

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
10021		3	fine needle aspiration; without imaging guidanc	53.98	103.59
10022		3	fine needle aspiration; with imaging guidance	53.58	106.36
10040		3	acne surgery	65.49	74.43
10060		3	drainage of abscess	69.47	80.14
10061		3	drainage of abscess	123.86	137.99
10080		3	drainage of pilonidal cyst	71.00	118.30
10081		3	drainage of pilonidal cyst	124.44	186.74
10120		3	foreign body removal, skin	68.12	97.83
10121		3	foreign body removal, skin	139.47	190.81
10140		3	drainage of blood effusion	89.00	112.65
10160		3	puncture drainage of lesion	71.67	91.56
10180		3	incision and drainage, complex	131.34	169.12
11000		3	surgical cleansing of skin	25.28	39.70
11001		3	debridement of extensive eczematous or infect	12.74	16.78
11004		3	debridement of skin, subcutaneous tissue, mus	452.66	452.66
11005		3	debridement of skin, subcutaneous tissue, mus	590.74	590.74
11006		3	debridement of skin, subcutaneous tissue, mus	558.93	558.93
11008		3	removal of prosthetic material or mesh, abdom	212.95	212.95
11010		3	debridement including removal of foreign mate	215.51	341.25
11011		3	debridement including removal of foreign mate	232.40	380.63
11012		3	debridement including removal of foreign mate	336.35	520.07
11040		3	debridement of abrasions	21.68	34.66
11041		3	debridement skin full thickness	27.03	40.59
11042		3	debridement skin and subcutaneous tissue	36.17	54.91
11043		3	debridement skin subcutaneous and muscle	175.81	200.33
11044		3	debridement skin subcutaneous tissue muscle	241.91	273.65
11055		3	paring or cutting of benign hyperkeratotic lesio	18.15	35.45
11056		3	paring or cutting of benign hyperkeratotic lesio	25.60	43.48
11057		3	paring or cutting of benign hyperkeratotic lesio	33.24	52.56
11100		3	biopsy of skin lesion	37.38	75.17
11101		3	biopsy of skin, subcutaneous tissue and/or mu	19.24	24.72
11200		3	removal of skin tags	50.51	59.46
11201		3	removal of skin tags, multiple fibrocutaneous ta	12.89	14.05
11300		3	shaving of epidermal or dermal lesion, single le	22.84	49.09
11301		3	shaving of epidermal or dermal lesion, single le	38.83	67.67
11302		3	shaving of epidermal or dermal lesion, single le	48.15	81.03
11303		3	shaving of epidermal or dermal lesion, single le	56.48	95.13
11305		3	shaving of epidermal or dermal lesion, single le	28.91	50.82

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11306		3	shaving of epidermal or dermal lesion, single le	43.79	70.32
11307		3	shaving of epidermal or dermal lesion, single le	51.63	83.07
11308		3	shaving of epidermal or dermal lesion, single le	62.11	93.55
11310		3	shaving of epidermal or dermal lesion, single le	33.07	61.33
11311		3	shaving of epidermal or dermal lesion, single le	48.44	78.14
11312		3	shaving of epidermal or dermal lesion, single le	55.62	90.23
11313		3	shaving of epidermal or dermal lesion, single le	74.41	113.06
11400		3	removal of skin lesion	55.14	83.40
11401		3	removal of skin lesion	73.54	102.96
11402		3	removal of skin lesion	81.45	114.91
11403		3	removal skin lesion	103.63	132.48
11404		3	removal skin lesion	115.44	150.91
11406		3	excision benign skinlesion over 4 cm	173.07	213.73
11420		3	removal of skin lesion	59.78	84.58
11421		3	removal of skin lesion	80.92	110.06
11422		3	removal of skin lesion	97.58	122.96
11423		3	excision benign lesion diameter 2 to 3 cm	113.97	143.39
11424		3	excision benign lesion diameter 3 to 4 cm	131.51	165.55
11426		3	ex ben les ex sk tag sc ne ha fe gen over 4 cm	201.28	238.20
11440		3	removal of skin lesion	71.45	92.51
11441		3	removal of skin lesion	94.04	117.69
11442		3	removal of skin lesion	105.00	132.69
11443		3	ex ot ben le face ears eyelids nose lips mucus	130.02	159.72
11444		3	ex oth ben le face ears eyelid nose lips mucus	167.04	201.94
11446		3	excision other benign lesion over 4 cm	236.78	275.72
11450		3	exc skin for hidradenitis primary suture/axillary	172.11	251.42
11451		3	exc skin for hidradenitis w other closure/axillary	227.73	329.25
11462		3	exc skin for hidradenitis w prim suture/inguinal	165.44	247.92
11463		3	exc skin for hidradenitis w oth closure/inguinal	232.25	338.39
11470		3	exc skin for hidradenitis w primary closure	196.15	276.32
11471		3	exc skin for hidradenitis with other closure	247.10	347.76
11600		3	removal of skin lesion	83.26	128.82
11601		3	removal of skin lesion	107.75	159.38
11602		3	removal of skin lesion	118.60	175.13
11603		3	excision malignant lesion trunk arms or legs di:	141.16	199.42
11604		3	excision malignant lesion trunk arms or legs di:	155.16	220.35
11606		3	exc malignant lesion on trunk arms legs over 4	230.43	311.18
11620		3	removal of skin lesion	84.52	131.53

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
11621		3	removal of skin lesion	108.93	160.84
11622		3	removal of skin lesion	125.67	182.20
11623		3	excision malignant lesion diameter 2 to 3 cm	155.03	213.29
11624		3	excision malignant lesion diameter 3 to 4 cm	176.35	240.09
11626		3	excision malignant lesion over 4 cm	220.87	292.68
11640		3	removal of skin lesion	89.03	137.48
11641		3	removal of skin lesion	116.27	169.34
11642		3	removal of skin lesion	137.25	195.50
11643		3	excision malignant lesion diameter 2 to 3 cm	171.64	230.48
11644		3	excision malignant lesion diameter 3 to 4 cm	214.04	284.70
11646		3	exc malignant lesion of face ears eyelids nose	301.44	376.14
11719		3	trim nail(s)	7.13	15.51
11720		3	debridement of nail(s) by any method(s); one tr	13.36	22.88
11721		3	debridement of nail(s) by any method(s); six or	22.83	32.93
11730		3	avulsion of nail plate, partial or complete, simpl	46.29	72.54
11732		3	avulsion of nail plate, partial or complete, simpl	24.06	33.86
11740		3	evacuation of subungual hematoma	23.86	32.81
11750		3	removal of nail bed	131.67	157.05
11752		3	exc nail with amputation of tuft of distal phalan;	196.76	223.58
11755		3	biopsy of nail unit (eg, plate, bed, matrix, hypor	65.53	97.54
11760		3	reconstruction of nail bed	97.88	145.75
11762		3	reconstruction of nail bed	151.21	197.06
11765		3	wedge excision of skin of nail fold (eg, for ingrc	50.25	92.37
11770		3	removal of pilonidal lesion	132.65	188.02
11771		3	removal of pilonidal lesion	307.22	386.82
11772		3	removal of pilonidal lesion	400.21	469.42
11900		3	injection into skin lesions	23.82	41.12
11901		3	injection into skin lesions	37.07	52.36
11921		3	correct skin color defects	102.83	151.28
11950		3	therapy for contour defects	38.91	55.64
11951		3	therapy for contour defects	54.27	74.47
11952		3	subcutaneous injection of filling material 5 to 10	78.35	104.89
11954		3	therapy for contour defects	88.01	119.73
11960		3	insertion of tissue expander	676.63	676.63
11970		3	replacement of tissue expander	445.22	445.22
11971		3	tissue expander removal	219.47	328.20
11975		3	insert/reinsert implantable contraceptive capsu	64.50	98.83
11976		3	remove w/o reinsert- contraceptive capsule im	75.51	111.27

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11977		3	removal with reinsertion, implantable contracept	143.37	179.72
11980		3	subcutaneous hormone pellet implantation (impl	63.43	79.29
11981		3	insertion, non-biodegradable drug delivery imp	66.68	101.87
11982		3	removal, non-biodegradable drug delivery impl	81.35	117.41
11983		3	removal with reinsertion, non-biodegradable dr	148.97	182.72
12001		3	repair of recent wound	77.94	107.64
12002		3	simple rep superf wds sca neck axil ext gen tru	86.49	114.76
12004		3	simple rep superf wds sca neck axil ext gen tru	101.73	135.47
12005		3	simple rep superf wds sca neck axil ext gen tru	126.86	168.97
12006		3	simple rep superf wds sca neck axil ext gen tru	160.31	209.91
12007		3	simple rep superf wds sca neck axil ext gen tru	183.24	237.75
12011		3	simp rep superf wds of face ea eyel no li muc r	80.58	114.32
12013		3	simp rep superf wds of face ea eyel no li muc r	91.90	126.22
12014		3	simp rep superf wds of face ea eyel no li muc r	110.71	149.08
12015		3	simple rep superf wds of face ears eye nose lip	138.98	187.44
12016		3	simple repair superficial wound 12.5 to 20.0 cm	169.68	224.19
12017		3	simple repair superficial wound 20.0 to 30.0 cm	202.03	202.03
12018		3	simple repair superficial wound over 30.0 cm.	249.70	249.70
12020		3	treatment of superficial wound dehiscence	140.16	194.38
12021		3	treatment of superficial wound with packing	101.67	115.81
12031		3	layer closure of wounds up to 2.5 cm.	117.45	171.67
12032		3	layer closure of wounds 2.5 to 7.5 cm.	144.25	220.68
12034		3	layer closure of wounds 7.5 to 12.5 cm.	151.12	218.32
12035		3	layer closure of wounds 12.5 to 20.0 cm.	177.27	266.09
12036		3	layer closure of wounds 20.0 to 30.0 cm.	204.66	292.34
12037		3	layer closure wounds over 30.0 cm.	238.28	329.99
12041		3	layer closure of wounds up to 2.5 cm.	125.86	180.09
12042		3	layer closure of wounds 2.5 to 7.5 cm.	147.10	209.97
12044		3	layer closure of wounds 7.5 to 12.5 cm.	158.67	242.31
12045		3	layer closure of wounds 12.5 to 20.0 cm.	184.21	268.71
12046		3	layer closure wounds 20.0 to 30.0 cm.	217.04	318.28
12047		3	layer closure of wounds over 30.0 cm.	237.52	341.63
12051		3	layer closure of wounds up to 2.5 cm.	134.66	193.49
12052		3	layer closure of wounds 2.5 to 5.0 cm.	157.89	219.32
12053		3	layer closure of wounds 5.0 to 7.5 cm.	160.71	241.18
12054		3	layer closure of wounds 7.5 to 12.5 cm.	170.94	255.45
12055		3	layer closure of wounds 12.5 to 20.0 cm.	208.76	308.26
12056		3	layer closure of wounds 20.0 to 30.0 cm.	254.67	363.98

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12057		3	layer closure of wounds over 30.0 cm.	291.52	406.89
13100		3	repair of wound or lesion	175.72	229.95
13101		3	repair complex trunk 2.5 to 7.5 cm.	213.62	290.34
13102		3	complex repair trunk each additional	57.38	79.02
13120		3	repair of wound or lesion	183.65	239.02
13121		3	repair complex scalp arms and/or legs 2.5 to 7	242.11	321.43
13122		3	each additional -complex repair to scalp, arms &	65.75	88.53
13131		3	repair of wound or lesion	207.26	264.08
13132		3	repair complex 2.5 to 7.5 cm.	349.40	423.52
13133		3	each additional-complex repair to forehead, che	102.13	125.49
13150		3	repair complex eye nose ears and/or lips up to	206.30	263.11
13151		3	repair of wound or lesion	240.08	300.06
13152		3	repair complex eye nose ear and lips 2.5 to 7.5	323.55	413.82
13153		3	each additional -complex repair to eyelids, nose	110.67	137.79
13160		3	secondary closure of surgical wound dehiscen	606.98	606.98
14000		3	adjacent tissue transfer or rearrangement trunk	370.22	447.79
14001		3	adjacent tissue transfer or rearran trunk defect	491.96	583.10
14020		3	skin tissue rearrangement scalp arms and/or le	423.61	504.37
14021		3	adjacent tissue transf/rearrang scalp arms legs	548.18	640.19
14040		3	skin tissue rearrangement defect up to 10 sq c	482.49	561.52
14041		3	adjacent tissue trans/rearrange 10 sq cm to 30	596.21	698.89
14060		3	skin tissue rearrangement defect up to 10 sq c	509.66	571.96
14061		3	adjacent tissue transf/rearrange eye nose ear l	635.74	748.52
14300		3	skin tissue rearrangement more than 30 sq cm	712.67	811.88
14350		3	filleted finger or toe flap including prep of reci	563.72	563.72
15002		3	surgical preparation or creation of recipient site	173.39	244.04
15003		3	surgical preparation or creation of recipient site	35.19	53.07
15004		3	surgical preparation or creation of recipient site	216.78	296.38
15005		3	surgical preparation or creation of recipient site	69.81	89.71
15040		3	harvest of skin for tissue cultured skin autograf	97.39	183.91
15050		3	pinch graft single or multiple to cover sm ulcer	324.35	392.13
15100		3	split-thickness autograft, trunk, arms, legs; first	532.90	632.11
15101		3	split graft, trunk, arms, legs; each additional 10	85.78	138.27
15110		3	epidermal autograft, trunk, arms, legs; first 100	550.00	626.43
15111		3	epidermal autograft, trunk, arms, legs; each ad	83.01	91.96
15115		3	epidermal autograft, face, scalp, eyelids, moutl	569.49	634.38
15116		3	epidermal autograft, face, scalp, eyelids, moutl	114.47	124.85
15120		3	split graft, face, scalp, eyelids, mouth, neck, ea	584.72	687.40

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
15121		3	split graft, face, scalp, eyelids, mouth, neck, ea	131.32	195.63
15130		3	dermal autograft, trunk, arms, legs; first 100 sq	416.34	491.33
15131		3	dermal autograft, trunk, arms, legs; each additi	67.94	74.86
15135		3	dermal autograft, face, scalp, eyelids, mouth, n	573.29	635.88
15136		3	dermal autograft, face, scalp, eyelids, mouth, n	64.56	69.18
15150		3	tissue cultured epidermal autograft, trunk, arms	477.19	516.99
15151		3	tissue cultured epidermal autograft, trunk, arms	89.82	97.02
15152		3	tissue cultured epidermal autograft, trunk, arms	118.04	126.11
15155		3	tissue cultured epidermal autograft, face, scalp	511.48	544.65
15156		3	tissue cultured epidermal autograft, face, scalp	128.05	134.68
15157		3	tissue cultured epidermal autograft, face, scalp	139.03	148.55
15170		3	acellular dermal replacement, trunk, arms, legs	275.79	316.18
15171		3	acellular dermal replacement, trunk, arms, legs	68.23	71.41
15175		3	acellular dermal replacement, face, scalp, eyel	364.84	402.91
15176		3	acellular dermal replacement, face, scalp, eyel	108.08	114.13
15200		3	skin graft procedure	487.96	586.89
15201		3	full thickness graft, free, including direct closure	61.35	107.79
15220		3	skin graft procedure	460.61	557.51
15221		3	full thickness graft, free, including direct closure	56.13	100.25
15240		3	skin graft procedure	588.46	670.37
15241		3	full thickness graft, free, including direct closure	87.63	134.64
15260		3	skin graft procedure	638.44	727.56
15261		3	full thickness graft, free, including direct closure	110.02	157.03
15300		3	allograft skin for temporary wound closure, trun	219.27	253.60
15301		3	allograft skin for temporary wound closure, trun	44.62	48.08
15320		3	allograft skin for temporary wound closure, face	248.38	286.17
15321		3	allograft skin for temporary wound closure, face	67.08	71.69
15330		3	acellular dermal allograft, trunk, arms, legs; fir	198.70	233.88
15331		3	acellular dermal allograft, trunk, arms, legs; ea	44.91	48.08
15335		3	acellular dermal allograft, face, scalp, eyelids, i	212.61	246.94
15336		3	acellular dermal allograft, face, scalp, eyelids, i	61.81	67.00
15340		3	tissue cultured allogeneic skin substitute; first 2	202.35	233.50
15341		3	tissue cultured allogeneic skin substitute; each	21.39	34.66
15341		3	tissue cultured allogeneic skin substitute; each	21.39	34.66
15360		3	tissue cultured allogeneic dermal substitute; tru	227.36	263.99
15361		3	tissue cultured allogeneic dermal substitute; ea	49.29	53.91
15365		3	tissue cultured allogeneic dermal substitute, fa	227.46	260.34
15366		3	tissue cultured allogeneic dermal substitute, fa	61.55	66.45

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
15400		3	application of xenograft, skin; 100 sq cm or les	261.80	288.91
15401		3	application of xenograft, skin; each additional 1	44.33	69.13
15420		3	xenograft skin (dermal), for temporary wound c	290.52	325.70
15421		3	xenograft skin (dermal), for temporary wound c	66.20	85.53
15430		3	acellular xenograft implant; first 100 sq cm or le	370.70	383.97
15431		3	acellular xenograft implant; each additional 100	131.14	134.00
15570		3	pedicle flap graft; trunk	533.25	645.44
15572		3	pedicle flap graft; scalp, arms, or legs	539.58	626.67
15574		3	pedicle flap-face,neck,axilla,genitalia,hands,feet	570.06	661.20
15576		3	pedicle flap; eyelids,nose,ears,lips,intraoral	500.55	587.37
15600		3	skin graft procedure	147.47	234.28
15610		3	skin graft procedure	174.76	236.48
15620		3	skin graft procedure	232.27	314.47
15630		3	skin graft procedure	253.90	332.63
15650		3	skin graft procedure	286.51	371.59
15731		3	forehead flap with preservation of vascular ped	758.88	834.43
15732		3	muscle, myocutaneous, or fasciocutaneous flap	990.06	1,106.58
15734		3	muscle flap trunk	1,014.53	1,136.24
15736		3	muscle flap upper extremity	876.14	1,005.92
15738		3	muscle flap lower extremity	955.43	1,075.12
15740		3	skin graft procedure	643.15	744.10
15750		3	skin graft procedure	682.54	682.54
15756		3	free muscle flap with or without skin with micro	1,804.18	1,804.18
15757		3	free skin flap with microvascular anastomosis	1,786.97	1,786.97
15758		3	free fascial flap with microvascular anastomosi	1,787.91	1,787.91
15760		3	skin graft procedure	527.44	617.99
15770		3	skin graft procedure	488.21	488.21
15780		3	abrasion treatment of skin	481.60	606.49
15781		3	abrasion skin removal tattoos less total face	315.84	387.94
15782		3	abrasion skin removal tattoos regional not face	302.73	408.87
15783		3	superficial dermabrasion	273.79	352.82
15786		3	abrasion single lesion eg keratosis scar	103.59	172.81
15787		3	abrasion; each additional four lesions or less (l	14.54	35.31
15788		3	chemical peel, facial;	172.90	304.41
15789		3	chemical peel, facial;	314.81	411.14
15792		3	chemical peel, nonfacial;	189.20	299.08
15793		3	chemical peel, nonfacial;	260.72	341.48
15819		3	cervicoplasty	550.06	550.06

