

Nurse Practitioner Fee Schedule					
Provider Specialty 061					
		The inclusion of a rate on this table does not guarantee that a service is covered.			
		Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
		Coverage Policies on the DMA Web site.			
Medicaid Maximum Allowable					
CODE	MOD	Description	Facility	Non-Facility	Effective Date
10021		fine needle aspiration; without imaging guidance	\$53.98	\$103.59	10/1/2009
10022		fine needle aspiration; with imaging guidance	\$53.58	\$106.36	10/1/2009
10040		acne surgery	\$65.49	\$74.43	10/1/2009
10060		drainage of abscess	\$69.47	\$80.14	10/1/2009
10061		drainage of abscess	\$123.86	\$137.99	10/1/2009
10080		drainage of pilonidal cyst	\$71.00	\$118.30	10/1/2009
10081		drainage of pilonidal cyst	\$124.44	\$186.74	10/1/2009
10120		foreign body removal, skin	\$68.12	\$97.83	10/1/2009
10121		foreign body removal, skin	\$139.47	\$190.81	10/1/2009
10140		drainage of blood effusion	\$89.00	\$112.65	10/1/2009
10160		puncture drainage of lesion	\$71.67	\$91.56	10/1/2009
10180		incision and drainage, complex	\$131.34	\$169.12	10/1/2009
11000		surgical cleansing of skin	\$25.28	\$39.70	10/1/2009
11004		debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing	\$452.66	\$452.66	10/1/2009
11005		debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing	\$590.74	\$590.74	10/1/2009
11006		debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing	\$558.93	\$558.93	10/1/2009
11008		removal of prosthetic material or mesh, abdominal wall for necrotizing soft	\$212.95	\$212.95	10/1/2009
11010		debridement including removal of foreign material associated with open	\$215.51	\$341.25	10/1/2009
11011		debridement including removal of foreign material associated with open	\$232.40	\$380.63	10/1/2009
11042		debridement skin and subcutaneous tissue	\$36.17	\$54.91	10/1/2009
11043		debridement skin subcutaneous and muscle	\$175.81	\$200.33	10/1/2009
11044		debridement skin subcutaneous tissue muscle bone	\$241.91	\$273.65	10/1/2009
11045		debridement, subcutaneous tissue (includes epidermis and dermis, if performed);	\$14.65	\$25.31	1/1/2011
11100		biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple	\$37.38	\$75.17	10/1/2009
11101		biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple	\$19.24	\$24.72	10/1/2009
11200		removal of skin tags	\$50.51	\$59.46	10/1/2009
11201		removal of skin tags, multiple fibrocutaneous tags, any area; each additional	\$12.89	\$14.05	10/1/2009
11300		shaving of epidermal lesion trunk arms legs 0.5cm	\$22.84	\$49.09	10/1/2009
11301		shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs;	\$38.83	\$67.67	10/1/2009
11302		shaving epidermal lesion trunk/arm/leg 1.1 - 2.0 cm	\$48.15	\$81.03	10/1/2009
11303		shaving epidermal lesion trunk/arm/leg over 2.0 cm	\$56.48	\$95.13	10/1/2009
11305		shaving of lesion scalp/neck/hands/etc 0.5 cm	\$28.91	\$50.82	10/1/2009
11306		shaving of lesion scalp/neck/hand/etc .6- 1.0 cm	\$43.79	\$70.32	10/1/2009
11307		shaving of lesion scalp/neck/hand/etc 1.1 - 2.0 cm	\$51.63	\$83.07	10/1/2009
11308		shaving of lesion scalp/neck/hand/etc over 2.0 cm	\$62.11	\$93.55	10/1/2009
11310		shaving of lesion face/ears/etc. of 0.5 cm or less	\$33.07	\$61.33	10/1/2009
11311		shaving of lesion face/ears/etc. 0.6-1.0cm	\$48.44	\$78.14	10/1/2009
11312		shaving of lesion face/ears/etc. 1.1-2.0cm	\$55.62	\$90.23	10/1/2009
11313		shaving of lesion face/ears/etc. over 2.0 cm	\$74.41	\$113.06	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
11400	excision, benign lesion including margins, except skin tag (unless listed)	\$55.14	\$83.40	10/1/2009
11401	excision, benign lesion including margins, except skin tag (unless listed)	\$73.54	\$102.96	10/1/2009
11402	excision, benign lesion including margins, except skin tag (unless listed)	\$81.45	\$114.91	10/1/2009
11403	excision, benign lesion including margins, except skin tag (unless listed)	\$103.63	\$132.48	10/1/2009
11404	excision, benign lesion including margins, except skin tag (unless listed)	\$115.44	\$150.91	10/1/2009
11406	excision, benign lesion including margins, except skin tag (unless listed)	\$173.07	\$213.73	10/1/2009
11420	excision, benign lesion including margins, except skin tag (unless listed)	\$59.78	\$84.58	10/1/2009
11421	excision, benign lesion including margins, except skin tag (unless listed)	\$80.92	\$110.06	10/1/2009
11422	excision, benign lesion including margins, except skin tag (unless listed)	\$97.58	\$122.96	10/1/2009
11423	excision, benign lesion including margins, except skin tag (unless listed)	\$113.97	\$143.39	10/1/2009
11424	excision, benign lesion including margins, except skin tag (unless listed)	\$131.51	\$165.55	10/1/2009
11426	excision, benign lesion including margins, except skin tag (unless listed)	\$201.28	\$238.20	10/1/2009
11440	excision, other benign lesion including margins (unless listed elsewhere),	\$71.45	\$92.51	10/1/2009
11441	excision, other benign lesion including margins (unless listed elsewhere),	\$94.04	\$117.69	10/1/2009
11442	excision, other benign lesion including margins (unless listed elsewhere),	\$105.00	\$132.69	10/1/2009
11443	excision, other benign lesion including margins (unless listed elsewhere),	\$130.02	\$159.72	10/1/2009
11444	excision, other benign lesion including margins (unless listed elsewhere),	\$167.04	\$201.94	10/1/2009
11446	excision, other benign lesion including margins (unless listed elsewhere),	\$236.78	\$275.72	10/1/2009
11450	exc skin for hidradenitis primary suture/axillary	\$172.11	\$251.42	10/1/2009
11462	exc skin for hidradenitis w prim suture/inguinal	\$165.44	\$247.92	10/1/2009
11463	exc skin for hidradenitis w oth closure/inguinal	\$232.25	\$338.39	10/1/2009
11470	exc skin for hidradenitis w primary closure	\$196.15	\$276.32	10/1/2009
11471	exc skin for hidradenitis with other closure	\$247.10	\$347.76	10/1/2009
11600	excision, malignant lesion including margins, trunk, arms, or legs; excised	\$83.26	\$128.82	10/1/2009
11601	excision, malignant lesion including margins, trunk, arms, or legs; excised	\$107.75	\$159.38	10/1/2009
11602	excision, malignant lesion including margins, trunk, arms, or legs; excised	\$118.60	\$175.13	10/1/2009
11603	excision, malignant lesion including margins, trunk, arms, or legs; excised	\$141.16	\$199.42	10/1/2009
11604	excision, malignant lesion including margins, trunk, arms, or legs; excised	\$155.16	\$220.35	10/1/2009
11606	excision, malignant lesion including margins, trunk, arms, or legs; excised	\$230.43	\$311.18	10/1/2009
11620	removal of skin lesion	\$84.52	\$131.53	10/1/2009
11621	excision, malignant lesion including margins, scalp, neck, hands, feet,	\$108.93	\$160.84	10/1/2009
11622	excision, malignant lesion including margins, scalp, neck, hands, feet,	\$125.67	\$182.20	10/1/2009
11623	excision, malignant lesion including margins, scalp, neck, hands, feet,	\$155.03	\$213.29	10/1/2009
11624	excision, malignant lesion including margins, scalp, neck, hands, feet,	\$176.35	\$240.09	10/1/2009
11626	excision, malignant lesion including margins, scalp, neck, hands, feet,	\$220.87	\$292.68	10/1/2009
11640	excision, malignant lesion including margins, face, ears, eyelids, nose, lips;	\$89.03	\$137.48	10/1/2009
11641	excision, malignant lesion including margins, face, ears, eyelids, nose, lips;	\$116.27	\$169.34	10/1/2009
11642	removal of skin lesion	\$137.25	\$195.50	10/1/2009
11643	excision, malignant lesion including margins, face, ears, eyelids, nose, lips;	\$171.64	\$230.48	10/1/2009
11644	excision, malignant lesion including margins, face, ears, eyelids, nose, lips;	\$214.04	\$284.70	10/1/2009
11646	excision, malignant lesion including margins, face, ears, eyelids, nose, lips;	\$301.44	\$376.14	10/1/2009
11719	trimming of nondystrophic nails, any number	\$7.13	\$15.51	10/1/2009
11720	debridement of nail(s) by any method(s); one to five	\$13.36	\$22.88	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
11721	debridement of nail(s) by any method(s); six or more	\$22.83	\$32.93	10/1/2009
11730	removal of nail	\$46.29	\$72.54	10/1/2009
11732	avulsion of nail plate, partial or complete, simple; each additional nail plate	\$24.06	\$33.86	10/1/2009
11740	evacuation of subungual hematoma	\$23.86	\$32.81	10/1/2009
11750	removal of nail bed	\$131.67	\$157.05	10/1/2009
11752	exc nail with amputation of tuft of distal phalanx	\$196.76	\$223.58	10/1/2009
11760	reconstruction of nail bed	\$97.88	\$145.75	10/1/2009
11762	reconstruction of nail bed	\$151.21	\$197.06	10/1/2009
11765	wedge excision of skin of nail fold	\$50.25	\$92.37	10/1/2009
11770	removal of pilonidal lesion	\$132.65	\$188.02	10/1/2009
11771	removal of pilonidal lesion	\$307.22	\$386.82	10/1/2009
11772	removal of pilonidal lesion	\$400.21	\$469.42	10/1/2009
11921	correct skin color defects	\$102.83	\$151.28	10/1/2009
11960	insertion of tissue expander	\$676.63	\$676.63	10/1/2009
11970	replacement of tissue expander	\$445.22	\$445.22	10/1/2009
11971	tissue expander removal	\$219.47	\$328.20	10/1/2009
11975	insertion, implantable contraceptive capsule	\$64.50	\$98.83	10/1/2009
11976	removal, implantable contraceptive capsule	\$75.51	\$111.27	10/1/2009
11977	removal with insertion, implantable contraceptive capsules	\$143.37	\$179.72	10/1/2009
11980	subcutaneous hormone pellet (implantation of estradiol and/or testosterone)	\$63.43	\$79.29	10/1/2009
11981	insertion, non-biodegradable drug delivery implant	\$66.68	\$101.87	10/1/2009
11982	removal, non-biodegradable drug delivery implant	\$81.35	\$117.41	10/1/2009
11983	removal with reinsertion, non-biodegradable drug delivery implant	\$148.97	\$182.72	10/1/2009
12001	repair of recent wound	\$77.94	\$107.64	10/1/2009
12002	simple rep superf wds sca neck axil ext gen tru/ex	\$86.49	\$114.76	10/1/2009
12004	simple rep superf wds sca neck axil ext gen tru/ex	\$101.73	\$135.47	10/1/2009
12005	simple rep superf wds sca neck axil ext gen tru/ex	\$126.86	\$168.97	10/1/2009
12006	simple rep superf wds sca neck axil ext gen tru/ex	\$160.31	\$209.91	10/1/2009
12007	simple rep superf wds sca neck axil ext gen tru/ex	\$183.24	\$237.75	10/1/2009
12011	simp rep superf wds of face ea eyel no li muc memb	\$80.58	\$114.32	10/1/2009
12013	simp rep superf wds of face ea eyel no li muc memb	\$91.90	\$126.22	10/1/2009
12014	simp rep superf wds of face ea eyel no li muc memb	\$110.71	\$149.08	10/1/2009
12015	simple rep superf wds of face ears eye nose lip 7.	\$138.98	\$187.44	10/1/2009
12016	simple repair superficial wound 12.5 to 20.0 cm.	\$169.68	\$224.19	10/1/2009
12017	simple repair superficial wound 20.0 to 30.0 cm.	\$202.03	\$202.03	10/1/2009
12018	simple repair superficial wound over 30.0 cm.	\$249.70	\$249.70	10/1/2009
12020	treatment of superficial wound dehiscence	\$140.16	\$194.38	10/1/2009
12021	treatment of superficial wound with packing	\$101.67	\$115.81	10/1/2009
12031	layer closure of wounds up to 2.5 cm.	\$117.45	\$171.67	10/1/2009
12032	layer closure of wounds 2.5 to 7.5 cm.	\$144.25	\$220.68	10/1/2009
12034	layer closure of wounds 7.5 to 12.5 cm.	\$151.12	\$218.32	10/1/2009
12035	layer closure of wounds 12.5 to 20.0 cm.	\$177.27	\$266.09	10/1/2009
12036	layer closure of wounds 20.0 to 30.0 cm.	\$204.66	\$292.34	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
12037	layer closure wounds over 30.0 cm.	\$238.28	\$329.99	10/1/2009
12041	layer closure of wounds up to 2.5 cm.	\$125.86	\$180.09	10/1/2009
12042	layer closure of wounds 2.5 to 7.5 cm.	\$147.10	\$209.97	10/1/2009
12044	layer closure of wounds 7.5 to 12.5 cm.	\$158.67	\$242.31	10/1/2009
12045	layer closure of wounds 12.5 to 20.0 cm.	\$184.21	\$268.71	10/1/2009
12046	layer closure wounds 20.0 to 30.0 cm.	\$217.04	\$318.28	10/1/2009
12047	layer closure of wounds over 30.0 cm.	\$237.52	\$341.63	10/1/2009
12051	layer closure of wounds up to 2.5 cm.	\$134.66	\$193.49	10/1/2009
12052	layer closure of wounds 2.5 to 5.0 cm.	\$157.89	\$219.32	10/1/2009
12053	layer closure of wounds 5.0 to 7.5 cm.	\$160.71	\$241.18	10/1/2009
12054	layer closure of wounds 7.5 to 12.5 cm.	\$170.94	\$255.45	10/1/2009
12055	layer closure of wounds 12.5 to 20.0 cm.	\$208.76	\$308.26	10/1/2009
12056	layer closure of wounds 20.0 to 30.0 cm.	\$254.67	\$363.98	10/1/2009
12057	layer closure of wounds over 30.0 cm.	\$291.52	\$406.89	10/1/2009
13100	repair of wound or lesion	\$175.72	\$229.95	10/1/2009
13101	repair complex trunk 2.5 to 7.5 cm.	\$213.62	\$290.34	10/1/2009
13102	repair, complex, trunk; each additional 5 cm or less (list separately in	\$57.38	\$79.02	10/1/2009
13120	repair of wound or lesion	\$183.65	\$239.02	10/1/2009
13121	repair complex scalp arms and/or legs 2.5 to 7.5 c	\$242.11	\$321.43	10/1/2009
13122	repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (list	\$65.75	\$88.53	10/1/2009
13131	repair of wound or lesion	\$207.26	\$264.08	10/1/2009
13132	repair complex 2.5 to 7.5 cm.	\$349.40	\$423.52	10/1/2009
13133	repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands	\$102.13	\$125.49	10/1/2009
13150	repair complex eye nose ears and/or lips up to 1.0	\$206.30	\$263.11	10/1/2009
13151	repair of wound or lesion	\$240.08	\$300.06	10/1/2009
13152	repair complex eye nose ear and lips 2.5 to 7.5 cm	\$323.55	\$413.82	10/1/2009
13153	repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less	\$110.67	\$137.79	10/1/2009
13160	secondary closure of surgical wound dehiscence	\$606.98	\$606.98	10/1/2009
14000	adjacent tissue transfer or rearrangement trunk up	\$370.22	\$447.79	10/1/2009
14001	adjacent tissue transfer or rearran trunk defect 1	\$491.96	\$583.10	10/1/2009
14020	skin tissue rearrangement scalp arms and/or legs u	\$423.61	\$504.37	10/1/2009
14021	adjacent tissue transf/rearrang scalp arms legs de	\$548.18	\$640.19	10/1/2009
14040	skin tissue rearrangement defect up to 10 sq cm	\$482.49	\$561.52	10/1/2009
14041	adjacent tissue trans/rearrange 10 sq cm to 30 sq	\$596.21	\$698.89	10/1/2009
14060	skin tissue rearrangement defect up to 10 sq cm	\$509.66	\$571.96	10/1/2009
14061	adjacent tissue transf/rearrange eye nose ear lip	\$635.74	\$748.52	10/1/2009
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	\$548.82	\$647.74	1/1/2010
14350	filleted finger or toe flap including prep of reci	\$563.72	\$563.72	10/1/2009
15002	surgical preparation or creation of recipient site by excision of open wounds, burn escl	\$173.39	\$244.04	10/1/2009
15003	surgical preparation or creation of recipient site by excision of open wounds, burn escl	\$35.19	\$53.07	10/1/2009
15004	surgical preparation or creation of recipient site by excision of open wounds, burn escl	\$216.78	\$296.38	10/1/2009
15005	surgical preparation or creation of recipient site by excision of open wounds, burn escl	\$69.81	\$89.71	10/1/2009
15050	pinch graft single or multiple to cove sm ulcer up	\$324.35	\$392.13	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
15100	split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or one	\$532.90	\$632.11	10/1/2009
15110	epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or one percent	\$550.00	\$626.43	10/1/2009
15115	epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits	\$569.49	\$634.38	10/1/2009
15120	split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands,	\$584.72	\$687.40	10/1/2009
15130	dermal autograft, trunk, arms, legs; first 100 sq cm or less, or one percent	\$416.34	\$491.33	10/1/2009
15135	dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia,	\$573.29	\$635.88	10/1/2009
15150	tissue cultured epidermal autograft, trunk, arms, legs; first 25 sq cm or le	\$477.19	\$516.99	10/1/2009
15155	tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears	\$511.48	\$544.65	10/1/2009
15170	acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or	\$275.79	\$316.18	10/1/2009
15175	acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbit	\$364.84	\$402.91	10/1/2009
15200	skin graft procedure	\$487.96	\$586.89	10/1/2009
15220	skin graft procedure	\$460.61	\$557.51	10/1/2009
15240	skin graft procedure	\$588.46	\$670.37	10/1/2009
15260	skin graft procedure	\$638.44	\$727.56	10/1/2009
15300	allograft skin for temporary wound closure, trunk, arms, legs; first 100 sq	\$219.27	\$253.60	10/1/2009
15320	allograft skin for temporary wound closure, face, scalp, eyelids, mouth, nec	\$248.38	\$286.17	10/1/2009
15330	acellular dermal allograft, trunk, arms, legs; first 100 sq cm or less, or o	\$198.70	\$233.88	10/1/2009
15335	acellular dermal allograft, face, scalp, eyelids, mouth, neck, ears, orbits,	\$212.61	\$246.94	10/1/2009
15340	tissue cultured allogeneic skin substitute; first 25 sq cm or less	\$202.35	\$233.50	10/1/2009
15360	tissue cultured allogeneic dermal substitute; trunk, arms, legs; first 100 s	\$227.36	\$263.99	10/1/2009
15365	tissue cultured allogeneic dermal substitute, face, scalp, eyelids, mouth, n	\$227.46	\$260.34	10/1/2009
15400	application of xenograft, skin; 100 sq cm or less	\$261.80	\$288.91	10/1/2009
15420	xenograft skin (dermal), for temporary wound closure, face, scalp, eyelids,	\$290.52	\$325.70	10/1/2009
15430	acellular xenograft implant; first 100 sq cm or less, or one percent of body	\$370.70	\$383.97	10/1/2009
15570	pedicle flap graft; trunk	\$533.25	\$645.44	10/1/2009
15572	pedicle flap graft; scalp, arms, or legs	\$539.58	\$626.67	10/1/2009
15574	pedicle flap-face,neck,axilla,genitalia,hands,feet	\$570.06	\$661.20	10/1/2009
15576	pedicle flap; eyelids,nose,ears,lips,intraoral	\$500.55	\$587.37	10/1/2009
15600	skin graft procedure	\$147.47	\$234.28	10/1/2009
15610	skin graft procedure	\$174.76	\$236.48	10/1/2009
15620	skin graft procedure	\$232.27	\$314.47	10/1/2009
15630	skin graft procedure	\$253.90	\$332.63	10/1/2009
15650	skin graft procedure	\$286.51	\$371.59	10/1/2009
15731	forehead flap with preservation of vascular pedicle (eg, axial pattern flap,	\$758.88	\$834.43	10/1/2009
15732	muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis,	\$990.06	\$1,106.58	10/1/2009
15734	muscle flap trunk	\$1,014.53	\$1,136.24	10/1/2009
15736	muscle flap upper extremity	\$876.14	\$1,005.92	10/1/2009
15738	muscle flap lower extremity	\$955.43	\$1,075.12	10/1/2009
15740	skin graft procedure	\$643.15	\$744.10	10/1/2009
15750	skin graft procedure	\$682.54	\$682.54	10/1/2009
15756	free muscle flap with or without skin with microvascular anastomosis	\$1,804.18	\$1,804.18	10/1/2009
15757	free skin flap with microvascular anastomosis	\$1,786.97	\$1,786.97	10/1/2009
15758	free fascial flap with microvascular anastomosis	\$1,787.91	\$1,787.91	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
15760	skin graft procedure	\$527.44	\$617.99	10/1/2009
15770	skin graft procedure	\$488.21	\$488.21	10/1/2009
15780	abrasion treatment of skin	\$481.60	\$606.49	10/1/2009
15781	abrasion skin removal tattoos less total face	\$315.84	\$387.94	10/1/2009
15782	abrasion skin removal tattoos regional not face	\$302.73	\$408.87	10/1/2009
15783	superficial dermabrasion	\$273.79	\$352.82	10/1/2009
15786	abrasion single lesion eg keratosis scar	\$103.59	\$172.81	10/1/2009
15787	abrasion; each additional four lesions or less (list separately in addition to	\$14.54	\$35.31	10/1/2009
15788	chemical peel, facial;	\$172.90	\$304.41	10/1/2009
15789	chemical peel, facial;	\$314.81	\$411.14	10/1/2009
15792	chemical peel, nonfacial;	\$189.20	\$299.08	10/1/2009
15793	chemical peel, nonfacial;	\$260.72	\$341.48	10/1/2009
15819	cervicoplasty	\$550.06	\$550.06	10/1/2009
15820	removal of skin furrows	\$354.40	\$390.16	10/1/2009
15821	removal of skin furrows	\$376.04	\$415.27	10/1/2009
15822	blepharoplasty, upper eyelid;	\$271.09	\$305.12	10/1/2009
15823	blepharoplasty, upper eyelid; w/excessive skin weighting lid	\$446.78	\$483.98	10/1/2009
15832	removal of skin furrows	\$665.76	\$665.76	10/1/2009
15833	removal of skin furrows	\$627.58	\$627.58	10/1/2009
15834	removal of skin furrows	\$625.39	\$625.39	10/1/2009
15835	removal of skin furrows	\$661.43	\$661.43	10/1/2009
15836	removal of skin furrows	\$550.94	\$550.94	10/1/2009
15837	removal of skin furrows	\$498.62	\$567.55	10/1/2009
15838	excision excess skin submental fat pad	\$429.50	\$429.50	10/1/2009
15839	excision excessive skin and subq tissue other area	\$540.28	\$627.67	10/1/2009
15840	skin repair for nerve palsy	\$758.28	\$758.28	10/1/2009
15841	facial nerve paralysis free muscle graft	\$1,270.48	\$1,270.48	10/1/2009
15842	graft for facial nerve paralysis; free muscle flap by microsurgical technique	\$2,007.18	\$2,007.18	10/1/2009
15847	excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen	\$284.42	\$284.42	10/1/2009
15920	removal of tail bone	\$436.47	\$436.47	10/1/2009
15922	removal of tail bone	\$554.41	\$554.41	10/1/2009
15931	excision sacral decubitus ulcer primary suture	\$498.22	\$498.22	10/1/2009
15933	exc sacral decubitus ulcer with ostectomy/primary	\$612.37	\$612.37	10/1/2009
15934	excision sacral decubitus ulcer skin flap closur	\$683.67	\$683.67	10/1/2009
15935	exc sacral pressure ulcer local skin flap	\$812.82	\$812.82	10/1/2009
15936	excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap	\$662.78	\$662.78	10/1/2009
15937	exc sacral pressure ulcer with ostectomy	\$774.53	\$774.53	10/1/2009
15940	removal of pressure sore	\$512.15	\$512.15	10/1/2009
15941	excision sacral decubitus ulcer with ostectomy	\$663.93	\$663.93	10/1/2009
15944	exc ischial pressure ulcer local skin flap closure	\$654.28	\$654.28	10/1/2009
15945	exc ischial pressure ulcer with ostectomy	\$726.74	\$726.74	10/1/2009
15946	excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or	\$1,217.17	\$1,217.17	10/1/2009
15950	removal of pressure sore	\$423.50	\$423.50	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
15951	excision trochanteric decubitus ulcer w ostectomy	\$604.12	\$604.12	10/1/2009
15952	removal of pressure sore	\$635.40	\$635.40	10/1/2009
15953	removal of pressure sore	\$707.45	\$707.45	10/1/2009
15956	excision, trochanteric pressure ulcer, in preparation for muscle or	\$852.45	\$852.45	10/1/2009
15958	exc trochanteric ulcer myocutan flap w ostectomy	\$869.30	\$869.30	10/1/2009
16000	treatment of burns	\$36.25	\$50.96	10/1/2009
16020	dressings and/or debridement of partial-thickness burns, initial or subsequent;	\$42.68	\$59.40	10/1/2009
16035	escharotomy; initial incision	\$164.93	\$164.93	10/1/2009
17000	destruction any method premalignant lesions one le	\$40.11	\$57.13	10/1/2009
17004	destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery,	\$101.32	\$128.72	10/1/2009
17106	destruction of vascular proliferative lesions	\$209.17	\$253.01	10/1/2009
17107	destruction vascular proliferative lesion 10sq les	\$276.62	\$335.17	10/1/2009
17108	destruction vascular lesions over 50.0 sq cm	\$361.00	\$428.77	10/1/2009
17110	destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery,	\$49.85	\$78.99	10/1/2009
17111	destruction by any method of flat warts, molluscum contagiosum	\$62.31	\$94.04	10/1/2009
17250	chemical cauterization of wound	\$27.45	\$53.69	10/1/2009
17260	destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery,	\$50.27	\$69.30	10/1/2009
17261	destruct.malig. lesion-trunk,arms,legs; 0.6-1.0 cm	\$67.80	\$102.98	10/1/2009
17262	destruct.malig. lesion-trunk,arms,legs; 1.1-2.0 cm	\$86.83	\$125.77	10/1/2009
17263	destruct.malig. lesion-trunk,arms,legs; 2.1-3.0 cm	\$96.18	\$138.87	10/1/2009
17264	destruct.malig. lesion-trunk,arms,legs; 3.1-4.0 cm	\$102.78	\$148.64	10/1/2009
17266	destruct.malig. lesion-trunk,arms,legs; over 4. cm	\$119.77	\$169.10	10/1/2009
17270	destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery,	\$73.34	\$107.09	10/1/2009
17271	destruction malignant lesion scalp,neck-0.6-1.0 cm	\$82.59	\$118.35	10/1/2009
17272	destruction malignant lesion scalp,neck 1.1-2.0 cm	\$95.84	\$135.64	10/1/2009
17273	destruction malignant lesion scalp,neck 2.1-3.0 cm	\$108.24	\$151.50	10/1/2009
17274	destruction malignant lesion scalp,neck-3.1-4.0 cm	\$132.96	\$179.69	10/1/2009
17276	destruction malignant lesion scalp,neck over 4. cm	\$160.09	\$208.54	10/1/2009
17280	destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery,	\$66.65	\$100.39	10/1/2009
17281	destruction malignant lesion face 0.6-1.0 cm	\$93.13	\$128.60	10/1/2009
17282	destruction malignant lesion face 1.1-2.0 cm	\$108.21	\$149.16	10/1/2009
17283	destruction malignant lesion face 2.1-3.0 cm	\$135.58	\$180.58	10/1/2009
17284	destruction malignant lesion face 3.1-4.0 cm	\$161.83	\$210.28	10/1/2009
17286	destruction malignant lesion face over 4.0 cm	\$217.71	\$266.74	10/1/2009
17311	mohs micrographic technique, including removal of all gross tumor, surgical	\$292.08	\$505.21	10/1/2009
17312	mohs micrographic technique, including removal of all gross tumor, surgical	\$155.36	\$301.87	10/1/2009
17313	mohs micrographic technique, including removal of all gross tumor, surgical	\$262.22	\$460.92	10/1/2009
17314	mohs micrographic technique, including removal of all gross tumor, surgical	\$144.22	\$279.77	10/1/2009
17315	mohs micrographic technique, including removal of all gross tumor, surgical	\$40.99	\$60.60	10/1/2009
17340	cryotherapy (co2 slush, liquid n2) for acne	\$35.35	\$36.51	10/1/2009
17360	acne therapy	\$75.21	\$96.84	10/1/2009
19001	puncture aspiration of cyst of breast; each additional cyst (list separately in	\$18.21	\$21.39	10/1/2009
19020	incision of breast lesion	\$210.87	\$313.27	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
19100	biopsy of breast; percutaneous, needle core, not using imaging guidance	\$53.44	\$102.47	10/1/2009
19101	biopsy of breast; open, incisional	\$160.55	\$234.10	10/1/2009
19110	nipple exploration w/ or w/o excision	\$238.33	\$325.72	10/1/2009
19112	excision of lactiferous duct fistula	\$213.73	\$304.00	10/1/2009
19120	excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant	\$293.14	\$339.86	10/1/2009
19125	excision of breast lesion identified by preoperative placement of radiological	\$325.41	\$376.46	10/1/2009
19126	excision of breast lesion identified by preoperative placement of radiological	\$123.39	\$123.39	10/1/2009
19260	removal of chest wall lesion	\$896.20	\$896.20	10/1/2009
19271	removal of chest wall lesion	\$1,213.49	\$1,213.49	10/1/2009
19272	removal of chest wall lesion	\$1,345.69	\$1,345.69	10/1/2009
19290	pre-op placement of needle localization, breast	\$54.54	\$124.33	10/1/2009
19296	placement of radiotherapy afterloading balloon catheter into the breast for	\$158.37	\$2,845.50	10/1/2009
19298	placement of radiotherapy afterloading brachytherapy catheters (multiple tube	\$261.05	\$977.18	10/1/2009
19300	mastectomy for gynecomastia	\$283.93	\$360.64	10/1/2009
19301	mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	\$455.18	\$455.18	10/1/2009
19302	mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); w	\$651.50	\$651.50	10/1/2009
19303	mastectomy, simple, complete	\$704.29	\$704.29	10/1/2009
19304	mastectomy, subcutaneous	\$406.26	\$406.26	10/1/2009
19305	mastectomy, radical, including pectoral muscles, axillary lymph nodes	\$812.17	\$812.17	10/1/2009
19306	mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph	\$850.90	\$850.90	10/1/2009
19307	mastectomy, modified radical, including axillary lymph nodes, with or without pectoral:	\$855.87	\$855.87	10/1/2009
19316	mastopexy	\$580.41	\$580.41	10/1/2009
19318	reduction mammoplasty	\$854.51	\$854.51	10/1/2009
19328	removal of intact mammary implant	\$361.92	\$361.92	10/1/2009
19330	removal of implant material	\$465.89	\$465.89	10/1/2009
19370	open periprosthetic capsulotomy breast	\$504.81	\$504.81	10/1/2009
19371	periprosthetic capsulectomy breast	\$582.45	\$582.45	10/1/2009
19380	revision of reconstructed breast	\$569.75	\$569.75	10/1/2009
20005	incision of abscess	\$180.34	\$224.19	10/1/2009
20100	exploration of penetrating wound (separate procedure); neck	\$452.14	\$452.14	10/1/2009
20101	exploration of penetrating wound (separate procedure); chest	\$154.09	\$286.47	10/1/2009
20102	exploration of penetrating wound (separate procedure); abdomen/flank/back	\$187.93	\$335.60	10/1/2009
20103	exploration of penetrating wound (separate procedure); extremity	\$267.20	\$409.96	10/1/2009
20150	excision of epiphyseal bar, with or without autogenous soft tissue graft	\$729.74	\$729.74	10/1/2009
20240	biopsy, bone, excisional; superficial (eg, ilium, sternum, spinous process,	\$173.19	\$173.19	10/1/2009
20245	bone biopsy	\$472.67	\$472.67	10/1/2009
20250	bone biopsy	\$284.30	\$284.30	10/1/2009
20251	bone biopsy	\$315.22	\$315.22	10/1/2009
20500	injection of sinus tract;	\$71.92	\$86.91	10/1/2009
20520	removal of foreign body	\$106.59	\$139.18	10/1/2009
20525	removal of foreign body	\$187.30	\$337.85	10/1/2009
20526	injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	\$44.85	\$56.68	10/1/2009
20550	injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar	\$32.95	\$43.91	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
20551	injection(s); single tendon origin/insertion	\$33.62	\$43.43	10/1/2009
20552	injection(s); single or multiple trigger point(s), one or two muscle(s)	\$28.49	\$39.45	10/1/2009
20553	injection(s); single or multiple trigger point(s), three or more muscle(s)	\$31.68	\$44.07	10/1/2009
20600	arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers,	\$31.39	\$41.20	10/1/2009
20605	arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg,	\$32.59	\$44.13	10/1/2009
20610	drainage of joint or bursa	\$38.92	\$56.80	10/1/2009
20612	aspiration and/or injection of ganglion cyst(s) any location	\$33.61	\$43.99	10/1/2009
20615	aspiration and injection for treatment of bone cyst	\$120.66	\$160.17	10/1/2009
20650	insertion & removal bone pin	\$118.96	\$146.08	10/1/2009
20661	fixation procedure	\$345.75	\$345.75	10/1/2009
20662	application of halo pelvic	\$359.40	\$359.40	10/1/2009
20663	fixation procedure	\$332.54	\$332.54	10/1/2009
20664	application of halo, including removal, cranial, 6 or more pins placed, for	\$569.00	\$569.00	10/1/2009
20665	removal of fixation device	\$76.38	\$90.51	10/1/2009
20670	removal of implant superficial eg buried wire pin	\$111.75	\$283.64	10/1/2009
20680	removal of buried support	\$311.55	\$433.54	10/1/2009
20690	application ext fixation standard configuration	\$411.16	\$411.16	10/1/2009
20692	application of multiplane unilateral external fix	\$768.81	\$768.81	10/1/2009
20693	adjustment or revision external fixation req anest	\$344.82	\$344.82	10/1/2009
20694	removal under anesthesia external fixation system	\$251.71	\$311.69	10/1/2009
20802	replantation of arm	\$1,890.19	\$1,890.19	10/1/2009
20805	replantation forearm, complete amputation	\$2,315.10	\$2,315.10	10/1/2009
20808	reimplantation of hand	\$3,126.24	\$3,126.24	10/1/2009
20816	reimplantation of digit	\$1,724.94	\$1,724.94	10/1/2009
20822	replantation digit excl thumb, complete amputation	\$1,462.36	\$1,462.36	10/1/2009
20824	replantation thumb, complete amputation	\$1,718.36	\$1,718.36	10/1/2009
20827	replantation thumb, complete amputation	\$1,519.47	\$1,519.47	10/1/2009
20838	replantation foot complete	\$1,908.09	\$1,908.09	10/1/2009
20900	removal of bone for graft	\$199.80	\$308.53	10/1/2009
20902	removal of bone for graft	\$276.66	\$276.66	10/1/2009
20910	remove cartilage for graft	\$323.75	\$323.75	10/1/2009
20912	cartilage graft costochondral nasal septum	\$363.79	\$363.79	10/1/2009
20920	removal of tissue for graft	\$306.63	\$306.63	10/1/2009
20922	removal of tissue for graft	\$375.93	\$451.49	10/1/2009
20924	removal of tendon for graft	\$379.47	\$379.47	10/1/2009
20926	removal of tissue for graft	\$327.59	\$327.59	10/1/2009
20950	monitor interstitial pressure	\$69.20	\$178.21	10/1/2009
20955	fibula graft w/microvascular anastomosis	\$1,957.55	\$1,957.55	10/1/2009
20956	bone graft with microvascular anastomosis; iliac crest	\$2,042.73	\$2,042.73	10/1/2009
20957	bone graft with microvascular anastomosis; metatarsal	\$1,954.80	\$1,954.80	10/1/2009
20962	bone graft with microvascular anastomosis; other than fibula, iliac crest, or	\$1,999.92	\$1,999.92	10/1/2009
20969	free osteocutaneous flap with microvascular anastomosis; other than iliac	\$2,169.08	\$2,169.08	10/1/2009
20970	free osteocutaneous flap with microvascular anastomosis; iliac crest	\$2,179.12	\$2,179.12	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
20972	osteocutaneous flap microvascular anastomo metarsa	\$1,994.35	\$1,994.35	10/1/2009
20973	free osteocutaneous flap great toe web space	\$2,093.80	\$2,093.80	10/1/2009
21010	arthrotomy, temporomandibular joint	\$550.13	\$550.13	10/1/2009
21011	excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	\$151.11	\$192.89	1/1/2010
21012	excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	\$206.70	\$206.70	1/1/2010
21013	Excision, tumor, soft tissue of face and scalp, subfascial (e.g., subgaleal, intramuscula	\$243.67	\$299.91	1/1/2010
21014	Excision, tumor, soft tissue of face and scalp, subfascial (e.g., subgaleal, intramuscula	\$319.43	\$319.43	1/1/2010
21015	radical resection of tumor soft face or scalp	\$319.65	\$319.65	10/1/2009
21016	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of face or scalp; 2 ci	\$640.35	\$640.35	1/1/2010
21025	excision of bone, mandible	\$561.11	\$654.26	10/1/2009
21026	excision of bone, facial bones	\$359.09	\$430.90	10/1/2009
21029	removal by contouring benign tumor facial bone	\$469.94	\$551.27	10/1/2009
21030	excision of benign tumor or cyst of maxilla or zygoma by enucleation and	\$298.77	\$360.78	10/1/2009
21031	excision of torus mandibularis	\$213.80	\$276.97	10/1/2009
21032	excision of maxillary torus palatinus	\$210.77	\$280.57	10/1/2009
21034	excision of malignant tumor of maxilla or zygoma	\$886.60	\$990.73	10/1/2009
21040	removal of bone lesion	\$297.04	\$363.66	10/1/2009
21044	excision malignant tumor mandible	\$662.77	\$662.77	10/1/2009
21045	exc malignancy mandible radical	\$924.99	\$924.99	10/1/2009
21046	excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy	\$814.98	\$814.98	10/1/2009
21047	excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy	\$989.76	\$989.76	10/1/2009
21048	excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy	\$826.20	\$826.20	10/1/2009
21049	excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and	\$956.86	\$956.86	10/1/2009
21050	arthrectomy temporomandibular joint unilateral	\$649.59	\$649.59	10/1/2009
21060	meniscectomy temporomandibular joint unilateral	\$593.86	\$593.86	10/1/2009
21070	coronoideectomy	\$482.22	\$482.22	10/1/2009
21073	manipulation of temporomandibular joint(s) (tmj), therapeutic, requiring an anesthesia	\$179.52	\$268.07	10/1/2009
21100	maxillofacial fixation	\$295.70	\$514.31	10/1/2009
21110	applica interdental fixation device cond oth than	\$464.45	\$543.19	10/1/2009
21120	genioplasty; augmentation	\$365.30	\$451.53	10/1/2009
21121	genioplasty; augmentation sliding osteotomy single	\$486.00	\$565.90	10/1/2009
21122	genioplasty; augmentation 2 or more osteotomies	\$535.86	\$535.86	10/1/2009
21123	genioplasty; augmentation sliding interpositional	\$642.85	\$642.85	10/1/2009
21125	augmentation mandibular body or angle prosthetic	\$562.91	\$2,184.06	10/1/2009
21127	augmentation mandibular body angle w/ bone graft	\$657.70	\$2,599.29	10/1/2009
21137	reduction forehead; contouring only	\$542.37	\$542.37	10/1/2009
21138	reduction forehead-contouring & application graft	\$677.52	\$677.52	10/1/2009
21139	reduction forehead contouring, setback sinus wall	\$760.74	\$760.74	10/1/2009
21141	reconstruction midface, lefort i; single piece, segment movement in any	\$1,019.82	\$1,019.82	10/1/2009
21142	reconstruction midface, lefort i; two pieces, segment movement in any	\$1,008.81	\$1,008.81	10/1/2009
21143	reconstruction midface, lefort i; three or more pieces, segment movement in any	\$1,046.65	\$1,046.65	10/1/2009
21145	reconstruction midface, lefort i; single piece, segment movement in any	\$1,173.55	\$1,173.55	10/1/2009
21146	reconstruction midface, lefort i; two pieces, segment movement in any	\$1,252.41	\$1,252.41	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
21147	reconstruction midface, lefort i; three or more pieces, segment movement in any	\$1,289.71	\$1,289.71	10/1/2009
21150	reconstruction midface anterior intrusion	\$1,280.40	\$1,280.40	10/1/2009
21151	reconstruct midface any direction req bone graft	\$1,545.94	\$1,545.94	10/1/2009
21154	reconstruction midface any type req bone graft	\$1,563.32	\$1,563.32	10/1/2009
21155	reconstruct midface any type w graft, w lefort i	\$1,774.05	\$1,774.05	10/1/2009
21159	reconstruct midface, lefort iii, w bone grafts	\$2,146.32	\$2,146.32	10/1/2009
21160	reconstruct midface, lefort iii w/ lefort i, graft	\$2,210.23	\$2,210.23	10/1/2009
21172	reconstruct orbital rim/forehead w/o grafts	\$1,358.59	\$1,358.59	10/1/2009
21175	reconstruct bifrontal orbital rims/forehead, graft	\$1,640.42	\$1,640.42	10/1/2009
21179	reconstruct forehead/orbital rims with grafts	\$1,123.44	\$1,123.44	10/1/2009
21180	reconstruct forehead/orbital rims with autograft	\$1,280.73	\$1,280.73	10/1/2009
21181	removal by contouring of benign tumor cranial bone	\$534.72	\$534.72	10/1/2009
21182	reconstruction of orbital walls, rims, forehead, nasoethmoid complex following	\$1,558.78	\$1,558.78	10/1/2009
21183	reconstruction of orbital walls, rims, forehead, nasoethmoid complex following	\$1,743.30	\$1,743.30	10/1/2009
21184	reconstruction of orbital walls, rims, forehead, nasoethmoid complex following	\$1,864.62	\$1,864.62	10/1/2009
21188	reconstr. midface, osteotomies, w bone grafts	\$1,232.60	\$1,232.60	10/1/2009
21193	reconstruction of mandibular rami, horizontal, vertical, "c", or "l"	\$942.74	\$942.74	10/1/2009
21194	reconstr. mandibular ramus, osteotomy w bone graft	\$1,076.58	\$1,076.58	10/1/2009
21195	reconstruction of mandibular rami and/or body, sagittal split; without internal	\$1,010.15	\$1,010.15	10/1/2009
21196	reconstr. mandibular ramus w inter. rigid fixation	\$1,100.92	\$1,100.92	10/1/2009
21198	osteotomy, mandible, segmental	\$865.01	\$865.01	10/1/2009
21199	osteotomy, mandible, segmental; with genioglossus advancement	\$785.93	\$785.93	10/1/2009
21206	osteotomy, maxilla, segmental	\$852.17	\$852.17	10/1/2009
21208	augmentation osteoplasty of facial bones	\$620.12	\$1,249.72	10/1/2009
21209	reduction osteoplasty of facial bones	\$475.35	\$596.77	10/1/2009
21210	bone graft	\$619.95	\$1,492.40	10/1/2009
21215	bone graft	\$646.53	\$2,527.54	10/1/2009
21230	cartilage graft	\$578.87	\$578.87	10/1/2009
21235	cartilage graft	\$422.83	\$530.70	10/1/2009
21240	arthroplasty, temporomandibular joint w/o graft	\$836.99	\$836.99	10/1/2009
21242	arthroplasty temporomandibular joint w alloplastic	\$766.54	\$766.54	10/1/2009
21243	arthroplasty, temporomandibular joint	\$1,259.29	\$1,259.29	10/1/2009
21244	reconstruction of mandible	\$781.86	\$781.86	10/1/2009
21247	reconst. mandibular condyle w bone/cartilage graft	\$1,225.65	\$1,225.65	10/1/2009
21255	reconst. zygomatic arch, glenoid fossa w bone/cart	\$1,080.93	\$1,080.93	10/1/2009
21256	reconst. orbit w osteotomies and bone grafts	\$885.15	\$885.15	10/1/2009
21260	orbital hypertelorism correction osteotomies	\$995.40	\$995.40	10/1/2009
21261	orbital hypertelorism comb with intra and extracranial approach	\$1,707.11	\$1,707.11	10/1/2009
21263	orbital hypertelorism with forehead advancement	\$1,536.47	\$1,536.47	10/1/2009
21267	orbital repositioning	\$1,161.72	\$1,161.72	10/1/2009
21268	orbital repositioning intra and external approach	\$1,445.23	\$1,445.23	10/1/2009
21270	malar augmentation, bone or alloplastic material.	\$528.26	\$671.90	10/1/2009
21275	secondary rev orbitocraniofacial reconstruction	\$608.52	\$608.52	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
21280	medial canthoplasty	\$391.64	\$391.64	10/1/2009
21282	lateral canthopexy	\$258.17	\$258.17	10/1/2009
21295	reduction masseter muscle extraoral approach	\$128.84	\$128.84	10/1/2009
21296	reduction masseter muscle intraoral approach	\$313.55	\$313.55	10/1/2009
21310	treatment of closed or open nasal fracture manipul	\$22.53	\$76.76	10/1/2009
21315	treatment of nose fracture	\$109.89	\$188.34	10/1/2009
21320	manipulation instrumental complicated nasal fractu	\$103.08	\$181.54	10/1/2009
21325	repair of nose fracture	\$343.28	\$343.28	10/1/2009
21330	repair of nose fracture	\$422.36	\$422.36	10/1/2009
21335	repair of nose fracture	\$548.26	\$548.26	10/1/2009
21336	open tx nasal septal fx, w/wo stabilization	\$471.81	\$471.81	10/1/2009
21337	treatment closed nasal septal fracture	\$210.43	\$283.11	10/1/2009
21338	open treatment nasoethmoid fracture without extern	\$539.33	\$539.33	10/1/2009
21339	open treatment nasoethmoid fracture with external	\$602.44	\$602.44	10/1/2009
21340	tr closed/open nasoeth com fr w splint wire headca	\$605.86	\$605.86	10/1/2009
21343	open treatment of depressed frontal sinus	\$857.20	\$857.20	10/1/2009
21344	open tx of frontal sinus fracture	\$1,130.98	\$1,130.98	10/1/2009
21345	tr nasomax comp fr w interdental wire fix or fi	\$491.15	\$590.94	10/1/2009
21346	op tr nasomax com fr w wiring a/o local fixation	\$709.35	\$709.35	10/1/2009
21347	op tr nasomac com fr w wir a/o lo fi w mul aproach	\$822.89	\$822.89	10/1/2009
21348	open tx nasomaxillary fx with bone grafting	\$878.33	\$878.33	10/1/2009
21355	repair cheek bone fracture	\$242.07	\$319.36	10/1/2009
21356	open tx depressed zygomatic arch fracture	\$277.63	\$357.53	10/1/2009
21360	open treatment of closed or open depressed fx inc	\$395.62	\$395.62	10/1/2009
21365	repair cheek bone fracture	\$832.20	\$832.20	10/1/2009
21366	open tx malar area fx inc zygomatic arch w/grafft	\$925.19	\$925.19	10/1/2009
21385	repair eye socket fracture	\$533.91	\$533.91	10/1/2009
21386	repair eye socket fracture	\$499.30	\$499.30	10/1/2009
21387	repair eye socket fracture	\$557.24	\$557.24	10/1/2009
21390	repair eye socket fracture	\$577.81	\$577.81	10/1/2009
21395	repair eye socket fracture	\$730.04	\$730.04	10/1/2009
21400	treat eye socket fracture	\$105.83	\$128.05	10/1/2009
21401	repair eye socket fracture	\$218.33	\$340.90	10/1/2009
21406	repair eye socket fracture	\$403.87	\$403.87	10/1/2009
21407	repair eye socket fracture	\$478.67	\$478.67	10/1/2009
21408	open tx of fx orbit except "blowout" w/bone graft	\$659.14	\$659.14	10/1/2009
21421	tr pal/alv ri fr cl man w interd wi fi offi de de	\$452.53	\$527.24	10/1/2009
21422	tr pa/al ri fr cl man w intd wi fi o fi de/sp op t	\$500.04	\$500.04	10/1/2009
21423	open tx of palatal or maxillary fx, mult approach	\$594.96	\$594.96	10/1/2009
21431	repair upper jaw fracture	\$543.29	\$543.29	10/1/2009
21432	open rx craniofacial separation	\$498.82	\$498.82	10/1/2009
21433	dp tr cranioe sep w wi/loc fix complicated	\$1,287.79	\$1,287.79	10/1/2009
21435	repair upper jaw fracture	\$1,014.55	\$1,014.55	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
21436	open tx craniofacial separation w/bone graft	\$1,493.91	\$1,493.91	10/1/2009
21440	repair dental ridge fracture	\$318.30	\$381.46	10/1/2009
21445	repair dental ridge fracture	\$452.35	\$544.36	10/1/2009
21450	treat lower jaw fracture	\$333.81	\$397.54	10/1/2009
21451	treatment closed or open mandibular fracture with	\$450.34	\$526.48	10/1/2009
21452	treatment of open mandibular fracture without mani	\$240.56	\$428.60	10/1/2009
21453	rx open mandibular fracture with manipulation	\$542.97	\$609.59	10/1/2009
21454	open rx closed or open mandibular fx with external	\$411.95	\$411.95	10/1/2009
21461	op tr o clos o op mand fr witho interdenfixation	\$673.07	\$1,370.45	10/1/2009
21462	op tr clos o op mandfract w interdental fixation	\$747.09	\$1,483.12	10/1/2009
21465	open treatment mandibular condylar fracture	\$684.76	\$684.76	10/1/2009
21470	repair lower jaw fracture	\$894.31	\$894.31	10/1/2009
21480	reset dislocated jaw	\$25.40	\$65.48	10/1/2009
21485	complicated manipulative treatment of temporomandi	\$403.22	\$470.13	10/1/2009
21490	reset dislocated jaw	\$693.66	\$693.66	10/1/2009
21495	repair hyoid bone fracture	\$499.71	\$499.71	10/1/2009
21497	interdental wiring f condition o than fracture	\$407.33	\$474.54	10/1/2009
21501	incision / drainage deep abscess or hematoma	\$233.57	\$316.63	10/1/2009
21502	drainage of rib abscess	\$392.16	\$392.16	10/1/2009
21510	inc deep opening of bone cortex osteomyelitis bone	\$345.80	\$345.80	10/1/2009
21550	excisional biopsy soft tissues	\$119.06	\$185.69	10/1/2009
21552	excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3cm or gr	\$275.15	\$275.15	1/1/2010
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (e.g., intramuscular);	\$452.44	\$452.44	1/1/2010
21555	excision benign tumor subcutaneous	\$246.90	\$313.52	10/1/2009
21556	excision deep subfacial intramuscular	\$308.95	\$308.95	10/1/2009
21557	radical resection of soft tissue tumor	\$439.04	\$439.04	10/1/2009
21558	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of neck or anterior th	\$849.26	\$849.26	1/1/2010
21600	excision of rib partial	\$412.93	\$412.93	10/1/2009
21610	partial removal of rib	\$806.94	\$806.94	10/1/2009
21615	excision first and/or cervical rib;	\$510.19	\$510.19	10/1/2009
21616	exc first a/o cerv rib f outlet comp synd oth caus	\$650.32	\$650.32	10/1/2009
21620	partial removal of sternum	\$393.17	\$393.17	10/1/2009
21627	sternal debridement	\$412.47	\$412.47	10/1/2009
21630	radical resection of sternum;	\$964.35	\$964.35	10/1/2009
21632	radical resection of sternum w mediastinal lymphad	\$955.08	\$955.08	10/1/2009
21685	hyoid myotomy and suspension	\$752.29	\$752.29	10/1/2009
21700	revision of neck muscle	\$319.40	\$319.40	10/1/2009
21705	revision of neck muscle	\$491.66	\$491.66	10/1/2009
21720	division sternocleidomastoid for torticollis open	\$307.95	\$307.95	10/1/2009
21725	revision of neck muscle	\$399.31	\$399.31	10/1/2009
21740	reconstructive repair of pectus excavatum or carin	\$832.39	\$832.39	10/1/2009
21742	reconstructive repair of pectus excavatum or carinatum; minimally invasive	\$832.39	\$832.39	10/1/2009
21743	reconstructive repair of pectus excavatum or carinatum; minimally invasive	\$965.30	\$965.30	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
21750	closure of median sternotomy separation with or without debridement (separate)	\$551.66	\$551.66	10/1/2009
21800	treatment of rib fracture(s)	\$72.14	\$70.98	10/1/2009
21805	treatment of rib fracture(s)	\$190.56	\$190.56	10/1/2009
21810	treatment of rib fracture(s)	\$375.67	\$375.67	10/1/2009
21820	treatment, sternum fracture	\$95.92	\$94.77	10/1/2009
21825	treatment of sternum fracture open	\$426.30	\$426.30	10/1/2009
21920	biopsy, soft tissue, back, superficial	\$118.96	\$185.29	10/1/2009
21925	deep biopsy, soft tissue, back, deep	\$250.90	\$307.14	10/1/2009
21930	excision tumor, soft tissue of back	\$278.10	\$342.71	10/1/2009
21931	excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	\$287.76	\$287.76	1/1/2010
21932	Excision, tumor, soft tissue of back or flank, subfascial (e.g. intramuscular);less than 5	\$413.22	\$413.22	1/1/2010
21933	Excision, tumor, soft tissue of back or flank, subfascial (e.g. intramuscular);5 cm or gre	\$455.69	\$455.69	1/1/2010
21935	radical resection of tumor, soft tissue of back	\$882.25	\$882.25	10/1/2009
21936	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of back or flank; 5 ci	\$882.97	\$882.97	1/1/2010
22010	incision and drainage, open, of deep abscess (subfascial), posterior spine;	\$676.96	\$676.96	10/1/2009
22015	incision and drainage, open, of deep abscess (subfascial), posterior spine;	\$673.13	\$673.13	10/1/2009
22100	partial excision of posterior vertebral component (eg, spinous process, lamina	\$610.64	\$610.64	10/1/2009
22101	removal part of vertebra	\$609.16	\$609.16	10/1/2009
22102	removal part of vertebra	\$606.84	\$606.84	10/1/2009
22110	partial excision of vertebral body, for intrinsic bony lesion, without	\$759.31	\$759.31	10/1/2009
22112	removal part of vertebra	\$735.99	\$735.99	10/1/2009
22114	removal part of vertebra	\$754.60	\$754.60	10/1/2009
22206	osteotomy of spine, posterior or posterolateral approach, three columns, one vertebra	\$1,814.40	\$1,814.40	10/1/2009
22207	osteotomy of spine, posterior or posterolateral approach, three columns, one vertebra	\$1,790.74	\$1,790.74	10/1/2009
22208	osteotomy of spine, posterior or posterolateral approach, three columns, one vertebra	\$457.19	\$457.19	10/1/2009
22210	osteotomy of spine, posterior or posterolateral approach, one vertebral	\$1,329.86	\$1,329.86	10/1/2009
22212	posterior approach osteotomy spine, thoracic	\$1,099.76	\$1,099.76	10/1/2009
22214	posterior approach osteotomy spine, lumbar	\$1,106.37	\$1,106.37	10/1/2009
22220	osteotomy of spine, including disectomy, anterior approach, single vertebral	\$1,197.53	\$1,197.53	10/1/2009
22222	anterior appaooch osteotomy spine, thoracic	\$1,095.75	\$1,095.75	10/1/2009
22224	anterior approach osteotomy spine, lumbar	\$1,185.77	\$1,185.77	10/1/2009
22305	treatment, spinal structure	\$125.92	\$136.02	10/1/2009
22310	closed treatment of vertebral body fracture(s), without manipulation, requiring	\$197.62	\$211.17	10/1/2009
22315	closed treatment of vertebral fracture(s) and/or dislocation(s) requiring	\$561.21	\$628.11	10/1/2009
22318	open treatment and/or reduction of odontoid fracture(s) and or dislocation(s)	\$1,196.05	\$1,196.05	10/1/2009
22319	open treatment and/or reduction of odontoid fracture(s) and or dislocation(s)	\$1,315.04	\$1,315.04	10/1/2009
22325	open treatment and/or reduction of vertebral fracture(s) and/ or	\$1,047.23	\$1,047.23	10/1/2009
22326	open treatment and/or reduction of vertebral fracture(s) and/ or	\$1,091.92	\$1,091.92	10/1/2009
22327	open treatment and/or reduction of vertebral fracture(s) and/ or	\$1,083.52	\$1,083.52	10/1/2009
22505	manipulation of spine	\$93.11	\$93.11	10/1/2009
22520	percutaneous vertebroplasty, one vertebral body, unilateral or bilateral	\$449.13	\$1,678.62	10/1/2009
22521	percutaneous vertebroplasty, one vertebral body, unilateral or bilateral	\$423.21	\$1,634.25	10/1/2009
22523	percutaneous vertebral augmentation,including cavity creation (fracture reduction and	\$469.41	\$469.41	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
22524	percutaneous vertebral augmentation, including cavity creation (fracture reduction and	\$449.66	\$449.66	10/1/2009
22532	arthrodesis, lateral extracavitary technique, including minimal disectomy to	\$1,306.34	\$1,306.34	10/1/2009
22533	arthrodesis, lateral extracavitary technique, including minimal disectomy to	\$1,231.27	\$1,231.27	10/1/2009
22534	arthrodesis, lateral extracavitary technique, including minimal disectomy to	\$286.46	\$286.46	10/1/2009
22548	arthrodesis, anterior transoral or extraoral technique, clivus-c1-c2	\$1,389.94	\$1,389.94	10/1/2009
22551	Arthrodesis, anterior interbody, including disc space preparation, disectomy, osteoph	\$1,398.27	\$1,398.27	1/1/2011
22554	arthrodesis, anterior interbody technique, including minimal disectomy to	\$959.80	\$959.80	10/1/2009
22556	arthrodesis, anterior interbody technique, including minimal disectomy to	\$1,245.88	\$1,245.88	10/1/2009
22558	arthrodesis, anterior interbody technique, including minimal disectomy to	\$1,146.36	\$1,146.36	10/1/2009
22590	arthrodesis, posterior technique, craniocervical (occiput-c2)	\$1,153.39	\$1,153.39	10/1/2009
22595	arthrodesis, posterior technique, atlas-axis (c1-c2)	\$1,095.09	\$1,095.09	10/1/2009
22600	arthrodesis, posterior or posterolateral technique, single level; cervical	\$938.24	\$938.24	10/1/2009
22610	arthrodesis, posterior or posterolateral technique, single level; thoracic	\$926.22	\$926.22	10/1/2009
22612	arthrodesis, posterior or posterolateral technique, single level; lumbar (with	\$1,201.51	\$1,201.51	10/1/2009
22630	arthrodesis, posterior interbody technique, including laminectomy and/or	\$1,154.42	\$1,154.42	10/1/2009
22800	arthrodesis, posterior, for spinal deformity, with or without cast; up to 6	\$1,019.88	\$1,019.88	10/1/2009
22802	arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12	\$1,623.94	\$1,623.94	10/1/2009
22804	arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more	\$1,876.76	\$1,876.76	10/1/2009
22808	arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3	\$1,381.88	\$1,381.88	10/1/2009
22810	arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7	\$1,542.65	\$1,542.65	10/1/2009
22812	arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more	\$1,687.77	\$1,687.77	10/1/2009
22818	kyphectomy, circumferential exposure of spine and resection of vertebral	\$1,701.22	\$1,701.22	10/1/2009
22819	kyphectomy, circumferential exposure of spine and resection of vertebral	\$1,959.58	\$1,959.58	10/1/2009
22830	exploration of spinal fusion	\$607.36	\$607.36	10/1/2009
22849	reinsertion of spinal fixation device	\$986.95	\$986.95	10/1/2009
22850	harrington rod removal	\$537.16	\$537.16	10/1/2009
22852	removal of segmental instrumentation	\$513.53	\$513.53	10/1/2009
22855	dwyer instrument removal	\$834.99	\$834.99	10/1/2009
22864	removal of total disc arthroplasty (artificial disc), anterior approach, single interspace;	\$1,403.61	\$1,403.61	10/1/2009
22865	removal of total disc arthroplasty (artificial disc), anterior approach, lumbar, single inte	\$1,611.60	\$1,611.60	10/1/2009
22900	excision abdominal wall tumor subfascial	\$307.99	\$307.99	10/1/2009
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (e.g. intramuscular); 5 cm or	\$406.93	\$406.93	1/1/2010
22902	excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	\$206.28	\$257.55	1/1/2010
22903	excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	\$269.52	\$269.52	1/1/2010
22904	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of abdominal wall; le	\$636.92	\$636.92	1/1/2010
22905	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of abdominal wall; 5	\$825.63	\$825.63	1/1/2010
23000	removal of subdeltoid calcareous deposits, open	\$265.71	\$383.96	10/1/2009
23020	capsular contracture release (eg, sever type procedure)	\$517.54	\$517.54	10/1/2009
23030	incision and drainage deep abscess or hematoma	\$192.36	\$306.28	10/1/2009
23031	incision and drainage infected bursa	\$159.18	\$278.87	10/1/2009
23035	incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	\$513.10	\$513.10	10/1/2009
23040	arthrotomy, glenohumeral joint, including exploration, drainage, or removal of	\$538.97	\$538.97	10/1/2009
23044	arthrotomy, acromioclavicular, sternoclavicular joint, including exploration,	\$427.04	\$427.04	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
23065	biopsy soft tissues superficial	\$124.65	\$156.37	10/1/2009
23066	biopsy soft tissues deep	\$251.30	\$365.22	10/1/2009
23071	excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	\$255.64	\$255.64	1/1/2010
23073	Excision, tumor, soft tissue of shoulder area, subfacial (e.g. intramuscular); 5 cm or greater	\$423.88	\$423.88	1/1/2010
23075	excision, soft tissue tumor, shoulder area; subcutaneous	\$132.62	\$187.71	10/1/2009
23076	excision deep subfascial or intramuscular tumor	\$421.21	\$421.21	10/1/2009
23077	radical resection soft tissue tumor, shoulder	\$897.53	\$897.53	10/1/2009
23078	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of shoulder area; 5 cm or greater	\$859.10	\$859.10	1/1/2010
23100	arthrotomy, glenohumeral joint, including biopsy	\$362.73	\$362.73	10/1/2009
23101	arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy	\$333.53	\$333.53	10/1/2009
23105	arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	\$476.20	\$476.20	10/1/2009
23106	arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy	\$354.07	\$354.07	10/1/2009
23107	arthrotomy, glenohumeral joint, w/ joint explor.	\$494.93	\$494.93	10/1/2009
23120	partial removal, collarbone	\$427.41	\$427.41	10/1/2009
23125	removal of collarbone	\$526.99	\$526.99	10/1/2009
23130	acromioplasty or acromionectomy, partial, with or without coracoacromial	\$449.62	\$449.62	10/1/2009
23140	removal bone lesion	\$383.84	\$383.84	10/1/2009
23145	removal bone lesion	\$517.23	\$517.23	10/1/2009
23146	removal bone lesion	\$449.08	\$449.08	10/1/2009
23150	removal bone lesion	\$489.36	\$489.36	10/1/2009
23155	removal bone lesion	\$593.26	\$593.26	10/1/2009
23156	removal bone lesion	\$503.77	\$503.77	10/1/2009
23170	sequestrectomy for osteomyelitis bone abcess clavi	\$395.80	\$395.80	10/1/2009
23172	sequestrectomy for osteomyelitis of bone abcess sc	\$405.68	\$405.68	10/1/2009
23174	sequestrectomy for osteomyelitis or bone abcess humer	\$563.08	\$563.08	10/1/2009
23180	partial excision (craterization, saucerization, or diaphysectomy) bone (eg, tibia)	\$512.08	\$512.08	10/1/2009
23182	partial excision (craterization, saucerization, or diaphysectomy) bone (eg, fibula)	\$493.93	\$493.93	10/1/2009
23184	partial excision (craterization, saucerization, or diaphysectomy) bone (eg, radius)	\$558.04	\$558.04	10/1/2009
23190	partial removal of shoulder	\$415.56	\$415.56	10/1/2009
23195	removal of head of humerus	\$564.49	\$564.49	10/1/2009
23200	removal of collarbone	\$667.35	\$667.35	10/1/2009
23210	removal of shoulderblade	\$697.91	\$697.91	10/1/2009
23220	radical resection of bone tumor, proximal humerus;	\$808.76	\$808.76	10/1/2009
23330	removal of foreign body subcutaneous	\$110.35	\$161.69	10/1/2009
23331	removal of foreign body, shoulder; deep (eg, neer hemiarthroplasty removal)	\$438.08	\$438.08	10/1/2009
23332	removal of foreign body, shoulder; complicated (eg, total shoulder)	\$667.18	\$667.18	10/1/2009
23395	muscle transfer, any type, shoulder or upper arm; single	\$973.04	\$973.04	10/1/2009
23397	muscle transfers	\$872.03	\$872.03	10/1/2009
23400	fixation of scapula	\$738.33	\$738.33	10/1/2009
23405	tenotomy, shoulder area; single tendon	\$473.78	\$473.78	10/1/2009
23406	tenotomy, shoulder area; multiple tendons through same incision	\$593.04	\$593.04	10/1/2009
23410	repair of ruptured musculotendinous cuff (eg, rotator cuff); acute	\$628.67	\$628.67	10/1/2009
23412	repair of tendon(s)	\$657.13	\$657.13	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
23415	release of shoulder ligament	\$522.83	\$522.83	10/1/2009
23420	reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes	\$736.68	\$736.68	10/1/2009
23430	tenodesis of long tendon of biceps	\$557.43	\$557.43	10/1/2009
23440	resection or transplantation of long tendon of biceps	\$575.33	\$575.33	10/1/2009
23450	capsulorrhaphy, anterior; putti-platt procedure or magnuson type operation	\$722.70	\$722.70	10/1/2009
23455	capsulorrhaphy, anterior; with labral repair (eg, bankart procedure)	\$771.02	\$771.02	10/1/2009
23460	capsulorrhaphy, anterior, any type; with bone block	\$834.42	\$834.42	10/1/2009
23462	capsulorrhaphy f recur disloc poster w/w bn block	\$819.00	\$819.00	10/1/2009
23465	capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	\$854.24	\$854.24	10/1/2009
23466	capsulorrhaphy, glenohumeral joint, any type multi-directional instability	\$841.11	\$841.11	10/1/2009
23470	arthroplasty, glenohumeral joint; hemiarthroplasty	\$929.80	\$929.80	10/1/2009
23472	arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral	\$1,152.41	\$1,152.41	10/1/2009
23480	revision of collarbone	\$620.45	\$620.45	10/1/2009
23485	revision of collarbone	\$733.78	\$733.78	10/1/2009
23490	prophylactic treatment clavicle	\$633.75	\$633.75	10/1/2009
23491	prophylactic treatment (nailing, pinning, plating or wiring) with or without	\$772.38	\$772.38	10/1/2009
23500	treatment clavicle fracture	\$149.06	\$149.92	10/1/2009
23505	treatment clavicle fracture	\$235.38	\$247.78	10/1/2009
23515	repair clavicle fracture	\$526.06	\$526.06	10/1/2009
23520	treat clavicle dislocation	\$156.38	\$155.52	10/1/2009
23525	repair clavicle dislocation	\$227.35	\$242.35	10/1/2009
23530	repair clavicle dislocation	\$403.20	\$403.20	10/1/2009
23532	open treat of closed/open sternoclav dislocation w	\$463.22	\$463.22	10/1/2009
23540	treat clavicle dislocation	\$151.81	\$153.83	10/1/2009
23545	repair clavicle dislocation	\$205.61	\$222.34	10/1/2009
23550	repair clavicle dislocation	\$427.23	\$427.23	10/1/2009
23552	repair clavicle dislocation	\$492.21	\$492.21	10/1/2009
23570	treat scapula fracture	\$162.43	\$160.41	10/1/2009
23575	repair scapula fracture	\$259.52	\$274.52	10/1/2009
23585	repair scapula fracture	\$716.02	\$716.02	10/1/2009
23600	treat humerus fracture	\$207.72	\$223.87	10/1/2009
23605	repair humerus fracture	\$307.92	\$332.14	10/1/2009
23615	repair humerus fx w/wo tuberosity	\$654.21	\$654.21	10/1/2009
23616	open tx proximal humeral fx; w prosthetic replace	\$978.31	\$978.31	10/1/2009
23620	closed treatment of greater humeral tuberosity fracture; without manipulation	\$174.30	\$184.40	10/1/2009
23625	repair humerus fracture	\$253.59	\$269.17	10/1/2009
23630	open treatment of greater humeral tuberosity fracture, with or without internal	\$561.62	\$561.62	10/1/2009
23650	repair shoulder dislocation	\$192.79	\$209.81	10/1/2009
23655	repair shoulder dislocation	\$279.44	\$279.44	10/1/2009
23660	repair shoulder dislocation	\$433.09	\$433.09	10/1/2009
23665	closed treatment of shoulder dislocation, with fracture of greater humeral	\$283.06	\$299.80	10/1/2009
23670	open treatment of shoulder dislocation, with fracture of greater humeral	\$631.76	\$631.76	10/1/2009
23675	repair dislocation/fracture	\$364.53	\$392.22	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
23680	repair dislocation/fracture	\$684.10	\$684.10	10/1/2009
23700	fixation of shoulder	\$145.57	\$145.57	10/1/2009
23800	arthrodesis, glenohumeral joint;	\$777.29	\$777.29	10/1/2009
23802	arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining	\$944.85	\$944.85	10/1/2009
23900	amputation of arm	\$1,011.29	\$1,011.29	10/1/2009
23920	amputation of arm	\$817.73	\$817.73	10/1/2009
23921	disarticulation of shoulder secondary closure	\$295.60	\$295.60	10/1/2009
23930	incision and drainage deep abscess or hematoma	\$161.64	\$254.52	10/1/2009
23931	incision and drainage, upper arm or elbow area; bursa	\$115.91	\$197.52	10/1/2009
23935	incision deep w/opening of cortex for osteomyeliti	\$368.82	\$368.82	10/1/2009
24000	arthrotomy, elbow, including exploration, drainage, or removal of foreign body	\$350.72	\$350.72	10/1/2009
24006	arthrotomy elbow w/capsular release	\$532.35	\$532.35	10/1/2009
24065	biopsy soft tissues superficial	\$123.63	\$181.61	10/1/2009
24066	biopsy, soft tissue of upper arm or elbow area; deep (subfascial or	\$295.76	\$422.66	10/1/2009
24071	excision, tumor, soft tissue of upper arm or elbow area, 3 cm or greater	\$248.23	\$248.23	1/1/2010
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfacial (e.g. intramuscular);	\$426.12	\$426.12	1/1/2010
24075	excision, tumor, soft tissue of upper arm or elbow area; subcutaneous	\$230.87	\$341.91	10/1/2009
24076	excision benign tumor deep subfascial or intramusc	\$353.22	\$353.22	10/1/2009
24077	radical resection soft tissue tumor, arm/elbow	\$613.59	\$613.59	10/1/2009
24079	Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbo	\$792.16	\$792.16	1/1/2010
24100	arthrotomy elbow with synovial biopsy only	\$298.98	\$298.98	10/1/2009
24101	exploration of elbow joint	\$368.53	\$368.53	10/1/2009
24102	arthrotomy, elbow; with synovectomy	\$458.64	\$458.64	10/1/2009
24105	removal of elbow bursa	\$246.18	\$246.18	10/1/2009
24110	removal of bone lesion	\$433.26	\$433.26	10/1/2009
24115	removal of bone lesion/graft	\$548.62	\$548.62	10/1/2009
24116	removal of bone lesion/graft	\$652.21	\$652.21	10/1/2009
24120	removal of bone lesion	\$387.86	\$387.86	10/1/2009
24125	removal of bone lesion/graft	\$448.68	\$448.68	10/1/2009
24126	removal of bone lesion/graft	\$476.29	\$476.29	10/1/2009
24130	removal of head of radius	\$374.20	\$374.20	10/1/2009
24134	sequestrectomy for osteomyelitis or bone abscess s	\$564.22	\$564.22	10/1/2009
24136	seques for osteo/bone abscess radial head or neck	\$446.69	\$446.69	10/1/2009
24138	seques for osteo/bone abscess olecranon process	\$491.86	\$491.86	10/1/2009
24140	partial excision (craterization, saucerization, or diaphysectomy) bone (eg,	\$537.01	\$537.01	10/1/2009
24145	partial excision (craterization, saucerization, or diaphysectomy) bone (eg,	\$449.67	\$449.67	10/1/2009
24147	partial excision (craterization, saucerization, or diaphysectomy) bone (eg,	\$466.49	\$466.49	10/1/2009
24149	radical resection of capsule, soft tissue, and heterotopic bone, elbow, with	\$867.29	\$867.29	10/1/2009
24150	removal of humerus lesion	\$735.67	\$735.67	10/1/2009
24152	removal of radius lesion	\$552.73	\$552.73	10/1/2009
24155	removal of elbow joint	\$640.37	\$640.37	10/1/2009
24160	removal of prosthetic device	\$451.10	\$451.10	10/1/2009
24164	implant removal radial head	\$368.30	\$368.30	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
24200	removal of foreign body subcutaneous	\$100.41	\$141.94	10/1/2009
24201	removal of foreign body, upper arm or elbow area; deep (subfascial or	\$269.30	\$395.91	10/1/2009
24220	injection procedure for elbow arthrography	\$56.85	\$128.08	10/1/2009
24300	manipulation, elbow, under anesthesia	\$285.49	\$285.49	10/1/2009
24301	muscle or tendon transfer any type single	\$565.57	\$565.57	10/1/2009
24305	tendon lengthening, upper arm or elbow, each tendon	\$430.80	\$430.80	10/1/2009
24310	tenotomy, open, elbow to shoulder, each tendon	\$352.35	\$352.35	10/1/2009
24320	repair of arm tendon	\$582.98	\$582.98	10/1/2009
24330	revision of arm muscles	\$537.33	\$537.33	10/1/2009
24331	revision of arm muscles	\$594.65	\$594.65	10/1/2009
24332	tenolysis, triceps	\$449.43	\$449.43	10/1/2009
24340	tenodesis of biceps tendon at elbow (separate procedure)	\$457.35	\$457.35	10/1/2009
24341	repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or	\$537.93	\$537.93	10/1/2009
24342	reinsertion of ruptured biceps or triceps tendon, distal, with or without	\$591.12	\$591.12	10/1/2009
24343	repair lateral collateral ligament, elbow, with local tissue	\$522.86	\$522.86	10/1/2009
24344	reconstruction lateral collateral ligament, elbow, with tendon graft (includes	\$818.17	\$818.17	10/1/2009
24345	repair medial collateral ligament, elbow, with local tissue	\$519.60	\$519.60	10/1/2009
24346	reconstruction medial collateral ligament, elbow, with tendon graft (includes	\$819.88	\$819.88	10/1/2009
24357	tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow; perc	\$326.70	\$326.70	10/1/2009
24358	tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow; debr	\$386.29	\$386.29	10/1/2009
24359	tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow; debr	\$487.84	\$487.84	10/1/2009
24360	arthroplasty, elbow; with membrane (eg, fascial)	\$680.02	\$680.02	10/1/2009
24361	arthroplasty, elbow w/ humeral prosthetic replace.	\$763.08	\$763.08	10/1/2009
24362	repair of elbow joint	\$807.54	\$807.54	10/1/2009
24363	arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic	\$1,134.95	\$1,134.95	10/1/2009
24365	repair of head of radius	\$478.95	\$478.95	10/1/2009
24366	repair of head of radius	\$513.42	\$513.42	10/1/2009
24400	revision of humerus	\$620.09	\$620.09	10/1/2009
24410	revision of humerus	\$794.04	\$794.04	10/1/2009
24420	repair of humerus	\$744.54	\$744.54	10/1/2009
24430	repair of humerus	\$792.08	\$792.08	10/1/2009
24435	repair/grafft of humerus	\$802.58	\$802.58	10/1/2009
24470	hemiepiphysal arrest (eg, cubitus varus or valgus, distal humerus)	\$472.95	\$472.95	10/1/2009
24495	decompression of forearm	\$490.35	\$490.35	10/1/2009
24498	prophylactic treatment (nailing, pinning, plating or wiring), with or without	\$659.45	\$659.45	10/1/2009
24500	treatment humerus fracture	\$221.78	\$243.69	10/1/2009
24505	treatment humerus fracture	\$326.64	\$355.49	10/1/2009
24515	repair humerus fracture	\$660.51	\$660.51	10/1/2009
24516	open tx humeral shaft fx w/intramedullary implant	\$653.83	\$653.83	10/1/2009
24530	treatment humerus fx w/wo intercondylar extension	\$238.81	\$262.46	10/1/2009
24535	repair humerus fracture	\$416.84	\$445.97	10/1/2009
24538	fixation humeral fx w/wo intercondylar extension	\$555.91	\$555.91	10/1/2009
24545	repair humerus fx with without intercondylar	\$688.08	\$688.08	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
24546	open tx humeral supraltranscondylar fx; w/o fix.	\$799.54	\$799.54	10/1/2009
24560	treat humerus fracture	\$195.09	\$218.74	10/1/2009
24565	repair humerus fracture	\$340.46	\$366.42	10/1/2009
24566	percutaneous skeletal fixation of humeral epicondylar fracture,	\$519.99	\$519.99	10/1/2009
24575	repair humerus fracture	\$551.86	\$551.86	10/1/2009
24576	treat humerus fracture	\$207.47	\$229.97	10/1/2009
24577	repair humerus fracture	\$353.22	\$381.20	10/1/2009
24579	repair humerus fracture	\$628.00	\$628.00	10/1/2009
24582	percutaneous skeletal fixation of humeral condylar fracture,	\$580.18	\$580.18	10/1/2009
24586	repair elbow fracture	\$831.90	\$831.90	10/1/2009
24587	repair elbow fracture	\$828.40	\$828.40	10/1/2009
24600	treat elbow dislocation	\$237.06	\$258.99	10/1/2009
24605	treat elbow dislocation	\$335.88	\$335.88	10/1/2009
24615	repair elbow dislocation	\$537.74	\$537.74	10/1/2009
24620	treat elbow fracture	\$406.85	\$406.85	10/1/2009
24635	repair elbow fracture	\$562.12	\$562.12	10/1/2009
24640	treat elbow dislocation	\$63.20	\$85.11	10/1/2009
24650	treat radius fracture	\$160.93	\$177.37	10/1/2009
24655	treat radius fracture	\$283.59	\$308.11	10/1/2009
24665	repair radius fracture	\$482.60	\$482.60	10/1/2009
24666	repair radius fracture	\$549.14	\$549.14	10/1/2009
24670	treat ulna fracture	\$180.03	\$199.64	10/1/2009
24675	treat ulna fracture	\$301.20	\$325.72	10/1/2009
24685	repair ulna fracture	\$484.75	\$484.75	10/1/2009
24800	arthrodesis, elbow joint; local	\$597.62	\$597.62	10/1/2009
24802	arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)	\$757.39	\$757.39	10/1/2009
24900	amputation of arm	\$539.69	\$539.69	10/1/2009
24920	amputation of arm	\$536.33	\$536.33	10/1/2009
24925	amputation arm, w secondary closure	\$414.86	\$414.86	10/1/2009
24930	amputation follow-up surgery	\$569.06	\$569.06	10/1/2009
24931	amputation follow-up surgery	\$638.89	\$638.89	10/1/2009
24935	revision of amputation	\$775.49	\$775.49	10/1/2009
24940	amputation of arm	\$890.70	\$890.70	10/1/2009
25000	incision, extensor tendon sheath, wrist (eg, de quervain's disease)	\$254.84	\$254.84	10/1/2009
25001	incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)	\$242.13	\$242.13	10/1/2009
25020	decompression fasciotomy, forearm and/or wrist, flexor or extensor compartment;	\$422.85	\$422.85	10/1/2009
25023	decomp fasciotomy flex/exten comp w debr nonviable	\$818.75	\$818.75	10/1/2009
25024	decompression fasciotomy, forearm and/or wrist, flexor and extensor	\$574.61	\$574.61	10/1/2009
25025	decompression fasciotomy, forearm and/or wrist, flexor and extensor	\$889.03	\$889.03	10/1/2009
25028	incision and drainage deep abscess or hematoma	\$376.52	\$376.52	10/1/2009
25031	incision and drainage, forearm and/or wrist; bursa	\$277.48	\$277.48	10/1/2009
25035	incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone	\$480.82	\$480.82	10/1/2009
25040	arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or	\$426.82	\$426.82	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.			
25065	biopsy soft tissues superficial	\$121.88	\$180.13	10/1/2009
25066	biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)	\$277.96	\$277.96	10/1/2009
25071	excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or	\$260.15	\$260.15	1/1/2010
25073	Excision, tumor, soft tissue of forearm and /or wrist area, subfascial (eg, intramuscular	\$324.08	\$324.08	1/1/2010
25075	excision, tumor, soft tissue of forearm and/or wrist area; subcutaneous	\$243.52	\$243.52	10/1/2009
25076	removal of forearm lesion	\$328.79	\$328.79	10/1/2009
25077	radical resection soft tissue tumor, forearm/wrist	\$560.56	\$560.56	10/1/2009
25078	Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wri:	\$691.66	\$691.66	1/1/2010
25085	capsulotomy, wrist (eg, contracture)	\$343.00	\$343.00	10/1/2009
25100	arthrotomy, wrist joint; with biopsy	\$254.20	\$254.20	10/1/2009
25101	arthrotomy with joint exploration	\$299.90	\$299.90	10/1/2009
25105	arthrotomy, wrist joint; with synovectomy	\$364.84	\$364.84	10/1/2009
25107	arthrotomy, distal radioulnar joint including repair of triangular cartilage,	\$453.86	\$453.86	10/1/2009
25109	excision of tendon, forearm and/or wrist, flexor or extensor, each	\$388.50	\$388.50	10/1/2009
25110	excision lesion of tendon sheath	\$266.09	\$266.09	10/1/2009
25111	excision of ganglion wrist dorsal or volar primary	\$230.79	\$230.79	10/1/2009
25112	excision ganglion wrist recurrent	\$282.96	\$282.96	10/1/2009
25115	removal wrist/forearm lesion	\$598.44	\$598.44	10/1/2009
25116	removal wrist/forearm lesion	\$482.77	\$482.77	10/1/2009
25118	explore wrist tendon sheath	\$283.35	\$283.35	10/1/2009
25119	synovectomy wrist w resection ulna	\$375.88	\$375.88	10/1/2009
25120	removal of forearm lesion	\$411.70	\$411.70	10/1/2009
25125	removal of forearm lesion	\$479.88	\$479.88	10/1/2009
25126	removal of forearm lesion	\$484.78	\$484.78	10/1/2009
25130	removal of wrist lesion	\$332.81	\$332.81	10/1/2009
25135	removal of wrist lesion	\$416.28	\$416.28	10/1/2009
25136	removal of wrist lesion	\$367.87	\$367.87	10/1/2009
25145	sequestrectomy for osteomyelitis or bone abscess	\$422.91	\$422.91	10/1/2009
25150	partial exc bone for osteomyelitis ulna	\$431.78	\$431.78	10/1/2009
25151	partial removal radius/ulna	\$476.82	\$476.82	10/1/2009
25170	removal radius/ulna lesion	\$665.35	\$665.35	10/1/2009
25210	removal of wrist bone	\$365.15	\$365.15	10/1/2009
25215	removal of wrist bones	\$471.14	\$471.14	10/1/2009
25230	partial removal of radius	\$323.30	\$323.30	10/1/2009
25240	excision distal ulna partial or complete (eg, darrach type or matched resection)	\$327.59	\$327.59	10/1/2009
25246	injection procedure for wrist arthrography	\$62.56	\$130.34	10/1/2009
25248	exploration with removal of deep foreign body, forearm or wrist	\$326.05	\$326.05	10/1/2009
25250	removal of wrist prosthesis separate procedure	\$388.84	\$388.84	10/1/2009
25251	removal wrist prosthesis complicated total wrist	\$532.41	\$532.41	10/1/2009
25259	manipulation, wrist, under anesthesia	\$286.33	\$286.33	10/1/2009
25260	repair tendon or muscle flexor primary single each	\$505.45	\$505.45	10/1/2009
25263	repair additional tendon	\$504.70	\$504.70	10/1/2009
25265	repair tendon or muscle secondary with free graft	\$600.34	\$600.34	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
25270	repair tendon or muscle extensor primary single ea	\$405.29	\$405.29	10/1/2009
25272	repair additional tendon	\$456.74	\$456.74	10/1/2009
25274	repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free	\$542.13	\$542.13	10/1/2009
25275	repair, tendon sheath, extensor, forearm and/or wrist, with free graft	\$500.77	\$500.77	10/1/2009
25280	lengthening or shortening of flexor or extensor te	\$462.92	\$462.92	10/1/2009
25290	tenotomy open single flexor or extensor tendon eac	\$390.65	\$390.65	10/1/2009
25295	tenolysis sing flexor or extensor tendon each tend	\$430.64	\$430.64	10/1/2009
25300	fusion of wrist tendons	\$510.02	\$510.02	10/1/2009
25301	fusion of wrist tendons	\$485.71	\$485.71	10/1/2009
25310	transplant wrist tendon	\$501.35	\$501.35	10/1/2009
25312	transplant wrist tendon	\$581.52	\$581.52	10/1/2009
25315	flexor origin slide (eg, for cerebral palsy, volkmann contracture), forearm	\$623.81	\$623.81	10/1/2009
25316	revise palsy hand	\$722.59	\$722.59	10/1/2009
25320	capsulorrhaphy or reconstruction, wrist, any method (eg, capsulodesis, ligament	\$717.78	\$717.78	10/1/2009
25332	arthroplasty, wrist, with or without interposition, with or without external or	\$635.42	\$635.42	10/1/2009
25335	realignment of hand	\$721.52	\$721.52	10/1/2009
25337	reconstruction for stabilization of unstable distal ulna	\$660.78	\$660.78	10/1/2009
25350	revision of radius	\$552.54	\$552.54	10/1/2009
25355	revision of radius	\$622.00	\$622.00	10/1/2009
25360	revision of ulna	\$536.03	\$536.03	10/1/2009
25365	revision radius & ulna	\$731.87	\$731.87	10/1/2009
25370	revision radius or ulna	\$797.72	\$797.72	10/1/2009
25375	revision radius & ulna	\$769.86	\$769.86	10/1/2009
25390	revise radius or ulna	\$625.82	\$625.82	10/1/2009
25391	revise radius or ulna	\$796.82	\$796.82	10/1/2009
25392	revise radius & ulna	\$808.91	\$808.91	10/1/2009
25393	revise/grafft radius/ulna	\$909.65	\$909.65	10/1/2009
25394	osteoplasty, carpal bone, shortening	\$583.69	\$583.69	10/1/2009
25400	repair radius or ulna	\$656.69	\$656.69	10/1/2009
25405	repair of nonunion or malunion, radius or ulna; with autograft (includes	\$836.18	\$836.18	10/1/2009
25415	repair radius & ulna	\$785.10	\$785.10	10/1/2009
25420	repair of nonunion or malunion, radius and ulna; with autograft (includes	\$935.76	\$935.76	10/1/2009
25425	repair/grafft radius or ulna	\$807.08	\$807.08	10/1/2009
25426	repair/grafft radius & ulna	\$849.09	\$849.09	10/1/2009
25430	insertion of vascular pedicle into carpal bone (eg, harri procedure)	\$531.73	\$531.73	10/1/2009
25431	repair of nonunion of carpal bone (excluding carpal scaphoid (navicular))	\$589.53	\$589.53	10/1/2009
25440	repair of nonunion, scaphoid carpal (navicular) bone, with or without radial	\$585.58	\$585.58	10/1/2009
25441	arthroplasty prosthetic repl distal radius	\$710.41	\$710.41	10/1/2009
25442	arthroplasty with prosthetic replacement distal ul	\$604.77	\$604.77	10/1/2009
25443	arthroplasty with prosthetic replacement; scaphoid carpal (navicular)	\$580.05	\$580.05	10/1/2009
25444	arthroplasty with prosthetic replacement lunate	\$619.03	\$619.03	10/1/2009
25445	arthroplasty with prosthetic replacement trapezium	\$541.74	\$541.74	10/1/2009
25446	arthroplasty w prost repla distal radius a part or	\$894.39	\$894.39	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
25447	arthroplasty, interposition, intercarpal or carpometacarpal joints	\$611.18	\$611.18	10/1/2009
25449	arthroplasty with removal of implant	\$783.08	\$783.08	10/1/2009
25450	revision of wrist joint	\$453.55	\$453.55	10/1/2009
25455	revision of wrist joint	\$517.53	\$517.53	10/1/2009
25490	prophylactic treatment radius	\$569.31	\$569.31	10/1/2009
25491	prophylactic treatment ulna	\$600.75	\$600.75	10/1/2009
25492	prophylactic treatment radius and ulna	\$725.03	\$725.03	10/1/2009
25500	treat fracture of radius	\$166.80	\$182.37	10/1/2009
25505	repair fracture of radius	\$331.29	\$357.25	10/1/2009
25515	repair fracture of radius	\$498.96	\$498.96	10/1/2009
25520	closed treatment of radial shaft fracture and closed treatment of dislocation	\$377.68	\$395.27	10/1/2009
25525	open tx radial shaft fx & closed tx radioulnar jnt	\$603.09	\$603.09	10/1/2009
25526	open treatment of radial shaft fracture, with internal and/or external fixation	\$740.60	\$740.60	10/1/2009
25530	treat fracture of ulna	\$158.84	\$176.14	10/1/2009
25535	repair fracture of ulna	\$325.71	\$346.47	10/1/2009
25545	repair fracture of ulna	\$466.35	\$466.35	10/1/2009
25560	treat fracture radius & ulna	\$165.91	\$184.66	10/1/2009
25565	repair fracture radius/ulna	\$344.37	\$374.37	10/1/2009
25574	open tx radial/ulnar shaft fxs	\$490.87	\$490.87	10/1/2009
25575	repair fracture radius/ulna	\$668.79	\$668.79	10/1/2009
25600	treat fracture radius/ulna	\$182.45	\$201.19	10/1/2009
25605	repair fracture radius/ulna	\$418.04	\$440.54	10/1/2009
25606	percutaneous skeletal fixaton of distal radial fracture or epiphyseal separation	\$490.31	\$490.31	10/1/2009
25607	open treatment of distal radial extra-articular fracture or epiphyseal separation, with int	\$530.98	\$530.98	10/1/2009
25608	open treatment of distal radial extra-articular fracture or epiphyseal separation; with int	\$606.29	\$606.29	10/1/2009
25609	open treatment of distal radial extra-articular fracture or epiphyseal separation; with int	\$774.56	\$774.56	10/1/2009
25622	rx closed carpal scaphoid fx without manipulation	\$186.27	\$206.17	10/1/2009
25624	rx closed carpal scaphoid fx with manipulation	\$300.11	\$327.22	10/1/2009
25628	open rx closef or open carpal scaphoid fracture	\$533.56	\$533.56	10/1/2009
25630	treat wrist fracture(s)	\$191.99	\$211.60	10/1/2009
25635	repair wrist fracture(s)	\$278.01	\$309.75	10/1/2009
25645	open treatment of carpal bone fracture (other than carpal scaphoid	\$420.66	\$420.66	10/1/2009
25650	treatment of closed ulnar styloid fracture	\$203.95	\$220.68	10/1/2009
25651	percutaneous skeletal fixation of ulnar styloid fracture	\$347.25	\$347.25	10/1/2009
25652	open treatment of ulnar styloid fracture	\$458.33	\$458.33	10/1/2009
25660	repair wrist dislocation	\$290.14	\$290.14	10/1/2009
25670	open rx of closed or open radiocarpal or intercarp	\$454.08	\$454.08	10/1/2009
25671	percutaneous skeletal fixation of distal radioulnar dislocation	\$382.37	\$382.37	10/1/2009
25675	repair wrist dislocation	\$282.94	\$305.71	10/1/2009
25676	repair wrist dislocation	\$470.13	\$470.13	10/1/2009
25680	repair wrist fracture	\$336.22	\$336.22	10/1/2009
25685	repair wrist fracture	\$547.84	\$547.84	10/1/2009
25690	repair wrist dislocation	\$338.76	\$338.76	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.			
25695	repair wrist dislocation	\$472.01	\$472.01	10/1/2009
25800	arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/ or fusion/grafft of wrist	\$558.45	\$558.45	10/1/2009
25805	fusion/grafft of wrist	\$644.03	\$644.03	10/1/2009
25810	fusion/grafft of wrist	\$650.20	\$650.20	10/1/2009
25820	arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)	\$455.28	\$455.28	10/1/2009
25825	intercarpal fusion, w/ autogenous bone graft	\$561.53	\$561.53	10/1/2009
25830	arthrodesis, distal radioulnar joint with segmental resection of ulna, with or amputation forearm through radius and ulna	\$699.37	\$699.37	10/1/2009
25900	amputation forearm through radius and ulna	\$559.46	\$559.46	10/1/2009
25905	amputation of forearm	\$553.41	\$553.41	10/1/2009
25907	amputation forearm, w secondary closure	\$482.54	\$482.54	10/1/2009
25909	amputation follow-up surgery	\$544.03	\$544.03	10/1/2009
25915	amputation of forearm	\$954.76	\$954.76	10/1/2009
25920	disarticulation through wrist	\$511.88	\$511.88	10/1/2009
25922	amputation secondary closure or scar revision	\$432.59	\$432.59	10/1/2009
25924	reamputation	\$499.82	\$499.82	10/1/2009
25927	transmetacarpal amputation	\$578.80	\$578.80	10/1/2009
25929	transmetacarp amput sec closure or scar revision	\$419.25	\$419.25	10/1/2009
25931	transmetacarpal reamputation	\$526.96	\$526.96	10/1/2009
26010	drainage of finger abscess	\$96.90	\$179.10	10/1/2009
26011	drainage of finger abscess complicated	\$135.42	\$272.99	10/1/2009
26020	drainage of tendon sheath, digit and/or palm, each	\$312.16	\$312.16	10/1/2009
26025	drainage of palmar bursa; single, bursa	\$305.30	\$305.30	10/1/2009
26030	drainage of palmar bursa; multiple bursa	\$361.38	\$361.38	10/1/2009
26034	incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)	\$391.33	\$391.33	10/1/2009
26035	decompression finger/hand	\$611.75	\$611.75	10/1/2009
26037	decompressive fasciotomy hand	\$422.55	\$422.55	10/1/2009
26040	fasciotomy, palmar (eg, dupuytren s contracture); percutaneous release palm contracture	\$223.44	\$223.44	10/1/2009
26045	tendon sheath incision (eg, for trigger finger)	\$341.86	\$341.86	10/1/2009
26055	tenotomy, percutaneous, single, each digit	\$213.65	\$398.53	10/1/2009
26060	tenotomy, percutaneous, single, each digit	\$191.20	\$191.20	10/1/2009
26070	arthrotomy, with exploration, drainage, or removal of loose or foreign body;	\$218.66	\$218.66	10/1/2009
26075	arthrotomy, with exploration, drainage, or removal of loose or foreign body;	\$231.41	\$231.41	10/1/2009
26080	exploration of finger joint	\$278.78	\$278.78	10/1/2009
26100	arthrotomy with biopsy; carpometacarpal joint, each	\$234.22	\$234.22	10/1/2009
26105	arthrotomy with biopsy; metacarpophalangeal joint, each	\$239.62	\$239.62	10/1/2009
26110	arthrotomy with synovial biopsy; interphalangeal joint, each	\$229.94	\$229.94	10/1/2009
26111	excision, tumor or vascular malformation, soft tissue of hand or finger, subcuta	\$252.45	\$252.45	1/1/2010
26113	Excison, tumor, soft tissue, or vacular malformation, of hand or finger, subfascial (eg, excision, tumor or vascular malformation, soft tissue of hand or finger;	\$332.26	\$332.26	1/1/2010
26115	excision, tumor or vascular malformation, soft tissue of hand or finger;	\$260.50	\$438.74	10/1/2009
26116	excision, tumor or vascular malformation, soft tissue of hand or finger; deep	\$351.31	\$351.31	10/1/2009
26117	radical resection soft tissue tumor, hand/finger	\$481.72	\$481.72	10/1/2009
26118	Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger; 3 cr	\$650.98	\$650.98	1/1/2010
26121	fasciectomy, palm only, with or without z-plasty, other local tissue	\$442.11	\$442.11	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
26123	fasciectomy, partial palmar with release of single digit including proximal	\$605.43	\$605.43	10/1/2009
26130	exploration hand joint	\$334.22	\$334.22	10/1/2009
26135	exploration finger joint	\$407.60	\$407.60	10/1/2009
26140	exploration finger joint	\$370.20	\$370.20	10/1/2009
26145	synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm	\$376.44	\$376.44	10/1/2009
26160	excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or	\$233.22	\$399.93	10/1/2009
26170	removal of palm tendon	\$295.44	\$295.44	10/1/2009
26180	excision of tendon, finger, flexor (separate procedure), each tendon	\$323.00	\$323.00	10/1/2009
26185	sesamoidectomy, thumb or finger (separate procedure)	\$386.11	\$386.11	10/1/2009
26200	removal of joint lesion	\$332.08	\$332.08	10/1/2009
26205	removal/grafft joint lesion	\$446.94	\$446.94	10/1/2009
26210	removal of finger lesion	\$321.40	\$321.40	10/1/2009
26215	removal/grafft finger lesion	\$409.61	\$409.61	10/1/2009
26230	partial excision (craterization, saucerization, or diaphysectomy) bone (eg,	\$372.04	\$372.04	10/1/2009
26235	partial removal finger bone	\$365.34	\$365.34	10/1/2009
26236	partial removal finger bone	\$323.32	\$323.32	10/1/2009
26250	radical resection, metacarpal; (eg, tumor)	\$432.05	\$432.05	10/1/2009
26260	radical resection, proximal or middle phalanx of finger (eg, tumor);	\$404.56	\$404.56	10/1/2009
26262	radical resection, distal phalanx of finger (eg, tumor)	\$337.36	\$337.36	10/1/2009
26320	removal of implant from hand	\$251.21	\$251.21	10/1/2009
26340	manipulation, finger joint, under anesthesia, each joint	\$223.51	\$223.51	10/1/2009
26350	repair or advancement, flexor tendon, not in zone 2 digital flexor tendon	\$517.97	\$517.97	10/1/2009
26352	repair/grafft tendon	\$590.75	\$590.75	10/1/2009
26356	repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath	\$772.02	\$772.02	10/1/2009
26357	flexor tendon repair,secondary,each tendon	\$635.17	\$635.17	10/1/2009
26358	repair/grafft tendon	\$671.81	\$671.81	10/1/2009
26370	repair or advancement of profundus tendon, with intact superficialis tendon;	\$562.09	\$562.09	10/1/2009
26372	repair or advancement of profundus tendon, with intact superficialis tendon;	\$652.97	\$652.97	10/1/2009
26373	repair or advancement of profundus tendon, with intact superficialis tendon;	\$620.24	\$620.24	10/1/2009
26390	excision flexor tendon, with implantation of synthetic rod for delayed tendon	\$611.27	\$611.27	10/1/2009
26392	removal of synthetic rod and insertion of flexor tendon graft, hand or finger	\$713.75	\$713.75	10/1/2009
26410	repair, extensor tendon, hand, primary or secondary; without free graft, each	\$411.56	\$411.56	10/1/2009
26412	repair/grafft tendon	\$501.30	\$501.30	10/1/2009
26415	excision of extensor tendon, with implantation of synthetic rod for delayed	\$530.76	\$530.76	10/1/2009
26416	removal of synthetic rod and insertion of extensor tendon graft (includes	\$569.23	\$569.23	10/1/2009
26418	repair, extensor tendon, finger, primary or secondary; without free graft, each	\$412.44	\$412.44	10/1/2009
26420	repair/grafft tendon	\$521.37	\$521.37	10/1/2009
26426	repair of extensor tendon, central slip, secondary (eg, boutonniere deformity);	\$421.21	\$421.21	10/1/2009
26428	repair of extensor tendon, central slip, secondary (eg, boutonniere deformity);	\$548.19	\$548.19	10/1/2009
26432	closed treatment of distal extensor tendon insertion, with or without	\$359.90	\$359.90	10/1/2009
26433	repair of extensor tendon, distal insertion, primary or secondary; without	\$386.68	\$386.68	10/1/2009
26434	repair/grafft tendon	\$465.38	\$465.38	10/1/2009
26437	realignment of extensor tendon, hand, each tendon	\$453.29	\$453.29	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
26440	tenolysis, flexor tendon; palm or finger; each tendon	\$453.53	\$453.53	10/1/2009
26442	release tendon palm & finger	\$690.83	\$690.83	10/1/2009
26445	tenolysis, extensor tendon, hand or finger; each tendon	\$420.18	\$420.18	10/1/2009
26449	tenolysis, complex, extensor tendon, finger, including forearm, each tendon	\$556.14	\$556.14	10/1/2009
26450	tenotomy, flexor, palm, open, each tendon	\$292.31	\$292.31	10/1/2009
26455	tenotomy, flexor, finger, open, each tendon	\$290.31	\$290.31	10/1/2009
26460	tenotomy, extensor, hand or finger, open, each tendon	\$282.09	\$282.09	10/1/2009
26471	tenodesis; of proximal interphalangeal joint, each joint	\$446.54	\$446.54	10/1/2009
26474	tenodesis; of distal joint, each joint	\$427.92	\$427.92	10/1/2009
26476	lengthening of tendon, extensor, hand or finger, each tendon	\$416.65	\$416.65	10/1/2009
26477	shortening of tendon, extensor, hand or finger, each tendon	\$420.15	\$420.15	10/1/2009
26478	lengthening of tendon, flexor, hand or finger, each tendon	\$456.61	\$456.61	10/1/2009
26479	shortening of tendon, flexor, hand or finger, each tendon	\$451.68	\$451.68	10/1/2009
26480	transfer or transplant of tendon, carpometacarpal area or dorsum of hand;	\$548.77	\$548.77	10/1/2009
26483	tendon transplant	\$621.28	\$621.28	10/1/2009
26485	transfer or transplant of tendon, palmar; without free tendon graft, each tendon	\$594.66	\$594.66	10/1/2009
26489	tendon transplant & graft	\$645.85	\$645.85	10/1/2009
26490	opponensplasty; superficialis tendon transfer type, each tendon	\$576.73	\$576.73	10/1/2009
26492	opponensplasty; tendon transfer with graft (includes obtaining graft), each	\$643.33	\$643.33	10/1/2009
26494	tendon/muscle transfer	\$583.74	\$583.74	10/1/2009
26496	repair thumb tendon	\$634.13	\$634.13	10/1/2009
26497	transfer of tendon to restore intrinsic function; ring and small finger	\$634.45	\$634.45	10/1/2009
26498	sublimis transfer to correct claw finger 2/3/4/5	\$850.44	\$850.44	10/1/2009
26499	correct claw finger first stg	\$605.92	\$605.92	10/1/2009
26500	reconstruction of tendon pulley, each tendon; with local tissues (separate	\$456.12	\$456.12	10/1/2009
26502	tendon reconstruction/grafft	\$515.92	\$515.92	10/1/2009
26508	release of thenar muscle(s) (eg, thumb contracture)	\$458.69	\$458.69	10/1/2009
26510	cross intrinsic transfer, each tendon	\$434.25	\$434.25	10/1/2009
26516	capsulodesis, metacarpophalangeal joint; single digit	\$514.49	\$514.49	10/1/2009
26517	fusion of knuckle joints	\$606.91	\$606.91	10/1/2009
26518	fusion of knuckle joints	\$612.79	\$612.79	10/1/2009
26520	capsulectomy or capsulotomy; metacarpophalangeal joint, each joint	\$474.23	\$474.23	10/1/2009
26525	capsulectomy or capsulotomy; interphalangeal joint, each joint	\$476.23	\$476.23	10/1/2009
26530	arthroplasty, metacarpophalangeal joint; each joint	\$395.15	\$395.15	10/1/2009
26531	arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	\$460.30	\$460.30	10/1/2009
26535	arthroplasty, interphalangeal joint, each joint	\$296.67	\$296.67	10/1/2009
26536	arthroplasty, interphalangeal joint; with prosthetic implant, each joint	\$489.43	\$489.43	10/1/2009
26540	repair of collateral ligament, metacarpophalangeal or interphalangeal joint	\$482.36	\$482.36	10/1/2009
26541	reconstruction, collateral ligament, metacarpophalangeal joint, single, with	\$591.30	\$591.30	10/1/2009
26542	prim repair collateral ligament w/ local tissue	\$499.06	\$499.06	10/1/2009
26545	reconstruct finger joint	\$508.08	\$508.08	10/1/2009
26546	repair non-union, metacarpal or phalanx, (includes obtaining bone graft with or	\$715.00	\$715.00	10/1/2009
26548	repair/reconstruct finger volar plate	\$560.36	\$560.36	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
26550	construct thumb replacement	\$1,115.65	\$1,115.65	10/1/2009
26551	transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around	\$2,434.49	\$2,434.49	10/1/2009
26553	toe-to-hand transfer with microvascular anastomosis; other than great toe,	\$2,138.98	\$2,138.98	10/1/2009
26554	toe-to-hand transfer with microvascular anastomosis; other than great toe,	\$2,788.94	\$2,788.94	10/1/2009
26555	transfer, finger to another position without microvascular anastomosis	\$1,019.25	\$1,019.25	10/1/2009
26556	transfer, free toe joint, with microvascular anastomosis	\$2,209.70	\$2,209.70	10/1/2009
26560	repair of web finger	\$415.11	\$415.11	10/1/2009
26561	repair of web finger	\$670.68	\$670.68	10/1/2009
26562	repair of web finger	\$977.29	\$977.29	10/1/2009
26565	osteotomy; metacarpal, each	\$494.53	\$494.53	10/1/2009
26567	osteotomy; phalanx of finger, each	\$499.54	\$499.54	10/1/2009
26568	osteoplasty, lengthening, metacarpal or phalanx	\$657.96	\$657.96	10/1/2009
26580	repair hand deformity	\$1,042.62	\$1,042.62	10/1/2009
26587	reconstruction of polydactylous digit, soft tissue and bone	\$715.92	\$715.92	10/1/2009
26590	repair macrodactyly, each digit	\$951.07	\$951.07	10/1/2009
26591	repair, intrinsic muscles of hand, each muscle	\$315.72	\$315.72	10/1/2009
26593	release, intrinsic muscles of hand, each muscle	\$432.93	\$432.93	10/1/2009
26596	excision of constricting ring w/ z-plastics	\$542.26	\$542.26	10/1/2009
26600	treat metacarpal fracture	\$177.85	\$191.98	10/1/2009
26605	repair metacarpal fracture	\$203.12	\$221.87	10/1/2009
26607	closed treatment of metacarpal fracture, with manipulation, with external	\$321.12	\$321.12	10/1/2009
26608	percutaneous fix. metacarpal fx, each bone	\$346.77	\$346.77	10/1/2009
26615	repair metacarpal fracture	\$403.48	\$403.48	10/1/2009
26641	treatment carpometacarp disloc thumb w/manipulatio	\$235.13	\$256.18	10/1/2009
26645	repair thumb dislocation	\$270.87	\$292.50	10/1/2009
26650	repair thumb dislocation	\$346.53	\$346.53	10/1/2009
26665	repair thumb dislocation	\$448.12	\$448.12	10/1/2009
26670	closed treatment of carpometacarpal dislocation, other than thumb, with	\$209.98	\$231.61	10/1/2009
26675	repair hand dislocation	\$289.55	\$312.05	10/1/2009
26676	percutaneous skeletal fixation of carpometacarpal dislocation, other than	\$363.34	\$363.34	10/1/2009
26685	open treatment of carpometacarpal dislocation, other than thumb; with or	\$413.80	\$413.80	10/1/2009
26686	open treat clo/open carpometaca dislo cmpl/mul/del	\$459.54	\$459.54	10/1/2009
26700	repair finger dislocation	\$206.88	\$221.30	10/1/2009
26705	repair finger dislocation	\$263.84	\$286.04	10/1/2009
26706	treatment of closed metacarpophalangeal dislocatio	\$315.70	\$315.70	10/1/2009
26715	repair finger dislocation	\$404.09	\$404.09	10/1/2009
26720	treat finger fractures	\$122.07	\$133.02	10/1/2009
26725	rx closed phalangeal shaft fx prox or mid phalanx	\$215.39	\$238.75	10/1/2009
26727	repair finger fractures	\$340.77	\$340.77	10/1/2009
26735	repair finger fractures	\$421.08	\$421.08	10/1/2009
26740	closed treatment of articular fracture, involving metacarpophalangeal or	\$145.75	\$154.99	10/1/2009
26742	treat clsd art fx w/manipulation	\$239.20	\$261.99	10/1/2009
26746	open treatment of articular fracture, involving metacarpophalangeal or	\$516.87	\$516.87	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
26750	treat finger fracture	\$121.48	\$124.65	10/1/2009
26755	repair finger fracture	\$192.17	\$219.29	10/1/2009
26756	treatment of closed distal phalangeal fx w/ pinnin	\$299.90	\$299.90	10/1/2009
26765	open rx closed or open distal phalangeal fx finger	\$341.90	\$341.90	10/1/2009
26770	repair finger dislocation	\$172.30	\$187.58	10/1/2009
26775	repair finger dislocation	\$240.44	\$266.39	10/1/2009
26776	treatment of closed interphalangeal joint dislocat	\$319.35	\$319.35	10/1/2009
26785	open rx closed or open interphalangeal joint dislo	\$373.45	\$373.45	10/1/2009
26820	thumb fusion with graft	\$577.59	\$577.59	10/1/2009
26841	thumb fusion	\$533.66	\$533.66	10/1/2009
26842	thumb fusion with graft	\$580.96	\$580.96	10/1/2009
26843	arthrodesis, carpometacarpal joint, digit, other than thumb, each;	\$537.60	\$537.60	10/1/2009
26844	fusion/grafft of hand joint	\$600.47	\$600.47	10/1/2009
26850	fusion of knuckle	\$508.94	\$508.94	10/1/2009
26852	fusion of knuckle with graft	\$584.68	\$584.68	10/1/2009
26860	finger joint fusion	\$406.26	\$406.26	10/1/2009
26862	fusion/grafft of finger joint	\$530.88	\$530.88	10/1/2009
26910	amputation metacarpal bone	\$523.38	\$523.38	10/1/2009
26951	amputation of finger	\$450.52	\$450.52	10/1/2009
26952	amputation of finger	\$472.93	\$472.93	10/1/2009
26990	incision/drainage abscess or hematoma	\$458.34	\$458.34	10/1/2009
26991	incison/drainage infected bursa	\$387.80	\$508.35	10/1/2009
26992	incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone	\$724.82	\$724.82	10/1/2009
27000	tenotomy, adductor of hip, percutaneous (separate procedure)	\$332.84	\$332.84	10/1/2009
27001	tenotomy, adductor of hip, open	\$404.11	\$404.11	10/1/2009
27003	incision of hip tendon	\$434.12	\$434.12	10/1/2009
27005	tenotomy, hip flexor(s), open (separate procedure)	\$548.94	\$548.94	10/1/2009
27006	tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)	\$554.48	\$554.48	10/1/2009
27025	incision of hip fascia	\$672.71	\$672.71	10/1/2009
27030	arthrotomy, hip, with drainage (eg, infection)	\$717.96	\$717.96	10/1/2009
27033	arthrotomy, hip, including exploration or removal of loose or foreign body	\$743.28	\$743.28	10/1/2009
27035	denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of	\$834.88	\$834.88	10/1/2009
27036	capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone,	\$759.55	\$759.55	10/1/2009
27040	biopsy soft tissue superficial	\$152.55	\$246.86	10/1/2009
27041	biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular	\$519.76	\$519.76	10/1/2009
27043	excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or great	\$287.31	\$287.31	1/1/2010
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm	\$456.93	\$456.93	1/1/2010
27047	excision, tumor, pelvis and hip area; subcutaneous tissue	\$387.77	\$457.85	10/1/2009
27048	excision benign tumor deep	\$355.40	\$355.40	10/1/2009
27049	radical resection of tumor, soft tissue of pelvis and hip area (eg, malignant	\$757.12	\$757.12	10/1/2009
27050	arthrotomy, with biopsy; sacroiliac joint	\$259.81	\$259.81	10/1/2009
27052	biopsy of hip joint	\$414.44	\$414.44	10/1/2009
27054	arthrotomy with synovectomy, hip joint	\$509.46	\$509.46	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
27059	Radical resection of tumor (eg, malignant neoplasm), soft tissue of pelvis and hip area	\$1,121.28	\$1,121.28	1/1/2010
27060	removal of ischial bursa	\$320.63	\$320.63	10/1/2009
27062	removal of femur lesion	\$334.16	\$334.16	10/1/2009
27065	removal of hip bone lesion	\$373.05	\$373.05	10/1/2009
27066	excision of bone cyst or tumor deep with or without	\$607.99	\$607.99	10/1/2009
27067	excision benign tumor w/bone graft req separate in	\$772.34	\$772.34	10/1/2009
27070	partial excision (craterization, saucerization) (eg, osteomyelitis or bone	\$636.44	\$636.44	10/1/2009
27071	partial excision (craterization, saucerization) (eg, osteomyelitis or bone	\$683.14	\$683.14	10/1/2009
27075	radical resection of tumor or infection; wing of ilium, one pubic or ischial	\$1,772.02	\$1,772.02	10/1/2009
27076	partial removal of hip bone	\$1,219.96	\$1,219.96	10/1/2009
27077	removal of hip bone	\$2,047.94	\$2,047.94	10/1/2009
27078	partial removal of hip bones	\$769.11	\$769.11	10/1/2009
27080	coccygectomy primary	\$368.84	\$368.84	10/1/2009
27086	removal foreign body subcutaneous tissue	\$110.31	\$176.64	10/1/2009
27087	removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)	\$474.79	\$474.79	10/1/2009
27090	removal of hip prosthesis	\$628.87	\$628.87	10/1/2009
27091	removal of hip prosthesis; complicated, including total hip prosthesis,	\$1,222.48	\$1,222.48	10/1/2009
27095	injection procedure for hip arthrography with anes	\$65.68	\$172.69	10/1/2009
27096	injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	\$55.33	\$131.76	10/1/2009
27097	release or recession, hamstring, proximal	\$501.23	\$501.23	10/1/2009
27098	transfer, adductor to ischium	\$468.88	\$468.88	10/1/2009
27100	transfer of abdominal muscle	\$617.89	\$617.89	10/1/2009
27105	transfer of spinal muscle	\$647.21	\$647.21	10/1/2009
27110	transfer iliopsoas; to greater trochanter of femur	\$723.80	\$723.80	10/1/2009
27111	transfer iliopsoas to femoral neck	\$646.24	\$646.24	10/1/2009
27120	reconstruction of hip	\$983.09	\$983.09	10/1/2009
27122	acetabuloplasty; resection, femoral head (eg, girdlestone procedure)	\$840.98	\$840.98	10/1/2009
27125	hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar	\$856.65	\$856.65	10/1/2009
27130	arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip	\$1,106.00	\$1,106.00	10/1/2009
27132	conversion of previous hip surgery to total hip arthroplasty, with or without	\$1,293.03	\$1,293.03	10/1/2009
27134	revision of total hip, both components	\$1,501.64	\$1,501.64	10/1/2009
27137	revision of total hip, acetabular component only	\$1,143.28	\$1,143.28	10/1/2009
27138	revision of total hip, femoral component only	\$1,190.23	\$1,190.23	10/1/2009
27140	osteotomy and transfer of greater trochanter of femur (separate procedure)	\$681.79	\$681.79	10/1/2009
27146	incision of hip bone	\$963.68	\$963.68	10/1/2009
27147	osteotomy with open reduction of hip	\$1,123.28	\$1,123.28	10/1/2009
27151	incision of hip bones	\$1,172.86	\$1,172.86	10/1/2009
27156	revision of hip bones	\$1,311.78	\$1,311.78	10/1/2009
27158	osteotomy, pelvis, bilateral (eg, congenital malformation)	\$1,054.04	\$1,054.04	10/1/2009
27161	incision of neck of femur	\$931.29	\$931.29	10/1/2009
27165	osteotomy including internal or external fixation	\$1,040.82	\$1,040.82	10/1/2009
27170	repair/graff femur	\$901.82	\$901.82	10/1/2009
27175	treatment of slipped femoral epiphysis;	\$500.22	\$500.22	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.			
27176	treatment slipped epiphysis	\$691.45	\$691.45	10/1/2009
27177	repair slipped epiphysis	\$844.42	\$844.42	10/1/2009
27178	open rx slipped fem epiphysis closed manip w/singl	\$684.37	\$684.37	10/1/2009
27179	revision of neck of femur	\$737.48	\$737.48	10/1/2009
27181	fixation slipped epiphysis	\$822.02	\$822.02	10/1/2009
27185	epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	\$521.42	\$521.42	10/1/2009
27187	prophylactic tx femoral neck and proximal femur	\$756.04	\$756.04	10/1/2009
27193	closed tx pelvic ring fx; wo manipulation	\$347.62	\$344.74	10/1/2009
27194	closed tx pelvic ring fx; w/ manipulation	\$539.28	\$539.28	10/1/2009
27200	repair tail bone fracture	\$127.00	\$124.41	10/1/2009
27202	repair tail bone fracture	\$475.72	\$475.72	10/1/2009
27215	open tx of iliac spine w/internal fixation	\$558.49	\$558.49	10/1/2009
27216	percutaneous skeletal fx post pelvic ring fx/dislocation	\$817.50	\$817.50	10/1/2009
27217	open tx ant. ring fx/dislocation w/internal fix	\$773.13	\$773.13	10/1/2009
27218	open tx post ring fx/dislocation w/internal fix.	\$1,058.45	\$1,058.45	10/1/2009
27220	treatment hipsocket fracture	\$385.84	\$388.44	10/1/2009
27222	repair hipsocket fracture	\$741.23	\$741.23	10/1/2009
27226	open tx post/ant. acetabular wall fx, internal fix	\$790.23	\$790.23	10/1/2009
27227	open treatment acetabular fx w/internal fix.	\$1,280.74	\$1,280.74	10/1/2009
27228	open tx acetabular fx w/internal fixation	\$1,467.52	\$1,467.52	10/1/2009
27230	treatment fracture of femur	\$340.69	\$345.01	10/1/2009
27232	repair fracture of femur	\$590.10	\$590.10	10/1/2009
27235	fixation of femur fracture	\$691.25	\$691.25	10/1/2009
27236	open treatment of femoral fracture, proximal end, neck, internal fixation or	\$905.83	\$905.83	10/1/2009
27238	treatment of femur fracture	\$333.91	\$333.91	10/1/2009
27240	rx closed intertrochanteric or perto femoral fx w	\$723.48	\$723.48	10/1/2009
27244	fixation of femur fracture	\$931.99	\$931.99	10/1/2009
27245	open tx femoral fx; w/intramedullary implant	\$964.99	\$964.99	10/1/2009
27246	treatment of femur fracture	\$283.23	\$282.66	10/1/2009
27248	repair of femur fracture	\$571.06	\$571.06	10/1/2009
27250	repair of hip dislocation	\$180.97	\$180.97	10/1/2009
27252	repair of hip dislocation	\$571.73	\$571.73	10/1/2009
27253	repair of hip dislocation	\$718.54	\$718.54	10/1/2009
27254	repair of hip dislocation	\$972.93	\$972.93	10/1/2009
27256	treatment of hip dislocation	\$187.18	\$219.47	10/1/2009
27257	repair of hip dislocation	\$256.01	\$256.01	10/1/2009
27258	repair of hip dislocation	\$843.22	\$843.22	10/1/2009
27259	open rx closed/open acetab fx w/femoral shaft shor	\$1,184.15	\$1,184.15	10/1/2009
27265	tx atraumatic hip dislocation w/o anesthesia	\$289.76	\$289.76	10/1/2009
27266	tx atraumatic hip dislocation w/ gen anesthesia	\$433.08	\$433.08	10/1/2009
27267	closed treatment of femoral fracture, proximal end, head; without manipulation	\$308.78	\$308.78	10/1/2009
27268	closed treatment of femoral fracture, proximal end, head; with manipulation	\$383.37	\$383.37	10/1/2009
27269	open treatment of femoral fracture, proximal end, head, includes internal fixation, whe	\$927.78	\$927.78	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
27275	manipulation of hip joint	\$134.20	\$134.20	10/1/2009
27280	fusion of sacroiliac joint	\$779.45	\$779.45	10/1/2009
27282	fusion of pubic bones	\$611.47	\$611.47	10/1/2009
27284	arthrodesis, hip joint (including obtaining graft);	\$1,192.68	\$1,192.68	10/1/2009
27286	fusion of hip joint	\$1,256.61	\$1,256.61	10/1/2009
27290	amputation of leg at hip	\$1,201.36	\$1,201.36	10/1/2009
27295	amputation of leg at hip	\$970.01	\$970.01	10/1/2009
27301	incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	\$369.27	\$480.03	10/1/2009
27303	incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis)	\$478.21	\$478.21	10/1/2009
27305	incision of tendon & fascia	\$348.28	\$348.28	10/1/2009
27306	tenotomy, percutaneous, adductor or hamstring; single tendon (separate)	\$281.22	\$281.22	10/1/2009
27307	tenotomy, percutaneous, adductor or hamstring; multiple tendons	\$346.86	\$346.86	10/1/2009
27310	arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg,	\$545.81	\$545.81	10/1/2009
27323	biopsy soft tissues superficial	\$132.70	\$192.11	10/1/2009
27324	biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)	\$283.67	\$283.67	10/1/2009
27325	neurectomy, hamstring muscle	\$393.74	\$393.74	10/1/2009
27326	neurectomy, popliteal (gastrocnemius)	\$362.89	\$362.89	10/1/2009
27327	excision benign tumor subcutaneous	\$259.14	\$327.21	10/1/2009
27328	exc benign tumor deep	\$313.26	\$313.26	10/1/2009
27329	radical resection soft tissue tumor thigh/knee	\$786.35	\$786.35	10/1/2009
27330	arthrotomy, knee; with synovial biopsy only	\$296.96	\$296.96	10/1/2009
27331	arthrotomy, knee; including joint exploration, biopsy, or removal of loose or	\$351.00	\$351.00	10/1/2009
27332	arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial or	\$477.21	\$477.21	10/1/2009
27333	arthrotomy knee exc semilunar cartilage medial and	\$431.92	\$431.92	10/1/2009
27334	arthrotomy, with synovectomy knee; anterior or posterior	\$508.48	\$508.48	10/1/2009
27335	arthrotomy knee anterior and posterior including p	\$575.82	\$575.82	10/1/2009
27337	excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or great	\$256.32	\$256.32	1/1/2010
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm	\$461.68	\$461.68	1/1/2010
27340	removal of kneecap bursa	\$267.83	\$267.83	10/1/2009
27345	excision of synovial cyst of popliteal space (eg, baker s cyst)	\$355.33	\$355.33	10/1/2009
27347	excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	\$381.43	\$381.43	10/1/2009
27350	removal of kneecap	\$485.65	\$485.65	10/1/2009
27355	removal of femur lesion	\$450.05	\$450.05	10/1/2009
27356	removal & graft femur lesion	\$552.86	\$552.86	10/1/2009
27357	removal & graft femur lesion	\$613.08	\$613.08	10/1/2009
27360	partial excision (craterization, saucerization, or diaphysectomy) bone, femur,	\$637.69	\$637.69	10/1/2009
27364	Radical resection of tumor (eg, malignant neoplasm), soft tissue of thigh or knee area;	\$964.66	\$964.66	1/1/2010
27365	radical resection of tumor, bone, femur or knee	\$933.10	\$933.10	10/1/2009
27372	removal foreign body deep	\$299.68	\$429.18	10/1/2009
27380	repair kneecap tendon	\$439.68	\$439.68	10/1/2009
27381	repair/grafft kneecap tendon	\$601.52	\$601.52	10/1/2009
27385	repair of thigh muscle	\$471.29	\$471.29	10/1/2009
27386	repair/grafft of thigh muscle	\$623.71	\$623.71	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
27390	tenotomy, open, hamstring, knee to hip; single tendon	\$325.95	\$325.95	10/1/2009
27391	tenotomy, open, hamstring, knee to hip; multiple tendons, one leg	\$425.73	\$425.73	10/1/2009
27392	tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral	\$525.98	\$525.98	10/1/2009
27393	lengthening of hamstring tendon; single tendon	\$377.27	\$377.27	10/1/2009
27394	lengthening of hamstring tendon; multiple tendons, one leg	\$488.61	\$488.61	10/1/2009
27395	lengthening of hamstring tendon; multiple tendons, bilateral	\$662.94	\$662.94	10/1/2009
27396	transplant, hamstring tendon to patella; single tendon	\$458.88	\$458.88	10/1/2009
27397	transplant, hamstring tendon to patella; multiple tendons	\$677.61	\$677.61	10/1/2009
27400	transfer, tendon or muscle, hamstrings to femur (eg, egger s type procedure)	\$511.77	\$511.77	10/1/2009
27403	arthrotomy with meniscus repair, knee	\$480.70	\$480.70	10/1/2009
27405	repair of knee ligament	\$506.50	\$506.50	10/1/2009
27407	repair of knee ligament	\$579.86	\$579.86	10/1/2009
27409	repair of knee ligaments	\$729.75	\$729.75	10/1/2009
27415	osteochondral allograft, knee, open	\$1,059.42	\$1,059.42	10/1/2009
27416	osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autc	\$732.43	\$732.43	10/1/2009
27418	anterior tibial tubercleplasty (eg, maquet type procedure)	\$628.87	\$628.87	10/1/2009
27420	reconstruction of dislocating patella; (eg, hauser type procedure)	\$562.73	\$562.73	10/1/2009
27422	reconstruction of dislocating patella; with extensor realignment and/or muscle	\$560.39	\$560.39	10/1/2009
27424	revision/removal of kneecap	\$561.90	\$561.90	10/1/2009
27425	lateral retinacular release	\$325.76	\$325.76	10/1/2009
27427	reconstruction knee extra-articular	\$539.37	\$539.37	10/1/2009
27428	reconstruction knee intra-articular	\$832.02	\$832.02	10/1/2009
27429	reconstruction knee intra and extra articular	\$932.01	\$932.01	10/1/2009
27430	quadricepsplasty (eg, bennett or thompson type)	\$556.90	\$556.90	10/1/2009
27435	capsulotomy, posterior capsular release, knee	\$597.04	\$597.04	10/1/2009
27437	arthrplasty patella w/o prosthesis	\$494.81	\$494.81	10/1/2009
27438	arthroplasty patella w/prosthesis	\$635.59	\$635.59	10/1/2009
27440	repair of knee joint	\$581.06	\$581.06	10/1/2009
27441	repair of knee joint	\$600.23	\$600.23	10/1/2009
27442	arthroplasty, femoral condyles or tibial plateau(s), knee;	\$658.52	\$658.52	10/1/2009
27443	repair of knee joint	\$616.18	\$616.18	10/1/2009
27445	arthroplasty, knee, hinge prosthesis (eg, walldius type)	\$962.99	\$962.99	10/1/2009
27446	total knee replacement	\$853.53	\$853.53	10/1/2009
27447	arthroplasty, knee, condyle and plateau; medial and lateral compartments with	\$1,184.01	\$1,184.01	10/1/2009
27448	osteotomy femur shaft or supracondylar w/o fixatio	\$620.87	\$620.87	10/1/2009
27450	osteotomy femur shaft or supracondylar with fixati	\$774.35	\$774.35	10/1/2009
27454	osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg,	\$978.97	\$978.97	10/1/2009
27455	osteotomy proximal tibia unilateral before epiphys	\$715.13	\$715.13	10/1/2009
27457	osteotomy proximal tibia after epiphyseal closure	\$737.45	\$737.45	10/1/2009
27465	revision of femur	\$930.85	\$930.85	10/1/2009
27466	revision of femur	\$901.41	\$901.41	10/1/2009
27468	osteoplasty, femur;	\$1,022.29	\$1,022.29	10/1/2009
27470	repair of femur	\$898.55	\$898.55	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
27472	repair/graft of femur	\$972.14	\$972.14	10/1/2009
27475	arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur	\$492.24	\$492.24	10/1/2009
27477	repair lower leg epiphyses	\$552.48	\$552.48	10/1/2009
27479	repair of leg epiphyses	\$712.37	\$712.37	10/1/2009
27485	arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu	\$503.86	\$503.86	10/1/2009
27486	revision of total knee arthroplasty, one component	\$1,079.70	\$1,079.70	10/1/2009
27487	revision of total knee arthroplasty, with or without allograft; femoral and	\$1,363.84	\$1,363.84	10/1/2009
27488	removal of prosthesis, including total knee prosthesis, methylmethacrylate with	\$912.41	\$912.41	10/1/2009
27495	prophylactic treatment femur	\$864.20	\$864.20	10/1/2009
27496	decompression fasciotomy, thigh/knee, 1 compart.	\$375.18	\$375.18	10/1/2009
27497	decompression fasciotomy, thigh/knee w/ debridement	\$408.75	\$408.75	10/1/2009
27498	decompression fasciotomy, thigh/knee, multiple	\$445.95	\$445.95	10/1/2009
27499	decompression fasciotomy; thigh/knee w/ debridement	\$494.40	\$494.40	10/1/2009
27500	treatment of femur fracture	\$351.93	\$376.74	10/1/2009
27501	closed treatment of supracondylar or transcondylar femoral	\$365.99	\$370.90	10/1/2009
27502	treatment of closed femoral shaft fracture with ma	\$595.23	\$595.23	10/1/2009
27503	closed tx supra/transcondylar fem fx; w/manipula.	\$605.10	\$605.10	10/1/2009
27506	repair of femur fx w/insertion intramedullary implant	\$1,014.30	\$1,014.30	10/1/2009
27507	open tx fem shaft fx with plate screws	\$751.67	\$751.67	10/1/2009
27508	treatment of femur fracture	\$359.30	\$379.49	10/1/2009
27509	percutaneous skeletal fixation of femoral fracture, distal end, medial or	\$479.01	\$479.01	10/1/2009
27510	repair of femur fracture	\$525.30	\$525.30	10/1/2009
27511	open tx femoral fx wo intercondylar extension	\$778.57	\$778.57	10/1/2009
27513	open tx femoral fx w/intercondylar extension	\$980.16	\$980.16	10/1/2009
27514	repair of femur fracture	\$785.79	\$785.79	10/1/2009
27516	treatment of femur epiphysis	\$335.34	\$354.37	10/1/2009
27517	repair of femur epiphysis	\$503.11	\$503.11	10/1/2009
27519	repair of femur epiphysis	\$710.57	\$710.57	10/1/2009
27520	treatment kneecap fracture	\$201.88	\$222.07	10/1/2009
27524	repair of kneecap fracture	\$568.48	\$568.48	10/1/2009
27530	treatment of knee fracture	\$261.22	\$279.69	10/1/2009
27532	repair of knee fracture	\$427.89	\$450.68	10/1/2009
27535	open tx tibial fx, proximal; unicondylar	\$694.60	\$694.60	10/1/2009
27536	tx tibial fx bicondylar	\$903.65	\$903.65	10/1/2009
27538	treatment of knee fracture	\$315.44	\$335.34	10/1/2009
27540	repair knee fracture	\$628.38	\$628.38	10/1/2009
27550	repair knee dislocation	\$332.95	\$356.03	10/1/2009
27552	repair knee dislocation	\$462.73	\$462.73	10/1/2009
27556	open rx closed or open knee disloc w/o primary lig	\$698.63	\$698.63	10/1/2009
27557	osteotomy proximal tibia bilateral with primary li	\$836.98	\$836.98	10/1/2009
27558	open tx knee dislocation; with lig repair	\$940.44	\$940.44	10/1/2009
27560	repair kneecap dislocation	\$236.46	\$259.53	10/1/2009
27562	repair kneecap dislocation	\$341.18	\$341.18	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
27566	repair kneecap dislocation	\$678.08	\$678.08	10/1/2009
27570	fixation of knee joint	\$109.26	\$109.26	10/1/2009
27580	arthrodesis, knee, any technique	\$1,100.62	\$1,100.62	10/1/2009
27590	amputation of leg	\$633.11	\$633.11	10/1/2009
27591	amputation thigh thru fem immed fit tech includ fi	\$699.16	\$699.16	10/1/2009
27592	amputation of leg	\$536.00	\$536.00	10/1/2009
27594	amputation follow-up surgery	\$385.90	\$385.90	10/1/2009
27596	amputation follow-up surgery	\$560.96	\$560.96	10/1/2009
27598	amputation of lower leg	\$569.60	\$569.60	10/1/2009
27600	decompression of leg	\$320.46	\$320.46	10/1/2009
27601	fasciotomy leg for closedspace decompression, ant.	\$331.67	\$331.67	10/1/2009
27602	decompression of leg	\$393.95	\$393.95	10/1/2009
27603	incision and drainage deep abscess or hematoma	\$289.63	\$379.91	10/1/2009
27604	incision and drainage infected bursa	\$255.20	\$333.36	10/1/2009
27605	tenotomy, percutaneous, achilles tendon (separate procedure); local anesthesia	\$153.30	\$264.05	10/1/2009
27606	tenotomy achilles tendon subcutaneous general anes	\$225.23	\$225.23	10/1/2009
27607	incision (eg, osteomyelitis or bone abscess), leg or ankle	\$463.71	\$463.71	10/1/2009
27610	arthrotomy, ankle, including exploration, drainage, or removal of foreign body	\$494.92	\$494.92	10/1/2009
27612	arthrotomy, posterior capsular release, ankle, with or without achilles tendon	\$432.16	\$432.16	10/1/2009
27613	biopsy soft tissues superficial	\$124.72	\$180.39	10/1/2009
27614	biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)	\$309.97	\$408.61	10/1/2009
27615	radical resection soft tissue tumor leg/ankle	\$668.24	\$668.24	10/1/2009
27616	Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area; 5 cm or greater	\$787.58	\$787.58	1/1/2010
27618	excision, tumor, leg or ankle area; subcutaneous tissue	\$286.98	\$357.06	10/1/2009
27619	excision benign tumor deep subfascial or intramusc	\$446.27	\$570.29	10/1/2009
27620	biopsy of ankle joint	\$347.38	\$347.38	10/1/2009
27625	arthrotomy, ankle, with synovectomy;	\$450.96	\$450.96	10/1/2009
27626	exploration of ankle joint	\$486.91	\$486.91	10/1/2009
27630	removal of tendon lesion	\$279.48	\$389.08	10/1/2009
27632	excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	\$253.59	\$253.59	1/1/2010
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	\$414.01	\$414.01	1/1/2010
27635	removal of bone lesion	\$447.30	\$447.30	10/1/2009
27637	removal/grafft of bone lesion	\$567.66	\$567.66	10/1/2009
27638	removal/grafft of bone lesion	\$592.38	\$592.38	10/1/2009
27640	partial excision (craterization, saucerization, or diaphysectomy) bone (eg,	\$656.32	\$656.32	10/1/2009
27641	partial removal of fibula	\$526.05	\$526.05	10/1/2009
27645	radical resection of tumor, bone; tibia	\$796.50	\$796.50	10/1/2009
27646	removal of fibula	\$704.68	\$704.68	10/1/2009
27647	radical resection of tumor, bone; talus or calcaneus	\$626.09	\$626.09	10/1/2009
27648	injection procedure for ankle arthrography	\$41.61	\$117.74	10/1/2009
27650	repair achilles tendon	\$511.06	\$511.06	10/1/2009
27652	repair/grafft achilles tendon	\$564.46	\$564.46	10/1/2009
27654	repair, secondary, achilles tendon, with or without graft	\$550.86	\$550.86	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
27656	repair fascial defect of leg	\$264.11	\$390.73	10/1/2009
27658	repair, flexor tendon, leg; primary, without graft, each tendon	\$289.54	\$289.54	10/1/2009
27659	repair, flexor tendon, leg; secondary, with or without graft, each tendon	\$381.39	\$381.39	10/1/2009
27664	repair, extensor tendon, leg; primary, without graft, each tendon	\$275.64	\$275.64	10/1/2009
27665	repair, extensor tendon, leg; secondary, with or without graft, each tendon	\$316.18	\$316.18	10/1/2009
27675	repair, dislocating peroneal tendons; without fibular osteotomy	\$389.01	\$389.01	10/1/2009
27676	repair disloc peroneal tendons with fibular osteo	\$471.76	\$471.76	10/1/2009
27680	tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon	\$328.41	\$328.41	10/1/2009
27681	tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons	\$391.40	\$391.40	10/1/2009
27685	lengthening or shortening of tendon, leg or ankle; single tendon (separate	\$362.75	\$463.69	10/1/2009
27686	lengthening or shortening of tendon, leg or ankle; multiple tendons (through	\$427.41	\$427.41	10/1/2009
27687	gastrocnemius recession	\$351.75	\$351.75	10/1/2009
27690	revision of leg tendon	\$485.05	\$485.05	10/1/2009
27691	transfer or transplant of single tendon (with muscle redirection or rerouting);	\$568.68	\$568.68	10/1/2009
27695	repair, primary, disrupted ligament, ankle; collateral	\$374.16	\$374.16	10/1/2009
27696	repair of ankle ligaments	\$448.28	\$448.28	10/1/2009
27698	repair, secondary disrupted ligament, ankle, collateral (eg, watson-jones	\$503.48	\$503.48	10/1/2009
27700	repair of ankle	\$477.45	\$477.45	10/1/2009
27702	arthroplasty ankle with implant	\$760.81	\$760.81	10/1/2009
27703	arthroplasty, ankle; revision, total ankle	\$881.10	\$881.10	10/1/2009
27704	removal ankle implant	\$429.85	\$429.85	10/1/2009
27705	incision of tibia	\$583.21	\$583.21	10/1/2009
27707	incision of fibula	\$294.17	\$294.17	10/1/2009
27709	incision of tibia & fibula	\$854.76	\$854.76	10/1/2009
27712	osteotomy; multiple, with realignment on intramedullary rod (eg, sofield type	\$832.37	\$832.37	10/1/2009
27715	osteoplasty, tibia and fibula, lengthening or shortening	\$813.00	\$813.00	10/1/2009
27720	repair of lower leg	\$667.27	\$667.27	10/1/2009
27722	repair/graff of lower leg	\$665.95	\$665.95	10/1/2009
27724	repair/graff of lower leg	\$983.42	\$983.42	10/1/2009
27725	repair malunion tibia by synostosis with fibula	\$912.97	\$912.97	10/1/2009
27726	repair of fibula nonunion and/or malunion with internal fixation	\$698.00	\$698.00	10/1/2009
27727	repair congenital pseudarthrosis tibia	\$743.05	\$743.05	10/1/2009
27730	arrest, epiphyseal (epiphysiodesis), any method; distal tibia	\$443.03	\$443.03	10/1/2009
27732	repair of fibula epiphysis	\$301.19	\$301.19	10/1/2009
27734	repair lower leg epiphyses	\$453.45	\$453.45	10/1/2009
27740	arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal	\$502.98	\$502.98	10/1/2009
27742	repair of leg epiphyses	\$530.80	\$530.80	10/1/2009
27745	prophylactic treatment tibia	\$572.13	\$572.13	10/1/2009
27750	treatment of tibia fracture	\$221.25	\$240.29	10/1/2009
27752	repair of tibia fracture	\$364.86	\$389.67	10/1/2009
27756	repair of tibia fracture	\$424.43	\$424.43	10/1/2009
27758	open rx closed or open tibial shaft fx complicated	\$672.68	\$672.68	10/1/2009
27759	treatment of tibial shaft fracture (with or without fibular fracture) by	\$763.09	\$763.09	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
27760	treatment of ankle fracture	\$210.82	\$231.29	10/1/2009
27762	repair of ankle fracture	\$323.16	\$348.25	10/1/2009
27766	repair of ankle fracture	\$456.67	\$456.67	10/1/2009
27767	closed treatment of posterior malleolus fracture; without manipulation	\$184.54	\$183.67	10/1/2009
27768	closed treatment of posterior malleolus fracture; with manipulation	\$298.71	\$298.71	10/1/2009
27769	open treatment of posterior malleolus fracture, includes internal fixation, when perfor	\$523.31	\$523.31	10/1/2009
27780	treatment of fibula fracture	\$188.09	\$206.83	10/1/2009
27781	repair of fibula fracture	\$281.85	\$301.18	10/1/2009
27784	repair of fibula fracture	\$519.55	\$519.55	10/1/2009
27786	treatment of ankle fracture	\$198.17	\$219.23	10/1/2009
27788	repair of ankle fracture	\$281.31	\$303.80	10/1/2009
27792	repair of ankle fracture	\$525.17	\$525.17	10/1/2009
27808	treatment of ankle fracture	\$206.54	\$229.04	10/1/2009
27810	repair of ankle fracture	\$315.05	\$340.72	10/1/2009
27814	repair of ankle fracture	\$586.14	\$586.14	10/1/2009
27816	treatment of ankle fracture	\$196.54	\$217.31	10/1/2009
27818	repair of ankle fracture	\$322.55	\$351.68	10/1/2009
27822	open rx closed or open trimalleolar ankle fx med a	\$640.86	\$640.86	10/1/2009
27823	open rx closed or open trimalleolar ankle fx w/int	\$731.17	\$731.17	10/1/2009
27824	close tx fx wt bearing portion distal tibia	\$211.06	\$218.85	10/1/2009
27825	closed tx fx wt bearing portion tibia; with skel trac	\$370.73	\$401.30	10/1/2009
27826	open tx fx distal tibia with fixation of fibula only	\$615.27	\$615.27	10/1/2009
27827	open tx fx tibia with fixation fibula or tibia only	\$820.90	\$820.90	10/1/2009
27828	open tx fx tibia with int & ext fix of both tibia & fibula	\$983.44	\$983.44	10/1/2009
27829	open tx tibiofibular joint	\$491.21	\$491.21	10/1/2009
27830	repair lower leg dislocation	\$239.45	\$254.74	10/1/2009
27831	repair lower leg dislocation	\$279.32	\$279.32	10/1/2009
27832	repair lower leg dislocation	\$530.32	\$530.32	10/1/2009
27840	repair ankle dislocation	\$258.19	\$258.19	10/1/2009
27842	repair ankle dislocation	\$361.36	\$361.36	10/1/2009
27846	repair ankle dislocation	\$559.69	\$559.69	10/1/2009
27848	repair ankle dislocation	\$633.75	\$633.75	10/1/2009
27860	fixation of ankle	\$134.93	\$134.93	10/1/2009
27870	fusion of ankle	\$800.56	\$800.56	10/1/2009
27871	arthrodesis tibiofibular joint proximal or distal	\$524.43	\$524.43	10/1/2009
27880	amputation of lower leg	\$711.28	\$711.28	10/1/2009
27881	amputation leg w/immediate fitting technique inc a	\$683.07	\$683.07	10/1/2009
27882	amputation of lower leg	\$481.88	\$481.88	10/1/2009
27884	amputation follow-up surgery	\$447.23	\$447.23	10/1/2009
27886	amputation follow-up surgery	\$510.22	\$510.22	10/1/2009
27888	amputation, ankle, through malleoli of tibia and fibula (eg, syme, pirogoff	\$539.17	\$539.17	10/1/2009
27889	ankle disarticulation	\$528.08	\$528.08	10/1/2009
27892	decompression fasciotomy, leg; ant &/or lat compar	\$413.52	\$413.52	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
27893	decompression fasciotomy, leg; posterior compart.	\$418.34	\$418.34	10/1/2009
27894	decompression fasciotomy, leg; ant &/or lat & post	\$643.39	\$643.39	10/1/2009
28001	incision and drainage, bursa, foot	\$140.72	\$197.82	10/1/2009
28002	incision and drainage below fascia, with or without tendon sheath involvement,	\$296.68	\$370.22	10/1/2009
28003	drainage of foot	\$438.19	\$512.60	10/1/2009
28005	incision, bone cortex (eg, osteomyelitis or bone abscess), foot	\$476.43	\$476.43	10/1/2009
28008	incision of foot ligaments	\$237.81	\$312.79	10/1/2009
28010	tenotomy, percutaneous, toe; single tendon	\$164.14	\$174.81	10/1/2009
28011	tenotomy, percutaneous, toe; multiple tendons	\$231.71	\$247.87	10/1/2009
28020	arthrotomy, including exploration, drainage, or removal of loose or foreign	\$278.71	\$370.72	10/1/2009
28022	exploration of a foot joint	\$258.06	\$342.28	10/1/2009
28024	exploration of a toe joint	\$244.48	\$325.23	10/1/2009
28035	release, tarsal tunnel (posterior tibial nerve decompression)	\$281.39	\$373.11	10/1/2009
28039	excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	\$211.15	\$293.58	1/1/2010
28043	excision, tumor, foot; subcutaneous tissue	\$201.76	\$249.06	10/1/2009
28045	excision benign tumor deep subfascial intramuscula	\$256.93	\$348.65	10/1/2009
28046	radical resection soft tissue tumor foot	\$527.14	\$639.05	10/1/2009
28047	Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot or toe; 3 cm or	\$588.26	\$588.26	1/1/2010
28050	arthrotomy with biopsy; intertarsal or tarsometatarsal joint	\$242.26	\$327.35	10/1/2009
28052	biopsy of a foot joint	\$220.52	\$301.85	10/1/2009
28054	biopsy to toe joint	\$200.68	\$282.88	10/1/2009
28055	neurectomy, intrinsic musculature of foot	\$309.75	\$309.75	10/1/2009
28060	fasciectomy, plantar fascia; partial (separate procedure)	\$282.89	\$368.27	10/1/2009
28062	removal of foot fascia	\$332.61	\$434.12	10/1/2009
28070	exploration of a foot joint	\$276.81	\$365.06	10/1/2009
28072	exploration of a foot joint	\$267.11	\$358.83	10/1/2009
28080	excision, interdigital (morton) neuroma, single, each	\$269.64	\$352.12	10/1/2009
28086	synovectomy tendon sheath flexor	\$278.97	\$384.81	10/1/2009
28088	synovectomy tendon sheath extensor	\$232.00	\$326.03	10/1/2009
28090	excision of lesion, tendon, tendon sheath, or capsule (including synovectomy)	\$243.59	\$330.40	10/1/2009
28092	excision of lesion, tendon, tendon sheath, or capsule (including synovectomy)	\$213.29	\$297.50	10/1/2009
28100	removal of heel lesion	\$316.27	\$426.15	10/1/2009
28102	excision or curettage of bone cyst or benign tumor, talus or calcaneus;	\$431.58	\$431.58	10/1/2009
28103	removal/grafft heel lesion	\$349.14	\$349.14	10/1/2009
28104	excision or curettage of bone cyst or benign tumor, tarsal or metatarsal,	\$277.13	\$366.26	10/1/2009
28106	excision or curettage of bone cyst or benign tumor, tarsal	\$369.49	\$369.49	10/1/2009
28107	removal/grafft foot lesion	\$302.34	\$406.17	10/1/2009
28108	removal of toe lesions	\$228.56	\$307.87	10/1/2009
28110	partial removal metatarsal	\$227.99	\$322.59	10/1/2009
28111	partial removal metatarsals	\$267.06	\$367.99	10/1/2009
28112	partial removal metatarsals	\$249.37	\$347.71	10/1/2009
28113	partial removal metatarsal	\$325.57	\$416.72	10/1/2009
28114	ostectomy, complete excision; all metatarsal heads, with partial proximal	\$630.31	\$759.81	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
28116	revision of foot	\$448.79	\$544.54	10/1/2009
28118	partial removal of heel	\$324.00	\$420.04	10/1/2009
28119	removal of heel spur	\$286.73	\$374.41	10/1/2009
28120	partial excision (craterization, saucerization, sequestrectomy, or	\$308.17	\$414.60	10/1/2009
28122	partial excision (craterization, saucerization, sequestrectomy, or	\$396.12	\$484.37	10/1/2009
28124	partial excision (craterization, saucerization, sequestrectomy, or	\$264.10	\$342.54	10/1/2009
28126	resection, partial or complete, phalangeal base, each toe	\$198.34	\$275.93	10/1/2009
28130	removal of bone of ankle	\$492.26	\$492.26	10/1/2009
28140	removal of metatarsal	\$360.82	\$455.71	10/1/2009
28150	phalangectomy, toe, each toe	\$226.66	\$307.99	10/1/2009
28153	resection, condyle(s), distal end of phalanx, each toe	\$206.01	\$286.77	10/1/2009
28160	hemiphalangectomy or interphalangeal joint excision, toe, proximal end of	\$214.67	\$294.27	10/1/2009
28171	radical resection of tumor, bone; tarsal (except talus or calcaneus)	\$483.97	\$483.97	10/1/2009
28173	radical resection of tumor, bone; metatarsal	\$441.60	\$544.56	10/1/2009
28175	radical resection of tumor, bone; phalanx of toe	\$310.93	\$398.32	10/1/2009
28190	remove foreign body subcutaneous	\$105.31	\$175.10	10/1/2009
28192	removal foreign body deep	\$252.32	\$338.55	10/1/2009
28193	removal foreign body complicated	\$300.52	\$389.35	10/1/2009
28200	repair, tendon, flexor, foot; primary or secondary, without free graft, each	\$251.64	\$338.46	10/1/2009
28202	repair/grafft of foot tendon	\$352.38	\$451.89	10/1/2009
28208	repair, tendon, extensor, foot; primary or secondary, each tendon	\$241.57	\$325.79	10/1/2009
28210	repair/grafft of foot tendon	\$328.93	\$420.93	10/1/2009
28220	tenolysis, flexor, foot; single tendon	\$244.05	\$322.21	10/1/2009
28222	tenolysis, flexor, foot; multiple tendons	\$291.08	\$373.28	10/1/2009
28225	tenolysis, extensor, foot; single tendon	\$202.04	\$279.33	10/1/2009
28226	tenolysis, extensor, foot; multiple tendons	\$252.04	\$335.96	10/1/2009
28230	tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate	\$232.00	\$309.29	10/1/2009
28232	tenotomy, open, tendon flexor; toe, single tendon (separate procedure)	\$196.69	\$273.41	10/1/2009
28234	tenotomy, open, extensor, foot or toe, each tendon	\$205.63	\$283.21	10/1/2009
28238	reconstruction (advancement), posterior tibial tendon with excision of	\$395.79	\$496.16	10/1/2009
28240	release of big toe	\$238.07	\$318.25	10/1/2009
28250	division of plantar fascia and muscle (eg, steindler stripping) (separate	\$316.27	\$405.68	10/1/2009
28260	release of midfoot joint	\$409.15	\$497.70	10/1/2009
28261	capulotomy with tendon lengthening	\$624.21	\$724.29	10/1/2009
28262	capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and	\$872.77	\$1,010.63	10/1/2009
28264	capsulotomy, midtarsal (eg, heyman type procedure)	\$548.25	\$645.74	10/1/2009
28270	capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint	\$263.48	\$344.24	10/1/2009
28272	capsulotomy; interphalangeal joint, each joint (separate procedure)	\$205.54	\$281.11	10/1/2009
28280	syndactylization, toes (eg, webbing or kelikian type procedure)	\$286.54	\$377.68	10/1/2009
28285	correction, hammertoe (eg, interphalangeal fusion, partial or total	\$252.98	\$333.44	10/1/2009
28286	correction, cock-up fifth toe, with plastic skin closure (eg, ruiz-mora type	\$243.26	\$326.03	10/1/2009
28288	ostectomy, partial, exostectomy or condylectomy, metatarsal head, each	\$328.98	\$417.53	10/1/2009
28289	hallux rigidus correction with cheilectomy, debridement and capsular release of	\$429.07	\$529.72	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
28290	correction, hallux valgus (bunion), with or without sesamoideectomy; simple	\$313.39	\$411.73	10/1/2009
28292	removal of big toe joint	\$461.77	\$563.00	10/1/2009
28293	removal of big toe joint	\$559.94	\$750.00	10/1/2009
28294	correction, hallux valgus (bunion), with or without sesamoideectomy; with tendon	\$427.63	\$544.72	10/1/2009
28296	incision of metatarsal	\$424.46	\$533.77	10/1/2009
28297	hallux valgus correction,lapidus type procedure	\$477.02	\$603.06	10/1/2009
28298	incision of toe	\$406.35	\$520.56	10/1/2009
28299	correction, hallux valgus (bunion), with or without sesamoideectomy; by double osteotomy; calcaneus (eg, dwyer or chambers type procedure), with or without	\$550.94	\$671.21	10/1/2009
28300	osteotomy, calcaneus (eg, dwyer or chambers type procedure), with or without	\$514.09	\$514.09	10/1/2009
28302	incision of ankle bone	\$509.43	\$509.43	10/1/2009
28304	osteotomy, tarsal bones, other than calcaneus or talus;	\$469.07	\$579.23	10/1/2009
28305	osteotomy, tarsal bones, other than calcaneus or talus; with autograft	\$539.11	\$539.11	10/1/2009
28306	osteotomy, with or without lengthening, shortening or angular correction,	\$316.82	\$431.60	10/1/2009
28307	osteotomy, with or without lengthening, shortening or angular correction,	\$356.62	\$507.46	10/1/2009
28308	osteotomy, with or without lengthening, shortening or angular correction,	\$290.27	\$390.93	10/1/2009
28309	osteotomy, with or without lengthening, shortening or angular correction,	\$695.85	\$695.85	10/1/2009
28310	osteotomy, shortening, angular or rotational correction; proximal phalanx, incision of big toes	\$283.63	\$385.44	10/1/2009
28312	incision of big toes	\$252.21	\$352.00	10/1/2009
28313	reconstruction, angular deformity of toe, soft tissue procedures only (eg, sesamoideectomy first toe	\$288.43	\$370.34	10/1/2009
28315	sesamoideectomy first toe	\$258.12	\$340.61	10/1/2009
28320	repair, nonunion or malunion; tarsal bones	\$486.55	\$486.55	10/1/2009
28322	repair of metatarsals	\$448.84	\$561.61	10/1/2009
28340	reconst toe, macrodactyly; soft tissue resection	\$350.90	\$448.09	10/1/2009
28341	reconst, toe, macrodactyly; w/ bone resection	\$415.88	\$517.40	10/1/2009
28344	reconstruction, toe(s); polydactyly	\$244.84	\$341.45	10/1/2009
28345	reconstruct toes syndactyly w/wo graft	\$320.80	\$413.96	10/1/2009
28360	reconstruction cleft foot	\$749.84	\$749.84	10/1/2009
28400	treatment of heel fracture	\$160.35	\$173.91	10/1/2009
28405	repair of heel fracture	\$269.54	\$286.56	10/1/2009
28406	treat closed calcan fixation w/manipulation skelet	\$393.77	\$393.77	10/1/2009
28415	repair of heel fracture	\$870.25	\$870.25	10/1/2009
28420	repair/graff heel fracture	\$917.38	\$917.38	10/1/2009
28430	treatment of ankle fracture	\$145.82	\$162.84	10/1/2009
28435	repair of ankle fracture	\$215.06	\$231.21	10/1/2009
28436	treatment of closed talusfx w/ manip and pinning	\$314.73	\$314.73	10/1/2009
28445	repair of ankle fracture	\$821.81	\$821.81	10/1/2009
28450	treatment midfoot fracture	\$135.55	\$150.55	10/1/2009
28455	repair midfoot fracture	\$196.90	\$210.16	10/1/2009
28456	treatment of closed tarsal bone fx w/ manip,pinnin	\$201.16	\$201.16	10/1/2009
28465	repair midfoot fracture(s)	\$466.78	\$466.78	10/1/2009
28470	treat metatarsal fractures	\$136.33	\$150.46	10/1/2009
28475	repair metatarsal fractures	\$178.31	\$192.15	10/1/2009
28476	treatment of closed metatarsal fx w/ manip,pinning	\$249.20	\$249.20	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
28485	repair metatarsal fractures	\$402.31	\$402.31	10/1/2009
28490	treat big toe fracture	\$84.98	\$96.52	10/1/2009
28495	repair big toe fracture	\$109.26	\$122.53	10/1/2009
28496	treatment of closed toe fx w/ manip and pinning	\$167.29	\$293.90	10/1/2009
28505	repair of big toe fracture	\$370.72	\$476.86	10/1/2009
28510	treatment of toe fracture	\$82.68	\$84.12	10/1/2009
28515	repair of toe fracture	\$102.53	\$110.89	10/1/2009
28525	repair of toe fracture	\$294.14	\$399.98	10/1/2009
28530	treatment of closed sesamoid fracture	\$75.38	\$81.14	10/1/2009
28531	open tx sesamoid fx	\$145.55	\$260.62	10/1/2009
28540	repair foot dislocation	\$135.51	\$144.45	10/1/2009
28545	repair foot dislocation	\$164.31	\$177.58	10/1/2009
28546	treatment tarsal disloc with percutaneous skeletal	\$221.57	\$331.45	10/1/2009
28555	repair of foot dislocation	\$497.86	\$623.90	10/1/2009
28570	repair foot dislocation	\$112.64	\$124.46	10/1/2009
28575	repair foot dislocation	\$224.03	\$238.75	10/1/2009
28576	percutaneous skeletal fix talotarsel jnt disloc.	\$264.07	\$264.07	10/1/2009
28585	repair of foot dislocation	\$560.44	\$667.45	10/1/2009
28600	repair foot dislocation	\$135.62	\$150.04	10/1/2009
28605	repair foot dislocation	\$182.56	\$194.67	10/1/2009
28606	treat clsd tars/metatars desloc w/percut skel fix	\$292.30	\$292.30	10/1/2009
28615	repair foot dislocation	\$586.60	\$586.60	10/1/2009
28630	repair of toe dislocation	\$84.40	\$107.76	10/1/2009
28635	repair of toe dislocation	\$105.11	\$128.48	10/1/2009
28636	percu. skeletal fix met at arsophalangeal jnt disloc	\$155.72	\$210.81	10/1/2009
28645	repair of toe dislocation	\$362.27	\$452.26	10/1/2009
28660	repair of toe dislocation	\$64.33	\$78.46	10/1/2009
28665	repair of toe dislocation	\$104.57	\$114.94	10/1/2009
28666	percu. skeletal fix metatarsophalangeal joint dislocation	\$149.12	\$149.12	10/1/2009
28675	open treatment of closed or open interphalangeal j	\$301.14	\$409.00	10/1/2009
28705	arthrodesis; pantalar	\$1,015.48	\$1,015.48	10/1/2009
28715	arthrodesis; triple	\$750.59	\$750.59	10/1/2009
28725	arthrodesis; subtalar	\$618.13	\$618.13	10/1/2009
28730	fusion of foot bones	\$645.81	\$645.81	10/1/2009
28735	arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with	\$618.46	\$618.46	10/1/2009
28737	arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal	\$548.72	\$548.72	10/1/2009
28740	fusion of foot bones	\$484.05	\$617.29	10/1/2009
28750	fusion of big toe joint	\$460.11	\$599.99	10/1/2009
28755	fusion of big toe joint	\$261.70	\$360.62	10/1/2009
28760	arthrodesis, with extensor hallucis longus transfer to first metatarsal neck,	\$454.95	\$569.74	10/1/2009
28800	amputation, foot; midtarsal (eg, chopart type procedure)	\$442.99	\$442.99	10/1/2009
28805	amputation thru metatarsal	\$585.37	\$585.37	10/1/2009
28810	amputation toe & metatarsal	\$340.85	\$340.85	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
28820	amputation of toe	\$268.36	\$381.13	10/1/2009
28825	partial amputation of toe	\$306.21	\$414.08	10/1/2009
29075	application of forearm cast	\$45.90	\$62.34	10/1/2009
29085	application hand/wrist cast	\$49.50	\$66.52	10/1/2009
29105	application long arm splint	\$44.78	\$61.80	10/1/2009
29125	application forearm splint	\$31.90	\$47.76	10/1/2009
29130	application finger splint static	\$22.26	\$29.47	10/1/2009
29200	strapping of chest	\$30.87	\$38.94	10/1/2009
29240	strapping of shoulder	\$34.28	\$43.52	10/1/2009
29260	strapping of elbow or wrist	\$28.23	\$37.46	10/1/2009
29280	strapping any age hand or finger	\$26.59	\$36.11	10/1/2009
29358	application long leg clast brace	\$78.37	\$108.95	10/1/2009
29405	application short leg cast	\$48.90	\$63.90	10/1/2009
29425	application short leg cast	\$54.07	\$69.35	10/1/2009
29440	adding walker to previously applied cast	\$26.85	\$38.10	10/1/2009
29505	application long leg splint	\$36.07	\$54.25	10/1/2009
29515	application lower leg splint	\$37.81	\$51.08	10/1/2009
29530	strapping of knee	\$28.86	\$38.08	10/1/2009
29540	strapping; ankle and/or foot	\$25.74	\$31.50	10/1/2009
29550	strapping toes	\$24.21	\$30.55	10/1/2009
29580	strapping unna boot	\$28.34	\$38.43	10/1/2009
29582	application of multi-layer compression system; thigh and leg, including ankle	\$9.13	\$40.60	1/1/2012
29583	application of multi-layer compression system; upper arm and forearm	\$6.67	\$25.16	1/1/2012
29584	application of multi-layer compression system; upper arm, forearm, hand, and	\$9.13	\$40.60	1/1/2012
29700	removal/revision of cast	\$27.15	\$46.17	10/1/2009
29705	removal of full arm or leg cast	\$37.23	\$49.05	10/1/2009
29720	repair of cast	\$34.24	\$57.03	10/1/2009
29730	revision of cast	\$35.85	\$47.67	10/1/2009
29740	revision of cast	\$52.33	\$68.48	10/1/2009
29800	arthroscopy, tm joint with or w/o synovial biopsy	\$387.75	\$387.75	10/1/2009
29804	arthroscopy, tm joint, surgical	\$482.28	\$482.28	10/1/2009
29805	arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate)	\$350.73	\$350.73	10/1/2009
29806	arthroscopy, shoulder, surgical; capsulorrhaphy	\$806.56	\$806.56	10/1/2009
29807	arthroscopy, shoulder, surgical; repair of slap lesion	\$785.42	\$785.42	10/1/2009
29819	arthroscopy shoulder surgical removal of fb	\$440.33	\$440.33	10/1/2009
29820	arthroscopy synovectomy partial	\$406.47	\$406.47	10/1/2009
29821	arthroscopy synovectomy complete	\$443.93	\$443.93	10/1/2009
29822	arthroscopy debridement limited	\$431.02	\$431.02	10/1/2009
29823	arthroscopy debridement extensive	\$471.68	\$471.68	10/1/2009
29824	arthroscopy, shoulder, surgical; distal claviclectomy including distal	\$502.66	\$502.66	10/1/2009
29825	arthroscopy with lysis of adhesions	\$439.76	\$439.76	10/1/2009
29826	arthroscopy shoulder w/ decompr subacromial space	\$505.19	\$505.19	10/1/2009
29827	arthroscopy, shoulder, surgical; with rotator cuff repair	\$827.22	\$827.22	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
29828	arthroscopy, shoulder, surgical; biceps tenodesis	\$692.23	\$692.23	10/1/2009
29830	arthroscopy elbow diagnostic	\$338.57	\$338.57	10/1/2009
29834	arthroscopy elbow surgical with removal of fb	\$368.98	\$368.98	10/1/2009
29835	arthroscopy elbow synovectomy partial	\$378.80	\$378.80	10/1/2009
29836	arthroscopy elbow synovectomy complete	\$435.60	\$435.60	10/1/2009
29837	arthroscopy elbow debridement limited	\$397.33	\$397.33	10/1/2009
29838	arthroscopy elbow debridement extensive	\$444.18	\$444.18	10/1/2009
29840	arthroscopy, wrist, diagnostic, with or without synovial biopsy	\$331.64	\$331.64	10/1/2009
29843	surgical arthroscopy for infection	\$356.53	\$356.53	10/1/2009
29844	surgical arthroscopy for partial synovectomy	\$370.71	\$370.71	10/1/2009
29845	surgical arthroscopy for complete synovectomy	\$423.77	\$423.77	10/1/2009
29846	surgical arthroscopy for excision fibrocartilage	\$390.07	\$390.07	10/1/2009
29847	surgical arthroscopy for fixation of fracture	\$405.17	\$405.17	10/1/2009
29848	endoscopy, wrist, surgical, with release of transverse carpal ligament	\$368.46	\$368.46	10/1/2009
29850	arthroscopically aided tx of fx knee	\$430.89	\$430.89	10/1/2009
29851	arthroscopically aided tx fx of knee	\$709.53	\$709.53	10/1/2009
29855	arthroscopically aided tx of tibial fx	\$593.19	\$593.19	10/1/2009
29856	arthroscopically aided tx of tibial fx	\$760.53	\$760.53	10/1/2009
29860	arthroscopy, hip, diagnostic with or without synovial biopsy (separate	\$488.56	\$488.56	10/1/2009
29861	arthroscopy, hip, surgical; with removal of loose body or foreign body	\$542.41	\$542.41	10/1/2009
29862	arthroscopy, hip, surgical; with debridement/shaving of articular cartilage	\$605.37	\$605.37	10/1/2009
29863	arthroscopy, hip, surgical; with synovectomy	\$599.11	\$599.11	10/1/2009
29866	arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty)	\$790.22	\$790.22	10/1/2009
29867	arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	\$959.15	\$959.15	10/1/2009
29870	arthroscopy knee diagnostic	\$304.19	\$304.19	10/1/2009
29871	arthroscopy knee surgical	\$382.91	\$382.91	10/1/2009
29873	arthroscopy, knee, surgical; with lateral release	\$381.18	\$381.18	10/1/2009
29874	arthroscopy knee with removal of foreign body	\$401.95	\$401.95	10/1/2009
29875	arthroscopy knee synovectomy limited	\$370.40	\$370.40	10/1/2009
29876	arthroscopy knee synovectomy major	\$487.59	\$487.59	10/1/2009
29877	arthroscopy knee debridement/shaving	\$461.12	\$461.12	10/1/2009
29879	arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty)	\$493.75	\$493.75	10/1/2009
29880	arthroscopy w/meniscectomy, knee	\$515.72	\$515.72	10/1/2009
29881	arthroscopy knee with meniscectomy	\$480.28	\$480.28	10/1/2009
29882	arthroscopy knee with meniscus repair	\$520.71	\$520.71	10/1/2009
29883	arthroscopy w/meniscus repair, knee	\$636.07	\$636.07	10/1/2009
29884	arthroscopy knee with lysis of adhesions	\$459.71	\$459.71	10/1/2009
29885	surgical arthroscopy w/bone grafting, knee	\$558.26	\$558.26	10/1/2009
29886	arthroscopy knee drilling	\$470.32	\$470.32	10/1/2009
29887	arthroscopy knee drilling with internal fixation	\$555.05	\$555.05	10/1/2009
29888	ligament repair by arthroscopy, anterior	\$754.92	\$754.92	10/1/2009
29889	ligament repair by arthroscopy, posterior	\$921.85	\$921.85	10/1/2009
29891	arthroscopy, ankle, surgical; excision of osteochondral defect of talus and/or	\$523.49	\$523.49	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
29892	arthroscopically aided repair of large osteochondritis dissecans lesion, talar	\$535.95	\$535.95	10/1/2009
29893	endoscopic plantar fasciotomy	\$329.22	\$432.18	10/1/2009
29894	arthroscopy ankle surgical	\$393.30	\$393.30	10/1/2009
29895	arthroscopy ankle synovectomy partial	\$380.46	\$380.46	10/1/2009
29897	arthroscopy ankle debridement limited	\$398.24	\$398.24	10/1/2009
29898	arthroscopy ankle debridement extensive	\$445.79	\$445.79	10/1/2009
29899	endoscopic plantar fasciotomy with ankle arthrodesis	\$802.22	\$802.22	10/1/2009
29900	arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy	\$340.90	\$340.90	10/1/2009
29901	arthroscopy, metacarpophalangeal joint, surgical; with debridement	\$374.06	\$374.06	10/1/2009
29902	arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced	\$400.23	\$400.23	10/1/2009
29904	arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body	\$465.09	\$465.09	10/1/2009
29905	arthroscopy, subtalar joint, surgical; with synovectomy	\$500.24	\$500.24	10/1/2009
29906	arthroscopy, subtalar joint, surgical; with debridement	\$526.94	\$526.94	10/1/2009
29907	arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	\$646.77	\$646.77	10/1/2009
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	\$842.48	\$842.48	1/1/2011
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	\$858.51	\$858.51	1/1/2011
29916	Arthroscopy, hip, surgical; with labral repair	\$858.51	\$858.51	1/1/2011
30000	drainage of nose lesion	\$87.39	\$164.10	10/1/2009
30020	drainage of nose lesion	\$87.96	\$158.91	10/1/2009
30110	removal of nose polyp(s)	\$97.48	\$161.22	10/1/2009
30115	removal of nose polyp(s)	\$315.70	\$315.70	10/1/2009
30117	excision or destruction (eg, laser), intranasal lesion; internal approach	\$244.22	\$585.41	10/1/2009
30118	removal of nose lesion	\$574.52	\$574.52	10/1/2009
30120	revision of nose	\$333.61	\$379.75	10/1/2009
30124	removal of nose lesion	\$200.62	\$200.62	10/1/2009
30125	removal of nose lesion	\$456.74	\$456.74	10/1/2009
30130	excision turbinate, partial or complete, any method	\$274.54	\$274.54	10/1/2009
30140	submucous resection turbinate, partial or complete, any method	\$312.69	\$312.69	10/1/2009
30150	partial removal of nose	\$587.00	\$587.00	10/1/2009
30160	removal of nose	\$590.79	\$590.79	10/1/2009
30210	displace therapy	\$73.28	\$105.30	10/1/2009
30220	insertion, nasal septal prosthesis (button)	\$93.41	\$205.89	10/1/2009
30300	remove foreign body,nose	\$88.56	\$159.51	10/1/2009
30310	remove foreign body,nose	\$149.98	\$149.98	10/1/2009
30320	remove foreign body,nose	\$331.30	\$331.30	10/1/2009
30400	reconstruction of nose	\$763.44	\$763.44	10/1/2009
30410	reconstruction of nose	\$907.80	\$907.80	10/1/2009
30420	reconstruction of nose	\$1,022.95	\$1,022.95	10/1/2009
30430	revision of nose	\$664.59	\$664.59	10/1/2009
30435	rhinoplasty secondary intermediate revision	\$881.84	\$881.84	10/1/2009
30450	rhinoplasty secondary major revision	\$1,177.92	\$1,177.92	10/1/2009
30460	rhinoplasty for nasal deformity; tip only	\$572.10	\$572.10	10/1/2009
30462	rhinoplasty for nasal deformity; tip,septum,osteot	\$1,149.97	\$1,149.97	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
30465	repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall	\$730.42	\$730.42	10/1/2009
30520	repair of nasal septum	\$445.33	\$445.33	10/1/2009
30540	repair nasal lesion	\$497.58	\$497.58	10/1/2009
30545	repair nasal lesion	\$720.58	\$720.58	10/1/2009
30560	release of nasal adhesions	\$101.01	\$188.98	10/1/2009
30580	repair upper jaw fistula	\$375.46	\$463.14	10/1/2009
30600	repair mouth/nose fistula	\$333.17	\$425.75	10/1/2009
30620	reconstruction inner nose	\$452.24	\$452.24	10/1/2009
30630	repair nasal septal perforations	\$461.75	\$461.75	10/1/2009
30801	cautery and/or ablation, mucosa of turbinates, unilateral or bilateral, any	\$96.38	\$158.97	10/1/2009
30802	cauterization and/or ablation, mucosa of turbinates, unilateral	\$138.61	\$206.96	10/1/2009
30901	control nasal hemorrhage, anterior, simple	\$49.13	\$77.10	10/1/2009
30903	control nasal hemorrhage, anterior, complex	\$63.85	\$139.70	10/1/2009
30905	control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery,	\$82.09	\$174.09	10/1/2009
30906	control hemorrhage posterior subsequent w posterio	\$106.88	\$200.61	10/1/2009
30915	ligation nasal sinus artery	\$430.43	\$430.43	10/1/2009
30920	ligation upper jaw artery	\$620.74	\$620.74	10/1/2009
30930	fracture nasal turbinate(s), therapeutic	\$89.58	\$89.58	10/1/2009
31000	lavage by cannulation; maxillary sinus	\$77.49	\$127.38	10/1/2009
31002	irrigation of sinus	\$147.36	\$147.36	10/1/2009
31020	exploration of sinus	\$255.86	\$344.69	10/1/2009
31030	sinusotomy, maxillary; radical w/o removal polyps	\$386.87	\$505.98	10/1/2009
31032	sinusotomy, maxillary, radical w removal of polyps	\$422.82	\$422.82	10/1/2009
31040	exploration behind upper jaw	\$559.21	\$559.21	10/1/2009
31050	exploration of sinus	\$364.16	\$364.16	10/1/2009
31051	sinusotomy w/mucosal stripping or polyp removal	\$476.33	\$476.33	10/1/2009
31070	exploration of sinus	\$319.00	\$319.00	10/1/2009
31075	exploration of sinus	\$583.06	\$583.06	10/1/2009
31080	sinusotomy frontalobliterative wo osteoplas flap b	\$754.19	\$754.19	10/1/2009
31081	sinusotomy frontal obliterative w/o osteoplast fla	\$919.09	\$919.09	10/1/2009
31084	removal of sinus	\$880.85	\$880.85	10/1/2009
31085	removal of sinus	\$931.50	\$931.50	10/1/2009
31086	nonobliterative w osteoplastic flap brow incision	\$834.13	\$834.13	10/1/2009
31087	nonobliterative w osteoplastic flap coronal incis	\$827.56	\$827.56	10/1/2009
31090	sinusotomy, unilateral, three or more paranasal sinuses (frontal, maxillary,	\$738.81	\$738.81	10/1/2009
31200	removal of sinus	\$391.56	\$391.56	10/1/2009
31201	removal of sinus	\$542.81	\$542.81	10/1/2009
31205	removal of sinus	\$637.63	\$637.63	10/1/2009
31225	removal of upper jaw	\$1,382.75	\$1,382.75	10/1/2009
31230	removal of upper jaw	\$1,552.17	\$1,552.17	10/1/2009
31239	nasal/sinus endoscopy, surgical;	\$501.93	\$501.93	10/1/2009
31290	nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak;	\$896.37	\$896.37	10/1/2009
31291	nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak;	\$944.70	\$944.70	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
31292	nasal/sinus endoscopy, surgical;	\$775.24	\$775.24	10/1/2009
31293	nasal/sinus endoscopy, surgical;	\$844.90	\$844.90	10/1/2009
31294	nasal/sinus endoscopy, surgical;	\$970.70	\$970.70	10/1/2009
31300	removal of larynx lesion	\$942.41	\$942.41	10/1/2009
31320	incision of larynx	\$474.46	\$474.46	10/1/2009
31360	removal of larynx	\$1,514.55	\$1,514.55	10/1/2009
31365	removal of larynx	\$1,899.08	\$1,899.08	10/1/2009
31367	partial removal of larynx	\$1,633.21	\$1,633.21	10/1/2009
31368	partial removal of larynx	\$1,825.05	\$1,825.05	10/1/2009
31370	partial removal of larynx	\$1,533.70	\$1,533.70	10/1/2009
31375	partial removal of larynx	\$1,450.52	\$1,450.52	10/1/2009
31380	partial removal of larynx	\$1,429.30	\$1,429.30	10/1/2009
31382	partial laryngectomy antero-latero-vertical	\$1,566.67	\$1,566.67	10/1/2009
31390	removal of larynx & pharynx	\$2,114.48	\$2,114.48	10/1/2009
31395	reconstruct larynx & pharynx	\$2,240.68	\$2,240.68	10/1/2009
31400	revision of larynx	\$746.97	\$746.97	10/1/2009
31420	removal of epiglottis	\$630.38	\$630.38	10/1/2009
31500	insertion of windpipe airway	\$89.28	\$89.28	10/1/2009
31505	visualization of larynx	\$37.31	\$60.96	10/1/2009
31511	laryngoscopy indirect with removal foreign body	\$101.97	\$157.34	10/1/2009
31580	revision of larynx	\$898.34	\$898.34	10/1/2009
31582	revision of larynx	\$1,428.24	\$1,428.24	10/1/2009
31584	repair of larynx	\$1,147.56	\$1,147.56	10/1/2009
31587	laryngoplasty, cricoid split	\$753.64	\$753.64	10/1/2009
31588	laryngoplasty nos	\$849.71	\$849.71	10/1/2009
31590	laryngeal reinnervation by neuromuscular pedicle	\$656.26	\$656.26	10/1/2009
31595	section recurrent laryngeal nerve, therapeutic (separate procedure),	\$572.08	\$572.08	10/1/2009
31601	tracheostomy under two years	\$207.49	\$207.49	10/1/2009
31605	cricothyroidostomy	\$146.91	\$146.91	10/1/2009
31610	incision of windpipe	\$534.27	\$534.27	10/1/2009
31611	const trach fistula w/ insert speech prosthesis	\$398.16	\$398.16	10/1/2009
31612	tracheal puncture, percutaneous with transtracheal aspiration and/or injection	\$38.32	\$60.82	10/1/2009
31613	tracheostoma revision;	\$328.88	\$328.88	10/1/2009
31614	tracheostoma revision complex with flap rotation	\$547.24	\$547.24	10/1/2009
31632	bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with	\$43.17	\$59.61	10/1/2009
31633	bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with	\$54.13	\$72.01	10/1/2009
31717	cath with bronchial brush biopsy	\$90.21	\$230.38	10/1/2009
31720	catheter aspiration (separate procedure); nasotracheal	\$42.80	\$42.80	10/1/2009
31725	catheter aspiration tracheobronchial with fibersco	\$77.15	\$77.15	10/1/2009
31730	transtracheal intro dilator/stent/tube for oxygen	\$117.82	\$648.49	10/1/2009
31750	repair of windpipe	\$1,000.83	\$1,000.83	10/1/2009
31755	repair of windpipe	\$1,264.04	\$1,264.04	10/1/2009
31760	repair of windpipe	\$1,097.01	\$1,097.01	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
31766	carinal reconstruction	\$1,434.72	\$1,434.72	10/1/2009
31770	repair/graft of bronchus	\$1,062.81	\$1,062.81	10/1/2009
31775	repair of bronchus	\$1,099.34	\$1,099.34	10/1/2009
31780	excision tracheal stenosis and anastomosis cervica	\$926.91	\$926.91	10/1/2009
31781	excision tracheal stenosis and anastomosis cervico	\$1,125.69	\$1,125.69	10/1/2009
31785	excis tracheal tumor or car carcinoma cervical	\$849.17	\$849.17	10/1/2009
31786	excis tracheal tumor or carcinoma thoracic	\$1,181.81	\$1,181.81	10/1/2009
31800	suture of tracheal wound or injury; cervical	\$524.57	\$524.57	10/1/2009
31805	repair of windpipe injury	\$649.96	\$649.96	10/1/2009
31820	closure of windpipe lesion	\$248.67	\$318.17	10/1/2009
31825	repair of windpipe defect	\$367.12	\$446.44	10/1/2009
31830	revision trach scar	\$257.26	\$320.42	10/1/2009
32035	thoracostomy w/rib resection	\$552.93	\$552.93	10/1/2009
32036	thoracostomy w/open flap draining for empyema	\$599.90	\$599.90	10/1/2009
32095	biopsy thru chest wall	\$492.37	\$492.37	10/1/2009
32096	thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge	\$473.94	\$473.94	1/1/2012
32097	thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg,	\$473.94	\$473.94	1/1/2012
32098	thoracotomy, with biopsy(ies) of pleura	\$445.48	\$445.48	1/1/2012
32100	exploration/biopsy of chest	\$762.24	\$762.24	10/1/2009
32110	thoracotomy major w cont of tram hem and or repair	\$1,150.37	\$1,150.37	10/1/2009
32120	exploration of chest	\$682.79	\$682.79	10/1/2009
32124	explore chest,free adhesions	\$726.37	\$726.37	10/1/2009
32140	thoracotomy major w cyst removal w or wo pleural p	\$777.30	\$777.30	10/1/2009
32141	thoracot major w/exc-plica bullae w/wo pleur proce	\$1,177.73	\$1,177.73	10/1/2009
32150	removal of lung lesion(s)	\$783.37	\$783.37	10/1/2009
32151	thoracot major w/removal intrapulmonary for body	\$800.69	\$800.69	10/1/2009
32160	open chest heart massage	\$601.73	\$601.73	10/1/2009
32200	drainage of lung lesion	\$878.65	\$878.65	10/1/2009
32215	pleural scarification for repeat pneumothorax	\$629.79	\$629.79	10/1/2009
32220	release of lung	\$1,260.02	\$1,260.02	10/1/2009
32225	partial release of lung	\$784.11	\$784.11	10/1/2009
32310	pleurectomy, parietal (separate procedure)	\$723.05	\$723.05	10/1/2009
32320	decortication/parietal pleurectomy	\$1,263.68	\$1,263.68	10/1/2009
32402	biopsy pleura open	\$443.12	\$443.12	10/1/2009
32440	removal of lung, total pneumonectomy;	\$1,263.88	\$1,263.88	10/1/2009
32442	removal of lung, total pneumonectomy;	\$2,358.32	\$2,358.32	10/1/2009
32445	removal of lung, total pneumonectomy; extrapleural	\$2,678.67	\$2,678.67	10/1/2009
32480	removal of lung, other than total pneumonectomy; single lobe (lobectomy)	\$1,192.97	\$1,192.97	10/1/2009
32482	removal of lung, other than total pneumonectomy;	\$1,272.11	\$1,272.11	10/1/2009
32484	removal of lung, other than total pneumonectomy;	\$1,151.49	\$1,151.49	10/1/2009
32486	removal of lung, other than total pneumonectomy;	\$1,841.01	\$1,841.01	10/1/2009
32488	removal of lung, other than total pneumonectomy;	\$1,864.41	\$1,864.41	10/1/2009
32491	removal of lung, other than total pneumonectomy; excision-plication of	\$1,183.46	\$1,183.46	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
32500	removal of lung, other than total pneumonectomy; wedge resection, single or	\$1,152.47	\$1,152.47	10/1/2009
32503	resection of apical lung tumor (eg, pancoast tumor), including chest wall re	\$1,456.63	\$1,456.63	10/1/2009
32504	resection of apical lung tumor (eg, pancoast tumor), including chest wall re	\$1,673.39	\$1,673.39	10/1/2009
32505	thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial	\$547.25	\$547.25	1/1/2012
32540	removal of lung lesion	\$1,325.71	\$1,325.71	10/1/2009
32550	insertion of indwelling tunneled pleural catheter with cuff	\$185.62	\$603.82	10/1/2009
32551	tube thoracostomy, includes water seal (eg, for abscess, hemothorax, empyema),	\$143.67	\$143.67	10/1/2009
32552	Removal of indwelling tunneled pleural catheter with cuff	\$100.19	\$113.06	1/1/2010
32560	chemical pleurodesis (eg, for recurrent or persistent pneumothorax)	\$91.57	\$227.42	10/1/2009
32650	thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)	\$534.61	\$534.61	10/1/2009
32651	thoracoscopy, surgical;	\$847.00	\$847.00	10/1/2009
32652	thoracoscopy, surgical;	\$1,287.25	\$1,287.25	10/1/2009
32653	thoracoscopy, surgical;	\$820.88	\$820.88	10/1/2009
32654	thoracoscopy, surgical;	\$907.76	\$907.76	10/1/2009
32655	thoracoscopy, surgical;	\$748.63	\$748.63	10/1/2009
32656	thoracoscopy, surgical;	\$640.59	\$640.59	10/1/2009
32657	thoracoscopy, surgical;	\$631.70	\$631.70	10/1/2009
32658	thoracoscopy, surgical;	\$577.10	\$577.10	10/1/2009
32659	thoracoscopy, surgical;	\$586.39	\$586.39	10/1/2009
32660	thoracoscopy, surgical;	\$829.38	\$829.38	10/1/2009
32661	thoracoscopy, surgical;	\$645.14	\$645.14	10/1/2009
32662	thoracoscopy, surgical;	\$722.28	\$722.28	10/1/2009
32663	thoracoscopy, surgical;	\$1,114.79	\$1,114.79	10/1/2009
32664	thoracoscopy, surgical;	\$686.42	\$686.42	10/1/2009
32665	thoracoscopy, surgical;	\$965.30	\$965.30	10/1/2009
32666	thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule),	\$511.57	\$511.57	1/1/2012
32669	thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)	\$787.63	\$787.63	1/1/2012
32670	thoracoscopy, surgical; with removal of two lobes (bilobectomy)	\$940.09	\$940.09	1/1/2012
32671	thoracoscopy, surgical; with removal of lung (pneumonectomy)	\$1,042.98	\$1,042.98	1/1/2012
32672	thoracoscopy, surgical; with resection-plication for emphysematous lung	\$892.15	\$892.15	1/1/2012
32673	thoracoscopy, surgical; with resection of thymus, unilateral or bilateral	\$705.39	\$705.39	1/1/2012
32800	repair lung hernia thru chest wall	\$738.27	\$738.27	10/1/2009
32810	close chest wall foll open flap drain for empyema	\$713.88	\$713.88	10/1/2009
32815	open closure of major bronchial fistula	\$2,122.57	\$2,122.57	10/1/2009
32820	major reconstruct chest wall post trauma	\$1,063.80	\$1,063.80	10/1/2009
32851	lung transplant, single;	\$2,053.61	\$2,053.61	10/1/2009
32852	lung transplant, single;	\$2,272.01	\$2,272.01	10/1/2009
32853	lung transplant, double (bilateral sequential or en bloc);	\$2,456.36	\$2,456.36	10/1/2009
32854	lung transplant, double (bilateral sequential or en bloc);	\$2,673.50	\$2,673.50	10/1/2009
32900	resection ribs extrapleural all stages	\$1,087.20	\$1,087.20	10/1/2009
32905	thoracoplasty schede type or extrapleural	\$1,072.15	\$1,072.15	10/1/2009
32906	thoracoplasty with closure bronchopleural fistula	\$1,332.29	\$1,332.29	10/1/2009
32940	revision of lung	\$982.37	\$982.37	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
33015	incision of heart sac	\$428.57	\$428.57	10/1/2009
33020	incision of heart sac	\$695.06	\$695.06	10/1/2009
33025	incision of heart sac	\$641.64	\$641.64	10/1/2009
33030	partial removal of heart sac	\$1,027.67	\$1,027.67	10/1/2009
33031	pericardectomy w/o cardiopulmonary bypass	\$1,148.27	\$1,148.27	10/1/2009
33050	removal of heart sac lesion	\$793.70	\$793.70	10/1/2009
33120	removal of heart lesion	\$1,255.23	\$1,255.23	10/1/2009
33130	removal of heart lesion	\$1,105.29	\$1,105.29	10/1/2009
33140	transmyocardial laser revascularization, by thoracotomy (separate procedure)	\$1,262.42	\$1,262.42	10/1/2009
33202	insertion for epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy)	\$625.81	\$625.81	10/1/2009
33203	insertion for epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardios	\$659.64	\$659.64	10/1/2009
33206	insertion or replacement of permanent pacemaker with transvenous electrode(s);	\$381.54	\$381.54	10/1/2009
33207	insertion permanent pacemaker ventricular	\$408.76	\$408.76	10/1/2009
33208	insertion or replacement of permanent pacemaker with transvenous electrode(s);	\$440.71	\$440.71	10/1/2009
33212	insertion or replacement of pacemaker pulse generator only; single chamber,	\$285.29	\$285.29	10/1/2009
33213	insertion or replacement of pacemaker pulse generator only;	\$325.73	\$325.73	10/1/2009
33214	upgrade of implanted pacemaker system, conversion of single	\$403.73	\$403.73	10/1/2009
33215	insert transvenous electrode; single chamber (1 electrode) permanent pacemaker/	\$257.84	\$257.84	10/1/2009
33216	insertion or repositioning of a transvenous electrode (15 days or more after	\$317.19	\$317.19	10/1/2009
33217	insertion or repositioning of a transvenous electrode (15 days or more after	\$314.54	\$314.54	10/1/2009
33218	repair of single transvenous electrode for a single chamber, permanent	\$327.85	\$327.85	10/1/2009
33220	repair of two transvenous electrodes for a dual chamber permanent pacemaker or	\$330.93	\$330.93	10/1/2009
33221	insertion of pacemaker pulse generator only; with existing multiple leads	\$205.98	\$205.98	1/1/2012
33222	revision or relocation of skin pocket for pacemaker	\$288.24	\$288.24	10/1/2009
33223	revision of skin pocket for single or dual chamber pacing	\$349.69	\$349.69	10/1/2009
33224	insertion of pacing electrode, cardiac venous system, for left ventricular	\$428.96	\$428.96	10/1/2009
33226	repositioning of previously implanted cardiac venous system (left ventricular)	\$414.40	\$414.40	10/1/2009
33227	removal of permanent pacemaker pulse generator with replacement of pacemaker	\$196.55	\$196.55	1/1/2012
33228	removal of permanent pacemaker pulse generator with replacement of pacemaker	\$204.96	\$204.96	1/1/2012
33229	removal of permanent pacemaker pulse generator with replacement of pacemaker	\$213.38	\$213.38	1/1/2012
33230	insertion of pacing cardioverter-defibrillator pulse generator only; with	\$221.61	\$221.61	1/1/2012
33231	insertion of pacing cardioverter-defibrillator pulse generator only; with	\$230.02	\$230.02	1/1/2012
33233	removal of permanent pacemaker pulse generator	\$201.34	\$201.34	10/1/2009
33234	removal of transvenous pacemaker electrode(s); single lead system, atrial or	\$409.85	\$409.85	10/1/2009
33235	removal of transvenous pacemaker electrode(s); dual lead system	\$529.39	\$529.39	10/1/2009
33236	removal of permanent epicardial pacemaker and electrodes by thoracotomy;	\$626.81	\$626.81	10/1/2009
33237	removal of permanent epicardial pacemaker and electrodes by thoracotomy;	\$692.04	\$692.04	10/1/2009
33238	removal of permanent transvenous electrode(s) by thoracotomy	\$747.57	\$747.57	10/1/2009
33240	insertion or replacement of implantable cardioverter-defibrillator	\$391.89	\$391.89	10/1/2009
33241	removal of implantable cardioverter-defibrillator pulse generator only	\$190.57	\$190.57	10/1/2009
33243	removal of single or dual chamber pacing cardioverter-defibrillator	\$1,101.11	\$1,101.11	10/1/2009
33244	removal of single or dual chamber pacing cardioverter-defibrillator	\$720.18	\$720.18	10/1/2009
33249	insertion or repositioning of electrode lead(s) for single or dual chamber	\$762.73	\$762.73	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
33250	operative ablation of supraventricular arrhythmogenic focus or pathway (eg, ablat supravent arrythm focus with card-pul bypass	\$1,180.95	\$1,180.95	10/1/2009
33251	operative tissue ablation and reconstruction of atria, limited (eg, modified maze proced	\$1,100.81	\$1,100.81	10/1/2009
33255	operative tissue ablation and reconstruction of atria, extensive (eg maze procedure); v	\$1,346.73	\$1,346.73	10/1/2009
33256	operative tissue ablation and reconstruction of atria, extensive (eg maze procedure);w	\$1,606.80	\$1,606.80	10/1/2009
33261	operative ablation of ventricular arrhythmogenic focus with cardiopulmonary	\$1,302.95	\$1,302.95	10/1/2009
33262	removal of pacing cardioverter-defibrillator pulse generator with replacement	\$213.59	\$213.59	1/1/2012
33263	removal of pacing cardioverter-defibrillator pulse generator with replacement	\$222.01	\$222.01	1/1/2012
33264	removal of pacing cardioverter-defibrillator pulse generator with replacement	\$230.42	\$230.42	1/1/2012
33265	endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, i	\$1,098.50	\$1,098.50	10/1/2009
33266	endoscopy, surgical;operative tissue ablation and reconstruction of atria, extensive (eg	\$1,508.63	\$1,508.63	10/1/2009
33300	repair of heart wound	\$1,873.03	\$1,873.03	10/1/2009
33305	repair of heart wound	\$3,128.59	\$3,128.59	10/1/2009
33310	cardiotomy, exploratory (includes removal of foreign body, atrial or	\$941.22	\$941.22	10/1/2009
33315	cardiotomy explor with bypass	\$1,197.50	\$1,197.50	10/1/2009
33320	suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass	\$853.48	\$853.48	10/1/2009
33321	suture repair of aorta or great vessels;	\$962.53	\$962.53	10/1/2009
33322	repair major blood vessels	\$1,117.90	\$1,117.90	10/1/2009
33330	insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary	\$1,129.53	\$1,129.53	10/1/2009
33332	insertion of graft, aorta or great vessels;	\$1,127.12	\$1,127.12	10/1/2009
33335	insertion of heart graft	\$1,523.78	\$1,523.78	10/1/2009
33400	repair of aortic valve	\$1,836.64	\$1,836.64	10/1/2009
33401	valvuloplasty, aortic valve;	\$1,208.91	\$1,208.91	10/1/2009
33403	valvuloplasty, aortic valve;	\$1,216.57	\$1,216.57	10/1/2009
33404	construction of apical/aortic conduit	\$1,443.83	\$1,443.83	10/1/2009
33405	replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve	\$1,872.74	\$1,872.74	10/1/2009
33406	replacement, aortic valve, with cardiopulmonary bypass; with allograft valve	\$2,313.82	\$2,313.82	10/1/2009
33410	replacement aortic valve, with cardiopulmonary bypass;with stentless tissue	\$2,041.58	\$2,041.58	10/1/2009
33411	replacement aortic valve w/ annulus enlargement	\$2,668.62	\$2,668.62	10/1/2009
33412	replacement aortic valve, konno procedure	\$2,020.28	\$2,020.28	10/1/2009
33413	replacement, aortic valve; by translocation of autologous pulmonary valve with	\$2,628.57	\$2,628.57	10/1/2009
33414	repair of left ventricular outflow tract obstruction by patch	\$1,755.79	\$1,755.79	10/1/2009
33415	revision of aortic valve	\$1,628.75	\$1,628.75	10/1/2009
33416	ventriculotomy/myectomy for subaortic stenosis	\$1,634.61	\$1,634.61	10/1/2009
33417	revision of aortic valve	\$1,360.88	\$1,360.88	10/1/2009
33420	valvotomy, mitral valve; closed heart	\$1,107.47	\$1,107.47	10/1/2009
33422	valvotomy, mitral valve; open heart, with cardiopulmonary bypass	\$1,366.82	\$1,366.82	10/1/2009
33425	revision of mitral valve	\$2,136.55	\$2,136.55	10/1/2009
33426	valvuloplasty mv w/ card-pul bypass w/ prosth ring	\$1,935.42	\$1,935.42	10/1/2009
33427	valvuloplasty mv w/ cpb radical reconstr w/o ring	\$2,019.41	\$2,019.41	10/1/2009
33430	replacement of mitral valve	\$2,240.10	\$2,240.10	10/1/2009
33460	valvectomy, tricuspid valve, with cardiopulmonary bypass	\$1,901.57	\$1,901.57	10/1/2009
33463	valvuloplasty, tricuspid valve;	\$2,403.63	\$2,403.63	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
33464	valvuloplasty, tricuspid valve;	\$1,934.14	\$1,934.14	10/1/2009
33465	replacement, tricuspid valve, with cardiopulmonary bypass	\$2,166.28	\$2,166.28	10/1/2009
33468	revision of tricuspid valve	\$1,522.55	\$1,522.55	10/1/2009
33470	valvotomy, pulmonary valve, closed heart; transventricular	\$961.99	\$961.99	10/1/2009
33471	valvotomy, pulmonary valve, closed heart via pulmonary artery	\$1,072.16	\$1,072.16	10/1/2009
33472	valvotomy, pulmonary valve, open heart; with inflow occlusion	\$1,082.41	\$1,082.41	10/1/2009
33474	revision of tricuspid valve	\$1,668.20	\$1,668.20	10/1/2009
33475	replacement, pulmonary valve	\$1,875.72	\$1,875.72	10/1/2009
33476	revision of heart chamber	\$1,186.24	\$1,186.24	10/1/2009
33478	revision of heart chamber	\$1,274.38	\$1,274.38	10/1/2009
33496	repair of non-structural prosthetic valve dysfunction with cardiopulmonary	\$1,363.89	\$1,363.89	10/1/2009
33500	repair coronary fistula w/cardio-pulmonary bypass	\$1,279.63	\$1,279.63	10/1/2009
33501	repair of coronary fistula; wo cp bypass	\$887.86	\$887.86	10/1/2009
33502	repair of anomalous coronary artery from pulmonary artery origin; by ligation	\$1,024.87	\$1,024.87	10/1/2009
33503	anomalous coronary artery graft without bypass	\$1,095.89	\$1,095.89	10/1/2009
33504	anomalous coronary artery graft with bypass	\$1,171.08	\$1,171.08	10/1/2009
33505	repair of anomalous coronary artery;	\$1,615.99	\$1,615.99	10/1/2009
33506	repair of anomalous coronary artery;	\$1,672.75	\$1,672.75	10/1/2009
33507	repair of anomalous (eg, intramural) aortic origin of coronary artery by unr	\$1,413.93	\$1,413.93	10/1/2009
33510	coronary artery bypass single venous graft	\$1,592.32	\$1,592.32	10/1/2009
33511	coronary artery bypass 2 coronary venous grafts	\$1,738.37	\$1,738.37	10/1/2009
33512	coronary artery bypass 3 coronary venous grafts	\$1,958.83	\$1,958.83	10/1/2009
33513	coronary artery bypass 4 coronary venous grafts	\$2,001.71	\$2,001.71	10/1/2009
33514	coronary artery bypass 5 coronary venous grafts	\$2,121.24	\$2,121.24	10/1/2009
33516	coronary artery bypass 6 or more venous grafts	\$2,205.25	\$2,205.25	10/1/2009
33517	coronary artery bypass;single vein graft	\$152.00	\$152.00	10/1/2009
33518	coronary artery bypass; 2 venous grafts	\$329.17	\$329.17	10/1/2009
33519	coronary artery bypass; 3 venous grafts	\$439.06	\$439.06	10/1/2009
33521	coronary artery bypass; 4 venous grafts	\$531.25	\$531.25	10/1/2009
33522	coronary artery bypass; 5 venous grafts	\$604.12	\$604.12	10/1/2009
33523	coronary artery bypass; 6 or more venous grafts	\$689.41	\$689.41	10/1/2009
33533	coronary artery bypass; single arterial graft	\$1,550.30	\$1,550.30	10/1/2009
33534	coronary artery bypass; 2 arterial grafts	\$1,803.32	\$1,803.32	10/1/2009
33535	coronary artery bypass; 3 arterial grafts	\$2,002.94	\$2,002.94	10/1/2009
33536	coronary artery bypass; 4 or more arterial grafts	\$2,146.84	\$2,146.84	10/1/2009
33542	removal of heart lesion	\$2,070.81	\$2,070.81	10/1/2009
33545	repair of heart defect	\$2,443.62	\$2,443.62	10/1/2009
33600	closure of atrioventricular valve (mitral or tricuspid) by suture or	\$1,387.95	\$1,387.95	10/1/2009
33602	closure of semilunar valve (aortic or pulmonary) by suture or patch	\$1,322.78	\$1,322.78	10/1/2009
33606	anastomosis of pulmonary artery to aorta (damus-kaye-stansel procedure)	\$1,440.50	\$1,440.50	10/1/2009
33608	repair of complex cardiac anomaly other than pulmonary atresia	\$1,478.42	\$1,478.42	10/1/2009
33610	repair of complex cardiac anomalies (eg, single ventricle with subaortic	\$1,442.88	\$1,442.88	10/1/2009
33611	repair of double outlet right ventricle with intraventricular tunnel	\$1,587.50	\$1,587.50	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
33612	repair of double outlet right ventricle with intraventricular tunnel	\$1,639.37	\$1,639.37	10/1/2009
33615	repair of complex cardiac anomalies (eg, tricuspid atresia)	\$1,632.71	\$1,632.71	10/1/2009
33617	repair of complex cardiac anomalies (eg, single ventricle)	\$1,752.91	\$1,752.91	10/1/2009
33619	repair of single ventricle with aortic outflow obstruction	\$2,148.90	\$2,148.90	10/1/2009
33641	repair of heart defect	\$1,305.23	\$1,305.23	10/1/2009
33645	revision of heart veins	\$1,284.19	\$1,284.19	10/1/2009
33647	repair of asd and vsd, direct or patch closure	\$1,365.25	\$1,365.25	10/1/2009
33660	repair of incomplete or partial atrioventricular canal (ostium primum atrial	\$1,432.01	\$1,432.01	10/1/2009
33665	repair of intermediate or transitional atrioventricular canal, with or without	\$1,549.95	\$1,549.95	10/1/2009
33670	repair of heart chambers	\$1,612.60	\$1,612.60	10/1/2009
33675	closure of multiple ventricle septal defects;	\$1,608.51	\$1,608.51	10/1/2009
33676	closure of multiple ventricle septal defects; with pulmonary valvotomy or infundibular r	\$1,673.60	\$1,673.60	10/1/2009
33677	closure of multiple ventricle septal defects; with removal of pulmonary artery band, wit	\$1,739.53	\$1,739.53	10/1/2009
33681	repair of heart defect	\$1,486.11	\$1,486.11	10/1/2009
33684	repair of heart defect	\$1,518.60	\$1,518.60	10/1/2009
33688	repair of heart defect	\$1,525.79	\$1,525.79	10/1/2009
33690	banding of pulmonary artery	\$935.84	\$935.84	10/1/2009
33692	complete repair tetralogy of fallot without pulmonary atresia;	\$1,434.66	\$1,434.66	10/1/2009
33694	repair of heart defects	\$1,616.16	\$1,616.16	10/1/2009
33697	complete repair tetralogy of fallot with pulmonary atresia	\$1,739.21	\$1,739.21	10/1/2009
33702	repair of heart defects	\$1,244.22	\$1,244.22	10/1/2009
33710	repair of heart defects	\$1,502.66	\$1,502.66	10/1/2009
33720	repair of heart defect	\$1,260.40	\$1,260.40	10/1/2009
33722	closure of aortico-left ventricular tunnel	\$1,256.51	\$1,256.51	10/1/2009
33724	repair of isolated partial anomalous pulmonary venous return (eg, scimitar syndrome)	\$1,279.26	\$1,279.26	10/1/2009
33726	repair of pulmonary venous stenosis	\$1,672.53	\$1,672.53	10/1/2009
33730	complete repair anomalous venous return	\$1,594.84	\$1,594.84	10/1/2009
33732	repair of cor triatriatum or supravalvular mitral ring by resection	\$1,329.50	\$1,329.50	10/1/2009
33735	atrial septectomy or septostomy; closed heart (blalock-hanlon type operation)	\$1,012.41	\$1,012.41	10/1/2009
33736	atrial septectomy or septostomy;	\$1,128.75	\$1,128.75	10/1/2009
33737	atrial septectomy or septostomy; open heart, with inflow occlusion	\$1,052.67	\$1,052.67	10/1/2009
33750	shunt subclavian to pulmonary artery	\$1,058.87	\$1,058.87	10/1/2009
33755	shunt ascending aorta to pulmonary artery	\$1,046.75	\$1,046.75	10/1/2009
33762	shunt descending aorta to pulmonary artery	\$1,044.96	\$1,044.96	10/1/2009
33764	shunt,central w/ prosthetic graft	\$1,029.99	\$1,029.99	10/1/2009
33766	shunt; superior vena cava to pulmonary artery for flow to one lung (classical shunt;	\$1,132.71	\$1,132.71	10/1/2009
33767		\$1,147.49	\$1,147.49	10/1/2009
33770	repair of transposition of the great arteries with ventricular	\$1,745.70	\$1,745.70	10/1/2009
33771	repair of transposition of the great arteries with ventricular	\$1,789.98	\$1,789.98	10/1/2009
33774	rep transposition grt arteries w cardiopulm bypass	\$1,470.15	\$1,470.15	10/1/2009
33775	rep transposition grt art w cpb w rem pulm band	\$1,529.51	\$1,529.51	10/1/2009
33776	rep transpo grt art w cpb w cl vent septal defect	\$1,609.29	\$1,609.29	10/1/2009
33777	rep transpo grt art w cpb w rep subpulm obstruct	\$1,576.62	\$1,576.62	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
33778	repair transpo grt arteries w cardiopulm bypass	\$1,937.99	\$1,937.99	10/1/2009
33779	rep transpo grt arteries w cpb w removal pulm band	\$1,861.12	\$1,861.12	10/1/2009
33780	repair aortic artery w/ closure septal defect	\$1,933.73	\$1,933.73	10/1/2009
33781	repair aortic artery w/ repair of obstruction	\$1,901.83	\$1,901.83	10/1/2009
33782	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (i	\$2,049.87	\$2,049.87	1/1/2010
33783	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (i	\$2,215.78	\$2,215.78	1/1/2010
33786	total repair trunus arteriosus	\$1,869.14	\$1,869.14	10/1/2009
33788	revision of pulmonary artery	\$1,260.71	\$1,260.71	10/1/2009
33800	aortic suspension for tracheal decompression	\$790.92	\$790.92	10/1/2009
33802	division aberrant vessel	\$850.09	\$850.09	10/1/2009
33803	division of aberrant vessel w/ reanastomosis	\$925.50	\$925.50	10/1/2009
33813	obliteration septal defect w/o bypass	\$1,047.42	\$1,047.42	10/1/2009
33814	obliteration septal defect with bypass	\$1,236.13	\$1,236.13	10/1/2009
33820	repair of patent ductus arteriosus; by ligation	\$791.04	\$791.04	10/1/2009
33822	patent ductus arteriosus division under 18 yrs	\$840.04	\$840.04	10/1/2009
33824	patene ductus arteriosus division 18 yrs older	\$950.04	\$950.04	10/1/2009
33840	exc of coarctation of aorta w/wo assoc pat duc w/d	\$961.28	\$961.28	10/1/2009
33845	exc coarctation of aorta w/wo assoc pat duc art wi	\$1,107.31	\$1,107.31	10/1/2009
33851	excision coarctation of aorta waldhusen procedure	\$1,019.28	\$1,019.28	10/1/2009
33852	repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic	\$1,107.48	\$1,107.48	10/1/2009
33853	repair of hypoplastic or interrupted aortic arch using autogenous	\$1,526.66	\$1,526.66	10/1/2009
33860	ascending aorta graft, with cardiopulmonary bypass, with or without valve	\$2,556.14	\$2,556.14	10/1/2009
33863	ascending aorta graft, with cardiopulmonary bypass, with or	\$2,553.51	\$2,553.51	10/1/2009
33870	transverse arch graft w/bypass	\$2,075.74	\$2,075.74	10/1/2009
33875	descend thoracic aorta graft w/o bypass	\$1,610.91	\$1,610.91	10/1/2009
33877	repair thoracoaaa w/ grft, w/wo cp bypass	\$2,872.11	\$2,872.11	10/1/2009
33880	endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm,	\$1,698.70	\$1,698.70	12/1/2006
33881	endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm,	\$1,458.67	\$1,458.67	12/1/2006
33883	placement of proximal extension prosthesis for endovascular repair of	\$1,073.50	\$1,073.50	12/1/2006
33886	placement of distal extension prosthesis(s) delayed after endovascular repair	\$926.54	\$926.54	12/1/2006
33910	pulmonary artery embolectomy with bypass	\$1,347.61	\$1,347.61	10/1/2009
