.49	69.49	1/1/2009
99464	3	3	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY THE DELIVERING PHYS	59.50	59.50	10/1/2009
99468	3	3	INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUA	728.86	728.86	10/1/2009
99469	3	3	SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE E	319.19	319.19	10/1/2009
A4263	3	3	PERMANENT,LONG-TERM,NONDISSOLVABLE LACRIMAL DUCT IMPLANT,EA	9.79	9.79	10/1/2009
G0127	3	3	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	6.94	15.31	10/1/2009
H0001	3	3	ALCOHOL AND/OR DRUG ASSESSMENT	20.21	20.21	10/1/2009
H0005	3	3	ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY CLINICIAN (1:	7.45	7.45	10/1/2009
H0031	3	3	MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	20.21	20.21	10/1/2009
S9442	3	3	BIRTHING CLASS (ONE UNIT = 2 HOURS)	8.69	8.69	10/1/2009
T1017	3	3	TARGETED CASE MANAGEMENT (ONE UNIT = 15 MINUTES)	17.67	17.67	10/1/2009

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

Physician Drug Program Procedure Codes And Rates

CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
90585	3	3	Bacillus Calmette-Guerin Vaccine (BCG) for Tuberculosis, Live, for Percutaneous use	\$113.32	\$113.32	10/1/2009
90632	3	3	Hepatitis A Vaccine, Adult dosage, for Intramuscular use	\$44.41	\$44.41	10/1/2009
90636	3	3	Hepatitis A and Hepatitis B Vaccine (HepA-HepB), Adult dosage, for Intramuscular use	\$90.00	\$90.00	10/1/2009
90647	3	3	Hemophilus Influenza b Vaccine (HIB) PRP-OMP Conjugate (3 dose schedule), for Intramuscular use	\$19.79	\$19.79	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
90648		3	Hemophilus Influenza b Vaccine (HIB), PRP-T Conjugate (4 dose schedule), Intramuscular use	\$21.11	\$21.11	10/1/2009
90649		3	Human Papilloma Virus (HPV) vaccine, types 6, 11, 16, 18, quadrivalent, 3 dose schedule, for IM use (Gardasil), 0.5 ml	\$136.48	\$136.48	10/1/2009
90658		3	Influenza Virus Vaccine, Split Virus, 3 years and above, for Intramuscular use	\$12.82	\$12.82	10/1/2009
90660		3	Influenza Virus Vaccine, Live, for Intranasal us (FluMist)	\$21.36	\$21.36	10/1/2009
90703		3	Tetanus Toxoid Adsorbed, for Intramuscular use	\$20.81	\$20.81	10/1/2009
90704		3	Mumps Virus Vaccine, Live, for Subcutaneous use	\$21.24	\$21.24	10/1/2009
90705		3	Measles Virus Vaccine, Live, for Subcutaneous use	\$16.25	\$16.25	10/1/2009
90706		3	Rubella Virus Vaccine, Live, for Subcutaneous use	\$18.18	\$18.18	10/1/2009
90707		3	Measles, Mumps, and Rubella Virus Vaccine (MMR), Live, for Subcutaneous use	\$41.25	\$41.25	10/1/2009
90713		3	Poliovirus Vaccine, Inactivated, (IPV), for Subcutaneous use	\$24.92	\$24.92	10/1/2009
90715		3	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for IM use	\$34.06	\$34.06	10/1/2009
90716		3	Varicella Virus Vaccine, Live for Subcutaneous use	\$71.21	\$71.21	10/1/2009
90721		3	Diphtheria, Tetanus Toxoids, and Acellular Pertussis Vaccine and Hemophilus Influenza B Vaccine (DtaP-Hib), for Intramuscular use	\$41.58	\$41.58	10/1/2009
90723		3	Diphtheria, Tetanus TertussisHepatitis B and Polio, for Intramuscular use	\$73.03	\$73.03	10/1/2009
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	\$31.70	\$31.70	10/1/2009
90733		3	Meningococcal Polysaccharide Vaccine (any group(s)), for Subcutaneous use	\$91.00	\$91.00	10/1/2009
90734		3	Meningococcal conjugate vaccine, serogroups A, C, Y, W-135 (tetravalent) for IM use.	\$102.21	\$102.21	10/1/2009
90740		3	Hepatitis B Vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use	\$111.02	\$111.02	10/1/2009
90746		3	Hepatitis B Vaccine, Adult dosage, for Intramuscular use	\$55.51	\$55.51	10/1/2009
90747		3	Hepatitis B Vaccine, Dialysis or Immunosuppressed Patient dosage (4 dose schedule), for Intramuscular use	\$111.02	\$111.02	10/1/2009
***J1931		3	Laronidase, 0.1 mg, inj. (Aldurazyme)	\$23.60	\$23.60	10/1/2009
***J7302		3	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	\$479.84	\$479.84	10/1/2009