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15820		3	removal of skin furrows	354.40	390.16
15821		3	removal of skin furrows	376.04	415.27
15822		3	blepharoplasty, upper eyelid;	271.09	305.12
15823		3	blepharoplasty, upper eyelid; w/excessive skin	446.78	483.98
15830		3	excision, excessive skin and subcutaneous tiss	877.01	877.01
15832		3	removal of skin furrows	665.76	665.76
15833		3	removal of skin furrows	627.58	627.58
15834		3	removal of skin furrows	625.39	625.39
15835		3	removal of skin furrows	661.43	661.43
15836		3	removal of skin furrows	550.94	550.94
15837		3	removal of skin furrows	498.62	567.55
15838		3	excision excess skin submental fat pad	429.50	429.50
15839		3	excision excessive skin and subq tissue other :	540.28	627.67
15840		3	skin repair for nerve palsy	758.28	758.28
15841		3	facial nerve paralysis free muscle graft	1,270.48	1,270.48
15842		3	graft for facial nerve paralysis; free muscle flap	2,007.18	2,007.18
15845		3	skin and muscle repair, face	711.33	711.33
15847		3	excision, excessive skin and subcutaneous tiss	284.42	284.42
15850		3	removal of sutures w/ anesthesia, same surger	33.10	66.55
15851		3	removal sutures in hosp er under anesthesia	35.50	68.09
15852		3	dressing change w/ anesthesia, excludes burn:	36.96	36.96
15860		3	intravenous injection of agent (eg, fluorescein)	86.91	86.91
15920		3	removal of tail bone	436.47	436.47
15922		3	removal of tail bone	554.41	554.41
15931		3	excision sacral decubitus ulcer primary suture	498.22	498.22
15933		3	exc sacral decubitus ulcer with ostectomy/prim	612.37	612.37
15934		3	excision sacral decubitus ulcer skin flap closur	683.67	683.67
15935		3	exc sacral pressure ulcer local skin flap	812.82	812.82
15936		3	excision, sacral pressure ulcer, in preparation f	662.78	662.78
15937		3	exc sacral pressure ulcer with ostectomy	774.53	774.53
15940		3	removal of pressure sore	512.15	512.15
15941		3	excision sacral decubitus ulcer with ostectomy	663.93	663.93
15944		3	exc ischial pressure ulcer local skin flap closur	654.28	654.28
15945		3	exc ischial pressure ulcer with ostectomy	726.74	726.74
15946		3	excision, ischial pressure ulcer, with ostectomy	1,217.17	1,217.17
15950		3	removal of pressure sore	423.50	423.50
15951		3	excision trochanteric decubitus ulcer w ostecto	604.12	604.12
15952		3	removal of pressure sore	635.40	635.40

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15953		3	removal of pressure sore	707.45	707.45
15956		3	excision, trochanteric pressure ulcer, in prepar	852.45	852.45
15958		3	exc trochanteric ulcer myocutan flap w ostecto	869.30	869.30
16000		3	initial treatment, first degree burn, when no mo	36.25	50.96
16020		3	dressings and/or debridement, initial or subseq	42.68	59.40
16025		3	dressings and/or debridement, initial or subseq	87.69	108.45
16030		3	dressings and/or debridement, initial or subseq	99.59	129.58
16035		3	escharotomy; initial incision	164.93	164.93
16036		3	escharotomy; each additional incision (list sepa	65.72	65.72
17000		3	destruction any method premalignant lesions o	40.11	57.13
17003		3	destruction by any method, including laser, wtl	3.53	5.55
17004		3	destruction (eg, laser surgery, electrosurgery, c	101.32	128.72
17106		3	destruction of vascular proliferative lesions	209.17	253.01
17107		3	destruction vascular proliferative lesion 10sq le	276.62	335.17
17108		3	destruction vascular lesions over 50.0 sq cm	361.00	428.77
17110		3	destruction (eg, laser surgery, electrosurgery, c	49.85	78.99
17111		3	destruction by any method of flat warts, mollus	62.31	94.04
17250		3	chemical cauterization of wound	27.45	53.69
17260		3	destruction, malignant lesion (eg, laser surgery	50.27	69.30
17261		3	destruct.malig. lesion-trunk,arms,legs; 0.6-1.0	67.80	102.98
17262		3	destruct.malig. lesion-trunk,arms,legs; 1.1-2.0	86.83	125.77
17263		3	destruct.malig. lesion-trunk,arms,legs; 2.1-3.0	96.18	138.87
17264		3	destruct.malig. lesion-trunk,arms,legs; 3.1-4.0	102.78	148.64
17266		3	destruct.malig. lesion-trunk,arms,legs; over 4.	119.77	169.10
17270		3	destruction, malignant lesion (eg, laser surgery	73.34	107.09
17271		3	destruction malignant lesion scalp,neck-0.6-1.0	82.59	118.35
17272		3	destruction malignant lesion scalp,neck-1.1-2.0	95.84	135.64
17273		3	destruction malignant lesion scalp,neck-2.1-3.0	108.24	151.50
17274		3	destruction malignant lesion scalp,neck-3.1-4.0	132.96	179.69
17276		3	destruction malignant lesion scalp,neck over 4.	160.09	208.54
17280		3	destruction, malignant lesion (eg, laser surgery	66.65	100.39
17281		3	destruction malignant lesion face 0.6-1.0 cm	93.13	128.60
17282		3	destruction malignant lesion face 1.1-2.0 cm	108.21	149.16
17283		3	destruction malignant lesion face 2.1-3.0 cm	135.58	180.58
17284		3	destruction malignant lesion face 3.1-4.0 cm	161.83	210.28
17286		3	destruction malignant lesion face over 4.0 cm	217.71	266.74
17311		3	mohs micrographic technique, including remov	292.08	505.21
17312		3	mohs micrographic technique, including remov	155.36	301.87

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
17313		3	mohs micrographic technique, including remov	262.22	460.92
17314		3	mohs micrographic technique, including remov	144.22	279.77
17315		3	mohs micrographic technique, including remov	40.99	60.60
17340		3	cryotherapy (co2 slush, liquid n2) for acne	35.35	36.51
17360		3	acne therapy	75.21	96.84
19000		3	puncture aspiration of cyst of breast;	36.43	83.44
19001		3	puncture aspiration of cyst of breast; each add	18.21	21.39
19020		3	incision of breast lesion	210.87	313.27
19030		3	injection procedure only for mammary ductogra	65.92	128.51
19100		3	biopsy of breast; percutaneous, needle core, n	53.44	102.47
19101		3	biopsy of breast; open, incisional	160.55	234.10
19102		3	biopsy of breast; percutaneous, needle core, u	86.18	168.38
19103		3	biopsy of breast; percutaneous, automated vac	158.19	421.51
19110		3	nipple exploration w/ or w/o excision	238.33	325.72
19112		3	excision of lactiferous duct fistula	213.73	304.00
19120		3	excision of cyst, fibroadenoma, or other benign	293.14	339.86
19125		3	excision of breast lesion identified by preopera	325.41	376.46
19126		3	excision of breast lesion identified by preopera	123.39	123.39
19260		3	removal of chest wall lesion	896.20	896.20
19271		3	removal of chest wall lesion	1,213.49	1,213.49
19272		3	removal of chest wall lesion	1,345.69	1,345.69
19290		3	pre-op placement of needle localization, breast	54.54	124.33
19291		3	preoperative placement of needle localization v	27.06	53.89
19295		3	image guided placement, metallic localization c	67.97	67.98
19296		3	placement of radiotherapy afterloading balloon	158.37	2,845.50
19297		3	placement of radiotherapy afterloading balloon	71.70	71.70
19298		3	placement of radiotherapy afterloading brachyt	261.05	977.18
19300		3	mastectomy for gynecomastia	283.93	360.64
19301		3	mastectomy, partial (eg, lumpectomy, tyelectom	455.18	455.18
19302		3	mastectomy, partial (eg, lumpectomy, tyelectom	651.50	651.50
19303		3	mastectomy, simple, complete	704.29	704.29
19304		3	mastectomy, subcutaneous	406.26	406.26
19305		3	mastectomy, radical, including pectoral muscle	812.17	812.17
19306		3	mastectomy, radical, including pectoral muscle	850.90	850.90
19307		3	mastectomy, modified radical, including axillary	855.87	855.87
19316		3	mastopexy	580.41	580.41
19318		3	reduction mammoplasty	854.51	854.51
19324		3	mammoplasty augmentation w/o prosthetic imp	354.03	354.03

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
19325		3	mammoplasty augmentation with prosthetic im	479.99	479.99
19328		3	removal of intact mammary implant	361.92	361.92
19330		3	removal of implant material	465.89	465.89
19340		3	immediate insertion of breast prosthesis followir	304.24	304.24
19342		3	delayed insertion breast prosthesis following m	685.17	685.17
19350		3	nipple/areola reconstruction	504.59	621.39
19355		3	correction of inverted nipples	418.75	517.39
19357		3	breast reconstruction, immediate or delayed, w	1,150.56	1,150.56
19361		3	breast reconstruction with latissimus dorsi flap,	1,237.77	1,237.77
19364		3	breast reconstruction with free flap	2,119.10	2,119.10
19366		3	breast reconstruction with other technique	1,047.14	1,047.14
19367		3	breast reconstruction with tram single pedicle,ii	1,369.23	1,369.23
19368		3	breast reconstruction tram single pedicle,includ	1,698.52	1,698.52
19369		3	breast reconstruction tram double pedicle,inclu	1,548.67	1,548.67
19370		3	open periprosthetic capsulotomy breast	504.81	504.81
19371		3	periprosthetic capsulectomy breast	582.45	582.45
19380		3	revision of reconstructed breast	569.75	569.75
20000		3	incision of abscess	117.24	150.40
20005		3	incision of abscess	180.34	224.19
20100		3	exploration of penetrating wound (separate prc	452.14	452.14
20101		3	exploration of penetrating wound (separate prc	154.09	286.47
20102		3	exploration of penetrating wound (separate prc	187.93	335.60
20103		3	exploration of penetrating wound (separate prc	267.20	409.96
20150		3	excision of epiphyseal bar, with or without auto	729.74	729.74
20200		3	muscle biopsy	71.13	138.90
20205		3	muscle biopsy	113.25	190.25
20206		3	biopsy, muscle, percutaneous needle	49.84	191.45
20220		3	bone biopsy	62.23	132.90
20225		3	biopsy, bone, trocar, or needle; deep (eg, verte	94.38	497.58
20240		3	biopsy, bone, excisional; superficial (eg, ilium,	173.19	173.19
20245		3	bone biopsy	472.67	472.67
20250		3	bone biopsy	284.30	284.30
20251		3	bone biopsy	315.22	315.22
20500		3	injection of sinus tract;	71.92	86.91
20501		3	injection of sinus tract diagnostic sinogram	32.85	96.88
20520		3	removal of foreign body	106.59	139.18
20525		3	removal of foreign body	187.30	337.85
20526		3	injection, therapeutic (eg, local anesthetic, cort	44.85	56.68

**Physician Fee Schedule
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Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
20550		3	injection; tendon sheath, ligament, ganglion cy:	32.95	43.91
20551		3	injection; tendon origin/insertion	33.62	43.43
20552		3	injection; single or multiple trigger point(s), one	28.49	39.45
20553		3	injection; single or multiple trigger point(s), thre	31.68	44.07
20555		3	placement of needles or catheters into muscle	262.78	262.78
20600		3	drainage of joint	31.39	41.20
20605		3	drainage of joint or bursa	32.59	44.13
20610		3	drainage of joint or bursa	38.92	56.80
20612		3	aspiration and/or injection of ganglion cyst(s) a	33.61	43.99
20615		3	aspiration and injection for treatment of bone c	120.66	160.17
20650		3	insertion & removal bone pin	118.96	146.08
20660		3	application of tongs or caliper including remove	182.53	192.91
20661		3	fixation procedure	345.75	345.75
20662		3	application of halo pelvic	359.40	359.40
20663		3	fixation procedure	332.54	332.54
20664		3	application of halo, including removal, cranial, t	569.00	569.00
20665		3	removal of fixation device	76.38	90.51
20670		3	removal of implant superficial eg buried wire pi	111.75	283.64
20680		3	removal of buried support	311.55	433.54
20690		3	application ext fixation standard configuration	411.16	411.16
20692		3	application of multiplane unilateral external fix	768.81	768.81
20693		3	adjustment or revision external fixation req ane	344.82	344.82
20694		3	removal under anesthesia external fixation sys	251.71	311.69
20696		3	application of multiplane (pins or wires in more	826.14	826.14
20697		3	application of multiplane (pins or wires in more	954.26	954.26
20802		3	replantation of arm	1,890.19	1,890.19
20805		3	replantation forearm, complete amputation	2,315.10	2,315.10
20808		3	reimplantation of hand	3,126.24	3,126.24
20816		3	reimplantation of digit	1,724.94	1,724.94
20822		3	replantation digit excl thumb, complete amputa	1,462.36	1,462.36
20824		3	replantation thumb, complete amputation	1,718.36	1,718.36
20827		3	replantation thumb, complete amputation	1,519.47	1,519.47
20838		3	replantation foot complete	1,908.09	1,908.09
20900		3	removal of bone for graft	199.80	308.53
20902		3	removal of bone for graft	276.66	276.66
20910		3	remove cartilage for graft	323.75	323.75
20912		3	cartilage graft costochondral nasal septum	363.79	363.79
20920		3	removal of tissue for graft	306.63	306.63

**Physician Fee Schedule
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Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
20922		3	removal of tissue for graft	375.93	451.49
20924		3	removal of tendon for graft	379.47	379.47
20926		3	removal of tissue for graft	327.59	327.59
20931		3	allograft for spine surgery only; structural	87.43	87.43
20937		3	autograft for spine surgery only (includes harvest)	133.14	133.14
20938		3	autograft for spine surgery only (includes harvest)	144.60	144.60
20950		3	monitor interstitial pressure	69.20	178.21
20955		3	fibula graft w/microvascular anastomosis	1,957.55	1,957.55
20956		3	bone graft with microvascular anastomosis; ilia	2,042.73	2,042.73
20957		3	bone graft with microvascular anastomosis; me	1,954.80	1,954.80
20962		3	bone graft with microvascular anastomosis; oth	1,999.92	1,999.92
20969		3	free osteocutaneous flap with microvascular ar	2,169.08	2,169.08
20970		3	free osteocutaneous flap with microvascular ar	2,179.12	2,179.12
20972		3	osteocutaneous flap microvascular anastomosis	1,994.35	1,994.35
20973		3	free osteocutaneous flap great toe web space	2,093.80	2,093.80
20974		3	bio-ostegen system	36.22	48.33
20975		3	invasive electrical stimulation to aid bone healing	136.43	136.43
20979		3	low intensity ultrasound stimulation to aid bone	28.03	39.86
20982		3	ablation, bone tumor(s) (eg, osteoid osteoma, i	324.24	2,736.23
21010		3	arthrotomy, temporomandibular joint	550.13	550.13
21015		3	radical resection of tumor soft face or scalp	319.65	319.65
21025		3	excision of bone, mandible	561.11	654.26
21026		3	excision of bone, facial bones	359.09	430.90
21029		3	removal by contouring benign tumor facial bone	469.94	551.27
21030		3	excision benign tumor or cyst of facial bone oth	298.77	360.78
21031		3	excision of torus mandibularis	213.80	276.97
21032		3	excision of maxillary torus palatinus	210.77	280.57
21034		3	exc malignant tumor facial bone toher than ma	886.60	990.73
21040		3	removal of bone lesion	297.04	363.66
21044		3	excision malignant tumor mandible	662.77	662.77
21045		3	exc malignancy mandible radical	924.99	924.99
21046		3	excision of benign tumor or cyst of mandible; re	814.98	814.98
21047		3	excision of benign tumor or cyst of mandible; re	989.76	989.76
21048		3	excision of benign tumor or cyst of maxilla; req	826.20	826.20
21049		3	excision of benign tumor or cyst of maxilla; req	956.86	956.86
21050		3	arthrectomy temporomandibular joint unilateral	649.59	649.59
21060		3	menisectomy temporomandibular joint unilater	593.86	593.86
21070		3	coronoidectomy	482.22	482.22

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
21073		3	manipulation of temporomandibular joint(s) (tm	179.52	268.07
21100		3	maxillofacial fixation	295.70	514.31
21110		3	applica interdental fixation device cond oth tha	464.45	543.19
21116		3	injection procedure for temporomandibular join	33.94	108.93
21120		3	genioplasty; augmentation	365.30	451.53
21121		3	genioplasty; augmentation sliding osteotomy si	486.00	565.90
21122		3	genioplasty; augmentation 2 or more osteotom	535.86	535.86
21123		3	genioplasty; augmentation sliding interposition;	642.85	642.85
21125		3	augmentation mandibular body or angle prosth	562.91	2,184.06
21127		3	augmentation mandibular body angle w/ bone	657.70	2,599.29
21137		3	reduction forehead; contouring only	542.37	542.37
21138		3	reduction forehead-contouring & application gra	677.52	677.52
21139		3	reduction forehead contouring, setback sinus v	760.74	760.74
21141		3	reconstruction midface, lefort i; single piece, se	1,019.82	1,019.82
21142		3	reconstruction midface, lefort i; two pieces, seq	1,008.81	1,008.81
21143		3	reconstruction midface, lefort i; three or more p	1,046.65	1,046.65
21145		3	reconstruction midface, lefort i; single piece, se	1,173.55	1,173.55
21146		3	reconstruction midface, lefort i; two pieces, seq	1,252.41	1,252.41
21147		3	reconstruction midface, lefort i; three or more p	1,289.71	1,289.71
21150		3	reconstruction midface anterior intrusion	1,280.40	1,280.40
21151		3	reconstruct midface any direction req bone gra	1,545.94	1,545.94
21154		3	reconstruction midface any type req bone graft	1,563.32	1,563.32
21155		3	reconstruct midface any type w graft, w lefort i	1,774.05	1,774.05
21159		3	reconstruct midface, lefort iii, w bone grafts	2,146.32	2,146.32
21160		3	reconstruct midface, lefort iii w/ lefort i, graft	2,210.23	2,210.23
21172		3	reconstruct orbital rim/forehead w/wo grafts	1,358.59	1,358.59
21175		3	reconstruct bifrontal orbital rims/forehead, grafl	1,640.42	1,640.42
21179		3	reconstruct forehead/orbital rims with grafts	1,123.44	1,123.44
21180		3	reconstruct forehead/orbital rims with autograft	1,280.73	1,280.73
21181		3	removal by contouring of benign tumor cranial	534.72	534.72
21182		3	reconstruction of orbital walls, rims, forehead, r	1,558.78	1,558.78
21183		3	reconstruction of orbital walls, rims, forehead, r	1,743.30	1,743.30
21184		3	reconstruction of orbital walls, rims, forehead, r	1,864.62	1,864.62
21188		3	reconstr. midface, osteotomies, w bone grafts	1,232.60	1,232.60
21193		3	reconstruction of mandibular rami, horizontal, v	942.74	942.74
21194		3	reconstr. mandibular ramus, osteotomy w bone	1,076.58	1,076.58
21195		3	reconstruction of mandibular rami and/or body,	1,010.15	1,010.15
21196		3	reconstr. mandibular ramus w inter. rigid fixatic	1,100.92	1,100.92