33915	pulmonary artery embolectomy without bypass	\$1,078.67	\$1,078.67	10/1/2009
33916	pulmonary endarterectomy w/ bypass	\$1,347.46	\$1,347.46	10/1/2009
33917	repair of pulmonary artery stenosis by reconstruction with patch or graft	\$1,218.95	\$1,218.95	10/1/2009
33920	repair of pulmonary atresia with ventricular septal defect,	\$1,475.33	\$1,475.33	10/1/2009
33922	transection of pulmonary artery with cardiopulmonary bypass	\$1,114.94	\$1,114.94	10/1/2009
33925	repair of pulmonary artery arborization anomalies by unifocalization; withou	\$1,435.23	\$1,435.23	10/1/2009
33926	repair of pulmonary artery arborization anomalies by unifocalization; with c	\$1,914.65	\$1,914.65	10/1/2009
33935	heart lung transplant with recipient cardiectomy	\$2,824.44	\$2,824.44	10/1/2009
33945	heart transplant with or without recip cardiectomy	\$3,765.60	\$3,765.60	10/1/2009
33967	insertion of intra-aortic balloon assist device, percutaneous	\$224.45	\$224.45	10/1/2009
33968	removal of intra-aortic balloon assist device, percutaneous	\$28.84	\$28.84	10/1/2009
33971	removal of intra-aortic balloon assist device including repair of femoral	\$578.05	\$578.05	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
33974	removal of intra-aortic balloon assist device from the ascending	\$736.12	\$736.12	10/1/2009
33975	insertion of ventricular assist device; extracorporeal, single ventricle	\$911.80	\$911.80	10/1/2009
33976	insertion of ventricular assist device; extracorporeal, biventricular	\$1,012.52	\$1,012.52	10/1/2009
33977	removal of ventricular assist device; extracorporeal, single ventricle	\$975.79	\$975.79	10/1/2009
33978	removal of ventricular assist device; extracorporeal, biventricular	\$1,075.31	\$1,075.31	10/1/2009
33979	insertion of ventricular assist device, implantable intracorporeal, single	\$1,999.60	\$1,999.60	10/1/2009
33980	removal of ventricular assist device, implantable intracorporeal, single	\$2,933.33	\$2,933.33	10/1/2009
34001	removal blood clot artery	\$788.21	\$788.21	10/1/2009
34051	removal of blood clot, artery	\$788.97	\$788.97	10/1/2009
34101	removal of blood clot, artery	\$501.15	\$501.15	10/1/2009
34111	embolectomy/thrombectomy, radial or ulnar artery	\$500.96	\$500.96	10/1/2009
34151	removal of blood clot, artery	\$1,162.63	\$1,162.63	10/1/2009
34201	removal blood clot artery	\$820.10	\$820.10	10/1/2009
34203	embolectomy/thrombectomy,popliteal-tibio-peroneal	\$802.22	\$802.22	10/1/2009
34401	removal of blood clot, vein	\$1,197.09	\$1,197.09	10/1/2009
34421	removal of blood clot, vein	\$607.40	\$607.40	10/1/2009
34451	removal of blood clot, vein	\$1,255.33	\$1,255.33	10/1/2009
34471	removal of blood clot, vein	\$880.27	\$880.27	10/1/2009
34490	removal of blood clot, vein	\$503.69	\$503.69	10/1/2009
34501	valvuloplasty femoral vein	\$780.96	\$780.96	10/1/2009
34502	reconstruction of vena cava, any method	\$1,265.46	\$1,265.46	10/1/2009
34510	venous valve transposition any vein donor	\$888.09	\$888.09	10/1/2009
34520	cross-over vein graft to venous system	\$852.95	\$852.95	10/1/2009
34530	saphenopopliteal vein anastomosis	\$801.31	\$801.31	10/1/2009
34800	endovascular repair of infrarenal abdominal aortic aneurysm or dissection;	\$954.53	\$954.53	10/1/2009
34802	endovascular repair of infrarenal abdominal aortic aneurysm or dissection;	\$1,042.59	\$1,042.59	10/1/2009
34803	endovascular repair of infrarenal abdominal aortic aneurysm or dissection;	\$1,067.51	\$1,067.51	10/1/2009
34804	endovascular repair of infrarenal abdominal aortic aneurysm or dissection;	\$1,042.00	\$1,042.00	10/1/2009
34805	endovascular repair of infrarenal abdominal aortic aneurysm or dissection;	\$979.13	\$979.13	10/1/2009
34806	transcatheter placement of wireless physiologic sensor in aneurysmal sac during endc	\$88.62	\$88.62	10/1/2009
34825	placement of proximal or distal extension prosthesis for endovascular repair of	\$582.85	\$582.85	10/1/2009
34830	open repair of infrarenal aortic aneurysm or dissection, plus repair of	\$1,526.69	\$1,526.69	10/1/2009
34831	open repair of infrarenal aortic aneurysm or dissection, plus repair of	\$1,618.87	\$1,618.87	10/1/2009
34832	open repair of infrarenal aortic aneurysm or dissection, plus repair of	\$1,640.58	\$1,640.58	10/1/2009
34833	open iliac artery exposure with creation of conduit for delivery of infrarenal	\$515.29	\$515.29	10/1/2009
34834	open brachial artery exposure to assist in the deployment of infrarenal aortic	\$233.43	\$233.43	10/1/2009
34900	endovascular graft replacement for repair of iliac artery (eg, aneurysm,	\$757.38	\$757.38	10/1/2009
35001	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$944.39	\$944.39	10/1/2009
35002	repair rupture aneurysm artery neck incision	\$997.61	\$997.61	10/1/2009
35005	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$867.49	\$867.49	10/1/2009
35011	direct repair of aneurysm, false aneurysm, or excision (partial or total) and	\$829.41	\$829.41	10/1/2009
35013	repair ruptured aneurysm artery arm incision	\$1,029.27	\$1,029.27	10/1/2009
35021	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,008.53	\$1,008.53	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
35022	ruptured aneurysm innominate artery thoracic	\$1,141.25	\$1,141.25	10/1/2009
35045	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$806.51	\$806.51	10/1/2009
35081	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,447.37	\$1,447.37	10/1/2009
35082	repair ruptured aneurysm abdominal aorta	\$1,818.10	\$1,818.10	10/1/2009
35091	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,531.73	\$1,531.73	10/1/2009
35092	repair ruptured aneurysm abd aorta visceral vessels	\$2,172.79	\$2,172.79	10/1/2009
35102	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,570.68	\$1,570.68	10/1/2009
35103	repair ruptured aneurysm abd aorta iliac vessels	\$1,879.12	\$1,879.12	10/1/2009
35111	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,156.54	\$1,156.54	10/1/2009
35112	repair ruptured aneurysm splenic artery	\$1,417.73	\$1,417.73	10/1/2009
35121	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,373.82	\$1,373.82	10/1/2009
35122	repair ruptured aneurysm hepatic celiac renal mesenter	\$1,644.73	\$1,644.73	10/1/2009
35131	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,170.84	\$1,170.84	10/1/2009
35132	rupture aneurysm iliac artery	\$1,416.03	\$1,416.03	10/1/2009
35141	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$928.59	\$928.59	10/1/2009
35142	repair defect of artery	\$1,111.03	\$1,111.03	10/1/2009
35151	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,047.36	\$1,047.36	10/1/2009
35152	rupture aneurysm popliteal artery	\$1,216.42	\$1,216.42	10/1/2009
35180	repair congenital a-v fistula, head and neck	\$694.57	\$694.57	10/1/2009
35182	repair congenital a-v fistula, thorax and abdomen	\$1,428.76	\$1,428.76	10/1/2009
35184	repair congenital a-v fistula, extremities	\$841.93	\$841.93	10/1/2009
35188	repair acq or traumatic a-v fistula, head and neck	\$704.90	\$704.90	10/1/2009
35189	repair acq or traumatic a-v fistula, thorax/abd	\$1,319.45	\$1,319.45	10/1/2009
35190	repair acq or traumatic a-v fistula, extremities	\$615.89	\$615.89	10/1/2009
35201	repair blood vessel lesion	\$772.92	\$772.92	10/1/2009
35206	repair blood vessel lesion	\$631.55	\$631.55	10/1/2009
35207	repair blood vessels hand, finger	\$568.29	\$568.29	10/1/2009
35211	repair blood vessel lesion	\$1,122.20	\$1,122.20	10/1/2009
35216	repair blood vessel lesion	\$1,565.31	\$1,565.31	10/1/2009
35221	repair blood vessel lesion	\$1,158.02	\$1,158.02	10/1/2009
35226	repair blood vessel lesion	\$697.34	\$697.34	10/1/2009
35231	repair blood vessel lesion	\$969.06	\$969.06	10/1/2009
35236	repair blood vessel lesion	\$808.71	\$808.71	10/1/2009
35241	repair blood vessel lesion	\$1,172.02	\$1,172.02	10/1/2009
35246	repair blood vessel lesion	\$1,275.01	\$1,275.01	10/1/2009
35251	repair blood vessel lesion	\$1,377.49	\$1,377.49	10/1/2009
35256	repair blood vessel lesion	\$850.57	\$850.57	10/1/2009
35261	repair blood vessel lesion	\$859.17	\$859.17	10/1/2009
35266	repair blood vessel lesion	\$712.28	\$712.28	10/1/2009
35271	repair blood vessel lesion	\$1,120.55	\$1,120.55	10/1/2009
35276	repair blood vessel lesion	\$1,176.36	\$1,176.36	10/1/2009
35281	repair blood vessel lesion	\$1,315.38	\$1,315.38	10/1/2009
35286	repair blood vessel lesion	\$779.69	\$779.69	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
35301	rechanneling of artery	\$875.34	\$875.34	10/1/2009
35302	thromboendarterectomy, including patch graft, if performed; superficial femoral artery	\$932.06	\$932.06	10/1/2009
35303	thromboendarterectomy, including patch graft, if performed; popliteal artery	\$1,025.92	\$1,025.92	10/1/2009
35304	thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery	\$1,066.98	\$1,066.98	10/1/2009
35305	thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, ir	\$1,024.77	\$1,024.77	10/1/2009
35306	thromboendarterectomy, including patch graft, if performed; each additional tibial or pe	\$384.41	\$384.41	10/1/2009
35311	rechanneling of artery	\$1,255.65	\$1,255.65	10/1/2009
35321	rechanneling of artery	\$744.13	\$744.13	10/1/2009
35331	rechanneling of artery	\$1,229.32	\$1,229.32	10/1/2009
35341	rechanneling of artery	\$1,157.31	\$1,157.31	10/1/2009
35351	rechanneling of artery	\$1,076.21	\$1,076.21	10/1/2009
35355	thromboendarterectomy w/ or w/o patch, iliofemoral	\$873.71	\$873.71	10/1/2009
35361	rechanneling of artery	\$1,324.55	\$1,324.55	10/1/2009
35363	thromboendarterectomy w/ or w/o patch aortoiliofem	\$1,441.20	\$1,441.20	10/1/2009
35371	rechanneling of artery	\$687.91	\$687.91	10/1/2009
35372	thromboendarctomy, w/wo patch grft, deep femoral	\$826.09	\$826.09	10/1/2009
35501	artery bypass graft	\$1,303.93	\$1,303.93	10/1/2009
35506	artery bypass graft	\$1,110.17	\$1,110.17	10/1/2009
35508	bypass graft w/ vein, carotid-vertebral	\$1,146.80	\$1,146.80	10/1/2009
35509	artery bypass graft	\$1,253.62	\$1,253.62	10/1/2009
35510	bypass graft, with vein; carotid-brachial	\$1,052.78	\$1,052.78	10/1/2009
35511	artery bypass graft	\$989.48	\$989.48	10/1/2009
35512	bypass graft, with vein; subclavian-brachial	\$1,026.52	\$1,026.52	10/1/2009
35515	bypass graft w/ vein, subclavian-vertebral	\$1,108.73	\$1,108.73	10/1/2009
35516	artery bypass graft	\$1,015.75	\$1,015.75	10/1/2009
35518	bypass graft w/ vein, axillary-axillary	\$1,007.32	\$1,007.32	10/1/2009
35521	artery bypass graft	\$1,060.24	\$1,060.24	10/1/2009
35522	bypass graft, with vein; axillary-brachial	\$1,002.57	\$1,002.57	10/1/2009
35523	bypass graft, with vein; brachial-ulnar or -radial	\$1,060.86	\$1,060.86	10/1/2009
35525	bypass graft, with vein; brachial-brachial	\$940.90	\$940.90	10/1/2009
35526	artery bypass graft	\$1,388.11	\$1,388.11	10/1/2009
35531	artery bypass graft	\$1,694.16	\$1,694.16	10/1/2009
35533	bypass graft w/ vein, axillary-femoral-femoral	\$1,310.96	\$1,310.96	10/1/2009
35536	artery bypass graft	\$1,460.83	\$1,460.83	10/1/2009
35537	bypass graft, with vein; aortoiliac	\$1,811.96	\$1,811.96	10/1/2009
35538	bypass graft, with vein; aortobi-iliac	\$2,033.76	\$2,033.76	10/1/2009
35539	bypass graft, with vein; aortofemoral	\$1,886.85	\$1,886.85	10/1/2009
35540	bypass graft, with vein; aortobifemoral	\$2,113.56	\$2,113.56	10/1/2009
35548	artery bypass graft	\$1,005.19	\$1,005.19	10/1/2009
35549	artery bypass graft	\$1,092.08	\$1,092.08	10/1/2009
35551	artery bypass graft	\$1,244.43	\$1,244.43	10/1/2009
35556	artery bypass graft	\$1,157.48	\$1,157.48	10/1/2009
35558	artery bypass graft	\$1,024.18	\$1,024.18	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
35560	bypass graft w/ vein, aortorenal	\$1,490.93	\$1,490.93	10/1/2009
35563	artery bypass graft	\$1,142.69	\$1,142.69	10/1/2009
35565	artery bypass graft	\$1,106.61	\$1,106.61	10/1/2009
35566	artery bypass graft	\$1,389.50	\$1,389.50	10/1/2009
35571	artery bypass graft	\$1,122.78	\$1,122.78	10/1/2009
35583	in-situ vein bypass; femoral-popliteal	\$1,195.53	\$1,195.53	10/1/2009
35585	in-situ vein bypass; femoral-ant tib,post tib,pero	\$1,399.89	\$1,399.89	10/1/2009
35587	in-situ vein bypass; popliteal-tibial, peroneal	\$1,157.60	\$1,157.60	10/1/2009
35601	artery bypass graft	\$1,205.50	\$1,205.50	10/1/2009
35606	artery bypass graft	\$981.85	\$981.85	10/1/2009
35612	artery bypass graft	\$767.10	\$767.10	10/1/2009
35616	artery bypass graft	\$940.24	\$940.24	10/1/2009
35621	artery bypass graft	\$927.54	\$927.54	10/1/2009
35623	bypass graft, with other than vein;	\$1,138.44	\$1,138.44	10/1/2009
35626	artery bypass graft	\$1,306.30	\$1,306.30	10/1/2009
35631	artery bypass graft	\$1,558.88	\$1,558.88	10/1/2009
35636	bypass graft, with other than vein; splenorenal (splenic to renal arterial	\$1,383.34	\$1,383.34	10/1/2009
35637	bypass graft, with other than vein; aortoiliac	\$1,431.46	\$1,431.46	10/1/2009
35638	bypass graft, with vein; aortobi-iliac	\$1,462.30	\$1,462.30	10/1/2009
35642	bypass graft w/ other than vein, carotid-vertebral	\$864.69	\$864.69	10/1/2009
35645	bypass graft w/ other than vein, subclavian-vert	\$820.55	\$820.55	10/1/2009
35646	bypass graft, with other than vein; aortobifemoral	\$1,443.67	\$1,443.67	10/1/2009
35647	bypass graft, with other than vein; aortofemoral	\$1,306.69	\$1,306.69	10/1/2009
35650	bypass graft w/ other than vein, axillary-axillary	\$893.28	\$893.28	10/1/2009
35651	artery bypass graft	\$1,156.49	\$1,156.49	10/1/2009
35654	bypass graft w/ other than vein, axil-fem-fem	\$1,153.40	\$1,153.40	10/1/2009
35656	artery bypass graft	\$908.56	\$908.56	10/1/2009
35661	artery bypass graft	\$909.18	\$909.18	10/1/2009
35663	artery bypass graft	\$1,054.76	\$1,054.76	10/1/2009
35665	artery bypass graft	\$987.94	\$987.94	10/1/2009
35666	artery bypass graft	\$1,064.64	\$1,064.64	10/1/2009
35671	artery bypass graft	\$937.88	\$937.88	10/1/2009
35685	placement of vein patch or cuff at distal anastomosis of bypass graft,	\$169.73	\$169.73	10/1/2009
35686	creation of distal arteriovenous fistula during lower extremity bypass surgery	\$141.99	\$141.99	10/1/2009
35691	transposition and/or reimplantation;	\$826.89	\$826.89	10/1/2009
35693	transposition and/or reimplantation;	\$732.27	\$732.27	10/1/2009
35694	transposition and/or reimplantation;	\$855.33	\$855.33	10/1/2009
35695	transposition and/or reimplantation;	\$890.83	\$890.83	10/1/2009
35697	reimplantation, visceral artery to infrarenal aortic prosthesis, each artery	\$126.44	\$126.44	10/1/2009
35701	exploration,carotid artery	\$441.74	\$441.74	10/1/2009
35721	exploration,femoral artery	\$375.14	\$375.14	10/1/2009
35741	exploration popliteal artery	\$411.16	\$411.16	10/1/2009
35761	exploration of artery/vein	\$302.77	\$302.77	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.			
35800	exploration of neck	\$390.19	\$390.19	10/1/2009
35820	exploration of chest	\$1,538.13	\$1,538.13	10/1/2009
35840	exploration of abdomen	\$510.77	\$510.77	10/1/2009
35860	exploration of limb	\$329.64	\$329.64	10/1/2009
35870	repair of graft-enteric fistula	\$1,071.75	\$1,071.75	10/1/2009
35875	thrombectomy of arterial or venous graft (other than hemodialysis graft or	\$492.87	\$492.87	10/1/2009
35876	thrombectomy of arterial or venous graft;	\$790.64	\$790.64	10/1/2009
35879	revision, lower extremity arterial bypass, without thrombectomy, open; with	\$773.63	\$773.63	10/1/2009
35881	revision, lower extremity arterial bypass, without thrombectomy, open; with	\$860.13	\$860.13	10/1/2009
35883	revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nor	\$1,004.16	\$1,004.16	10/1/2009
35884	revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with aut	\$1,059.60	\$1,059.60	10/1/2009
35901	excision of infected graft;	\$412.37	\$412.37	10/1/2009
35903	excision of infected graft;	\$466.55	\$466.55	10/1/2009
35905	excision of infected graft;	\$1,458.51	\$1,458.51	10/1/2009
35907	excision of infected graft;	\$1,607.42	\$1,607.42	10/1/2009
36000	insertion vein access device	\$7.83	\$19.66	10/1/2009
36260	insertion implantable infusion pump	\$469.54	\$469.54	10/1/2009
36261	revision of implanted intra-arterial infusion pump	\$285.23	\$285.23	10/1/2009
36262	removal of implanted infusion pump	\$216.84	\$216.84	10/1/2009
36400	venipuncture, under age 3 years; femoral or jugular	\$14.75	\$20.52	10/1/2009
36405	establish access to vein	\$12.86	\$18.62	10/1/2009
36406	venipuncture under age 3 yrs, other vein	\$7.54	\$13.30	10/1/2009
36410	venipuncture, age 3 years or older, necessitating physician's skill (separate	\$7.25	\$14.75	10/1/2009
36415	collection of venous blood by venipuncture	\$2.78	\$2.78	10/1/2009
36420	venipuncture, cutdown;	\$40.09	\$40.09	10/1/2009
36425	venipuncture, cutdown;	\$31.51	\$31.51	10/1/2009
36430	blood transfusion service	\$28.30	\$28.30	10/1/2009
36470	injection of sclerosing solution;	\$55.68	\$106.44	10/1/2009
36471	injection of sclerosing solution;	\$78.45	\$131.80	10/1/2009
36557	insertion of tunneled centrally inserted central venous catheter, without	\$244.43	\$654.26	10/1/2009
36558	insertion of tunneled centrally inserted central venous catheter, without	\$233.63	\$632.80	10/1/2009
36560	insertion of tunneled centrally inserted central venous access device, with	\$289.52	\$896.62	10/1/2009
36561	insertion of tunneled centrally inserted central venous access device, with	\$279.99	\$886.80	10/1/2009
36563	insertion of tunneled centrally inserted central venous access device with	\$290.70	\$896.94	10/1/2009
36565	insertion of tunneled centrally inserted central venous access device,	\$275.95	\$752.12	10/1/2009
36566	insertion of tunneled centrally inserted central venous access device,	\$295.58	\$2,771.30	10/1/2009
36570	insertion of peripherally inserted central venous access device, with	\$258.21	\$909.44	10/1/2009
36571	insertion of peripherally inserted central venous access device, with	\$251.24	\$942.85	10/1/2009
36576	repair of central venous access device, with subcutaneous port or pump, central	\$152.30	\$281.22	10/1/2009
36578	replacement, catheter only, of central venous access device, with subcutaneous	\$174.06	\$391.23	10/1/2009
36581	replacement, complete, of a tunneled centrally inserted central venous	\$164.97	\$586.63	10/1/2009
36582	replacement, complete, of a tunneled centrally inserted central venous access	\$242.34	\$819.16	10/1/2009
36583	replacement, complete, of a tunneled centrally inserted central venous access	\$242.75	\$819.57	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
36585	replacement, complete, of a peripherally inserted central venous access device,	\$227.56	\$840.15	10/1/2009
36589	removal of tunneled central venous catheter, without subcutaneous port or pump	\$113.30	\$132.91	10/1/2009
36590	removal of tunneled central venous access device, with subcutaneous port or	\$160.67	\$215.47	10/1/2009
36593	clotting by thrombolytic agent of implanted vascular access device or catheter	\$27.79	\$27.79	10/1/2009
36600	withdrawal of arterial blood	\$12.68	\$24.22	10/1/2009
36620	arterial catheterization or cannulation for sampling, monitoring	\$42.14	\$42.14	10/1/2009
36625	arterial catheterization or cannulation for sampling, monitoring	\$87.08	\$87.08	10/1/2009
36660	catheterization, umbilical artery, newborn, for diagnosis or therapy	\$55.36	\$55.36	10/1/2009
36680	placement of needle for intraosseous infusion	\$48.82	\$48.82	10/1/2009
36818	arteriovenous anastomosis, open; by upper arm cephalic vein transposition	\$551.15	\$551.15	10/1/2009
36819	arteriovenous anastomosis, open; by upper arm basilic vein transposition	\$649.79	\$649.79	10/1/2009
36820	arteriovenous anastomosis, open; by forearm vein transposition	\$651.91	\$651.91	10/1/2009
36821	arteriovenous anastomosis, open; direct, any site (eg, cimino type) (separate	\$541.52	\$541.52	10/1/2009
36822	insertion of cannula(s) for prolonged extracorporeal circulation for	\$302.49	\$302.49	10/1/2009
36823	insertion of arterial and venous cannula(s) for isolated extracorporeal	\$1,037.16	\$1,037.16	10/1/2009
36825	creation of arteriovenous fistula by other than direct arteriovenous	\$470.00	\$470.00	10/1/2009
36830	creation of arteriovenous fistula by other than direct arteriovenous	\$538.48	\$538.48	10/1/2009
36831	thrombectomy, open, arteriovenous fistula without revision, autogenous or	\$371.37	\$371.37	10/1/2009
36832	revision, open, arteriovenous fistula; without thrombectomy, autogenous or	\$474.67	\$474.67	10/1/2009
36833	revision, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous	\$536.45	\$536.45	10/1/2009
36835	insertion of thomas shunt (separate procedure)	\$370.72	\$370.72	10/1/2009
36838	distal revascularization and interval ligation (dril), upper extremity	\$958.99	\$958.99	10/1/2009
36861	cannula clotting with balloon catheter	\$122.27	\$122.27	10/1/2009
36870	thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous	\$251.72	\$1,424.98	10/1/2009
37140	venous anastomosis; portacaval	\$1,096.58	\$1,096.58	10/1/2009
37145	venous anastomosis; renoportal	\$1,182.29	\$1,182.29	10/1/2009
37160	venous anastomosis; caval-mesenteric	\$1,028.71	\$1,028.71	10/1/2009
37180	venous anastomosis; splenorenal, proximal	\$1,152.92	\$1,152.92	10/1/2009
37181	splenorenal distal (selective decompression)	\$1,246.18	\$1,246.18	10/1/2009
37182	insertion of transvenous intrahepatic portosystemic shunt(s) (tips) (includes	\$745.29	\$745.29	10/1/2009
37183	revision of transvenous intrahepatic portosystemic shunt(s) (tips) (includes	\$354.17	\$354.17	10/1/2009
37200	transcatheter biopsy	\$197.96	\$197.96	10/1/2009
37203	transcatheter retrieval percutaneous, intravasc.	\$224.84	\$1,041.91	10/1/2009
37204	transcatheter occlusion/embolization, percutaneous	\$786.58	\$786.58	10/1/2009
37210	uterine fibroid embolization (ufe, embolization of the uterine arteries to treat uterine fib	\$468.40	\$2,737.04	10/1/2009
37215	transcatheter placement of intravascular stent(s), cervical carotid artery,	\$916.71	\$916.71	10/1/2009
37216	transcatheter placement of intravascular stent(s), cervical carotid artery,	\$842.49	\$842.49	10/1/2009
37500	vascular endoscopy, surgical, with ligation of perforator veins, subfascial	\$559.27	\$559.27	10/1/2009
37565	ligation, internal jugular vein	\$556.41	\$556.41	10/1/2009
37600	ligation of neck artery	\$569.23	\$569.23	10/1/2009
37605	ligation of neck artery	\$651.68	\$651.68	10/1/2009
37606	ligation of neck artery	\$423.97	\$423.97	10/1/2009
37607	ligation or banding of angioaccess arteriovenous fistula	\$302.68	\$302.68	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
37609	ligation or biopsy temporal artery	\$155.79	\$224.43	10/1/2009
37615	ligation major artery neck	\$374.99	\$374.99	10/1/2009
37616	ligation major artery chest	\$874.14	\$874.14	10/1/2009
37617	ligate major artery abdomen	\$1,042.75	\$1,042.75	10/1/2009
37618	ligation major artery extremity	\$299.42	\$299.42	10/1/2009
37619	ligation of inferior vena cava	\$953.51	\$953.51	1/1/2012
37620	interruption, partial or complete, of inferior vena cava by suture, ligation,	\$542.94	\$542.94	10/1/2009
37650	ligation of femoral vein	\$409.37	\$409.37	10/1/2009
37660	ligation of common iliac vein	\$976.18	\$976.18	10/1/2009
37700	revise leg vein	\$200.39	\$200.39	10/1/2009
37718	ligation, division, and stripping, short saphenous vein	\$331.03	\$331.03	10/1/2009
37722	ligation, division, and stripping, long (greater) saphenous veins from saphe	\$383.15	\$383.15	10/1/2009
37735	removal of leg veins/lesion	\$509.94	\$509.94	10/1/2009
37760	revision of leg veins	\$502.23	\$502.23	10/1/2009
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when p	\$359.77	\$359.77	1/1/2010
37765	stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	\$360.73	\$360.73	10/1/2009
37766	stab phlebectomy of varicose veins, one extremity; more than 20 incisions	\$439.13	\$439.13	10/1/2009
37780	revision of leg vein	\$206.71	\$206.71	10/1/2009
37785	revision leg vein	\$207.19	\$274.39	10/1/2009
38100	removal of spleen	\$844.89	\$844.89	10/1/2009
38101	splenectomy partial	\$849.19	\$849.19	10/1/2009
38115	repair ruptured spleen w/wo partial splenectomy	\$939.94	\$939.94	10/1/2009
38120	laparoscopy, surgical, splenectomy	\$781.54	\$781.54	10/1/2009
38220	bone marrow; aspiration only	\$49.09	\$119.75	10/1/2009
38221	bone marrow; biopsy, needle or trocar	\$62.27	\$133.21	10/1/2009
38230	bone marrow harvesting for transplantation.	\$250.00	\$250.00	10/1/2009
38232	bone marrow harvesting for transplantation; autologous	\$106.63	\$106.63	1/1/2012
38300	drainage of lymph node abscess or lymphadenitis;	\$135.44	\$198.61	10/1/2009
38305	drainage lymph node lesion	\$345.06	\$345.06	10/1/2009
38308	incision of lymph channels	\$331.91	\$331.91	10/1/2009
38380	suture and or ligation of thoracic duct cervical a	\$426.94	\$426.94	10/1/2009
38381	suture and or ligation of thoracic duct thoracic a	\$638.20	\$638.20	10/1/2009
38382	suture/ligation thoracic duct abdominal approach	\$515.13	\$515.13	10/1/2009
38500	biopsy or excision of lymph node(s); open, superficial	\$186.91	\$234.79	10/1/2009
38510	biopsy or excision of lymph node(s); open, deep cervical node(s)	\$317.43	\$380.87	10/1/2009
38520	biopsy or excision of lymph node(s); open, deep cervical node(s) with excision	\$346.65	\$346.65	10/1/2009
38525	biopsy or excision of lymph node(s); open, deep axillary node(s)	\$314.17	\$314.17	10/1/2009
38530	biopsy or excision of lymph node(s); open, internal mammary node(s)	\$404.28	\$404.28	10/1/2009
38542	dissection deep jugular node	\$386.12	\$386.12	10/1/2009
38550	excision of cystic hygroma, axillary or cervical; without deep neurovascular	\$357.34	\$357.34	10/1/2009
38555	excision of cystic hygroma, axillary or cervical; with deep neurovascular	\$744.87	\$744.87	10/1/2009
38562	limited lymphadenectomy for staging pelvic	\$534.94	\$534.94	10/1/2009
38564	limited lymphadenectomy for staging retroperitonea	\$531.55	\$531.55	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
38570	laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy),	\$433.68	\$433.68	10/1/2009
38571	laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	\$682.10	\$682.10	10/1/2009
38572	laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and	\$750.62	\$750.62	10/1/2009
38700	removal of lymph nodes, neck	\$600.81	\$600.81	10/1/2009
38720	removal of lymph nodes, neck	\$998.87	\$998.87	10/1/2009
38724	cervical lymphadenectomy	\$1,083.58	\$1,083.58	10/1/2009
38740	removal lymph nodes, armpit	\$503.33	\$503.33	10/1/2009
38745	removal lymph nodes, armpits	\$640.98	\$640.98	10/1/2009
38760	inguinofemoral lymphadenectomy superfic incl cloq n	\$632.28	\$632.28	10/1/2009
38765	inguinofemoral lymphadenectomy, superficial	\$984.23	\$984.23	10/1/2009
38770	pelvic lymphadenectomy inc ext iliac hypogastric w	\$659.11	\$659.11	10/1/2009
38780	retroperitoneal lymphadenectomy extens inc pel aor	\$830.03	\$830.03	10/1/2009
38794	cannulation, thoracic duct	\$245.01	\$245.01	10/1/2009
39000	mediastinotomy with exploration, drainage, removal of foreign body, or biopsy;	\$382.35	\$382.35	10/1/2009
39010	mediastinotomy with exploration, drainage, removal of foreign body, or biopsy;	\$635.06	\$635.06	10/1/2009
39200	removal mediastinal lesion	\$704.61	\$704.61	10/1/2009
39220	removal mediastinal lesion	\$907.48	\$907.48	10/1/2009
39400	visualization of mediastinum	\$394.28	\$394.28	10/1/2009
39501	repair, laceration of diaphragm, any approach	\$645.94	\$645.94	10/1/2009
39503	repair diaphragmatic hernia neonatal	\$4,534.60	\$4,534.60	10/1/2009
39540	repair of diaphragm hernia	\$660.47	\$660.47	10/1/2009
39541	repai diaphr hernia traumatic chronic	\$712.48	\$712.48	10/1/2009
39545	imbrication of diaphragm for eventration, transthoracic or transabdominal,	\$700.65	\$700.65	10/1/2009
39560	resection, diaphragm; with simple repair (eg, primary suture)	\$605.71	\$605.71	10/1/2009
39561	resection, diaphragm; with complex repair (eg, prosthetic material, local	\$941.40	\$941.40	10/1/2009
40500	partial excision of lip	\$268.89	\$361.76	10/1/2009
40510	partial excision of lip	\$267.08	\$351.58	10/1/2009
40520	partial excision of lip	\$269.91	\$361.04	10/1/2009
40525	excision lip full thickness local flap	\$419.92	\$419.92	10/1/2009
40527	excision lip full thickness cross lip flap	\$496.38	\$496.38	10/1/2009
40530	partial removal of lip	\$306.26	\$398.84	10/1/2009
40650	repair lip	\$214.86	\$299.36	10/1/2009
40652	repair lip	\$261.78	\$352.34	10/1/2009
40654	repair lip	\$318.02	\$416.08	10/1/2009
40700	repair cleft lip	\$704.99	\$704.99	10/1/2009
40701	repair cleft lip	\$874.80	\$874.80	10/1/2009
40702	repair cleft lip	\$680.23	\$680.23	10/1/2009
40720	repair cleft lip	\$748.79	\$748.79	10/1/2009
40761	repair cleft lip	\$810.78	\$810.78	10/1/2009
40800	drainage mouth lesion	\$93.32	\$143.50	10/1/2009
40801	drainage mouth lesion	\$163.26	\$221.81	10/1/2009
40804	removal foreign body, mouth	\$94.53	\$146.45	10/1/2009
40805	removal embedded foreign body complicated	\$169.31	\$232.48	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
40808	biopsy mouth lesion	\$78.39	\$128.87	10/1/2009
40810	excision mouth lesion	\$93.36	\$143.83	10/1/2009
40812	excision mouth lesion	\$145.67	\$203.36	10/1/2009
40814	excision mouth lesion	\$224.70	\$274.30	10/1/2009
40816	exc lesion of mucosa and submucosa w/o repair	\$235.17	\$289.11	10/1/2009
40818	excision oral mucosa, graft	\$200.29	\$253.06	10/1/2009
40820	treatment mouth lesion	\$124.91	\$186.62	10/1/2009
40830	repair mouth laceration	\$117.52	\$173.18	10/1/2009
40831	repair mouth laceration	\$165.21	\$230.10	10/1/2009
40840	reconstruction mouth	\$479.70	\$595.06	10/1/2009
40842	reconstruction mouth	\$469.89	\$586.12	10/1/2009
40843	reconstruction mouth	\$612.18	\$766.48	10/1/2009
40844	reconstruction mouth	\$854.11	\$1,016.49	10/1/2009
40845	reconstruction mouth	\$957.78	\$1,108.04	10/1/2009
41000	drainage mouth lesion	\$82.76	\$115.05	10/1/2009
41005	drainage mouth lesion	\$93.91	\$160.24	10/1/2009
41006	drainage mouth lesion	\$193.69	\$260.02	10/1/2009
41007	incision/drainage abscess mouth submental space	\$187.96	\$260.35	10/1/2009
41008	incision/drainage mouth submandibular space	\$200.84	\$268.32	10/1/2009
41009	incision/drainage mouth masticator space	\$217.94	\$285.14	10/1/2009
41010	incision tongue fold	\$80.63	\$143.79	10/1/2009
41015	drainage extraoral abscess/cyst/hematoma floor of	\$249.75	\$306.86	10/1/2009
41016	incision/drainage extraoral lesion submental	\$259.18	\$315.13	10/1/2009
41017	incision/drainage mouth lesion submandibular lesio	\$260.33	\$317.44	10/1/2009
41018	incision/drainage mouth lesion masticator space	\$305.22	\$364.64	10/1/2009
41019	placement of needles, catheters, or other device(s) into the head and/or neck	\$389.10	\$389.10	10/1/2009
41100	biopsy tongue	\$82.36	\$121.58	10/1/2009
41105	posterior one-third	\$83.52	\$121.88	10/1/2009
41108	biopsy floor of mouth	\$67.07	\$104.27	10/1/2009
41110	excision tongue lesion	\$97.86	\$150.07	10/1/2009
41112	excision tongue lesion	\$185.64	\$237.55	10/1/2009
41113	excision tongue lesion	\$206.64	\$260.87	10/1/2009
41114	exc lesion tongue local tongue flap	\$480.64	\$480.64	10/1/2009
41115	excision linguinal frenum (frenectomy)	\$110.64	\$174.67	10/1/2009
41116	excision lesion floor of mouth	\$162.61	\$232.11	10/1/2009
41120	partial removal of tongue	\$778.60	\$778.60	10/1/2009
41130	partial removal of tongue	\$965.17	\$965.17	10/1/2009
41135	tongue and neck surgery	\$1,617.82	\$1,617.82	10/1/2009
41140	removal of tongue	\$1,660.15	\$1,660.15	10/1/2009
41145	tongue removal; neck surgery	\$2,081.92	\$2,081.92	10/1/2009
41150	mouth and jaw surgery	\$1,645.96	\$1,645.96	10/1/2009
41153	glossectomy composite proc w/resection floor mouth	\$1,787.46	\$1,787.46	10/1/2009
41155	mouth, jaw, and neck surgery	\$2,227.63	\$2,227.63	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
41250	repair laceration tongue	\$106.13	\$163.82	10/1/2009
41251	repair laceration to 2cm posterior one third tongu	\$123.62	\$170.06	10/1/2009
41252	repair laceration tongue	\$160.11	\$222.98	10/1/2009
41500	fixation tongue	\$327.89	\$327.89	10/1/2009
41510	tongue to lip surgery	\$301.01	\$301.01	10/1/2009
41520	reconstruction, tongue fold	\$188.03	\$248.31	10/1/2009
41800	drainage gum lesion	\$94.61	\$161.23	10/1/2009
41805	removal foreign body, gum	\$119.77	\$166.49	10/1/2009
41806	removal foreign body,jawbone	\$188.19	\$245.29	10/1/2009
41822	excision gum lesion	\$131.60	\$206.01	10/1/2009
41823	excision gum lesion	\$236.40	\$307.05	10/1/2009
41825	excision gum lesion	\$93.51	\$146.58	10/1/2009
41826	excision gum lesion	\$151.01	\$206.97	10/1/2009
41827	excision gum lesion	\$224.42	\$307.49	10/1/2009
41830	alvelectomy inc/curretage of osteitis or sequest	\$207.82	\$277.90	10/1/2009
41850	destruction of lesion except excision	\$34.86	\$34.86	10/1/2009
41872	gingivoplasty, each quadrant (specify)	\$192.68	\$260.17	10/1/2009
41874	alveoloplasty, each quadrant (specify)	\$189.84	\$264.54	10/1/2009
42000	drainage mouth roof lesion	\$76.82	\$113.45	10/1/2009
42100	biopsy roof of mouth	\$81.54	\$108.06	10/1/2009
42104	excision lesion roof mouth	\$102.51	\$150.10	10/1/2009
42106	excision lesion, mouth roof	\$134.21	\$190.44	10/1/2009
42107	excision lesion palate, uvula local flap closure	\$259.13	\$332.39	10/1/2009
42120	resection palate or extensive resection of lesion	\$726.94	\$726.94	10/1/2009
42140	excision uvula	\$114.87	\$178.61	10/1/2009
42145	palatopharyngoplasty	\$530.86	\$530.86	10/1/2009
42160	treatment roof of mouth	\$114.33	\$173.16	10/1/2009
42180	repair palate	\$139.25	\$177.32	10/1/2009
42182	repair palate	\$203.49	\$243.58	10/1/2009
42200	reconstruction cleft palate	\$673.64	\$673.64	10/1/2009
42205	reconstruction cleft palate	\$718.82	\$718.82	10/1/2009
42210	reconstruction cleft palate	\$810.62	\$810.62	10/1/2009
42215	reconstruction cleft palate	\$530.04	\$530.04	10/1/2009
42220	reconstruction cleft palate	\$411.96	\$411.96	10/1/2009
42225	reconstruction cleft palate	\$703.22	\$703.22	10/1/2009
42226	lengthening palate and pharyngeal flap	\$699.76	\$699.76	10/1/2009
42227	lengthening of palate with island flap	\$679.99	\$679.99	10/1/2009
42235	repair palate	\$555.06	\$555.06	10/1/2009
42260	repair nose to lip fistula	\$521.23	\$621.60	10/1/2009
42300	drainage salivary gland	\$114.72	\$151.35	10/1/2009
42305	drainage salivary gland	\$328.64	\$328.64	10/1/2009
42310	drainage salivary gland	\$93.66	\$117.88	10/1/2009
42320	drainage salivary gland	\$134.58	\$182.16	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
42330	treatment salivary stone	\$124.92	\$169.61	10/1/2009
42335	treatment salivary stone	\$195.55	\$269.96	10/1/2009
42340	treatment salivary stone	\$257.67	\$340.16	10/1/2009
42405	biopsy salivary gland	\$174.50	\$224.11	10/1/2009
42408	excision salivary cyst	\$250.05	\$333.11	10/1/2009
42409	treatment salivary cyst	\$169.19	\$240.14	10/1/2009
42410	excision parotid gland	\$477.34	\$477.34	10/1/2009
42415	ex parotid tumor parotid gl lat lob w dissecan pre	\$863.18	\$863.18	10/1/2009
42420	excision parotid gland	\$989.92	\$989.92	10/1/2009
42425	excision parotid gland	\$650.91	\$650.91	10/1/2009
42426	excision parotid tumor or parotid gland total	\$1,059.57	\$1,059.57	10/1/2009
42440	excision submaxillary gland	\$358.96	\$358.96	10/1/2009
42450	excision sublingual gland	\$271.84	\$332.99	10/1/2009
42500	repair salivary duct	\$258.50	\$317.34	10/1/2009
42505	repair salivary duct	\$346.73	\$413.07	10/1/2009
42507	parotid duct divers bilateral	\$388.07	\$388.07	10/1/2009
42508	parotid duct divers bilat w/exc one submanolb glan	\$553.19	\$553.19	10/1/2009
42509	parotid duct diversion bilat w/exc both submandibu	\$635.43	\$635.43	10/1/2009
42510	parotid duct diversion bilat ligat submandibular	\$479.40	\$479.40	10/1/2009
42550	injection for sialography	\$53.92	\$113.04	10/1/2009
42600	closure salivary fistula	\$269.92	\$356.73	10/1/2009
42665	ligation salivary duct, intraoral	\$156.49	\$224.56	10/1/2009
42700	drainage tonsil abscess	\$102.16	\$136.76	10/1/2009
42720	drainage throat abscess	\$305.52	\$345.32	10/1/2009
42725	drainage throat abscess	\$622.09	\$622.09	10/1/2009
42800	biopsy throat	\$84.49	\$114.78	10/1/2009
42802	biopsy throat	\$102.35	\$173.87	10/1/2009
42804	biopsy upper nose/throat	\$86.54	\$145.09	10/1/2009
42806	biopsy uper nose/throat	\$101.77	\$164.07	10/1/2009
42808	excision lesion pharynx	\$125.70	\$168.10	10/1/2009
42809	removal of foreign body from pharynx	\$98.58	\$125.41	10/1/2009
42810	excision throat cyst	\$214.19	\$281.67	10/1/2009
42815	excision throat cyst	\$420.92	\$420.92	10/1/2009
42820	removal tonsils and adenoids	\$222.96	\$222.96	10/1/2009
42821	removal tonsils and adenoids	\$232.73	\$232.73	10/1/2009
42825	removal of tonsils	\$199.04	\$199.04	10/1/2009
42826	removal of tonsils	\$192.39	\$192.39	10/1/2009
42830	removal of adenoids	\$156.55	\$156.55	10/1/2009
42831	removal of adenoids	\$168.83	\$168.83	10/1/2009
42835	removal of adenoids	\$141.11	\$141.11	10/1/2009
42836	removal of adenoids	\$184.54	\$184.54	10/1/2009
42842	radical resection tonsil without closure	\$730.87	\$730.87	10/1/2009
42844	radical resection tonsil closure with local flap	\$1,028.76	\$1,028.76	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
42845	radical resection tonsil closure with other flap	\$1,689.72	\$1,689.72	10/1/2009
42860	excision tonsil tags	\$141.49	\$141.49	10/1/2009
42870	excision lingual tonsil	\$428.36	\$428.36	10/1/2009
42890	partial removal pharynx	\$1,048.48	\$1,048.48	10/1/2009
42892	resect lateral pharyngeal wall direct closure	\$1,377.08	\$1,377.08	10/1/2009
42894	resect pharyngeal wall with myocutaneous flap	\$1,765.56	\$1,765.56	10/1/2009
42900	repair throat wound	\$266.18	\$266.18	10/1/2009
42950	reconstruction of throat	\$593.98	\$593.98	10/1/2009
42953	pharyngoesophageal repair	\$729.38	\$729.38	10/1/2009
42955	surgical opening of throat	\$559.82	\$559.82	10/1/2009
42960	control oropharyngeal hemorrhage, primary or secondary (eg,	\$129.23	\$129.23	10/1/2009
42961	control oropharyngeal hemorrhage, primary or secondary (eg,	\$320.42	\$320.42	10/1/2009
42962	control bleeding, throat	\$397.44	\$397.44	10/1/2009
42970	control of nasopharyngeal hemorrhage, primary or secondary (eg,	\$297.77	\$297.77	10/1/2009
42971	control of nasopharyngeal hemorrhage, primary or secondary	\$350.41	\$350.41	10/1/2009
42972	control bleeding,nose/throat	\$394.13	\$394.13	10/1/2009
43020	incision of esophagus	\$405.98	\$405.98	10/1/2009
43030	cricopharyngeal myotomy	\$401.79	\$401.79	10/1/2009
43045	esophagotomy, thoracic approach, with removal of foreign body	\$1,023.13	\$1,023.13	10/1/2009
43100	excision of lesion, esophagus, with primary repair; cervical approach	\$480.54	\$480.54	10/1/2009
43101	excision of lesion, esophagus, with primary repair; thoracic or abdominal	\$799.41	\$799.41	10/1/2009
43107	total or near total esophagectomy, without thoracotomy;	\$1,980.42	\$1,980.42	10/1/2009
43108	total or near total esophagectomy, without thoracotomy; with colon	\$3,348.71	\$3,348.71	10/1/2009
43112	total or near total esophagectomy, with thoracotomy;	\$2,117.37	\$2,117.37	10/1/2009
43113	total or near total esophagectomy, with thoracotomy; with colon interposition	\$3,341.27	\$3,341.27	10/1/2009
43116	partial esophagectomy, cervical, with free intestinal graft,	\$3,803.28	\$3,803.28	10/1/2009
43117	partial esophagectomy, distal two-thirds, with thoracotomy	\$1,937.14	\$1,937.14	10/1/2009
43118	partial esophagectomy, distal two-thirds, with thoracotomy and separate	\$2,754.85	\$2,754.85	10/1/2009
43121	partial esophagectomy, distal two-thirds, with thoracotomy	\$2,185.37	\$2,185.37	10/1/2009
43122	partial esophagectomy, thoracoabdominal or abdominal approach,	\$1,958.89	\$1,958.89	10/1/2009
43123	partial esophagectomy, thoracoabdominal or abdominal approach, with or without	\$3,366.16	\$3,366.16	10/1/2009
43124	total or partial esophagectomy, without reconstruction	\$2,873.57	\$2,873.57	10/1/2009
43130	removal esophagus pouch	\$609.16	\$609.16	10/1/2009
43135	removal esophagus pouch	\$1,144.40	\$1,144.40	10/1/2009
43201	esophagoscopy, rigid or flexible; with directed submucosal injection(s), any	\$102.74	\$220.98	10/1/2009
43202	esophagoscopy, rigid or flexible; with biopsy, single or multiple	\$90.74	\$211.00	10/1/2009
43217	esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other	\$134.78	\$283.32	10/1/2009
43219	esophagoscopy, rigid or flexible; with insertion of plastic tube or stent	\$136.17	\$136.17	10/1/2009
43226	esophagoscopy, rigid or flexible;	\$112.48	\$112.48	10/1/2009
43227	esophagoscopy, rigid or flexible; with control of bleeding (eg, injection,	\$167.65	\$167.65	10/1/2009
43228	esophagoscopy, rigid or flexible;	\$178.75	\$178.75	10/1/2009
43235	upper gastrointestinal endoscopy including esophagus, stomach,	\$115.77	\$227.10	10/1/2009
43236	upper gastrointestinal endoscopy including esophagus, stomach, and either the	\$140.77	\$282.66	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
43239	upper gastrointestinal endoscopy including esophagus, stomach, and either the	\$137.10	\$263.14	10/1/2009
43241	upper gastrointestinal endoscopy including esophagus, stomach, and either the	\$124.42	\$124.42	10/1/2009
43247	upper gastrointestinal endoscopy including esophagus, stomach, and either the	\$160.33	\$160.33	10/1/2009
43251	upper gastrointestinal endoscopy including esophagus, stomach, and either the	\$174.43	\$174.43	10/1/2009
43255	upper gastrointestinal endoscopy including esophagus, stomach, and either the	\$226.98	\$226.98	10/1/2009
43260	endoscopic retrograde cholangiopancreatography (ercp);	\$279.10	\$279.10	10/1/2009
43279	laparoscopy, surgical, esophagomyotomy (heller type) with fundoplasty, when performed	\$970.49	\$970.49	10/1/2009
43280	laparoscopy, surgical, esophagogastric fundoplasty (eg, nissen, toupet	\$809.34	\$809.34	10/1/2009
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed	\$966.09	\$966.09	1/1/2010
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed	\$1,086.64	\$1,086.64	1/1/2010
43300	repair of esophagus	\$476.87	\$476.87	10/1/2009
43305	repair esophagus and fistula	\$856.39	\$856.39	10/1/2009
43310	repair of esophagus	\$1,197.11	\$1,197.11	10/1/2009
43312	esophagoplasty with repair of tracheoesophageal fistula	\$1,322.32	\$1,322.32	10/1/2009
43313	esophagoplasty for congenital defect, (plastic repair or reconstruction),	\$2,106.70	\$2,106.70	10/1/2009
43314	esophagoplasty for congenital defect, (plastic repair or reconstruction),	\$2,412.20	\$2,412.20	10/1/2009
43320	esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty,	\$1,051.76	\$1,051.76	10/1/2009
43325	esophagogastric fundoplasty with fundic patch (tha	\$1,004.37	\$1,004.37	10/1/2009
43327	Esophagogastric fundoplasty partial or complete; laparotomy	\$672.96	\$672.96	1/1/2011
43328	Esophagogastric fundoplasty partial or complete; thoracotomy	\$981.90	\$981.90	1/1/2011
43330	esophagomyotomy (heller type); abdominal approach	\$985.25	\$985.25	10/1/2009
43331	esophagomyotomy thoracic approach	\$1,066.67	\$1,066.67	10/1/2009
43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except	\$963.51	\$963.51	1/1/2011
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except	\$1,046.34	\$1,046.34	1/1/2011
43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except	\$1,057.22	\$1,057.22	1/1/2011
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except	\$1,139.22	\$1,139.22	1/1/2011
43336	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracoabdominal	\$1,245.23	\$1,245.23	1/1/2011
43337	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracoabdominal	\$1,359.59	\$1,359.59	1/1/2011
43340	esophagojejunostomy w/ tot gastrec abd approach	\$1,022.69	\$1,022.69	10/1/2009
43341	esophagojejunostomy thoracic approach	\$1,124.67	\$1,124.67	10/1/2009
43350	esophagostomy fistulization esophag ext abd app	\$872.13	\$872.13	10/1/2009
43351	esophagostomy thoracic approach	\$1,023.18	\$1,023.18	10/1/2009
43352	esophagomyotomy cervical approach	\$836.55	\$836.55	10/1/2009
43360	gastrointestinal reconstruction for previous esophagectomy,	\$1,794.55	\$1,794.55	10/1/2009
43361	gastrointestinal reconstruction for previous esophagectomy, for obstructing	\$2,005.43	\$2,005.43	10/1/2009
43400	ligation esophageal veins	\$1,231.18	\$1,231.18	10/1/2009
43401	transection of esoph w/ repair for esoph varices	\$1,168.29	\$1,168.29	10/1/2009
43405	ligation or stapling at gastroesophageal junction for pre-existing	\$1,130.49	\$1,130.49	10/1/2009
43410	repair wound,esophagus	\$772.91	\$772.91	10/1/2009
43415	suture of esophageal wound or injury; transthoracic or transabdominal approach	\$1,317.94	\$1,317.94	10/1/2009
43420	repair opening,esophagus	\$773.81	\$773.81	10/1/2009
43425	closure of esophagostomy or fistula; transthoracic or transabdominal approach	\$1,157.58	\$1,157.58	10/1/2009
43453	dilation of esophagus, over guide wire	\$76.66	\$224.61	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
43500	incision of stomach	\$578.39	\$578.39	10/1/2009
43501	gastrotomy; with suture repair of bleeding ulcer	\$995.83	\$995.83	10/1/2009
43502	gastrotomy;	\$1,127.90	\$1,127.90	10/1/2009
43510	gastrotomy; with esophageal dilation and insertion of permanent intraluminal	\$713.86	\$713.86	10/1/2009
43520	incision pyloric muscle	\$522.92	\$522.92	10/1/2009
43605	biopsy of stomach	\$614.29	\$614.29	10/1/2009
43610	excision, local; ulcer or benign tumor of stomach	\$725.88	\$725.88	10/1/2009
43611	excision, local;	\$903.29	\$903.29	10/1/2009
43620	gastrectomy, total; with esophagoenterostomy	\$1,473.60	\$1,473.60	10/1/2009
43621	gastrectomy, total;	\$1,678.66	\$1,678.66	10/1/2009
43622	gastrectomy, total;	\$1,703.43	\$1,703.43	10/1/2009
43631	gastrectomy, partial, distal;	\$1,079.99	\$1,079.99	10/1/2009
43632	gastrectomy, partial, distal;	\$1,473.44	\$1,473.44	10/1/2009
43633	gastrectomy, partial, distal;	\$1,401.79	\$1,401.79	10/1/2009
43634	gastrectomy, partial, distal;	\$1,548.27	\$1,548.27	10/1/2009
43640	division vagus nerve	\$867.96	\$867.96	10/1/2009
43641	vagotomy w/ pyloroplasty parietal cell	\$875.56	\$875.56	10/1/2009
43651	laparoscopy, surgical; transection of vagus nerves, truncal	\$481.15	\$481.15	10/1/2009
43652	laparoscopy, surgical; transection of vagus nerves, selective or highly	\$563.73	\$563.73	10/1/2009
43653	laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg,	\$410.17	\$410.17	10/1/2009
43760	change of gastrostomy tube	\$40.51	\$251.05	10/1/2009
43761	repositioning gastric feeding tube, thru duodenum	\$86.87	\$97.83	10/1/2009
43800	reconstruction of pylorus	\$688.79	\$688.79	10/1/2009
43810	fusion stomach and bowel	\$746.76	\$746.76	10/1/2009
43820	gastrojejunostomy; without vagotomy	\$968.04	\$968.04	10/1/2009
43825	fusion stomach and bowel	\$960.83	\$960.83	10/1/2009
43830	gastrostomy, open; without construction of gastric tube (eg, stamm procedure)	\$510.16	\$510.16	10/1/2009
43831	temporary opening,stomach	\$425.56	\$425.56	10/1/2009
43832	gastrostomy, open; with construction of gastric tube (eg, janeway procedure)	\$786.39	\$786.39	10/1/2009
43840	repair lesion,stomach	\$981.83	\$981.83	10/1/2009
43843	gastric restrictive procedure, without gastric bypass, for morbid obesity;	\$936.63	\$936.63	10/1/2009
43850	revision stomachbowel fusion	\$1,200.19	\$1,200.19	10/1/2009
43855	revision stomachbowel fusion	\$1,254.13	\$1,254.13	10/1/2009
43860	revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction,	\$1,218.53	\$1,218.53	10/1/2009
43865	revision stomachbowel fusion	\$1,267.58	\$1,267.58	10/1/2009
43870	repair opening,stomach	\$521.20	\$521.20	10/1/2009
43880	repair stomach-bowel fistula	\$1,190.41	\$1,190.41	10/1/2009
44005	freeing of bowel adhesion	\$813.15	\$813.15	10/1/2009
44010	duodenotomy	\$638.94	\$638.94	10/1/2009
44020	enterotomy, small intestine, other than duodenum; for exploration, biopsy(s),	\$718.54	\$718.54	10/1/2009
44021	enterotomy small bowel for decompression	\$726.73	\$726.73	10/1/2009
44025	exploration of large bowel	\$731.54	\$731.54	10/1/2009
44050	reduction bowel obstruction	\$692.38	\$692.38	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
44055	correction of malrotation	\$1,110.23	\$1,110.23	10/1/2009
44110	excision of one or more lesions of small or large intestine not requiring	\$626.55	\$626.55	10/1/2009
44111	excision bowel lesions	\$729.82	\$729.82	10/1/2009
44120	enterectomy, resection of small intestine; single resection and anastomosis	\$904.57	\$904.57	10/1/2009
44125	enterectomy, resection of small intestine; with enterostomy	\$877.98	\$877.98	10/1/2009
44126	enterectomy, resection of small intestine for congenital atresia, single	\$1,814.44	\$1,814.44	10/1/2009
44127	enterectomy, resection of small intestine for congenital atresia, single	\$2,113.05	\$2,113.05	10/1/2009
44128	enterectomy, resection of small intestine for congenital atresia, single	\$187.70	\$187.70	10/1/2009
44130	enteroenterostomy, anastomosis of intestine, with or without cutaneous	\$947.46	\$947.46	10/1/2009
44140	partial removal of colon	\$999.02	\$999.02	10/1/2009
44141	colectomy partial with cecostomy colostomy	\$1,315.62	\$1,315.62	10/1/2009
44143	colectomy partial with end colostomy closure dista	\$1,230.97	\$1,230.97	10/1/2009
44144	colectomy partial w/resect colos ileos mucofistula	\$1,293.88	\$1,293.88	10/1/2009
44145	partial removal of colon	\$1,245.70	\$1,245.70	10/1/2009
44146	colectomy partial w/coloproctostomy colostomy	\$1,556.75	\$1,556.75	10/1/2009
44147	colectomy partial abd and transanal approach	\$1,405.89	\$1,405.89	10/1/2009
44150	removal of colon	\$1,363.76	\$1,363.76	10/1/2009
44151	colectomy total with continent ileostomy	\$1,559.96	\$1,559.96	10/1/2009
44155	removal of colon	\$1,528.68	\$1,528.68	10/1/2009
44156	colectomy total abd w/ proctectomy w/ continent	\$1,679.60	\$1,679.60	10/1/2009
44157	colectomy, total, abdominal,with proctectomy; with ileoanal anastomosis, includes loop	\$1,595.53	\$1,595.53	10/1/2009
44158	colectomy, total, abdominal,with proctectomy;with ileoanal anastomosis, creation of ile	\$1,635.62	\$1,635.62	10/1/2009
44160	colectomy, partial, with removal of terminal ileum with ileocolostomy	\$920.59	\$920.59	10/1/2009
44180	laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separat	\$686.03	\$686.03	10/1/2009
44186	laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)	\$483.25	\$483.25	10/1/2009
44187	laparoscopy, surgical; ileostomy or jejunostomy, non-tube	\$814.30	\$814.30	10/1/2009
44188	laparoscopy, surgical, colostomy or skin level cecostomy	\$901.05	\$901.05	10/1/2009
44202	laparoscopy, surgical; enterectomy, resection of small intestine, single	\$1,033.93	\$1,033.93	10/1/2009
44203	laparoscopy, surgical; each additional small intestine resection and	\$186.05	\$186.05	10/1/2009
44204	laparoscopy, surgical; colectomy, partial, with anastomosis	\$1,154.89	\$1,154.89	10/1/2009
44205	laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with	\$1,008.24	\$1,008.24	10/1/2009
44206	laparoscopy, surgical; colectomy, partial, with end colostomy and closure of	\$1,310.08	\$1,310.08	10/1/2009
44207	laparoscopy, surgical; colectomy, partial, with anastomosis, with	\$1,377.25	\$1,377.25	10/1/2009
44208	laparoscopy, surgical; colectomy, partial, with anastomosis, with	\$1,496.41	\$1,496.41	10/1/2009
44210	laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with	\$1,336.98	\$1,336.98	10/1/2009
44211	laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with	\$1,641.57	\$1,641.57	10/1/2009
44212	laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with	\$1,539.47	\$1,539.47	10/1/2009
44227	laparoscopy, surgical, closure of enterostomy, large or small intestine, wit	\$1,250.46	\$1,250.46	10/1/2009
44300	surgical opening of bowel	\$621.62	\$621.62	10/1/2009
44310	ileostomy	\$777.90	\$777.90	10/1/2009
44312	repair small bowel opening	\$441.48	\$441.48	10/1/2009
44314	repair small bowel opening	\$752.64	\$752.64	10/1/2009
44316	continent ileostomy	\$1,031.46	\$1,031.46	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.			
44320	colostomy or skin level cecostomy	\$886.88	\$886.88	10/1/2009
44322	colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital	\$700.89	\$700.89	10/1/2009
44340	repair large bowel opening	\$443.81	\$443.81	10/1/2009
44345	repair large bowel opening	\$775.93	\$775.93	10/1/2009
44346	revision of colostomy w/ repair paracolostomy hern	\$871.53	\$871.53	10/1/2009
44360	small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not	\$126.04	\$126.04	10/1/2009
44361	small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not	\$138.92	\$138.92	10/1/2009
44363	sm intest endoscopy enteroscopy w/remov foreign bo	\$164.63	\$164.63	10/1/2009
44364	small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not	\$177.30	\$177.30	10/1/2009
44366	small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not	\$208.98	\$208.98	10/1/2009
44369	small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not	\$213.48	\$213.48	10/1/2009
44380	ileoscopy, through stoma; diagnostic, with or without collection of specimen(s)	\$54.80	\$54.80	10/1/2009
44382	ileoscopy, through stoma; with biopsy, single or multiple	\$65.91	\$65.91	10/1/2009
44385	endoscopic evaluation of small intestinal (abdominal or pelvic) pouch;	\$84.51	\$186.61	10/1/2009
44388	colonoscopy through stoma; diagnostic, with or without collection of	\$131.71	\$259.20	10/1/2009
44500	introduction of long gastrointestinal tube (eg, miller-abott)	\$21.07	\$21.07	10/1/2009
44602	suture of small intestine (enterorrhaphy) for perforated ulcer,	\$1,028.21	\$1,028.21	10/1/2009
44603	suture of small intestine (enterorrhaphy) for perforated ulcer,	\$1,178.20	\$1,178.20	10/1/2009
44604	suture of large intestine (colorrhaphy) for perforated ulcer,	\$789.31	\$789.31	10/1/2009
44605	repair bowel lesion	\$972.84	\$972.84	10/1/2009
44615	intestinal stricturoplasty (enterotomy and enterorrhaphy) with	\$801.35	\$801.35	10/1/2009
44620	repair bowel opening	\$639.66	\$639.66	10/1/2009
44625	closure of enterostomy, large or small intestine; with resection and	\$757.93	\$757.93	10/1/2009
44626	closure of enterostomy, large or small intestine; with resection and colorectal	\$1,206.05	\$1,206.05	10/1/2009
44640	repair bowel-skin fistula	\$1,051.87	\$1,051.87	10/1/2009
44650	repair bowel fistula	\$1,093.90	\$1,093.90	10/1/2009
44660	repair bowel-bladder fistula	\$1,059.89	\$1,059.89	10/1/2009
44661	closure of enterovesical fistula; with intestine and/or bladder resection	\$1,189.03	\$1,189.03	10/1/2009
44680	surgical folding intestine	\$791.42	\$791.42	10/1/2009
44700	exclusion of small intestine from pelvis by mesh or other prosthesis, or native	\$766.37	\$766.37	10/1/2009
44701	intraoperative colonic lavage (list separately in addition to code for primary	\$129.35	\$129.35	10/1/2009
44800	excision bowel pouch	\$562.28	\$562.28	10/1/2009
44820	excision mesentery lesion	\$621.67	\$621.67	10/1/2009
44850	repair of mesentery	\$548.50	\$548.50	10/1/2009
44900	incision and drainage of appendiceal abscess; open	\$562.13	\$562.13	10/1/2009
44950	appendectomy	\$476.19	\$476.19	10/1/2009
44960	appendectomy for rupt appen w/abscess or generaliz	\$641.54	\$641.54	10/1/2009
44970	laparoscopy, surgical, appendectomy	\$437.22	\$437.22	10/1/2009
45000	transrectal drainage of pelvic abscess	\$304.82	\$304.82	10/1/2009
45005	drainage of rectal abscess	\$112.87	\$180.94	10/1/2009
45020	drainage of rectal abscess	\$398.31	\$398.31	10/1/2009
45100	biopsy of rectum	\$211.19	\$211.19	10/1/2009
45108	anorectal myomectomy	\$257.35	\$257.35	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
45110	proctectomy; complete, combined abdominoperineal, with colostomy	\$1,375.48	\$1,375.48	10/1/2009
45111	proctectomy; partial resection of rectum, transabdominal approach	\$807.83	\$807.83	10/1/2009
45112	proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal)	\$1,420.45	\$1,420.45	10/1/2009
45113	proctectomy, partial, with rectal mucosectomy, ileoanal	\$1,455.18	\$1,455.18	10/1/2009
45114	proctectomy, partial, with anastomosis; abdominal and transsacral approach	\$1,329.76	\$1,329.76	10/1/2009
45116	partial removal of rectum	\$1,194.85	\$1,194.85	10/1/2009
45119	proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal)	\$1,457.55	\$1,457.55	10/1/2009
45120	proctectomy, complete (for congenital megacolon), abdominal and perineal	\$1,164.20	\$1,164.20	10/1/2009
45121	proctectomy, complete (for congenital megacolon), abdominal and perineal	\$1,274.30	\$1,274.30	10/1/2009
45123	proctectomy, partial, without anastomosis, perineal approach	\$825.75	\$825.75	10/1/2009
45126	pelvic exenteration for colorectal malignancy, with proctectomy (with or	\$2,153.04	\$2,153.04	10/1/2009
45130	excision of rectal prolapse	\$807.64	\$807.64	10/1/2009
45135	excision of rectal prolapse	\$988.49	\$988.49	10/1/2009
45136	excision of ileoanal reservoir with ileostomy	\$1,368.40	\$1,368.40	10/1/2009
45150	excision rectal stricture	\$292.91	\$292.91	10/1/2009
45160	excision of rectal lesion	\$734.08	\$734.08	10/1/2009
45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, part	\$365.17	\$365.17	1/1/2010
45172	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thick	\$501.81	\$501.81	1/1/2010
45190	destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser	\$498.05	\$498.05	10/1/2009
45300	proctosigmoidoscopy, rigid; diagnostic, with or without collection of	\$37.85	\$78.81	10/1/2009
45303	proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)	\$64.77	\$602.08	10/1/2009
45307	proctosigm w/removal of foreign body	\$73.64	\$143.43	10/1/2009
45317	proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar	\$86.96	\$154.45	10/1/2009
45330	sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s)	\$48.82	\$101.60	10/1/2009
45331	sigmoidoscopy, flexible; with biopsy, single or multiple	\$59.27	\$129.07	10/1/2009
45333	sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s)	\$86.47	\$213.08	10/1/2009
45334	sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar	\$131.19	\$131.19	10/1/2009
45335	sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	\$72.21	\$182.10	10/1/2009
45340	sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures	\$91.03	\$323.20	10/1/2009
45379	colonoscopy fiberoptic beyond splenic flexure w/re	\$215.92	\$382.05	10/1/2009
45381	colonoscopy, flexible, proximal to splenic flexure; with directed submucosal	\$196.56	\$351.44	10/1/2009
45382	colonoscopy, flexible, proximal to splenic flexure; with control of bleeding	\$265.38	\$475.92	10/1/2009
45386	colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1	\$211.92	\$499.46	10/1/2009
45395	colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other	\$1,486.38	\$1,486.38	10/1/2009
45397	colonoscopy through stoma; with transendoscopic stent placement (includes	\$1,611.29	\$1,611.29	10/1/2009
45400	laparoscopy, surgical; proctopexy (for prolapse)	\$858.51	\$858.51	10/1/2009
45402	laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	\$1,149.37	\$1,149.37	10/1/2009
45500	repair of rectum	\$376.19	\$376.19	10/1/2009
45505	repair of rectum	\$412.27	\$412.27	10/1/2009
45540	fixation of rectal prolapse	\$792.53	\$792.53	10/1/2009
45541	proctopexy for prolapse perineal approach	\$679.67	\$679.67	10/1/2009
45550	fixation of rectal prolapse	\$1,089.79	\$1,089.79	10/1/2009
45560	repair rectocele separate procedure	\$537.61	\$537.61	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
45562	exploration, repair, and presacral drainage for rectal injury;	\$824.74	\$824.74	10/1/2009
45563	exploration, repair, and presacral drainage for rectal injury;	\$1,195.39	\$1,195.39	10/1/2009
45800	repair rectobladder fistula	\$926.41	\$926.41	10/1/2009
45805	repair rectobladder fistula	\$1,047.27	\$1,047.27	10/1/2009
45820	repair rectourethral fistula	\$920.15	\$920.15	10/1/2009
45825	repair rectourethral fistula	\$1,107.12	\$1,107.12	10/1/2009
45900	reduction of rectal prolapse	\$145.52	\$145.52	10/1/2009
45905	dilation of anal sphincter	\$123.24	\$123.24	10/1/2009
45910	dilation rectal narrowing	\$146.06	\$146.06	10/1/2009
45915	removal rectal obstruction	\$163.58	\$225.59	10/1/2009
46020	placement of seton	\$161.24	\$183.16	10/1/2009
46030	removal of anal seton, other marker	\$64.22	\$91.61	10/1/2009
46040	incision of rectal abscess	\$289.03	\$356.52	10/1/2009
46045	drainage transanal abscess under anesthesia	\$298.21	\$298.21	10/1/2009
46050	incision anal abscess	\$67.60	\$126.44	10/1/2009
46060	incision and drainage of ischiorectal or intramural abscess, with fistulectomy	\$328.07	\$328.07	10/1/2009
46070	incision anal septum	\$166.67	\$166.67	10/1/2009
46080	incision anal sphincter	\$117.04	\$166.94	10/1/2009
46083	incision of thrombosed hemorrhoid, external	\$78.10	\$125.40	10/1/2009
46200	removal anal fissure	\$217.44	\$278.59	10/1/2009
46220	papillectomy or excision of single tag anus	\$83.77	\$133.95	10/1/2009
46221	hemorrhoidectomy by simple ligature	\$132.52	\$175.78	10/1/2009
46230	removal of anal tag	\$125.63	\$184.46	10/1/2009
46250	hemorrhoidectomy	\$220.84	\$306.79	10/1/2009
46255	hemorrhoidectomy	\$251.59	\$342.72	10/1/2009
46257	hemorrhoidectomy with fissurectomy	\$294.16	\$294.16	10/1/2009
46258	hemorrhoidectomy with fistulectomy	\$321.73	\$321.73	10/1/2009
46260	hemorrhoidectomy	\$334.56	\$334.56	10/1/2009
46261	hemorrhoidectomy int and external complex or exten	\$374.36	\$374.36	10/1/2009
46262	hemorrhoidectomy int and ext complx or exten w/fis	\$390.54	\$390.54	10/1/2009
46270	surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous	\$264.63	\$332.11	10/1/2009
46275	removal anal fistula	\$284.00	\$352.06	10/1/2009
46280	surgical treatment of anal fistula (fistulectomy/fistulotomy); complex or	\$325.66	\$325.66	10/1/2009
46285	removal anal fistula	\$280.40	\$342.41	10/1/2009
46288	closure of anal fistula with rectal advancement flap	\$385.44	\$385.44	10/1/2009
46320	removal hemorrhoid clot	\$79.73	\$121.27	10/1/2009
46500	injection treatment of anus	\$90.06	\$146.87	10/1/2009
46505	chemodenervation of internal anal sphincter	\$164.67	\$193.52	10/1/2009
46600	anoscopy; diagnostic, with or without collection of specimen(s) by brushing or	\$28.81	\$58.80	10/1/2009
46604	anoscopy; with dilation (eg, balloon, guide wire, bougie)	\$50.06	\$361.26	10/1/2009
46606	anoscopy; with biopsy, single or multiple	\$55.35	\$149.94	10/1/2009
46608	anoscopy;	\$61.00	\$155.03	10/1/2009
46610	anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy	\$60.47	\$153.34	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
46612	anoscopy; with removal of multiple tumors, polyps, or other lesions by hot	\$73.94	\$183.82	10/1/2009
46614	anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar	\$52.73	\$93.39	10/1/2009
46700	repair anal stricture	\$464.89	\$464.89	10/1/2009
46705	repair of anal stricture	\$382.35	\$382.35	10/1/2009
46706	repair of anal fistula with fibrin glue	\$122.79	\$122.79	10/1/2009
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	\$280.72	\$280.72	1/1/2010
46710	repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch adva	\$792.41	\$792.41	10/1/2009
46712	repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch adva	\$1,620.30	\$1,620.30	10/1/2009
46715	repair of low imperforate anus; with anoperineal fistula ("cut-back"	\$378.45	\$378.45	10/1/2009
46716	repair of low imperforate anus; with transposition of anoperineal or	\$923.29	\$923.29	10/1/2009
46730	repair of high imperforate anus without fistula; perineal or sacroperineal	\$1,405.40	\$1,405.40	10/1/2009
46735	repair of high imperforate anus without fistula; combined transabdominal and	\$1,642.26	\$1,642.26	10/1/2009
46740	construction of anus	\$1,509.79	\$1,509.79	10/1/2009
46742	repair of high imperforate anus with rectourethral or rectovaginal	\$1,784.95	\$1,784.95	10/1/2009
46744	repair of cloacal anomaly by anorectovaginoplasty and urethroplasty,	\$2,550.61	\$2,550.61	10/1/2009
46746	repair of cloacal anomaly by anorectovaginoplasty and urethroplasty,	\$2,942.44	\$2,942.44	10/1/2009
46748	repair of cloacal anomaly by anorectovaginoplasty and urethroplasty,	\$3,075.89	\$3,075.89	10/1/2009
46750	repair anal sphincter	\$562.65	\$562.65	10/1/2009
46751	repair anal sphincter	\$466.06	\$466.06	10/1/2009
46753	reconstruction of anus	\$424.51	\$424.51	10/1/2009
46754	removal of suture from anus	\$155.27	\$199.98	10/1/2009
46760	repair anal sphincter	\$796.45	\$796.45	10/1/2009
46761	sphincteroplasty, levator muscle imbrication	\$689.28	\$689.28	10/1/2009
46762	sphincteroplasty w/ artificial sphincter	\$678.88	\$678.88	10/1/2009
46900	removal of anal warty growth	\$101.27	\$160.97	10/1/2009
46910	removal of anal warty growth	\$96.98	\$167.64	10/1/2009
46916	destruction anal lesion, simple; cryosurgery	\$106.36	\$166.07	10/1/2009
46917	destruction of lesion(s), anus (eg, condyloma, papilloma,	\$97.67	\$316.28	10/1/2009
46922	destruction anal lesion, simple; surgical excision	\$97.00	\$174.58	10/1/2009
46924	destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum	\$135.65	\$359.75	10/1/2009
46930	destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, caut	\$112.08	\$153.90	10/1/2009
46940	curettage or cautery of anal fissure, including dilation of anal sphincter	\$108.34	\$152.76	10/1/2009
46942	treatment of anal fissure	\$96.22	\$141.22	10/1/2009
46945	ligation of internal hemorrhoids;	\$151.50	\$195.34	10/1/2009
46946	ligation of internal hemorrhoids;	\$160.82	\$212.15	10/1/2009
46947	hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling	\$274.26	\$274.26	10/1/2009
47010	hepatotomy; for open drainage of abscess or cyst, one or two stages	\$882.92	\$882.92	10/1/2009
47015	laparotomy, with aspiration and/or injection of hepatic	\$837.86	\$837.86	10/1/2009
47100	biopsy of liver, wedge	\$612.73	\$612.73	10/1/2009
47120	partial removal of liver	\$1,729.94	\$1,729.94	10/1/2009
47122	resection of liver, trisegmentectomy	\$2,577.36	\$2,577.36	10/1/2009
47125	partial removal of liver	\$2,308.01	\$2,308.01	10/1/2009
47130	partial removal of liver	\$2,481.98	\$2,481.98	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
47135	liver allotransplantation; orthotopic, partial or whole, from cadaver or living	\$3,651.58	\$3,651.58	10/1/2009
47136	liver allotransplantation;	\$3,113.17	\$3,113.17	10/1/2009
47300	treatment,liver lesion	\$824.41	\$824.41	10/1/2009
47350	management of liver hemorrhage; simple suture of liver wound or injury	\$1,012.27	\$1,012.27	10/1/2009
47360	management of liver hemorrhage; complex suture of liver wound or injury, with	\$1,378.74	\$1,378.74	10/1/2009
47361	management of liver hemorrhage; exploration of hepatic wound, extensive	\$2,268.87	\$2,268.87	10/1/2009
47362	management of liver hemorrhage; re-exploration of hepatic wound for removal of	\$1,050.64	\$1,050.64	10/1/2009
47370	laparoscopy, surgical, ablation of one or more liver tumor(s); radiofrequency	\$926.11	\$926.11	10/1/2009
47371	laparoscopy, surgical, ablation of one or more liver tumor(s); cryosurgical	\$942.67	\$942.67	10/1/2009
47380	ablation, open, of one or more liver tumor(s); radiofrequency	\$1,083.21	\$1,083.21	10/1/2009
47381	ablation, open, of one or more liver tumor(s); cryosurgical	\$1,103.98	\$1,103.98	10/1/2009
47382	ablation, one or more liver tumor(s), percutaneous, radiofrequency	\$684.10	\$684.10	10/1/2009
47400	incision of bile duct	\$1,573.82	\$1,573.82	10/1/2009
47420	choledochotomy or choledochostomy with exploration, drainage, or removal of	\$991.27	\$991.27	10/1/2009
47425	incision of bile duct	\$1,001.25	\$1,001.25	10/1/2009
47460	transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal	\$944.25	\$944.25	10/1/2009
47480	incision of gallbladder	\$627.79	\$627.79	10/1/2009
47490	percutaneous cholecystostomy	\$420.72	\$420.72	10/1/2009
47510	introduction transhepatic cath or stent	\$399.14	\$399.14	10/1/2009
47511	intro transhepatic stent for biliary drainage	\$502.87	\$502.87	10/1/2009
47525	change percutaneous biliary drainage catheter	\$102.70	\$453.70	10/1/2009
47530	revision and/or reinsertion of transhepatic tube	\$299.85	\$1,100.20	10/1/2009
47562	laparoscopy, surgical; cholecystectomy	\$544.92	\$544.92	10/1/2009
47563	laparoscopy, surgical; cholecystectomy with cholangiography	\$558.03	\$558.03	10/1/2009
47564	laparoscopy, surgical; cholecystectomy with exploration of common duct	\$645.40	\$645.40	10/1/2009
47570	laparoscopy, surgical; cholecystoenterostomy	\$575.94	\$575.94	10/1/2009
47600	removal of gallbladder	\$782.47	\$782.47	10/1/2009
47605	removal of gallbladder	\$724.08	\$724.08	10/1/2009
47610	removal of gallbladder	\$929.16	\$929.16	10/1/2009
47612	cholecystectomy w/ choledochoenterostomy	\$938.87	\$938.87	10/1/2009
47620	removal of gallbladder	\$1,019.31	\$1,019.31	10/1/2009
47630	biliary duct stone ext percut via t-tube tract	\$456.02	\$456.02	10/1/2009
47700	explor for cong atresia bile ducts with or w/o liv	\$771.73	\$771.73	10/1/2009
47701	portoenterostomy	\$1,328.51	\$1,328.51	10/1/2009
47711	excision of bile duct tumor, with or without primary repair of bile duct;	\$1,153.35	\$1,153.35	10/1/2009
47712	excision of bile duct tumor, with or without primary repair of bile duct;	\$1,478.03	\$1,478.03	10/1/2009
47715	excision of choledochal cyst	\$968.88	\$968.88	10/1/2009
47720	fusion gallbladder & bowel	\$836.47	\$836.47	10/1/2009
47721	cholecystoenterostomy w/gastroenterostomy	\$987.70	\$987.70	10/1/2009
47740	fusion gallbladder & bowel	\$954.34	\$954.34	10/1/2009
47741	cholecystoenterostomy;	\$1,081.61	\$1,081.61	10/1/2009
47760	anastomosis, of extrahepatic biliary ducts and gastrointestinal tract	\$1,631.45	\$1,631.45	10/1/2009
47765	anastomosis, of intrahepatic ducts and gastrointestinal tract	\$2,155.55	\$2,155.55	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
47780	fusion bile ducts and bowel	\$1,784.56	\$1,784.56	10/1/2009
47785	anastomosis, roux-en-y, of intrahepatic biliary ducts and	\$2,328.10	\$2,328.10	10/1/2009
47800	reconstruction of bile ducts	\$1,164.67	\$1,164.67	10/1/2009
47801	placement of choledochal stent	\$821.44	\$821.44	10/1/2009
47802	u-tube hepaticoenterostomy	\$1,117.63	\$1,117.63	10/1/2009
47900	suture of extrahepatic biliary duct for pre-existing injury	\$1,007.29	\$1,007.29	10/1/2009
48000	placement of drains, peripancreatic, for acute pancreatitis;	\$1,397.80	\$1,397.80	10/1/2009
48001	placement of drains, peripancreatic, for acute pancreatitis;	\$1,719.28	\$1,719.28	10/1/2009
48020	removal of pancreatic stone	\$860.82	\$860.82	10/1/2009
48100	biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge	\$653.43	\$653.43	10/1/2009
48102	biopsy pancreas needle percutaneous	\$210.87	\$419.10	10/1/2009
48105	resection or debridement of pancreas and peripancreatic tissue for acute necrotizing p	\$2,119.47	\$2,119.47	10/1/2009
48120	removal pancreas lesion	\$816.94	\$816.94	10/1/2009
48140	pancreatectomy, distal subtotal, with or without splenectomy; without	\$1,157.12	\$1,157.12	10/1/2009
48145	partial removal of pancreas	\$1,201.81	\$1,201.81	10/1/2009
48146	pancreatectomy, distal, near-total with preservation of duodenum	\$1,370.11	\$1,370.11	10/1/2009
48148	excision of ampulla of vater	\$909.91	\$909.91	10/1/2009
48150	pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy,	\$2,315.63	\$2,315.63	10/1/2009
48152	pancreatectomy, proximal subtotal with total duodenectomy,	\$2,140.75	\$2,140.75	10/1/2009
48153	pancreatectomy, proximal subtotal with near-total duodenectomy,	\$2,312.50	\$2,312.50	10/1/2009
48154	pancreatectomy, proximal subtotal with near-total duodenectomy,	\$2,146.40	\$2,146.40	10/1/2009
48155	removal of pancreas	\$1,328.55	\$1,328.55	10/1/2009
48500	marsupialization of pancreatic cyst	\$831.88	\$831.88	10/1/2009
48510	external drainage, pseudocyst of pancreas; open	\$789.89	\$789.89	10/1/2009
48520	fusion pancreas cyst - bowel	\$807.47	\$807.47	10/1/2009
48540	fusion pancreas cyst - bowel	\$965.64	\$965.64	10/1/2009
48545	pancreatorrhaphy for injury	\$977.52	\$977.52	10/1/2009
48547	duodenal exclusion with gastrojejunostomy for pancreatic injury	\$1,319.39	\$1,319.39	10/1/2009
48548	pancreaticojejunostomy, side-to-side anastomosis (puestow-type operation)	\$1,235.12	\$1,235.12	10/1/2009
49000	exploration of abdomen	\$573.96	\$573.96	10/1/2009
49002	reexploration of abdomen	\$754.83	\$754.83	10/1/2009
49010	exploration behind abdomen	\$712.10	\$712.10	10/1/2009
49020	drainage of peritoneal abscess or localized peritonitis, exclusive of	\$1,178.41	\$1,178.41	10/1/2009
49040	drainage of subdiaphragmatic or subphrenic abscess; open	\$738.21	\$738.21	10/1/2009
49060	drainage of retroperitoneal abscess; open	\$826.39	\$826.39	10/1/2009
49062	drainage of extraperitoneal lymphocoele to peritoneal cavity, open	\$561.12	\$561.12	10/1/2009
49082	abdominal paracentesis (diagnostic or therapeutic); without imaging guidance	\$40.94	\$95.22	1/1/2012
49083	abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	\$63.13	\$179.77	1/1/2012
49084	peritoneal lavage, including imaging guidance, when performed	\$57.82	\$57.82	1/1/2012
49203	excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or m	\$900.06	\$900.06	10/1/2009
49204	excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or m	\$1,150.28	\$1,150.28	10/1/2009
49205	excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or m	\$1,317.54	\$1,317.54	10/1/2009
49215	excision of presacral or sacrococcygeal tumor	\$1,652.19	\$1,652.19	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
49220	staging laparotomy for hodgkins disease or lymphoma (includes splenectomy,	\$717.53	\$717.53	10/1/2009
49250	excision of umbilicus	\$427.84	\$427.84	10/1/2009
49255	removal of omentum	\$581.34	\$581.34	10/1/2009
49320	laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without	\$245.10	\$245.10	10/1/2009
49321	laparoscopy, surgical; with biopsy (single or multiple)	\$258.04	\$258.04	10/1/2009
49322	laparoscopy, surgical, abdomen, peritoneum, and omentum; with aspiration of	\$280.62	\$280.62	10/1/2009
49323	laparoscopy, surgical, abdomen, peritoneum, and omentum; with drainage of	\$476.57	\$476.57	10/1/2009
49324	laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent	\$292.13	\$292.13	10/1/2009
49325	laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catl	\$313.74	\$313.74	10/1/2009
49326	laparoscopy, surgical; with omentopexy (omental tacking procedure) (list separately in	\$145.23	\$145.23	10/1/2009
49402	removal of peritoneal foreign body from peritoneal cavity	\$633.82	\$633.82	10/1/2009
49419	insertion of intraperitoneal cannula or catheter, with subcutaneous reservoir,	\$338.46	\$338.46	10/1/2009
49421	insertion intraperitoneal cannula permanent	\$289.94	\$289.94	10/1/2009
49422	removal of permanent intraperitoneal cannula or catheter	\$291.48	\$291.48	10/1/2009
49425	insertion of peritoneal-venous shunt	\$569.00	\$569.00	10/1/2009
49426	revision of peritoneal-venous shunt	\$484.68	\$484.68	10/1/2009
49428	ligation of peritoneal-venous shunt	\$325.87	\$325.87	10/1/2009
49429	removal of peritoneal-venous shunt	\$344.65	\$344.65	10/1/2009
49436	delayed creation of exit site from embedded subcutaneous segment of intraperitoneal	\$135.84	\$135.84	10/1/2009
49440	insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance	\$195.10	\$844.32	10/1/2009
49441	insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic	\$215.61	\$917.02	10/1/2009
49442	insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic	\$178.21	\$821.37	10/1/2009
49446	conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under	\$143.68	\$766.36	10/1/2009
49450	replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous,	\$57.54	\$570.92	10/1/2009
49451	replacement of duodenostomy or jejunostomy tube, percutaneous, under	\$80.03	\$544.65	10/1/2009
49452	replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic	\$124.74	\$687.15	10/1/2009
49460	mechanical removal of obstructive material from gastrostomy, duodenostomy,	\$41.01	\$624.76	10/1/2009
49465	contrast injection(s) for radiological evaluation of existing gastrostomy,	\$26.85	\$131.54	10/1/2009
49491	repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation	\$572.40	\$572.40	10/1/2009
49492	repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation	\$699.48	\$699.48	10/1/2009
49495	repair, initial inguinal hernia, full term infant under age 6 months, or	\$290.89	\$290.89	10/1/2009
49496	repair initial inguinal hernia, under age 6 months, with or	\$441.24	\$441.24	10/1/2009
49500	repair initial inguinal hernia, age 6 months to under 5 years, with or without	\$288.81	\$288.81	10/1/2009
49501	repair initial inguinal hernia, age 6 months to under 5 years,	\$438.10	\$438.10	10/1/2009
49505	repair initial inguinal hernia, age 5 years or over; reducible	\$379.41	\$379.41	10/1/2009
49507	repair initial inguinal hernia, age 5 years or over;	\$467.49	\$467.49	10/1/2009
49520	repair recurrent inguinal hernia, any age; reducible	\$464.08	\$464.08	10/1/2009
49521	repair recurrent inguinal hernia, any age;	\$566.49	\$566.49	10/1/2009
49525	repair inguinal hernia, sliding, any age	\$419.41	\$419.41	10/1/2009
49540	repair lumbar hernia	\$496.45	\$496.45	10/1/2009
49550	repair initial femoral hernia, any age, reducible;	\$421.48	\$421.48	10/1/2009
49553	repair initial femoral hernia, any age;	\$461.40	\$461.40	10/1/2009
49555	repair recurrent femoral hernia; reducible	\$438.88	\$438.88	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
49557	repair recurrent femoral hernia;	\$533.37	\$533.37	10/1/2009
49560	repair initial incisional or ventral hernia; reducible	\$545.44	\$545.44	10/1/2009
49561	repair initial incisional hernia;	\$688.61	\$688.61	10/1/2009
49565	repair recurrent incisional or ventral hernia; reducible	\$565.53	\$565.53	10/1/2009
49566	repair recurrent incisional hernia;	\$695.70	\$695.70	10/1/2009
49570	repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)	\$298.16	\$298.16	10/1/2009
49572	repair epigastric hernia (eg, preperitoneal fat);	\$370.17	\$370.17	10/1/2009
49580	repair umbilical hernia, under age 5 years; reducible	\$231.77	\$231.77	10/1/2009
49582	repair umbilical hernia, under age 5 years;	\$345.08	\$345.08	10/1/2009
49585	repair umbilical hernia, age 5 years or over;	\$320.71	\$320.71	10/1/2009
49587	repair umbilical hernia, age 5 years or over;	\$380.53	\$380.53	10/1/2009
49590	repair abdominal hernia	\$417.90	\$417.90	10/1/2009
49600	repair of small omphalocele, with primary closure	\$539.47	\$539.47	10/1/2009
49605	repair of large omphalocele or gastroschisis; with or without prosthesis	\$3,739.48	\$3,739.48	10/1/2009
49606	repair omphalocele stag clo prosth red op room ane	\$845.63	\$845.63	10/1/2009
49610	repair umbilical hernia	\$501.88	\$501.88	10/1/2009
49611	repair umbilical hernia	\$451.23	\$451.23	10/1/2009
49650	laparoscopy, surgical; repair initial inguinal hernia	\$312.01	\$312.01	10/1/2009
49651	laparoscopy, surgical; repair recurrent inguinal hernia	\$403.59	\$403.59	10/1/2009
49652	laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric	\$588.12	\$588.12	10/1/2009
49653	laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric	\$734.85	\$734.85	10/1/2009
49654	laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when	\$675.94	\$675.94	10/1/2009
49655	laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when	\$813.64	\$813.64	10/1/2009
49656	laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh	\$678.38	\$678.38	10/1/2009
49657	laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh	\$979.88	\$979.88	10/1/2009
49900	repair of abdominal wall	\$599.16	\$599.16	10/1/2009
49904	omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall	\$1,115.50	\$1,115.50	10/1/2009
50010	exploration of kidney	\$586.66	\$586.66	10/1/2009
50020	drainage of perirenal or renal abscess; open	\$837.78	\$837.78	10/1/2009
50040	drainage of kidney	\$788.87	\$788.87	10/1/2009
50045	exploration of kidney	\$796.63	\$796.63	10/1/2009
50060	removal of kidney stone	\$981.43	\$981.43	10/1/2009
50065	incision of kidney	\$1,032.15	\$1,032.15	10/1/2009
50070	incision of kidney	\$1,025.49	\$1,025.49	10/1/2009
50075	removal of kidney stone	\$1,261.01	\$1,261.01	10/1/2009
50080	percutaneous nephrostolithotomy, up to 2 cm	\$749.25	\$749.25	10/1/2009
50081	percutaneous nephrostolithotomy, over 2 cm	\$1,101.05	\$1,101.05	10/1/2009
50100	revise kidney blood vessels	\$802.98	\$802.98	10/1/2009
50120	exploration of kidney	\$812.24	\$812.24	10/1/2009
50125	exploration/drainage kidney	\$839.94	\$839.94	10/1/2009
50130	removal of kidney stone	\$888.89	\$888.89	10/1/2009
50135	exploration of kidney	\$962.97	\$962.97	10/1/2009
50205	biopsy of kidney	\$565.56	\$565.56	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
50220	nephrectomy, including partial ureterectomy, any open approach including rib	\$875.27	\$875.27	10/1/2009
50225	removal of kidney	\$1,014.34	\$1,014.34	10/1/2009
50230	removal of kidney	\$1,100.07	\$1,100.07	10/1/2009
50234	nephrectomy with total ureterectomy and bladder cu	\$1,116.66	\$1,116.66	10/1/2009
50236	removal of kidney & ureter	\$1,263.28	\$1,263.28	10/1/2009
50240	partial removal of kidney	\$1,134.59	\$1,134.59	10/1/2009
50250	ablation, open, one or more renal mass lesion(s), cryosurgical, including in	\$1,052.45	\$1,052.45	10/1/2009
50280	removal of kidney lesion	\$808.68	\$808.68	10/1/2009
50290	excision of perinephric cyst	\$746.80	\$746.80	10/1/2009
50320	donor nephrectomy, open from living donor (excluding preparation and	\$1,100.41	\$1,100.41	10/1/2009
50340	removal of kidney	\$678.77	\$678.77	10/1/2009
50360	renal allotransplantation, implantation of graft; excluding donor and recipient	\$1,865.67	\$1,865.67	10/1/2009
50365	transplantation of kidney	\$2,101.95	\$2,101.95	10/1/2009
50370	removal of transplanted renal allograft	\$871.75	\$871.75	10/1/2009
50380	reimplantation of kidney	\$1,471.05	\$1,471.05	10/1/2009
50400	revision of kidney/ureter	\$991.22	\$991.22	10/1/2009
50405	revision of kidney/ureter	\$1,202.65	\$1,202.65	10/1/2009
50500	repair of kidney wound	\$961.07	\$961.07	10/1/2009
50520	closure kidney/skin fistula	\$888.60	\$888.60	10/1/2009
50525	closure nephrovisceral fistula including visceral	\$1,111.95	\$1,111.95	10/1/2009
50526	closure nephrovisceral fistula thoracic approach	\$1,165.44	\$1,165.44	10/1/2009
50540	revision of horseshoe kidney	\$971.40	\$971.40	10/1/2009
50541	laparoscopy, surgical; ablation of renal cysts	\$791.21	\$791.21	10/1/2009
50542	laparoscopy, surgical; ablation of renal mass lesion(s)	\$1,003.68	\$1,003.68	10/1/2009
50543	laparoscopy, surgical; partial nephrectomy	\$1,280.96	\$1,280.96	10/1/2009
50544	laparoscopy, surgical; pyeloplasty	\$1,080.38	\$1,080.38	10/1/2009
50545	laparoscopy, surgical; radical nephrectomy (includes removal of gerota's fascia	\$1,159.51	\$1,159.51	10/1/2009
50546	laparoscopy, surgical; nephrectomy, including partial ureterectomy	\$1,027.46	\$1,027.46	10/1/2009
50547	laparoscopy, surgical; donor nephrectomy from living donor (excluding	\$1,234.29	\$1,234.29	10/1/2009
50548	laparoscopy, surgical; nephrectomy with total ureterectomy	\$1,169.33	\$1,169.33	10/1/2009
50562	renal endoscopy through established nephrostomy or pyelostomy, with or without	\$508.88	\$508.88	10/1/2009
50590	lithotripsy shock wave (professional component)	\$482.15	\$774.30	10/1/2009
50592	ablation, one or more renal tumor(s), percutaneous, unilateral, radiofrequency	\$313.03	\$2,867.78	10/1/2009
50600	exploration of ureter	\$803.11	\$803.11	10/1/2009
50605	ureterotomy for insertion of indwelling stent	\$774.23	\$774.23	10/1/2009
50610	removal of stone, ureter	\$819.33	\$819.33	10/1/2009
50620	removal of stone, ureter	\$777.12	\$777.12	10/1/2009
50630	removal of stone, ureter	\$757.97	\$757.97	10/1/2009
50650	removal of ureter	\$886.19	\$886.19	10/1/2009
50660	removal of ureter	\$980.25	\$980.25	10/1/2009
50688	change of ureter tube	\$67.30	\$67.30	10/1/2009
50700	revision of ureter	\$793.47	\$793.47	10/1/2009
50715	release of ureter	\$939.01	\$939.01	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
50722	release of ureter	\$816.85	\$816.85	10/1/2009
50725	release/revision of ureter	\$933.81	\$933.81	10/1/2009
50727	revision urinary-cutaneous anastomosis	\$426.86	\$426.86	10/1/2009
50728	revision of urinary-cutaneous anastomosis with repair	\$589.18	\$589.18	10/1/2009
50740	fusion of ureter-kidney	\$919.32	\$919.32	10/1/2009
50750	fusion of ureter-kidney	\$997.16	\$997.16	10/1/2009
50760	fusion of ureter	\$930.63	\$930.63	10/1/2009
50770	splicing of ureters	\$966.53	\$966.53	10/1/2009
50780	reimplant ureter in bladder	\$933.02	\$933.02	10/1/2009
50782	ureteroneocystostomy; anastomosis	\$916.15	\$916.15	10/1/2009
50783	ureteroneocystostomy; ureteral tailoring	\$950.83	\$950.83	10/1/2009
50785	reimplant ureter in bladder	\$1,035.52	\$1,035.52	10/1/2009
50800	implant ureter in bowel	\$785.68	\$785.68	10/1/2009
50810	uretersigmoidostomy, with creation of sigmoid bladder and establishment of	\$1,035.24	\$1,035.24	10/1/2009
50815	ureterocolon conduit, including intestine anastomosis	\$1,048.49	\$1,048.49	10/1/2009
50820	ureteroileal conduit (ileal bladder), including intestine anastomosis (bricker	\$1,117.29	\$1,117.29	10/1/2009
50825	continent diversion, including intestine anastomosis using any segment of small	\$1,418.03	\$1,418.03	10/1/2009
50830	urinary diversion	\$1,540.21	\$1,540.21	10/1/2009
50840	replacement of all or part of ureter by intestine segment, including intestine	\$1,055.20	\$1,055.20	10/1/2009
50845	cutaneous appendico-vesicostomy	\$1,069.91	\$1,069.91	10/1/2009
50860	transplant of ureter to skin	\$810.64	\$810.64	10/1/2009
50900	repair of ureter	\$713.20	\$713.20	10/1/2009
50920	closure ureter/skin fistula	\$753.96	\$753.96	10/1/2009
50930	closure ureter/bowel fistula	\$914.33	\$914.33	10/1/2009
50940	release of ureter	\$758.61	\$758.61	10/1/2009
50945	laparoscopy, surgical, ureterolithotomy	\$842.48	\$842.48	10/1/2009
50947	laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent	\$1,195.05	\$1,195.05	10/1/2009
51020	cystotomy or cystostomy w/fulguration and/or insert	\$395.56	\$395.56	10/1/2009
51030	incision/treatment bladder	\$392.25	\$392.25	10/1/2009
51040	incision of bladder	\$246.64	\$246.64	10/1/2009
51045	incision of bladder	\$394.52	\$394.52	10/1/2009
51050	removal of bladder stone	\$401.87	\$401.87	10/1/2009
51060	removal of ureteral stone	\$495.24	\$495.24	10/1/2009
51065	cystotomy, with calculus basket extraction and/or ultrasonic or	\$491.97	\$491.97	10/1/2009
51080	drainage of bladder abscess	\$344.10	\$344.10	10/1/2009
51100	aspiration of bladder; by needle	\$33.39	\$50.98	10/1/2009
51101	aspiration of bladder; by trocar or intracatheter	\$44.74	\$103.29	10/1/2009
51102	aspiration of bladder; with insertion of suprapubic catheter	\$129.52	\$197.01	10/1/2009
51500	removal of bladder cyst	\$530.43	\$530.43	10/1/2009
51520	removal of bladder lesion	\$499.24	\$499.24	10/1/2009
51525	removal of bladder lesion	\$735.11	\$735.11	10/1/2009
51530	removal of bladder lesion	\$655.01	\$655.01	10/1/2009
51535	revision of ureter lesion	\$665.36	\$665.36	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
51550	partial removal of bladder	\$808.84	\$808.84	10/1/2009
51555	partial removal of bladder	\$1,076.14	\$1,076.14	10/1/2009
51565	revision of bladder & ureter	\$1,100.08	\$1,100.08	10/1/2009
51570	removal of bladder	\$1,256.99	\$1,256.99	10/1/2009
51575	cystectomy w/bilat lymphadenectomy including hypog	\$1,571.39	\$1,571.39	10/1/2009
51580	removal of bladder	\$1,637.06	\$1,637.06	10/1/2009
51585	cystectomy w/bilat lymph including hypogastric and	\$1,823.98	\$1,823.98	10/1/2009
51590	cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including	\$1,661.93	\$1,661.93	10/1/2009
51595	cystectomy w/bilat lymph including hypogastric and	\$1,888.99	\$1,888.99	10/1/2009
51596	cystectomy, complete, with continent diversion, any open technique, using any	\$2,030.24	\$2,030.24	10/1/2009
51597	removal of pelvic structures	\$1,958.25	\$1,958.25	10/1/2009
51700	irrigation of bladder	\$38.43	\$72.46	10/1/2009
51701	insertion of non-dwelling bladder catheter (eg, straight catheterization for	\$23.30	\$50.12	10/1/2009
51702	insertion of temporary indwelling bladder catheter; simple (eg, foley)	\$25.61	\$64.26	10/1/2009
51703	insertion of temporary indwelling bladder catheter; complicated (eg, altered	\$70.31	\$117.03	10/1/2009
51705	change of cystostomy tube;	\$56.86	\$93.78	10/1/2009
51710	change of bladder tube	\$80.95	\$132.30	10/1/2009
51725	simple cystometrogram	\$181.18	\$181.18	10/1/2009
51726	complex cystometrogram with gas	\$262.52	\$262.52	10/1/2009
51736	simpl uroflowmetry	\$44.72	\$44.72	10/1/2009
51741	electronic uroflowmetry initial recording	\$71.17	\$71.17	10/1/2009
51785	needle electromyography studies (emg) of anal or urethral sphincter, any	\$180.45	\$180.45	10/1/2009
51792	stimulus evoked response	\$188.22	\$188.22	10/1/2009
51798	measurement of post-voiding residual urine and/or bladder capacity by ultrasound, no	\$16.58	\$16.58	10/1/2009
51800	cystoplasty or cystourethroplasty with or w/o res	\$893.62	\$893.62	10/1/2009
51820	revision of urinary tract	\$911.18	\$911.18	10/1/2009
51840	anterior vesicourethropexy, or urethropexy (eg, marshall-marchetti-krantz,	\$543.69	\$543.69	10/1/2009
51841	fixation of bladder/urethra	\$645.54	\$645.54	10/1/2009
51845	abdomino-vaginal vesical neck suspension	\$495.14	\$495.14	10/1/2009
51860	repair of bladder wound	\$605.60	\$605.60	10/1/2009
51865	repair of bladder wound	\$750.60	\$750.60	10/1/2009
51880	repair of bladder opening	\$392.44	\$392.44	10/1/2009
51900	repair bladder/vagina lesion	\$696.03	\$696.03	10/1/2009
51920	repair bladder/uterus lesion	\$643.27	\$643.27	10/1/2009
51925	hysterectomy/bladder repair	\$838.85	\$838.85	10/1/2009
51940	closure, exstrophy of bladder	\$1,378.46	\$1,378.46	10/1/2009
51960	enterocystoplasty, including intestinal anastomosis	\$1,188.27	\$1,188.27	10/1/2009
51980	construct bladder opening	\$607.92	\$607.92	10/1/2009
51990	laparoscopy, surgical; urethral suspension for stress incontinence	\$625.79	\$625.79	10/1/2009
51992	laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or	\$683.07	\$683.07	10/1/2009
52250	cystovre ins radioac sub w/wo biopsy o fulguration	\$211.21	\$211.21	10/1/2009
52265	local anesthesia	\$137.26	\$352.42	10/1/2009
52332	cystourethroscopy w/intsert indw ureteral sternt	\$135.65	\$399.54	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
52400	cystourethroscopy with incision, fulguration, or resection of congenital	\$418.72	\$418.72	10/1/2009
52450	transurethral incision of prostate	\$398.26	\$398.26	10/1/2009
52500	revision of bladder	\$416.15	\$416.15	10/1/2009
52601	transurethral electrosurgical resection of prostate, including control of	\$709.01	\$709.01	10/1/2009
52630	remove prostate regrowth	\$378.97	\$378.97	10/1/2009
52640	relieve bladder contracture	\$258.00	\$258.00	10/1/2009
52647	non-contact laser coagulation of prostate, including control	\$551.57	\$1,796.07	10/1/2009
52648	contact laser vaporization with or without transurethral	\$588.78	\$1,835.58	10/1/2009
52649	laser enucleation of the prostate with morcellation, including control of postoperative b	\$841.65	\$841.65	10/1/2009
52700	drainage of prostate abscess	\$369.98	\$369.98	10/1/2009
53000	revision of urethra	\$126.22	\$126.22	10/1/2009
53010	revision of urethra	\$247.09	\$247.09	10/1/2009
53040	drainage of urethra abscess	\$334.12	\$334.12	10/1/2009
53060	drainage of urethra abscess	\$130.56	\$146.71	10/1/2009
53080	drainage of urinary leakage	\$369.72	\$369.72	10/1/2009
53085	drainage of urinary leakage	\$526.25	\$526.25	10/1/2009
53210	removal of urethra	\$658.49	\$658.49	10/1/2009
53215	removal of urethra	\$800.33	\$800.33	10/1/2009
53220	treatment of urethra lesion	\$383.77	\$383.77	10/1/2009
53230	removal of urethra lesion	\$512.11	\$512.11	10/1/2009
53235	removal of urethra lesion	\$544.64	\$544.64	10/1/2009
53240	revision of urethral pouch	\$365.20	\$365.20	10/1/2009
53250	removal of urethral gland	\$338.78	\$338.78	10/1/2009
53260	treatment of urethral lesion	\$149.53	\$168.28	10/1/2009
53265	treatment of urethral lesion	\$157.16	\$186.58	10/1/2009
53270	removal of urethral gland	\$153.94	\$171.54	10/1/2009
53275	repair of urethral defect	\$226.91	\$226.91	10/1/2009
53400	revision urethra, 1st stage	\$684.55	\$684.55	10/1/2009
53405	revision urethra, 2nd stage	\$754.24	\$754.24	10/1/2009
53410	reconstruction of urethra	\$842.06	\$842.06	10/1/2009
53415	urethroplasty, transpubic, one stage	\$971.81	\$971.81	10/1/2009
53420	revision urethra, 1st stage	\$691.25	\$691.25	10/1/2009
53425	revision urethra, 2nd stage	\$811.25	\$811.25	10/1/2009
53430	reconstruction of urethra	\$809.88	\$809.88	10/1/2009
53431	urethroplasty with tubularization of posterior urethra and/or lower bladder for operation for correction of male urinary incontinence, with	\$993.34	\$993.34	10/1/2009
53440	removal or revision of sling for male urinary incontinence (eg, fascia or	\$750.79	\$750.79	10/1/2009
53442	insertion of tandem cuff (dual cuff)	\$660.74	\$660.74	10/1/2009
53444	insertion of inflatable urethral/bladder neck sphincter, including placement of	\$683.08	\$683.08	10/1/2009
53445	removal of inflatable urethral/bladder neck sphincter, including pump,	\$753.67	\$753.67	10/1/2009
53446	removal and replacement of inflatable urethral/bladder neck sphincter including	\$550.48	\$550.48	10/1/2009
53447	removal and replacement of inflatable urethral/bladder neck sphincter including	\$697.04	\$697.04	10/1/2009
53448	removal and replacement of inflatable urethral/bladder neck sphincter including	\$1,103.29	\$1,103.29	10/1/2009
53449	repair of inflatable urethral/bladder neck sphincter, including pump,	\$523.51	\$523.51	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
53450	revision of urethra	\$347.69	\$347.69	10/1/2009
53460	revision of urethra	\$390.88	\$390.88	10/1/2009
53500	urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg,	\$629.61	\$629.61	10/1/2009
53502	urethrorrhaphy female	\$413.49	\$413.49	10/1/2009
53505	repair of urethra injury	\$415.36	\$415.36	10/1/2009
53510	repair of urethra injury	\$540.92	\$540.92	10/1/2009
53515	repair of urethra injury	\$683.02	\$683.02	10/1/2009
53520	repair of urethra defect	\$474.33	\$474.33	10/1/2009
53850	transurethral destruction of prostate tissue; by microwave thermotherapy	\$486.80	\$2,056.91	10/1/2009
53852	transurethral destruction of prostate tissue; by radiofrequency thermotherapy	\$529.69	\$1,981.55	10/1/2009
54000	slitting of prepuce, dorsal or lateral (separate procedure);	\$90.62	\$130.99	10/1/2009
54001	slitting of prepuce, dorsal or lateral (separate procedure);	\$117.15	\$161.57	10/1/2009
54015	incision and drainage of penis deep	\$265.13	\$265.13	10/1/2009
54050	treatment of penis lesion	\$79.22	\$98.84	10/1/2009
54055	treatment of penis lesion	\$73.10	\$94.44	10/1/2009
54056	destruction of lesion, penis, simple; cryosurgery	\$81.72	\$103.06	10/1/2009
54057	destruction of lesion, penis, simple; laser	\$76.83	\$113.17	10/1/2009
54060	treatment of penis lesion	\$107.50	\$153.35	10/1/2009
54065	destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum	\$131.43	\$168.63	10/1/2009
54105	biopsy of penis	\$183.60	\$233.21	10/1/2009
54110	treatment of penis lesion	\$533.22	\$533.22	10/1/2009
54111	excision of penile plaque with graft to 5cm	\$689.78	\$689.78	10/1/2009
54112	excision of penile plaque with graft more than 5cm	\$809.73	\$809.73	10/1/2009
54115	removal foreign body from deep penile tissue	\$357.85	\$382.08	10/1/2009
54120	partial amputation of penis	\$539.28	\$539.28	10/1/2009
54125	amputation of penis	\$695.97	\$695.97	10/1/2009
54130	amputation of penis	\$1,030.73	\$1,030.73	10/1/2009
54135	amputation penis w/bilateral lymph include hypogas	\$1,309.34	\$1,309.34	10/1/2009
54161	circumcision	\$168.27	\$168.27	10/1/2009
54162	lysis or excision of penile post-circumcision adhesions	\$167.25	\$227.25	10/1/2009
54163	repair incomplete circumcision	\$184.56	\$184.56	10/1/2009
54164	frenulotomy of penis	\$162.32	\$162.32	10/1/2009
54200	injection procedure for peyronie disease;	\$71.02	\$92.07	10/1/2009
54205	treatment of penis lesion	\$457.44	\$457.44	10/1/2009
54230	ing procedure for corpora cavernosography	\$68.65	\$82.78	10/1/2009
54240	penile plethysmography	\$86.02	\$86.02	10/1/2009
54300	revision of penis	\$555.44	\$555.44	10/1/2009
54304	plastic operation on penis for correct of chordee	\$650.92	\$650.92	10/1/2009
54308	urethroplasty second stage hypospadias less th 3cm	\$619.76	\$619.76	10/1/2009
54312	urethroplasty for hypospadias repair more than 3cm	\$716.25	\$716.25	10/1/2009
54316	urethroplasty for hypospadias repair with graft	\$867.28	\$867.28	10/1/2009
54318	urethroplasty for hypospadias to release penis	\$624.36	\$624.36	10/1/2009
54322	hypospadias repair with meatal advancement	\$678.16	\$678.16	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
54324	hypospadias repair with urethroplasty by flaps	\$843.09	\$843.09	10/1/2009
54326	hypospadias repair with urethroplasty by flaps/mob	\$793.09	\$793.09	10/1/2009
54328	hypospadias with urethroplasty to correct chordee	\$803.78	\$803.78	10/1/2009
54332	penile hypospadias repair dissection to corr chord	\$878.70	\$878.70	10/1/2009
54336	hypospadias repair to corr chordee and urethropia	\$998.57	\$998.57	10/1/2009
54340	repair hypospadias complications, simple	\$482.18	\$482.18	10/1/2009
54344	repair hypospadias complications mobilization graf	\$831.97	\$831.97	10/1/2009
54348	repair hypospadias compli dissection and urethrol	\$883.30	\$883.30	10/1/2009
54352	repair of hypospadias cripple requiring dissection	\$1,246.12	\$1,246.12	10/1/2009
54360	plasti operation on penis to correct angulation	\$624.74	\$624.74	10/1/2009
54380	revision of penis	\$692.33	\$692.33	10/1/2009
54385	revise penis/bladder defect	\$835.74	\$835.74	10/1/2009
54390	revise penis/bladder defect	\$1,019.45	\$1,019.45	10/1/2009
54406	removal of all components of a multi-component, inflatable penile prosthesis	\$627.13	\$627.13	10/1/2009
54415	removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile	\$449.83	\$449.83	10/1/2009
54420	revision of penis	\$607.66	\$607.66	10/1/2009
54430	revision of penis	\$550.28	\$550.28	10/1/2009
54435	corpora cavernosa-glans penis fistulization	\$355.57	\$355.57	10/1/2009
54440	revision of penis	\$751.87	\$751.87	10/1/2009
54450	foreskin manipulation	\$50.92	\$62.46	10/1/2009
54505	biopsy of testis	\$182.17	\$182.17	10/1/2009
54512	excision of extraparenchymal lesion of testis	\$458.21	\$458.21	10/1/2009
54520	removal of testis	\$277.11	\$277.11	10/1/2009
54522	orchietomy, partial	\$497.60	\$497.60	10/1/2009
54530	removal of testis	\$432.60	\$432.60	10/1/2009
54535	extensive testis surgery	\$629.60	\$629.60	10/1/2009
54550	exploration for testis	\$417.57	\$417.57	10/1/2009
54560	exploration for testis	\$570.41	\$570.41	10/1/2009
54600	reduce testis torsion	\$385.92	\$385.92	10/1/2009
54620	fixation of testis	\$259.34	\$259.34	10/1/2009
54640	orchiopexy, inguinal approach, with or without hernia repair	\$396.24	\$396.24	10/1/2009
54650	orchiopexy, abdominal approach, for intra-abdominal testis	\$607.90	\$607.90	10/1/2009
54670	repair testis injury	\$344.50	\$344.50	10/1/2009
54680	relocation of testis(es)	\$671.80	\$671.80	10/1/2009
54690	laparoscopy, surgical; orchietomy	\$543.07	\$543.07	10/1/2009
54692	laparoscopy, surgical; orchiopexy for intra-abdominal testis	\$663.54	\$663.54	10/1/2009
54700	drainage of scrotum	\$179.71	\$179.71	10/1/2009
54830	remove epididymis lesion	\$313.51	\$313.51	10/1/2009
54840	remove epididymis lesion	\$275.34	\$275.34	10/1/2009
54860	removal of epididymis	\$355.72	\$355.72	10/1/2009
54861	removal of epididymes	\$481.58	\$481.58	10/1/2009
54865	exploration of epididymis, with or without biopsy	\$302.66	\$302.66	10/1/2009
55040	removal of hydrocele	\$286.16	\$286.16	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
55041	removal of hydroceles	\$430.98	\$430.98	10/1/2009
55060	repair of hydrocele	\$320.02	\$320.02	10/1/2009
55100	drainage of scrotum abscess	\$135.59	\$180.29	10/1/2009
55110	scrotal exploration	\$325.62	\$325.62	10/1/2009
55120	removal of scrotum lesion	\$298.59	\$298.59	10/1/2009
55150	removal of scrotum	\$412.81	\$412.81	10/1/2009
55175	scrotoplasty; simple	\$306.33	\$306.33	10/1/2009
55180	scrotoplasty; complicated	\$583.74	\$583.74	10/1/2009
55200	incision of sperm duct	\$234.80	\$408.71	10/1/2009
55250	removal of sperm duct(s)	\$191.81	\$359.38	10/1/2009
55450	ligation of sperm ducts	\$217.57	\$320.54	10/1/2009
55500	removal of hydrocele	\$317.64	\$317.64	10/1/2009
55520	removal of sperm cord lesion	\$327.23	\$327.23	10/1/2009
55530	revise spermatic cord veins	\$300.23	\$300.23	10/1/2009
55535	revise spermatic cord veins	\$363.31	\$363.31	10/1/2009
55540	revise hernia & sperm veins	\$397.11	\$397.11	10/1/2009
55550	laparoscopy, surgical, with ligation of spermatic veins for varicocele	\$359.83	\$359.83	10/1/2009
55600	incise sperm duct pouch	\$362.40	\$362.40	10/1/2009
55650	remove sperm duct pouch	\$610.73	\$610.73	10/1/2009
55680	remove sperm pouch lesion	\$288.57	\$288.57	10/1/2009
55705	biopsy of prostate	\$230.75	\$230.75	10/1/2009
55720	drainage of prostate abscess	\$394.92	\$394.92	10/1/2009
55725	drainage of prostate abscess	\$501.33	\$501.33	10/1/2009
55801	removal of prostate	\$933.85	\$933.85	10/1/2009
55810	removal of prostate	\$1,130.40	\$1,130.40	10/1/2009
55812	prostatectomy w lymph node biopsy	\$1,389.35	\$1,389.35	10/1/2009
55815	prostatectomy perineal w pelvic lymphadenectomy	\$1,524.33	\$1,524.33	10/1/2009
55821	removal of prostate	\$751.01	\$751.01	10/1/2009
55831	removal of prostate	\$814.10	\$814.10	10/1/2009
55840	prostatectomy, retropubic radical, with or without nerve sparing;	\$1,153.24	\$1,153.24	10/1/2009
55842	prostatectomy retropubic w lymph biopsy	\$1,236.10	\$1,236.10	10/1/2009
55845	extensive prostate surgery	\$1,414.83	\$1,414.83	10/1/2009
55860	exposure of prostate, any approach, for insertion of radioactive substance;	\$753.42	\$753.42	10/1/2009
55862	exposure of prostate, any approach, for insertion of radioactive substance;	\$952.16	\$952.16	10/1/2009
55865	exposure of prostate, any approach, for insertion of radioactive substance;	\$1,154.07	\$1,154.07	10/1/2009
55866	laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing	\$1,502.97	\$1,502.97	10/1/2009
55873	cryosurgical ablation of the prostate (includes ultrasonic guidance for	\$981.69	\$981.69	10/1/2009
55875	transperineal placement of needles or catheters into prostate for interstitial radiotherapy	\$653.23	\$653.23	10/1/2009
55920	placement of needles or catheters into pelvic organs and/ or genitalia (except	\$369.21	\$369.21	10/1/2009
56405	i and d of abscess, vulva/perineal	\$82.34	\$84.07	10/1/2009
56420	drainage of vulva abscess	\$71.64	\$96.44	10/1/2009
56440	marsupilization of bartholin's gland cyst	\$142.91	\$142.91	10/1/2009
56441	lysis of labial adhesions	\$110.42	\$116.47	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
56501	destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery,	\$87.65	\$100.34	10/1/2009
56515	destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery,	\$152.91	\$171.94	10/1/2009
56620	vulvectomy partial unilateral or bilateral	\$383.67	\$383.67	10/1/2009
56625	external genital surgery	\$463.00	\$463.00	10/1/2009
56630	vulvectomy radical without skin graft	\$678.37	\$678.37	10/1/2009
56631	vulvectomy, radical, partial; w lymphadenectomy	\$863.46	\$863.46	10/1/2009
56632	vulvectomy, radical, partial;	\$999.64	\$999.64	10/1/2009
56633	vulvectomy, radical, complete	\$885.59	\$885.59	10/1/2009
56634	vulvectomy, rad, complete; uni lymphadenectomy	\$935.54	\$935.54	10/1/2009
56637	vulvectomy, radical, complete; w lymphadenectomy	\$1,106.38	\$1,106.38	10/1/2009
56640	vulvectomy radical with inguinofem iliac pelvic ly	\$1,103.74	\$1,103.74	10/1/2009
56700	external genital surgery	\$144.54	\$144.54	10/1/2009
56740	external genital surgery	\$231.75	\$231.75	10/1/2009
56800	plastic repair of introitus	\$190.57	\$190.57	10/1/2009
56805	clitoroplasty for intersex state	\$900.27	\$900.27	10/1/2009
56810	perineoplasty, repair of perineum, non-ob	\$204.80	\$204.80	10/1/2009
56820	colposcopy of the vulva;	\$67.06	\$86.10	10/1/2009
56821	colposcopy of the vulva; with biopsy (s)	\$91.06	\$115.30	10/1/2009
57000	drainage of pelvic lesion	\$148.96	\$148.96	10/1/2009
57010	colpotomy with drainage pelvic abscess	\$334.93	\$334.93	10/1/2009
57022	incision and drainage of vaginal hematoma; obstetrical/postpartum	\$129.99	\$129.99	10/1/2009
57023	incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma,	\$243.81	\$243.81	10/1/2009
57061	destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery,	\$74.87	\$87.27	10/1/2009
57065	destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery,	\$133.12	\$148.99	10/1/2009
57105	biopsy of vagina	\$96.79	\$104.86	10/1/2009
57106	vaginectomy, partial removal of vaginal wall;	\$369.06	\$369.06	10/1/2009
57107	vaginectomy, partial removal of vaginal wall; with removal of paravaginal	\$1,098.13	\$1,098.13	10/1/2009
57109	vaginectomy, partial removal of vaginal wall; with removal of paravaginal	\$1,255.96	\$1,255.96	10/1/2009
57110	vaginectomy, complete removal of vaginal wall;	\$706.31	\$706.31	10/1/2009
57111	vaginectomy, complete removal of vaginal wall; with removal of paravaginal	\$1,268.72	\$1,268.72	10/1/2009
57112	vaginectomy, complete removal of vaginal wall; with removal of paravaginal	\$1,347.56	\$1,347.56	10/1/2009
57120	vaginal surgery	\$399.54	\$399.54	10/1/2009
57130	vaginal surgery	\$125.65	\$140.36	10/1/2009
57135	excision vaginal cyst or tumor	\$135.54	\$150.54	10/1/2009
57150	treatment vaginal infection	\$23.72	\$39.29	10/1/2009
57155	insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	\$330.96	\$330.96	10/1/2009
57160	fitting and insertion of pessary or other intravaginal support device	\$38.09	\$59.72	10/1/2009
57170	diaphragm fitting with instructions	\$38.62	\$53.91	10/1/2009
57180	intro of hemostatic agent or packn non-ob hemorrhag	\$83.35	\$109.59	10/1/2009
57200	repair of vagina	\$230.36	\$230.36	10/1/2009
57210	repair vagina/perineum	\$286.15	\$286.15	10/1/2009
57220	revision of urethra	\$248.50	\$248.50	10/1/2009
57230	revision of urethral lesion	\$311.32	\$311.32	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
57240	repair of bladder lesion	\$519.75	\$519.75	10/1/2009
57250	posterior colporrhaphy repair rectocele with or w/	\$508.80	\$508.80	10/1/2009
57260	extensive vaginal repair	\$634.48	\$634.48	10/1/2009
57265	extensive vaginal repair	\$708.65	\$708.65	10/1/2009
57267	insertion of mesh or other prosthesis for repair of pelvic floor defect, each	\$214.13	\$214.13	10/1/2009
57268	repair enterocele vaginal approach	\$375.14	\$375.14	10/1/2009
57270	repair of visceral pouch	\$625.38	\$625.38	10/1/2009
57280	fixation of vagina	\$760.81	\$760.81	10/1/2009
57282	sacrospinous ligament fixation for prolapse	\$397.86	\$397.86	10/1/2009
57283	colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	\$538.98	\$538.98	10/1/2009
57284	paravaginal defect repair (including repair of cystocele, stress urinary	\$659.08	\$659.08	10/1/2009
57285	paravaginal defect repair (including repair for cystocele, if performed); vaginal approach	\$526.23	\$526.23	10/1/2009
57287	removal or revision of sling for stress incontinence (eg, fascia or synthetic)	\$551.92	\$551.92	10/1/2009
57288	sling operation for stress incontinence	\$581.17	\$581.17	10/1/2009
57289	pereyra procedure inc anterior colporrhaphy	\$610.80	\$610.80	10/1/2009
57291	construction artificial vagina w/o graft	\$423.67	\$423.67	10/1/2009
57292	construction artificial vagina with graft	\$650.39	\$650.39	10/1/2009
57295	revision (including removal) of prosthetic vaginal graft, vaginal approach	\$385.64	\$385.64	10/1/2009
57296	revision (including removal) of prosthetic vaginal graft; open abdominal approach	\$744.85	\$744.85	10/1/2009
57300	repair rectum/vagina lesion	\$414.80	\$414.80	10/1/2009
57305	repair rectum/vagina lesion	\$694.82	\$694.82	10/1/2009
57307	repair rectum/vagina lesion	\$777.40	\$777.40	10/1/2009
57308	closure of rectovaginal fistula; transperineal approach, with perineal body	\$495.52	\$495.52	10/1/2009
57310	repair urethra/vagina lesion	\$386.25	\$386.25	10/1/2009
57311	closure urethrovaginal fistula w/ bulbocavernosus	\$441.27	\$441.27	10/1/2009
57320	repair bladder/vagina lesion	\$439.68	\$439.68	10/1/2009
57330	repair bladder/vagina lesion	\$625.55	\$625.55	10/1/2009
57335	vaginoplasty for intersex state	\$913.60	\$913.60	10/1/2009
57415	removal vag foreign body w anesth.	\$124.66	\$124.66	10/1/2009
57420	colposcopy of the entire vagina, with cervix if present;	\$71.24	\$90.56	10/1/2009
57421	colposcopy of the entire vagina, with cervix if present; with biopsy(s)	\$97.30	\$122.09	10/1/2009
57423	paravaginal defect repair (including repair for cystocele, if performed); laparoscopic approach	\$727.90	\$727.90	10/1/2009
57425	laparoscopy, surgical, colpopexy (suspension of vaginal apex)	\$767.72	\$767.72	10/1/2009
57426	Revision (including removal) or prosthetic vaginal graft, laparoscopic approach	\$538.16	\$538.16	1/1/2010
57452	colposcopy of the cervix including upper/adjacent vagina;	\$72.25	\$85.22	10/1/2009
57454	colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the	\$107.89	\$120.87	10/1/2009
57455	colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the	\$88.13	\$112.08	10/1/2009
57456	colposcopy of the cervix including upper/adjacent vagina; with endocervical	\$82.22	\$105.87	10/1/2009
57461	colposcopy of the cervix including upper/adjacent vagina; with loop electrode	\$149.95	\$258.10	10/1/2009
57505	endocervical curettage	\$70.09	\$78.16	10/1/2009
57510	cautery of cervix; electro or thermal	\$91.19	\$103.59	10/1/2009
57511	cryocautery initial or repeat cervix uteri	\$102.19	\$112.58	10/1/2009
57513	cauterization of cervix laser surgery	\$102.77	\$111.14	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
57520	conization of cervix, with or without fulguration, with or without dilation and	\$212.41	\$238.37	10/1/2009
57522	conization of cervix, with or without fulguration, with	\$188.46	\$204.32	10/1/2009
57530	removal of cervix	\$267.31	\$267.31	10/1/2009
57531	radical trachelectomy, with bilateral total pelvic lymphadenectomy and	\$1,333.32	\$1,333.32	10/1/2009
57540	removal of cervix tissue	\$609.72	\$609.72	10/1/2009
57545	remove cervix, repair pelvis	\$643.36	\$643.36	10/1/2009
57550	removal of cervix tissue	\$316.25	\$316.25	10/1/2009
57555	remove cervix, repair vagina	\$468.23	\$468.23	10/1/2009
57556	cervix uteri with repair of enterocele	\$446.79	\$446.79	10/1/2009
57558	dilation and curettage of cervical stump	\$88.09	\$97.02	10/1/2009
57700	revision of cervix	\$236.88	\$236.88	10/1/2009
57720	revision of cervix	\$237.74	\$237.74	10/1/2009
58120	d & c diag and or therapeutic	\$168.56	\$193.94	10/1/2009
58140	myomectomy, excision of leiomyomata of uterus, single or multiple (separate)	\$715.25	\$715.25	10/1/2009
58145	removal of uterine lesion	\$423.08	\$423.08	10/1/2009
58146	myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas	\$911.61	\$911.61	10/1/2009
58150	hysterectomy	\$775.35	\$775.35	10/1/2009
58152	total abdominal hysterectomy (corpus and cervix), with or without removal of	\$978.91	\$978.91	10/1/2009
58180	partial hysterectomy	\$744.44	\$744.44	10/1/2009
58200	extensive uterine surgery	\$1,025.67	\$1,025.67	10/1/2009
58210	extensive uterine surgery	\$1,366.51	\$1,366.51	10/1/2009
58240	removal of pelvis contents	\$2,148.77	\$2,148.77	10/1/2009
58260	hysterectomy	\$646.99	\$646.99	10/1/2009
58262	vaginal hysterectomy w/ removal of tubes and ovary(s)	\$723.21	\$723.21	10/1/2009
58263	vaginal hysterectomy w/ removal or tube/ovary & enterocele	\$779.38	\$779.38	10/1/2009
58267	hysterectomy & repair vagina	\$828.23	\$828.23	10/1/2009
58270	hysterectomy & repair vagina	\$693.48	\$693.48	10/1/2009
58275	vaginal hysterectomy, with total or partial vaginectomy;	\$771.68	\$771.68	10/1/2009
58280	hysterectomy, revise vagina	\$825.85	\$825.85	10/1/2009
58285	hysterectomy	\$1,037.03	\$1,037.03	10/1/2009
58290	vaginal hysterectomy, for uterus greater than 250 grams;	\$907.40	\$907.40	10/1/2009
58291	vaginal hysterectomy, for uterus greater than 250 grams; with removal of	\$986.21	\$986.21	10/1/2009
58292	vaginal hysterectomy, for uterus greater than 250 grams; with removal of	\$1,039.49	\$1,039.49	10/1/2009
58293	vaginal hysterectomy, for uterus greater than 250 grams; with	\$1,079.43	\$1,079.43	10/1/2009
58294	vaginal hysterectomy, for uterus greater than 250 grams; with repair of	\$958.80	\$958.80	10/1/2009
58300	insert intrauterine device	\$43.96	\$60.97	10/1/2009
58301	removal of iud	\$54.10	\$74.87	10/1/2009
58346	insertion of heyman capsules for clinical brachytherapy	\$356.20	\$356.20	10/1/2009
58353	endometrial ablation, thermal, without hysteroscopic guidance	\$172.88	\$862.47	10/1/2009
58400	fixation of uterus	\$349.45	\$349.45	10/1/2009
58410	fixation of uterus	\$627.72	\$627.72	10/1/2009
58520	repair of ruptured uterus	\$612.94	\$612.94	10/1/2009
58540	revision of uterus	\$711.87	\$711.87	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
58541	laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less	\$671.22	\$671.22	10/1/2009
58542	laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less with remo	\$745.85	\$745.85	10/1/2009
58543	laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g	\$758.32	\$758.32	10/1/2009
58544	laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g with r	\$819.79	\$819.79	10/1/2009
58545	laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with	\$701.21	\$701.21	10/1/2009
58546	laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or	\$889.22	\$889.22	10/1/2009
58548	laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadene	\$1,387.62	\$1,387.62	10/1/2009
58550	laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;	\$691.88	\$691.88	10/1/2009
58552	laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;	\$763.90	\$763.90	10/1/2009
58553	laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250	\$893.84	\$893.84	10/1/2009
58554	laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250	\$1,024.32	\$1,024.32	10/1/2009
58555	hysteroscopy, diagnostic (separate procedure)	\$150.67	\$187.59	10/1/2009
58558	hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or	\$212.41	\$253.94	10/1/2009
58559	hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	\$273.32	\$273.32	10/1/2009
58560	hysteroscopy, surgical; with division or resection of intrauterine septum (any	\$308.96	\$308.96	10/1/2009
58561	hysteroscopy, surgical; with removal of leiomyomata	\$437.50	\$437.50	10/1/2009
58562	hysteroscopy, surgical with removal of impacted foreign object	\$231.70	\$268.90	10/1/2009
58563	hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection,	\$273.32	\$1,404.76	10/1/2009
58565	hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce	\$347.19	\$1,495.07	10/1/2009
58570	laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	\$720.87	\$720.87	10/1/2009
58571	laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal c	\$792.39	\$792.39	10/1/2009
58572	laparoscopy, surgical, with total hysterectomy, for uterus greater than 250g;	\$897.01	\$897.01	10/1/2009
58573	laparoscopy, surgical, with total hysterectomy, for uterus greater than 250g; with remo	\$1,015.96	\$1,015.96	10/1/2009
58600	ligation or transection fallop tubes abd or vag un	\$283.44	\$283.44	10/1/2009
58605	ligation or transection fallop tubes abd or vag po	\$257.56	\$257.56	10/1/2009
58615	occlus fallopian tubes by device vag/suprapubic	\$194.66	\$194.66	10/1/2009
58660	laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis)	\$527.08	\$527.08	10/1/2009
58661	laparoscopy, surgical; with removal of adnexal structures (partial or total	\$506.87	\$506.87	10/1/2009
58662	laparoscopy, surgical; with fulguration or excision of lesions of the ovary,	\$554.03	\$554.03	10/1/2009
58670	laparoscopy, surgical; with fulguration of oviducts (with or without	\$285.37	\$285.37	10/1/2009
58671	laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or	\$285.27	\$285.28	10/1/2009
58700	salpingectomy complete or partial unilateral or bi	\$596.32	\$596.32	10/1/2009
58720	removal of ovary/tube(s)	\$560.45	\$560.45	10/1/2009
58800	drainage of ovarian cyst(s)	\$231.68	\$248.11	10/1/2009
58805	drainage of ovarian cyst(s)	\$315.15	\$315.15	10/1/2009
58820	drainage of ovarian abscess; vaginal approach, open	\$242.87	\$242.87	10/1/2009
58822	drainage of ovarian abscess	\$550.70	\$550.70	10/1/2009
58825	ovarian transposition	\$544.62	\$544.62	10/1/2009
58900	biopsy of ovary(s)	\$321.60	\$321.60	10/1/2009
58920	partial removal of ovary(s)	\$548.63	\$548.63	10/1/2009
58925	ovarian cystectomy unilateral or bilateral	\$571.81	\$571.81	10/1/2009
58940	oophorectomy partial or total unilateral or bilate	\$390.85	\$390.85	10/1/2009
58943	oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or	\$875.13	\$875.13	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
58950	resection of ovarian, tubal or primary peritoneal malignancy with bilateral	\$833.91	\$833.91	10/1/2009
58951	resect ovarian malignancy	\$1,076.86	\$1,076.86	10/1/2009
58952	resection of ovarian, tubal or primary peritoneal malignancy with bilateral	\$1,214.45	\$1,214.45	10/1/2009
58953	bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy	\$1,507.13	\$1,507.13	10/1/2009
58954	bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy	\$1,636.23	\$1,636.23	10/1/2009
58956	bilateral salpingo-oophorectomy with total omentectomy, total abdominal	\$1,054.86	\$1,054.86	10/1/2009
58957	resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine mal	\$1,159.84	\$1,159.84	10/1/2009
58958	resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine mal	\$1,289.23	\$1,289.23	10/1/2009
58960	laparotomy, for staging or restaging of ovarian, tubal or primary peritoneal	\$720.60	\$720.60	10/1/2009
59020	fetal oxytocin stress test	\$54.27	\$54.27	10/1/2009
59025	fetal non-stress test	\$36.22	\$36.22	10/1/2009
59030	fetal blood sampling scalp	\$89.51	\$89.51	10/1/2009
59100	removal of uterus lesion	\$641.34	\$641.34	10/1/2009
59120	treatment atypical pregnancy	\$612.58	\$612.58	10/1/2009
59121	surg treat ectopic pregn tubal wo salping/oophorec	\$615.39	\$615.39	10/1/2009
59130	treatment atypical pregnancy	\$718.66	\$718.66	10/1/2009
59135	treatment atypical pregnancy	\$727.10	\$727.10	10/1/2009
59136	tx ectopic pregnancy w/ partial resection uterus	\$679.77	\$679.77	10/1/2009
59140	treatment atypical pregnancy	\$303.97	\$303.97	10/1/2009
59150	lap tx ectopic pregnancy w/o removal tubes/ovaries	\$595.59	\$595.59	10/1/2009
59151	lap tx ectopic pregnancy w/ removal tubes/ovaries	\$582.06	\$582.06	10/1/2009
59160	curretage, postpartum	\$139.88	\$165.26	10/1/2009
59350	hysterorrhaphy of ruptured uterus	\$219.26	\$219.26	10/1/2009
59400	obstetrical care	\$1,368.59	\$1,368.59	10/1/2009
59409	vaginal delivery only (with or without episiotomy and/or forceps);	\$607.68	\$607.68	10/1/2009
59410	vaginal delivery only (with or without episiotomy and/or forceps); including	\$704.66	\$704.66	10/1/2009
59412	external cephalic version, w/ or w/o tocolysis	\$81.41	\$81.41	10/1/2009
59414	delivery of placenta (infant born outside of hosp)	\$72.42	\$72.42	10/1/2009
59425	antenpartum care only; 4-6 visits	\$268.96	\$340.20	10/1/2009
59426	antenpartum care only; 7 or more visits	\$475.94	\$608.62	10/1/2009
59430	postpartum care only, separate procedure	\$99.08	\$109.17	10/1/2009
59510	total ob care w/ cesarean delivery	\$1,549.75	\$1,549.75	10/1/2009
59514	cesarean delivery only;	\$719.52	\$719.52	10/1/2009
59515	cesarean delivery only; including postpartum care	\$848.26	\$848.26	10/1/2009
59525	subtotal or total hysterectomy after cesarean delivery (list separately in	\$382.96	\$382.96	10/1/2009
59812	surgical tx spontaneous abortion, any trimester	\$226.32	\$242.18	10/1/2009
59820	missed abortion completed med or surg any trimeste	\$266.22	\$285.55	10/1/2009
59821	surgical tx missed abortion, second trimester	\$270.52	\$290.99	10/1/2009
59830	septic abortion	\$336.72	\$336.72	10/1/2009
59840	d and c therapeutic abortion includes suction	\$162.68	\$167.88	10/1/2009
59841	legal therapeutic abortion by d&c	\$276.63	\$292.49	10/1/2009
59850	therapeutic abortion by saline injection	\$301.56	\$301.56	10/1/2009
59851	legal abortion therapeutic with dilation and cure	\$309.39	\$309.39	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.			
59852	legal abortion therapeutic with hysterotomy	\$434.29	\$434.29	10/1/2009
59855	induced abortion, by one or more vaginal suppositories	\$321.90	\$321.90	10/1/2009
59856	induced abortion, by one or more vaginal suppositories	\$380.54	\$380.54	10/1/2009
59857	induced abortion, by one or more vaginal suppositories	\$455.36	\$455.36	10/1/2009
59870	uterine evac and curettage for hydatiform mole	\$361.15	\$361.15	10/1/2009
60000	incision and drainage of thyroglossal duct cyst, infected	\$109.80	\$119.89	10/1/2009
60200	drainage thyroid duct lesion	\$494.79	\$494.79	10/1/2009
60210	partial thyroid lobectomy, unilateral;	\$530.30	\$530.30	10/1/2009
60212	partial thyroid lobectomy, unilateral;	\$762.26	\$762.26	10/1/2009
60220	total thyroid lobectomy, unilateral; with or without isthmusectomy	\$581.47	\$581.47	10/1/2009
60225	total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy,	\$698.63	\$698.63	10/1/2009
60240	removal of thyroid	\$741.12	\$741.12	10/1/2009
60252	removal of thyroid	\$1,000.80	\$1,000.80	10/1/2009
60254	extensive thyroid surgery	\$1,289.85	\$1,289.85	10/1/2009
60260	thyroidectomy, removal of all remaining thyroid tissue following previous	\$835.63	\$835.63	10/1/2009
60270	thyroidectomy, including substernal thyroid; sternal split or transthoracic	\$1,053.21	\$1,053.21	10/1/2009
60271	thyroidectomy, including substernal thyroid gland;	\$807.31	\$807.31	10/1/2009
60280	removal thyroid duct lesion	\$331.70	\$331.70	10/1/2009
60281	excision of thyroglossal duct,cyst,sinus;recurrent	\$444.05	\$444.05	10/1/2009
60300	aspiration and/or injection, thyroid cyst	\$41.14	\$83.54	10/1/2009
60500	explore parathyroid glands	\$768.36	\$768.36	10/1/2009
60502	re-exploration of parathyroids	\$964.57	\$964.57	10/1/2009
60505	explore parathyroid glands	\$1,059.16	\$1,059.16	10/1/2009
60520	thymectomy, partial or total; transcervical approach (separate procedure)	\$791.45	\$791.45	10/1/2009
60521	thymectomy, partial or total;	\$907.99	\$907.99	10/1/2009
60522	thymectomy, partial or total;	\$1,095.57	\$1,095.57	10/1/2009
60540	exploration adrenal gland	\$834.42	\$834.42	10/1/2009
60545	exploration adrenal gland	\$950.14	\$950.14	10/1/2009
60600	removal carotid body lesion	\$1,105.31	\$1,105.31	10/1/2009
60605	removal carotid body lesion	\$1,390.92	\$1,390.92	10/1/2009
60650	laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration	\$930.77	\$930.77	10/1/2009
61105	twist drill hole for subdural or ventricular puncture;	\$322.80	\$322.80	10/1/2009
61108	twist drill hole for evac of subdural hematoma	\$642.66	\$642.66	10/1/2009
61120	burr hole(s) for ventricular puncture (including injection of gas, contrast	\$526.96	\$526.96	10/1/2009
61140	incise skull brain biopsy	\$915.43	\$915.43	10/1/2009
61150	incise skull for drainage	\$980.46	\$980.46	10/1/2009
61151	incise skull for drainage	\$709.50	\$709.50	10/1/2009
61154	incise skull for drainage	\$916.79	\$916.79	10/1/2009
61156	incise skull for drainage	\$914.78	\$914.78	10/1/2009
61215	insertion of subcutaneous reservoir to ventr cath	\$350.75	\$350.75	10/1/2009
61250	burr holes trephine, supratentorial, exploratory	\$617.31	\$617.31	10/1/2009
61253	burr hole or trephine infratentorial unilateral/bi	\$681.32	\$681.32	10/1/2009
61304	incise skull for exploration	\$1,208.13	\$1,208.13	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
61305	incise skull for exploration	\$1,457.22	\$1,457.22	10/1/2009
61312	craniectomy for evac of hematoma, supratentorial	\$1,512.64	\$1,512.64	10/1/2009
61313	craniectomy for evac of hematoma, intracerebral	\$1,444.54	\$1,444.54	10/1/2009
61314	craniectomy for evac of hematoma, infratentorial	\$1,336.90	\$1,336.90	10/1/2009
61315	craniectomy for evac of hematoma, intracerebellar	\$1,522.27	\$1,522.27	10/1/2009
61320	incise skull for drainage	\$1,407.81	\$1,407.81	10/1/2009
61321	craniectomy drainage of intracranial abscess infra	\$1,543.82	\$1,543.82	10/1/2009
61322	craniectomy or craniotomy, decompressive, with or without duraplasty, for	\$1,714.40	\$1,714.40	10/1/2009
61323	craniectomy or craniotomy, decompressive, with or without duraplasty, for	\$1,744.77	\$1,744.77	10/1/2009
61330	incise skull for exploration	\$1,197.51	\$1,197.51	10/1/2009
61332	exploration or decompression of orbit transccrania	\$1,387.01	\$1,387.01	10/1/2009
61333	explor decompress orbit transcran approach remove	\$1,401.74	\$1,401.74	10/1/2009
61334	exploration/decompression orbit transcran w/remova	\$910.53	\$910.53	10/1/2009
61340	subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)	\$1,047.79	\$1,047.79	10/1/2009
61343	craniectomy w/ cervical laminectomy	\$1,620.56	\$1,620.56	10/1/2009
61345	other cranial decompression posterior fossa	\$1,499.30	\$1,499.30	10/1/2009
61440	craniotomy for section of tentorium cerebelli	\$1,467.80	\$1,467.80	10/1/2009
61450	craniectomy for section comp or decomp or sensory	\$1,391.17	\$1,391.17	10/1/2009
61458	craniectomy exploration/decompress cranial nerves	\$1,482.33	\$1,482.33	10/1/2009
61460	craniectomy suboccipital for section of 1 or more	\$1,504.10	\$1,504.10	10/1/2009
61470	incise skull for surgery	\$1,395.19	\$1,395.19	10/1/2009
61480	incise skull for surgery	\$1,358.39	\$1,358.39	10/1/2009
61490	craniotomy for lobotomy, including cingulotomy	\$1,402.89	\$1,402.89	10/1/2009
61500	removal of skull lesion	\$991.32	\$991.32	10/1/2009
61501	craniectomy for osteomyelitis	\$849.43	\$849.43	10/1/2009
61510	removal of brain lesion	\$1,598.12	\$1,598.12	10/1/2009
61512	remove brain lining lesion	\$1,888.30	\$1,888.30	10/1/2009
61514	removal of brain abscess	\$1,400.81	\$1,400.81	10/1/2009
61516	removal of brain lesion	\$1,366.69	\$1,366.69	10/1/2009
61518	removal of brain lesion	\$2,031.64	\$2,031.64	10/1/2009
61519	remove brain lining lesion	\$2,188.90	\$2,188.90	10/1/2009
61520	craniectomy cerebellopontine angle tumor	\$2,800.36	\$2,800.36	10/1/2009
61521	craniectomy excision brain tumor,midline tumor sku	\$2,352.70	\$2,352.70	10/1/2009
61522	removal of brain abscess	\$1,612.49	\$1,612.49	10/1/2009
61524	removal of brain lesion	\$1,522.54	\$1,522.54	10/1/2009
61526	removal skull cavity lesion	\$2,545.98	\$2,545.98	10/1/2009
61530	removal skull cavity lesion	\$2,161.90	\$2,161.90	10/1/2009
61531	subdural implant of strip electrodes,lng term moni	\$880.45	\$880.45	10/1/2009
61533	craniectomy for insertion epidural electrode array	\$1,113.30	\$1,113.30	10/1/2009
61534	removal of brain lesion	\$1,199.03	\$1,199.03	10/1/2009
61535	craniectomy removal epidural electro array wo tiss	\$716.36	\$716.36	10/1/2009
61536	removal of brain lesion	\$1,913.91	\$1,913.91	10/1/2009
61537	craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without	\$1,765.48	\$1,765.48	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
61538	removal of brain tissue	\$1,893.35	\$1,893.35	10/1/2009
61539	craniotomy with elevation of bone flap; for lobectomy, other than temporal	\$1,732.82	\$1,732.82	10/1/2009
61540	craniotomy with elevation of bone flap; for lobectomy, other than temporal	\$1,624.35	\$1,624.35	10/1/2009
61541	craniectomy for transection of corpus callosum	\$1,560.36	\$1,560.36	10/1/2009
61542	removal of brain tissue	\$1,692.45	\$1,692.45	10/1/2009
61543	craniectomy for part or subtotal hemispherectomy	\$1,581.64	\$1,581.64	10/1/2009
61544	remove/treat brain lesion	\$1,308.01	\$1,308.01	10/1/2009
61545	bone flap craniectomy to excise craniopharyngioma	\$2,330.49	\$2,330.49	10/1/2009
61546	removal of pituitary gland	\$1,688.59	\$1,688.59	10/1/2009
61548	removal of pituitary gland	\$1,146.37	\$1,146.37	10/1/2009
61550	release skull closure	\$751.41	\$751.41	10/1/2009
61552	craniectomy for craniostenosis multiple sutures on	\$986.95	\$986.95	10/1/2009
61556	craniotomy for craniosynostosis, frontal/parietal	\$1,204.49	\$1,204.49	10/1/2009
61557	craniotomy for craniosynostosis, bifrontal bone	\$1,236.80	\$1,236.80	10/1/2009
61558	ext. craniectomy for mult cranial sut. craniosynos	\$1,277.05	\$1,277.05	10/1/2009
61559	ext. cranectomy for craniosynostosis w recontour	\$1,770.99	\$1,770.99	10/1/2009
61563	exc. tumor of cranial bone w/o optic nerve decompr	\$1,425.40	\$1,425.40	10/1/2009
61564	exc. tumor of cranial bone w optic nerve decompres	\$1,783.90	\$1,783.90	10/1/2009
61566	craniotomy with elevation of bone flap; for selective amygdalohippocampectomy	\$1,646.75	\$1,646.75	10/1/2009
61567	craniotomy with elevation of bone flap; for multiple subpial transections, with	\$1,853.03	\$1,853.03	10/1/2009
61570	craniectomy or craniotomy for excision foreign bod	\$1,347.15	\$1,347.15	10/1/2009
61571	craniectomy or craniotomy penetrating wound brain	\$1,462.75	\$1,462.75	10/1/2009
61575	transoral approach to skull base, brain stem	\$1,747.31	\$1,747.31	10/1/2009
61576	transoral approach to skull base w/ split tongue	\$2,786.43	\$2,786.43	10/1/2009
61580	craniofacial approach to anterior cranial fossa;	\$1,827.50	\$1,827.50	10/1/2009
61581	craniofacial approach to anterior cranial fossa;	\$2,052.31	\$2,052.31	10/1/2009
61582	craniofacial approach to anterior cranial fossa;	\$2,096.00	\$2,096.00	10/1/2009
61583	craniofacial approach to anterior cranial fossa;	\$2,126.94	\$2,126.94	10/1/2009
61584	orbitocranial approach to anterior cranial fossa, extradural,	\$2,071.55	\$2,071.55	10/1/2009
61585	orbitocranial approach to anterior cranial fossa, extradural,	\$2,200.33	\$2,200.33	10/1/2009
61586	bicoronal, transzygomatic and/or lefort i osteotomy approach to anterior	\$1,578.10	\$1,578.10	10/1/2009
61590	infratemporal pre-auricular approach to middle cranial fossa	\$2,333.24	\$2,333.24	10/1/2009
61591	infratemporal post-auricular approach to middle cranial fossa	\$2,349.10	\$2,349.10	10/1/2009
61592	orbitocranial zygomatic approach to middle cranial fossa (cavernous	\$2,333.45	\$2,333.45	10/1/2009
61595	transtemporal approach to posterior cranial fossa, jugular	\$1,761.32	\$1,761.32	10/1/2009
61596	transcochlear approach to posterior cranial fossa, jugular	\$1,940.94	\$1,940.94	10/1/2009
61597	transcondylar (far lateral) approach to posterior cranial fossa,	\$2,119.29	\$2,119.29	10/1/2009
61598	transpetrosal approach to posterior cranial fossa, clivus or	\$1,879.83	\$1,879.83	10/1/2009
61600	resection or excision of neoplastic, vascular or infectious	\$1,585.32	\$1,585.32	10/1/2009
61601	resection or excision of neoplastic, vascular or infectious	\$1,729.05	\$1,729.05	10/1/2009
61605	resection or excision of neoplastic, vascular or infectious	\$1,662.03	\$1,662.03	10/1/2009
61606	resection or excision of neoplastic, vascular or infectious	\$2,222.46	\$2,222.46	10/1/2009
61607	resection or excision of neoplastic, vascular or infectious	\$2,064.71	\$2,064.71	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
61608	resection or excision of neoplastic, vascular or infectious	\$2,397.95	\$2,397.95	10/1/2009
61613	obliteration of carotid aneurysm, arteriovenous malformation,	\$2,331.97	\$2,331.97	10/1/2009
61615	resection or excision of neoplastic, vascular or infectious	\$1,844.13	\$1,844.13	10/1/2009
61616	resection or excision of neoplastic, vascular or infectious	\$2,421.21	\$2,421.21	10/1/2009
61618	secondary repair of dura for cerebrospinal fluid leak, anterior, middle or	\$957.13	\$957.13	10/1/2009
61619	secondary repair of dura for csf leak, anterior, middle or	\$1,104.68	\$1,104.68	10/1/2009
61623	endovascular temporary balloon arterial occlusion, head or neck	\$446.36	\$446.36	10/1/2009
61624	transcatheter permanent occlusion or embolization (eg, for tumor destruction,	\$889.02	\$889.02	10/1/2009
61626	transcath.occlusion/embolization,percu; non-cns	\$724.66	\$724.66	10/1/2009
61680	surg of malformation, supratentorial, simple	\$1,670.08	\$1,670.08	10/1/2009
61682	surg of malformation, supratentorial, complex	\$3,143.72	\$3,143.72	10/1/2009
61684	surg of malformation, infratentorial, simple	\$2,091.29	\$2,091.29	10/1/2009
61686	surg of malformation, infratentorial, complex	\$3,364.65	\$3,364.65	10/1/2009
61690	surg of malformation, dural, simple	\$1,589.58	\$1,589.58	10/1/2009
61692	surg of malformation, dural, complex	\$2,717.65	\$2,717.65	10/1/2009
61697	surgery of complex intracranial aneurysm, intracranial approach; carotid	\$3,076.01	\$3,076.01	10/1/2009
61698	surgery of complex intracranial aneurysm, intracranial approach;	\$3,312.87	\$3,312.87	10/1/2009
61700	surgery of simple intracranial aneurysm, intracranial approach; carotid	\$2,566.97	\$2,566.97	10/1/2009
61702	incise skull/vessel surgery	\$2,881.78	\$2,881.78	10/1/2009
61703	surgery intracranial aneurysm cervical approach	\$983.75	\$983.75	10/1/2009
61705	revise circulation to head	\$1,891.64	\$1,891.64	10/1/2009
61708	revise circulation to head	\$1,644.12	\$1,644.12	10/1/2009
61710	revise circulation to head	\$1,490.43	\$1,490.43	10/1/2009
61711	anastomosis arterial extracranial intracranial art	\$1,926.46	\$1,926.46	10/1/2009
61720	incise skull/brain surgery	\$860.71	\$860.71	10/1/2009
61735	incise skull/brain surgery	\$1,058.27	\$1,058.27	10/1/2009
61750	stereotactic biopsy aspiration or excision	\$1,029.19	\$1,029.19	10/1/2009
61751	stereotactic biopsy, aspiration, or excision, including burr hole(s), for	\$1,001.85	\$1,001.85	10/1/2009
61760	stereotactic implant depth electrode; long term mon	\$1,133.70	\$1,133.70	10/1/2009
61770	stereotactic localization, including burr hole(s), with insertion of	\$1,120.92	\$1,120.92	10/1/2009
61790	stereotactic lesion of gas ganglion percutaneous b	\$622.26	\$622.26	10/1/2009
61791	stereotactic lesion trigeminal medullary tract	\$806.45	\$806.45	10/1/2009
61796	stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple c	\$586.18	\$586.18	10/1/2009
61797	stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each addit	\$161.39	\$161.39	10/1/2009
61798	stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex	\$586.18	\$586.18	10/1/2009
61799	stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each addit	\$223.10	\$223.10	10/1/2009
61800	application of stereotactic headframe for stereotactic radiosurgery (list separately in ac	\$113.43	\$113.43	10/1/2009
61850	burr twist drill hole implant neurostim elec corti	\$715.32	\$715.32	10/1/2009
61860	craniectomy or craniotomy implant neurostim cortic	\$1,141.80	\$1,141.80	10/1/2009
61863	twist drill, burr hole, craniotomy, or craniectomy with stereotactic	\$1,106.31	\$1,106.31	10/1/2009
61864	twist drill, burr hole, craniotomy, or craniectomy with stereotactic	\$302.14	\$302.14	10/1/2009
61867	twist drill, burr hole, craniotomy, or craniectomy with stereotactic	\$1,635.22	\$1,635.22	10/1/2009
61868	twist drill, burr hole, craniotomy, or craniectomy with stereotactic	\$450.30	\$450.30	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
61870	craniectomy implant neurostim cerebellar/cortical	\$866.95	\$866.95	10/1/2009
61875	craniectomy implant neurostim cerebel/subcortical	\$845.29	\$845.29	10/1/2009
61880	revision removal intracran neuro stim electrodestr	\$398.14	\$398.14	10/1/2009
61885	incision and subcutaneous placement of cranial neurostimulator pulse generator	\$459.37	\$459.37	10/1/2009
61886	incision and subcutaneous placement of cranial neurostimulator pulse generator	\$580.26	\$580.26	10/1/2009
61888	revisor/removal cranial neurostimulator pulse gen./receiver	\$291.39	\$291.39	10/1/2009
62000	repair of skull fracture	\$647.14	\$647.14	10/1/2009
62005	repair of skull fracture	\$908.90	\$908.90	10/1/2009
62010	elevation of depressed skull fracture with debride	\$1,110.10	\$1,110.10	10/1/2009
62100	craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for	\$1,183.20	\$1,183.20	10/1/2009
62115	reduce craniomegalic skull w/o graft/cranioplasty	\$1,056.39	\$1,056.39	10/1/2009
62116	reduce craniomegalic skull with cranioplasty	\$1,301.79	\$1,301.79	10/1/2009
62117	reduce craniomegalic skull w craniotomy/reconstruc	\$1,407.34	\$1,407.34	10/1/2009
62120	repair skull cavity lesion	\$1,333.43	\$1,333.43	10/1/2009
62121	craniotomy w repair encephalocele, skull base	\$1,219.04	\$1,219.04	10/1/2009
62140	repair of skull	\$767.75	\$767.75	10/1/2009
62141	repair of skull	\$843.37	\$843.37	10/1/2009
62142	removal bone flap or prosthetic plate of skull	\$641.78	\$641.78	10/1/2009
62143	replace bone flap or prosthetic plate of skull	\$752.43	\$752.43	10/1/2009
62145	repair of skull & brain	\$1,032.66	\$1,032.66	10/1/2009
62146	cranioplasty w autograft up to 5 cm diameter	\$886.12	\$886.12	10/1/2009
62147	cranioplasty w autograft larger than 5cm diameter	\$1,052.67	\$1,052.67	10/1/2009
62161	neuroendoscopy, intracranial; with dissection of adhesions, fenestration of	\$1,110.04	\$1,110.04	10/1/2009
62162	neuroendoscopy, intracranial; with feneration or excision of colloid cyst,	\$1,381.01	\$1,381.01	10/1/2009
62163	neuroendoscopy, intracranial; with retrieval of foreign body	\$892.58	\$892.58	10/1/2009
62164	neuroendoscopy, intracranial; with excision of brain tumor, including placement	\$1,473.80	\$1,473.80	10/1/2009
62165	neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or	\$1,144.02	\$1,144.02	10/1/2009
62180	establish brain cavity shunt	\$1,163.55	\$1,163.55	10/1/2009
62190	creation shunt subdural arial jugular auricular	\$660.69	\$660.69	10/1/2009
62192	establish brain cavity shunt	\$705.00	\$705.00	10/1/2009
62194	replacement or irrigation subdural catheter	\$288.15	\$288.15	10/1/2009
62200	establish brain cavity shunt	\$1,006.07	\$1,006.07	10/1/2009
62201	ventriculocisternostomy, stereotactic method	\$862.37	\$862.37	10/1/2009
62220	establish brain cavity shunt	\$740.97	\$740.97	10/1/2009
62223	establish brain cavity shunt	\$759.65	\$759.65	10/1/2009
62225	replacement or irrigation ventricular catheter	\$361.32	\$361.32	10/1/2009
62230	replacement or revision of cerebrospinal fluid shunt, obstructed valve, or	\$611.95	\$611.95	10/1/2009
62256	removal of complete cerebrospinal fluid shunt system; without replacement	\$423.70	\$423.70	10/1/2009
62258	replace brain cavity shunt	\$823.51	\$823.51	10/1/2009
62263	percutaneous lysis of epidural adhesions using solution injection (eg,	\$293.34	\$488.88	10/1/2009
62264	percutaneous lysis of epidural adhesions using solution injection (eg,	\$180.35	\$300.34	10/1/2009
62270	spinal puncture, lumbar, diagnostic	\$61.31	\$117.26	10/1/2009
62273	injection lumbar epidural of blood or clot patch	\$87.78	\$126.14	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
62280	injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline	\$119.66	\$230.41	10/1/2009
62281	injection of neurolytic substance (eg, alcohol, phenol, iced	\$115.53	\$213.89	10/1/2009
62282	injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline	\$106.29	\$220.79	10/1/2009
62287	aspiration or decompression procedure, percutaneous, of nucleus pulposus of	\$423.90	\$423.90	10/1/2009
62292	inj proc chemonucleolysis lumbar 1 or more levels	\$383.97	\$383.97	10/1/2009
62294	intrathecal injection into spine	\$612.74	\$612.74	10/1/2009
62310	injection, single (not via indwelling catheter), not including neurolytic	\$79.52	\$162.58	10/1/2009
62311	injection, single (not via indwelling catheter), not including neurolytic	\$65.95	\$143.24	10/1/2009
62318	injection, including catheter placement, continuous infusion or intermittent	\$80.11	\$173.85	10/1/2009
62319	injection, including catheter placement, continuous infusion or intermittent	\$74.90	\$157.38	10/1/2009
62350	implantation, revision or repositioning of tunneled intrathecal or epidural	\$296.36	\$296.36	10/1/2009
62351	implantation, revision or repositioning of intrathecal or epidural catheter,	\$622.33	\$622.33	10/1/2009
62355	removal of previously implanted intrathecal or epidural catheter	\$221.94	\$221.94	10/1/2009
62360	implantation or replacement of device for intrathecal or epidural drug	\$213.71	\$213.71	10/1/2009
62361	implantation or replacement of device for intrathecal or epidural drug	\$294.25	\$294.25	10/1/2009
62362	implantation or replacement of device for intrathecal or epidural drug	\$310.89	\$310.89	10/1/2009
62365	removal of subcutaneous reservoir or pump, previously implanted for intrathecal	\$245.22	\$245.22	10/1/2009
62369	electronic analysis of programmable, implanted pump for intrathecal or epidural	\$20.69	\$72.41	1/1/2012
62370	electronic analysis of programmable, implanted pump for intrathecal or epidural	\$27.69	\$75.87	1/1/2012
63001	decompression of spinal cord	\$906.59	\$906.59	10/1/2009
63003	lamin f/decomp spin cord a/o cauda eq one/two segm	\$912.16	\$912.16	10/1/2009
63005	revision of spinal column	\$865.12	\$865.12	10/1/2009
63011	laminectomy sacral decompression spinal cord	\$818.40	\$818.40	10/1/2009
63012	laminectomy, lumbar w decompression cauda equina	\$880.45	\$880.45	10/1/2009
63015	laminectomy more than two segs cervical	\$1,088.49	\$1,088.49	10/1/2009
63016	laminotomy thoracic	\$1,120.53	\$1,120.53	10/1/2009
63017	laminotomy lumbar	\$912.48	\$912.48	10/1/2009
63020	laminotomy, cervical, one interspace	\$862.96	\$862.96	10/1/2009
63030	laminotomy (hemilaminectomy), with decompression of nerve root(s), including	\$716.40	\$716.40	10/1/2009
63040	laminotomy (hemilaminectomy), with decompression of nerve root(s), including	\$1,049.64	\$1,049.64	10/1/2009
63042	revision of spinal column	\$982.29	\$982.29	10/1/2009
63045	laminectomy, single segment, cervical	\$938.19	\$938.19	10/1/2009
63046	laminectomy, single segment, thoracic	\$896.91	\$896.91	10/1/2009
63047	laminectomy, single segment, lumbar	\$817.78	\$817.78	10/1/2009
63055	decompression spinal cord, single segment, thoracic	\$1,208.29	\$1,208.29	10/1/2009
63056	transpedicular approach with decompression of spinal cord, equina and/or nerve	\$1,115.99	\$1,115.99	10/1/2009
63064	hemilaminectomy thoracic costovertebral approach	\$1,322.34	\$1,322.34	10/1/2009
63075	diskectomy cervical ante appr w/o arthrodesis	\$1,030.56	\$1,030.56	10/1/2009
63077	diskectomy, single space, thoracic	\$1,132.58	\$1,132.58	10/1/2009
63081	vertebral corpectomy, single segment, cervical	\$1,325.44	\$1,325.44	10/1/2009
63085	vertebral corpectomy, single segment, thoracic	\$1,419.75	\$1,419.75	10/1/2009
63087	vertebral corpectomy, single segment, lumbar	\$1,812.78	\$1,812.78	10/1/2009
63090	vertebral corpectomy, single segment, lumbar	\$1,483.82	\$1,483.82	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
63101	vertebral corpectomy (vertebral body resection), partial or complete, lateral	\$1,696.84	\$1,696.84	10/1/2009
63102	vertebral corpectomy (vertebral body resection), partial or complete, lateral	\$1,689.92	\$1,689.92	10/1/2009
63103	vertebral corpectomy (vertebral body resection), partial or complete, lateral	\$224.49	\$224.49	10/1/2009
63170	laminectomy for myelotomy thoracic or thoracolumba	\$1,135.72	\$1,135.72	10/1/2009
63172	laminectomy w/ drainage to subarachnoid space	\$1,022.18	\$1,022.18	10/1/2009
63173	laminectomy w/ drainage to peritoneal space	\$1,260.00	\$1,260.00	10/1/2009
63180	laminectomy cervical one or two segements	\$1,028.14	\$1,028.14	10/1/2009
63182	lamin and section of dentate ligaments more than t	\$1,103.07	\$1,103.07	10/1/2009
63185	revise spinal column/nerves	\$836.26	\$836.26	10/1/2009
63190	laminectomy for rhizotomy more than two segments	\$961.23	\$961.23	10/1/2009
63191	laminectomy w section of spinal accessory nerve	\$919.25	\$919.25	10/1/2009
63194	lamiwectomy cordotomy unilateral cervical	\$1,093.73	\$1,093.73	10/1/2009
63195	revise spinal column/cord	\$1,106.10	\$1,106.10	10/1/2009
63196	revise spinal column/cord	\$1,301.03	\$1,301.03	10/1/2009
63197	laminectomy corotomy bilateral cervical	\$1,240.15	\$1,240.15	10/1/2009
63198	revise spinal column/cord	\$1,381.29	\$1,381.29	10/1/2009
63199	laminectomy cordotomy bilateral thoracic	\$1,462.51	\$1,462.51	10/1/2009
63200	laminectomy for tethered spinal cord, lumbar	\$1,109.06	\$1,109.06	10/1/2009
63250	revise spinal cord vessels	\$2,155.64	\$2,155.64	10/1/2009
63251	laminectomy arteriovenous malfunction thoracic	\$2,235.85	\$2,235.85	10/1/2009
63252	laminectomy for malformation, thoracolumbar	\$2,237.49	\$2,237.49	10/1/2009
63265	laminectomy for intraspinal lesion, cervical	\$1,228.24	\$1,228.24	10/1/2009
63266	laminectomy for intraspinal lesion, thoracic	\$1,263.00	\$1,263.00	10/1/2009
63267	excise intraspinal lesion lumbar	\$1,016.61	\$1,016.61	10/1/2009
63268	excise intraspinal lesion, sacral	\$1,021.23	\$1,021.23	10/1/2009
63270	excise intraspinal lesion, cervical	\$1,512.54	\$1,512.54	10/1/2009
63271	excise intraspinal lesion, thoracic	\$1,521.61	\$1,521.61	10/1/2009
63272	excise intraspinal lesion, lumbar	\$1,401.65	\$1,401.65	10/1/2009
63273	excise intraspinal lesion, sacral	\$1,324.49	\$1,324.49	10/1/2009
63275	biopsy/excise spinal tumor, cervical	\$1,319.64	\$1,319.64	10/1/2009
63276	biopsy/excise spinal tumor, thoracic	\$1,314.64	\$1,314.64	10/1/2009
63277	biopsy/ excise spinal tumor, lumbar	\$1,153.72	\$1,153.72	10/1/2009
63278	biopsy/ excise spinal tumor, sacral	\$1,129.66	\$1,129.66	10/1/2009
63280	biopsy/ excise spinal tumor, cervical	\$1,560.03	\$1,560.03	10/1/2009
63281	biopsy/ excise spinal tumor, thoracic	\$1,542.35	\$1,542.35	10/1/2009
63282	biopsy/ excise spinal tumor, lumbar	\$1,455.24	\$1,455.24	10/1/2009
63283	biopsy/ excise spinal tumor, sacral	\$1,378.95	\$1,378.95	10/1/2009
63285	biopsy/ excise spinal tumor, cervical	\$1,916.37	\$1,916.37	10/1/2009
63286	biopsy, excise spinal tumor	\$1,909.32	\$1,909.32	10/1/2009
63287	biopsy, excise spinal tumor	\$2,014.96	\$2,014.96	10/1/2009
63290	biopsy, excise spinal tumor	\$2,039.08	\$2,039.08	10/1/2009
63295	osteoplastic reconstruction of dorsal spinal elements, following primary removal vertebral body	\$243.47	\$243.47	10/1/2009
63300		\$1,360.96	\$1,360.96	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
63301	removal of vertebral body	\$1,528.45	\$1,528.45	10/1/2009
63302	removal of vertebral body	\$1,518.70	\$1,518.70	10/1/2009
63303	removal of vertebral body	\$1,588.98	\$1,588.98	10/1/2009
63304	removal of vertebral body	\$1,684.31	\$1,684.31	10/1/2009
63305	removal of vertebral body	\$1,721.63	\$1,721.63	10/1/2009
63306	removal of vertebral body	\$1,803.82	\$1,803.82	10/1/2009
63307	removal of vertebral body	\$1,674.12	\$1,674.12	10/1/2009
63600	examine spinal cord lesion	\$635.94	\$635.94	10/1/2009
63615	stereotactic biopsy aspiration/exc lesion	\$850.22	\$850.22	10/1/2009
63620	stereotactic radiosurgery (particle beam, gamma ray or linear accelerator); 1 spinal les	\$586.18	\$586.18	10/1/2009
63621	stereotactic radiosurgery (particle beam, gamma ray or linear accelerator); each additi	\$185.54	\$185.54	10/1/2009
63650	percutaneous implantation of neurostimulator electrode array, epidural	\$315.03	\$315.03	10/1/2009
63655	laminectomy for implantation of neurostimulator electrodes, plate/paddle,	\$623.23	\$623.23	10/1/2009
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or	\$434.80	\$434.80	1/1/2010
63663	Revision including replacement, when performed, of spinal neurostimulator electrode p	\$292.42	\$499.29	1/1/2010
63664	Revision including replacement, when performed, of spinal neurostimulator electrode	\$452.66	\$452.66	1/1/2010
63685	insertion or replacement of spinal neurostimulator pulse generator or receiver,	\$300.70	\$300.70	10/1/2009
63688	revision removal spinal neurostimulator receiver	\$269.25	\$269.25	10/1/2009
63700	repair of spinal herniation	\$906.59	\$906.59	10/1/2009
63702	repair of spinal herniation	\$1,019.32	\$1,019.32	10/1/2009
63704	repair of spinal herniation	\$1,136.96	\$1,136.96	10/1/2009
63706	repair of spinal herniation	\$1,323.60	\$1,323.60	10/1/2009
63707	repair of dural/cerebrospinal fluid leak, not requiring laminectomy	\$669.19	\$669.19	10/1/2009
63709	repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy	\$813.70	\$813.70	10/1/2009
63710	dural graft spinal	\$812.61	\$812.61	10/1/2009
63740	creation of shunt, including laminectomy	\$688.69	\$688.69	10/1/2009
63741	creation shunt, lumbar, percutaneo w/o laminectomy	\$449.03	\$449.03	10/1/2009
63744	replacement irrigation or revision of lumbar subar	\$470.42	\$470.42	10/1/2009
63746	removal shunt system without replacement	\$409.74	\$409.74	10/1/2009
64400	injection, anesthetic agent;	\$48.98	\$80.41	10/1/2009
64402	injection, anesthetic agent;	\$55.75	\$82.57	10/1/2009
64405	injection, anesthetic agent;	\$57.16	\$78.21	10/1/2009
64408	injection, anesthetic agent;	\$68.72	\$90.06	10/1/2009
64410	injection, anesthetic agent;	\$61.36	\$104.34	10/1/2009
64412	injection, anesthetic agent;	\$54.53	\$103.27	10/1/2009
64413	injection, anesthetic agent;	\$59.65	\$86.77	10/1/2009
64415	injection, anesthetic agent;	\$58.02	\$98.40	10/1/2009
64416	injection, anesthetic agent; brachial plexus, continuous infusion by catheter	\$72.95	\$72.95	10/1/2009
64417	injection, anesthetic agent;	\$57.46	\$99.27	10/1/2009
64418	injection, anesthetic agent;	\$56.96	\$100.80	10/1/2009
64420	injection, anesthetic agent;	\$51.35	\$119.13	10/1/2009
64421	injection, anesthetic agent;	\$70.42	\$175.68	10/1/2009
64425	injection, anesthetic agent;	\$73.00	\$97.52	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.			
64430	injection, anesthetic agent;	\$68.84	\$117.58	10/1/2009
64435	injection, anesthetic agent;	\$65.97	\$109.23	10/1/2009
64445	injection, anesthetic agent;	\$62.84	\$102.06	10/1/2009
64446	injection, anesthetic agent; sciatic nerve, continuous infusion by catheter,	\$72.79	\$72.79	10/1/2009
64447	injection, anesthetic agent; femoral nerve, single	\$55.47	\$55.47	10/1/2009
64448	injection, anesthetic agent; femoral nerve, continuous infusion by catheter	\$64.47	\$64.47	10/1/2009
64449	injection, anesthetic agent; lumbar plexus, posterior approach, continuous	\$72.09	\$72.09	10/1/2009
64450	injection for nerve block	\$56.30	\$78.22	10/1/2009
64455	injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s)	\$32.09	\$40.16	10/1/2009
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint	\$68.39	\$103.40	1/1/2010
64505	injection anesthetic agent sphenopalatine ganglion	\$65.15	\$77.26	10/1/2009
64508	injection anesthetic agent carotid sinus	\$53.90	\$106.10	10/1/2009
64510	injection, anesthetic agent;	\$52.69	\$105.76	10/1/2009
64520	injection, anesthetic agent;	\$59.53	\$137.98	10/1/2009
64530	injection celiac plexus	\$70.28	\$142.95	10/1/2009
64555	percutaneous implantation of neurostimulator electrodes; peripheral nerve	\$119.28	\$161.97	10/1/2009
64561	percutaneous implantation of neurostimulator electrodes; sacral nerve	\$335.51	\$866.18	10/1/2009
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode a	\$529.59	\$529.59	1/1/2011
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode :	\$508.67	\$508.67	1/1/2011
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse	\$442.95	\$442.95	1/1/2011
64575	incision for implantation of neurostimulator electrodes; peripheral nerve	\$216.95	\$216.95	10/1/2009
64577	incision for implantation of electrodes neuromusu	\$267.33	\$267.33	10/1/2009
64581	incision for implantation of neurostimulator electrodes; sacral nerve	\$652.02	\$652.02	10/1/2009
64585	revision or removal peripheral stimulator electode	\$123.03	\$250.50	10/1/2009
64590	incision for placement stimulator receiver	\$137.76	\$236.11	10/1/2009
64595	revision removal peripheral neu/stim receiver	\$108.51	\$242.32	10/1/2009
64600	injection treatment of nerve	\$163.92	\$300.34	10/1/2009
64605	injection treatment of nerve	\$261.22	\$424.46	10/1/2009
64610	injection treatment of nerve	\$365.83	\$517.24	10/1/2009
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral	\$73.59	\$81.44	1/1/2011
64612	chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg, for	\$103.13	\$116.69	10/1/2009
64613	destruction by neuro.agent; cervico-spinal muscles	\$97.65	\$114.96	10/1/2009
64614	chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for	\$108.64	\$128.83	10/1/2009
64620	injection treatment of nerve	\$128.31	\$203.30	10/1/2009
64622	destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or	\$136.08	\$242.51	10/1/2009
64626	destruction by neurolytic agent, paravertebral facet joint nerve; cervical or	\$179.30	\$282.84	10/1/2009
64630	destruction by neurolytic agent; pudendal nerve	\$148.69	\$177.25	10/1/2009
64632	destruction by neurolytic agent; plantar common digital nerve	\$56.57	\$65.80	10/1/2009
64633	destruction by neurolytic agent, paravertebral facet joint nerve(s), with	\$138.07	\$263.35	1/1/2012
64635	destruction by neurolytic agent, paravertebral facet joint nerve(s), with	\$135.31	\$258.82	1/1/2012
64640	injection treatment of nerve	\$136.25	\$174.03	10/1/2009
64650	chemodenervation of eccrine glands; both axillae	\$30.80	\$50.40	10/1/2009
64680	destruction by neurolytic agent, with or without radiologic monitoring; celiac	\$124.23	\$228.93	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
64681	destruction by neurolytic agent, with or without radiologic monitoring;	\$167.52	\$296.44	10/1/2009
64702	revision of nerve,finger/toe	\$343.86	\$343.86	10/1/2009
64704	revision of nerve, hand/foot	\$253.28	\$253.28	10/1/2009
64708	revision of nerve, arm/leg	\$357.12	\$357.12	10/1/2009
64712	revision of sciatic nerve	\$412.08	\$412.08	10/1/2009
64713	revision of arm nerves	\$576.81	\$576.81	10/1/2009
64714	revision of low back nerves	\$494.11	\$494.11	10/1/2009
64716	neuroysis a/o transposition cranial nerve	\$390.45	\$390.45	10/1/2009
64718	revise ulnar nerve at elbow	\$420.57	\$420.57	10/1/2009
64719	revise ulnar nerve at wrist	\$291.71	\$291.71	10/1/2009
64721	neurolysis and/or transposition median nerve at ca	\$306.08	\$307.23	10/1/2009
64722	revise forearm nerve	\$250.72	\$250.72	10/1/2009
64726	revise foot/toe nerve	\$220.97	\$220.97	10/1/2009
64732	incision of brow nerve	\$285.58	\$285.58	10/1/2009
64734	incision of cheek nerve	\$308.95	\$308.95	10/1/2009
64736	incision of chin nerve	\$291.66	\$291.66	10/1/2009
64738	transection or avulsion of inferior alveolar nerve	\$345.16	\$345.16	10/1/2009
64740	transection or avulsion of lingual nerve	\$344.05	\$344.05	10/1/2009
64742	incision of facial nerve	\$352.94	\$352.94	10/1/2009
64744	incise nerve, back of head	\$309.54	\$309.54	10/1/2009
64746	incise diaphragm nerve	\$334.43	\$334.43	10/1/2009
64752	incision of vagus nerve	\$379.05	\$379.05	10/1/2009
64755	transection or avulsion of; vagus nerves limited to proximal stomach (selective	\$677.04	\$677.04	10/1/2009
64760	incision of vagus nerve	\$358.57	\$358.57	10/1/2009
64761	incise nerve in pelvis	\$339.06	\$339.06	10/1/2009
64763	incise hip/thigh nerve	\$408.94	\$408.94	10/1/2009
64766	incise hip/thigh nerve	\$472.53	\$472.53	10/1/2009
64771	transection/avulsion cranial nerve extradural	\$442.23	\$442.23	10/1/2009
64772	incise spinal nerve	\$425.32	\$425.32	10/1/2009
64774	remove lesion, skin nerve	\$307.14	\$307.14	10/1/2009
64776	remove nerve lesion, digit	\$295.29	\$295.29	10/1/2009
64782	remove nerve lesion	\$348.33	\$348.33	10/1/2009
64784	remove nerve lesion	\$542.11	\$542.11	10/1/2009
64786	remove sciatic nerve lesion	\$814.64	\$814.64	10/1/2009
64788	removal of nerve lesion	\$288.04	\$288.04	10/1/2009
64790	removal of nerve lesion	\$620.28	\$620.28	10/1/2009
64792	removal of nerve lesion	\$804.68	\$804.68	10/1/2009
64795	biopsy of nerve	\$147.39	\$147.39	10/1/2009
64802	remove sympathetic nerves	\$458.99	\$458.99	10/1/2009
64804	remove sympathetic nerves	\$699.77	\$699.77	10/1/2009
64809	remove sympathetic nerves	\$656.50	\$656.50	10/1/2009
64818	remove sympathetic nerves	\$509.42	\$509.42	10/1/2009
64820	sympathectomy; digital arteries, each digit	\$567.13	\$567.13	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
64821	sympathectomy; radial artery	\$510.92	\$510.92	10/1/2009
64822	sympathectomy; ulnar artery	\$504.90	\$504.90	10/1/2009
64823	sympathectomy; superficial palmar arch	\$574.27	\$574.27	10/1/2009
64831	repair of nerve, digital	\$506.34	\$506.34	10/1/2009
64834	repair of nerve, hand	\$561.36	\$561.36	10/1/2009
64835	repair of nerve, hand	\$608.64	\$608.64	10/1/2009
64836	repair of nerve, hand	\$608.32	\$608.32	10/1/2009
64840	repair of nerve, foot	\$693.16	\$693.16	10/1/2009
64856	repair/transpose nerve	\$766.06	\$766.06	10/1/2009
64857	suture major periph nerve arm/leg exc sciatic w/o	\$801.03	\$801.03	10/1/2009
64858	repair sciatic nerve	\$923.30	\$923.30	10/1/2009
64861	repair of arm nerves	\$1,043.04	\$1,043.04	10/1/2009
64862	repair of low back nerves	\$1,022.96	\$1,022.96	10/1/2009
64864	repair of facial nerve	\$664.29	\$664.29	10/1/2009
64865	suture facial nerve intratemporal w/wo grafting	\$875.68	\$875.68	10/1/2009
64866	fusion of facial/other nerve	\$910.78	\$910.78	10/1/2009
64868	fusion of facial/other nerve	\$796.89	\$796.89	10/1/2009
64870	fusion of facial/other nerve	\$782.62	\$782.62	10/1/2009
64876	suture of nerve shortening of bone extremity	\$151.57	\$151.57	10/1/2009
64885	nerve graft,head/neck; up to 4cm.	\$865.41	\$865.41	10/1/2009
64886	nerve graft, head/neck; more than 4 cm.	\$1,026.82	\$1,026.82	10/1/2009
64890	nerve graft, hand or foot	\$825.22	\$825.22	10/1/2009
64891	nerve graft single strand hand or foot more than 4	\$852.35	\$852.35	10/1/2009
64892	nerve graft, arm or leg	\$802.81	\$802.81	10/1/2009
64893	nerve graft single strand arm or leg more than 4 c	\$845.71	\$845.71	10/1/2009
64895	nerve graft, hand or foot	\$992.75	\$992.75	10/1/2009
64896	nerve graft multiple strands hand or foot more tha	\$1,094.56	\$1,094.56	10/1/2009
64897	nerve graft, arm or leg	\$960.37	\$960.37	10/1/2009
64898	nerve graft single strand more than 4 cm	\$1,047.04	\$1,047.04	10/1/2009
64905	nerve pedicle transfer first stage	\$767.53	\$767.53	10/1/2009
64907	nerve pedicle transfer second stage	\$1,009.34	\$1,009.34	10/1/2009
65091	revise eyeball	\$438.02	\$438.02	10/1/2009
65101	removal of eyeball	\$504.62	\$504.62	10/1/2009
65110	removal of eyeball	\$851.26	\$851.26	10/1/2009
65112	remove eye, revise socket	\$1,002.67	\$1,002.67	10/1/2009
65114	remove eye, revise socket	\$1,043.06	\$1,043.06	10/1/2009
65205	remove foreign body from eye	\$31.96	\$39.75	10/1/2009
65210	remove foreign body from eye	\$38.52	\$48.61	10/1/2009
65220	remove foreign body from eye	\$31.49	\$40.72	10/1/2009
65235	removal of foreign body, intraocular; from anterior chamber of eye or lens	\$481.81	\$481.81	10/1/2009
65260	remove foreign body from eye	\$661.24	\$661.24	10/1/2009
65265	remove foreign body from eye	\$744.83	\$744.83	10/1/2009
65270	repair wound of eye	\$98.56	\$182.20	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
65272	repair wound of eye	\$239.22	\$338.14	10/1/2009
65273	rep laceration conjunctiva by mobilization rear w	\$262.99	\$262.99	10/1/2009
65275	repair wound of eye	\$313.10	\$381.45	10/1/2009
65280	repair wound of eye	\$461.45	\$461.45	10/1/2009
65285	repair wound of eye	\$720.99	\$720.99	10/1/2009
65286	repair of laceration by application of tissue glue	\$339.11	\$478.71	10/1/2009
65290	repair wound of eye socket	\$338.52	\$338.52	10/1/2009
65400	removal of eye lesion	\$407.96	\$457.86	10/1/2009
65420	removal of eye lesion	\$256.62	\$350.35	10/1/2009
65426	remove/repair eye lesion	\$327.98	\$443.06	10/1/2009
65430	corneal smear	\$73.76	\$80.96	10/1/2009
65436	curette/treat cornea	\$255.15	\$265.24	10/1/2009
65450	destruction of lesion of cornea by cryotherapy, photocoagulation	\$215.77	\$218.36	10/1/2009
65600	multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)	\$230.63	\$264.66	10/1/2009
65710	corneal transplant	\$761.13	\$761.13	10/1/2009
65730	corneal transplant	\$847.25	\$847.25	10/1/2009
65750	corneal transplant	\$859.85	\$859.85	10/1/2009
65755	keratoplasty, penetrating	\$854.77	\$854.77	10/1/2009
65756	Keratoplasty (corneal transplant); endothelial	\$667.00	\$667.00	1/1/2010
65770	keratoprosthesis	\$983.77	\$983.77	10/1/2009
65772	corneal relaxing incision	\$276.48	\$306.47	10/1/2009
65775	corneal wedge resection	\$377.75	\$377.75	10/1/2009
65810	drainage of eyeball	\$320.26	\$320.26	10/1/2009
65815	drainage of eyeball	\$324.92	\$433.64	10/1/2009
65820	relieve inner eye pressure	\$514.85	\$514.85	10/1/2009
65850	incision of eyeball	\$588.01	\$588.01	10/1/2009
65855	trabeculoplasty by laser one or more sessions	\$207.26	\$234.38	10/1/2009
65860	severing adhesions of anter. segmt. laser techniq.	\$180.03	\$216.37	10/1/2009
65865	relieve inner eye adhesions	\$327.66	\$327.66	10/1/2009
65870	relieve inner eye adhesions	\$405.13	\$405.13	10/1/2009
65875	relieve inner eye adhesions	\$430.20	\$430.20	10/1/2009
65880	relieve inner eye adhesions	\$453.72	\$453.72	10/1/2009
65900	removal of epithelial downgrowth, anterior chamber of eye	\$666.35	\$666.35	10/1/2009
65920	removal of implanted material, anterior segment of eye	\$538.77	\$538.77	10/1/2009
65930	removal of blood clot, anterior segment of eye	\$443.92	\$443.92	10/1/2009
66020	injection, anterior chamber of eye (separate procedure); air or liquid	\$90.72	\$127.35	10/1/2009
66030	injection, anterior chamber (separate procedure);	\$75.68	\$112.31	10/1/2009
66130	remove eyeball lesion	\$400.25	\$485.63	10/1/2009
66150	incision of eyeball	\$591.55	\$591.55	10/1/2009
66155	incision of eyeball	\$589.67	\$589.67	10/1/2009
66160	incision of eyeball	\$671.97	\$671.97	10/1/2009
66165	incision of eyeball	\$577.58	\$577.58	10/1/2009
66170	fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of	\$813.69	\$813.69	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
66172	fistulization of sclera for glaucoma;	\$1,022.36	\$1,022.36	10/1/2009
66180	aqueous shunt to extraocular reservoir	\$812.33	\$812.33	10/1/2009
66185	revision of aqueous shunt to extraocular reservoir	\$511.42	\$511.42	10/1/2009
66220	repair eyeball lesion	\$499.31	\$499.31	10/1/2009
66225	repair/grafft eyeball lesion	\$644.04	\$644.04	10/1/2009
66250	follow-up surgery of eyeball	\$379.45	\$509.53	10/1/2009
66500	incision of iris	\$241.32	\$241.32	10/1/2009
66505	incision of iris	\$264.24	\$264.24	10/1/2009
66600	removal of iris lesion	\$561.72	\$561.72	10/1/2009
66605	removal of iris	\$732.34	\$732.34	10/1/2009
66625	removal of iris	\$295.30	\$295.30	10/1/2009
66630	removal of iris	\$389.02	\$389.02	10/1/2009
66635	removal of iris	\$392.97	\$392.97	10/1/2009
66680	repair of iris	\$351.31	\$351.31	10/1/2009
66682	suture of iris ciliary body w/retrieval of suture	\$426.34	\$426.34	10/1/2009
66700	ciliary body destruction; diathermy.	\$272.11	\$307.30	10/1/2009
66710	ciliary body destruction; cyclophotocoagulation.	\$271.33	\$302.19	10/1/2009
66711	ciliary body destruction; cyclophotocoagulation, endoscopic	\$434.06	\$434.06	10/1/2009
66720	ciliary body destruction; cryotherapy.	\$286.17	\$316.16	10/1/2009
66740	ciliary body destruction; cyclodialysis.	\$272.49	\$300.17	10/1/2009
66761	revision of iris	\$280.68	\$307.51	10/1/2009
66762	revision of iris	\$290.53	\$322.54	10/1/2009
66770	removal of inner eye lesion	\$329.46	\$358.59	10/1/2009
66820	incision of lens lesion	\$270.50	\$270.50	10/1/2009
66821	discission secondary cataract; laser	\$207.79	\$219.90	10/1/2009
66825	repositioning intraocular lens pros; incisional	\$522.00	\$522.00	10/1/2009
66830	removal of lens lesion	\$490.54	\$490.54	10/1/2009
66840	removal lens material aspiration technique one or	\$478.05	\$478.05	10/1/2009
66850	removal of lens	\$545.83	\$545.83	10/1/2009
66852	removal of lens material, pars plana w/wo vitrecto	\$584.39	\$584.39	10/1/2009
66920	extraction of lens	\$521.36	\$521.36	10/1/2009
66930	extraction of lens	\$592.65	\$592.65	10/1/2009
66940	extraction of lens	\$537.80	\$537.80	10/1/2009
66982	extracapsular cataract removal with insertion of intraocular lens prosthesis	\$741.91	\$741.91	10/1/2009
66983	intracapsular extraction with insertion of prosthe	\$511.44	\$511.44	10/1/2009
66984	extracapsular cataract removal with lens prosthesis	\$531.47	\$531.47	10/1/2009
66985	insert lens prosthesis	\$524.79	\$524.79	10/1/2009
66986	exchange of intraocular lens.	\$643.02	\$643.02	10/1/2009
67005	partial removal of eye fluid	\$323.30	\$323.30	10/1/2009
67010	partial removal of eye fluid	\$374.81	\$374.81	10/1/2009
67015	release of eye fluid	\$399.18	\$399.18	10/1/2009
67025	replace eye fluid	\$431.30	\$494.75	10/1/2009
67027	implantation of intravitreal drug delivery system (eg, ganciclovir implant),	\$592.02	\$592.02	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
67030	incise inner eye strands	\$356.01	\$356.01	10/1/2009
67031	severing of vitreous strands, laser surgery	\$242.13	\$263.18	10/1/2009
67036	vitrectomy, pars plana approach	\$669.09	\$669.09	10/1/2009
67039	vitrectomy, mech., w focal endolaser photocoagulat	\$856.16	\$856.16	10/1/2009
67040	laser treatment of retina	\$988.44	\$988.44	10/1/2009
67041	vitrectomy, mechanical, pars plana approach; with reomval of preretinal cellular memt	\$926.38	\$926.38	10/1/2009
67042	vitrectomy, mechanical, pars plana approach; with removal of internal limiting membran	\$1,061.92	\$1,061.92	10/1/2009
67043	vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (e	\$1,113.64	\$1,113.64	10/1/2009
67101	repair of retinal detachment, one or more sessions	\$461.77	\$530.13	10/1/2009
67105	repair of retinal detachment, one or more sessions; photocoagulation, with or	\$443.02	\$491.47	10/1/2009
67107	repair of retinal detachment; scleral buckling (such as lamellar scleral	\$841.19	\$841.19	10/1/2009
67108	repair of retinal detachment; with vitrectomy, any method, with or without air	\$1,121.42	\$1,121.42	10/1/2009
67110	repair of retinal detachment; by injection of air or other gas (eg, pneumatic	\$531.95	\$594.53	10/1/2009
67112	repair of retinal detachment; by scleral buckling or vitrectomy, on patient	\$925.08	\$925.08	10/1/2009
67113	repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage c-1 or g	\$1,219.16	\$1,219.16	10/1/2009
67115	release of encircling material	\$337.22	\$337.22	10/1/2009
67120	revision of inner eye	\$380.41	\$446.46	10/1/2009
67121	removal of implanted material, intraocular	\$626.61	\$626.61	10/1/2009
67141	prophylaxis of retinal detachment	\$331.80	\$355.17	10/1/2009
67145	prophylaxis of retinal detachment;photocoagulation	\$339.33	\$358.36	10/1/2009
67208	destruction of localized lesion of retina (eg, macular edema, tumors), one or	\$397.84	\$411.68	10/1/2009
67210	destruction of localized lesion of retina (eg, macular edema, tumors), one or	\$466.93	\$482.22	10/1/2009
67218	treatment inner eye lesion	\$980.89	\$980.89	10/1/2009
67220	destruction of localized lesion of choroid (eg, choroidal neovascularization),	\$707.07	\$739.95	10/1/2009
67227	destruction of retinopathy, one or more sessions	\$392.95	\$418.62	10/1/2009
67228	destruction of retinopathy, photocoagulation	\$729.97	\$823.70	10/1/2009
67229	treatment of extensive or pregressive retinopathy, one or more sessions; preterm infar	\$801.32	\$801.32	10/1/2009
67250	reinforce eyeball wall	\$542.48	\$542.48	10/1/2009
67255	reinforce/graf eyeball wall	\$579.71	\$579.71	10/1/2009
67311	strabismus surgery, recession or resection procedure; one horizontal muscle	\$411.82	\$411.82	10/1/2009
67312	strabismus surgery, two horizontal muscles	\$493.28	\$493.28	10/1/2009
67314	strabismus surgery, one vertical muscle	\$461.85	\$461.85	10/1/2009
67316	strabismus surgery, 2 or more vertical muscles	\$553.92	\$553.92	10/1/2009
67318	strabismus surgery, any procedure, superior oblique muscle	\$483.21	\$483.21	10/1/2009
67320	transposition procedure (eg, for paretic extraocular muscle), any extraocular	\$232.71	\$232.71	10/1/2009
67331	strabismus surgery on patient with previous eye surgery or injury that did not	\$220.35	\$220.35	10/1/2009
67332	strabismus surgery on patient with scarring of extraocular muscles (eg, prior	\$239.62	\$239.62	10/1/2009
67334	strabismus surgery by posterior fixation suture technique, with or without	\$217.36	\$217.36	10/1/2009
67340	strabismus surgery involving exploration and/or repair of detached extraocular	\$258.93	\$258.93	10/1/2009
67343	release extensive scar tissue w/o detaching muscle	\$448.65	\$448.65	10/1/2009
67345	chemodenervation of extraocular muscle	\$149.34	\$163.47	10/1/2009
67400	orbitotomy without bone flap (frontal or transconjunctival approach); for	\$644.70	\$644.70	10/1/2009
67405	explore/treat eye socket	\$548.02	\$548.02	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
67412	explore/treat eye socket	\$596.82	\$596.82	10/1/2009
67413	explore/treat eye socket	\$597.03	\$597.03	10/1/2009
67414	orbitotomy wo flap;w bone removal for decompress.	\$918.80	\$918.80	10/1/2009
67420	explore/treat eye socket	\$1,144.45	\$1,144.45	10/1/2009
67430	explore/treat eye socket	\$867.10	\$867.10	10/1/2009
67440	explore/treat eye socket	\$836.12	\$836.12	10/1/2009
67445	orbitotomy w flap/window; w bone removal.	\$985.91	\$985.91	10/1/2009
67450	explore/treat eye socket	\$867.58	\$867.58	10/1/2009
67570	optic nerve decompression.	\$804.90	\$804.90	10/1/2009
67700	blepharotomy, drainage of abscess, eyelid	\$79.29	\$180.81	10/1/2009
67710	incision of eyelid	\$66.00	\$152.24	10/1/2009
67715	incision of eyelid	\$74.75	\$160.70	10/1/2009
67800	remove eyelid lesion	\$72.70	\$87.41	10/1/2009
67801	remove eyelid lesions	\$94.45	\$112.33	10/1/2009
67805	remove eyelid lesions	\$115.85	\$138.93	10/1/2009
67808	remove eyelid lesion(s)	\$250.71	\$250.71	10/1/2009
67825	correction of trichiasis; epilation by other than forceps (eg, by	\$83.39	\$88.59	10/1/2009
67830	revise eyelashes	\$95.59	\$181.83	10/1/2009
67835	revise eyelashes	\$305.33	\$305.33	10/1/2009
67840	excision eyelid lesion without closure or with sim	\$110.91	\$190.80	10/1/2009
67850	destruction of lesion of lid margin up to 1 cm	\$99.12	\$153.63	10/1/2009
67880	revision of eyelid(s)	\$250.71	\$310.69	10/1/2009
67882	construction intermarginal adhesions with transpos	\$323.23	\$384.08	10/1/2009
67901	repair eyelid defect	\$401.35	\$480.08	10/1/2009
67902	repair eyelid defect	\$497.69	\$497.69	10/1/2009
67903	repair eyelid defect	\$346.75	\$424.62	10/1/2009
67904	repair blepharoptosis levator resection external a	\$411.45	\$502.58	10/1/2009
67906	repair eyelid defect	\$359.65	\$359.65	10/1/2009
67908	repair blepharoptosis conjunctivo-tarso-levator res	\$298.58	\$338.38	10/1/2009
67909	revise eyelid defect	\$305.87	\$371.04	10/1/2009
67911	revise eyelid defect	\$384.77	\$384.77	10/1/2009
67912	correction of lagophthalmos, with implantation of upper eyelid lid load (eg,	\$345.44	\$620.87	10/1/2009
67914	repair eyelid defect	\$201.61	\$269.39	10/1/2009
67915	repair eyelid defect	\$177.95	\$241.11	10/1/2009
67916	repair eyelid defect	\$300.45	\$371.40	10/1/2009
67917	repair eyelid defect	\$332.53	\$406.36	10/1/2009
67921	repair eyelid defect	\$188.44	\$256.22	10/1/2009
67922	repair eyelid defect	\$171.42	\$233.42	10/1/2009
67923	repair eyelid defect	\$324.39	\$392.16	10/1/2009
67924	repair eyelid defect	\$313.77	\$405.20	10/1/2009
67930	repair eyelid wound	\$173.73	\$254.49	10/1/2009
67935	repair eyelid wound	\$316.84	\$414.03	10/1/2009
67938	remove foreign body, eyelid	\$79.62	\$165.27	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.			
67950	revision of eyelids	\$326.30	\$399.55	10/1/2009
67961	revision of eyelids	\$318.76	\$398.65	10/1/2009
67966	revision of eyelids	\$452.79	\$527.78	10/1/2009
67971	reconstruction of eyelid	\$511.17	\$511.17	10/1/2009
67973	reconstruction of eyelid	\$662.63	\$662.63	10/1/2009
67974	reconstruction of eyelid	\$659.96	\$659.96	10/1/2009
67975	reconstruction of eyelid	\$482.50	\$482.50	10/1/2009
68020	incise/drain eyelid lesion	\$76.83	\$82.31	10/1/2009
68110	remove eyelid lining lesion	\$102.58	\$154.21	10/1/2009
68115	remove eyelid lining lesion	\$128.20	\$213.86	10/1/2009
68130	remove eyelid lining lesion	\$284.06	\$369.71	10/1/2009
68135	remove eyelid lining lesion	\$104.77	\$108.23	10/1/2009
68320	revise/graft eyelid lining	\$365.05	\$489.07	10/1/2009
68325	revise/graft eyelid lining	\$454.97	\$454.97	10/1/2009
68326	revise eyelid lining	\$442.90	\$442.90	10/1/2009
68328	revise/graft eyelid lining	\$494.92	\$494.92	10/1/2009
68330	revise eyelid lining	\$314.10	\$411.30	10/1/2009
68335	revise/graft eyelid lining	\$444.34	\$444.34	10/1/2009
68340	separate eyelid adhesions	\$271.29	\$369.92	10/1/2009
68360	revise eyelid lining	\$280.61	\$361.36	10/1/2009
68362	revise eyelid lining	\$450.46	\$450.46	10/1/2009
68400	incise/drain tear gland	\$94.99	\$191.61	10/1/2009
68420	incise/drain tear sac	\$122.09	\$219.29	10/1/2009
68440	incise tear duct opening	\$66.11	\$73.32	10/1/2009
68500	removal of tear gland	\$671.13	\$671.13	10/1/2009
68505	partial removal tear gland	\$674.97	\$674.97	10/1/2009
68520	removal of tear sac	\$474.70	\$474.70	10/1/2009
68530	clearance of tear duct	\$184.61	\$299.69	10/1/2009
68540	remove tear gland lesion	\$641.82	\$641.82	10/1/2009
68550	remove tear gland lesion	\$789.47	\$789.47	10/1/2009
68700	repair tear ducts	\$414.20	\$414.20	10/1/2009
68705	revise tear duct opening	\$115.29	\$163.45	10/1/2009
68720	incise tear ducts	\$525.91	\$525.91	10/1/2009
68745	incise tear ducts	\$527.87	\$527.87	10/1/2009
68750	establish tear duct channel	\$542.36	\$542.36	10/1/2009
68760	close tear duct opening	\$100.76	\$138.54	10/1/2009
68761	closure of lacrimal punctum; by plug, each	\$81.71	\$101.03	10/1/2009
68770	close tear system fistula	\$410.57	\$410.57	10/1/2009
68801	dilation of lacrimal punctum, with or without irrigation	\$72.45	\$83.41	10/1/2009
68810	probing of nasolacrimal duct, with or without irrigation;	\$130.59	\$162.03	10/1/2009
68811	probing of nasolacrimal duct, with or without irrigation; requiring general	\$141.98	\$141.98	10/1/2009
68815	probing of nasolacrimal duct, with or without irrigation; with insertion of	\$179.37	\$303.68	10/1/2009
68816	probing of nasolacrimal duct, with or without irrigation; with transluminal	\$171.69	\$461.83	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.			
68840	exploration of tear ducts	\$77.12	\$85.49	10/1/2009
69000	drain external ear lesion	\$87.14	\$130.98	10/1/2009
69005	drain external ear lesion	\$118.80	\$156.01	10/1/2009
69020	drain outer ear canal lesion	\$105.67	\$166.24	10/1/2009
69110	partial removal external ear	\$243.62	\$331.88	10/1/2009
69120	removal of external ear	\$295.95	\$295.95	10/1/2009
69140	remove ear canal lesion(s)	\$644.79	\$644.79	10/1/2009
69145	remove ear canal lesion(s)	\$183.68	\$278.57	10/1/2009
69150	extensive outer ear surgery	\$795.15	\$795.15	10/1/2009
69155	extensive ear/neck surgery	\$1,279.18	\$1,279.18	10/1/2009
69200	clear outer ear canal	\$42.50	\$88.36	10/1/2009
69205	clear outer ear canal	\$76.02	\$76.02	10/1/2009
69222	debridement, mastoidectomy cavity, complex	\$102.60	\$159.13	10/1/2009
69310	reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due	\$806.75	\$806.75	10/1/2009
69320	rebuild outer ear canal	\$1,153.35	\$1,153.35	10/1/2009
69405	eustachian tube catheterization, transtympanic	\$147.06	\$191.18	10/1/2009
69420	incision of eardrum	\$89.54	\$138.00	10/1/2009
69421	incision of eardrum	\$113.48	\$113.48	10/1/2009
69433	tympanostomy, local or topical anesthesia	\$97.02	\$144.03	10/1/2009
69436	tympanostomy, general anesthesia	\$123.46	\$123.46	10/1/2009
69440	exploration of middle ear	\$510.37	\$510.37	10/1/2009
69450	tympanolysis transcanal	\$399.84	\$399.84	10/1/2009
69501	removal of mastoid bone	\$549.99	\$549.99	10/1/2009
69502	mastoidectomy complete	\$732.40	\$732.40	10/1/2009
69505	removal mastoid structures	\$900.35	\$900.35	10/1/2009
69511	removal mastoid structures	\$926.03	\$926.03	10/1/2009
69530	remove part of temporal bone	\$1,251.32	\$1,251.32	10/1/2009
69535	remove part of temporal bone	\$2,043.40	\$2,043.40	10/1/2009
69540	remove ear lesion	\$94.24	\$149.90	10/1/2009
69550	remove ear lesion	\$777.70	\$777.70	10/1/2009
69552	remove ear lesion	\$1,192.47	\$1,192.47	10/1/2009
69554	remove ear lesion	\$1,901.41	\$1,901.41	10/1/2009
69601	revise mastoid surgery	\$789.45	\$789.45	10/1/2009
69602	revise mastoid surgery	\$820.82	\$820.82	10/1/2009
69603	revise mastoid surgery	\$952.71	\$952.71	10/1/2009
69604	revise mastoid surgery	\$846.86	\$846.86	10/1/2009
69605	revise mastoid surgery	\$1,179.95	\$1,179.95	10/1/2009
69610	repair of eardrum	\$227.17	\$292.65	10/1/2009
69620	repair of eardrum	\$367.46	\$509.35	10/1/2009
69631	repair eardrum structures	\$656.81	\$656.81	10/1/2009
69632	rebuild eardrum structures	\$808.00	\$808.00	10/1/2009
69633	tympanoplasty w/o mastoidectomy with ossicular cha	\$778.09	\$778.09	10/1/2009
69635	repair eardrum structures	\$913.57	\$913.57	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
		The inclusion of a rate on this table does not guarantee that a service is covered.		
		Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical		
		Coverage Policies on the DMA Web site.		
69636		rebuild eardrum structures	\$1,035.48	10/1/2009
69637		tympan antro/mastoid w ossicular chain recon and s	\$1,030.69	10/1/2009
69641		revise middle ear & mastoid	\$783.36	10/1/2009
69642		revise middle ear & mastoid	\$1,011.26	10/1/2009
69643		revise middle ear & mastoid	\$923.57	10/1/2009
69644		revise middle ear & mastoid	\$1,115.71	10/1/2009
69645		revise middle ear & mastoid	\$1,092.65	10/1/2009
69646		revise middle ear & mastoid	\$1,162.84	10/1/2009
69650		release middle ear bone	\$596.49	10/1/2009
69660		revise middle ear bone	\$702.75	10/1/2009
69661		stapedectomy with foot plate drill out	\$919.50	10/1/2009
69662		revision stapedectomy or stapedotomy	\$882.04	10/1/2009
69666		repair middle ear structures	\$605.26	10/1/2009
69667		repair middle ear structures	\$607.31	10/1/2009
69670		remove mastoid air cells	\$708.62	10/1/2009
69676		tympanic neurectomy	\$623.31	10/1/2009
69700		close mastoid fistula	\$520.31	10/1/2009
69720		release facial nerve	\$884.75	10/1/2009
69725		release facial nerve	\$1,449.97	10/1/2009
69740		repair facial nerve	\$894.15	10/1/2009
69745		repair facial nerve	\$948.95	10/1/2009
69801		labyrinthotomy, with or without cryosurgery including other nonexcisional	\$559.55	10/1/2009
69802		incise inner ear	\$787.71	10/1/2009
69805		explore inner ear	\$800.85	10/1/2009
69806		explore inner ear	\$718.16	10/1/2009
69820		establish inner ear window	\$649.50	10/1/2009
69840		revise inner ear window	\$681.18	10/1/2009
69905		remove inner ear	\$692.21	10/1/2009
69910		remove inner ear & mastoid	\$777.05	10/1/2009
69915		incise inner ear nerve	\$1,180.81	10/1/2009
69930		cochlear device implantation with or w/o mastoidectomy	\$947.69	10/1/2009
69950		incise inner ear nerve	\$1,399.79	10/1/2009
69955		release facial nerve	\$1,529.33	10/1/2009
69960		release inner ear canal	\$1,484.26	10/1/2009
69970		remove inner ear lesion	\$1,656.65	10/1/2009
70030		x-ray exam eye foreign body	\$22.33	10/1/2009
70030	26	x-ray eye for foreign body	\$7.23	10/1/2009
70100		x-ray exam of jaw	\$24.09	10/1/2009
70100	26	mandible limited or unilateral	\$7.54	10/1/2009
70110		x-ray exam of jaw	\$31.28	10/1/2009
70110	26	mandible limited or unilateral complete minimum of	\$10.59	10/1/2009
70120		x-ray exam of mastoids	\$26.22	10/1/2009
70120	26	mastoids limited or unilateral	\$7.54	10/1/2009