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

*** indicated NDC required

DENTAL

CDT Code	MOD	TOS	Description	FACILITY	NON-FACILITY	EFFECTIVE DATE
D0120		4	Periodic oral evaluation	25.79	25.79	10/1/2009
D0140		4	Limited oral evaluation - problem focused	36.76	36.76	10/1/2009
D0145		4	Oral evaluation for a patient under three years of age and counseling with primary caregiver	36.35	36.35	10/1/2009
D0150		4	Comprehensive oral evaluation - new or established patient	44.61	44.61	10/1/2009
D0160		4	Detailed and extensive oral evaluation - problem focused, by report	68.27	68.27	10/1/2009
D0170		4	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	28.73	28.73	10/1/2009
D0210		4	Intraoral - complete series (including bitewings)	71.79	71.79	10/1/2009
D0220		4	Intraoral - periapical first film	14.91	14.91	10/1/2009
D0230		4	Intraoral - periapical each additional film	12.03	12.03	10/1/2009
D0240		4	Intraoral - occlusal film	15.98	15.98	10/1/2009
D0250		4	Extraoral - first film	21.52	21.52	10/1/2009
D0260		4	Extraoral - each additional film	17.78	17.78	10/1/2009
D0270		4	Bitewing - single film	11.34	11.34	10/1/2009
D0272		4	Bitewings - two films	18.50	18.50	10/1/2009
D0273		4	Bitewings - three films	25.26	25.26	10/1/2009
D0274		4	Bitewings - four films	32.08	32.08	10/1/2009
D0290		4	Posterior-anterior or lateral skull and facial bone survey film	44.91	44.91	10/1/2009
D0310		4	Sialography	96.38	96.38	10/1/2009
D0320		4	Temporomandibular joint arthrogram, including injection	196.50	196.50	10/1/2009
D0330		4	Panoramic film	59.25	59.25	10/1/2009
D0340		4	Cephalometric film	52.40	52.40	10/1/2009
D0470		4	Diagnostic casts	42.78	42.78	10/1/2009
D0473		4	Accession of tissue, gross and microscopic examination	48.66	48.66	10/1/2009
D1110		4	Prophylaxis - adult	38.10	38.10	10/1/2009
D1120		4	Prophylaxis - child	27.21	27.21	10/1/2009
D1203		4	Topical application of fluoride - child	16.04	16.04	10/1/2009
D1204		4	Topical application of fluoride - adult	16.04	16.04	10/1/2009
D1206		4	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	16.04	16.04	10/1/2009
D1351		4	Sealant - per tooth	28.58	28.58	10/1/2009
D1510		4	Space maintainer - fixed - unilateral	190.96	190.96	10/1/2009
D1515		4	Space maintainer - fixed - bilateral	267.34	267.34	10/1/2009
D2140		4	Amalgam - one surface, primary or permanent	64.56	64.56	10/1/2009
D2150		4	Amalgam - two surfaces, primary or permanent	81.81	81.81	10/1/2009
D2160		4	Amalgam - three surfaces, primary or permanent	94.72	94.72	10/1/2009
D2161		4	Amalgam - four or more surfaces, primary or permanent	104.26	104.26	10/1/2009
D2330		4	Resin-based composite - one surface, anterior	65.90	65.90	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
D2331		4	Resin-based composite - two surfaces, anterior	81.41	81.41	10/1/2009
D2332		4	Resin-based composite - three surfaces, anterior	96.24	96.24	10/1/2009
D2335		4	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	121.91	121.91	10/1/2009
D2390		4	Resin-based composite crown, anterior	173.30	173.30	10/1/2009
D2391		4	Resin-based composite - one surface, posterior	80.00	80.00	10/1/2009
D2392		4	Resin-based composite - two surfaces, posterior	118.63	118.63	10/1/2009
D2393		4	Resin-based composite - three surfaces, posterior	144.28	144.28	10/1/2009
D2394		4	Resin-based composite - four or more surfaces, posterior	174.82	174.82	10/1/2009
D2930		4	Prefabricated stainless steel crown - primary tooth	144.28	144.28	10/1/2009
D2931		4	Prefabricated stainless steel crown - permanent tooth	155.16	155.16	10/1/2009
D2932		4	Prefabricated resin crown	169.52	169.52	10/1/2009
D2933		4	Prefabricated stainless steel crown with resin window	189.05	189.05	10/1/2009