**Physician Fee Schedule
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Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
21198		3	osteotomy, mandible, segmental	865.01	865.01
21199		3	osteotomy, mandible, segmental; with genioglc	785.93	785.93
21206		3	osteotomy, maxilla, segmental	852.17	852.17
21208		3	augmentation osteoplasty of facial bones	620.12	1,249.72
21209		3	reduction osteoplasty of facial bones	475.35	596.77
21210		3	bone graft	619.95	1,492.40
21215		3	bone graft	646.53	2,527.54
21230		3	cartilage graft	578.87	578.87
21235		3	cartilage graft	422.83	530.70
21240		3	arthroplasty, temporomandibular joint w/wo gra	836.99	836.99
21242		3	arthroplasty temporomandibular joint w allopla	766.54	766.54
21243		3	arthroplasty, temporomandibular joint	1,259.29	1,259.29
21244		3	reconstruction of mandible	781.86	781.86
21247		3	reconst. mandibular condyle w bone/cartilage c	1,225.65	1,225.65
21255		3	reconst. zygomatic arch, glenoid fossa w bone,	1,080.93	1,080.93
21256		3	reconst. orbit w osteotomies and bone grafts	885.15	885.15
21260		3	orbital hypertelorism correction osteotomies	995.40	995.40
21261		3	orbital hypertelorism comb with intra and extra	1,707.11	1,707.11
21263		3	orbital hypertelorism with forehead advanceme	1,536.47	1,536.47
21267		3	orbital repositioning	1,161.72	1,161.72
21268		3	orbital repositioning intra and external approac	1,445.23	1,445.23
21270		3	malar augmentation, bone or alloplastic materi	528.26	671.90
21275		3	secondary rev orbitocraniofacial reconostructio	608.52	608.52
21280		3	medial canthoplasty	391.64	391.64
21282		3	lateral canthopexy	258.17	258.17
21295		3	reduction masseter muscle extraoral approach	128.84	128.84
21296		3	reduction masseter muscle intraoral approach	313.55	313.55
21310		3	treatment of closed or open nasal fracture man	22.53	76.76
21315		3	treatment of nose fracture	109.89	188.34
21320		3	manipulation instrumental complicated nasal fr	103.08	181.54
21325		3	repair of nose fracture	343.28	343.28
21330		3	repair of nose fracture	422.36	422.36
21335		3	repair of nose fracture	548.26	548.26
21336		3	open tx nasal septal fx, w/wo stabilization	471.81	471.81
21337		3	closed treatment of nasal septal fracture,w/wo	210.43	283.11
21338		3	open treatment nasoethmoid fracture without e	539.33	539.33
21339		3	open treatment nasoethmoid fracture with exte	602.44	602.44
21340		3	tr closed/open nasoeth com fr w splint wire hea	605.86	605.86

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
21343		3	open treatment of depressed frontal sinus	857.20	857.20
21344		3	open tx of frontal sinus fracture	1,130.98	1,130.98
21345		3	tr nasomax comp fr with interdental wire fix or f	491.15	590.94
21346		3	op tr nasomax com fr w wiring a/o local fixation	709.35	709.35
21347		3	op tr nasomac com fr w wir a/o lo fi w mul apro	822.89	822.89
21348		3	open tx nasomaxillary fx with bone grafting	878.33	878.33
21355		3	repair cheek bone fracture	242.07	319.36
21356		3	open tx depressed zygomatic arch fracture	277.63	357.53
21360		3	open treatment of closed or open depressed fx	395.62	395.62
21365		3	repair cheek bone fracture	832.20	832.20
21366		3	open tx malar area fx inc zygomatic arch w/gra	925.19	925.19
21385		3	repair eye socket fracture	533.91	533.91
21386		3	repair eye socket fracture	499.30	499.30
21387		3	repair eye socket fracture	557.24	557.24
21390		3	repair eye socket fracture	577.81	577.81
21395		3	repair eye socket fracture	730.04	730.04
21400		3	treat eye socket fracture	105.83	128.05
21401		3	repair eye socket fracture	218.33	340.90
21406		3	repair eye socket fracture	403.87	403.87
21407		3	repair eye socket fracture	478.67	478.67
21408		3	open tx of fx orbit except "blowout" w/bone gra	659.14	659.14
21421		3	tr pal/alv ri fr cl man w interd wi fi offi de de	452.53	527.24
21422		3	tr pa/al ri fr cl man w intd wi fi o fi de/sp op t	500.04	500.04
21423		3	open tx of palatal or maxillary fx, mult approach	594.96	594.96
21431		3	repair upper jaw fracture	543.29	543.29
21432		3	open rx craniofacial separation	498.82	498.82
21433		3	dp tr cranioe sep w wi/loc fix complicated	1,287.79	1,287.79
21435		3	repair upper jaw fracture	1,014.55	1,014.55
21436		3	open tx craniofacial separation w/bone graft	1,493.91	1,493.91
21440		3	repair dental ridge fracture	318.30	381.46
21445		3	repair dental ridge fracture	452.35	544.36
21450		3	treat lower jaw fracture	333.81	397.54
21451		3	treatment closed or open mandibular fracture v	450.34	526.48
21452		3	treatment of open mandibular fracture without i	240.56	428.60
21453		3	rx open mandibular fracture with manipulation	542.97	609.59
21454		3	open rx closed or open mandibular fx with exte	411.95	411.95
21461		3	op tr o clos o op mand fr witho interdenfixation	673.07	1,370.45
21462		3	op tr clos o op mandfract w interdental fixation	747.09	1,483.12

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
21465		3	open treatment mandibular condylar fracture	684.76	684.76
21470		3	repair lower jaw fracture	894.31	894.31
21480		3	reset dislocated jaw	25.40	65.48
21485		3	complicated manipulative treatment of temporoc	403.22	470.13
21490		3	reset dislocated jaw	693.66	693.66
21495		3	repair hyoid bone fracture	499.71	499.71
21497		3	interdental wiring f condition o than fracture	407.33	474.54
21501		3	incision / drainage deep abscess or hematoma	233.57	316.63
21502		3	drainage of rib abscess	392.16	392.16
21510		3	inc deep opening of bone cortex osteomyelitis	345.80	345.80
21550		3	excisional biopsy soft tissues	119.06	185.69
21555		3	excision benign tumor subcutaneous	246.90	313.52
21556		3	excision deep subfacial intramuscular	308.95	308.95
21557		3	radical resection of soft tissue tumor	439.04	439.04
21600		3	excision of rib partial	412.93	412.93
21610		3	partial removal of rib	806.94	806.94
21615		3	excision first and/or cervical rib;	510.19	510.19
21616		3	exc first a/o cerv rib f outlet comp synd oth cau	650.32	650.32
21620		3	partial removal of sternum	393.17	393.17
21627		3	sternal debridement	412.47	412.47
21630		3	radical resection of sternum;	964.35	964.35
21632		3	radical resection of sternum w mediastinal lymph	955.08	955.08
21685		3	hyoid myotomy and suspension	752.29	752.29
21700		3	revision of neck muscle	319.40	319.40
21705		3	revision of neck muscle	491.66	491.66
21720		3	division sternocleidomastoid for torticollis open	307.95	307.95
21725		3	revision of neck muscle	399.31	399.31
21740		3	reconstructive repair of pectus excavatum or c	832.39	832.39
21742		3	reconstructive repair of pectus excavatum or c	832.39	832.39
21743		3	reconstructive repair of pectus excavatum or c	965.30	965.30
21750		3	closure of median sternotomy separation with c	551.66	551.66
21800		3	treatment of rib fracture(s)	72.14	70.98
21805		3	treatment of rib fracture(s)	190.56	190.56
21810		3	treatment of rib fracture(s)	375.67	375.67
21820		3	treatment, sternum fracture	95.92	94.77
21825		3	treatment of sternum fracture open	426.30	426.30
21920		3	biopsy, soft tissue, back, superficial	118.96	185.29
21925		3	deep biopsy, soft tissue, back, deep	250.90	307.14

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
21930		3	excision tumor, soft tissue of back	278.10	342.71
21935		3	radical resection of tumor, soft tissue of back	882.25	882.25
22010		3	incision and drainage, open, of deep abscess (	676.96	676.96
22015		3	incision and drainage, open, of deep abscess (	673.13	673.13
22100		3	partial excision of posterior vertebral compone	610.64	610.64
22101		3	removal part of vertebra	609.16	609.16
22102		3	removal part of vertebra	606.84	606.84
22103		3	partial excision of posterior vertebral compone	111.37	111.37
22110		3	partial excision of vertebral body, for intrinsic b	759.31	759.31
22112		3	removal part of vertebra	735.99	735.99
22114		3	removal part of vertebra	754.60	754.60
22116		3	partial excision of vertebral body, for intrinsic b	110.77	110.77
22206		3	osteotomy of spine, posterior or posterolateral	1,814.40	1,814.40
22207		3	osteotomy of spine, posterior or posterolateral	1,790.74	1,790.74
22208		3	osteotomy of spine, posterior or posterolateral	457.19	457.19
22210		3	osteotomy of spine, posterior or posterolateral	1,329.86	1,329.86
22212		3	posterior approach osteotomy spine, thoracic	1,099.76	1,099.76
22214		3	posterior approach osteotomy spine, lumbar	1,106.37	1,106.37
22216		3	osteotomy of spine, posterior or posterolateral	290.24	290.24
22220		3	osteotomy of spine, including diskectomy, ante	1,197.53	1,197.53
22222		3	anterior approach osteotomy spine, thoracic	1,095.75	1,095.75
22224		3	anterior approach osteotomy spine, lumbar	1,185.77	1,185.77
22226		3	osteotomy of spine, including diskectomy, ante	289.08	289.08
22305		3	closed treatment of vertebral process fracture(s)	125.92	136.02
22310		3	closed treatment of vertebral body fracture(s),	197.62	211.17
22315		3	closed treatment of vertebral fracture(s) and/or	561.21	628.11
22318		3	open treatment and/or reduction of odontoid fra	1,196.05	1,196.05
22319		3	open treatment and/or reduction of odontoid fra	1,315.04	1,315.04
22325		3	open treatment and/or reduction of vertebral fra	1,047.23	1,047.23
22326		3	open treatment and/or reduction of vertebral fra	1,091.92	1,091.92
22327		3	open treatment and/or reduction of vertebral fra	1,083.52	1,083.52
22328		3	open treatment and/or reduction of vertebral fra	218.83	218.83
22505		3	manipulation of spine	93.11	93.11
22520		3	percutaneous vertebroplasty, one vertebral bo	449.13	1,678.62
22521		3	percutaneous vertebroplasty, one vertebral bo	423.21	1,634.25
22522		3	percutaneous vertebroplasty, one vertebral bo	198.44	198.44
22523		3	percutaneous vertebral augmentation,including	469.41	469.41
22524		3	percutaneous vertebral augmentation,including	449.66	449.66

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
22525		3	percutaneous vertebral augmentation,including	210.96	210.96
22532		3	arthrodesis, lateral extracavitary technique, inc	1,306.34	1,306.34
22533		3	arthrodesis, lateral extracavitary technique, inc	1,231.27	1,231.27
22534		3	arthrodesis, lateral extracavitary technique, inc	286.46	286.46
22548		3	arthrodesis, anterior transoral or extraoral tech	1,389.94	1,389.94
22554		3	arthrodesis, anterior interbody technique, inclu	959.80	959.80
22556		3	arthrodesis, anterior interbody technique, inclu	1,245.88	1,245.88
22558		3	arthrodesis, anterior interbody technique, inclu	1,146.36	1,146.36
22585		3	arthrodesis, anterior interbody technique, inclu	264.60	264.60
22590		3	arthrodesis, posterior technique, craniocervical	1,153.39	1,153.39
22595		3	arthrodesis, posterior technique, atlas-axis (c1-	1,095.09	1,095.09
22600		3	arthrodesis, posterior or posterolateral techniq	938.24	938.24
22610		3	arthrodesis, posterior or posterolateral techniq	926.22	926.22
22612		3	arthrodesis, posterior or posterolateral techniq	1,201.51	1,201.51
22614		3	arthrodesis, posterior or posterolateral techniq	308.81	308.81
22630		3	arthrodesis, posterior interbody technique, incl	1,154.42	1,154.42
22632		3	arthrodesis, posterior interbody technique, sing	250.87	250.87
22800		3	arthrodesis, posterior, for spinal deformity, with	1,019.88	1,019.88
22802		3	arthrodesis, posterior, for spinal deformity, with	1,623.94	1,623.94
22804		3	arthrodesis, posterior, for spinal deformity, with	1,876.76	1,876.76
22808		3	arthrodesis, anterior, for spinal deformity, with	1,381.88	1,381.88
22810		3	arthrodesis, anterior, for spinal deformity, with	1,542.65	1,542.65
22812		3	arthrodesis, anterior, for spinal deformity, with	1,687.77	1,687.77
22818		3	kyphectomy, circumferential exposure of spine	1,701.22	1,701.22
22819		3	kyphectomy, circumferential exposure of spine	1,959.58	1,959.58
22830		3	exploration of spinal fusion	607.36	607.36
22840		3	posterior non-segmental instrumentation (eg, h	602.70	602.70
22842		3	posterior segmental instrumentation (eg, pedic	604.03	604.03
22843		3	posterior segmental instrumentation (eg, pedic	643.16	643.16
22844		3	posterior segmental instrumentation (eg, pedic	787.88	787.88
22845		3	anterior instrumentation; 2 to 3 vertebral segm	576.49	576.49
22846		3	anterior instrumentation; 4 to 7 vertebral segm	598.58	598.58
22847		3	anterior instrumentation; 8 or more vertebral se	660.56	660.56
22848		3	pelvic fixation (attachment of caudal end of ins	287.08	287.08
22849		3	reinsertion of spinal fixation device	986.95	986.95
22850		3	harrington rod removal	537.16	537.16
22851		3	application of intervertebral biomechanical dev	321.42	321.42
22852		3	removal of segmental instrumentation	513.53	513.53

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
22855		3	dwyer instrument removal	834.99	834.99
22864		3	removal of total disc arthroplasty (artificial disc)	1,403.61	1,403.61
22865		3	removal of total disc arthroplasty (artificial disc)	1,611.60	1,611.60
22900		3	excision abdominal wall tumor subfascial	307.99	307.99
23000		3	removal of subdeltoid calcareous deposits, open	265.71	383.96
23020		3	capsular contracture release (eg, severe type pro	517.54	517.54
23030		3	incision and drainage deep abscess or hematoma	192.36	306.28
23031		3	incision and drainage infected bursa	159.18	278.87
23035		3	incision, bone cortex (eg, osteomyelitis or bone	513.10	513.10
23040		3	arthrotomy, glenohumeral joint, including explor	538.97	538.97
23044		3	arthrotomy, acromioclavicular, sternoclavicular	427.04	427.04
23065		3	biopsy soft tissues superficial	124.65	156.37
23066		3	biopsy soft tissues deep	251.30	365.22
23075		3	excision, soft tissue tumor, shoulder area; subc	132.62	187.71
23076		3	exc tumor subfascial/intramuscular	421.21	421.21
23077		3	radical resection soft tissue tumor, shoulder	897.53	897.53
23100		3	arthrotomy, glenohumeral joint, including biops	362.73	362.73
23101		3	arthrotomy, acromioclavicular joint or sternocla	333.53	333.53
23105		3	arthrotomy; glenohumeral joint, with synovecto	476.20	476.20
23106		3	arthrotomy; sternoclavicular joint, with synovec	354.07	354.07
23107		3	arthrotomy, glenohumeral joint, w/ joint explor.	494.93	494.93
23120		3	partial removal, collarbone	427.41	427.41
23125		3	removal of collarbone	526.99	526.99
23130		3	acromioplasty or acromionectomy, partial, with	449.62	449.62
23140		3	removal bone lesion	383.84	383.84
23145		3	removal bone lesion	517.23	517.23
23146		3	removal bone lesion	449.08	449.08
23150		3	removal bone lesion	489.36	489.36
23155		3	removal bone lesion	593.26	593.26
23156		3	removal bone lesion	503.77	503.77
23170		3	sequestrectomy for osteomyelitis bone abcess	395.80	395.80
23172		3	sequestrectomy for osteomyelitis of bone abce	405.68	405.68
23174		3	sequestrec for osteomyelitis or bone abcess hu	563.08	563.08
23180		3	partial excision (craterization, saucerization, or	512.08	512.08
23182		3	partial excision (craterization, saucerization, or	493.93	493.93
23184		3	partial excision (craterization, saucerization, or	558.04	558.04
23190		3	partial removal of shoulder	415.56	415.56
23195		3	removal of head of humerus	564.49	564.49