Nurse Practitioner Fee Schedule					
Provider Specialty 061					
		The inclusion of a rate on this table does not guarantee that a service is covered.			
		Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
		Coverage Policies on the DMA Web site.			
70130		x-ray exam mastoids	\$43.43	\$43.43	10/1/2009
70130	26	x-ray exam of mastoids	\$14.46	\$14.46	10/1/2009
70134		x-ray exam of middle ear	\$37.36	\$37.36	10/1/2009
70134	26	internal auditory meat uses	\$14.46	\$14.46	10/1/2009
70140		x-ray exam of facial bones	\$23.64	\$23.64	10/1/2009
70140	26	facial bones limited	\$7.85	\$7.85	10/1/2009
70150		x-ray exam facial bones minium of three views	\$33.81	\$33.81	10/1/2009
70150	26	x-ray exam of facial bones	\$10.90	\$10.90	10/1/2009
70150	TC	radiologic exam facial bones, complete	\$22.90	\$22.90	11/1/2011
70160		x-ray exam of nasal bones	\$25.22	\$25.22	10/1/2009
70160	26	nasal bones	\$7.23	\$7.23	10/1/2009
70170		x-ray exam of tear duct	\$42.68	\$42.68	10/1/2009
70170	26	x-ray exam of tear duct	\$12.72	\$12.72	10/1/2009
70190		x-ray exam of eye sockets	\$28.01	\$28.01	10/1/2009
70190	26	optic foramina	\$8.76	\$8.76	10/1/2009
70200		x-ray exam orbits minimum of four views	\$35.01	\$35.01	10/1/2009
70200	26	x-ray exam of eye sockets	\$11.81	\$11.81	10/1/2009
70210		x-ray exam of sinuses	\$23.60	\$23.60	10/1/2009
70210	26	paranasal sinuses limited	\$7.23	\$7.23	10/1/2009
70220		x-ray exam of sinuses	\$30.90	\$30.90	10/1/2009
70220	26	paranasal sinuses complete	\$10.30	\$10.30	10/1/2009
70240		x ray exam sella turcica	\$23.24	\$23.24	10/1/2009
70240	26	x-ray exam pituitary saddle	\$8.14	\$8.14	10/1/2009
70250		radiologic examination, skull; less than four views	\$28.66	\$28.66	10/1/2009
70250	26	skull limited	\$9.99	\$9.99	10/1/2009
70260		radiologic examination, skull; complete, minimum of four views	\$38.14	\$38.14	10/1/2009
70260	26	skull complete	\$14.17	\$14.17	10/1/2009
70300		x ray exam of teeth single view	\$11.21	\$11.21	10/1/2009
70300	26	x-ray exam of teeth	\$4.47	\$4.47	10/1/2009
70310		x-ray teeth partial exam less than full mouth	\$26.64	\$26.64	10/1/2009
70310	26	x-ray exam of teeth	\$6.92	\$6.92	10/1/2009
70320		full mouth x-ray of teeth	\$37.46	\$37.46	10/1/2009
70320	26	teeth full mouth	\$9.36	\$9.36	10/1/2009
70328		x-ray exam of jaw joint	\$23.51	\$23.51	10/1/2009
70328	26	temporomandibular joint unilateral	\$7.54	\$7.54	10/1/2009
70330		x-ray exam of jaw joints bilateral	\$37.22	\$37.22	10/1/2009
70330	26	x-ray exam of jaw joints	\$10.27	\$10.27	10/1/2009
70350		x ray exam of head for orthodontia	\$16.28	\$16.28	10/1/2009
70350	26	x-ray head for orthodontia	\$7.23	\$7.23	10/1/2009
70355		panoramic x-ray of jaws	\$18.18	\$18.18	10/1/2009
70355	26	orthopantogram	\$8.45	\$8.45	10/1/2009
70360		x-ray exam of neck	\$21.47	\$21.47	10/1/2009
70360	26	neck for soft tissues	\$7.23	\$7.23	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
		The inclusion of a rate on this table does not guarantee that a service is covered.		
		Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical		
		Coverage Policies on the DMA Web site.		
70370		x-ray and fluoroscopy of throat	\$58.57	\$58.57 10/1/2009
70370	26	throat x-ray & fluoroscopy	\$13.35	\$13.35 10/1/2009
70380		x-ray exam salivary gland for calculus	\$29.07	\$29.07 10/1/2009
70380	26	x-ray exam, salivary gland	\$7.23	\$7.23 10/1/2009
71010		x-ray exam of chest	\$19.18	\$19.18 10/1/2009
71010	26	chest single view	\$7.54	\$7.54 10/1/2009
71015		x-ray exam of chest	\$23.58	\$23.58 10/1/2009
71015	26	chest examination stereo	\$8.76	\$8.76 10/1/2009
71020		chest radiological exam two views	\$25.44	\$25.44 10/1/2009
71020	26	chest radiological exam two views	\$9.36	\$9.36 10/1/2009
71020	TC	radiological exam chest two views frontal/lateral	\$16.08	\$16.08 11/1/2011
71021		x-ray exam of chest	\$30.66	\$30.66 10/1/2009
71021	26	xray exam of chest	\$11.21	\$11.21 10/1/2009
71022		x-ray exam of chest	\$36.81	\$36.81 10/1/2009
71022	26	xray exam of chest	\$13.04	\$13.04 10/1/2009
71023		radiologic exam, with fluoroscopy	\$53.13	\$53.13 10/1/2009
71023	26	radiologic exam, with fluoroscopy	\$16.37	\$16.37 10/1/2009
71030		x-ray exam of chest	\$37.10	\$37.10 10/1/2009
71030	26	chest complete 4 views minimum	\$13.04	\$13.04 10/1/2009
71034		chest x-ray & fluoroscopy	\$72.85	\$72.85 10/1/2009
71034	26	chest complete including fluoroscopy	\$20.79	\$20.79 10/1/2009
71035		x-ray exam of chest	\$27.26	\$27.26 10/1/2009
71035	26	x ray exam of chest	\$7.83	\$7.83 10/1/2009
71100		ribs unilateral two views	\$26.02	\$26.02 10/1/2009
71100	26	ribs unilateral two views	\$9.36	\$9.36 10/1/2009
71101		x-ray ribs with posteroanterior chest minimum 3 vi	\$31.32	\$31.32 10/1/2009
71101	26	x-ray ribs with posteroanterior chest minimum 3 vi	\$11.21	\$11.21 10/1/2009
71101	TC	radiologic exam ribs /posteroanterior chest	\$20.11	\$20.11 11/1/2011
71110		ribs bilateral three views	\$32.39	\$32.39 10/1/2009
71110	26	ribs bilateral three views	\$11.21	\$11.21 10/1/2009
71111		x-ray ribs with posteroanterior chest minimum 4 vi	\$41.36	\$41.36 10/1/2009
71111	26	x/ray ribs with posteroanterior chest minimum 4 vi	\$13.35	\$13.35 10/1/2009
71120		x-ray exam of breastbone	\$25.97	\$25.97 10/1/2009
71120	26	sternum	\$8.45	\$8.45 10/1/2009
71130		x-ray exam of breastbone	\$29.77	\$29.77 10/1/2009
71130	26	sternoclavicular joints	\$9.36	\$9.36 10/1/2009
72010		x-ray exam of spine	\$54.84	\$54.84 10/1/2009
72010	26	spine entire survey study	\$18.46	\$18.46 10/1/2009
72020		radiologic exam spine single view specify level	\$18.83	\$18.83 10/1/2009
72020	26	rad exam spine single view specify level	\$6.61	\$6.61 10/1/2009
72040		radiologic examination, spine, cervical; two or three views	\$29.19	\$29.19 10/1/2009
72040	26	radiologic examination, spine, cervical; two or three views	\$9.36	\$9.36 10/1/2009
72040	TC	radiologic examination, spine, cervical; two or three views	\$19.83	\$19.83 11/1/2011