D2934		4	Prefabricated esthetic coated stainless steel crown - primary tooth	189.05	189.05	10/1/2009
D2940		4	Sedative filling	39.77	39.77	10/1/2009
D2950		4	Core buildup, including any pins	98.25	98.25	10/1/2009
D2951		4	Pin retention - per tooth, in addition to restoration	23.86	23.86	10/1/2009
D2970		4	Temporary crown (fractured tooth)	139.73	139.73	10/1/2009
D3220		4	Therapeutic pulpotomy (excluding final restoration)	81.09	81.09	10/1/2009
D3222		4	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	81.09	81.09	10/1/2009
D3230		4	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	143.22	143.22	10/1/2009
D3240		4	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	190.96	190.96	10/1/2009
D3310		4	Endodontic therapy, anterior tooth (excluding final restoration)	283.58	283.58	10/1/2009
D3320		4	Endodontic therapy, bicuspid tooth (excluding final restoration)	335.13	335.13	10/1/2009
D3330		4	Endodontic therapy, molar (excluding final restoration)	409.90	409.90	10/1/2009
D3351		4	Apexification/recalcification - initial visit	138.18	138.18	10/1/2009
D3352		4	Apexification/recalcification - interim medication replacement	100.54	100.54	10/1/2009
D3353		4	Apexification/recalcification - final visit	201.08	201.08	10/1/2009
D3410		4	Apicoectomy/periradicular surgery - anterior	259.86	259.86	10/1/2009
D4210		4	Gingivectomy or gingivoplasty - four or more contiguous teeth per quadrant	248.52	248.52	10/1/2009
D4211		4	Gingivectomy or gingivoplasty - one to three contiguous teeth per quadrant	92.29	92.29	10/1/2009
D4240		4	Gingival flap procedure, including root planing - four or more contiguous teeth per quadrant	292.86	292.86	10/1/2009
D4241		4	Gingival flap procedure, including root planing - one to three contiguous teeth per quadrant	247.48	247.48	10/1/2009
D4341		4	Periodontal scaling and root planing - four or more contiguous teeth per quadrant	100.54	100.54	10/1/2009
D4342		4	Periodontal scaling and root planing - one to three teeth per quadrant	58.48	58.48	10/1/2009
D4355		4	Full mouth debridement to enable comprehensive evaluation and diagnosis	67.37	67.37	10/1/2009
D4910		4	Periodontal maintenance	49.59	49.59	10/1/2009
D5110		4	Complete denture - maxillary	584.82	584.82	10/1/2009
D5120		4	Complete denture - mandibular	584.82	584.82	10/1/2009
D5130		4	Immediate denture - maxillary	634.41	634.41	10/1/2009
D5140		4	Immediate denture - mandibular	634.41	634.41	10/1/2009
D5211		4	Maxillary partial denture - resin base	433.70	433.70	10/1/2009
D5212		4	Mandibular partial denture - resin base	433.70	433.70	10/1/2009
D5213		4	Maxillary partial denture - cast metal framework with resin denture bases	626.92	626.92	10/1/2009
D5214		4	Mandibular partial denture - cast metal framework with resin denture bases	626.92	626.92	10/1/2009
D5410		4	Adjust complete denture - maxillary	31.81	31.81	10/1/2009
D5411		4	Adjust complete denture - mandibular	31.81	31.81	10/1/2009
D5421		4	Adjust partial denture - maxillary	31.81	31.81	10/1/2009
D5422		4	Adjust partial denture - mandibular	31.81	31.81	10/1/2009
D5510		4	Repair broken complete denture base	77.15	77.15	10/1/2009
D5520		4	Replace missing or broken teeth - complete denture (each tooth)	65.03	65.03	10/1/2009
D5610		4	Repair resin denture base	77.15	77.15	10/1/2009
D5620		4	Repair cast framework	104.80	104.80	10/1/2009
D5630		4	Repair or replace broken clasp	147.99	147.99	10/1/2009
D5640		4	Replace broken teeth - per tooth	65.50	65.50	10/1/2009
D5650		4	Add tooth to existing partial denture	79.53	79.53	10/1/2009
D5660		4	Add clasp to existing partial denture	119.35	119.35	10/1/2009
D5730		4	Reline complete maxillary denture (chairside)	135.68	135.68	10/1/2009