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
23200		3	removal of collarbone	667.35	667.35
23210		3	removal of shoulderblade	697.91	697.91
23220		3	radical resection of bone tumor, proximal humer	808.76	808.76
23221		3	partial removal of humerus	945.13	945.13
23222		3	partial removal of humerus	1,287.47	1,287.47
23330		3	removal of foreign body subcutaneous	110.35	161.69
23331		3	removal of foreign body, shoulder; deep (eg, n	438.08	438.08
23332		3	removal of foreign body, shoulder; complicated	667.18	667.18
23350		3	injection procedure for shoulder arthrography c	43.03	116.30
23395		3	muscle transfer, any type, shoulder or upper ar	973.04	973.04
23397		3	muscle transfers	872.03	872.03
23400		3	fixation of scapula	738.33	738.33
23405		3	tenotomy, shoulder area; single tendon	473.78	473.78
23406		3	tenotomy, shoulder area; multiple tendons thro	593.04	593.04
23410		3	repair of ruptured musculotendinous cuff (eg, r	628.67	628.67
23412		3	repair of tendon(s)	657.13	657.13
23415		3	release of shoulder ligament	522.83	522.83
23420		3	reconstruction of complete shoulder (rotator) c	736.68	736.68
23430		3	tenodesis of long tendon of biceps	557.43	557.43
23440		3	resection or transplantation of long tendon of b	575.33	575.33
23450		3	capsulorrhaphy, anterior; putti-platt procedure	722.70	722.70
23455		3	capsulorrhaphy, anterior; with labral repair (eg,	771.02	771.02
23460		3	capsulorrhaphy, anterior, any type; with bone b	834.42	834.42
23462		3	capsulorrhaphy f recur disloc poster w/w bn blc	819.00	819.00
23465		3	capsulorrhaphy, glenohumeral joint, posterior,	854.24	854.24
23466		3	capsulorrhaphy, glenohumeral joint, any type n	841.11	841.11
23470		3	arthroplasty, glenohumeral joint; hemiarthropla	929.80	929.80
23472		3	arthroplasty, glenohumeral joint; total shoulder	1,152.41	1,152.41
23480		3	revision of collarbone	620.45	620.45
23485		3	revision of collarbone	733.78	733.78
23490		3	prophylactic treatment clavicle	633.75	633.75
23491		3	prophylactic treatment (nailing, pinning, plating	772.38	772.38
23500		3	treatment clavicle fracture	149.06	149.92
23505		3	treatment clavicle fracture	235.38	247.78
23515		3	repair clavicle fracture	526.06	526.06
23520		3	treat clavicle dislocation	156.38	155.52
23525		3	repair clavicle dislocation	227.35	242.35
23530		3	repair clavicle dislocation	403.20	403.20

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
23532		3	open treat of closed/open sternoclav dislocatio	463.22	463.22
23540		3	treat clavicle dislocation	151.81	153.83
23545		3	repair clavicle dislocation	205.61	222.34
23550		3	repair clavicle dislocation	427.23	427.23
23552		3	repair clavicle dislocation	492.21	492.21
23570		3	treat scapula fracture	162.43	160.41
23575		3	repair scapula fracture	259.52	274.52
23585		3	repair scapula fracture	716.02	716.02
23600		3	treat humerus fracture	207.72	223.87
23605		3	repair humerus fracture	307.92	332.14
23615		3	repair humerus fx w/wo tuberosity	654.21	654.21
23616		3	open tx proximal humeral fx; w prosthetice repl	978.31	978.31
23620		3	closed treatment of greater humeral tuberosity	174.30	184.40
23625		3	repair humerus fracture	253.59	269.17
23630		3	open treatment of greater humeral tuberosity fr	561.62	561.62
23650		3	repair shoulder dislocation	192.79	209.81
23655		3	repair shoulder dislocation	279.44	279.44
23660		3	repair shoulder dislocation	433.09	433.09
23665		3	closed treatment of shoulder dislocation, with fi	283.06	299.80
23670		3	open treatment of shoulder dislocation, with fra	631.76	631.76
23675		3	repair dislocation/fracture	364.53	392.22
23680		3	repair dislocation/fracture	684.10	684.10
23700		3	fixation of shoulder	145.57	145.57
23800		3	arthrodesis, glenohumeral joint;	777.29	777.29
23802		3	arthrodesis, glenohumeral joint; with autogenoi	944.85	944.85
23900		3	amputation of arm	1,011.29	1,011.29
23920		3	amputation of arm	817.73	817.73
23921		3	disarticulation of shoulder secondary closure	295.60	295.60
23930		3	incision and drainage deep abscess or hemato	161.64	254.52
23931		3	incision and drainage, upper arm or elbow area	115.91	197.52
23935		3	incision deep w/opening of cortex for osteomye	368.82	368.82
24000		3	arthrotomy, elbow, including exploration, drain	350.72	350.72
24006		3	arthrotomy elbow w/capsular release	532.35	532.35
24065		3	biopsy soft tissues superficial	123.63	181.61
24066		3	biopsy, soft tissue of upper arm or elbow area;	295.76	422.66
24075		3	excision, tumor, soft tissue of upper arm or elb	230.87	341.91
24076		3	excision benign tumor deep subfascial or intrar	353.22	353.22
24077		3	radical resection soft tissue tumor, arm/elbow	613.59	613.59

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
24100		3	arthrotomy elbow with synovial biopsy only	298.98	298.98
24101		3	exploration of elbow joint	368.53	368.53
24102		3	arthrotomy, elbow; with synovectomy	458.64	458.64
24105		3	removal of elbow bursa	246.18	246.18
24110		3	removal of bone lesion	433.26	433.26
24115		3	removal of bone lesion/graft	548.62	548.62
24116		3	removal of bone lesion/graft	652.21	652.21
24120		3	removal of bone lesion	387.86	387.86
24125		3	removal of bone lesion/graft	448.68	448.68
24126		3	removal of bone lesion/graft	476.29	476.29
24130		3	removal of head of radius	374.20	374.20
24134		3	sequestrectomy for osteomyelitis or bone abscess	564.22	564.22
24136		3	sequestrectomy for osteo/bone abscess radial head or	446.69	446.69
24138		3	sequestrectomy for osteo/bone abscess olecranon process	491.86	491.86
24140		3	partial excision (craterization, saucerization, or	537.01	537.01
24145		3	partial excision (craterization, saucerization, or	449.67	449.67
24147		3	partial excision (craterization, saucerization, or	466.49	466.49
24149		3	radical resection of capsule, soft tissue, and	867.29	867.29
24150		3	removal of humerus lesion	735.67	735.67
24151		3	removal of humerus lesion	846.36	846.36
24152		3	removal of radius lesion	552.73	552.73
24153		3	radical resection tumor radial head/neck graft	592.93	592.93
24155		3	removal of elbow joint	640.37	640.37
24160		3	removal of prosthetic device	451.10	451.10
24164		3	implant removal radial head	368.30	368.30
24200		3	removal of foreign body subcutaneous	100.41	141.94
24201		3	removal of foreign body, upper arm or elbow area	269.30	395.91
24220		3	injection procedure for elbow arthrography	56.85	128.08
24300		3	manipulation, elbow, under anesthesia	285.49	285.49
24301		3	muscle or tendon transfer any type single	565.57	565.57
24305		3	tendon lengthening, upper arm or elbow, each	430.80	430.80
24310		3	tenotomy, open, elbow to shoulder, each tendon	352.35	352.35
24320		3	repair of arm tendon	582.98	582.98
24330		3	revision of arm muscles	537.33	537.33
24331		3	revision of arm muscles	594.65	594.65
24332		3	tenolysis, triceps	449.43	449.43
24340		3	tenodesis of biceps tendon at elbow (separate	457.35	457.35
24341		3	repair, tendon or muscle, upper arm or elbow, i	537.93	537.93

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
24342		3	reinsertion of ruptured biceps or triceps tendon	591.12	591.12
24343		3	repair lateral collateral ligament, elbow, with lo	522.86	522.86
24344		3	reconstruction lateral collateral ligament, elbow	818.17	818.17
24345		3	repair medial collateral ligament, elbow, with lo	519.60	519.60
24346		3	reconstruction medial collateral ligament, elbow	819.88	819.88
24357		3	tenotomy, elbow, lateral or medial (eg, epicond	326.70	326.70
24358		3	tenotomy, elbow, lateral or medial (eg, epicond	386.29	386.29
24359		3	tenotomy, elbow, lateral or medial (eg, epicond	487.84	487.84
24360		3	arthroplasty, elbow; with membrane (eg, fascia	680.02	680.02
24361		3	arthroplasty, elbow w/ humeral prosthetic repla	763.08	763.08
24362		3	repair of elbow joint	807.54	807.54
24363		3	arthroplasty, elbow; with distal humerus and pr	1,134.95	1,134.95
24365		3	repair of head of radius	478.95	478.95
24366		3	repair of head of radius	513.42	513.42
24400		3	revision of humerus	620.09	620.09
24410		3	revision of humerus	794.04	794.04
24420		3	repair of humerus	744.54	744.54
24430		3	repair of humerus	792.08	792.08
24435		3	repair/graft of humerus	802.58	802.58
24470		3	hemiepiphyseal arrest (eg, cubitus varus or val	472.95	472.95
24495		3	decompression of forearm	490.35	490.35
24498		3	prophylactic treatment (nailing, pinning, plating	659.45	659.45
24500		3	treatment humerus fracture	221.78	243.69
24505		3	treatment humerus fracture	326.64	355.49
24515		3	repair humerus fracture	660.51	660.51
24516		3	open tx humeral shaft fx w/intramedullary implē	653.83	653.83
24530		3	treatment humerus fx w/wo intercondylar exten	238.81	262.46
24535		3	repair humerus fracture	416.84	445.97
24538		3	fixation humeral fx w/wo intercondylar extensic	555.91	555.91
24545		3	repair humerus fx with without intercondylar	688.08	688.08
24546		3	open tx humeral supraltranscondylar fx; w/wo f	799.54	799.54
24560		3	treat humerus fracture	195.09	218.74
24565		3	repair humerus fracture	340.46	366.42
24566		3	percutaneous skeletal fixation of humeral epicc	519.99	519.99
24575		3	repair humerus fracture	551.86	551.86
24576		3	treat humerus fracture	207.47	229.97
24577		3	repair humerus fracture	353.22	381.20
24579		3	repair humerus fracture	628.00	628.00

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
24582		3	percutaneous skeletal fixation of humeral cond	580.18	580.18
24586		3	repair elbow fracture	831.90	831.90
24587		3	repair elbow fracture	828.40	828.40
24600		3	treat elbow dislocation	237.06	258.99
24605		3	treat elbow dislocation	335.88	335.88
24615		3	repair elbow dislocation	537.74	537.74
24620		3	treat elbow fracture	406.85	406.85
24635		3	repair elbow fracture	562.12	562.12
24640		3	treat elbow dislocation	63.20	85.11
24650		3	treat radius fracture	160.93	177.37
24655		3	treat radius fracture	283.59	308.11
24665		3	repair radius fracture	482.60	482.60
24666		3	repair radius fracture	549.14	549.14
24670		3	treat ulna fracture	180.03	199.64
24675		3	treat ulna fracture	301.20	325.72
24685		3	repair ulna fracture	484.75	484.75
24800		3	arthrodesis, elbow joint; local	597.62	597.62
24802		3	arthrodesis, elbow joint; with autogenous graft	757.39	757.39
24900		3	amputation of arm	539.69	539.69
24920		3	amputation of arm	536.33	536.33
24925		3	amputation arm, w secondary closure	414.86	414.86
24930		3	amputation follow-up surgery	569.06	569.06
24931		3	amputation follow-up surgery	638.89	638.89
24935		3	revision of amputation	775.49	775.49
24940		3	amputation of arm	890.70	890.70
25000		3	incision, extensor tendon sheath, wrist (eg, dec	254.84	254.84
25001		3	incision, flexor tendon sheath, wrist (eg, flexor	242.13	242.13
25020		3	decompression fasciotomy, forearm and/or wri:	422.85	422.85
25023		3	decomp fasciotomy flex/exten comp w debr no	818.75	818.75
25024		3	decompression fasciotomy, forearm and/or wri:	574.61	574.61
25025		3	decompression fasciotomy, forearm and/or wri:	889.03	889.03
25028		3	incision and drainage deep abscess or hemato	376.52	376.52
25031		3	incision and drainage, forearm and/or wrist; bu	277.48	277.48
25035		3	incision, deep, bone cortex, forearm and/or wri	480.82	480.82
25040		3	arthrotomy, radiocarpal or midcarpal joint, with	426.82	426.82
25065		3	biopsy soft tissues superficial	121.88	180.13
25066		3	biopsy, soft tissue of forearm and/or wrist; dee	277.96	277.96
25075		3	excision, tumor, soft tissue of forearm and/or w	243.52	243.52

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
25076		3	removal of forearm lesion	328.79	328.79
25077		3	radical resection soft tissue tumor, forearm/wri:	560.56	560.56
25085		3	capsulotomy, wrist (eg, contracture)	343.00	343.00
25100		3	arthrotomy, wrist joint; with biopsy	254.20	254.20
25101		3	arthrotomy with joint exploration	299.90	299.90
25105		3	arthrotomy, wrist joint; with synovectomy	364.84	364.84
25107		3	arthrotomy, distal radioulnar joint including rep:	453.86	453.86
25109		3	excision of tendon, forearm and/or wrist, flexor	388.50	388.50
25110		3	excision lesion of tendon sheath	266.09	266.09
25111		3	excision of ganglion wrist dorsal or volar prima:	230.79	230.79
25112		3	excision ganglion wrist recurrent	282.96	282.96
25115		3	removal wrist/forearm lesion	598.44	598.44
25116		3	removal wrist/forearm lesion	482.77	482.77
25118		3	explore wrist tendon sheath	283.35	283.35
25119		3	synovectomy wrist w resection ulna	375.88	375.88
25120		3	removal of forearm lesion	411.70	411.70
25125		3	removal of forearm lesion	479.88	479.88
25126		3	removal of forearm lesion	484.78	484.78
25130		3	removal of wrist lesion	332.81	332.81
25135		3	removal of wrist lesion	416.28	416.28
25136		3	removal of wrist lesion	367.87	367.87
25145		3	sequestrectomy for osteomyelitis or bone absc	422.91	422.91
25150		3	partial exc bone for osteomyelitis ulna	431.78	431.78
25151		3	partial removal radius/ulna	476.82	476.82
25170		3	removal radius/ulna lesion	665.35	665.35
25210		3	removal of wrist bone	365.15	365.15
25215		3	removal of wrist bones	471.14	471.14
25230		3	partial removal of radius	323.30	323.30
25240		3	excision distal ulna partial or complete (eg, dar	327.59	327.59
25246		3	injection procedure for wrist arthrography	62.56	130.34
25248		3	exploration with removal of deep foreign body,	326.05	326.05
25250		3	removal of wrist prosthesis separate procedure	388.84	388.84
25251		3	removal wrist prosthesis complicated total wri:	532.41	532.41
25259		3	manipulation, wrist, under anesthesia	286.33	286.33
25260		3	repair tendon or muscle flexor primary single e	505.45	505.45
25263		3	repair additional tendon	504.70	504.70
25265		3	repair tendon or muscle secondary with free gr	600.34	600.34
25270		3	repair tendon or muscle extensor primary singl	405.29	405.29

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
25272		3	repair additional tendon	456.74	456.74
25274		3	repair, tendon or muscle, extensor, forearm an	542.13	542.13
25275		3	repair, tendon sheath, extensor, forearm and/o	500.77	500.77
25280		3	lengthening or shortening of flexor or extensor	462.92	462.92
25290		3	tenotomy open single flexor or extensor tendor	390.65	390.65
25295		3	tenolysis sing flexor or extensor tendon each te	430.64	430.64
25300		3	fusion of wrist tendons	510.02	510.02
25301		3	fusion of wrist tendons	485.71	485.71
25310		3	transplant wrist tendon	501.35	501.35
25312		3	transplant wrist tendon	581.52	581.52
25315		3	flexor origin slide (eg, for cerebral palsy, volkm	623.81	623.81
25316		3	revise palsy hand	722.59	722.59
25320		3	capsulorrhaphy or reconstruction, wrist, any m	717.78	717.78
25332		3	arthroplasty, wrist, with or without interposition,	635.42	635.42
25335		3	realignment of hand	721.52	721.52
25337		3	reconstruction for stabilization of unstable dista	660.78	660.78
25350		3	revision of radius	552.54	552.54
25355		3	revision of radius	622.00	622.00
25360		3	revision of ulna	536.03	536.03
25365		3	revision radius & ulna	731.87	731.87
25370		3	revision radius or ulna	797.72	797.72
25375		3	revision radius & ulna	769.86	769.86
25390		3	revise radius or ulna	625.82	625.82
25391		3	revise radius or ulna	796.82	796.82
25392		3	revise radius & ulna	808.91	808.91
25393		3	revise/graft radius/ulna	909.65	909.65
25394		3	osteoplasty, carpal bone, shortening	583.69	583.69
25400		3	repair radius or ulna	656.69	656.69
25405		3	repair of nonunion or malunion, radius or ulna;	836.18	836.18
25415		3	repair radius & ulna	785.10	785.10
25420		3	repair of nonunion or malunion, radius and ulna	935.76	935.76
25425		3	repair/graft radius or ulna	807.08	807.08
25426		3	repair/graft radius & ulna	849.09	849.09
25430		3	insertion of vascular pedicle into carpal bone (e	531.73	531.73
25431		3	repair of nonunion of carpal bone (excluding ca	589.53	589.53
25440		3	repair of nonunion, scaphoid carpal (navicular)	585.58	585.58
25441		3	arthroplasty prosthetic repl distal radius	710.41	710.41
25442		3	arthroplasty with prosthetic replacement distal	604.77	604.77

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
25443		3	arthroplasty with prosthetic replacement; scaph	580.05	580.05
25444		3	arthroplasty with prosthetic replacement lunate	619.03	619.03
25445		3	arthroplasty with prosthetic replacement trapezi	541.74	541.74
25446		3	arthroplasty w prost repla distal radius a part o	894.39	894.39
25447		3	arthroplasty, interposition, intercarpal or carpor	611.18	611.18
25449		3	arthroplasty with removal of implant	783.08	783.08
25450		3	revision of wrist joint	453.55	453.55
25455		3	revision of wrist joint	517.53	517.53
25490		3	prophylactic treatment radius	569.31	569.31
25491		3	prophylactic treatment ulna	600.75	600.75
25492		3	prophylactic treatment radius and ulna	725.03	725.03
25500		3	treat fracture of radius	166.80	182.37
25505		3	repair fracture of radius	331.29	357.25
25515		3	repair fracture of radius	498.96	498.96
25520		3	closed treatment of radial shaft fracture and clc	377.68	395.27
25525		3	open tx radial shaft fx & closed tx radioulnar jnt	603.09	603.09
25526		3	open treatment of radial shaft fracture, with inte	740.60	740.60
25530		3	treat fracture of ulna	158.84	176.14
25535		3	repair fracture of ulna	325.71	346.47
25545		3	repair fracture of ulna	466.35	466.35
25560		3	treat fracture radius & ulna	165.91	184.66
25565		3	repair fracture radius/ulna	344.37	374.37
25574		3	open tx radial/ulnar shaft fxs	490.87	490.87
25575		3	repair fracture radius/ulna	668.79	668.79
25600		3	treat fracture radius/ulna	182.45	201.19
25605		3	repair fracture radius/ulna	418.04	440.54
25606		3	percutaneous skeletal fixaton of distal radial fræ	490.31	490.31
25607		3	open treatment of distal radial extra-articular fr:	530.98	530.98
25608		3	open treatment of distal radial extra-articular fr:	606.29	606.29
25609		3	open treatment of distal radial extra-articular fr:	774.56	774.56
25622		3	rx closed carpal scaphoid fx without manipulati	186.27	206.17
25624		3	rx closed carpal scaphoid fx with manipulation	300.11	327.22
25628		3	open rx closef or open carpal scaphoid fracture	533.56	533.56
25630		3	treat wrist fracture(s)	191.99	211.60
25635		3	repair wrist fracture(s)	278.01	309.75
25645		3	open treatment of carpal bone fracture (other tl	420.66	420.66
25650		3	treatment of closed ulnar styloid fracture	203.95	220.68
25651		3	percutaneous skeletal fixation of ulnar styloid fi	347.25	347.25