Nurse Practitioner Fee Schedule					
Provider Specialty 061					
		The inclusion of a rate on this table does not guarantee that a service is covered.			
		Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.			
72050		x-ray exam of neck spine	\$41.33	\$41.33	10/1/2009
72050	26	spine complete	\$13.04	\$13.04	10/1/2009
72050	TC	radiologic exam spine. 4 views	\$28.30	\$28.30	11/1/2011
72052		x-ray exam of neck spine	\$51.74	\$51.74	10/1/2009
72052	26	spine cervical a&p lateral complete	\$15.37	\$15.37	10/1/2009
72069		radiologic exam, spine, thoracolumbar, standing	\$27.65	\$27.65	10/1/2009
72070		radiologic examination, spine; thoracic, two views	\$26.88	\$26.88	10/1/2009
72070	26	radiologic examination, spine; thoracic, two views	\$9.36	\$9.36	10/1/2009
72072		radiologic examination, spine; thoracic, three views	\$30.54	\$30.54	10/1/2009
72072	26	radiologic examination, spine; thoracic, three views	\$9.36	\$9.36	10/1/2009
72072	TC	radiologic examination, spine; thoracic, three views	\$21.18	\$21.18	11/1/2011
72074		radiologic examination, spine; thoracic, minimum of four views	\$35.64	\$35.64	10/1/2009
72074	26	radiologic examination, spine; thoracic, minimum of four views	\$9.36	\$9.36	10/1/2009
72080		radiologic examination, spine; thoracolumbar, two views	\$28.04	\$28.04	10/1/2009
72080	26	radiologic examination, spine; thoracolumbar, two views	\$9.36	\$9.36	10/1/2009
72090		x-ray exam of spine scoliosis study	\$36.83	\$36.83	10/1/2009
72090	26	x-ray exam of spine	\$12.10	\$12.10	10/1/2009
72100		radiologic examination, spine, lumbosacral; two or three views	\$30.63	\$30.63	10/1/2009
72100	26	radiologic examination, spine, lumbosacral; two or three views	\$9.36	\$9.36	10/1/2009
72100	TC	radiologic examination, spine, lumbosacral; two or three views	\$21.27	\$21.27	11/1/2011
72110		radiologic examination, spine, lumbosacral; minimum of four views	\$42.78	\$42.78	10/1/2009
72110	26	radiologic examination, spine, lumbosacral; minimum of four views	\$13.04	\$13.04	10/1/2009
72114		x-ray exam lumbosacral spine	\$55.78	\$55.78	10/1/2009
72114	26	x-ray exam of lower spine	\$15.37	\$15.37	10/1/2009
72120		x-ray exam of lower spine	\$38.24	\$38.24	10/1/2009
72120	26	xray exam of lower spine	\$9.36	\$9.36	10/1/2009
72170		radiologic examination, pelvis; one or two views	\$20.60	\$20.60	10/1/2009
72170	26	radiologic examination, pelvis; one or two views	\$7.23	\$7.23	10/1/2009
72190		x-ray exam of pelvis	\$31.19	\$31.19	10/1/2009
72190	26	pelvis complete	\$9.05	\$9.05	10/1/2009
72200		x-ray exam sacroiliac joints	\$22.91	\$22.91	10/1/2009
72200	26	xray exam sacroiliac joints	\$7.23	\$7.23	10/1/2009
72202		x-ray exam sacroiliac joints	\$27.68	\$27.68	10/1/2009
72202	26	x-ray exam sacroiliac joints	\$8.14	\$8.14	10/1/2009
72220		x-ray exam of tailbone	\$23.31	\$23.31	10/1/2009
72220	26	sacrum and coccyx	\$7.23	\$7.23	10/1/2009
72220	TC	sacrum and coccyx	\$16.08	\$16.08	10/1/2009
73000		x-ray exam of collarbone	\$21.73	\$21.73	10/1/2009
73000	26	clavicle	\$6.92	\$6.92	10/1/2009
73010		x-ray exam of shoulder blade	\$22.33	\$22.33	10/1/2009
73010	26	scapula	\$7.23	\$7.23	10/1/2009
73020		x-ray exam of shoulder	\$18.54	\$18.54	10/1/2009
73020	26	shoulder limited	\$6.32	\$6.32	10/1/2009