D5731		4	Reline complete mandibular denture (chairside)	135.68	135.68	10/1/2009
D5740		4	Reline maxillary partial denture (chairside)	133.34	133.34	10/1/2009
D5741		4	Reline mandibular partial denture (chairside)	133.34	133.34	10/1/2009
D5750		4	Reline complete maxillary denture (laboratory)	172.64	172.64	10/1/2009
D5751		4	Reline complete mandibular denture (laboratory)	172.64	172.64	10/1/2009
D5760		4	Reline maxillary partial denture (laboratory)	168.43	168.43	10/1/2009
D5761		4	Reline mandibular partial denture (laboratory)	168.43	168.43	10/1/2009
D6985		4	Pediatric partial denture, fixed	342.94	342.94	10/1/2009
D7111		4	Extraction, coronal remnants - deciduous tooth	51.56	51.56	10/1/2009
D7140		4	Extraction, erupted tooth or exposed root	63.54	63.54	10/1/2009
D7210		4	Surgical removal of erupted tooth	109.23	109.23	10/1/2009
D7220		4	Removal of impacted tooth - soft tissue	124.26	124.26	10/1/2009
D7230		4	Removal of impacted tooth - partially bony	165.99	165.99	10/1/2009
D7240		4	Removal of impacted tooth - completely bony	193.35	193.35	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
D7241	4		Removal of impacted tooth - completely bony, with unusual surgical complications	232.02	232.02	10/1/2009
D7250	4		Surgical removal of residual tooth roots (cutting procedure)	119.10	119.10	10/1/2009
D7260	4		Oroantral fistula closure	380.84	380.84	10/1/2009
D7270	4		Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	211.39	211.39	10/1/2009
D7280	4		Surgical access of an unerupted tooth	190.25	190.25	10/1/2009
D7283	4		Placement of device to facilitate eruption of impacted tooth	213.97	213.97	10/1/2009
D7285	4		Biopsy of oral tissue - hard (bone, tooth)	136.61	136.61	10/1/2009
D7286	4		Biopsy of oral tissue - soft (all others)	108.18	108.18	10/1/2009
D7288	4		Brush biopsy - transepithelial sample collection	108.18	108.18	10/1/2009
D7310	4		Alveoplasty in conjunction with extractions - four or more tooth spaces, per quadrant	102.93	102.93	10/1/2009
D7311	4		Alveoplasty in conjunction with extractions - one to three tooth spaces, per quadrant	96.24	96.24	10/1/2009
D7320	4		Alveoplasty not in conjunction with extractions - four or more tooth spaces, per quadrant	150.18	150.18	10/1/2009
D7321	4		Alveoplasty not in conjunction with extractions - one to three tooth spaces, per quadrant	134.74	134.74	10/1/2009
D7340	4		Vestibuloplasty - ridge extension (secondary epithelialization)	523.79	523.79	10/1/2009
D7350	4		Vestibuloplasty - ridge extension (including soft tissue grafts)	970.38	970.38	10/1/2009
D7410	4		Excision of benign lesion up to 1.25 cm	161.47	161.47	10/1/2009
D7411	4		Excision of benign lesion greater than 1.25 cm	211.47	211.47	10/1/2009
D7412	4		Excision of benign lesion, complicated	278.84	278.84	10/1/2009
D7413	4		Excision of malignant lesion up to 1.25 cm	232.05	232.05	10/1/2009
D7414	4		Excision of malignant lesion greater than 1.25 cm	339.66	339.66	10/1/2009
D7415	4		Excision of malignant lesion, complicated	407.03	407.03	10/1/2009
D7440	4		Excision of malignant tumor - lesion diameter up to 1.25 cm	187.14	187.14	10/1/2009
D7441	4		Excision of malignant tumor - lesion diameter greater than 1.25 cm	334.18	334.18	10/1/2009
D7450	4		Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	177.78	177.78	10/1/2009
D7451	4		Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	227.84	227.84	10/1/2009
D7460	4		Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	236.31	236.31	10/1/2009
D7461	4		Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	353.86	353.86	10/1/2009
D7465	4		Destruction of lesion(s) by physical or chemical method, by report	139.89	139.89	10/1/2009
D7471	4		Removal of lateral exostosis (maxilla or mandible)	225.69	225.69	10/1/2009