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
25652		3	open treatment of ulnar styloid fracture	458.33	458.33
25660		3	repair wrist dislocation	290.14	290.14
25670		3	open rx of closed or open radiocarpal or interc	454.08	454.08
25671		3	percutaneous skeletal fixation of distal radiouln	382.37	382.37
25675		3	repair wrist dislocation	282.94	305.71
25676		3	repair wrist dislocation	470.13	470.13
25680		3	repair wrist fracture	336.22	336.22
25685		3	repair wrist fracture	547.84	547.84
25690		3	repair wrist dislocation	338.76	338.76
25695		3	repair wrist dislocation	472.01	472.01
25800		3	arthrodesis, wrist; complete, without bone graft	558.45	558.45
25805		3	fusion/graft of wrist	644.03	644.03
25810		3	fusion/graft of wrist	650.20	650.20
25820		3	arthrodesis, wrist; limited, without bone graft (e	455.28	455.28
25825		3	intercarpal fusion, w/ autogenous bone graft	561.53	561.53
25830		3	arthrodesis, distal radioulnar joint with segmen	699.37	699.37
25900		3	amputation forearm through radius and ulna	559.46	559.46
25905		3	amputation of forearm	553.41	553.41
25907		3	amputation forearm, w secondary closure	482.54	482.54
25909		3	amputation follow-up surgery	544.03	544.03
25915		3	amputation of forearm	954.76	954.76
25920		3	disarticulation through wrist	511.88	511.88
25922		3	amputation secondary closure or scar revision	432.59	432.59
25924		3	reamputation	499.82	499.82
25927		3	transmetacarpal amputation	578.80	578.80
25929		3	transmetacarp amput sec closure or scar revisi	419.25	419.25
25931		3	transmetacarpal reamputation	526.96	526.96
26010		3	drainage of finger abscess	96.90	179.10
26011		3	drainage of finger abscess complicated	135.42	272.99
26020		3	drainage of tendon sheath, digit and/or palm, e	312.16	312.16
26025		3	drainage of palmar bursa; single, bursa	305.30	305.30
26030		3	drainage of palmar bursa; multiple bursa	361.38	361.38
26034		3	incision, bone cortex, hand or finger (eg, osteo	391.33	391.33
26035		3	decompression finger/hand	611.75	611.75
26037		3	decompressive fasciotomy hand	422.55	422.55
26040		3	fasciotomy, palmar (eg, dupuytren s contractur	223.44	223.44
26045		3	release palm contracture	341.86	341.86
26055		3	tendon sheath incision (eg, for trigger finger)	213.65	398.53

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
26060		3	tenotomy, percutaneous, single, each digit	191.20	191.20
26070		3	arthrotomy, with exploration, drainage, or remc	218.66	218.66
26075		3	arthrotomy, with exploration, drainage, or remc	231.41	231.41
26080		3	exploration of finger joint	278.78	278.78
26100		3	arthrotomy with biopsy; carpometacarpal joint,	234.22	234.22
26105		3	arthrotomy with biopsy; metacarpophalangeal j	239.62	239.62
26110		3	arthrotomy with synovial biopsy; interphalange:	229.94	229.94
26115		3	excision, tumor or vascular malformation, soft t	260.50	438.74
26116		3	excision, tumor or vascular malformation, soft t	351.31	351.31
26117		3	radical resection soft tissue tumor, hand/finger	481.72	481.72
26121		3	fasciectomy, palm only, with or without z-plasty	442.11	442.11
26123		3	fasciectomy, partial palmar with release of sing	605.43	605.43
26125		3	fasciectomy, partial palmar with release of sing	218.41	218.41
26130		3	exploration hand joint	334.22	334.22
26135		3	exploration finger joint	407.60	407.60
26140		3	exploration finger joint	370.20	370.20
26145		3	synovectomy, tendon sheath, radical (tenosync	376.44	376.44
26160		3	excision of lesion of tendon sheath or joint cap:	233.22	399.93
26170		3	removal of palm tendon	295.44	295.44
26180		3	excision of tendon, finger, flexor (separate proc	323.00	323.00
26185		3	sesamoidectomy, thumb or finger (separate pr	386.11	386.11
26200		3	removal of joint lesion	332.08	332.08
26205		3	removal/graft joint lesion	446.94	446.94
26210		3	removal of finger lesion	321.40	321.40
26215		3	removal/graft finger lesion	409.61	409.61
26230		3	partial excision (craterization, saucerization, or	372.04	372.04
26235		3	partial removal finger bone	365.34	365.34
26236		3	partial removal finger bone	323.32	323.32
26250		3	radical resection, metacarpal; (eg, tumor)	432.05	432.05
26255		3	removal/graft of hand bone	660.06	660.06
26260		3	radical resection, proximal or middle phalanx o	404.56	404.56
26261		3	partial removal/graft finger	502.24	502.24
26262		3	radical resection, distal phalanx of finger (eg, tu	337.36	337.36
26320		3	removal of implant from hand	251.21	251.21
26340		3	manipulation, finger joint, under anesthesia, ea	223.51	223.51
26350		3	repair or advancement, flexor tendon, not in zo	517.97	517.97
26352		3	repair/graft tendon	590.75	590.75
26356		3	repair or advancement, flexor tendon, in zone :	772.02	772.02

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
26357		3	flexor tendon repair,secondary,each tendon	635.17	635.17
26358		3	repair/graft tendon	671.81	671.81
26370		3	repair or advancement of profundus tendon, wi	562.09	562.09
26372		3	repair or advancement of profundus tendon, wi	652.97	652.97
26373		3	repair or advancement of profundus tendon, wi	620.24	620.24
26390		3	excision flexor tendon, with implantation of syn	611.27	611.27
26392		3	removal of synthetic rod and insertion of flexor	713.75	713.75
26410		3	repair, extensor tendon, hand, primary or seco	411.56	411.56
26412		3	repair/graft tendon	501.30	501.30
26415		3	excision of extensor tendon, with implantation	530.76	530.76
26416		3	removal of synthetic rod and insertion of exten:	569.23	569.23
26418		3	repair, extensor tendon, finger, primary or secc	412.44	412.44
26420		3	repair/graft tendon	521.37	521.37
26426		3	repair of extensor tendon, central slip, second	421.21	421.21
26428		3	repair of extensor tendon, central slip, second	548.19	548.19
26432		3	closed treatment of distal extensor tendon inse	359.90	359.90
26433		3	repair of extensor tendon, distal insertion, prim	386.68	386.68
26434		3	repair/graft tendon	465.38	465.38
26437		3	realignment of extensor tendon, hand, each ter	453.29	453.29
26440		3	tenolysis, flexor tendon; palm or finger; each te	453.53	453.53
26442		3	release tendon palm & finger	690.83	690.83
26445		3	tenolysis, extensor tendon, hand or finger; eac	420.18	420.18
26449		3	tenolysis, complex, extensor tendon, finger, inc	556.14	556.14
26450		3	tenotomy, flexor, palm, open, each tendon	292.31	292.31
26455		3	tenotomy, flexor, finger, open, each tendon	290.31	290.31
26460		3	tenotomy, extensor, hand or finger, open, each	282.09	282.09
26471		3	tenodesis; of proximal interphalangeal joint, ea	446.54	446.54
26474		3	tenodesis; of distal joint, each joint	427.92	427.92
26476		3	lengthenig of tendon, extensor, hand or finger,	416.65	416.65
26477		3	shortening of tendon, extensor, hand or finger,	420.15	420.15
26478		3	lengthening of tendon, flexor, hand or finger, e	456.61	456.61
26479		3	shortening of tendon, flexor, hand or finger, ea	451.68	451.68
26480		3	transfer or transplant of tendon, carpometacar	548.77	548.77
26483		3	tendon transplant	621.28	621.28
26485		3	transfer or transplant of tendon, palmar; withou	594.66	594.66
26489		3	tendon transplant & graft	645.85	645.85
26490		3	opponensplasty; superficialis tendon transfer ty	576.73	576.73
26492		3	opponensplasty; tendon transfer with graft (incl	643.33	643.33

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
26494		3	tendon/muscle transfer	583.74	583.74
26496		3	repair thumb tendon	634.13	634.13
26497		3	transfer of tendon to restore intrinsic function; r	634.45	634.45
26498		3	sublimis transfer to correct claw finger 2/3/4/5	850.44	850.44
26499		3	correction claw finger, other methods	605.92	605.92
26500		3	reconstruction of tendon pulley, each tendon; v	456.12	456.12
26502		3	tendon reconstruction/graft	515.92	515.92
26508		3	release of thenar muscle(s) (eg, thumb contrac	458.69	458.69
26510		3	cross intrinsic transfer, each tendon	434.25	434.25
26516		3	capsulodesis, metacarpophalangeal joint; singl	514.49	514.49
26517		3	fusion of knuckle joints	606.91	606.91
26518		3	fusion of knuckle joints	612.79	612.79
26520		3	capsulectomy or capsulotomy; metacarpophala	474.23	474.23
26525		3	capsulectomy or capsulotomy; interphalangeal	476.23	476.23
26530		3	arthroplasty, metacarpophalangeal joint; each j	395.15	395.15
26531		3	arthroplasty, metacarpophalangeal joint; with p	460.30	460.30
26535		3	arthroplasty, interphalangeal joint; each joint	296.67	296.67
26536		3	arthroplasty, interphalangeal joint; with prosthe	489.43	489.43
26540		3	repair of collateral ligament, metacarpophalang	482.36	482.36
26541		3	reconstruction, collateral ligament, metacarpop	591.30	591.30
26542		3	prim repair collateral ligament w/ local tissue	499.06	499.06
26545		3	reconstruct finger joint	508.08	508.08
26546		3	repair non-union, metacarpal or phalanx, (inclu	715.00	715.00
26548		3	repair/reconstruct finger volar plate	560.36	560.36
26550		3	construct thumb replacement	1,115.65	1,115.65
26551		3	transfer, toe-to-hand with microvascular anastc	2,434.49	2,434.49
26553		3	toe-to-hand transfer with microvascular anasto	2,138.98	2,138.98
26554		3	toe-to-hand transfer with microvascular anasto	2,788.94	2,788.94
26555		3	transfer, finger to another position without micr	1,019.25	1,019.25
26556		3	transfer, free toe joint, with microvascular anas	2,209.70	2,209.70
26560		3	repair of web finger	415.11	415.11
26561		3	repair of web finger	670.68	670.68
26562		3	repair of web finger	977.29	977.29
26565		3	osteotomy; metacarpal, each	494.53	494.53
26567		3	osteotomy; phalanx of finger, each	499.54	499.54
26568		3	osteoplasty, lengthening, metacarpal or phalan	657.96	657.96
26580		3	repair hand deformity	1,042.62	1,042.62
26587		3	reconstruction of polydactylous digit, soft tissu	715.92	715.92

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
26590		3	repair macrodactylia, each digit	951.07	951.07
26591		3	repair, intrinsic muscles of hand, each muscle	315.72	315.72
26593		3	release, intrinsic muscles of hand, each muscle	432.93	432.93
26596		3	excision of constricting ring w/ z-plasties	542.26	542.26
26600		3	treat metacarpal fracture	177.85	191.98
26605		3	repair metacarpal fracture	203.12	221.87
26607		3	closed treatment of metacarpal fracture, with r	321.12	321.12
26608		3	percutaneous fix. metacarpal fx, each bone	346.77	346.77
26615		3	repair metacarpal fracture	403.48	403.48
26641		3	treatment carpometacarp disloc thumb w/mani	235.13	256.18
26645		3	repair thumb dislocation	270.87	292.50
26650		3	repair thumb dislocation	346.53	346.53
26665		3	repair thumb dislocation	448.12	448.12
26670		3	closed treatment of carpometacarpal dislocatio	209.98	231.61
26675		3	repair hand dislocation	289.55	312.05
26676		3	percutaneous skeletal fixation of carpometacar	363.34	363.34
26685		3	open treatment of carpometacarpal dislocation	413.80	413.80
26686		3	open treat clo/open carpometaca dislo cmpl/mi	459.54	459.54
26700		3	repair finger dislocation	206.88	221.30
26705		3	repair finger dislocation	263.84	286.04
26706		3	treatment of closed metacarpophalangeal disc	315.70	315.70
26715		3	repair finger dislocation	404.09	404.09
26720		3	treat finger fractures	122.07	133.02
26725		3	rx closed phalangeal shaft fx prox or mid phala	215.39	238.75
26727		3	repair finger fractures	340.77	340.77
26735		3	repair finger fractures	421.08	421.08
26740		3	closed treatment of articular fracture, involving	145.75	154.99
26742		3	treat clsd art fx w/manipulation	239.20	261.99
26746		3	open treatment of articular fracture, involving r	516.87	516.87
26750		3	treat finger fracture	121.48	124.65
26755		3	repair finger fracture	192.17	219.29
26756		3	treatment of closed distal phalangeal fx w/ pinr	299.90	299.90
26765		3	open rx closed or open distal phalangeal fx fing	341.90	341.90
26770		3	repair finger dislocation	172.30	187.58
26775		3	repair finger dislocation	240.44	266.39
26776		3	treatment of closed interphalangeal joint disloc	319.35	319.35
26785		3	open rx closed or open interphalangeal joint di	373.45	373.45
26820		3	thumb fusion with graft	577.59	577.59

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
26841		3	thumb fusion	533.66	533.66
26842		3	thumb fusion with graft	580.96	580.96
26843		3	arthrodesis, carpometacarpal joint, digit, other	537.60	537.60
26844		3	fusion/graft of hand joint	600.47	600.47
26850		3	fusion of knuckle	508.94	508.94
26852		3	fusion of knuckle with graft	584.68	584.68
26860		3	finger joint fusion	406.26	406.26
26861		3	arthrodesis, interphalangeal joint, with or witho	82.37	82.37
26862		3	fusion/graft of finger joint	530.88	530.88
26863		3	arthrodesis, interphalangeal joint, with or witho	183.69	183.69
26910		3	amputation metacarpal bone	523.38	523.38
26951		3	amputation of finger	450.52	450.52
26952		3	amputation of finger	472.93	472.93
26990		3	incision/drainage abscess or hematoma	458.34	458.34
26991		3	incision/drainage infected bursa	387.80	508.35
26992		3	incision, bone cortex, pelvis and/or hip joint (eg	724.82	724.82
27000		3	tenotomy, adductor of hip, percutaneous (sepa	332.84	332.84
27001		3	tenotomy, adductor of hip, open	404.11	404.11
27003		3	incision of hip tendon	434.12	434.12
27005		3	tenotomy, hip flexor(s), open (separate proced	548.94	548.94
27006		3	tenotomy, abductors and/or extensor(s) of hip,	554.48	554.48
27025		3	incision of hip fascia	672.71	672.71
27027		3	decompression fasciotomy(ies), pelvic (buttock	657.90	657.90
27030		3	arthrotomy, hip, with drainage (eg, infection)	717.96	717.96
27033		3	arthrotomy, hip, including exploration or remov	743.28	743.28
27035		3	denervation, hip joint, intrapelvic or extrapelvic	834.88	834.88
27036		3	capsulectomy or capsulotomy, hip, with or with	759.55	759.55
27040		3	biopsy soft tissue superficial	152.55	246.86
27041		3	biopsy, soft tissue of pelvis and hip area; deep	519.76	519.76
27047		3	excision, tumor, pelvis and hip area; subcutane	387.77	457.85
27048		3	excision benign tumor deep	355.40	355.40
27049		3	radical resection of tumor, soft tissue of pelvis ;	757.12	757.12
27050		3	arthrotomy, with biopsy; sacroiliac joint	259.81	259.81
27052		3	biopsy of hip joint	414.44	414.44
27054		3	arthrotomy with synovectomy, hip joint	509.46	509.46
27057		3	decompression fasciotomy(ies), pelvic (buttock	730.53	730.53
27060		3	removal of ischial bursa	320.63	320.63
27062		3	removal of femur lesion	334.16	334.16

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
27065		3	removal of hip bone lesion	373.05	373.05
27066		3	excision of bone cyst or tumor deep with or w/ili	607.99	607.99
27067		3	excision benign tumor w/bone graft req sepe	772.34	772.34
27070		3	partial excision (craterization, saucerization) (e	636.44	636.44
27071		3	partial excision (craterization, saucerization) (e	683.14	683.14
27075		3	radical resection of tumor or infection; wing of i	1,772.02	1,772.02
27076		3	partial removal of hip bone	1,219.96	1,219.96
27077		3	removal of hip bone	2,047.94	2,047.94
27078		3	partial removal of hip bones	769.11	769.11
27079		3	partial removal of hip bones	738.20	738.20
27080		3	coccygectomy primary	368.84	368.84
27086		3	removal foreign body subcutaneous tissue	110.31	176.64
27087		3	removal of foreign body, pelvis or hip; deep (su	474.79	474.79
27090		3	removal of hip prosthesis	628.87	628.87
27091		3	removal of hip prosthesis; complicated, includir	1,222.48	1,222.48
27093		3	injection procedure for hip arthrography;	57.52	143.18
27095		3	injection procedure for hip arthrography with ar	65.68	172.69
27096		3	injection procedure for sacroiliac joint, arthogra	55.33	131.76
27097		3	release or recession, hamstring, proximal	501.23	501.23
27098		3	transfer, adductor to ischium	468.88	468.88
27100		3	transfer of abdominal muscle	617.89	617.89
27105		3	transfer of spinal muscle	647.21	647.21
27110		3	transfer iliopsoas; to greater trochanter of femu	723.80	723.80
27111		3	transfer iliopsoas to femoral neck	646.24	646.24
27120		3	reconstruction of hip	983.09	983.09
27122		3	acetabuloplasty; resection, femoral head (eg, c	840.98	840.98
27125		3	hemiarthroplasty, hip, partial (eg, femoral stem	856.65	856.65
27130		3	arthroplasty, acetabular and proximal femoral p	1,106.00	1,106.00
27132		3	conversion of previous hip surgery to total hip r	1,293.03	1,293.03
27134		3	revision of total hip, both components	1,501.64	1,501.64
27137		3	revision of total hip, acetabular component only	1,143.28	1,143.28
27138		3	revision of total hip, femoral component only	1,190.23	1,190.23
27140		3	osteotomy and transfer of greater trochanter of	681.79	681.79
27146		3	incision of hip bone	963.68	963.68
27147		3	osteotomy with open reduction of hip	1,123.28	1,123.28
27151		3	incision of hip bones	1,172.86	1,172.86
27156		3	revision of hip bones	1,311.78	1,311.78
27158		3	osteotomy, pelvis, bilateral (eg, congenital mal	1,054.04	1,054.04