Nurse Practitioner Fee Schedule					
Provider Specialty 061					
		The inclusion of a rate on this table does not guarantee that a service is covered.			
		Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
		Coverage Policies on the DMA Web site.			
73030		x-ray exam of shoulder	\$23.61	\$23.61	10/1/2009
73030	26	shoulder complete	\$7.83	\$7.83	10/1/2009
73030	TC	radiologic exam shoulder complete	\$15.79	\$15.79	11/1/2011
73050		x-ray exam of shoulder	\$28.28	\$28.28	10/1/2009
73050	26	x-ray exam of shoulder	\$8.75	\$8.75	10/1/2009
73060		x-ray exam of humerus	\$23.01	\$23.01	10/1/2009
73060	26	humerus including one joint	\$7.23	\$7.23	10/1/2009
73060	TC	radiologic exam humerus	\$15.79	\$15.79	11/1/2011
73070		radiologic examination, elbow; two views	\$21.13	\$21.13	10/1/2009
73070	26	radiologic examination, elbow; two views	\$6.32	\$6.32	10/1/2009
73070	TC	radiologic examination, elbow; two views	\$14.81	\$14.81	11/1/2011
73080		x-ray exam of elbow	\$27.05	\$27.05	10/1/2009
73080	26	elbow complete	\$7.23	\$7.23	10/1/2009
73090		radiologic examination; forearm, two views	\$21.45	\$21.45	10/1/2009
73090	26	radiologic examination; forearm, two views	\$6.62	\$6.62	10/1/2009
73090	TC	radiologic examination; forearm, two views	\$14.81	\$14.81	11/1/2011
73092		x-ray exam of arm infant minimum of two views	\$22.02	\$22.02	10/1/2009
73092	26	x-ray exam of arm	\$6.62	\$6.62	10/1/2009
73100		radiologic examination, wrist; two views	\$22.31	\$22.31	10/1/2009
73100	26	radiologic examination, wrist; two views	\$6.92	\$6.92	10/1/2009
73110		x-ray exam of wrist	\$26.66	\$26.66	10/1/2009
73110	26	wrist complete	\$7.23	\$7.23	10/1/2009
73110	TC	radiologic exam wrist, complete	\$19.43	\$19.43	11/1/2011
73120		x-ray exam of hand	\$21.16	\$21.16	10/1/2009
73120	26	hand limited	\$6.62	\$6.62	10/1/2009
73130		x-ray exam of hand	\$24.35	\$24.35	10/1/2009
73130	26	hand complete	\$7.23	\$7.23	10/1/2009
73130	TC	radiologic exam hand min/3 views	\$17.13	\$17.13	11/1/2011
73140		x-ray exam of finger(s)	\$22.53	\$22.53	10/1/2009
73140	26	x-ray exam finger	\$5.70	\$5.70	10/1/2009
73140	TC	radiologic exam finger(s)	\$16.84	\$16.84	11/1/2011
73500		x-ray exam of hip	\$20.03	\$20.03	10/1/2009
73500	26	hip unilateral limited	\$7.23	\$7.23	10/1/2009
73510		x-ray exam of hip	\$28.87	\$28.87	10/1/2009
73510	26	hip unilateral complete	\$9.05	\$9.05	10/1/2009
73510	TC	radiologic exam, hip	\$19.83	\$19.83	11/1/2011
73520		x-ray exam of hips	\$31.30	\$31.30	10/1/2009
73520	26	x-ray exam of hips	\$10.90	\$10.90	10/1/2009
73540		x-ray exam of pelvis & hips	\$28.86	\$28.86	10/1/2009
73540	26	x-ray exam of pelvis and hips	\$8.45	\$8.45	10/1/2009
73550		radiologic examination, femur, two views	\$22.44	\$22.44	10/1/2009
73550	26	radiologic examination, femur, two views	\$7.23	\$7.23	10/1/2009
73560	TC	radiologic examination, knee; one or two views	\$15.11	\$15.11	11/1/2011