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

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
				FACILITY	NON-FACILITY	
D7472	4		Removal of torus palatinus	262.00	262.00	10/1/2009
D7473	4		Removal of torus mandibularis	260.59	260.59	10/1/2009
D7485	4		Surgical reduction of osseous tuberosity	234.86	234.86	10/1/2009
D7490	4		Radical resection of mandible with bone graft	2,968.52	2,968.52	10/1/2009
D7510	4		Incision and drainage of abscess - intraoral soft tissue	111.00	111.00	10/1/2009
D7520	4		Incision and drainage of abscess - extraoral soft tissue	238.70	238.70	10/1/2009
D7530	4		Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue	126.32	126.32	10/1/2009
D7540	4		Removal of reaction producing foreign bodies, musculoskeletal system	233.93	233.93	10/1/2009
D7550	4		Partial osteotomy/osteostomy for removal of non-vital bone	304.58	304.58	10/1/2009
D7560	4		Maxillary sinusotomy for removal of tooth fragment or foreign body	382.70	382.70	10/1/2009
D7610	4		Maxilla - open reduction (teeth immobilized, if present)	1,532.22	1,532.22	10/1/2009
D7620	4		Maxilla - closed reduction (teeth immobilized, if present)	1,203.78	1,203.78	10/1/2009
D7630	4		Mandible - open reduction (teeth immobilized, if present)	1,509.76	1,509.76	10/1/2009
D7640	4		Mandible - closed reduction (teeth immobilized, if present)	1,186.00	1,186.00	10/1/2009
D7650	4		Malar and/or zygomatic arch - open reduction	1,369.87	1,369.87	10/1/2009
D7660	4		Malar and/or zygomatic arch - closed reduction	1,164.02	1,164.02	10/1/2009
D7670	4		Alveolus - closed reduction, may include stabilization of teeth	476.27	476.27	10/1/2009
D7680	4		Facial bones - complicated reduction with fixation and multiple surgical approaches	2,299.49	2,299.49	10/1/2009
D7710	4		Maxilla - open reduction	1,614.09	1,614.09	10/1/2009
D7720	4		Maxilla - closed reduction	1,175.24	1,175.24	10/1/2009
D7730	4		Mandible - open reduction	1,637.48	1,637.48	10/1/2009
D7740	4		Mandible - closed reduction	1,267.88	1,267.88	10/1/2009
D7750	4		Malar and/or zygomatic arch - open reduction	1,443.79	1,443.79	10/1/2009
D7760	4		Malar and/or zygomatic arch - closed reduction	1,598.18	1,598.18	10/1/2009
D7770	4		Alveolus - open reduction stabilization of teeth	935.70	935.70	10/1/2009
D7780	4		Facial bones - complicated reduction with fixation and multiple surgical approaches	2,753.78	2,753.78	10/1/2009
D7810	4		Open reduction of dislocation	1,494.79	1,494.79	10/1/2009
D7820	4		Closed reduction of dislocation	182.46	182.46	10/1/2009
D7830	4		Manipulation under anesthesia	239.54	239.54	10/1/2009
D7840	4		Condylectomy	1,933.63	1,933.63	10/1/2009
D7850	4		Surgical discectomy, with/without implant	1,949.07	1,949.07	10/1/2009
D7858	4		Joint reconstruction	1,337.82	1,337.82	10/1/2009
D7860	4		Arthrotomy	596.42	596.42	10/1/2009
D7865	4		Arthroplasty	1,007.93	1,007.93	10/1/2009
D7870	4		Arthrocentesis	123.98	123.98	10/1/2009
D7872	4		Arthroscopy - diagnosis, with or without biopsy	463.88	463.88	10/1/2009
D7873	4		Arthroscopy - surgical: lavage and lysis of adhesions	552.12	552.12	10/1/2009