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
27161		3	incision of neck of femur	931.29	931.29
27165		3	osteotomy including internal or external fixation	1,040.82	1,040.82
27170		3	repair/graft femur	901.82	901.82
27175		3	treatment of slipped femoral epiphysis;	500.22	500.22
27176		3	treatment slipped epiphysis	691.45	691.45
27177		3	repair slipped epiphysis	844.42	844.42
27178		3	open rx slipped fem epiphysis closed manip w/	684.37	684.37
27179		3	revision of neck of femur	737.48	737.48
27181		3	fixation slipped epiphysis	822.02	822.02
27185		3	epiphyseal arrest by epiphysiodesis or stapling	521.42	521.42
27187		3	prophylactic tx femoral neck and proximal femur	756.04	756.04
27193		3	closed treatment of pelvic ring fracture, dislocation	347.62	344.74
27194		3	closed tx pelvic ring fx; w/ manipulation	539.28	539.28
27200		3	repair tail bone fracture	127.00	124.41
27202		3	repair tail bone fracture	475.72	475.72
27215		3	open tx of iliac spine w/internal fixation	558.49	558.49
27216		3	percutaneous skeletal fx post pelvic ring fx/dislocation	817.50	817.50
27217		3	open tx ant. ring fx/dislocation w/internal fixation	773.13	773.13
27218		3	open tx post ring fx/dislocation w/internal fixation.	1,058.45	1,058.45
27220		3	treatment hipsocket fracture	385.84	388.44
27222		3	repair hipsocket fracture	741.23	741.23
27226		3	open tx post/ant. acetabular wall fx, internal fixation	790.23	790.23
27227		3	open treatment acetabular fx w/internal fixation.	1,280.74	1,280.74
27228		3	open tx acetabular fx w/internal fixation	1,467.52	1,467.52
27230		3	treatment fracture of femur	340.69	345.01
27232		3	repair fracture of femur	590.10	590.10
27235		3	fixation of femur fracture	691.25	691.25
27236		3	open treatment of femoral fracture, proximal end	905.83	905.83
27238		3	treatment of femur fracture	333.91	333.91
27240		3	rx closed intertrochanteric or pertro femoral fx	723.48	723.48
27244		3	fixation of femur fracture	931.99	931.99
27245		3	open tx femoral fx; w/intramedullary implant	964.99	964.99
27246		3	treatment of femur fracture	283.23	282.66
27248		3	repair of femur fracture	571.06	571.06
27250		3	repair of hip dislocation	180.97	180.97
27252		3	repair of hip dislocation	571.73	571.73
27253		3	repair of hip dislocation	718.54	718.54
27254		3	repair of hip dislocation	972.93	972.93

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
27256		3	treatment of hip dislocation	187.18	219.47
27257		3	repair of hip dislocation	256.01	256.01
27258		3	repair of hip dislocation	843.22	843.22
27259		3	open rx closed/open acetab fx w/femoral shaft	1,184.15	1,184.15
27265		3	tx atraumatic hip dislocation w/o anesthesia	289.76	289.76
27266		3	tx atraumatic hip dislocation w/ gen anesthesia	433.08	433.08
27267		3	closed treatment of femoral fracture, proximal €	308.78	308.78
27268		3	closed treatment of femoral fracture, proximal €	383.37	383.37
27269		3	open treatment of femoral fracture, proximal er	927.78	927.78
27275		3	manipulation of hip joint	134.20	134.20
27280		3	fusion of sacroiliac joint	779.45	779.45
27282		3	fusion of pubic bones	611.47	611.47
27284		3	arthrodesis, hip joint (including obtaining graft);	1,192.68	1,192.68
27286		3	fusion of hip joint	1,256.61	1,256.61
27290		3	amputation of leg at hip	1,201.36	1,201.36
27295		3	amputation of leg at hip	970.01	970.01
27301		3	incision and drainage, deep abscess, bursa, or	369.27	480.03
27303		3	incision, deep, with opening of bone cortex, fer	478.21	478.21
27305		3	incision of tendon & fascia	348.28	348.28
27306		3	tenotomy, percutaneous, adductor or hamstring;	281.22	281.22
27307		3	tenotomy, percutaneous, adductor or hamstring;	346.86	346.86
27310		3	arthrotomy, knee, with exploration, drainage, o	545.81	545.81
27323		3	biopsy soft tissues superficial	132.70	192.11
27324		3	biopsy, soft tissue of thigh or knee area; deep i	283.67	283.67
27325		3	neurectomy, hamstring muscle	393.74	393.74
27326		3	neurectomy, popliteal (gastrocnemius)	362.89	362.89
27327		3	excision benign tumor subcutaneous	259.14	327.21
27328		3	exc benign tumor deep	313.26	313.26
27329		3	radical resection soft tissue tumor thigh/knee	786.35	786.35
27330		3	arthrotomy, knee; with synovial biopsy only	296.96	296.96
27331		3	arthrotomy, knee; including joint exploration, bi	351.00	351.00
27332		3	arthrotomy, with excision of semilunar cartilage	477.21	477.21
27333		3	arthrotomy knee exc semilunar cartilage media	431.92	431.92
27334		3	arthrotomy, with synovectomy knee; anterior or	508.48	508.48
27335		3	arthrotomy knee anterior and posterior includin	575.82	575.82
27340		3	removal of kneecap bursa	267.83	267.83
27345		3	excision of synovial cyst of popliteal space (eg,	355.33	355.33
27347		3	excision of lesion of meniscus or capsule (eg, c	381.43	381.43

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
27350		3	removal of kneecap	485.65	485.65
27355		3	removal of femur lesion	450.05	450.05
27356		3	removal & graft femur lesion	552.86	552.86
27357		3	removal & graft femur lesion	613.08	613.08
27358		3	excision or curettage of bone cyst or benign tu	225.41	225.41
27360		3	partial excision (craterization, saucerization, or	637.69	637.69
27365		3	radical resection of tumor, bone, femur or knee	933.10	933.10
27370		3	injection for knee x-ray	41.90	122.08
27372		3	removal foreign body deep	299.68	429.18
27380		3	repair kneecap tendon	439.68	439.68
27381		3	repair/graft kneecap tendon	601.52	601.52
27385		3	repair of thigh muscle	471.29	471.29
27386		3	repair/graft of thigh muscle	623.71	623.71
27390		3	tenotomy, open, hamstring, knee to hip; single	325.95	325.95
27391		3	tenotomy, open, hamstring, knee to hip; multipl	425.73	425.73
27392		3	tenotomy, open, hamstring, knee to hip; multipl	525.98	525.98
27393		3	lengthening of hamstring tendon; single tend	377.27	377.27
27394		3	lengthening of hamstring tendon; multiple tend	488.61	488.61
27395		3	lengthening of hamstring tendon; multiple tend	662.94	662.94
27396		3	transplant, hamstring tendon to patella; single t	458.88	458.88
27397		3	transplant, hamstring tendon to patella; multipl	677.61	677.61
27400		3	transfer, tendon or muscle, hamstrings to femu	511.77	511.77
27403		3	arthrotomy with meniscus repair, knee	480.70	480.70
27405		3	repair of knee ligament	506.50	506.50
27407		3	repair of knee ligament	579.86	579.86
27409		3	repair of knee ligaments	729.75	729.75
27415		3	osteochondral allograft, knee, open	1,059.42	1,059.42
27416		3	osteochondral autograft(s), knee, open (eg, mc	732.43	732.43
27418		3	anterior tibial tubercleplasty (eg, maquet type p	628.87	628.87
27420		3	reconstruction of dislocating patella; (eg, haue	562.73	562.73
27422		3	reconstruction of dislocating patella; with exten	560.39	560.39
27424		3	revision/removal of kneecap	561.90	561.90
27425		3	lateral retinacular release	325.76	325.76
27427		3	reconstruction knee extra-articular	539.37	539.37
27428		3	reconstruction knee intra-articular	832.02	832.02
27429		3	reconstruction knee intra and extra articular	932.01	932.01
27430		3	quadricepsplasty (eg, bennett or thompson typ	556.90	556.90
27435		3	capsulotomy, posterior capsular release, knee	597.04	597.04

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
27437		3	arthrplasty patella w/o prosthesis	494.81	494.81
27438		3	arthroplasty patella w/prosthesis	635.59	635.59
27440		3	repair of knee joint	581.06	581.06
27441		3	repair of knee joint	600.23	600.23
27442		3	arthroplasty, femoral condyles or tibial plateau	658.52	658.52
27443		3	repair of knee joint	616.18	616.18
27445		3	arthroplasty, knee, hinge prosthesis (eg, walldi	962.99	962.99
27446		3	total knee replacement	853.53	853.53
27447		3	arthroplasty, knee, condyle and plateau; media	1,184.01	1,184.01
27448		3	osteotomy femur shaft or supracondylar w/o fix	620.87	620.87
27450		3	osteotomy femur shaft or supracondylar with fi	774.35	774.35
27454		3	osteotomy, multiple, with realignment on intran	978.97	978.97
27455		3	osteotomy proximal tibia unilateral before epipl	715.13	715.13
27457		3	osteotomy proximal tibia after epiphyseal closu	737.45	737.45
27465		3	revision of femur	930.85	930.85
27466		3	revision of femur	901.41	901.41
27468		3	osteoplasty, femur;	1,022.29	1,022.29
27470		3	repair of femur	898.55	898.55
27472		3	repair/graft of femur	972.14	972.14
27475		3	arrest, epiphyseal, any method (eg, epiphydioc	492.24	492.24
27477		3	repair lower leg epiphyses	552.48	552.48
27479		3	repair of leg epiphyses	712.37	712.37
27485		3	arrest, hemiepiphyseal, distal femur or proxima	503.86	503.86
27486		3	revision of total knee arthroplasty, one compon	1,079.70	1,079.70
27487		3	revision of total knee arthroplasty, with or withc	1,363.84	1,363.84
27488		3	removal of prosthesis, including total knee pros	912.41	912.41
27495		3	prophylactic treatment femur	864.20	864.20
27496		3	decompression fasciotomy, thigh/knee, 1 corr	375.18	375.18
27497		3	decompression fasciotomy, thigh/knee w/ debr	408.75	408.75
27498		3	decompression fasciotomy, thigh/knee, multipl	445.95	445.95
27499		3	decompression fasciotomy; thigh/knee w/ debr	494.40	494.40
27500		3	treatment of femur fracture	351.93	376.74
27501		3	closed treatment of supracondylar or transconc	365.99	370.90
27502		3	treatment of closed femoral shaft fracture with	595.23	595.23
27503		3	closed tx supra/transcondylar fem fx; w/manipu	605.10	605.10
27506		3	repair of femur fx w/insertion intramedullary im	1,014.30	1,014.30
27507		3	open tx fem shaft fx with plate screws	751.67	751.67
27508		3	treatment of femur fracture	359.30	379.49

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
27509		3	percutaneous skeletal fixation of femoral fractu	479.01	479.01
27510		3	repair of femur fracture	525.30	525.30
27511		3	open tx femoral fx wo intercondylar extension	778.57	778.57
27513		3	open tx femoral fx w/intercondylar extension	980.16	980.16
27514		3	repair of femur fracture	785.79	785.79
27516		3	treatment of femur epiphysis	335.34	354.37
27517		3	repair of femur epiphysis	503.11	503.11
27519		3	repair of femur epiphysis	710.57	710.57
27520		3	treatment kneecap fracture	201.88	222.07
27524		3	repair of kneecap fracture	568.48	568.48
27530		3	treatment of knee fracture	261.22	279.69
27532		3	repair of knee fracture	427.89	450.68
27535		3	open tx tibial fx, proximal; unicondylar	694.60	694.60
27536		3	tx tibial fx bicondylar	903.65	903.65
27538		3	treatment of knee fracture	315.44	335.34
27540		3	repair knee fracture	628.38	628.38
27550		3	repair knee dislocation	332.95	356.03
27552		3	repair knee dislocation	462.73	462.73
27556		3	open rx closed or open knee disloc w/o primary	698.63	698.63
27557		3	osteotomy proximal tibia bilateral with primary l	836.98	836.98
27558		3	open tx knee dislocation; w/lig repair	940.44	940.44
27560		3	repair kneecap dislocation	236.46	259.53
27562		3	repair kneecap dislocation	341.18	341.18
27566		3	repair kneecap dislocation	678.08	678.08
27570		3	fixation of knee joint	109.26	109.26
27580		3	arthrodesis, knee, any technique	1,100.62	1,100.62
27590		3	amputation of leg	633.11	633.11
27591		3	amputation thigh thru fem immed fit tech includ	699.16	699.16
27592		3	amputation of leg	536.00	536.00
27594		3	amputation follow-up surgery	385.90	385.90
27596		3	amputation follow-up surgery	560.96	560.96
27598		3	amputation of lower leg	569.60	569.60
27600		3	decompression of leg	320.46	320.46
27601		3	fasciotomy leg for closedspace decompression	331.67	331.67
27602		3	decompression of leg	393.95	393.95
27603		3	incision and drainage deep abscess or hemato	289.63	379.91
27604		3	incision and drainage infected bursa	255.20	333.36
27605		3	tenotomy, percutaneous, achilles tendon (sepa	153.30	264.05

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
27606		3	tenotomy achilles tendon subcutaneous gener	225.23	225.23
27607		3	incision (eg, osteomyelitis or bone abscess), le	463.71	463.71
27610		3	arthrotomy, ankle, including exploration, draina	494.92	494.92
27612		3	arthrotomy, posterior capsular release, ankle, v	432.16	432.16
27613		3	biopsy soft tissues superficial	124.72	180.39
27614		3	biopsy, soft tissue of leg or ankle area; deep (s	309.97	408.61
27615		3	radical resection soft tissue tumor leg/ankle	668.24	668.24
27618		3	excision, tumor, leg or ankle area; subcutaneo	286.98	357.06
27619		3	excision benign tumor deep subfascial or intrar	446.27	570.29
27620		3	biopsy of ankle joint	347.38	347.38
27625		3	arthrotomy, ankle, with synovectomy;	450.96	450.96
27626		3	exploration of ankle joint	486.91	486.91
27630		3	removal of tendon lesion	279.48	389.08
27635		3	removal of bone lesion	447.30	447.30
27637		3	removal/graft of bone lesion	567.66	567.66
27638		3	removal/graft of bone lesion	592.38	592.38
27640		3	partial excision (craterization, saucerization, or	656.32	656.32
27641		3	partial removal of fibula	526.05	526.05
27645		3	radical resection of tumor, bone; tibia	796.50	796.50
27646		3	removal of fibula	704.68	704.68
27647		3	radical resection of tumor, bone; talus or calca	626.09	626.09
27648		3	injection procedure for ankle arthrography	41.61	117.74
27650		3	repair achilles tendon	511.06	511.06
27652		3	repair/graft achilles tendon	564.46	564.46
27654		3	repair, secondary, achilles tendon, with or with	550.86	550.86
27656		3	repair fascial defect of leg	264.11	390.73
27658		3	repair, flexor tendon, leg; primary, without graft	289.54	289.54
27659		3	repair, flexor tendon, leg; secondary, with or wi	381.39	381.39
27664		3	repair, extensor tendon, leg; primary, without g	275.64	275.64
27665		3	repair, extensor tendon, leg; secondary, with o	316.18	316.18
27675		3	repair, dislocating peroneal tendons; without fit	389.01	389.01
27676		3	repair disloc peroneal tendons with fibular oste	471.76	471.76
27680		3	tenolysis, flexor or extensor tendon, leg and/or	328.41	328.41
27681		3	tenolysis, flexor or extensor tendon, leg and/or	391.40	391.40
27685		3	lengthening or shortening of tendon, leg or ank	362.75	463.69
27686		3	lengthening or shortening of tendon, leg or ank	427.41	427.41
27687		3	gastrocnemius recession	351.75	351.75
27690		3	revision of leg tendon	485.05	485.05

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
27691		3	transfer or transplant of single tendon (with mu	568.68	568.68
27692		3	transfer or transplant of single tendon (with mu	87.41	87.41
27695		3	repair, primary, disrupted ligament, ankle; colla	374.16	374.16
27696		3	repair of ankle ligaments	448.28	448.28
27698		3	repair, secondary disrupted ligament, ankle, cc	503.48	503.48
27700		3	repair of ankle	477.45	477.45
27702		3	arthroplasty ankle with implant	760.81	760.81
27703		3	arthroplasty, ankle; revision, total ankle	881.10	881.10
27704		3	removal ankle implant	429.85	429.85
27705		3	incision of tibia	583.21	583.21
27707		3	incision of fibula	294.17	294.17
27709		3	incision of tibia & fibula	854.76	854.76
27712		3	osteotomy; multiple, with realignment on intran	832.37	832.37
27715		3	osteoplasty, tibia and fibula, lengthening or shc	813.00	813.00
27720		3	repair of lower leg	667.27	667.27
27722		3	repair/graft of lower leg	665.95	665.95
27724		3	repair/graft of lower leg	983.42	983.42
27725		3	repair malunion tibia by synostosis with fibula	912.97	912.97
27726		3	repair of fibula nonunion and/or malunion with	698.00	698.00
27727		3	repair congenital pseudarthrosis tibia	743.05	743.05
27730		3	arrest, epiphyseal (epiphysiodesis), any metho	443.03	443.03
27732		3	repair of fibula epiphysis	301.19	301.19
27734		3	repair lower leg epiphyses	453.45	453.45
27740		3	arrest, epiphyseal (epiphysiodesis), any metho	502.98	502.98
27742		3	repair of leg epiphyses	530.80	530.80
27745		3	prophylactic treatment tibia	572.13	572.13
27750		3	treatment of tibia fracture	221.25	240.29
27752		3	repair of tibia fracture	364.86	389.67
27756		3	repair of tibia fracture	424.43	424.43
27758		3	open rx closed or open tibial shaft fx complicat	672.68	672.68
27759		3	open tx tibial shaft fx by intermedullary implant	763.09	763.09
27760		3	treatment of ankle fracture	210.82	231.29
27762		3	repair of ankle fracture	323.16	348.25
27766		3	repair of ankle fracture	456.67	456.67
27767		3	closed treatment of posterior malleolus fracture	184.54	183.67
27768		3	closed treatment of posterior malleolus fracture	298.71	298.71
27769		3	open treatment of posterior malleoulus fracture	523.31	523.31
27780		3	treatment of fibula fracture	188.09	206.83