Nurse Practitioner Fee Schedule					
Provider Specialty 061					
		The inclusion of a rate on this table does not guarantee that a service is covered.			
		Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
		Coverage Policies on the DMA Web site.			
73560	26	radiologic examination, knee; one or two views	\$7.23	\$7.23	11/1/2011
73562	TC	radiologic examination, knee; three views	\$18.96	\$18.96	11/1/2011
73562	26	radiologic examination, knee; three views	\$7.83	\$7.83	11/1/2011
73565		radiologic exam, both knees, standing, ap	\$23.78	\$23.78	10/1/2009
73590		radiologic examination; tibia and fibula, two views	\$21.47	\$21.47	10/1/2009
73590	26	radiologic examination; tibia and fibula, two views	\$7.23	\$7.23	10/1/2009
73590	TC	radiologic examination; tibia and fibula, two views	\$14.24	\$14.24	11/1/2011
73592		x-ray exam of leg infant	\$22.02	\$22.02	10/1/2009
73592	26	x-ray exam of leg	\$6.62	\$6.62	10/1/2009
73600		radiologic examination, ankle; two views	\$21.16	\$21.16	10/1/2009
73600	26	radiologic examination, ankle; two views	\$6.62	\$6.62	10/1/2009
73610		x-ray exam of ankle	\$24.35	\$24.35	10/1/2009
73610	26	ankle complete	\$7.23	\$7.23	10/1/2009
73610	TC	radiologic exam complete	\$17.13	\$17.13	11/1/2011
73620		radiologic examination, foot; two views	\$20.58	\$20.58	10/1/2009
73620	26	radiologic examination, foot; two views	\$6.62	\$6.62	10/1/2009
73630		x-ray exam of foot	\$24.06	\$24.06	10/1/2009
73630	26	foot complete	\$7.23	\$7.23	10/1/2009
73630	TC	radiologic exam foot complete	\$16.84	\$16.84	11/1/2011
73650		x-ray exam of heel	\$20.87	\$20.87	10/1/2009
73650	26	os calcis	\$6.62	\$6.62	10/1/2009
73660		x-ray exam of toe(s)	\$21.38	\$21.38	10/1/2009
73660	26	toes	\$5.41	\$5.41	10/1/2009
73660	TC	radiologic exam calcaneus toe or toes	\$15.97	\$15.97	11/1/2011
74000		x-ray exam of abdomen	\$20.34	\$20.34	10/1/2009
74000	26	abdomen single view	\$7.54	\$7.54	10/1/2009
74000	TC	radiologic exam abdomen	\$12.79	\$12.79	11/1/2011
74010		x-ray exam of abdomen	\$29.79	\$29.79	10/1/2009
74010	26	abdomen with additional oblique or cone	\$9.68	\$9.68	10/1/2009
74020		x-ray exam of abdomen	\$31.90	\$31.90	10/1/2009
74020	26	x-ray exam of abdomen	\$11.50	\$11.50	10/1/2009
74020	TC	radiologic exam abdomen, complete	\$20.40	\$20.40	11/1/2011
74022		radiologic examination, abdomen; complete acute abdomen series, including	\$38.57	\$38.57	10/1/2009
74022	26	complete acute abd series	\$13.63	\$13.63	10/1/2009
74022	TC	rad exam abdomen. complete abdomen series	\$24.92	\$24.92	11/1/2011
74210		contrast xray exam of throat	\$60.68	\$60.68	10/1/2009
74210	26	pharynx and/or cervical eso phagus	\$15.66	\$15.66	10/1/2009
74220		contrast xray exam,esophagus	\$69.00	\$69.00	10/1/2009
74220	26	esophagus	\$19.64	\$19.64	10/1/2009
74230		swallowing function, with cineradiography/videoradiography	\$71.08	\$71.08	10/1/2009
74230	26	swallowing function, with cineradiography/videoradiography	\$22.69	\$22.69	10/1/2009
74240		x-ray exam stomach/intestine	\$85.69	\$85.69	10/1/2009
74240	26	upper gi tract without kub	\$29.60	\$29.60	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
		The inclusion of a rate on this table does not guarantee that a service is covered.		
		Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical		
		Coverage Policies on the DMA Web site.		
74241		x-ray exam of gi tract with kub	\$91.17	\$91.17 10/1/2009
74241	26	x-ray exam stomach/intestine	\$29.32	\$29.32 10/1/2009
74245		radiologic examination, gastrointestinal tract, upper; with small intestine,	\$136.43	\$136.43 10/1/2009
74245	26	radiologic examination, gastrointestinal tract, upper; with small intestine,	\$38.97	\$38.97 10/1/2009
74246		x-ray upper gi air w or w/o glucagon w or w/o dela	\$97.92	\$97.92 10/1/2009
74246	26	x-ray upper gi air w or w/o glucagon w or w/o dela	\$29.60	\$29.60 10/1/2009
74247		x-ray upper gi air w or w/o glucagon w or w/o dela	\$107.34	\$107.34 10/1/2009
74247	26	x-ray upper gi air w or w/o glucagon w or w/o dela	\$29.60	\$29.60 10/1/2009
74249		radiological examination, gastrointestinal tract, upper, air contrast, with	\$146.15	\$146.15 10/1/2009
74249	26	radiological examination, gastrointestinal tract, upper, air contrast, with	\$38.97	\$38.97 10/1/2009
74250		radiologic examination, small intestine, includes multiple serial films;	\$80.17	\$80.17 10/1/2009
74250	26	radiologic examination, small intestine, includes multiple serial films;	\$19.96	\$19.96 10/1/2009
74251		radiologic examination, small bowel, includes multiple serial films;	\$249.03	\$249.03 10/1/2009
74251	26	radiologic examination, small bowel, includes multiple serial films;	\$29.60	\$29.60 10/1/2009
74260		x-ray exam small bowel duodenography hypotonic	\$207.34	\$207.34 10/1/2009
74260	26	x-ray exam of small bowel	\$21.18	\$21.18 10/1/2009
74270		radiologic examination, colon; barium enema, with or without kub	\$115.13	\$115.13 10/1/2009
74270	26	radiologic examination, colon; barium enema, with or without kub	\$29.60	\$29.60 10/1/2009
74280		air contrast with barium with or without glucagon	\$159.40	\$159.40 10/1/2009
74280	26	air contrast with barium with or without glucagon	\$42.33	\$42.33 10/1/2009
74283		therapeutic enema, contrast or air, for reduction of intussusception or other	\$167.03	\$167.03 10/1/2009
74283	26	therapeutic enema, contrast or air, for reduction of intussusception or other	\$86.10	\$86.10 10/1/2009
74710		x-ray measurement of pelvis	\$34.97	\$34.97 10/1/2009
74710	26	x-ray measurement of pelvis	\$14.74	\$14.74 10/1/2009
74775		perineogram	\$72.20	\$72.20 10/1/2009
74775	26	perineogram	\$26.55	\$26.55 10/1/2009
76000	26	fluoroscopy (separate procedure), up to one hour physician time, other than	\$7.23	\$7.23 10/1/2009
76001		fluoroscope exam, extensive	\$109.81	\$109.81 10/1/2009
76080		radiologic examination, abscess, fistula or sinus tract study, radiological	\$51.30	\$51.30 10/1/2009
76080	26	radiologic examination, abscess, fistula or sinus tract study, radiological	\$23.29	\$23.29 10/1/2009
76100		x-ray exam of body section	\$106.87	\$106.87 10/1/2009
76100	26	body section tomography	\$24.73	\$24.73 10/1/2009
76101		rad exam complex motion body sect not kidney unil	\$147.45	\$147.45 10/1/2009
76101	26	rad exam complex motion body sect not kidney unil	\$24.44	\$24.44 10/1/2009
76102		rad exam complex motion body sect not kidney bilat	\$197.36	\$197.36 10/1/2009
76102	26	rad exam complex motion body sect not kidney bilat	\$24.16	\$24.16 10/1/2009
76140		consult on x-ray exam made elsewhere,written repor	\$32.02	\$32.02 10/1/2009
76506		echoencephalography b-mode including a-mode	\$92.49	\$92.49 10/1/2009
76506	26	echoencephalography b-mode including a-mode	\$27.46	\$27.46 10/1/2009
76511		ophthalmic ultrasound, diagnostic; quantitative a-scan only	\$78.30	\$78.30 10/1/2009
76511	26	echo exam of eye	\$40.58	\$40.58 10/1/2009
76512		ophthalmic ultrasound, diagnostic; b-scan (with or without superimposed	\$73.50	\$73.50 10/1/2009
76512	26	echo exam of eye	\$40.67	\$40.67 10/1/2009

Nurse Practitioner Fee Schedule					
Provider Specialty 061					
	<p>The inclusion of a rate on this table does not guarantee that a service is covered.</p> <p>Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical</p> <p>Coverage Policies on the DMA Web site.</p>				
76516		echo exam of eye	\$53.89	\$53.89	10/1/2009
76516	26	echo exam of eye	\$23.10	\$23.10	10/1/2009
76529		echo exam of eye	\$54.65	\$54.65	10/1/2009
76529	26	ophthalmic ultrasound foreign body	\$24.52	\$24.52	10/1/2009
76604		ultrasound, chest, real time with image documentation	\$69.11	\$69.11	10/1/2009
76604	26	ultrasound, chest, real time with image documentation	\$23.31	\$23.31	10/1/2009
76645		ultrasound, breast(s) (unilateral or bilateral), b-scan and/or real time with	\$72.93	\$72.93	10/1/2009
76645	26	ultrasound, breast(s) (unilateral or bilateral), b-scan and/or real time with	\$23.00	\$23.00	10/1/2009
76700		ultrasound, abdominal, b-scan and/or real time with image documentation;	\$109.26	\$109.26	10/1/2009
76700	26	ultrasound, abdominal, b-scan and/or real time with image documentation;	\$34.41	\$34.41	10/1/2009
76705		echo exam of abdomen	\$82.86	\$82.86	10/1/2009
76705	26	echo exam of abdomen	\$25.33	\$25.33	10/1/2009
76770		ultrasound, retroperitoneal (eg, renal, aorta, nodes), b-scan and/or real time	\$104.58	\$104.58	10/1/2009
76770	26	ultrasound, retroperitoneal (eg, renal, aorta, nodes), b-scan and/or real time	\$31.45	\$31.45	10/1/2009
76775		echography retroperitoneal b-scan limited	\$88.90	\$89.19	10/1/2009
76775	26	echography retroperitoneal b-scan limited	\$25.03	\$25.31	10/1/2009
76800		ultrasound, spinal canal and contents	\$99.24	\$99.24	10/1/2009
76800	26	ultrasound, spinal canal and contents	\$45.45	\$45.45	10/1/2009
76801		ultrasound, pregnant uterus, real time with image documentation, fetal and	\$105.27	\$105.27	10/1/2009
76801	26	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$41.75	\$41.75	10/1/2009
76802		ultrasound, pregnant uterus, real time with image documentation, fetal and	\$59.91	\$59.91	10/1/2009
76802	26	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$34.74	\$34.74	10/1/2009
76805		ultrasound, pregnant uterus, real time with image documentation, fetal and	\$117.09	\$117.09	10/1/2009
76805	26	ultrasound, pregnant uterus, b-scan and/or real time with image documentation;	\$41.47	\$41.47	10/1/2009
76810		ultrasound, pregnant uterus, real time with image documentation, fetal and	\$81.26	\$81.26	10/1/2009
76810	26	echography; complete with multiple gestation	\$40.87	\$40.87	10/1/2009
76811		ultrasound, pregnant uterus, real time with image documentation, fetal and	\$165.57	\$165.57	10/1/2009
76811	26	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$78.61	\$78.61	10/1/2009
76811	TC	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$86.95	\$86.95	10/1/2009
76812		ultrasound, pregnant uterus, real time with image documentation, fetal and	\$162.09	\$162.09	10/1/2009
76812	26	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$73.52	\$73.52	10/1/2009
76812	TC	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$88.57	\$88.57	10/1/2009
76813		ultrasound, pregnant uterus, real time with image documentation, first	\$103.13	\$103.13	10/1/2009
76813	26	ultrasound, pregnant uterus, real time with image documentation, first	\$48.17	\$48.17	10/1/2009
76813	TC	ultrasound, pregnant uterus, real time with image documentation, first	\$54.97	\$54.97	10/1/2009
76814		ultrasound, pregnant uterus, real time with image documentation, first	\$67.50	\$67.50	10/1/2009
76814	26	ultrasound, pregnant uterus, real time with image documentation, first	\$40.50	\$40.50	10/1/2009
76814	TC	ultrasound, pregnant uterus, real time with image documentation, first	\$26.99	\$26.99	10/1/2009
76815		ultrasound, pregnant uterus, real time with image documentation, limited (eg,	\$72.91	\$72.91	10/1/2009
76815	26	echography, pregnant uterus, b-scan and/or real time with image documentation;	\$27.21	\$27.21	10/1/2009
76817		ultrasound, pregnant uterus, real time with image documentation, transvaginal	\$81.41	\$81.41	10/1/2009
76817	26	ultrasound, pregnant uterus, real time with image documentation, transvaginal	\$31.19	\$31.19	10/1/2009
76817	TC	ultrasound, pregnant uterus, real time with image documentation, transvaginal	\$50.21	\$50.21	10/1/2009