D7910	4		Suture of recent small wounds up to 5 cm	167.03	167.03	10/1/2009
D7911	4		Complicated suture - up to 5 cm	259.51	259.51	10/1/2009
D7912	4		Complicated suture - greater than 5 cm	322.08	322.08	10/1/2009
D7920	4		Skin graft	854.77	854.77	10/1/2009
D7940	4		Osteoplasty - for orthognathic deformities	1,390.55	1,390.55	10/1/2009
D7941	4		Osteotomy - mandibular rami	3,634.41	3,634.41	10/1/2009
D7943	4		Osteotomy - mandibular rami with bone graft; includes obtaining the graft	3,347.22	3,347.22	10/1/2009
D7944	4		Osteotomy - segmented or subapical	2,780.07	2,780.07	10/1/2009
D7945	4		Osteotomy - body of mandible	2,887.32	2,887.32	10/1/2009
D7946	4		LeFort I (maxilla - total)	3,386.41	3,386.41	10/1/2009
D7947	4		LeFort I (maxilla - segmented)	3,423.02	3,423.02	10/1/2009
D7948	4		LeFort II or LeFort III - without bone graft	3,919.53	3,919.53	10/1/2009
D7949	4		LeFort II or LeFort III - with bone graft	4,501.63	4,501.63	10/1/2009
D7950	4		Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla	961.44	961.44	10/1/2009
D7955	4		Repair of maxillofacial soft and hard tissue defect	1,227.19	1,227.19	10/1/2009
D7960	4		Frenulectomy (frenectomy or frenotomy) - separate procedure	176.85	176.85	10/1/2009
D7963	4		Frenuloplasty	269.33	269.33	10/1/2009
D7971	4		Excision of pericoronal gingiva	152.77	152.77	10/1/2009
D7972	4		Surgical reduction of fibrous tuberosity	257.32	257.32	10/1/2009
D7980	4		Sialolithotomy	304.74	304.74	10/1/2009
D7981	4		Excision of salivary gland, by report	538.52	538.52	10/1/2009
D7982	4		Sialodochoplasty	583.41	583.41	10/1/2009
D7983	4		Closure of salivary fistula	383.64	383.64	10/1/2009
D7990	4		Emergency tracheotomy	432.76	432.76	10/1/2009
D7991	4		Coronoidectomy	1,375.48	1,375.48	10/1/2009
D8080	4		Comprehensive orthodontic treatment of the adolescent dentition	818.71	818.71	10/1/2009
D8670	4		Periodic orthodontic treatment visit (as part of contract)	96.24	96.24	10/1/2009
D9110	4		Palliative (emergency) treatment of dental pain - minor procedure	42.57	42.57	10/1/2009
D9220	4		Deep sedation/general anesthesia - first 30 minutes	149.01	149.01	10/1/2009
D9221	4		Deep sedation/general anesthesia - each additional 15 minutes	63.42	63.42	10/1/2009
D9230	4		Analgesia, anxiolysis, inhalation of nitrous oxide	42.97	42.97	10/1/2009
D9241	4		Intravenous conscious sedation/analgesia - first 30 minutes	154.68	154.68	10/1/2009
D9242	4		Intravenous conscious sedation/analgesia - each additional 15 minutes	59.29	59.29	10/1/2009
D9410	4		House/extended care facility call	74.86	74.86	10/1/2009
D9420	4		Hospital call	118.35	118.35	10/1/2009
D9440	4		Office visit - after regularly scheduled hours	58.48	58.48	10/1/2009
D9610	4		Therapeutic parenteral drug, single administration	35.09	35.09	10/1/2009
D9630	4		Other drugs and/or medicaments, by report	15.20	15.20	10/1/2009

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

Medicaid Maximum Allowable		
NON-FACILITY	EFFECTIVE DATE	

CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
------	-----	-----	-------------	----------	--------------	----------------

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