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
27781		3	repair of fibula fracture	281.85	301.18
27784		3	repair of fibula fracture	519.55	519.55
27786		3	treatment of ankle fracture	198.17	219.23
27788		3	repair of ankle fracture	281.31	303.80
27792		3	repair of ankle fracture	525.17	525.17
27808		3	treatment of ankle fracture	206.54	229.04
27810		3	repair of ankle fracture	315.05	340.72
27814		3	repair of ankle fracture	586.14	586.14
27816		3	treatment of ankle fracture	196.54	217.31
27818		3	repair of ankle fracture	322.55	351.68
27822		3	open rx closed or open trimalleolar ankle fx me	640.86	640.86
27823		3	open rx closed or open trimalleolar ankle fx w/i	731.17	731.17
27824		3	close tx fx wt bearing portion distal tibia	211.06	218.85
27825		3	closed tx fx wt bearing portion tibia; with skel tr	370.73	401.30
27826		3	open tx fx distal tibia with fixation of fibula only	615.27	615.27
27827		3	open tx fx tibia with fixation fibula or tibia only	820.90	820.90
27828		3	open tx fx tibia with int & ext fix of both tibia an	983.44	983.44
27829		3	open tx tibiofibular joint	491.21	491.21
27830		3	repair lower leg dislocation	239.45	254.74
27831		3	repair lower leg dislocation	279.32	279.32
27832		3	repair lower leg dislocation	530.32	530.32
27840		3	repair ankle dislocation	258.19	258.19
27842		3	repair ankle dislocation	361.36	361.36
27846		3	repair ankle dislocation	559.69	559.69
27848		3	repair ankle dislocation	633.75	633.75
27860		3	fixation of ankle	134.93	134.93
27870		3	fusion of ankle	800.56	800.56
27871		3	arthrodesis tibiofibular joint proximal or distal	524.43	524.43
27880		3	amputation of lower leg	711.28	711.28
27881		3	amputation leg w/immediate fitting technique ir	683.07	683.07
27882		3	amputation of lower leg	481.88	481.88
27884		3	amputation follow-up surgery	447.23	447.23
27886		3	amputation follow-up surgery	510.22	510.22
27888		3	amputation, ankle, through malleoli of tibia and	539.17	539.17
27889		3	ankle disarticulation	528.08	528.08
27892		3	decompression fasciotomy, leg: ant &/or lat coi	413.52	413.52
27893		3	decompression fasciotomy, leg; posterior com	418.34	418.34
27894		3	decompression fasciotomy, leg; ant &/or lat & r	643.39	643.39

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
28001		3	incision and drainage, bursa, foot	140.72	197.82
28002		3	incision and drainage below fascia, with or with	296.68	370.22
28003		3	drainage of foot	438.19	512.60
28005		3	incision, bone cortex (eg, osteomyelitis or bone	476.43	476.43
28008		3	incision of foot ligaments	237.81	312.79
28010		3	tenotomy, percutaneous, toe; single tendon	164.14	174.81
28011		3	tenotomy, percutaneous, toe; multiple tendons	231.71	247.87
28020		3	arthrotomy, including exploration, drainage, or	278.71	370.72
28022		3	exploration of a foot joint	258.06	342.28
28024		3	exploration of a toe joint	244.48	325.23
28035		3	release, tarsal tunnel (posterior tibial nerve dec	281.39	373.11
28043		3	excision, tumor, foot; subcutaneous tissue	201.76	249.06
28045		3	excision benign tumor deep subfascial intramu	256.93	348.65
28046		3	radical resection soft tissue tumor foot	527.14	639.05
28050		3	arthrotomy with biopsy; intertarsal or tarsomet	242.26	327.35
28052		3	biopsy of a foot joint	220.52	301.85
28054		3	biopsy to toe joint	200.68	282.88
28055		3	neurectomy, intrinsic musculature of foot	309.75	309.75
28060		3	fasciectomy, plantar fascia; partial (separate pr	282.89	368.27
28062		3	removal of foot fascia	332.61	434.12
28070		3	exploration of a foot joint	276.81	365.06
28072		3	exploration of a foot joint	267.11	358.83
28080		3	excision, interdigital (morton) neuroma, single,	269.64	352.12
28086		3	synovectomy tendon sheath flexor	278.97	384.81
28088		3	synovectomy tendon sheath extensor	232.00	326.03
28090		3	excision of lesion, tendon, tendon sheath, or ca	243.59	330.40
28092		3	excision of lesion, tendon, tendon sheath, or ca	213.29	297.50
28100		3	removal of heel lesion	316.27	426.15
28102		3	excision or curettage of bone cyst or benign tui	431.58	431.58
28103		3	removal/graft heel lesion	349.14	349.14
28104		3	excision or curettage of bone cyst or benign tui	277.13	366.26
28106		3	excision or curettage of bone cyst or benign tui	369.49	369.49
28107		3	removal/graft foot lesion	302.34	406.17
28108		3	removal of toe lesions	228.56	307.87
28110		3	partial removal metatarsal	227.99	322.59
28111		3	partial removal metatarsal	267.06	367.99
28112		3	partial removal metatarsals	249.37	347.71
28113		3	partial removal metatarsal	325.57	416.72

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
28114		3	ostectomy, complete excision; all metatarsal h	630.31	759.81
28116		3	revision of foot	448.79	544.54
28118		3	partial removal of heel	324.00	420.04
28119		3	removal of heel spur	286.73	374.41
28120		3	partial excision (craterization, saucerization, se	308.17	414.60
28122		3	partial excision (craterization, saucerization, se	396.12	484.37
28124		3	partial excision (craterization, saucerization, se	264.10	342.54
28126		3	resection, partial or complete, phalangeal base	198.34	275.93
28130		3	removal of bone of ankle	492.26	492.26
28140		3	removal of metatarsal	360.82	455.71
28150		3	phalangectomy, toe, each toe	226.66	307.99
28153		3	resection, condyle(s), distal end of phalanx, ea	206.01	286.77
28160		3	hemiphalangectomy or interphalangeal joint ex	214.67	294.27
28171		3	radical resection of tumor, bone; tarsal (except	483.97	483.97
28173		3	radical resection of tumor, bone; metatarsal	441.60	544.56
28175		3	radical resection of tumor, bone; phalanx of toe	310.93	398.32
28190		3	remove foreign body subcutaneous	105.31	175.10
28192		3	removal foreign body deep	252.32	338.55
28193		3	removal foreign body complicated	300.52	389.35
28200		3	repair, tendon, flexor, foot; primary or seconda	251.64	338.46
28202		3	repair/graft of foot tendon	352.38	451.89
28208		3	repair, tendon, extensor, foot; primary or secur	241.57	325.79
28210		3	repair/graft of foot tendon	328.93	420.93
28220		3	tenolysis, flexor, foot; single tendon	244.05	322.21
28222		3	tenolysis, flexor, foot; multiple tendons	291.08	373.28
28225		3	tenolysis, extensor, foot; single tendon	202.04	279.33
28226		3	tenolysis, extensor, foot; multiple tendons	252.04	335.96
28230		3	tenotomy, open, tendon flexor; foot, single or r	232.00	309.29
28232		3	tenotomy, open, tendon flexor; toe, single tend	196.69	273.41
28234		3	tenotomy, open, extensor, foot or toe, each ten	205.63	283.21
28238		3	reconstruction (advancement), posterior tibial t	395.79	496.16
28240		3	release of big toe	238.07	318.25
28250		3	division of plantar fascia and muscle (eg, stein	316.27	405.68
28260		3	release of midfoot joint	409.15	497.70
28261		3	capulotomy with tendon legthening	624.21	724.29
28262		3	capsulotomy, midfoot; extensive, including pos	872.77	1,010.63
28264		3	capsulotomy, midtarsal (eg, heyman type proci	548.25	645.74
28270		3	capsulotomy; metatarsophalangeal joint, with c	263.48	344.24

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
28272		3	capsulotomy; interphalangeal joint, each joint (	205.54	281.11
28280		3	syndactylization, toes (eg, webbing or kelikian	286.54	377.68
28285		3	correction, hammertoe (eg, interphalangeal fus	252.98	333.44
28286		3	correction, cock-up fifth toe, with plastic skin cl	243.26	326.03
28288		3	ostectomy, partial, exostectomy or condylector	328.98	417.53
28289		3	hallux rigidus correction with cheilectomy, debr	429.07	529.72
28290		3	correction, hallux valgus (bunion), with or withc	313.39	411.73
28292		3	removal of big toe joint	461.77	563.00
28293		3	removal of big toe joint	559.94	750.00
28294		3	correction, hallux valgus (bunion), with or withc	427.63	544.72
28296		3	incision of metatarsal	424.46	533.77
28297		3	hallux valgus correction,lapidus type procedure	477.02	603.06
28298		3	incision of toe	406.35	520.56
28299		3	correction, hallux valgus (bunion), with or withc	550.94	671.21
28300		3	osteotomy; calcaneus (eg, dwyer or chambers	514.09	514.09
28302		3	incision of ankle bone	509.43	509.43
28304		3	osteotomy, tarsal bones, other than calcaneus	469.07	579.23
28305		3	osteotomy, tarsal bones, other than calcaneus	539.11	539.11
28306		3	osteotomy, with or without lengthening, shorter	316.82	431.60
28307		3	osteotomy, with or without lengthening, shorter	356.62	507.46
28308		3	osteotomy, with or without lengthening, shorter	290.27	390.93
28309		3	osteotomy, with or without lengthening, shorter	695.85	695.85
28310		3	osteotomy, shortening, angular or rotational co	283.63	385.44
28312		3	incision of big toes	252.21	352.00
28313		3	reconstruction, angular deformity of toe, soft tis	288.43	370.34
28315		3	sesamoidectomy first toe	258.12	340.61
28320		3	repair, nonunion or malunion; tarsal bones	486.55	486.55
28322		3	repair of metatarsals	448.84	561.61
28340		3	reconst toe, macrodactyly; soft tissue resectior	350.90	448.09
28341		3	reconst, toe, macrodactyly; w/ bone resection	415.88	517.40
28344		3	reconstruction, toe(s); polydactyly	244.84	341.45
28345		3	reconstruct toes syndactyly w/wo graft	320.80	413.96
28360		3	reconstruction cleft foot	749.84	749.84
28400		3	treatment of heel fracture	160.35	173.91
28405		3	repair of heel fracture	269.54	286.56
28406		3	treat closed calcan fixation w/manipulation ske	393.77	393.77
28415		3	repair of heel fracture	870.25	870.25
28420		3	repair/graft heel fracture	917.38	917.38

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
28430		3	treatment of ankle fracture	145.82	162.84
28435		3	repair of ankle fracture	215.06	231.21
28436		3	treatment of closed talusfx w/ manip and pinnir	314.73	314.73
28445		3	repair of ankle fracture	821.81	821.81
28450		3	treatment midfoot fracture	135.55	150.55
28455		3	repair midfoot fracture	196.90	210.16
28456		3	treatment of closed tarsal bone fx w/ manip,pin	201.16	201.16
28465		3	repair midfoot fracture(s)	466.78	466.78
28470		3	treat metatarsal fractures	136.33	150.46
28475		3	repair metatarsal fractures	178.31	192.15
28476		3	treatment of closed metatarsal fx w/ manip,pinr	249.20	249.20
28485		3	repair metatarsal fractures	402.31	402.31
28490		3	treat big toe fracture	84.98	96.52
28495		3	repair big toe fracture	109.26	122.53
28496		3	treatment of closed toe fx w/ manip and pinninç	167.29	293.90
28505		3	repair of big toe fracture	370.72	476.86
28510		3	treatment of toe fracture	82.68	84.12
28515		3	repair of toe fracture	102.53	110.89
28525		3	repair of toe fracture	294.14	399.98
28530		3	treatment of closed sesamoid fracture	75.38	81.14
28531		3	open tx sesamoid fx	145.55	260.62
28540		3	repair foot dislocation	135.51	144.45
28545		3	repair foot dislocation	164.31	177.58
28546		3	treatment tarsal disloc with percutaneous skele	221.57	331.45
28555		3	repair of foot dislocation	497.86	623.90
28570		3	repair foot dislocation	112.64	124.46
28575		3	repair foot dislocation	224.03	238.75
28576		3	percutaneous skeletal fix talotarsel jntdisloc.	264.07	264.07
28585		3	repair of foot dislocation	560.44	667.45
28600		3	repair foot dislocation	135.62	150.04
28605		3	repair foot dislocation	182.56	194.67
28606		3	treat clsd tars/metatars desloc w/percut skel fix	292.30	292.30
28615		3	repair foot dislocation	586.60	586.60
28630		3	repair of toe dislocation	84.40	107.76
28635		3	repair of toe dislocation	105.11	128.48
28636		3	percu. skeletal fix met at arsophalangeal jnt dis	155.72	210.81
28645		3	repair of toe dislocation	362.27	452.26
28660		3	repair of toe dislocation	64.33	78.46

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
28665		3	repair of toe dislocation	104.57	114.94
28666		3	percu. skeletal fix metatarsophalangeal joint di	149.12	149.12
28675		3	open treatment of closed or open interphalangi	301.14	409.00
28705		3	arthrodesis; pantalar	1,015.48	1,015.48
28715		3	arthrodesis; triple	750.59	750.59
28725		3	arthrodesis; subtalar	618.13	618.13
28730		3	fusion of foot bones	645.81	645.81
28735		3	arthrodesis, midtarsal or tarsometatarsal, multi	618.46	618.46
28737		3	arthrodesis, with tendon lengthening and adva	548.72	548.72
28740		3	fusion of foot bones	484.05	617.29
28750		3	fusion of big toe joint	460.11	599.99
28755		3	fusion of big toe joint	261.70	360.62
28760		3	arthrodesis, with extensor hallucis longus trans	454.95	569.74
28800		3	amputation, foot; midtarsal (eg, chopart type pr	442.99	442.99
28805		3	amputation thru metatarsal	585.37	585.37
28810		3	amputation toe & metatarsal	340.85	340.85
28820		3	amputation of toe	268.36	381.13
28825		3	partial amputation of toe	306.21	414.08
29000		3	application of body cast	129.02	193.05
29010		3	application of body cast	118.98	176.09
29015		3	application of body cast	122.50	171.82
29020		3	application of body cast	109.97	163.90
29025		3	application of body cast	133.72	186.20
29035		3	application of body cast	105.42	171.18
29040		3	application of body cast	118.45	166.61
29044		3	application of body cast	122.91	186.08
29046		3	application of body cast	140.84	203.42
29049		3	application, cast; figure-of-eight	46.18	62.04
29055		3	application of shoulder cast	101.52	147.67
29058		3	application of shoulder cast	63.25	80.54
29065		3	application of long arm cast	50.86	67.29
29075		3	application of forearm cast	45.90	62.34
29085		3	application hand/wrist cast	49.50	66.52
29086		3	application, cast; finger (eg, contracture)	36.29	50.71
29105		3	application long arm splint	44.78	61.80
29125		3	application forearm splint	31.90	47.76
29126		3	application short arm splint dynamic	39.24	55.10
29130		3	application finger splint static	22.26	29.47

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
29131		3	application finger splint dynamic	24.95	36.20
29200		3	strapping of chest	30.87	38.94
29220		3	strapping of low back	32.00	40.07
29240		3	strapping of shoulder	34.28	43.52
29260		3	strapping of elbow or wrist	28.23	37.46
29280		3	strapping;	26.59	36.11
29305		3	application of hip cast	118.38	166.83
29325		3	application of hip spica cast; 1 & 1/2 spica or b	133.89	185.80
29345		3	application of long leg cast	76.95	97.13
29355		3	application of long leg cast	81.97	100.72
29358		3	application long leg clast brace	78.37	108.95
29365		3	application of long leg cast	66.70	86.90
29405		3	application short leg cast	48.90	63.90
29425		3	application short leg cast	54.07	69.35
29435		3	application patellar tendon bearing cast	65.26	84.88
29440		3	adding walker to previously applied cast	26.85	38.10
29445		3	application of rigid total contact leg cast	87.09	107.27
29450		3	application clubfoot cast, long or short leg	97.02	113.74
29505		3	application long leg splint	36.07	54.25
29515		3	application lower leg splint	37.81	51.08
29520		3	strapping;	28.10	36.46
29530		3	strapping;	28.86	38.08
29540		3	strapping;	25.74	31.50
29550		3	strapping;	24.21	30.55
29580		3	strapping;	28.34	38.43
29590		3	denis-browne splint strapping	33.26	41.62
29700		3	removal or bivalving;	27.15	46.17
29705		3	removal or bivalving;	37.23	49.05
29710		3	removal or bivalving;	63.90	85.82
29715		3	removal or bivalving;	43.78	65.12
29720		3	repair of spica, body cast or jacket	34.24	57.03
29730		3	revision of cast	35.85	47.67
29740		3	revision of cast	52.33	68.48
29750		3	revision of cast	59.88	74.87
29800		3	arthroscopy, tm joint with or w/o synovial biops	387.75	387.75
29804		3	arthroscopy, tm joint, surgical	482.28	482.28
29805		3	arthroscopy, shoulder, diagnostic, with or withc	350.73	350.73
29806		3	arthroscopy, shoulder, surgical; capsulorrhaphy	806.56	806.56

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
29807		3	arthroscopy, shoulder, surgical; repair of slap l	785.42	785.42
29819		3	arthroscopy shoulder surgical removal of fb	440.33	440.33
29820		3	arthroscopy synovectomy partial	406.47	406.47
29821		3	arthroscopy synovectomy complete	443.93	443.93
29822		3	arthroscopy debridement limited	431.02	431.02
29823		3	arthroscopy debridement extensive	471.68	471.68
29824		3	arthroscopy, shoulder, surgical; distal clavicle	502.66	502.66
29825		3	arthroscopy with lysis of adhesions	439.76	439.76
29826		3	arthroscopy shoulder w/ decomp subacromial	505.19	505.19
29827		3	arthroscopy, shoulder, surgical; with rotator cul	827.22	827.22
29828		3	arthroscopy, shoulder, surgical; biceps tenodes	692.23	692.23
29830		3	arthroscopy elbow diagnostic	338.57	338.57
29834		3	arthroscopy elbow surgical with removal of fb	368.98	368.98
29835		3	arthroscopy elbow synovectomy partial	378.80	378.80
29836		3	arthroscopy elbow synovectomy complete	435.60	435.60
29837		3	arthroscopy elbow debridement limited	397.33	397.33
29838		3	arthroscopy elbow debridement extensive	444.18	444.18
29840		3	arthroscopy, wrist, diagnostic, with or without s	331.64	331.64
29843		3	surgical arthroscopy for infection	356.53	356.53
29844		3	surgical arthroscopy for partial synovectomy	370.71	370.71
29845		3	surgical arthroscopy for complete synovectomy	423.77	423.77
29846		3	surgical arthroscopy for excision fibrocartilage	390.07	390.07
29847		3	surgical arthroscopy for fixation of fracture	405.17	405.17
29848		3	endoscopy, wrist, surgical, with release of tran:	368.46	368.46
29850		3	arthroscopically aided tx of fx knee	430.89	430.89
29851		3	arthroscopically aided tx fx of knee	709.53	709.53
29855		3	arthroscopically aided tx of tibial fx	593.19	593.19
29856		3	arthroscopically aided tx of tibial fx	760.53	760.53
29860		3	arthroscopy, hip, diagnostic with or without syn	488.56	488.56
29861		3	arthroscopy, hip, surgical; with removal of loos	542.41	542.41
29862		3	arthroscopy, hip, surgical; with debridement/sh	605.37	605.37
29863		3	arthroscopy, hip, surgical; with synovectomy	599.11	599.11
29866		3	arthroscopy, knee, surgical; osteochondral aut	790.22	790.22
29867		3	arthroscopy, knee, surgical; osteochondral allo	959.15	959.15
29870		3	arthroscopy knee diagnostic	304.19	304.19
29871		3	arthroscopy knee surgical	382.91	382.91
29873		3	arthroscopy, knee, surgical; with lateral releas	381.18	381.18
29874		3	arthroscopy knee with removal of foreign body	401.95	401.95