Nurse Practitioner Fee Schedule					
Provider Specialty 061					
				<p>The inclusion of a rate on this table does not guarantee that a service is covered.</p> <p>Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical</p> <p>Coverage Policies on the DMA Web site.</p>	
76818		fetal biophysical profile; with non-stress testing	\$97.42	\$97.42	10/1/2009
76818	26	fetal biophysical profile; with non-stress testing	\$43.53	\$43.53	10/1/2009
76818	TC	fetal biophysical profile; with non-stress testing	\$53.89	\$53.89	10/1/2009
76830		ultrasound, transvaginal	\$95.90	\$95.90	10/1/2009
76830	26	ultrasound, transvaginal	\$29.03	\$29.03	10/1/2009
76856		ultrasound, pelvic (nonobstetric), b-scan and/or real time with image	\$96.48	\$96.48	10/1/2009
76856	26	ultrasound, pelvic (nonobstetric), b-scan and/or real time with image	\$29.32	\$29.32	10/1/2009
76870		ultrasound, scrotum and contents	\$95.50	\$95.50	10/1/2009
76870	26	ultrasound, scrotum and contents	\$27.47	\$27.47	10/1/2009
76872		ultrasound, transrectal	\$113.69	\$113.69	10/1/2009
76872	26	echography, transrectal	\$30.38	\$30.38	10/1/2009
76873		echography, transrectal; prostate volume study for brachytherapy treatment	\$144.41	\$144.41	10/1/2009
76873	26	echography, transrectal; prostate volume study for brachytherapy treatment	\$66.26	\$66.26	10/1/2009
76873	TC	echography, transrectal; prostate volume study for brachytherapy treatment	\$78.15	\$78.15	10/1/2009
76930		ultrasonic guidance for pericardiocentesis, imaging supervision and	\$78.92	\$78.92	10/1/2009
76930	26	ultrasonic guidance for pericardiocentesis, imaging supervision and	\$30.51	\$30.51	10/1/2009
76932		ultrasonic guidance for endomyocardial biopsy, imaging supervision and	\$79.42	\$79.42	10/1/2009
76932	26	ultrasonic guidance for endomyocardial biopsy, imaging supervision and	\$30.51	\$30.51	10/1/2009
76942		ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection,	\$147.47	\$147.47	10/1/2009
76942	26	ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection,	\$28.69	\$28.69	10/1/2009
76946		ultrasonic guidance for amniocentesis, imaging supervision and interpretation	\$35.85	\$35.85	10/1/2009
76950		ultrasonic guidance for placement of radiation therapy fields	\$56.98	\$56.98	10/1/2009
76950	26	ultrasonic guidance for placement of radiation therapy fields	\$24.44	\$24.44	10/1/2009
76965	26	ultrasonic guidance for interstitial radioelement application	\$58.07	\$58.07	10/1/2009
76965	TC	ultrasonic guidance for interstitial radioelement application	\$60.82	\$60.82	10/1/2009
76970	26	ultrasound study	\$16.33	\$16.33	10/1/2009
76975		gastrointestinal endoscopic ultrasound, supervision and interpretation	\$81.78	\$81.78	10/1/2009
76975	26	gastrointestinal endoscopic ultrasound, supervision and interpretation	\$34.99	\$34.99	10/1/2009
77002		fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection,	\$56.98	\$56.98	10/1/2009
77002	26	fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection,	\$22.42	\$22.42	10/1/2009
77003		fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal	\$47.79	\$47.79	10/1/2009
77003	26	fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal	\$23.63	\$23.62	10/1/2009
77003	TC	fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal	\$24.17	\$24.17	10/1/2009
77012		computed tomography guidance for needle placement (eg, biopsy, aspiration,	\$158.80	\$158.80	10/1/2009
77012	26	computed tomography guidance for needle placement (eg, biopsy, aspiration,	\$49.85	\$49.85	10/1/2009
77012	TC	computed tomography guidance for needle placement (eg, biopsy, aspiration,	\$108.95	\$108.95	10/1/2009
77014		computed tomography guidance for placement of radiation therapy fields	\$148.13	\$148.13	10/1/2009
77014	26	computed tomography guidance for placement of radiation therapy fields	\$35.65	\$35.65	10/1/2009
77014	TC	computed tomography guidance for placement of radiation therapy fields	\$112.47	\$112.47	10/1/2009
77031		stereotactic localization guidance for breast biopsy or needle placement (eg,	\$155.28	\$155.28	10/1/2009
77031	26	stereotactic localization guidance for breast biopsy or needle placement (eg,	\$67.80	\$67.80	10/1/2009
77031	TC	stereotactic localization guidance for breast biopsy or needle placement (eg,	\$87.50	\$87.50	10/1/2009
77032		mammographic guidance for needle placement, breast (eg, for wire localization	\$48.37	\$48.37	10/1/2009

Nurse Practitioner Fee Schedule						
Provider Specialty 061						
		The inclusion of a rate on this table does not guarantee that a service is covered.				
		Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical				
		Coverage Policies on the DMA Web site.				
77032	26	mammographic guidance for needle placement, breast (eg, for wire localization)	\$23.91	\$23.91	10/1/2009	
77032	TC	mammographic guidance for needle placement, breast (eg, for wire localization)	\$24.46	\$24.46	10/1/2009	
77051		computer-aided detection (computer algorithm analysis of digital image data for	\$9.76	\$9.76	10/1/2009	
77051	26	computer-aided detection (computer algorithm analysis of digital image data for	\$2.65	\$2.65	10/1/2009	
77052		computer-aided detection (computer algorithm analysis of digital image data for	\$9.76	\$9.76	10/1/2009	
77052	26	computer-aided detection (computer algorithm analysis of digital image data for	\$2.65	\$2.65	10/1/2009	
77053		mammary ductogram or galactogram, single duct, radiological supervision and	\$60.82	\$60.82	10/1/2009	
77053	26	mammary ductogram or galactogram, single duct, radiological supervision and	\$15.37	\$15.37	10/1/2009	
77053	TC	mammary ductogram or galactogram, single duct, radiological supervision and	\$45.45	\$45.45	10/1/2009	
77054		mammary ductogram or galactogram, multiple ducts, radiological supervision and	\$81.92	\$81.92	10/1/2009	
77054	26	mammary ductogram or galactogram, multiple ducts, radiological supervision and	\$19.33	\$19.33	10/1/2009	
77054	TC	mammary ductogram or galactogram, multiple ducts, radiological supervision and	\$62.59	\$62.59	10/1/2009	
77055		mammography; unilateral	\$68.60	\$68.60	10/1/2009	
77055	26	mammography; unilateral	\$29.92	\$29.92	10/1/2009	
77055	TC	mammography; unilateral	\$38.68	\$38.68	10/1/2009	
77056		mammography; bilateral	\$86.99	\$86.99	10/1/2009	
77056	26	mammography; bilateral	\$37.15	\$37.15	10/1/2009	
77057		screening mammography, bilateral (2-view film study of each breast)	\$65.91	\$65.91	10/1/2009	
77057	26	screening mammography, bilateral (2-view film study of each breast)	\$29.92	\$29.92	10/1/2009	
77057	TC	screening mammography, bilateral (2-view film study of each breast)	\$35.99	\$35.99	10/1/2009	
77072		bone age studies	\$18.92	\$18.92	10/1/2009	
77072	26	bone age studies	\$8.14	\$8.14	10/1/2009	
77072	TC	bone age studies	\$10.77	\$10.77	10/1/2009	
77073		bone length studies (orthoroentgenogram, scanogram)	\$30.08	\$30.08	10/1/2009	
77073	26	bone length studies (orthoroentgenogram, scanogram)	\$11.50	\$11.50	10/1/2009	
77073	TC	bone length studies (orthoroentgenogram, scanogram)	\$18.58	\$18.58	10/1/2009	
77074		radiologic examination, osseous survey; limited (eg, for metastases)	\$55.13	\$55.13	10/1/2009	
77074	26	radiologic examination, osseous survey; limited (eg, for metastases)	\$19.33	\$19.33	10/1/2009	
77074	TC	radiologic examination, osseous survey; limited (eg, for metastases)	\$35.80	\$35.80	10/1/2009	
77075		radiologic examination, osseous survey; complete (axial and appendicular	\$79.67	\$79.67	10/1/2009	
77075	26	radiologic examination, osseous survey; complete (axial and appendicular	\$23.00	\$23.00	10/1/2009	
77075	TC	radiologic examination, osseous survey; complete (axial and appendicular	\$56.67	\$56.67	10/1/2009	
77076		radiologic examination, osseous survey, infant	\$74.75	\$74.75	10/1/2009	
77076	26	radiologic examination, osseous survey, infant	\$28.77	\$28.77	10/1/2009	
77076	TC	radiologic examination, osseous survey, infant	\$45.98	\$45.98	10/1/2009	
77261		therapeutic rad treatmt planning simple	\$59.43	\$59.43	10/1/2009	
77262		therapeutic rad treatmt planning intermediate	\$89.31	\$89.31	10/1/2009	
77263		therapeutic rad treatmt planning complex	\$132.51	\$132.51	10/1/2009	
77280		radiation ther simulator aided field setting simpl	\$147.02	\$147.02	10/1/2009	
77280	26	therapeutic radiology (simple)	\$29.54	\$29.54	10/1/2009	
77280	TC	radiation therapeutic simulator aided field setting simple	\$117.48	\$117.48	10/1/2009	
77285		radiation ther simulator aided field setting inter	\$253.08	\$253.08	10/1/2009	
77285	26	therapeutic radiology (intermediate)	\$44.11	\$44.11	10/1/2009	

Nurse Practitioner Fee Schedule					
Provider Specialty 061					
		<p>The inclusion of a rate on this table does not guarantee that a service is covered.</p> <p>Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical</p> <p>Coverage Policies on the DMA Web site.</p>			
77285	TC	radiation therapeutic simulator aided field setting intermediate	\$208.97	\$208.97	10/1/2009
77290		radiation therapy simulator aided field setting co	\$392.85	\$392.85	10/1/2009
77290	26	therapeutic radiology (complete)	\$65.51	\$65.51	10/1/2009
77290	TC	radiation therapy simulator aided field setting complex	\$327.35	\$327.35	10/1/2009
77295		therapeutic radiology simulation-aided field setting; three-dimensional	\$548.03	\$548.03	10/1/2009
77295	26	therapeutic radiology simulation-aided field setting; three-dimensional	\$191.43	\$191.43	10/1/2009
77295	TC	therapeutic radiology simulation-aided field setting; three-dimensional	\$356.60	\$356.60	10/1/2009
77300		basic radiation dosimetry calculation, central axis depth dose calculation,	\$57.65	\$57.65	10/1/2009
77300	26	basic radiation dosimetry calculation, central axis depth dose calculation,	\$25.98	\$25.98	10/1/2009
77300	TC	basic radiation dosimetry calculation, central axis depth dose calculation,	\$31.67	\$31.67	10/1/2009
77301		intensity modulated radiotherapy plan, including dose-volume histograms for	\$1,726.32	\$1,726.32	10/1/2009
77301	26	intensity modulated radiotherapy plan, including dose-volume histograms	\$335.48	\$335.48	10/1/2009
77301	TC	intensity modulated radiotherapy plan, including dose-volume histograms	\$1,390.84	\$1,390.84	10/1/2009
77305		radiation therapy isodose plan simple	\$59.40	\$59.40	10/1/2009
77305	26	teletherapy isodose plan (simple)	\$29.54	\$29.54	10/1/2009
77305	TC	radiation therapy isodose plan simple	\$29.87	\$29.87	10/1/2009
77310		radiation therapy intermed three or more therapy b	\$82.73	\$82.73	10/1/2009
77310	26	teletherapy isodose plan (intermediate)	\$44.11	\$44.11	10/1/2009
77310	TC	radiation therapy intermed three or more therapy b	\$38.62	\$38.62	10/1/2009
77315		radiation therapy complex	\$120.77	\$120.77	10/1/2009
77315	26	teletherapy isodose plan (complex)	\$65.51	\$65.51	10/1/2009
77315	TC	radiation therapy complex	\$55.26	\$55.26	10/1/2009
77321		special teletherapy port plan part/hemi/total body	\$98.50	\$98.50	10/1/2009
77321	26	special teletherapy port plan	\$39.84	\$39.84	10/1/2009
77321	TC	special teletherapy port part/ hemi/ total body	\$58.66	\$58.66	10/1/2009
77326		brachytherapy isodose plan; simple (calculation made from single plane, one to	\$114.75	\$114.75	10/1/2009
77326	26	brachytherapy isodose calculation (simple)	\$38.93	\$38.93	10/1/2009
77326	TC	brachytherapy isodose calculation (simple)	\$75.83	\$75.83	10/1/2009
77327		brachytherapy isodose calculation intermediate	\$163.65	\$163.65	10/1/2009
77327	26	brachytherapy isodose calculation (intermediate)	\$58.28	\$58.28	10/1/2009
77327	TC	brachytherapy isodose calculation intermediate	\$105.37	\$105.37	10/1/2009
77328		brachytherapy isodose calculation complex	\$224.56	\$224.56	10/1/2009
77328	26	brachytherapy isodose calculation (complex)	\$87.82	\$87.82	10/1/2009
77328	TC	brachytherapy isodose calculation complex	\$136.75	\$136.75	10/1/2009
77331		special dosimetry eg tld, microdosimetry specify	\$51.39	\$51.39	10/1/2009
77331	26	special dosimetry	\$36.57	\$36.57	10/1/2009
77331	TC	special dosimetry eg tld. microdosimetry	\$14.81	\$14.81	10/1/2009
77332		treatment devices design & construction simple	\$62.65	\$62.65	10/1/2009
77332	26	treatment devices (simple)	\$22.62	\$22.62	10/1/2009
77332	TC	treatment devices design & construction (simple)	\$40.03	\$40.03	10/1/2009
77333		treatment devices design & construction intermed	\$56.27	\$56.27	10/1/2009
77333	26	treatment devices (intermediate)	\$35.34	\$35.34	10/1/2009
77333	TC	treatment devices (intermediate)	\$20.92	\$20.92	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
		The inclusion of a rate on this table does not guarantee that a service is covered.		
		Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical		
		Coverage Policies on the DMA Web site.		
77334		treatment device design & construction complex	\$127.71	10/1/2009
77334	26	treatment devices (complex)	\$51.96	10/1/2009
77334	TC	treatment devices (complex)	\$75.75	10/1/2009
77336		continuing medical physics consultation, including assessment of treatment	\$48.73	10/1/2009
77370		special medical radiation physics consultation	\$92.67	10/1/2009
77371		radiation treatment delivery, stereotactic radiosurgery (srs), complete course	\$668.50	7/1/2010
77372		radiation treatment delivery, stereotactic radiosurgery (srs), complete course	\$668.50	7/1/2010
77373		stereotactic body radiation therapy, treatment delivery, per fraction to 1 or	\$1,241.19	7/1/2010
77401		radiation treatment delivery, superficial	\$24.96	7/1/2010
77402		radiation treatment delivery, simple - upto 5 mev	\$107.44	7/1/2010
77403		radiation treatment delivery, simple, 6-10 mev	\$94.47	7/1/2010
77404		radiation treatment delivery, simple, 11-19 mev	\$103.99	7/1/2010
77406		radiation treatment delivery, simple, 20+ mev	\$104.85	7/1/2010
77407		radiation treatment delivery, inter., up to 5 mev	\$168.50	7/1/2010
77408		radiation treatment delivery, inter., 6-10 mev	\$126.68	7/1/2010
77409		radiation treatment delivery, inter., 11-19 mev	\$139.66	7/1/2010
77411		radiation treatment delivery, inter., 20+ mev	\$138.79	7/1/2010
77412		radiation treatment delivery, three or more separate treatment areas, custom	\$163.22	7/1/2010
77413		radiation treatment delivery, complex, 6-10 mev	\$164.36	7/1/2010
77414		radiation treatment delivery, complex, 11-19 mev	\$182.54	7/1/2010
77416		radiation treatment delivery, complex, 20+ mev	\$183.40	7/1/2010
77417		therapeutic radiology port films	\$12.61	7/1/2010
77418		intensity modulated treatment delivery, single or multiple fields/arcs, via	\$412.11	7/1/2010
77421	26	stereoscopic x-ray guidance for localization of target volume for the delivery	\$90.38	10/1/2009
77421	TC	stereoscopic x-ray guidance for localization of target volume for the delivery	\$16.31	10/1/2009
77421	TC	stereoscopic x-ray guidance for localization of target volume for the delivery	\$74.08	10/1/2009
77427		radiation treatment management, five treatments	\$157.66	10/1/2009
77431		radiation therapy mgmt, complete course, 1-2 fract	\$80.43	10/1/2009
77432		stereotactic radiation treatment management of cerebral lesion(s)	\$335.23	10/1/2009
77435		stereotactic body radiation therapy, treatment management, per treatment	\$555.86	10/1/2009
77470		special treatment procedure (eg, total body irradiation, hemibody radiation,	\$206.20	10/1/2009
77470	26	special treatment procedure (eg, total body irradiation, hemibody radiation,	\$87.82	10/1/2009
77470	TC	special treatment procedure (eg, total body irradiation, hemibody radiation,	\$118.37	10/1/2009
77600		hyperthermia, ext; superficial.	\$296.22	10/1/2009
77600	26	hyperthermia, externally generated	\$65.51	10/1/2009
77600	TC	hyperthermia, externally generated	\$230.72	10/1/2009
77605		hyperthermia, ext; deep	\$528.36	10/1/2009
77605	26	hyperthermia, ext; deep	\$85.63	10/1/2009
77605	TC	hyperthermia, ext; deep	\$442.73	10/1/2009
77615		hyperthermia; more than five interstitial app.	\$696.97	10/1/2009
77615	26	hyperthermia; more than 5 interstitial applicators	\$87.53	10/1/2009
77615	TC	hyperthermia; more than 5 interstitial applicators	\$609.44	10/1/2009
77620		intracavity hyperthermia	\$310.14	10/1/2009

Nurse Practitioner Fee Schedule						
Provider Specialty 061						
				<p>The inclusion of a rate on this table does not guarantee that a service is covered.</p> <p>Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical</p> <p>Coverage Policies on the DMA Web site.</p>		
77620	26	hyperthermia generated by intracavitory probe(s)	\$65.86	\$65.86	10/1/2009	
77620	TC	intracavitory hyperthermia generated by probe(s)	\$244.27	\$244.27	10/1/2009	
77750		infusion or instillation of radioelement solution (includes three months)	\$279.75	\$279.75	10/1/2009	
77750	26	infusion or instillation of radioelement solution	\$207.43	\$207.43	10/1/2009	
77750	TC	infusion or instillation of radioelement soultion	\$72.34	\$72.34	10/1/2009	
77761		intracavitory radiation source application; simple	\$286.85	\$286.85	10/1/2009	
77761	26	intracavitory radiation source application; simple	\$159.20	\$159.20	10/1/2009	
77761	TC	intracavitory radiation source application; simple	\$127.65	\$127.65	10/1/2009	
77762		intracavitory radioelement application intermediat	\$392.35	\$392.35	10/1/2009	
77762	26	intracavitory radioelement application (intermed)	\$240.63	\$240.63	10/1/2009	
77762	TC	intracavity radioelement application intermediate	\$151.72	\$151.72	10/1/2009	
77763		intracavitory radioelement application complex	\$556.34	\$556.34	10/1/2009	
77763	26	intracavitory radioelement applecation (complex)	\$361.15	\$361.15	10/1/2009	
77763	TC	interstitial radioelement application; complex	\$195.19	\$195.19	10/1/2009	
77776		interstitial radiation source application; simple	\$337.14	\$337.14	10/1/2009	
77776	26	interstitial radiation source application; simple	\$199.30	\$199.30	10/1/2009	
77776	TC	interstitial radiation source application; simple	\$137.84	\$137.84	10/1/2009	
77777		interstitial radioelement application intermediate	\$471.13	\$471.13	10/1/2009	
77777	26	interstitial radioelement applecation; intermed.	\$318.25	\$318.25	10/1/2009	
77777	TC	interstitial radioelement application (intermediate)	\$152.88	\$152.88	10/1/2009	
77778		interstitial radioelement application complex	\$675.36	\$675.36	10/1/2009	
77778	26	interstitial radioelement application; complex	\$472.16	\$472.16	10/1/2009	
77778	TC	interstitial radioelement application complex	\$203.18	\$203.18	10/1/2009	
77785		remote afterloading high dose rate radionuclide brachytherapy; 1 channel	\$150.32	\$150.32	10/1/2009	
77785	26	remote afterloading high dose rate radionuclide brachytherapy; 1 channel	\$59.79	\$59.79	10/1/2009	
77785	TC	remote afterloading high dose rate radionuclide brachytherapy; 1 channel	\$90.54	\$90.54	10/1/2009	
77789		surface application of radiation source	\$85.29	\$85.29	10/1/2009	
77789	26	surface application of radiation source	\$47.98	\$47.98	10/1/2009	
77789	TC	surface application of radiation source	\$37.31	\$37.31	10/1/2009	
77790		supervision, handling, loading of radiation source	\$71.62	\$71.62	10/1/2009	
77790	26	supervision, handling, loading of radiation source	\$44.11	\$44.11	10/1/2009	
77790	TC	supervision, handling, loading of radiation source	\$27.51	\$27.51	10/1/2009	
79200		radiopharmaceutical therapy, by intracavitory administration	\$142.73	\$142.73	10/1/2009	
79200	26	nuclear therapy	\$85.46	\$85.46	10/1/2009	
79300		radiopharmaceutical therapy, by interstitial radioactive colloid administration	\$180.85	\$180.85	10/1/2009	
79300	26	nuclear therapy	\$69.19	\$69.19	10/1/2009	
79440		radiopharmaceutical therapy, by intra-articular administration	\$132.15	\$132.15	10/1/2009	
79440	26	intra-articular radiopharmaceutical therapy	\$85.26	\$85.26	10/1/2009	
80047		basic metabolic panel (calcium, ionized)	\$27.56	\$27.56	10/1/2009	
80048		basic metabolic panel	\$10.19	\$10.19	10/1/2009	
80055		obstetric panel	\$28.67	\$28.67	10/1/2009	
80100		drug screen, qualitative; multiple drug classes chromatographic method, each	\$18.49	\$18.49	4/1/2011	
80195		sirolimus	\$17.44	\$17.44	10/1/2009	

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
81000	urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin,	\$4.03	\$4.03	10/1/2009
81001	urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin,	\$4.03	\$4.03	10/1/2009
81002	urinalysis routine without microscopy	\$3.25	\$3.25	10/1/2009
81003	ua, by dip stick or tablet; automated, wo micro	\$2.86	\$2.86	10/1/2009
81005	urine tests	\$2.76	\$2.76	10/1/2009
81007	urinalysis; bacteriuria screen, except by culture or dipstick	\$3.27	\$3.27	10/1/2009
81015	microscopic urine exam	\$3.86	\$3.86	10/1/2009
81020	urinalysis routine 2 or 3 glass test	\$4.69	\$4.69	10/1/2009
81025	ua preg. test - color comparison method	\$8.04	\$8.04	10/1/2009
81050	volume measurement for timed collection, each	\$3.81	\$3.81	10/1/2009
82045	albumin; ischemia modified	\$43.16	\$43.16	10/1/2009
82107	alpha-fetoprotein (afp); afp-l3 fraction isoform and total afp (including ratio)	\$81.89	\$81.89	10/1/2009
82120	amines, vaginal fluid, qualitative	\$4.78	\$4.78	10/1/2009
82150	amylase	\$8.24	\$8.24	10/1/2009
82205	barbiturates, not elsewhere specified	\$14.57	\$14.57	10/1/2009
82270	blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces,	\$4.13	\$4.13	10/1/2009
82271	blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources	\$4.13	\$4.13	10/1/2009
82272	blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, single	\$4.13	\$4.13	10/1/2009
82310	calcium; total	\$6.55	\$6.55	10/1/2009
82340	calcium urine quantitative timed specimen	\$6.62	\$6.62	10/1/2009
82365	calculus quantitative infrared spectroscopy	\$16.39	\$16.39	10/1/2009
82374	carbon dioxide	\$6.22	\$6.22	10/1/2009
82390	ceruloplasmin	\$13.66	\$13.66	10/1/2009
82465	cholesterol, serum or whole blood, total	\$5.53	\$5.53	10/1/2009
82525	copper	\$15.78	\$15.78	10/1/2009
82533	cortisol; total	\$20.73	\$20.73	10/1/2009
82550	creatine kinase (ck), (cpk); total	\$8.28	\$8.28	10/1/2009
82552	cpk isoenzyme (qualitative)	\$17.03	\$17.03	10/1/2009
82565	creatinine; blood	\$6.52	\$6.52	10/1/2009
82570	creatinine; other source	\$6.58	\$6.58	10/1/2009
82607	cyanocobalamin (vitamin b-12)	\$19.16	\$19.16	10/1/2009
82610	cystatin c	\$17.29	\$17.29	10/1/2009
82656	elastase, pancreatic (el-1), fecal, qualitative or semi-quantitative	\$14.57	\$14.57	10/1/2009
82664	electrophoretic tech	\$43.68	\$43.68	10/1/2009
82679	estrone	\$31.74	\$31.74	10/1/2009
82705	fecal fat screen	\$6.47	\$6.47	10/1/2009
82726	very long chain fatty acids	\$22.96	\$22.96	10/1/2009
82728	ferritin specify method	\$17.32	\$17.32	10/1/2009
82731	fetal fibronectin, cervicovaginal secretions, semi-quantitative	\$81.89	\$81.89	10/1/2009
82746	folic acid	\$18.69	\$18.69	10/1/2009
82784	gamma globulin	\$11.82	\$11.82	10/1/2009
82785	gammaglobulin; ige	\$20.94	\$20.94	10/1/2009
82947	glucose; quantitative, blood (except reagent strip)	\$4.99	\$4.99	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
		The inclusion of a rate on this table does not guarantee that a service is covered.		
		Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical		
		Coverage Policies on the DMA Web site.		
82948		glucose blood stick test	\$4.03	\$4.03 10/1/2009
82951		glucose tolerance	\$16.37	\$16.37 10/1/2009
82952		glucose tolerance test each assit beyond 3 spec	\$4.99	\$4.99 10/1/2009
82962		blood glucose by monitoring device	\$2.98	\$2.98 10/1/2009
82977		g g t	\$9.15	\$9.15 10/1/2009
83001		gonadotropin; follicle stimulating hormone (fsh)	\$23.63	\$23.63 10/1/2009
83002		luteinizing hormone (lh)	\$23.55	\$23.55 10/1/2009
83009		helicobacter pylori, blood test analysis for urease activity, non-radioactive	\$85.64	\$85.64 10/1/2009
83020	26	hemoglobin fractionation and quantitation; electrophoresis (eg, a2, s, c,	\$15.48	\$15.48 10/1/2009
83036		hemoglobin; glycosylated (a1c)	\$12.34	\$12.34 10/1/2009
83050		methemoglobin quantitative	\$9.31	\$9.31 10/1/2009
83525		insulin; total	\$14.54	\$14.54 10/1/2009
83550		ibc	\$11.11	\$11.11 10/1/2009
83630		lactoferrin, fecal; qualitative	\$26.08	\$26.08 10/1/2009
83655		lead	\$15.39	\$15.39 10/1/2009
83695		lipoprotein (a)	\$16.46	\$16.46 10/1/2009
83700		lipoprotein, blood; electrophoretic separation and quantitation	\$14.31	\$14.31 10/1/2009
83701		lipoprotein, blood; high resolution fractionation and quantitation of	\$31.56	\$31.56 10/1/2009
83704		LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBERS	\$34.68	\$34.68 1/1/2006
83718		lipoprotein, direct measurement; (hdl cholesterol)	\$10.41	\$10.41 10/1/2009
83876		myeloperoxidase (mpo)	\$17.21	\$17.21 10/1/2009
83880		natriuretic peptide	\$43.16	\$43.16 10/1/2009
83900		molecular diagnostics; amplification of patient nucleic acid, multiplex, first	\$10.47	\$10.47 10/1/2009
83907		molecular diagnostics; lysis of cells prior to nucleic acid extraction (eg,	\$16.98	\$16.98 10/1/2009
83908		molecular diagnostics; signal amplification of patient nucleic acid, each	\$5.23	\$5.23 10/1/2009
83909		molecular diagnostics; separation and identification by high resolution	\$5.23	\$5.23 10/1/2009
83912	26	nuclear molecular diagnostics; interpretation and report	\$14.91	\$14.91 10/1/2009
83913		molecular diagnostics; rna stabilization	\$16.98	\$16.98 10/1/2009
83914		mutation identification by enzymatic ligation or primer extension, single	\$5.23	\$5.23 10/1/2009
83951		oncoprotein; des-gamma-carboxy-prothrombin (dcp)	\$85.58	\$85.58 10/1/2009
83970		parathormone	\$52.48	\$52.48 10/1/2009
83986		ph body fluid except blood	\$4.55	\$4.55 10/1/2009
83993		calprotectin, fecal	\$24.95	\$24.95 10/1/2009
84075		phosphatase alkaline	\$6.58	\$6.58 10/1/2009
84132		potassium serum	\$5.84	\$5.84 10/1/2009
84144		progesterone	\$26.53	\$26.53 10/1/2009
84145		procalcitonin (pct)	\$25.26	\$25.26 1/1/2010
84146		prolactin	\$24.64	\$24.64 10/1/2009
84155		protein, total, except by refractometry; serum, plasma or whole blood	\$4.66	\$4.66 10/1/2009
84156		protein, total, except by refractometry; urine	\$4.66	\$4.66 10/1/2009
84163		pregnancy-associated plasma protein-a (papp-a)	\$11.12	\$11.12 10/1/2009
84165		protein; electrophoretic fractionation and quantitation, serum	\$13.60	\$13.60 10/1/2009
84165	26	protein electrophoresis	\$15.20	\$15.20 10/1/2009

Nurse Practitioner Fee Schedule			
Provider Specialty 061			
<p>The inclusion of a rate on this table does not guarantee that a service is covered.</p> <p>Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical</p> <p>Coverage Policies on the DMA Web site.</p>			
84166		\$22.68	10/1/2009
84166	26	\$15.20	10/1/2009
84181	26	\$15.20	10/1/2009
84182	26	\$15.68	10/1/2009
84295		\$6.12	10/1/2009
84300		\$6.18	10/1/2009
84302		\$6.18	10/1/2009
84403		\$32.83	10/1/2009
84436		\$7.33	10/1/2009
84443		\$20.72	10/1/2009
84460		\$6.73	10/1/2009
84478		\$7.32	10/1/2009
84481		\$21.54	10/1/2009
84520		\$5.01	10/1/2009
84550		\$5.74	10/1/2009
84560		\$6.04	10/1/2009
84630		\$14.48	10/1/2009
84702		\$11.12	10/1/2009
84704		\$11.12	10/1/2009
85004		\$8.23	10/1/2009
85007		\$4.38	10/1/2009
85013		\$3.01	10/1/2009
85014		\$3.01	10/1/2009
85018		\$3.01	10/1/2009
85025		\$9.88	10/1/2009
85027		\$8.23	10/1/2009
85032		\$5.47	10/1/2009
85044		\$5.47	10/1/2009
85048		\$3.23	10/1/2009
85049		\$5.69	10/1/2009
85055		\$34.04	10/1/2009
85060	26	\$13.49	10/1/2009
85097	26	\$30.39	10/1/2009
85300		\$15.06	10/1/2009
85380		\$11.71	10/1/2009
85390	26	\$15.48	10/1/2009
85397		\$30.49	10/1/2009
85576		\$27.31	10/1/2009
85610		\$5.00	10/1/2009
85651		\$4.51	10/1/2009
85730		\$7.63	10/1/2009
86000		\$8.87	10/1/2009
86063		\$7.34	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
		The inclusion of a rate on this table does not guarantee that a service is covered.		
		Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical		
		Coverage Policies on the DMA Web site.		
86140	crp	\$6.58	\$6.58	10/1/2009
86141	c-reactive protein; high sensitivity (hsrmp)	\$16.46	\$16.46	10/1/2009
86162	complement total	\$25.83	\$25.83	10/1/2009
86171	complement fixation test, each	\$12.74	\$12.74	10/1/2009
86200	cyclic citrullinated peptide (ccp), antibody	\$16.46	\$16.46	10/1/2009
86225	deoxyribonucleic acid (dna) antibody; native or double stranded	\$17.47	\$17.47	10/1/2009
86235	extractable nuclear antigen antibody	\$22.80	\$22.80	10/1/2009
86255	fluorescent noninfectious agent antibody; screen, each antibody	\$15.32	\$15.32	10/1/2009
86255 26	fluorescent noninfectious agent antibody; screen, each antibody	\$15.48	\$15.48	10/1/2009
86256	fluorescent antibody titer	\$15.32	\$15.32	10/1/2009
86256 26	fluorescent antibody titer	\$15.48	\$15.48	10/1/2009
86280	hemagglutination inhibiton	\$10.41	\$10.41	10/1/2009
86308	heterophile antibodies; screening	\$6.58	\$6.58	10/1/2009
86309	heterophile antibodies; titer	\$8.23	\$8.23	10/1/2009
86310	heterophile absorption	\$9.37	\$9.37	10/1/2009
86316	immunoassay for tumor antigen; other antigen, quantitative (eg, ca 50, 72-4,	\$26.45	\$26.45	10/1/2009
86317	immunoassay for infectious agent antibody, quantitative, not otherwise specified	\$18.45	\$18.45	10/1/2009
86318	immunoassay for infectious agent antibody, qualitative or semiquantitative,	\$16.46	\$16.46	10/1/2009
86320	immunoelectrophoresis; serum	\$28.50	\$28.50	10/1/2009
86320 26	immunoelectrophoresis; serum	\$15.48	\$15.48	10/1/2009
86325 26	immunolectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with	\$15.20	\$15.20	10/1/2009
86327 26	immunolectrophoresis, serum each specimen plate	\$17.82	\$17.82	10/1/2009
86329	immunodiffusion, not elsewhere specified	\$17.85	\$17.85	10/1/2009
86334 26	immunofixation electrophoresis	\$15.48	\$15.48	10/1/2009
86335	immunofixation electrophoresis; other fluids with concentration (eg, urine, csf)	\$37.31	\$37.31	10/1/2009
86335 26	immunofixation electrophoresis; other fluids with concentration (eg, urine, csf)	\$15.20	\$15.20	10/1/2009
86335	b cells, total count	\$47.96	\$47.96	10/1/2009
86336	mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise	\$34.04	\$34.04	10/1/2009
86337	natural killer (nk) cells, total count	\$47.96	\$47.96	10/1/2009
86337	stem cells (ie, cd34), total count	\$47.96	\$47.96	10/1/2009
86403	particle agglutination; screen, each antibody	\$12.96	\$12.96	10/1/2009
86430	rheumatoid factor; qualitative	\$7.22	\$7.22	10/1/2009
86480	tuberculosis test, cell mediated immunity measurement of gamma interferon	\$78.80	\$78.80	10/1/2009
86486	skin test; unlisted antigen, each	\$3.86	\$3.86	10/1/2009
86580	sensitivity test tuberculosis	\$5.59	\$5.59	10/1/2009
86592	syphilis, precipitation or flocculation tests	\$5.42	\$5.42	10/1/2009
86703	antibody; hiv-1 & hiv-2, single assay	\$14.95	\$14.95	10/1/2009
86780	treponema pallidum	\$17.26	\$17.26	1/1/2010
86788	antibody; west nile virus, igm	\$18.45	\$18.45	10/1/2009
86789	antibody; west nile virus	\$18.27	\$18.27	10/1/2009
87045	culture, bacterial; stool, aerobic, with isolation and preliminary examination	\$11.99	\$11.99	10/1/2009
87070	culture, bacterial; any other source except urine, blood or stool, aerobic,	\$10.95	\$10.95	10/1/2009
87086	culture, bacterial; quantitative colony count, urine	\$10.26	\$10.26	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
		The inclusion of a rate on this table does not guarantee that a service is covered.		
		Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical		
		Coverage Policies on the DMA Web site.		
87110		culture, chlamydia, any source	\$24.91	\$24.91 10/1/2009
87140		culture, typing; immunofluorescent method, each antiserum	\$7.09	\$7.09 10/1/2009
87164	26	darkfield examination	\$15.20	\$15.20 10/1/2009
87177		ova and parasites	\$11.31	\$11.31 10/1/2009
87205		smear, primary source with interpretation; gram or giemsa stain for bacteria,	\$5.42	\$5.42 10/1/2009
87206		smear, primary source with interpretation; fluorescent and/or acid fast stain	\$6.83	\$6.83 10/1/2009
87209		smear, primary source with interpretation; complex special stain (eg,	\$22.85	\$22.85 10/1/2009
87210		smear, primary source with interpretation; wet mount for infectious agents (eg,	\$4.85	\$4.85 10/1/2009
87220		tissue examination by koh slide of samples from skin, hair, or nails for fungi	\$5.42	\$5.42 10/1/2009
87255		virus isolation; including identification by non-immunologic method, other than	\$31.07	\$31.07 10/1/2009
87267		infectious agent antigen detection by immunofluorescent technique; enterovirus,	\$14.57	\$14.57 10/1/2009
87275		infectious agent antigen detection by immunofluorescent technique; influenza b	\$14.57	\$14.57 10/1/2009
87276		infectious agent antigen detection by direct fluorescent antibody technique;	\$14.57	\$14.57 10/1/2009
87305		infectious agent antigen detection by enzyme immunoassay technique, qualitative	\$14.57	\$14.57 10/1/2009
87389		infectious agent antigen detection by enzyme immunoassay technique, qualitative	\$30.53	\$30.53 1/1/2012
87400		infectious agent antigen detection by enzyme immunoassay technique, qualitative	\$14.57	\$14.57 10/1/2009
87449		infectious agent antigen detection by enzyme immunoassay technique qualitative	\$14.57	\$14.57 10/1/2009
87498		infectious agent detection by nucleic acid (dna or rna); enterovirus, amplified	\$31.18	\$31.18 10/1/2009
87500		infectious agent detection by nucleic acid (dna or rna); vancomycin resistance	\$31.18	\$31.18 10/1/2009
87640		infectious agent detection by nucleic acid (dna or rna); staphylococcus aureus,	\$31.18	\$31.18 10/1/2009
87641		infectious agent detection by nucleic acid (dna or rna); staphylococcus aureus,	\$31.18	\$31.18 10/1/2009
87653		infectious agent detection by nucleic acid (dna or rna); streptococcus, group	\$31.18	\$31.18 10/1/2009
87802		infectious agent antigen detection by immunoassay with direct optical	\$14.57	\$14.57 10/1/2009
87804		infectious agent antigen detection by immunoassay with direct optical	\$14.57	\$14.57 10/1/2009
87807		infectious agent antigen detection by immunoassay with direct optical	\$14.57	\$14.57 10/1/2009
87808		infectious agent antigen detection by immunoassay with direct optical	\$14.57	\$14.57 10/1/2009
87809		infectious agent antigen detection by immunoassay with direct optical	\$14.57	\$14.57 10/1/2009
87880		infectious agent detection by immunoassay with direct optical observation;	\$14.57	\$14.57 10/1/2009
87900		infectious agent drug susceptibility phenotype prediction using regularly	\$103.56	\$103.56 10/1/2009
87905		infectious agent enzymatic activity other than virus (eg, sialidase activity in	\$16.93	\$16.93 10/1/2009
88107		cytopathology smears and filter prep with interpre	\$77.18	\$77.18 10/1/2009
88107	26	cytopathology smears and filter prep with interpre	\$31.79	\$31.79 10/1/2009
88107	TC	cytopthlgy,fld,wash or brush,expt cer or vag sm&fl	\$45.39	\$45.39 10/1/2009
88174		cytopathology, cervical or vaginal (any reporting system), collected in	\$27.16	\$27.16 10/1/2009
88175		cytopathology, cervical or vaginal (any reporting system), collected in	\$33.04	\$33.04 10/1/2009
88184		flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical	\$62.41	\$62.41 10/1/2009
88185		flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical	\$37.03	\$37.03 10/1/2009
88187		flow cytometry, interpretation; 2 to 8 markers	\$54.43	\$54.43 10/1/2009
88188		flow cytometry, interpretation; 9 to 15 markers	\$67.02	\$67.02 10/1/2009
88189		flow cytometry, interpretation; 16 or more markers	\$85.59	\$85.59 10/1/2009
88355	26	morphometric analysis skeletal muscle	\$72.91	\$72.91 10/1/2009
88360		morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estrogen	\$96.73	\$96.73 10/1/2009
88360	26	morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estrogen	\$45.00	\$45.00 10/1/2009

		Nurse Practitioner Fee Schedule			
		Provider Specialty 061			
		The inclusion of a rate on this table does not guarantee that a service is covered.			
		Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
		Coverage Policies on the DMA Web site.			
88360	TC	morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estrogen	\$51.73	\$51.73	10/1/2009
88367		morphometric analysis, in situ hybridization, (quantitative or	\$191.73	\$191.73	10/1/2009
88367	26	morphometric analysis, in situ hybridization, (quantitative or	\$51.82	\$51.82	10/1/2009
88367	TC	morphometric analysis, in situ hybridization, (quantitative or	\$139.91	\$139.91	10/1/2009
88368		morphometric analysis, in situ hybridization, (quantitative or	\$169.18	\$169.18	10/1/2009
88368	26	morphometric analysis, in situ hybridization, (quantitative or	\$54.65	\$54.65	10/1/2009
88368	TC	morphometric analysis, in situ hybridization, (quantitative or	\$114.53	\$114.53	10/1/2009
88720		bilirubin, total, transcutaneous	\$6.42	\$6.42	10/1/2009
88738		hemoglobin (hgb), quantitative, transcutaneous	\$6.54	\$6.54	1/1/2010
88740		hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin	\$6.67	\$6.67	10/1/2009
88741		hemoglobin, quantitative, transcutaneous, per day; methemoglobin	\$6.67	\$6.67	10/1/2009
89050		cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid),	\$6.02	\$6.02	10/1/2009
89051		synovial fluid diff	\$6.62	\$6.62	10/1/2009
89055		leukocyte assessment, fecal, qualitative or semiquantitative	\$5.42	\$5.42	10/1/2009
89060		crystal id, synovial fluid	\$9.09	\$9.09	10/1/2009
89125		fat stain, feces, urine, or respiratory secretions	\$5.49	\$5.49	10/1/2009
89160		meat fibers feces	\$4.69	\$4.69	10/1/2009
89190		nasal smear for eosinophils	\$5.92	\$5.92	10/1/2009
89310		semen analysis; motility and count (not including huhner test)	\$10.66	\$10.66	10/1/2009
89320		semen analysis complete	\$15.32	\$15.32	10/1/2009
89325		sperm agglutination with antibody titer	\$13.57	\$13.57	10/1/2009
90471		immunization administration (includes percutaneous, intradermal, subcutaneous,	\$13.71	\$13.71	7/1/2011
90472		immunization administration, each additional vaccine	\$13.71	\$13.71	7/1/2011
90473		immunization administration by intranasal or oral route; one vaccine (single or	\$13.71	\$13.71	7/1/2011
90473	EP	immunization administration by intranasal or oral route: one vaccine (single or	\$13.71	\$13.71	7/1/2011
90474		immunization administration by intranasal or oral route; each additional	\$13.71	\$13.71	7/1/2011
90474	EP	immunization administration by intranasal or oral route: each additional	\$13.71	\$13.71	7/1/2011
90801		psychiatric diagnostic interview examination	\$108.39	\$128.29	10/1/2009
90845		psychoanalysis	\$67.85	\$69.30	10/1/2009
90846		family psychotherapy (without the patient present)	\$71.98	\$73.71	10/1/2009
90847		family psychotherapy (conjoint psychotherapy) (with patient present)	\$86.33	\$91.53	10/1/2009
90849		multiple-family group psychotherapy	\$25.13	\$27.45	10/1/2009
90853		group psychotherapy (other than of a multiple-family group)	\$24.65	\$26.09	10/1/2009
90857		interactive group psychotherapy	\$26.19	\$29.36	10/1/2009
90862		pharmacologic management, including prescription, review of medication	\$48.07	\$50.49	10/1/2009
90870		electroconvulsive therapy (includes necessary monitoring)	\$72.10	\$113.34	10/1/2009
90951		end-stage renal disease (esrd) related services monthly, for patients younger	\$806.82	\$806.82	10/1/2009
90952		end-stage renal disease (esrd) related services monthly, for patients younger	\$375.08	\$375.08	10/1/2009
90953		end-stage renal disease (esrd) related services monthly, for patients younger	\$254.08	\$254.08	10/1/2009
90954		end-stage renal disease (esrd) related services monthly, for patients 2-11	\$662.47	\$662.47	10/1/2009
90955		end-stage renal disease (esrd) related services monthly, for patients 2-11	\$375.08	\$375.08	10/1/2009
90956		end-stage renal disease (esrd) related services monthly, for patients 2-11	\$254.07	\$254.07	10/1/2009
90957		end-stage renal disease (esrd) related services monthly, for patients 12-19	\$531.72	\$531.72	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
		The inclusion of a rate on this table does not guarantee that a service is covered.		
		Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical		
		Coverage Policies on the DMA Web site.		
90958		end-stage renal disease (esrd) related services monthly, for patients 12-19	\$358.73	\$358.73 10/1/2009
90959		end-stage renal disease (esrd) related services monthly, for patients 12-19	\$235.42	\$235.42 10/1/2009
90960		end-stage renal disease (esrd) related services monthly, for patients 20 years	\$235.82	\$235.82 10/1/2009
90961		end-stage renal disease (esrd) related services monthly, for patients 20 years	\$190.39	\$190.39 10/1/2009
90962		end-stage renal disease (esrd) related services monthly, for patients 20 years	\$137.68	\$137.68 10/1/2009
90963		end-stage renal disease (esrd) related services for home dialysis per full	\$455.77	\$455.77 10/1/2009
90964		end-stage renal disease (esrd) related services for home dialysis per full	\$380.33	\$380.33 10/1/2009
90965		end-stage renal disease (esrd) related services for home dialysis per full	\$361.76	\$361.76 10/1/2009
90966		end-stage renal disease (esrd) related services for home dialysis per full	\$188.37	\$188.37 10/1/2009
90967		end-stage renal disease (esrd) related services for dialysis less than a full	\$16.30	\$16.30 10/1/2009
90968		end-stage renal disease (esrd) related services for dialysis less than a full	\$12.72	\$12.72 10/1/2009
90969		end-stage renal disease (esrd) related services for dialysis less than a full	\$12.41	\$12.41 10/1/2009
90970		end-stage renal disease (esrd) related services for dialysis less than a full	\$6.58	\$6.58 10/1/2009
91030		esophagus acid perfusion (berstein)test for esoph	\$109.16	\$109.16 10/1/2009
91034		esophagus, gastroesophageal reflux test; with nasal catheter ph electrode(s)	\$156.35	\$156.35 10/1/2009
91034	26	esophagus, gastroesophageal reflux test; with nasal catheter ph electrode(s)	\$43.25	\$43.25 10/1/2009
91034	TC	esophagus, gastroesophageal reflux test; with nasal catheter ph electrode(s)	\$113.09	\$113.09 10/1/2009
91037		esophageal function test, gastroesophageal reflux test with nasal catheter	\$125.77	\$125.77 10/1/2009
91037	26	esophageal function test, gastroesophageal reflux test with nasal catheter	\$43.83	\$43.83 10/1/2009
91037	TC	esophageal function test, gastroesophageal reflux test with nasal catheter	\$81.95	\$81.95 10/1/2009
91038		esophageal function test, gastroesophageal reflux test with nasal catheter	\$111.37	\$111.37 10/1/2009
91038	26	esophageal function test, gastroesophageal reflux test with nasal catheter	\$49.61	\$49.61 10/1/2009
91038	TC	esophageal function test, gastroesophageal reflux test with nasal catheter	\$61.75	\$61.75 10/1/2009
91040		esophageal balloon distension provocation study	\$296.22	\$296.22 10/1/2009
91040	26	esophageal balloon distension provocation study	\$44.98	\$44.98 10/1/2009
91040	TC	esophageal balloon distension provocation study	\$251.24	\$251.24 10/1/2009
91120		rectal sensation, tone, and compliance test (ie, response to graded balloon	\$303.52	\$303.52 10/1/2009
91120	26	rectal sensation, tone, and compliance test (ie, response to graded balloon	\$40.86	\$40.86 10/1/2009
91120	TC	rectal sensation, tone, and compliance test (ie, response to graded balloon	\$262.67	\$262.67 10/1/2009
92002		eye exam & treatment,initial	\$36.48	\$55.52 10/1/2009
92004		eye exam & treatment,initial	\$75.71	\$104.84 10/1/2009
92019		ophthalmol exam/eval under gen anesthesia subsequen	\$53.55	\$53.55 10/1/2009
92502		ear and throat examination	\$76.05	\$76.05 10/1/2009
92504		special ear examination	\$7.83	\$22.25 10/1/2009
92511		visualization nose & throat	\$46.97	\$117.34 10/1/2009
92512		nasal function studies	\$23.02	\$46.97 10/1/2009
92520		laryngeal function studies (ie, aerodynamic testing and acoustic testing)	\$32.34	\$48.20 10/1/2009
92531		spontaneous nystagmus test	\$18.05	\$18.05 10/1/2009
92532		positional nystagmus test	\$18.41	\$18.41 10/1/2009
92533		inner ear test	\$11.73	\$11.73 10/1/2009
92534		optokinetic nystagmus test	\$34.67	\$34.67 10/1/2009
92541		special eye test	\$46.14	\$46.14 10/1/2009
92542		special eye test	\$47.80	\$47.80 10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
92543	inner ear test	\$21.97	\$21.97	10/1/2009
92544	special eye test	\$38.40	\$38.40	10/1/2009
92545	special eye test	\$36.03	\$36.03	10/1/2009
92551	hearing test	\$8.27	\$8.27	10/1/2009
92552	hearing test	\$16.65	\$16.65	10/1/2009
92553	hearing test	\$22.24	\$22.24	10/1/2009
92557	comprehensive audiology threshold evaluation and speech recognition (92553 and	\$34.34	\$36.36	10/1/2009
92559	hearing test	\$0.00	\$0.00	3/1/2003
92560	hearing test, screening	\$17.50	\$17.50	10/1/2009
92561	special hearing test	\$21.67	\$21.67	10/1/2009
92562	special hearing test	\$17.52	\$17.52	10/1/2009
92563	special hearing test	\$15.79	\$15.79	10/1/2009
92564	special hearing test	\$15.12	\$15.12	10/1/2009
92565	special hearing test	\$9.73	\$9.73	10/1/2009
92567	tympanometry	\$12.61	\$14.06	10/1/2009
92568	acoustic reflex testing; threshold	\$14.73	\$14.73	10/1/2009
92571	special hearing test	\$12.61	\$12.61	10/1/2009
92572	special hearing test	\$13.47	\$13.47	10/1/2009
92575	special hearing test	\$27.22	\$27.22	10/1/2009
92576	special hearing test	\$16.27	\$16.27	10/1/2009
92577	special hearing test	\$13.20	\$13.20	10/1/2009
92582	special hearing test	\$31.76	\$31.76	10/1/2009
92583	special hearing test	\$25.52	\$25.52	10/1/2009
92584	electrocochleography	\$51.74	\$51.74	10/1/2009
92587	evoked otoacoustic emissions; limited (single stimulus level, either transient	\$30.08	\$30.08	10/1/2009
92590	hearing aid examination and selection monaural	\$35.53	\$35.53	10/1/2009
92591	hearing aid exam and selection binaural	\$53.36	\$53.36	10/1/2009
92592	hearing aid check monaural	\$15.55	\$15.55	10/1/2009
92593	hearing aid check binaural	\$23.51	\$23.51	10/1/2009
92594	electroacoustic evaluation for hearing aid monaural	\$17.17	\$17.17	10/1/2009
92595	electroacoustic evaluation for hearing aid binaura	\$25.66	\$25.66	10/1/2009
92596	ear protector attenuation measurements	\$26.85	\$26.85	10/1/2009
92608	evaluation for prescription for speech-generating augmentative and alternative	\$22.90	\$22.90	10/1/2009
92609	therapeutic services for the use of speech-generating device, including	\$63.66	\$63.66	10/1/2009
92950	heart-lung resuscitation	\$147.93	\$222.34	10/1/2009
92960	restoration heart rhythm	\$111.34	\$208.54	10/1/2009
92961	cardioversion, elective, electrical conversion of arrhythmia; internal	\$217.78	\$217.78	10/1/2009
92970	circulatory assist	\$152.12	\$152.12	10/1/2009
92971	circulatory assist	\$86.37	\$86.37	10/1/2009
92986	percutaneous balloon valvuloplasty; aortic valve	\$1,151.79	\$1,151.79	10/1/2009
92987	percutaneous balloon valvuloplasty; mitral valve	\$1,192.11	\$1,192.11	10/1/2009
92990	percutaneous balloon valvuloplasty; pulmonary valve	\$917.49	\$917.49	10/1/2009
92992	atrial septectomy or septostomy; transvenous method, balloon (eg, rashkind	\$896.11	\$896.11	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
		The inclusion of a rate on this table does not guarantee that a service is covered.		
		Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical		
		Coverage Policies on the DMA Web site.		
92993		atrial septectomy or septostomy; blade method (park septostomy) (includes	\$896.11	\$896.11 10/1/2009
93000		electrocardiogram, complete	\$16.85	\$16.85 10/1/2009
93005		electrocardiogram, tracing	\$9.34	\$9.34 10/1/2009
93010		electrocardiogram report	\$7.52	\$7.52 10/1/2009
93015		cardiovascular stress test	\$80.66	\$80.66 10/1/2009
93016		cardiovascular stress test using maximal or submaximal treadmill	\$20.48	\$20.48 10/1/2009
93017		electrocardiogram tracing	\$46.59	\$46.59 10/1/2009
93018		treadmill ekg-interp only	\$13.59	\$13.59 10/1/2009
93025		microvolt t-wave alternans for assessment of ventricular arrhythmias	\$170.93	\$170.93 10/1/2009
93040		electrocardiogram report	\$10.86	\$10.87 10/1/2009
93041		rhythm ecg tracing	\$4.23	\$4.23 10/1/2009
93042		rhythm strip-interp only	\$6.63	\$6.63 10/1/2009
93224		24 hr ecg, inc: recording,scanning,review,interp	\$94.50	\$94.50 10/1/2009
93225		24 hr ecg, recording only	\$27.83	\$27.83 10/1/2009
93227		24 hr ecg, physician review and interpretation	\$23.82	\$23.81 10/1/2009
93228		wearable mobile cardiovascular telemetry with electrocardiographic recording,	\$21.51	\$21.51 10/1/2009
93229		wearable mobile cardiovascular telemetry with electrocardiographic recording,	\$21.51	\$21.51 10/1/2009
93268		patient demand single or multiple event recording with presymptom memory loop,	\$210.95	\$210.95 10/1/2009
93270		patient demand single or multi event recording w/ presymptom memo	\$16.58	\$16.58 10/1/2009
93271		patient demand single or multiple event recording with	\$171.42	\$171.42 10/1/2009
93272		patient demand single or multiple event recording with	\$22.95	\$22.95 10/1/2009
93278		signal - average ecg, w/o ecg.	\$32.09	\$32.09 10/1/2009
93307	26	echocardiography, transthoracic, real-time with image documentation (2d) with	\$41.68	\$41.68 10/1/2009
93503		placement of flow directed catheter	\$94.69	\$94.69 10/1/2009
93505		endocardial biopsy	\$603.06	\$603.06 10/1/2009
93561		special heart studies	\$37.52	\$37.52 10/1/2009
93562		special heart studies	\$17.06	\$17.06 10/1/2009
93600		special electrocardiogram	\$155.28	\$155.28 10/1/2009
93602		intra atrial recording	\$127.86	\$127.86 10/1/2009
93610		intra-atrial pacing	\$174.71	\$174.71 10/1/2009
93612		intraventricular pacing	\$183.10	\$183.10 10/1/2009
93720		pleth., total body; with interp	\$36.68	\$36.68 10/1/2009
93721		pleth., tracing only	\$29.74	\$29.74 10/1/2009
93722		pleth., interp. only	\$6.94	\$6.94 10/1/2009
93740		temperature gradient studies	\$7.98	\$7.98 10/1/2009
93770		venous pressure test	\$7.12	\$7.12 10/1/2009
93975	26	duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal	\$77.44	\$77.44 10/1/2009
93976	26	duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal	\$174.15	\$174.15 10/1/2009
93976	26	duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal	\$51.41	\$51.41 10/1/2009
93978		duplex scan complete; aorta,vena cava,iliac vasc.	\$188.54	\$188.54 10/1/2009
93978	26	duplex scan complete; aorta,vena cava,iliac vasc.	\$27.80	\$27.80 10/1/2009
93979		duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts;	\$130.38	\$130.38 10/1/2009
93979	26	duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts;	\$18.64	\$18.64 10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
		The inclusion of a rate on this table does not guarantee that a service is covered.		
		Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical		
		Coverage Policies on the DMA Web site.		
94002		ventilation assist and management, initiation of pressure or volume preset	\$73.92	10/1/2009
94003		ventilation assist and management, initiation of pressure or volume preset	\$53.42	10/1/2009
94004		ventilation assist and management, initiation of pressure or volume preset	\$38.89	10/1/2009
94010		spirometry, including graphic record, total and timed vital capacity.	\$26.37	10/1/2009
94060		bronchodilation responsiveness, spirometry as in 94010, pre- and vital capacity test.	\$46.24	10/1/2009
94150		vital capacity test.	\$17.86	10/1/2009
94200		lung function test	\$17.86	10/1/2009
94240		lung function test	\$31.21	10/1/2009
94250		lung function test	\$19.40	10/1/2009
94260		thermogram cephalic	\$24.94	10/1/2009
94350		lung function test	\$27.85	10/1/2009
94360		lung function test	\$34.58	10/1/2009
94370		lung function test	\$26.87	10/1/2009
94375		respiratory flow volume loop	\$29.87	10/1/2009
94400		breathing response to co2	\$42.22	10/1/2009
94450		breathing response to hypoxia	\$40.66	10/1/2009
94640		pressurized or nonpressurized inhalation treatment for acute airway obstruction	\$10.49	10/1/2009
94644		continuous inhalation treatment with aerosol medication for acute airway	\$26.93	10/1/2009
94645		continuous inhalation treatment with aerosol medication for acute airway	\$10.49	10/1/2009
94660		cont positive airway vent initiation/management	\$30.26	10/1/2009
94662		cont negative pressure vent initiation/management	\$30.06	10/1/2009
94664		demonstration and/or evaluation of patient utilization of an aerosol generator,	\$11.46	10/1/2009
94667		manipulation chest wall	\$15.99	10/1/2009
94668		manipulation chest wall subsequent	\$15.11	10/1/2009
94680		exhaled air analysis	\$45.83	10/1/2009
94681		exhaled air analysis	\$49.47	10/1/2009
94690		exhaled air analysis	\$39.80	10/1/2009
94720		carbon monoxide diffusing capacity (eg, single breath, steady state)	\$40.93	10/1/2009
94725		membrane diffusion capacity	\$52.79	10/1/2009
94726	26	plethysmography for determination of lung volumes and, when performed, airway	\$31.17	1/1/2012
94726	TC	plethysmography for determination of lung volumes and, when performed, airway	\$7.27	1/1/2012
94727		gas dilution or washout for determination of lung volumes and, when performed,	\$23.90	1/1/2012
94727	26	gas dilution or washout for determination of lung volumes and, when performed,	\$24.53	1/1/2012
94727	TC	gas dilution or washout for determination of lung volumes and, when performed,	\$7.27	1/1/2012
94728		gas dilution or washout for determination of lung volumes and, when performed,	\$17.26	1/1/2012
94728		airway resistance by impulse oscillometry	\$24.53	1/1/2012
94728	26	airway resistance by impulse oscillometry	\$7.27	1/1/2012
94728	TC	airway resistance by impulse oscillometry	\$17.26	1/1/2012
94729		diffusing capacity (eg, carbon monoxide, membrane) (list separately in addition	\$30.94	1/1/2012
94729	26	diffusing capacity (eg, carbon monoxide, membrane) (list separately in addition	\$4.83	1/1/2012
94729	TC	diffusing capacity (eg, carbon monoxide, membrane) (list separately in addition	\$26.11	1/1/2012
94750		pulmonary compliance study (eg, plethysmography, volume and pressure	\$56.32	10/1/2009
94760		noninvasive ear or pulse oximetry for oxygen sat.	\$2.13	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
		The inclusion of a rate on this table does not guarantee that a service is covered.		
		Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical		
		Coverage Policies on the DMA Web site.		
94770		exhaled carbon dioxide test	\$28.76	\$28.76 10/1/2009
95027		intracutaneous (intradermal) tests, sequential and incremental, with allergenic	\$3.69	\$3.69 10/1/2009
95056		photosensitivity tests	\$27.31	\$27.31 10/1/2009
95060		allergy eye tests	\$18.27	\$18.27 10/1/2009
95065		allergy nose test	\$16.63	\$16.63 10/1/2009
95070		allergy bronchial tests	\$33.85	\$33.85 10/1/2009
95071		inhala bronch challenge testing w/antigens specify	\$41.92	\$41.92 10/1/2009
95115		immunotherapy, one injection	\$8.18	\$8.18 10/1/2009
95117		professional services for allergen immunotherapy not including provision of	\$9.91	\$9.91 10/1/2009
95180		rapid desensitization procedure, each hour (eg, insulin, penicillin, equine	\$88.26	\$115.38 10/1/2009
95824		electroencephalogram	\$49.90	\$49.90 10/1/2009
95827		electroencephalogram (eeg); all night recording	\$298.73	\$298.73 10/1/2009
95827	26	eeg all night recording interpretation	\$44.47	\$44.47 10/1/2009
95829		electrocorticogram at surgery	\$967.48	\$967.48 10/1/2009
95829	26	electrocorticogram at surgery interpretation only	\$260.77	\$260.77 10/1/2009
95832		muscle testing hand	\$12.32	\$19.53 10/1/2009
95833		muscle testing total evaluation of body excluding	\$19.67	\$28.89 10/1/2009
95851		range of motion evaluation	\$6.62	\$13.26 10/1/2009
95851	26	range of motion measrmts & report; @extrem, ex hnd	\$4.98	\$10.68 10/1/2009
95852		range of motion measurements and report of hands	\$4.78	\$10.26 10/1/2009
95852	26	rnage of motion measrmts & report;hand w/wo com/ns	\$1.19	\$2.57 10/1/2009
95857		tensilon test for myasthenia gravis	\$22.40	\$33.65 10/1/2009
95857	26	tensilon test for myasthenia gravis interpretation	\$5.60	\$8.41 10/1/2009
95863	26	needle electromyography, three extremities with or without related paraspinal	\$78.54	\$78.54 10/1/2009
95867	26	needle electromyography, cranial nerve supplied muscles, unilateral	\$33.30	\$33.30 10/1/2009
95868	26	needle electromyography, cranial nerve supplied muscles, bilateral	\$49.60	\$49.60 10/1/2009
95869	26	needle electromyography; thoracic paraspinal muscles	\$15.68	\$15.68 10/1/2009
95875	26	ischemic limb exercise test with serial specimen(s) acquisition for muscle	\$45.96	\$45.96 10/1/2009
95925		short-latency somatosensory evoked potential study, stimulation of any/all	\$93.22	\$93.22 10/1/2009
95925	26	short-latency somatosensory evoked potential study, stimulation of any/all	\$22.82	\$22.82 10/1/2009
95933		orbicularis oculi reflex by electrodiagnostic tes	\$51.23	\$51.23 10/1/2009
95933	26	orbicularis occult reflex interpretation	\$24.95	\$24.95 10/1/2009
95937		meuromuscular junction testing each nerve one meth	\$45.89	\$45.89 10/1/2009
95937	26	meuromuscular junction testing interpretation	\$28.19	\$28.19 10/1/2009
95955		electroencephalogram during surgery interpretation	\$109.67	\$109.67 10/1/2009
96040		medical genetics and genetic counseling services, each 30 minutes face-to-face	\$32.05	\$32.05 10/1/2009
96150		health and behavior assessment (eg, health-focused clinical interview,	\$18.96	\$19.25 10/1/2009
96150	EP	health and behavior assessment (eg, health-focused clinical interview)	\$18.96	\$19.25 10/1/2009
96151		health and behavior assessment (eg, health-focused clinical interview,	\$18.34	\$18.63 10/1/2009
96151	EP	health and behavior assessment (eg, health-focused clinical interview)	\$18.34	\$18.63 10/1/2009
96360		intravenous infusion, hydration; initial, 31 minutes to 1 hour	\$45.05	\$45.05 10/1/2009
96361		intravenous infusion, hydration; each additional hour (list separately in	\$13.11	\$13.11 10/1/2009
96365		intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance	\$54.95	\$54.95 10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
96366	intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance	\$17.65	\$17.65	10/1/2009
96367	intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance	\$27.77	\$27.77	10/1/2009
96368	intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance	\$16.47	\$16.47	10/1/2009
96369	subcutaneous infusion for therapy or prophylaxis (specify substance or drug);	\$119.64	\$119.64	10/1/2009
96370	subcutaneous infusion for therapy or prophylaxis (specify substance or drug);	\$12.75	\$12.75	10/1/2009
96371	subcutaneous infusion for therapy or prophylaxis (specify substance or drug);	\$57.88	\$57.88	10/1/2009
96372	therapeutic, prophylactic, or diagnostic injection (specify substance or drug);	\$17.04	\$17.04	10/1/2009
96373	therapeutic, prophylactic, or diagnostic injection (specify substance or drug);	\$14.63	\$14.63	10/1/2009
96374	therapeutic, prophylactic, or diagnostic injection (specify substance or drug);	\$43.61	\$43.61	10/1/2009
96375	therapeutic, prophylactic, or diagnostic injection (specify substance or drug);	\$18.91	\$18.91	10/1/2009
96401	chemotherapy administration, subcutaneous or intramuscular; non-hormonal	\$54.34	\$54.34	10/1/2009
96402	chemotherapy administration, subcutaneous or intramuscular; hormonal	\$29.78	\$29.78	10/1/2009
96409	chemotherapy administration; intravenous, push technique, single or initial	\$89.43	\$89.43	10/1/2009
96411	chemotherapy administration; intravenous, push technique, each additional	\$50.97	\$50.97	10/1/2009
96413	chemotherapy administration, intravenous infusion technique; up to 1 hour,	\$117.89	\$117.89	10/1/2009
96415	chemotherapy administration, intravenous infusion technique; each additional	\$26.64	\$26.64	10/1/2009
96416	chemotherapy administration, intravenous infusion technique; initiation of	\$128.40	\$128.40	10/1/2009
96417	chemotherapy administration, intravenous infusion technique; each additional	\$58.70	\$58.70	10/1/2009
96900	ultraviolet light therapy	\$15.40	\$15.40	10/1/2009
96910	photochemotherapy tar/ultraviolet b goeckerman tre	\$49.82	\$49.82	10/1/2009
96912	photochemotherapy psoralens/ultraviolet a puva	\$63.86	\$63.86	10/1/2009
97010	application of a modality to one or more areas; hot or cold packs	\$3.79	\$3.79	10/1/2009
97018	physical med treatment paraffin bath	\$6.40	\$6.40	10/1/2009
97022	physical medicine treatment whirlpool	\$14.15	\$14.15	10/1/2009
97024	application of a modality to one or more areas; diathermy (eg, microwave)	\$4.38	\$4.38	10/1/2009
97026	physical medicine treatment infrared	\$4.09	\$4.09	10/1/2009
97028	physical medicine treatment one area ultraviolet	\$5.00	\$5.00	10/1/2009
97035	application of a modality to one or more areas;	\$9.63	\$9.63	10/1/2009
97110	therapeutic procedure, one or more areas, each 15 minutes; therapeutic	\$23.37	\$23.37	10/1/2009
97597	removal of devitalized tissue from wound(s), selective debridement, without	\$26.57	\$47.63	10/1/2009
97598	removal of devitalized tissue from wound(s), selective debridement, without	\$35.45	\$59.10	10/1/2009
97760	orthotic(s) management and training (including assessment and fitting when not	\$26.44	\$26.44	10/1/2009
97761	prosthetic training, upper and/or lower extremity(s), each 15 minutes	\$23.65	\$23.65	10/1/2009
99050	services provided in the office at times other than regularly scheduled office	\$27.30	\$27.30	10/1/2009
99051	service(s) provided in the office during regularly scheduled evening, weekend	\$27.30	\$27.30	10/1/2009
99053	service(s) provided between 10:00 pm and 8:00 am at 24-hour facility, in	\$27.30	\$27.30	10/1/2009
99058	service(s) provided on an emergency basis in the office, which disrupts other	\$18.20	\$18.20	10/1/2009
99060	service(s) provided on an emergency basis, out of the office, which disrupts	\$9.76	\$9.76	10/1/2009
99070	special supplies	\$9.71	\$9.71	10/1/2009
99082	unusual travel	\$0.85	\$0.85	10/1/2009
99100	anesthesia for patient of extreme age, under one year and over seventy (list	\$17.90	\$17.90	10/1/2009
99143	moderate sedation services (other than those services described by codes	\$19.77	\$19.77	10/1/2009
99144	moderate sedation services (other than those services described by codes	\$16.24	\$16.24	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
99145	moderate sedation services (other than those services described by codes	\$7.91	\$7.91	10/1/2009
99148	moderate sedation services (other than those services described by codes	\$25.80	\$25.80	10/1/2009
99149	moderate sedation services (other than those services described by codes	\$25.80	\$25.80	10/1/2009
99150	moderate sedation services (other than those services described by codes	\$12.89	\$12.89	10/1/2009
99170	anogenital examination with colposcopic magnification in childhood for	\$78.64	\$117.00	10/1/2009
99175	induced vomiting	\$19.86	\$19.86	10/1/2009
99190	monitoring services	\$92.52	\$92.52	10/1/2009
99191	monitoring services	\$59.41	\$59.41	10/1/2009
99192	monitoring services	\$43.02	\$43.02	10/1/2009
99201	ov new pt minor-phys time approx. 10 minutes	\$21.46	\$33.18	1/1/2009
99202	ov new pt,moderate-phys time approx 20 minutes	\$41.38	\$57.54	1/1/2009
99203	ov new pt, moderate-phys time approx 30 minutes	\$62.45	\$83.36	1/1/2009
99204	ov new pt, complex-phys time approx 45 minutes	\$104.87	\$129.27	1/1/2009
99205	ov new pt, severe-phys time approx 60 minutes	\$136.47	\$163.41	1/1/2009
99211	ov estab pt, minimal w/o phys, time approx 5 min	\$7.94	\$16.82	1/1/2009
99212	ov established pt, minor-phys time approx 10 min.	\$21.14	\$33.50	1/1/2009
99213	ov estab. pt, moderate. phys time approx 15 min.	\$41.37	\$55.94	1/1/2009
99214	ov estab. pt, severe. phys time approx 25 min.	\$64.00	\$84.29	1/1/2009
99215	ov estab. pt, severe. phys time approx 40 min.	\$90.87	\$114.00	1/1/2009
99217	observation care discharge day management	\$61.32	\$61.32	1/1/2009
99218	initial observation, per day, low complexity	\$57.84	\$57.84	1/1/2009
99219	initial observation care, per day, moderate complexity	\$95.78	\$95.78	1/1/2009
99220	initial observation care, per day, high complexity	\$134.33	\$134.33	1/1/2009
99221	initial hosp. care, minor. phys time approx 30 min	\$83.05	\$83.05	1/1/2009
99222	initial hosp care,moderate-phys time approx 50 min	\$113.34	\$113.34	1/1/2009
99223	initial hosp care, severe-phys time approx 70 min	\$166.89	\$166.89	1/1/2009
99231	hosp visit, stable. phys time approx 15 minutes	\$34.30	\$34.30	1/1/2009
99232	hosp visit, moderate. phys time approx 25 minutes	\$61.81	\$61.81	1/1/2009
99233	hosp visit, complex. phys time approx 35 minutes	\$88.53	\$88.53	1/1/2009
99234	observation or inpatient hospital care, for the evaluation and management of a	\$117.16	\$117.16	1/1/2009
99235	observation or inpatient hospital care, for the evaluation and management of a	\$153.91	\$153.91	1/1/2009
99236	observation or inpatient hospital care, for the evaluation and management of a	\$191.29	\$191.29	1/1/2009
99238	hospital discharge day management; 30 minutes or less	\$61.11	\$61.11	1/1/2009
99239	hospital discharge day management; more than 30 minutes	\$88.81	\$88.81	1/1/2009
99241	outpt. consult, minor- phys time approx 15 min.	\$27.57	\$39.98	10/1/2009
99242	outpt. consult, moderate- phys time approx 30 min.	\$58.18	\$74.90	10/1/2009
99243	outpt. consult, severe- phys time approx 40 min.	\$81.09	\$103.00	10/1/2009
99244	outpt. consult, severe- phys time approx 60 min.	\$128.77	\$152.99	10/1/2009
99245	outpt. consult, severe- phys time approx 80 min.	\$160.63	\$188.03	10/1/2009
99251	initial inpt consult- phys time approx 20 min.	\$40.82	\$40.82	10/1/2009
99252	initial inpt consult- phys time approx 40 min.	\$63.26	\$63.25	10/1/2009
99253	initial inpt consult- phys time approx 55 min.	\$96.03	\$96.02	10/1/2009
99254	initial inpt consult- phys time approx 80 min.	\$138.89	\$138.89	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
99255	initial inpt consult- phys time approx 110 min.	\$169.23	\$169.23	10/1/2009
99281	er visit, minor	\$17.03	\$17.03	10/1/2009
99282	er visit, low severity	\$33.13	\$33.13	10/1/2009
99283	er visit, moderate severity	\$51.35	\$51.35	10/1/2009
99284	er visit, high severity	\$96.14	\$96.14	10/1/2009
99285	er visit, high severity/life threatening	\$142.93	\$142.93	10/1/2009
99288	physician direction of ems advanced life support	\$44.63	\$44.63	10/1/2009
99292	critical care, evaluation and management of the unstable critically ill or	\$97.86	\$105.47	1/1/2009
99315	nursing facility discharge day management; 30 minutes or less	\$53.43	\$53.43	1/1/2009
99316	nursing facility discharge day management; 30 minutes or less more than 30	\$69.81	\$69.81	1/1/2009
99324	domiciliary or rest home visit for the evaluation and management of a new	\$49.64	\$49.64	1/1/2009
99325	domiciliary or rest home visit for the evaluation and management of a new	\$72.30	\$72.30	1/1/2009
99326	domiciliary or rest home visit for the evaluation and management of a new	\$119.54	\$119.54	1/1/2009
99327	domiciliary or rest home visit for the evaluation and management of a new	\$155.92	\$155.92	1/1/2009
99328	domiciliary or rest home visit for the evaluation and management of a new	\$183.55	\$183.55	1/1/2009
99334	domiciliary or rest home visit for the evaluation and management of an	\$51.16	\$51.16	1/1/2009
99335	domiciliary or rest home visit for the evaluation and management of an	\$79.25	\$79.25	1/1/2009
99336	domiciliary or rest home visit for the evaluation and management of an	\$111.60	\$111.60	1/1/2009
99337	domiciliary or rest home visit for the evaluation and management of an	\$160.35	\$160.35	1/1/2009
99341	home visit for the evaluation and management of a new patient, which requires	\$49.64	\$49.64	1/1/2009
99342	home visit for the evaluation and management of a new patient, which requires	\$72.30	\$72.30	1/1/2009
99343	home visit for the evaluation and management of a new patient, which requires	\$116.43	\$116.43	1/1/2009
99344	home visit for the evaluation and management of a new patient, which requires	\$152.86	\$152.86	1/1/2009
99345	home visit for the evaluation and management of a new patient, which requires	\$183.86	\$183.86	1/1/2009
99347	home visit for the evaluation and management of an established patient, which	\$48.44	\$48.44	1/1/2009
99348	home visit for the evaluation and management of an established patient, which	\$73.14	\$73.14	1/1/2009
99349	home visit for the evaluation and management of an established patient, which	\$106.51	\$106.51	1/1/2009
99350	home visit for the evaluation and management of an established patient, which	\$148.49	\$148.49	1/1/2009
99354	prolonged physician service in the office or other outpatient setting requiring	\$80.13	\$84.57	1/1/2009
99355	prolonged physician service in the office or other outpatient setting requiring	\$79.28	\$83.72	1/1/2009
99356	prolonged physician service in the inpatient setting, requiring direct	\$77.23	\$77.23	1/1/2009
99357	prolonged physician service in the inpatient setting, requiring direct	\$77.76	\$77.76	1/1/2009
99360	physician standby service, requiring prolonged physician attendance, each 30	\$49.94	\$49.94	10/1/2009
99385	new pt physical exam: 18 to 39 years	\$70.52	\$96.83	1/1/2009
99386	new pt physical exam: 40 to 64 years	\$86.54	\$113.48	1/1/2009
99387	new pt physical exam: 65 years and over	\$94.92	\$124.40	1/1/2009
99395	estab. pt physical exam: 18 to 39 years	\$62.58	\$84.13	1/1/2009
99396	estab. pt physical exam: 40 to 64 years	\$70.52	\$92.08	1/1/2009
99397	estab. pt physical exam: 65 years and over	\$78.91	\$103.31	1/1/2009
99406	smoking and tobacco use cessation counseling visit; intermediate, greater than	\$10.66	\$11.93	1/1/2009
99406	EP smoking and tobacco use cessation counseling visit; intermediate, greater than	\$10.66	\$11.93	1/1/2009
99407	smoking and tobacco use cessation counseling visit; intensive, greater than 10	\$22.10	\$23.05	1/1/2009
99407	EP smoking and tobacco use cessation counseling visit; intensive, greater than 10	\$22.10	\$23.05	1/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
		The inclusion of a rate on this table does not guarantee that a service is covered.		
		Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web site.		
99408		alcohol and/or substance (other than tobacco) abuse structured screening (eg,	\$29.46	\$30.73 1/1/2009
99408	EP	alcohol and/or substance (other than tobacco) abuse structured screening (eg,	\$29.46	\$30.73 1/1/2009
99409		alcohol and/or substance (other than tobacco) abuse structured screening (eg,	\$59.14	\$60.41 1/1/2009
99409	EP	alcohol and/or substance (other than tobacco) abuse structured screening (eg	\$59.14	\$60.41 1/1/2009
99420		administration/interp. of health risk assessment.	\$8.14	\$8.14 1/1/2009
99420	EP	administration and interpretation of health risk assessment	\$8.14	\$8.14 1/1/2009
99460		initial hospital or birthing center care, per day, for evaluation and	\$51.95	\$51.95 1/1/2009
99461		initial care, per day, for evaluation and management of normal newborn infant	\$58.00	\$76.70 1/1/2009
99462		subsequent hospital care, per day, for evaluation and management of normal	\$27.70	\$27.70 1/1/2009
99463		initial hospital or birthing center care, per day, for evaluation and	\$69.50	\$69.50 1/1/2009
99464		attendance at delivery (when requested by the delivering physician) and initial	\$59.50	\$59.50 10/1/2009
99465		delivery/birthing room resuscitation, provision of positive pressure	\$121.70	\$121.70 10/1/2009
99477		initial hospital care, per day, for the evaluation and management of the	\$283.71	\$283.71 10/1/2009
A4570		viking splint	\$9.55	\$9.55 1/1/2005
D0145		oral evaluation for a patient under three years of age and counseling with	\$36.35	\$36.35 10/1/2009
D1206		topical fluoride varnish; therapeutic application for moderate to high caries	\$16.04	\$16.04 10/1/2009
G0108		diabetes outpatient self-management training services, individual, per 30 min	\$18.37	\$18.37 10/1/2009
G0109		diabetes self-management training services, group session, 2 or more per 30 min	\$10.29	\$10.29 10/1/2009
G0127		trimming of dystrophic nails, any number	\$6.94	\$15.31 10/1/2009
G0434		drug screen, other than chromatographic; any number of drug classes	\$18.63	\$18.63 4/1/2011
P9041		albumin (human), 5%, 50 ml	\$19.34	\$19.34 10/1/2009
P9047		albumin (human), 25%, 50 ml	\$38.69	\$38.69 10/1/2009
Q2042		hydroxyprogesterone caproate, 1mg (makena)	\$2.87	\$2.87 7/1/2011
Q4101		skin substitute, apligraf, per square centimeter	\$28.56	\$28.56 10/1/2009
Q4106		skin substitute, dermagraft, per square centimeter	\$34.99	\$34.99 10/1/2009
S2235		implantation of auditory brain stem implant	\$820.96	\$820.96 1/1/2008

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
as of January 1, 2012**

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

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

*** indicates NDC required

Nurse Practitioner Fee Schedule					
Provider Specialty 061					
		The inclusion of a rate on this table does not guarantee that a service is covered.			
		Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.			
Pcode	Modifier	Description	Facility	Non-Facility	Effective Date
BIOLOGICALS					
***J0129		Abatacept 10 mg, injection (Orencia)	\$18.02	\$18.02	10/1/2009
***J0221		Alglucosidase alfa, 10 mg, injection (Lumizyme)	\$142.96	\$142.96	1/1/2012
***J7308		Aminolevulinic acid HCl for topical admin. 20% single unit dosage form (354 mg) (Levulan)	\$105.80	\$105.80	10/1/2009
***J7196		Antithrombin (recombinant), 50 IU (ATryn)	\$101.50	\$101.50	1/1/2011
***J3590		Belatacept, 12.5 mg, injection (Nulojix)	\$48.04	\$48.04	6/23/2011
***J0490		Belimumab, 10 mg, injection (Benlysta)	\$37.03	\$37.03	1/1/2012
***J0597		C1 Esterase Inhibitor (human), 10 units (Berinert)	\$26.54	\$26.54	1/1/2011
***J0638		Canakinumab, 1 mg vial (Ilaris)	\$85.95	\$85.95	1/1/2011
***J3590		Centrurides (scorpion) Immune F, 120 mg (Anascorp)	\$3,795.36	\$3,795.36	8/3/2011
***J0718		Cetolizumab pegol, 1 mg, injection (Cimzia)	\$3.59	\$3.59	1/1/2010
***J0775		Collagenase clostridium histolyticum, 0.1 mg (Xiaflex)	\$36.16	\$36.16	1/1/2011
***J0897		Denosumab, 1 mg (Xgeva)	\$13.91	\$13.91	1/1/2012
***J1300		Eculizumab, 10 mg, injection (Soliris)	\$170.04	\$170.04	10/1/2009
***J7180		Factor XIII Concentrate, 1 IU, (Corifact)	\$8.12	\$8.12	1/1/2012
***J3590		Golimumab, 0.5 ml/50 mg (Simponi)	\$1,701.00	\$1,701.00	7/1/2009
***J1680		Human fibrinogen concentrate, 100 mg, injection (RiaSTAP)	\$94.56	\$94.56	1/1/2010
***J3590		Human Thrombin Topical Protein, 1 IU (Evithrom)	\$0.12	\$0.12	12/1/2007
***J3590		Human Topical Protein, 1 IU (Recothrom)	\$0.02	\$0.02	1/1/2008
***J3590		Icatibant acetate, 10 mg (Firazyr)	\$2,359.63	\$2,359.63	8/25/2011
***J1559		Immune Globulin, 100 mg (Hizentra)	\$7.02	\$7.02	1/1/2011
***J0598		Injection, C1 esterase inhibitor (human), 10 units (Cinryze)	\$41.98	\$41.98	1/1/2010
***J3590		Peginterferon Alfa-2a, 1 mcg (Sylatron)	\$3.13	\$3.13	4/15/2011
***S0145		Peginterferon alfa-2a, 180 mcg/ml (Pegasys)	\$324.32	\$324.32	10/1/2009
***J2507		Pegloticase, 1 mg (Krystexxa)	\$291.22	\$291.22	1/1/2012
***S0148		Pegylated interferon alfa-2b, 10 mcg (Peg-Introm)	\$101.30	\$101.30	10/1/2010
***J2724		Protein C concentrate, intravenous, human, 10 IU, injection (Ceprotin)	\$11.75	\$11.75	10/1/2009
***J2778		Ranibizumab, 0.1 mg, injection (Lucentis)	\$390.62	\$390.62	10/1/2009
***J2793		Rilonacept, 1 mg injection (Arcalyst)	\$23.66	\$23.66	1/1/2010
***J3262		Tocilizumab, 1 mg (Actemra)	\$3.35	\$3.35	1/1/2011
***J3357		Ustekinumab, 1 mg (Solara)	\$107.84	\$107.84	1/1/2011
***J3385		Velaglucerase Alfa, 100 units (VPRIV)	\$337.93	\$337.93	1/1/2011
***J7183		Von Willebrand Factor Complex (human), 1 IU VWF:RCO (Wilate)	\$0.85	\$0.85	1/1/2012

DRUG					
***J1120		Acetazolamide sodium, up to 500 mg, injection (Diamox)	\$16.08	\$16.08	10/1/2009
***J0133		Acyclovir, 5 mg, injection (Zovirax)	\$0.02	\$0.02	10/1/2009
***J0152		Adenosine, for diagnostic use, 30 mg, injection (Adenoscan)	\$65.72	\$65.72	10/1/2009
***J0150		Adenosine,for therapeutic use, 6mg, injection (Adenocard)	\$12.39	\$12.39	10/1/2009
***J0171		Adrenalin, epinephrine, 0.1 mg ampule, injection (Adrenalin)	\$0.04	\$0.04	1/1/2011

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
The inclusion of a rate on this table does not guarantee that a service is covered.				
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.				
***J0180	Agalsidase Beta, 1 mg, injection (Fabrazyme)	\$124.93	\$124.93	10/1/2009
***P9047	Albumin (human), 25%, 50 ml, infusion	\$38.69	\$38.69	10/1/2009
***P9041	Albumin (human), 5%, 50 ml, infusion	\$19.34	\$19.34	10/1/2009
***J9015	Aldesleukin, per single use vial (Proleukin, etc)	\$739.83	\$739.83	10/1/2009
***J0215	Alefcept, 0.5 mg, injection (Amevive)	\$25.70	\$25.70	10/1/2009
***J9010	Alemtuzumab, 10 mg (Campath)	\$531.27	\$531.27	10/1/2009
***J0205	Alglucerase, per 10 units, injection (Ceredase)	\$38.24	\$38.24	10/1/2009
***J0220	Alglucosidase alfa, 10 mg, injection (Myozyme)	\$122.63	\$122.63	10/1/2009
***J0257	Alpha 1 proteinase inhibitor (human), 10 mg (Glassia)	\$3.71	\$3.71	1/1/2012
***J0256	Alpha 1-proteinase inhibitor-human, 10mg, injection (Prolastin)	\$3.53	\$3.53	10/1/2009
***J2997	Alteplase recombinant, 1 mg, injection (Activase)	\$31.02	\$31.02	10/1/2009
***J0207	Amifostine, 500mg, injection (Ethylol)	\$492.85	\$492.85	10/1/2009
***J0278	Amikacin sulfate, 100 mg, injection (Amikin)	\$0.70	\$0.70	10/1/2009
***J0280	Aminophylline, up to 250mg, injection	\$0.36	\$0.36	10/1/2009
***J0300	Amobarbital, up to 125mg, injection (Amytal)	\$11.53	\$11.53	10/1/2009
***J0285	Amphotericin B, 50 mg, injection (Amphocin)	\$11.55	\$11.55	10/1/2009
***J0288	Amphotericin B cholesteryl sulfate complex, 10 mg, injection (Amphotec)	\$11.57	\$11.57	10/1/2009
***J0287	Amphotericin B lipid complex, 10 mg, injection (Abelcet)	\$10.08	\$10.08	10/1/2009
***J0289	Amphotericin B liposome, 10 mg, injection (Ambisome)	\$16.54	\$16.54	10/1/2009
***J0290	Ampicillin sodium, 500mg, injection (Omnipen-N, Totacillin-N)	\$2.17	\$2.17	10/1/2009
***J0295	Ampicillin sodium/sulbactam sodium, per 1.5g, injection (Unasyn)	\$4.24	\$4.24	10/1/2009
***J7186	Antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u., injection	\$0.83	\$0.83	10/1/2009
***J7197	Antithrombin III (human), per IU (Throbate III, ATnativ)	\$1.84	\$1.84	10/1/2009
***J0400	Aripiprazole, intramuscular, 0.25 mg, injection (Abilify)	\$0.28	\$0.28	10/1/2009
***J9017	Arsenic trioxide, 1 mg (Trisenox)	\$33.24	\$33.24	10/1/2009
***J9020	Asparaginase, 10,000 units (Elspar)	\$54.97	\$54.97	10/1/2009
***J0461	Atropine sulfate, 0.01 mg, injection	\$0.04	\$0.04	1/1/2010
***J9025	Azacitidine 1 mg (Vidaza)	\$4.32	\$4.32	10/1/2009
***Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 gm (Zithromax, Zithromax Z-Pak)	\$20.96	\$20.96	10/1/2009
***J0456	Azithromycin, 500mg, injection (Zithromax)	\$17.33	\$17.33	10/1/2009
***J3490	Baclofen Kit 2*5 ml amp, 10 mg (Lioresal)	invoice required	invoice required	4/1/2006
***J3490	Baclofen Kit 4*5 ml amp, 10 mg (Lioresal)	invoice required	invoice required	4/1/2006
***J0475	Baclofen, 10mg, injection (Lioresal)	\$183.99	\$183.99	10/1/2009
J9031	BCG live (intravesical), per installation (Tice BCG, Theracyc)	\$109.66	\$109.66	10/1/2009
J9033	Bendamustine HCl, 1 mg, injection	\$17.94	\$17.94	10/1/2009
***J0702	Betamethasone acetate and betamethasone sodium phosphate, per 3mg, injection (Celestone)	\$5.54	\$5.54	10/1/2009
***J9035	Bevacizumab, 10 mg, injection (Avastin)	\$55.38	\$55.38	10/1/2009
***J9040	Bleomycin sulfate, 15 units (Blenoxane)	\$27.98	\$27.98	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
		The inclusion of a rate on this table does not guarantee that a service is covered.		
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical				
Coverage Policies on the DMA Web site.				
***J9041	Bortezomib, 0.1 mg, inj. (Velcade)	\$33.19	\$33.19	10/1/2009
***J0585	Botulinum toxin type A, per unit (Botox)	\$5.03	\$5.03	10/1/2009
***J0587	Botulinum toxin type B, per 100 units (Myobloc)	\$8.40	\$8.40	10/1/2009
***J0595	Butorphanol tartrate, 1 mg, injection (Stadol)	\$0.48	\$0.48	10/1/2009
***J9043	Cabazitaxel, 1 mg, (Jevtana)	\$130.32	\$130.32	1/1/2012
***J0636	Calcitriol, 0.1 mcg, injection (Calcijex)	\$0.41	\$0.41	10/1/2009
***J0610	Calcium gluconate, per 10ml, injection (Kaleinate)	\$0.35	\$0.35	10/1/2009
***J0620	Calcium glycerophosphate and calcium lactate, per 10ml, injection (Calphosan)	\$12.73	\$12.73	10/1/2009
***J7335	Capsaicin 8% patch, per 10 square centimeters (Quitenza)	\$24.63	\$24.63	1/1/2011
***J9045	Carboplatin, 50 mg (Paraplatin)	\$6.08	\$6.08	10/1/2009
***J9050	Carmustine, 100 mg (BiCNU)	\$151.19	\$151.19	10/1/2009
***J0690	Cefazolin Sodium, 500 mg, Injection (Ancef, Kefzol, Zolicef)	\$0.64	\$0.64	10/1/2009
***J0692	Cefepime HCL, 500 mg, injection (Maxipime)	\$6.51	\$6.51	10/1/2009
***J0698	Cefotaxime Sodium, per g (Claforan)	\$4.14	\$4.14	10/1/2009
***J0694	Cefoxitin Sodium, 1g, injection (Mefoxin)	\$7.90	\$7.90	10/1/2009
***J0712	Ceftaroline Fosamil Acetate, 10 mg (Teflaro)	\$0.71	\$0.71	1/1/2012
***J0715	Ceftizoxime sodium, per 500mg, injection (Cefizox)	\$5.05	\$5.05	10/1/2009
***J0696	Ceftriaxone Sodium, per 250mg, injection (Rocephin)	\$1.43	\$1.43	10/1/2009
***J9055	Cetuximab, 10 mg, injection (Erbitux)	\$48.02	\$48.02	10/1/2009
***J0720	Chloramphenicol sodium succinate, up to 1g, injection (Chloromycetin)	\$17.72	\$17.72	10/1/2009
***J1990	Chlordiazepoxide HCl, up to 100 mg, injection (Librium)	\$20.29	\$20.29	10/1/2009
***J2400	Chloroprocaine HCl, per 30 ml, injection (Nesacaine)	\$12.26	\$12.26	10/1/2009
***J1205	Chlorothiazide sodium, per 500 mg, injection (Diuril Sodium)	\$159.19	\$159.19	10/1/2009
***J3230	Chlorpromazine HCl, up to 50 mg, injection (Thorazine)	\$3.10	\$3.10	10/1/2009
***J0725	Chorionic Gonadotropin, per 1,000 USP units, injection (Novarei TM)	\$3.25	\$3.25	10/1/2009
***J0740	Cidofovir, 375 mg, injection (Vistide)	\$735.05	\$735.05	10/1/2009
***J0743	Cilastatin sodium imipenem, per 250mg, injection (Primaxin IM or IV)	\$13.77	\$13.77	10/1/2009
***S0023	Cimetidine hydrochloride, 300 mg, injection (Tagamet)	\$0.59	\$0.59	10/1/2009
***J0744	Ciprofloxacin for IV infusion, 200 mg, injection (Cipro)	\$5.15	\$5.15	10/1/2009
***J9060	Cisplatin, powder or solution, per 10 mg (Platinol AQ)	\$2.19	\$2.19	10/1/2009
***J0735	Clonidine hydrochloride, 1mg, injection (Catapres)	\$53.99	\$53.99	10/1/2009
***J0745	Codeine phosphate, per 30mg, injection	\$1.22	\$1.22	10/1/2009
***J0760	Colchicine, per 1mg, injection	\$4.82	\$4.82	10/1/2009
***J0770	Colistimethate Sodium, up to 150 mg, injection (Coly-Mycin M)	\$19.17	\$19.17	10/1/2009
***J0800	Corticotropin, up to 40 units, injection (Acthar, ACTH)	\$2,270.88	\$2,270.88	10/1/2009
***J0834	Cosyntropin, 0.25 injection (Cortrosyn)	\$87.91	\$87.91	1/1/2010
***J0833	Cosyntropin, not otherwise specified, 0.25 mg, injection	\$63.06	\$63.06	1/1/2010
***J9070	Cyclophosphamide, 100 mg (Cytoxan, Neosar)	\$1.80	\$1.80	10/1/2009
***J9098	Cytarabine liposome, 10 mg (DepoCyt)	\$400.04	\$400.04	10/1/2009
***J9100	Cytarabine, 100 mg (Cytosar-U)	\$1.16	\$1.16	10/1/2009
***J7070	D-5-W, 1,000 cc, infusion	\$2.10	\$2.10	10/1/2009
***J9130	Dacarbazine, 100 mg (DTIC- Dome)	\$4.43	\$4.43	10/1/2009
***J7513	Daclizumab, parenteral, 25 mg (Zenapax)	\$304.34	\$304.34	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
		The inclusion of a rate on this table does not guarantee that a service is covered.		
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical				
Coverage Policies on the DMA Web site.				
***J9120	Dactinomycin, 0.5 mg (Cosmegen)	\$475.70	\$475.70	10/1/2009
***J1645	Dalteparin sodium, per 2500 IU, injection (Fragmin)	\$10.40	\$10.40	10/1/2009
***J0878	Daptomycin, 1 mg (Cubicin)	\$0.34	\$0.34	10/1/2009
***J0882	Darbepoetin alfa for ESRD on dialysis, 1 mcg (Aranesp)	\$2.67	\$2.67	10/1/2009
***J0881	Darbepoetin alfa, 1 mcg, (for non-ESRD use), injection (Aranesp)	\$2.67	\$2.67	10/1/2009
***J9150	Daunorubicin HCl, 10 mg (Cerubidine)	\$16.52	\$16.52	10/1/2009
***J9151	Daunorubicin citrate, liposomal formulation, 10 mg (Daunoxome)	\$54.05	\$54.05	10/1/2009
***J0894	Decitabine, 1 mg, injection	\$26.14	\$26.14	10/1/2009
***J0895	Deferoxamine Mesylate, 500mg, injection (Desferal)	\$11.87	\$11.87	10/1/2009
***J9155	Degarelix, 1 mg, injection (Firmagon)	\$2.77	\$2.77	1/1/2010
***J9160	Denileukin Diftitox, 300 mcg (Ontak)	\$1,359.37	\$1,359.37	10/1/2009
***J1000	Depo-estradiol cypionate, up to 5mg, injection (Depo-Estradiol)	\$5.96	\$5.96	10/1/2009
***J2597	Desmopressin acetate, per 1 mcg, injection (DDAVP)	\$1.80	\$1.80	10/1/2009
***J1094	Dexamethasone acetate, 1 mg, injection (Dalone - LA)	\$0.22	\$0.22	10/1/2009
***J1100	Dexamethasone sodium phosphate, 1mg, injection (Cortastat, Dalone)	\$0.08	\$0.08	10/1/2009
***J3490	Dexrazoxane , 250 mg (Totect)	\$242.42	\$242.42	1/1/2008
***J1190	Dexrazoxane hydrochloride, per 250 mg, injection (Zinecard)	\$174.44	\$174.44	10/1/2009
***J7042	Dextrose 5% / normal saline (500 ml = 1 unit)	\$0.27	\$0.27	10/1/2009
***J7060	Dextrose 5% / water (500 ml = 1 unit)	\$1.05	\$1.05	10/1/2009
***J3360	Diazepam, up to 5 mg, injection (Valium, Zetran)	\$0.76	\$0.76	10/1/2009
***J1730	Diazoxide, up to 300 mg, injection (Hyperstat IV)	\$107.83	\$107.83	10/1/2009
***J0500	Dicyclomine HCl, up to 20mg, injection (Bentyl, Dilomine, Antispas)	\$11.49	\$11.49	10/1/2009
***J1160	Digoxin, up to 0.5 mg injection (Lanoxin)	\$1.14	\$1.14	10/1/2009
***J1110	Dihydroergotamine mesylate, per 1mg, injection (DHE 45)	\$23.62	\$23.62	10/1/2009
***J1240	Dimenhydrinate, up to 50 mg, injection (Dramamine)	\$3.01	\$3.01	10/1/2009
***J0470	Dimercaprol, per 100mg, injection (BAL in oil)	\$25.71	\$25.71	10/1/2009
***J1200	Diphenhydramine HCl, up to 50 mg, injection (Benadryl)	\$0.72	\$0.72	10/1/2009
***J1245	Dipyridamole, per 10 mg, injection (Persantine IV)	\$0.70	\$0.70	10/1/2009
***J1212	DMSO, dimethyl sulfoxide, 50%, 50 ml, injection	\$48.68	\$48.68	10/1/2009
***J1250	Dobutamine HCl, per 250 mg, injection (Dobutrex)	\$4.96	\$4.96	10/1/2009
***J9171	Docetaxel, 1 mg, injection	\$16.98	\$16.98	1/1/2010
***J1265	Dopamine HCl, 40 mg, injection	\$0.49	\$0.49	10/1/2009
***J1267	Doripenem, 10 mg, injection (Doribax)	\$0.63	\$0.63	10/1/2009
***J9000	Doxorubicin HCl, 10 mg (Adriamycin)	\$4.58	\$4.58	10/1/2009
***J9001	Doxorubicin HCl,all lipid formulations, 10 mg (Doxil)	\$398.63	\$398.63	10/1/2009
***J1790	Droperidol, up to 5 mg, injection (Inapsine)	\$1.27	\$1.27	10/1/2009
***J1290	Ecallantide, 1 mg (Kalbitor)	\$265.34	\$265.34	1/1/2011
***J0600	Edeate calcium disodium, up to 1000mg, injection (Calcium EDTA)	\$48.43	\$48.43	10/1/2009
***J1650	Enoxaparin sodium, 10 mg, injection (Lovenox)	\$5.69	\$5.69	10/1/2009
***J0885	Epoetin alfa (for non-ESRD use), 1000 units, injection (Epogen, Procrit)	\$8.74	\$8.74	10/1/2009
***Q4081	Epoetin Alfa, 100 units (for ESRD on dialysis), injection (Epogen, Procrit)	\$0.88	\$0.88	10/1/2009
***J0886	Epoetin alfa, 1000 units (for ESRD on dialysis), injection (Epogen, Procrit)	\$8.74	\$8.74	10/1/2009
***J1325	Epoprostenol, 0.5 mg, injection (Flolan)	\$13.84	\$13.84	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
		The inclusion of a rate on this table does not guarantee that a service is covered.		
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical				
Coverage Policies on the DMA Web site.				
***J9179	Eribulin Mesylate, 0.1 mg (Halaven)	\$86.80	\$86.80	1/1/2012
***J1335	Ertapenem, 500 mg, injection	\$24.59	\$24.59	10/1/2009
***J1364	Erythromycin lactobionate, per 500 mg, injection (Erthrocin)	\$6.52	\$6.52	10/1/2009
***J1380	Estradiol valerate, up to 10 mg, injection (Delestrogen)	\$8.30	\$8.30	10/1/2009
***J1410	Estrogen conjugated, per 25 mg, injection (Premarin IV)	\$68.69	\$68.69	10/1/2009
***J1436	Etidronate disodium, per 300 mg, injection (Didronel)	\$68.84	\$68.84	10/1/2009
***J9181	Etoposide, 10 mg (VePesid)	\$0.39	\$0.39	10/1/2009
***J7193	Factor IX (antihemophilic factor, purified, non-recombinant), per I.U. (Monomine, AlphaNine)	\$0.86	\$0.86	10/1/2009
***J7195	Factor IX (antihemophilic factor, recombinant), per I.U. (Benefix)	\$1.03	\$1.03	10/1/2009
***J7194	Factor IX Complex, per IU (Bebuline)	\$0.77	\$0.77	10/1/2009
***J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg (Novoseven)	\$1.15	\$1.15	10/1/2009
***J7190	Factor VIII (antihemophilic factor, human) per I.U. (Alphanate)	\$0.73	\$0.73	10/1/2009
***J7192	Factor VIII (antihemophilic factor, recombinant) per I.U.	\$1.04	\$1.04	10/1/2009
***J7185	Factor VIII (antihemophilic factor, recombinant), per IU, injection (Xyntha)	\$1.05	\$1.05	1/1/2010
***J3010	Fentanyl Citrate, 0.1 mg, injection (Sublimaze)	\$0.27	\$0.27	10/1/2009
***Q0139	Ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis), injection (Feraheme)	\$0.80	\$0.80	1/1/2010
***Q0138	Ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use), injection (Feraheme)	\$0.80	\$0.80	1/1/2010
***J1441	Filgastrim (G-CSF), 480 mcg, injection (Neupogen)	\$295.61	\$295.61	10/1/2009
***J1440	Filgrastim (G-CSF), 300 mcg, injection (Neupogen)	\$192.08	\$192.08	10/1/2009
***J9200	Floxuridine, 500 mg (FUDR)	\$49.28	\$49.28	10/1/2009
***J9185	Fludarabine phosphate, 50 mg, injection (Fludara)	\$193.54	\$193.54	10/1/2009
***J9190	Fluorouracil, 500 mg (Adrucil)	\$1.80	\$1.80	10/1/2009
***J2680	Fluphenazine decanoate, up to 25 mg, injection (Prolixin)	\$2.28	\$2.28	10/1/2009
***J1652	Fondaparinux sodium, 0.5 mg, injection (Arixtra)	\$6.01	\$6.01	8/1/2009
***J1453	Fosaprepitant, 1 mg, injection (Emend)	\$1.51	\$1.51	10/1/2009
***J1455	Foscarnet sodium, per 1,000 mg, injection (Foscavir)	\$10.01	\$10.01	10/1/2009
***J9395	Fulvestrant, 25 mg, injection (Faslodex)	\$78.44	\$78.44	10/1/2009
***J1940	Furosemide, up 20 mg, injection (Lasix)	\$0.18	\$0.18	10/1/2009
***J1570	Ganciclovir sodium, 500 mg, injection (Cytovene)	\$42.27	\$42.27	10/1/2009
***J1580	Garamycin, gentamicin, up to 80 mg, injection (Gentamicin)	\$1.00	\$1.00	10/1/2009
***J9201	Gemcitabine HCl, 200 mg (Gemzar)	\$127.04	\$127.04	10/1/2009
***J9300	Gemtuzumab Ozogamicin, 5 mg, injection (Mylotarg)	\$2,341.69	\$2,341.69	10/1/2009
***J1610	Glucagon hydrochloride, per 1 mg, injection (Glucagen)	\$66.19	\$66.19	10/1/2009
***J1600	Gold sodium thiomalate, up to 50 mg, injection (Myochrysine)	\$7.56	\$7.56	10/1/2009
***J9202	Goserelin acetate implant, per 3.6 mg (Zoladex)	\$182.91	\$182.91	10/1/2009
***J1626	Granisetron hydrochloride, 100 mcg, injection (Kytril)	\$4.78	\$4.78	10/1/2009
***J1631	Haloperidol decanoate, per 50 mg, injection (Haldol Decanoate-50)	\$2.32	\$2.32	10/1/2009
***J1630	Haloperidol, up to 5 mg, injection (Haldol)	\$1.67	\$1.67	10/1/2009
***J1640	Hemin, 1 mg, injection	\$7.05	\$7.05	10/1/2009
***J1644	Heparin sodium, per 1,000 units, injection (Heparin)	\$0.07	\$0.07	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
		The inclusion of a rate on this table does not guarantee that a service is covered.		
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical				
Coverage Policies on the DMA Web site.				
***J1642	Heparin sodium, per 10 units, injection (Heparin Lock Flush)	\$0.04	\$0.04	10/1/2009
***J9226	Histrelin implant (Supprelin LA), 50 mg	\$14,129.17	\$14,129.17	10/1/2009
***J9225	Histrelin implant (Vantas), 50 mg	\$1,453.90	\$1,453.90	10/1/2009
***J3470	Hyaluronidase injection up to 150 units (Wydase)	\$16.66	\$16.66	10/1/2009
***J3473	Hyaluronidase, recombinant, 1 USP unit (Hylenex)	\$0.40	\$0.40	10/1/2009
***J0360	Hydralazine HCl, up to 20mg, injection (Apresoline)	\$5.85	\$5.85	10/1/2009
***J1720	Hydrocortisone sodium succinate, up to 100 mg, injection (A-Hydrocort, Solu-Cortef)	\$2.15	\$2.15	10/1/2009
***J1170	Hydromorphone, up to 4 mg, injection (Dilaudid)	\$1.23	\$1.23	10/1/2009
***J1725	Hydroxprogesterone caproate, 1 mg, injection (Makena)	\$2.87	\$2.87	1/1/2012
***J3410	Hydroxyzine HCl, up to 25 mg, injection (Vistaril)	\$0.13	\$0.13	10/1/2009
***J1980	Hyoscyamine sulfate, up to 0.25 mg, injection (Levsin)	\$8.96	\$8.96	10/1/2009
***J1740	Ibandronate sodium, 1 mg (Boniva)	\$133.98	\$133.98	10/1/2009
***J1742	Ibutilide fumarate, 1 mg, injection (Convert)	\$311.68	\$311.68	10/1/2009
***J9211	Idarubicin HCl, 5 mg (Idamycin)	\$266.15	\$266.15	10/1/2009
***J1743	Idursulfase, 1 mg, injection (Elaprase)	\$438.68	\$438.68	10/1/2009
***J9208	Ifosfamide, per 1 g (Ifex)	\$36.56	\$36.56	10/1/2009
***J1786	Imiglucerase, 10 units, injection (Cerezyme)	\$40.47	\$40.47	1/1/2011
***J1745	Infliximab, 10 mg, injection (Remicade)	\$53.06	\$53.06	10/1/2009
***J0558	Injection, penicillin G benzathine and penicillin G procaine, per 100,000 units	\$3.10	\$3.10	1/1/2011
J7187	Injection, von Willebrand factor complex (Humate-P), per IU vWF-RC0	\$0.86	\$0.86	10/1/2009
J7187	Injection, von Willebrand factor complex (Humate-P), per IU vWF-RC0	\$0.86	\$0.86	10/1/2009
***J1815	Insulin, per 5 units, injection	\$0.27	\$0.27	10/1/2009
***J9213	Interferon alfa-2A, recombinant, 3 million units (Roferon-A)	\$39.45	\$39.45	10/1/2009
***J9214	Interferon alfa-2B, recombinant, 1 million units (Intron-A)	\$13.65	\$13.65	10/1/2009
***J9212	Interferon Alfacon-1, recombinant, 1 mcg, injection (Infergen)	\$4.63	\$4.63	10/1/2009
***J9215	Interferon alfa-N3, (human leukocyte derived), 250,000 IU (Alferon N)	\$18.65	\$18.65	10/1/2009
***Q3025	Interferon beta-1a, 11 mcg for intramuscular use, injection (Avonex)	\$178.75	\$178.75	8/1/2009
***J1826	Interferon beta-1a, 30 mcg for intramuscular use, injection (Avonex)	\$751.61	\$751.61	1/1/2011
***J1830	Interferon beta-1b, 0.25 mg, injection (Extavia)	\$170.69	\$170.69	9/1/2009
***J9216	Interferon gamma-1B, 3 million units (Actimmune)	\$298.46	\$298.46	10/1/2009
***J9228	Ipilimumab, 1 mg, (Yervoy)	\$120.54	\$120.54	1/1/2012
***J9206	Irinotecan, 20 mg (Camptosar)	\$121.70	\$121.70	10/1/2009
***J1750	Iron dextran, 50 mg, injection	\$11.36	\$11.36	10/1/2009
***J1756	Iron sucrose, 1 mg, injection (Venofer)	\$0.34	\$0.34	10/1/2009
***J9207	Ixabepilone, 1 mg, injection (Ixempra)	\$61.45	\$61.45	10/1/2009
***J1840	Kanamycin sulfate, up to 500 mg, injection (Kantrex)	\$4.91	\$4.91	10/1/2009
***J1850	Kanamycin sulfate, up to 75 mg, injection (Kantrex)	\$0.73	\$0.73	10/1/2009
***J1885	Ketorolac tromethamine, per 15 mg, injection (Toradol)	\$0.33	\$0.33	10/1/2009
J3490	Lacosamide, per ml/10mg (Vimpat)	\$1.97	\$1.97	7/1/2009
***J1930	Lanreotide, 1 mg, injection (Somatuline Depot)	\$25.89	\$25.89	10/1/2009
***J1931	Laronidase, 0.1 mg, inj. (Aldurazyme)	\$23.48	\$23.48	10/1/2009
***J0640	Leucovorin Calcium, per 50 mg, injection (Wellcovorin)	\$0.75	\$0.75	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
		The inclusion of a rate on this table does not guarantee that a service is covered.		
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical				
Coverage Policies on the DMA Web site.				
***J9217		Leuprolide acetate (for depot suspension), 7.5 mg (Lupron Depot)	\$212.92	\$212.92 10/1/2009
***J1950		Leuprolide acetate (for depot suspension), per 3.75 mg, injection (Lupron Depot)	\$425.78	\$425.78 10/1/2009
***J9219		Leuprolide Acetate Implant 65mg (Viadur)	\$1,550.39	\$1,550.39 10/1/2009
***J9218		Leuprolide acetate, per 1 mg (Lupron)	\$7.20	\$7.20 10/1/2009
***J1953		Levetiracetam, 10 mg, injection (Keppra)	\$0.41	\$0.41 10/1/2009
***J1955		Levocarnitine, per 1 g, injection (Carnitor)	\$5.67	\$5.67 10/1/2009
***J0641		Levoeucovorin calcium, 0.5 mg, injection (Fusilev)	\$1.01	\$1.01 10/1/2009
***J1960		Levorphanol tartrate, up to 2 mg, injection (Levo-Dromoran)	\$3.06	\$3.06 10/1/2009
***J3490		Lidocaine , for typical use	invoice required	invoice required 11/1/2009
***J2001		Lidocaine HCL, for IV infusion, 10 mg, inj (Xylocaine)	\$0.02	\$0.02 10/1/2009
***J2010		Lincomycin HCl, up to 300 mg, injection (Lincocin)	\$4.11	\$4.11 10/1/2009
***J2020		Linezolid, 200 mg, injection (Zyvox)	\$27.08	\$27.08 10/1/2009
***J2060		Lorazepam, 2 mg, injection (Ativan)	\$0.62	\$0.62 10/1/2009
***J3475		Magnesium sulphate, per 500 mg, injection	\$0.05	\$0.05 10/1/2009
***J2150		Mannitol, 25% in 50 ml, injection, (Osmotrol, Resectisol)	\$0.83	\$0.83 10/1/2009
***J9230		Mechlorethamine HCl, 10 mg (Nitrogen Mustard)	\$139.25	\$139.25 10/1/2009
***J1055		Medroxyprogesterone acetate for contraceptive use, 150 mg, injection (Depo-Provera)	\$39.04	\$39.04 10/1/2009
***J1055	FP	Medroxyprogesterone acetate for contraceptive use, 150 mg, injection (Depo-Provera)	\$39.04	\$39.04 10/1/2009
***J1051		Medroxyprogesterone acetate, 50 mg, injection (Depo-Provera)	\$6.43	\$6.43 10/1/2009
***J9245		Melphalan HCl, 50 mg, injection (Alkeran)	\$1,507.45	\$1,507.45 10/1/2009
***J2175		Meperidine HCl, per 100 mg, injection (Demerol)	\$1.47	\$1.47 10/1/2009
***J0670		Mepivacaine HCl, per 10ml, injection (Carbocaine)	\$1.11	\$1.11 10/1/2009
***J9209		Mesna, 200 mg (Mesnex)	\$7.59	\$7.59 10/1/2009
***J0380		Metaraminol bitartrate, per 10mg, injection (Aramine)	\$1.11	\$1.11 10/1/2009
***J1230		Methadone HCl, up to 10 mg, injection (Dolophine)	\$2.84	\$2.84 10/1/2009
***J7309		Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 gram (Metvixia)	\$74.59	\$74.59 1/1/2011
***J2800		Methocarbamol up to 10 ml, injection (Robaxin)	\$9.85	\$9.85 10/1/2009
***J9250		Methotrexate sodium, 5 mg	\$0.20	\$0.20 10/1/2009
***J9260		Methotrexate sodium, 50 mg	\$2.18	\$2.18 10/1/2009
***J0210		Methyldopate HCl, up to 250mg, injection IV (Aldomet)	\$14.64	\$14.64 10/1/2009
***J2210		Methylergonovine maleate, up to 0.2 mg, injection (Methergine)	\$4.86	\$4.86 10/1/2009
***J1020		Methylprednisolone acetate, 20mg, injection (Depo-Medrol)	\$2.32	\$2.32 10/1/2009
***J1030		Methylprednisolone acetate, 40mg, injection (Depo-Medrol)	\$4.31	\$4.31 10/1/2009
***J1040		Methylprednisolone acetate, 80mg, injection (Depo-Medrol)	\$9.07	\$9.07 10/1/2009
***J2930		Methylprednisolone sodium succinate, up to 125 mg, injection (Solu-Medrol)	\$2.91	\$2.91 10/1/2009
***J2920		Methylprednisolone sodium succinate, up to 40 mg, injection (Solu-Medrol)	\$2.00	\$2.00 10/1/2009
***J2765		Metoclopramide HCl, up to 10 mg, injection (Reglan)	\$0.33	\$0.33 10/1/2009
***J2250		Midazolam HCl, per 1 mg, injection (Versed)	\$0.14	\$0.14 10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
		The inclusion of a rate on this table does not guarantee that a service is covered.		
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical				
Coverage Policies on the DMA Web site.				
***J2260	Milrinone lactate, per 5 mg, injection (Primacor)	\$4.39	\$4.39	10/1/2009
***J9280	Mitomycin, 5 mg (Mutamycin)	\$12.58	\$12.58	10/1/2009
***J9293	Mitoxantrone HCl, per 5 mg, injection (Novantrone)	\$85.51	\$85.51	10/1/2009
***J2275	Morphine Sulfate (preservative-free sterile solution), per 10 mg, injection (Astramorph PF, Duramorph)	\$2.30	\$2.30	10/1/2009
***J2270	Morphine sulfate, up to 10 mg, injection	\$1.73	\$1.73	10/1/2009
***J2300	Nalbuphine HCl, per 10 mg, injection (Nubain)	\$0.93	\$0.93	10/1/2009
***J2310	Naloxone HCl, per 1 mg, injection (Narcan)	\$3.05	\$3.05	10/1/2009
***J2315	Naltrexone, depot form, 1 mg, injection	\$1.81	\$1.81	10/1/2009
***J2320	Nandrolone decanoate, up to 50 mg, injection (Deca-Durabolin)	\$4.59	\$4.59	10/1/2009
***J2323	Natalizumab, 1 mg, injection (Tysabri)	\$7.26	\$7.26	10/1/2009
***J9261	Nelarabine, 50 mg, injection (Arranon)	\$88.39	\$88.39	10/1/2009
***J2710	Neostigmine methylsulfate, up to 0.5 mg, injection (Prostigmin)	\$0.10	\$0.10	10/1/2009
***J7030	Normal saline solution, 1,000 cc, infusion	\$0.99	\$0.99	10/1/2009
***J7050	Normal saline solution, 250 cc infusion	\$0.25	\$0.25	10/1/2009
***J7040	Normal saline solution, sterile (500 ml = 1 unit), infusion	\$0.50	\$0.50	10/1/2009
***J2354	Octreotide non-depot form for SC or IV injection, 25 mcg (Sandostatin)	\$2.13	\$2.13	10/1/2009
***J2353	Octreotide, depot form for IM injection, 1 mg (Sandostatin LAR Depot)	\$86.89	\$86.89	10/1/2009
***J9302	Ofatumumab, per 10 mg (Arzerra)	\$43.74	\$43.74	1/1/2011
***J2358	Olanzapine long-acting, 1 mg (Zyprexa Relprevv)	\$2.65	\$2.65	1/1/2011
***S0166	Olanzapine, 2.5 mg (Zyprexa)	\$30.96	\$30.96	3/1/2010
***J2405	Ondansetron HCl, per 1 mg, injection (Zofran)	\$0.21	\$0.21	10/1/2009
***J2355	Oprerlevekin, 5 mg, injection (Newmeg)	\$238.11	\$238.11	10/1/2009
***J2360	Orphenadrine citrate, up to 60 mg, injection (Norflex)	\$8.70	\$8.70	10/1/2009
***J2700	Oxacillin sodium, up to 250 mg, injection (Bactocile, Prostaphlin)	\$1.52	\$1.52	10/1/2009
***J9263	Oxaliplatin, 0.5 mg, injection (Eloxatin)	\$9.15	\$9.15	10/1/2009
***J2410	Oxymorphone HCl, up to 1 mg, injection (Numorphan)	\$2.42	\$2.42	10/1/2009
***J2460	Oxytetracycline HCl, up to 50 mg, injection (Terramycin IM)	\$0.91	\$0.91	10/1/2009
***J2590	Oxytocin, up to 10 units, injection (Pitocin)	\$1.98	\$1.98	10/1/2009
***J9264	Paclitaxel protein-bound particles, 1 mg, (Abraxane)	\$8.53	\$8.53	10/1/2009
***J9265	Paclitaxel, 30 mg (Taxol)	\$11.52	\$11.52	10/1/2009
***J2426	Paliperidone palmitate extended release, 1 mg, (Invega Sustenna)	\$6.27	\$6.27	1/1/2011
***J2469	Palonosetron HCl, 25 mcg, injection (Aloxi)	\$16.60	\$16.60	10/1/2009
***J2430	Pamidronate disodium, per 30 mg, injection (Aredia)	\$27.31	\$27.31	10/1/2009
***J9303	Panitumumab, 10 mg, injection (Vectibix)	\$79.30	\$79.30	10/1/2009
***J2440	Papaverine HCl, up to 60 mg, injection	\$0.55	\$0.55	10/1/2009
***J2501	Paricalcitol, 1 mcg, injection (Zemplar)	\$3.78	\$3.78	10/1/2009
***J2503	Pegaptanib sodium, 0.3 mg, (Macugen)	\$993.97	\$993.97	10/1/2009
***J9266	Pegasparagase, per single dose vial (Oncaspar)	\$2,018.39	\$2,018.39	10/1/2009
***J2505	Pegfilgrastim, 6 mg, injection (Neulasta)	\$2,121.05	\$2,121.05	10/1/2009
***J9305	Pemetrexed, 10 mg, injection (Alimta)	\$44.54	\$44.54	10/1/2009
***J0561	Penicillin G benzathine, per 100,000 units, injection	\$3.92	\$3.92	10/1/2009
***J2540	Penicillin G potassium, up to 600,000 units, injection (Pfizerpen)	\$0.91	\$0.91	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
		The inclusion of a rate on this table does not guarantee that a service is covered.		
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical				
Coverage Policies on the DMA Web site.				
***J2510	Penicillin G procaine, aqueous, up to 600,000 units, injection (Wycillin)	\$9.92	\$9.92	10/1/2009
***S0080	Pentamidine isethionate, 300 mg, injection (NebuPent)	\$40.95	\$40.95	10/1/2009
***J2545	Pentamidine isethionate, inhalation solution, per 300 mg, administered through a DME (Pentam 300, NebuPent)	\$52.36	\$52.36	10/1/2009
***J3070	Pentazocine HCl, up to 30 mg, injection (Talwin)	\$5.89	\$5.89	10/1/2009
***J2515	Pentobarbital sodium, per 50 mg, injection (Nembutal Sodium)	\$7.34	\$7.34	10/1/2009
***J2560	Phenobarbital sodium, up to 120 mg, injection	\$2.89	\$2.89	10/1/2009
***J2760	Phentolamine mesylate, up to 5 mg, injection (Regitine)	\$20.32	\$20.32	10/1/2009
***J2370	Phenylephrine HCl, up to 1 ml, injection (Neosynephrine)	\$0.67	\$0.67	10/1/2009
***J1165	Phenytoin sodium, per 50 mg, injection (Dilantin)	\$0.43	\$0.43	10/1/2009
***J3430	Phytanadione (vitamin K), per 1 mg, injection (AquaMephylon)	\$3.49	\$3.49	10/1/2009
***J2543	Piperacillin sodium/tazobactam sodium, injection, 1g/0.125g (1.125 g) (Zosyn)	\$4.96	\$4.96	10/1/2009
***J2562	Plerixafor, 1 mg, injection (Mozobil)	\$259.02	\$259.02	1/1/2010
***J9600	Porfimer sodium, 75 mg (Photofin)	\$2,413.59	\$2,413.59	10/1/2009
***J9307	Pralatrezate, 1 mg (Folotyn)	\$159.65	\$159.65	1/1/2011
***J2730	Pralidoxime chloride, up to 1 g, injection (Protopam Chloride)	\$84.92	\$84.92	10/1/2009
***J2650	Prednisolone acetate, up to 1 ml, injection (Predcor-50)	\$0.16	\$0.16	10/1/2009
***J2690	Procainamide HCl, up to 1 g, injection (Pronestyl)	\$2.55	\$2.55	10/1/2009
***J0780	Prochlorperazine, up to 10 mg, injection, (Compazine)	\$1.12	\$1.12	10/1/2009
***J2675	Progesterone, per 50 mg, injection (Pregestject)	\$1.46	\$1.46	10/1/2009
***J2550	Promethazine HCl, up to 50 mg, injection (Phenergan)	\$1.32	\$1.32	10/1/2009
***J1800	Propranolol HCl, up to 1 mg, injection (Inderal)	\$3.07	\$3.07	10/1/2009
***J2720	Protamine sulfate, per 10 mg, injection	\$0.57	\$0.57	10/1/2009
***J2783	Rasburicase, 0.5 mg, injection (Elitek)	\$149.61	\$149.61	10/1/2009
***J2993	Reteplase, 18.1 mg, injection (Retavase)	\$803.78	\$803.78	10/1/2009
***J7120	Ringer's lactate infusion, up to 1,000 cc	\$0.88	\$0.88	10/1/2009
***J2794	Risperidone, long acting 0.5 mg, injection (Risperdal Consta)	\$4.75	\$4.75	10/1/2009
***J9310	Rituximab, 100 mg (Rituxan)	\$501.87	\$501.87	10/1/2009
***J9315	Romidepsin, 1 mg (Istodax)	\$211.38	\$211.38	1/1/2011
***J2796	Romiplostim, 10 mcg, injection (Nplate)	\$42.03	\$42.03	1/1/2010
***J2820	Sargramostim (GM-CSF), 50 mcg, injection (Leukine)	\$24.20	\$24.20	10/1/2009
***J3490	Sildenafil, per vial (Revatio)	\$97.16	\$97.16	3/8/2010
***J3490	Sodium bicarbonate 7.5%, up to 50 ml	\$3.29	\$3.29	4/1/2006
***J2916	Sodium ferric gluconate complex in sucrose, 12.5 mg, injection (Ferrlecit)	\$4.61	\$4.61	10/1/2009
***J0697	Sterile Cefuroxime sodium, per 750mg, injection (Kefurox Zinacef)	\$3.32	\$3.32	10/1/2009
***J2995	Streptokinase, per 250,000 IU, injection (Streptase)	\$76.64	\$76.64	10/1/2009
***J3000	Streptomycin, up to 1 g, injection	\$6.73	\$6.73	10/1/2009
***J9320	Streptozocin, 1 g (Zanosar)	\$183.79	\$183.79	10/1/2009
***J0330	Succinylcholine chloride, up to 20 mg, injection (Anectine)	\$0.16	\$0.16	10/1/2009
***J3030	Sumatriptan succinate, 6 mg, injection (Imitrex)	\$64.22	\$64.22	10/1/2009
***J3095	Telavancin , per 10 mg (Vibativ)	\$1.86	\$1.86	1/1/2011
***J9328	Temozolomide, 1 mg, injection (Temodar)	\$4.91	\$4.91	1/1/2010
J9330	Tensirolimus, 1 mg, injection (Torisel)	\$46.19	\$46.19	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
The inclusion of a rate on this table does not guarantee that a service is covered.				
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.				
***J3105	Terbutaline sulfate, up to 1 mg, injection (Brethine)	\$2.33	\$2.33	10/1/2009
***J1080	Testosterone Cypionate, 200 mg, injection (Depo-Testosterone)	\$6.71	\$6.71	10/1/2009
***J1070	Testosterone Cypionate, up to 100 mg, injection (Depo-Testosterone)	\$4.65	\$4.65	10/1/2009
***J3120	Testosterone enanthate, up to 100 mg, injection (Evarone)	\$5.10	\$5.10	10/1/2009
***J3130	Testosterone enanthate, up to 200 mg, injection (Evarone)	\$9.76	\$9.76	10/1/2009
S0189	Testosterone pellet, 75 mg (Testopel)	\$65.07	\$65.07	10/1/2009
***J9340	Thiotepa, 15 mg (Thioplex)	\$38.95	\$38.95	10/1/2009
***J3240	Thyrotropin alpha, 0.9 mg provided in 1.1 mg vial, injection (Thyrogen)	\$808.81	\$808.81	10/1/2009
***J3243	Tigecycline, 1 mg (Tygacil)	\$1.20	\$1.20	1/1/2011
***J3260	Tobramycin sulfate, up to 80 mg, injection (Nebcin)	\$2.24	\$2.24	10/1/2009
***J9351	Topotecan, 0.1 mg (Hycamtin)	\$26.36	\$26.36	1/1/2011
***J3265	Torsemide, 10 mg/ml, injection (Demadex)	\$2.10	\$2.10	10/1/2009
***J3301	Triamcinolone acetonide, per 10 mg, injection (Kenalog-10)	\$1.33	\$1.33	10/1/2009
***J3300	Triamcinolone acetonide, preservative free, 1 mg, injection	\$3.13	\$3.13	10/1/2009
***J3302	Triamcinolone diacetate, per 5 mg, injection (Aristocort)	\$0.27	\$0.27	10/1/2009
***J3303	Triamcinolone hexacetonide, per 5mg injection (Aristospan)	\$1.29	\$1.29	10/1/2009
***J3250	Trimethobenzamide HCl, up to 200 mg, injection (Tigan)	\$4.30	\$4.30	10/1/2009
***J3305	Trimetrexate glucuronate, per 25 mg, injection (Neutrexin)	\$144.33	\$144.33	10/1/2009
***J3315	Triptorelin pamoate (trelstar), 3.75 mg	\$143.81	\$143.81	10/1/2009
***J3365	Urokinase, 250,000 IU, injection IV (Abbokinase)	\$441.28	\$441.28	10/1/2009
***J3370	Vancomycin HCl, 500 mg, injection (Vancoled)	\$3.03	\$3.03	10/1/2009
***J9360	Vinblastine sulfate, 1 mg (Velban)	\$1.03	\$1.03	10/1/2009
***J9370	Vincristine sulfate, 1 mg (Oncovin)	\$6.77	\$6.77	10/1/2009
***J9390	Vinorelbine tartrate, per 10 mg (Navelbine)	\$15.64	\$15.64	10/1/2009
***J3420	Vitamin B-12 cyanocobalamin, up to 1,000 mcg, injection	\$0.24	\$0.24	10/1/2009
***J2278	Ziconotide 1 mcg, (Prialt)	\$6.28	\$6.28	10/1/2009
J3490	Ziconotide, 500 mcg (Prialt, compounded by Pharmacy)	invoice required	invoice required	12/9/2008
***J3488	Zoledronic acid, 1 mg, injection (Reclast)	\$208.81	\$208.81	10/1/2009
***J3487	Zoledronic acid, 1 mg, injection (Zometa)	\$203.09	\$203.09	10/1/2009

IMMUNE GLOBULINS				
***90291	Cytomegalovirus Immune Globulin (CMV-IgIV), Human, 1 ml (CytoGam)	\$22.93	\$22.93	10/1/2009
***J1460	Gamma globulin, intramuscular, 1 cc, injection (Gamastan S/D)	\$11.13	\$11.13	10/1/2009
***J1560	Gamma globulin, intramuscular, over 10 cc, injection (Gamastan S/D)	\$111.38	\$111.38	10/1/2009
***90371	Hepatitis B Immune globulin (HBIG), human, 1 ml (BayHep B HepaGam B Nabi-HB)	\$115.64	\$115.64	10/1/2009
***J1573	Hepatitis B immune globulin, intravenous, 0.5 ml, injection (Hepagam B)	\$46.61	\$46.61	10/1/2009
***J1557	Immune Globulin (Gammaglobulin) intravenous, non-lyophilized (e.g., liquid) 500 mg	\$35.94	\$35.94	1/1/2012
***J1561	Immune Globulin, Intravenous, 500 mg, injection (Gamunex)	\$32.25	\$32.25	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
		The inclusion of a rate on this table does not guarantee that a service is covered.		
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical				
Coverage Policies on the DMA Web site.				
***J1566	Immune Globulin, intravenous, lyophilized, (e.g. powder) 500 mg, injection (Gammagard S-D)	\$27.06	\$27.06	10/1/2009
***J1572	Immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg, injection (Flebogamma)	\$31.36	\$31.36	10/1/2009
***J1568	Immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg, injection (Octagam)	\$33.81	\$33.81	6/30/2009
***J1459	Immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg, injection (Privigen)	\$32.93	\$32.93	10/1/2009
***J1569	Immune globulin, intravenous, nonlyophilized, (e.g., liquid), 500 mg, injection (Gammagard liquid)	\$30.65	\$30.65	10/1/2009
***J3590	Immune Globulin, subcutaneous, (liquid), 100 mg (Hizentra)	\$13.12	\$13.12	4/1/2010
***J1562	Immune globulin, subcutaneous, 100 mg (Vivaglobin)	\$6.83	\$6.83	10/1/2009
***J1571	Injection, hepatitis B immune globulin, intramuscular, 0.5 ml, (Hepagam B)	\$46.61	\$46.61	10/1/2009
***J7504	Lymphocyte Immune Globulin, anit-thymocyte globulin equine, parenteral, 250 mg (Atgam)	\$370.00	\$370.00	10/1/2009
***90375	Rabies Immune Globulin (Rig), human, 150 IU (BayRab)	\$65.38	\$65.38	10/1/2009
***90376	Rabies Immune Globulin, Heat-treated (Rig-HT), human, 2 ml (Imogam Rabies-HT)	\$75.26	\$75.26	10/1/2009
***J2790	Rho D immune globulin, human, full dose, 300 mcg (Rhophylac)	\$86.49	\$86.49	10/1/2009
***J2791	Rho(D) immune globulin (human), intramuscular or intravenous, 100 IU, injection (Rhophylac)	\$5.14	\$5.14	10/1/2009
***J2792	Rho(D) Immune Globulin h, sd (WinRHO, SDF)	\$15.06	\$15.06	10/1/2009
***J2788	Rho(D) Immune Globulin, 50 mcg (BayRho-D minidose)	\$27.41	\$27.41	10/1/2009
90389	Tetanus Immune Globulin (Tlg), Human, for Intramuscular use, 250 U/1 ml (BayTet)	\$134.90	\$134.90	10/1/2009
***90396	Varicella-Zoster Immune Globulin, human, 125 units	\$106.42	\$106.42	10/1/2009
MISCELLANEOUS				
J7340	Dermal and epidermal tissue of human origin, with or without bioengineered or processed elements, with metabolically active element per sq cm (Apilagraf)	\$27.75	\$27.75	10/1/2009
***J7307	FP Etonogestrel (Contraceptive) Implant System, including implant and supplies (Nexplanon)	\$698.99	\$698.99	12/1/2011
J7300	FP Intrauterine copper contraceptive (Paragrd T380A)	\$386.89	\$386.89	10/1/2009
J7300	Intrauterine copper contraceptive (Paragrd T380A)	\$386.89	\$386.89	10/1/2009
***J7302	FP Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	\$745.23	\$745.23	12/1/2011
***J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	\$745.23	\$745.23	12/1/2011

Radiopharmaceutical					
Diagnostic					
A9553	Chromium CR-51 sodium chromate, diagnostic per study dose, up to 250 μ Ci	\$622.63	\$622.63	10/1/2009	
A9559	Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 μ Ci	invoice required	invoice required	1/1/2008	
A9552	Fluorodeoxyglucose F-18 FDG, diagnostic per study dose, up to 45mCi	\$625.64	\$625.64	10/1/2009	

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.				
A9578	Gadobenate dimeglumine (MultiHance multipack), per ml, injection	\$5.44	\$5.44	10/1/2009
A9577	Gadobenate dimeglumine (MultiHance), per ml, injection	\$5.44	\$5.44	10/1/2009
A9579	Gadolinium-based magnetic resonance contrast agent, not otherwise specified, per ml	\$2.46	\$2.46	10/1/2009
A9576	Gadoteridol, (ProHance multipack), per ml, injection	\$5.44	\$5.44	10/1/2009
***A9556	Gallium GA-67 citrate, diagnostic, per mCi	\$44.82	\$44.82	10/1/2009
A9507	Indium In-111 capromab pentetide, diagnostic, per study dose, up to 10 mCi	\$3,259.47	\$3,259.47	10/1/2009
***A9542	Indium IN-111 ibritumomab tiuxetan, diagnostic per study dose, up to 5mCi	\$2,529.58	\$2,529.58	10/1/2009
A9547	Indium IN-111 oxyquinoline, diagnostic, per 0.5mCi	\$281.13	\$281.13	10/1/2009
A9571	Indium IN-111 oxyquinolone Labeled autologous platelets, diagnostic, per study dose	\$2,606.84	\$2,606.84	10/1/2009
A9570	Indium IN-111 oxyquinolone Labeled autologous white blood cells, diagnostic, per study dose	\$1,770.24	\$1,770.24	10/1/2009
A9548	Indium IN-111 pentetate, diagnostic, per 0.5mCi	\$262.43	\$262.43	10/1/2009
A9572	Indium IN-111 Pentetreotide, diagnostic, per study dose, up to 6 mCi	\$2,891.19	\$2,891.19	10/1/2009
Q9957	Injection, perlutren lipid microspheres, per ml	\$60.36	\$60.36	10/1/2009
J2805	Injection, Sincalide, 5mcg	\$53.38	\$53.38	10/1/2009
A9516	Iodine I-123 sodium iodide capsule(s), diagnostic, per 100 µCi	\$70.18	\$70.18	10/1/2009
A9509	Iodine I-123 Sodium Iodine, Diagnostic, per mCi	\$122.60	\$122.60	10/1/2009
A9532	Iodine I-125 serum albumin, diagnostic, per 5 µCi	\$45.79	\$45.79	10/1/2009
A9554	Iodine I-125 sodium iothalamate, diagnostic per study dose, up to 10µCi	\$1,995.62	\$1,995.62	10/1/2009
A9508	Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 mCi	\$555.49	\$555.49	10/1/2009
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 µCi	\$47.72	\$47.72	10/1/2009
A9528	Iodine I-131 sodium iodide capsules, diagnostic, per mCi	\$53.14	\$53.14	10/1/2009
A9529	Iodine I-131 sodium iodide solution, diagnostic, per mCi	\$144.13	\$144.13	10/1/2009
A9531	Iodine I-131 Sodium Iodide, Diagnostic, Per Microcurie (Up To 100 Microcuries)	\$53.14	\$53.14	10/1/2009
***A9544	Iodine I-131 Tositumomab, diagnostic, per study dose	\$2,513.51	\$2,513.51	10/1/2009
Q9965	Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml	\$1.34	\$1.34	10/1/2009
Q9966	Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml	\$0.40	\$0.40	10/1/2009
Q9967	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	\$0.20	\$0.20	10/1/2009
Q9951	Low Osmolar Contrast Material, 400 or greater Mg/Ml Iodine Concentration, Per MI	invoice required	invoice required	1/1/2008
A9535	Methylene Blue, 1 ml	\$4.12	\$4.12	10/1/2009
A9526	Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 mCi	invoice required	invoice required	1/1/2008
A4641	Radiopharmaceutical, diagnostic, not otherwise classified	invoice required	invoice required	1/1/2009
J2785	Regadenoson, 0.1 mg injection (Lexiscan)	\$45.70	\$45.70	10/1/2009
A9555	Rubidium RB-82, diagnostic per study, up to 60mCi	\$29,765.61	\$29,765.61	10/1/2009
A9580	Sodium fluoride F-18, diagnostic, per study dose, up to 30 millicuries	manually priced	manually priced	1/1/2009
A9700	Supply of injectable contrast material for use in echocardiography, per study	invoice required	invoice required	1/1/2008

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.			
A9521	Technetium T-99m exometazime, diagnostic, per study dose, up to 25 mCi	\$695.91	\$695.91	10/1/2009
A9503	Technetium Tc-99 medronate, diagnostic, per study dose, up to 30 mCi	\$38.80	\$38.80	10/1/2009
A9500	Technetium Tc-99 sestamibi, diagnostic, per study dose, up to 40 mCi	\$117.32	\$117.32	10/1/2009
A9502	Technetium Tc-99 tetrofosmin, diagnostic, per study dose, up to 40 mCi	\$116.70	\$116.70	10/1/2009
A9504	Technetium Tc-99m apcitide, diagnostic, per study dose, up to 20 mCi	invoice required	invoice required	1/1/2008
A9557	Technetium TC-99m bicisate, diagnostic per study dose, up to 25mCi	\$886.94	\$886.94	10/1/2009
A9536	Technetium TC99m depreotide, diagnostic, per study dose, up to 35mCi	invoice required	invoice required	1/1/2008
A9510	Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 mCi	\$27.16	\$27.16	10/1/2009
A9569	Technetium TC-99M Exometazime Labeled Autologous white blood cells, diagnostic, per study dose	\$1,770.24	\$1,770.24	10/1/2009
A9566	Technetium TC-99m fanolesomab diagnostic (Neutrospec) per study dose, up to 25mCi	invoice required	invoice required	1/1/2008
A9560	Technetium TC-99m labeled red blood cells, diagnostic per study dose, up to 30mCi	\$91.82	\$91.82	10/1/2009
A9540	Technetium TC99m macroaggregated albumin, diagnostic per study dose, up to 10mCi	\$38.80	\$38.80	10/1/2009
A9537	Technetium TC99m mebrofenin, diagnostic per study, up to 15mCi	\$65.58	\$65.58	10/1/2009
A9562	Technetium TC-99m meriatide, diagnostic per study dose, up to 15mCi	\$249.64	\$249.64	10/1/2009
A9561	Technetium TC-99m oxidronate, diagnostic per study dose, up to 30mCi	\$40.75	\$40.75	10/1/2009
A9539	Technetium TC99m pentetate, diagnostic per study dose, up to 25mCi	\$48.01	\$48.01	10/1/2009
A9567	Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 mCi	\$66.95	\$66.95	10/1/2009
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	\$12.07	\$12.07	10/1/2009
A9538	Technetium TC99m pyrophosphate, diagnostic, per study dose, up to 25mCi	\$50.45	\$50.45	10/1/2009
A9550	Technetium TC99m sodium gluceptate, diagnostic per study dose, up to 25mCi	\$72.27	\$72.27	10/1/2009
A9551	Technetium TC99m succimer, DMSA, diagnostic per study dose, up to 10mCi	\$122.08	\$122.08	10/1/2009
A9541	Technetium TC99m sulphur colloid, diagnostic per study dose, up to 20mCi	\$51.97	\$51.97	10/1/2009
A9501	Technetium TC-99M Teboroxime, Diagnostic, per study dose	invoice required	invoice required	1/1/2008
A9505	Thallium TI-201 thallous chloride, diagnostic, per mCi	\$60.74	\$60.74	10/1/2009
A9558	Xenon Xe-133 gas, diagnostic, per 10 mCi	\$41.99	\$41.99	10/1/2009
***A9543	Yttrium Y-90 ibritumomab tiuxetan, diagnostic per study dose, up to 40mCi	\$21,898.78	\$21,898.78	10/1/2009
Therapeutic				
A9564	Chromic phosphate P-32 suspension, therapeutic, per mCi	\$310.84	\$310.84	10/1/2009
A9517	Iodine I-131 Sodium Iodide Capsule(S), Therapeutic, Per Millicurie	\$157.91	\$157.91	10/1/2009
A9530	Iodine I-131 Sodium Iodide Solution, Therapeutic, Per Millicurie	invoice required	invoice required	1/1/2008
***A9545	Iodine I-131 Tositumomab, therapeutic, per treatment dose	\$21,779.93	\$21,779.93	10/1/2009
A9699	Radiopharmaceutical, therapeutic, not otherwise classified	invoice required	invoice required	1/1/2008
A9605	Samarium Sm-153 lexidronamm, therapeutic, per 50 mCi, per 50 mCi	\$1,546.26	\$1,546.26	10/1/2009

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
A9563	Sodium Phosphate P-31, therapeutic, per mCi	\$305.00	\$305.00	10/1/2009
A9600	Strontium Sr-89 chloride, therapeutic, per mCi	\$861.64	\$861.64	10/1/2009

VACCINES					
90585	Bacillus Calmette-Guerin Vaccine (BCG) for Tuberculosis, Live, for Percutaneous use	\$112.70	\$112.70	10/1/2009	
90723	Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine, Hepatitis B and poliovirus Vaccine inactivated (PtsP-HepB-IPV)	\$72.63	\$72.63	10/1/2009	
90648	Hemophilus Influenza b Vaccine (Hib), PRP-T Conjugate (4 dose schedule), Intramuscular use	\$21.00	\$21.00	10/1/2009	
90647	Hemophilus Influenza b Vaccine (Hib) PRP-OMP Conjugate (3 dose schedule), for Intramuscular use	\$19.68	\$19.68	10/1/2009	
90636	Hepatitis A and Hepatitis B Vaccine (HepA-HepB), Adult dosage, for Intramuscular use	\$89.50	\$89.50	10/1/2009	
90632	Hepatitis A Vaccine, Adult dosage, for Intramuscular use	\$44.16	\$44.16	10/1/2009	
90746	Hepatitis B Vaccine, Adult dosage, for Intramuscular use	\$55.20	\$55.20	10/1/2009	
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use	\$110.41	\$110.41	10/1/2009	
90747	Hepatitis B Vaccine, Dialysis or Immunosuppressed Patient dosage (4 dose schedule), for Intramuscular use	\$110.41	\$110.41	10/1/2009	
90650	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use	\$133.25	\$133.25	5/1/2010	
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18, quadrivalent, 3 dose schedule, for IM use (Gardasil), 0.5 ml	\$135.73	\$135.73	10/1/2009	
90660	Influenza Virus Vaccine, live, intranasal, 0.2 ml (Flumist)	\$21.24	\$21.24	10/1/2009	
90658	Influenza Virus Vaccine, Split Virus, 3 years and above, for Intramuscular or Jet Injection use	\$12.74	\$12.74	10/1/2009	
90656	Influenza virus vaccine, split virus, preservative free for use in individuals 3 years and above, for intramuscular use.	\$16.75	\$16.75	10/1/2009	
90705	Measles Virus Vaccine, Live, for Subcutaneous or Jet Injection use	\$16.16	\$16.16	10/1/2009	
90707	Measles, Mumps, and Rubella Virus Vaccine (MMR), Live, for Subcutaneous or Jet Injection use	\$41.02	\$41.02	10/1/2009	
90733	Meningococcal Polysaccharide Vaccine (any group(s)), for Subcutaneous or Jet Injection use	\$90.50	\$90.50	10/1/2009	
90734	Meningococcal conjugate vaccine, serogroups A, C, Y, W-135 (tetravalent) for IM use.	\$106.87	\$106.87	1/1/2011	
90704	Mumps Virus Vaccine, Live, for Subcutaneous or Jet Injection use	\$21.12	\$21.12	10/1/2009	
90732	Pneumococcal Polysaccharide Vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 yrs or older, for Subcutaneous or Intramuscular use	\$31.53	\$31.53	10/1/2007	
90713	Poliovirus Vaccine, Inactivated, (IPV), for Subcutaneous or intramuscular use	\$24.79	\$24.79	10/1/2009	
90706	Rubella Virus Vaccine, Live, for Subcutaneus or Jet Injection use	\$18.08	\$18.08	10/1/2009	

Nurse Practitioner Fee Schedule				
Provider Specialty 061				
	The inclusion of a rate on this table does not guarantee that a service is covered.			
	Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical			
	Coverage Policies on the DMA Web site.			
90714	Tetanua & Diphteria toxoids (Td), adsorbed, preservative free, for individuals 7 years and older, for IM use.	\$19.25	\$19.25	10/1/2009
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for IM use	\$39.49	\$39.49	1/1/2011
90703	Tetanus Toxoid Adsorbed, for Intramuscular use; 0.5 ml	\$20.70	\$20.70	10/1/2009
90716	Varicella Virus Vaccine, Live for Subcutaneous use	\$86.42	\$86.42	1/1/2011