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
29875		3	arthroscopy knee synovectomy limited	370.40	370.40
29876		3	arthroscopy knee synovectomy major	487.59	487.59
29877		3	arthroscopy knee debridement/shaving	461.12	461.12
29879		3	arthroscopy, knee, surgical; abrasion arthropla	493.75	493.75
29880		3	arthroscopy w/menisectomy, knee	515.72	515.72
29881		3	arthroscopy knee with menisectomy	480.28	480.28
29882		3	arthroscopy knee with meniscus repair	520.71	520.71
29883		3	arthroscopy w/meniscus repair, knee	636.07	636.07
29884		3	arthroscopy knee with lysis of adhesions	459.71	459.71
29885		3	surgical arthroscopy w/bone grafting, knee	558.26	558.26
29886		3	arthroscopy knee drilling	470.32	470.32
29887		3	arthroscopy knee drilling with internal fixation	555.05	555.05
29888		3	ligament repair by arthroscopy, anterior	754.92	754.92
29889		3	ligament repair by arthroscopy, posterior	921.85	921.85
29891		3	arthroscopy, ankle, surgical; excision of osteoc	523.49	523.49
29892		3	arthroscopically aided repair of large osteochoi	535.95	535.95
29893		3	endoscopic plantar fasciotomy	329.22	432.18
29894		3	arthroscopy ankle surgical	393.30	393.30
29895		3	arthroscopy ankle synovectomy partial	380.46	380.46
29897		3	arthroscopy ankle debridement limited	398.24	398.24
29898		3	arthroscopy ankle debridement extensive	445.79	445.79
29899		3	endoscopic plantar fasciotomy with ankle arthr	802.22	802.22
29900		3	arthroscopy, metacarpophalangeal joint, diagn	340.90	340.90
29901		3	arthroscopy, metacarpophalangeal joint, surgic	374.06	374.06
29902		3	arthroscopy, metacarpophalangeal joint, surgic	400.23	400.23
29904		3	arthroscopy, subtalar joint, surgical; with remov	465.09	465.09
29905		3	arthroscopy, subtalar joint, surgical; with synov	500.24	500.24
29906		3	arthroscopy, subtalar joint, surgical; with debric	526.94	526.94
29907		3	arthroscopy, subtalar joint, surgical; with subtal	646.77	646.77
30000		3	drainage of nose lesion	87.39	164.10
30020		3	drainage of nose lesion	87.96	158.91
30100		3	biopsy of nose	53.19	99.91
30110		3	removal of nose polyp(s)	97.48	161.22
30115		3	removal of nose polyp(s)	315.70	315.70
30117		3	excision or destruction (eg, laser), intranasal le	244.22	585.41
30118		3	removal of nose lesion	574.52	574.52
30120		3	revision of nose	333.61	379.75
30124		3	removal of nose lesion	200.62	200.62

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
30125		3	removal of nose lesion	456.74	456.74
30130		3	excision turbinate, partial or complete, any met	274.54	274.54
30140		3	submucous resection turbinate, partial or comp	312.69	312.69
30150		3	partial removal of nose	587.00	587.00
30160		3	removal of nose	590.79	590.79
30200		3	injection into turbinate(s), therapeutic	45.41	80.02
30210		3	displacement therapy (proetz type)	73.28	105.30
30220		3	insertion, nasal septal prosthesis (button)	93.41	205.89
30300		3	remove foreign body,nose	88.56	159.51
30310		3	remove foreign body,nose	149.98	149.98
30320		3	remove foreign body,nose	331.30	331.30
30400		3	reconstruction of nose	763.44	763.44
30410		3	reconstruction of nose	907.80	907.80
30420		3	reconstruction of nose	1,022.95	1,022.95
30430		3	revision of nose	664.59	664.59
30435		3	rhinoplasty secondary intermediate revision	881.84	881.84
30450		3	rhinoplasty secondary major revision	1,177.92	1,177.92
30460		3	rhinoplasty for nasal deformity; tip only	572.10	572.10
30462		3	rhinoplasty for nasal deformity; tip,septum,oste	1,149.97	1,149.97
30465		3	repair of nasal vestibular stenosis (eg, spreade	730.42	730.42
30520		3	repair of nasal septum	445.33	445.33
30540		3	repair nasal lesion	497.58	497.58
30545		3	repair nasal lesion	720.58	720.58
30560		3	release of nasal adhesions	101.01	188.98
30580		3	repair upper jaw fistula	375.46	463.14
30600		3	repair mouth/nose fistula	333.17	425.75
30620		3	reconstruction inner nose	452.24	452.24
30630		3	repair nasal septal perforations	461.75	461.75
30801		3	cautery and/or ablation, mucosa of turbinates,	96.38	158.97
30802		3	cauterization and/or ablation, mucosa of turbin	138.61	206.96
30901		3	control nasal hemorrhage, anterior, simple	49.13	77.10
30903		3	control nasal hemorrhage, anterior, complex ar	63.85	139.70
30905		3	control nasal hemorrhage, posterior, with poste	82.09	174.09
30906		3	control hemorrhage posterior subsequent w po	106.88	200.61
30915		3	ligation nasal sinus artery	430.43	430.43
30920		3	ligation upper jaw artery	620.74	620.74
30930		3	fracture nasal turbinate(s), therapeutic	89.58	89.58
31000		3	lavage by cannulation; maxillary sinus	77.49	127.38

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
31002		3	irrigation of sinus	147.36	147.36
31020		3	exploration of sinus	255.86	344.69
31030		3	sinusotomy, maxillary; radical w/o removal poly	386.87	505.98
31032		3	sinusotomy, maxillary, radical w removal of pol	422.82	422.82
31040		3	exploration behind upper jaw	559.21	559.21
31050		3	exploration of sinus	364.16	364.16
31051		3	sinusotomy w/mucosal stripping or polyp remo	476.33	476.33
31070		3	exploration of sinus	319.00	319.00
31075		3	exploration of sinus	583.06	583.06
31080		3	sinusotomy frontalobliterative wo osteoplas flap	754.19	754.19
31081		3	sinusotomy frontal obliterative w/o osteoplast fl	919.09	919.09
31084		3	removal of sinus	880.85	880.85
31085		3	removal of sinus	931.50	931.50
31086		3	nonobliterative w osteoplastic flap brow incisio	834.13	834.13
31087		3	nonobliterative w osteoplastic flap coronal incis	827.56	827.56
31090		3	sinusotomy, unilateral, three or more paranasa	738.81	738.81
31200		3	removal of sinus	391.56	391.56
31201		3	removal of sinus	542.81	542.81
31205		3	removal of sinus	637.63	637.63
31225		3	removal of upper jaw	1,382.75	1,382.75
31230		3	removal of upper jaw	1,552.17	1,552.17
31231		3	nasal endoscopy, diagnostic, unilateral or bilat	59.44	137.02
31233		3	nasal/sinus endoscopy, diagnostic with maxilla	107.69	194.50
31235		3	nasal/sinus endoscopy, diagnostic with sphenc	128.69	223.87
31237		3	nasal/sinus endoscopy, surgical;	143.44	241.50
31238		3	nasal/sinus endoscopy, surgical; with control o	155.73	249.17
31239		3	nasal/sinus endoscopy, surgical;	501.93	501.93
31240		3	nasal/sinus endoscopy, surgical;	127.36	127.36
31254		3	nasal/sinus endoscopy, surgical, with osteome	218.46	218.46
31255		3	nasal/sinus endoscopy, surgical, with osteome	322.84	322.84
31256		3	nasal/sinus endoscopy, surgical, with osteome	158.13	158.13
31267		3	nasal/sinus endoscopy, surgical, with anterior	254.93	254.93
31276		3	nasal/sinus endoscopy, surgical with frontal sir	407.16	407.16
31287		3	nasal/sinus endoscopy, surgical, with sphenoic	185.86	185.86
31288		3	nasal/sinus endoscopy, surgical, with sphenoic	215.62	215.62
31290		3	nasal/sinus endoscopy, surgical, with repair of	896.37	896.37
31291		3	nasal/sinus endoscopy, surgical, with repair of	944.70	944.70
31292		3	nasal/sinus endoscopy, surgical;	775.24	775.24

**Physician Fee Schedule
 Provider Specialty 001
 Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
31293		3	nasal/sinus endoscopy, surgical;	844.90	844.90
31294		3	nasal/sinus endoscopy, surgical;	970.70	970.70
31300		3	removal of larynx lesion	942.41	942.41
31320		3	incision of larynx	474.46	474.46
31360		3	removal of larynx	1,514.55	1,514.55
31365		3	removal of larynx	1,899.08	1,899.08
31367		3	partial removal of larynx	1,633.21	1,633.21
31368		3	partial removal of larynx	1,825.05	1,825.05
31370		3	partial removal of larynx	1,533.70	1,533.70
31375		3	partial removal of larynx	1,450.52	1,450.52
31380		3	partial removal of larynx	1,429.30	1,429.30
31382		3	partial laryngectomy antero-latero-vertical	1,566.67	1,566.67
31390		3	removal of larynx & pharynx	2,114.48	2,114.48
31395		3	reconstruct larynx & pharynx	2,240.68	2,240.68
31400		3	revision of larynx	746.97	746.97
31420		3	removal of epiglottis	630.38	630.38
31500		3	intubation, endotracheal, emergency procedure	89.28	89.28
31502		3	tracheotomy tube change prior to establishment	28.17	28.17
31505		3	visualization of larynx	37.31	60.96
31510		3	biopsy/removal larynx lesion	94.75	156.47
31511		3	laryngoscopy indirect with removal foreign body	101.97	157.34
31512		3	laryngoscopy indirect with removal lesion	102.13	155.20
31513		3	laryngoscopy indirect with vocal cord injection	104.02	104.02
31515		3	visualization of larynx	86.58	154.35
31520		3	visualization of larynx	121.27	121.27
31525		3	visualization of larynx	125.95	186.80
31526		3	laryngoscopy diagnostic w operating microscope	124.95	124.95
31527		3	laryngoscopy direct with insertion of obturator	152.95	152.95
31528		3	laryngoscopy direct, with or without tracheostomy	114.00	114.00
31529		3	laryngoscopy direct, with or without tracheostomy	128.57	128.57
31530		3	removal foreign body, larynx	157.56	157.56
31531		3	removal foreign body, larynx	169.56	169.56
31535		3	biopsy of larynx	150.68	150.68
31536		3	biopsy of larynx	168.33	168.33
31540		3	removal of larynx lesion	193.53	193.53
31541		3	removal of larynx lesion	211.69	211.69
31545		3	laryngoscopy, direct, operative, with operating microscope	286.80	286.80
31546		3	laryngoscopy, direct, operative, with operating microscope	437.34	437.34

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
31560		3	removal of larynx lesion	250.82	250.82
31561		3	removal of larynx lesion	274.90	274.90
31570		3	injection therapy of larynx	181.28	260.60
31571		3	injection therapy of larynx	199.74	199.74
31575		3	laryngoscopy flexible fiberscopic diagnostic	59.44	86.26
31576		3	laryngoscopy flexible fiberscopic with biopsy	97.07	167.16
31577		3	laryngoscopy flex fiberscopic w/removal foreign	118.08	181.24
31578		3	laryngoscopy flex fiberscopic w/removal of lesi	134.34	210.48
31579		3	laryngoscopy, flexible or rigid fiberoptic, with st	110.66	163.44
31580		3	revision of larynx	898.34	898.34
31582		3	revision of larynx	1,428.24	1,428.24
31584		3	repair of larynx	1,147.56	1,147.56
31587		3	laryngoplasty, cricoid split	753.64	753.64
31588		3	laryngoplasty nos	849.71	849.71
31590		3	laryngeal reinnervation by neuromuscular pedi	656.26	656.26
31595		3	section recurrent laryngeal nerve, therapeutic (	572.08	572.08
31600		3	incision of windpipe	314.93	314.93
31601		3	tracheostomy under two years	207.49	207.49
31603		3	tracheostomy emergency procedure transtrach	177.87	177.87
31605		3	cricothyroidostomy	146.91	146.91
31610		3	incision of windpipe	534.27	534.27
31611		3	const trach fistula w/ insert speech prosthesis	398.16	398.16
31612		3	tracheal puncture, percutaneous with transtrac	38.32	60.82
31613		3	tracheostoma revision;	328.88	328.88
31614		3	tracheostoma revision complex with flap rotatic	547.24	547.24
31615		3	visualization of windpipe	100.35	138.41
31620		3	endobronchial ultrasound (ebus) during bronch	57.37	212.81
31622		3	bronchoscopy, (rigid or flexible); diagnostic, wit	117.93	241.65
31623		3	bronchoscopy; with brushing or protected brusl	119.48	264.26
31624		3	bronchoscopy; with bronchial alveolar lavage	119.77	246.09
31625		3	biopsy of bronchi	139.47	265.79
31628		3	bronchoscopy w transbronchial lung biopsy	155.78	318.74
31629		3	bronchoscopy diag w/ transbronchial needle bi	166.74	484.28
31630		3	visualization of bronchi	166.08	166.08
31631		3	bronchoscopy diag w/ tracheal dilation and ste	187.37	187.37
31632		3	bronchoscopy, rigid or flexible, with or without l	43.17	59.61
31633		3	bronchoscopy, rigid or flexible, with or without l	54.13	72.01
31635		3	remove foreign body,bronchus	154.65	273.47

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
31636		3	bronchoscopy, rigid or flexible, with or without l	183.17	183.17
31637		3	bronchoscopy, rigid or flexible, with or without l	65.10	65.10
31638		3	bronchoscopy, rigid or flexible, with or without l	205.53	205.53
31640		3	removal of bronchial lesion	212.70	212.70
31641		3	bronchoscopy, (rigid or flexible); with destructic	210.46	210.46
31643		3	bronchoscopy; with placement of catheter(s) fc	144.50	144.50
31645		3	clearance windpipe/bronchi	131.11	238.40
31646		3	clearance windpipe/bronchi	113.53	216.21
31656		3	injection for bronchus x-ray	91.96	245.12
31715		3	injection for bronchus x-ray	45.51	45.51
31717		3	cath with bronchial brush biopsy	90.21	230.38
31720		3	catheter aspiration (separate procedure); naso	42.80	42.80
31725		3	catheter aspiration (separate procedure);	77.15	77.15
31730		3	transtracheal intro dilator/stent/tube for oxygen	117.82	648.49
31750		3	repair of windpipe	1,000.83	1,000.83
31755		3	repair of windpipe	1,264.04	1,264.04
31760		3	repair of windpipe	1,097.01	1,097.01
31766		3	carinal reconstruction	1,434.72	1,434.72
31770		3	repair/graft of bronchus	1,062.81	1,062.81
31775		3	repair of bronchus	1,099.34	1,099.34
31780		3	excision tracheal stenosis and anastomosis ce	926.91	926.91
31781		3	excision tracheal stenosis and anastamosis ce	1,125.69	1,125.69
31785		3	excis tracheal tumor or car cinoma cervical	849.17	849.17
31786		3	excis tracheal tumor or carcinoma thoracic	1,181.81	1,181.81
31800		3	suture of tracheal wound or injury; cervical	524.57	524.57
31805		3	repair of windpipe injury	649.96	649.96
31820		3	closure of windpipe lesion	248.67	318.17
31825		3	repair of windpipe defect	367.12	446.44
31830		3	revision trach scar	257.26	320.42
32035		3	thoracostomy w/rib resection	552.93	552.93
32036		3	thoracostomy w/open flap draining for empyerr	599.90	599.90
32095		3	biopsy thru chest wall	492.37	492.37
32100		3	exploration/biopsy of chest	762.24	762.24
32110		3	thoracotomy major w cont of tram hem and or l	1,150.37	1,150.37
32120		3	exploration of chest	682.79	682.79
32124		3	explore chest,free adhesions	726.37	726.37
32140		3	thoracotomy major w cyst removal w or wo plei	777.30	777.30
32141		3	thoracot major w/exc-plica bullae w/wo pleur pi	1,177.73	1,177.73

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
32150		3	removal of lung lesion(s)	783.37	783.37
32151		3	thoracot major w/removal intrapulmonary for br	800.69	800.69
32160		3	open chest heart massage	601.73	601.73
32200		3	drainage of lung lesion	878.65	878.65
32201		3	pneumonostomy; with percutaneous drainage	172.41	707.12
32215		3	pleural scarification for repeat pneumothorax	629.79	629.79
32220		3	release of lung	1,260.02	1,260.02
32225		3	partial release of lung	784.11	784.11
32310		3	pleurectomy, parietal (separate procedure)	723.05	723.05
32320		3	decortication/parietal pleurectomy	1,263.68	1,263.68
32400		3	biopsy, pleura;	74.16	119.44
32402		3	biopsy, pleura;	443.12	443.12
32405		3	biopsy, lung or mediastinum, percutaneous ne	83.40	83.69
32420		3	pneumocentesis, puncture of lung for aspiratio	92.26	92.26
32421		3	thoracentesis, puncture of pleural cavity for as	64.02	123.72
32422		3	thoracentesis with insertion of tube, includes w	102.09	156.60
32440		3	removal of lung, total pneumonectomy;	1,263.88	1,263.88
32442		3	removal of lung, total pneumonectomy;	2,358.32	2,358.32
32445		3	removal of lung, total pneumonectomy; extrapl	2,678.67	2,678.67
32480		3	removal of lung, other than total pneumonector	1,192.97	1,192.97
32482		3	removal of lung, other than total pneumonector	1,272.11	1,272.11
32484		3	removal of lung, other than total pneumonector	1,151.49	1,151.49
32486		3	removal of lung, other than total pneumonector	1,841.01	1,841.01
32488		3	removal of lung, other than total pneumonector	1,864.41	1,864.41
32491		3	removal of lung, other than total pneumonector	1,183.46	1,183.46
32500		3	removal of lung, other than total pneumonector	1,152.47	1,152.47
32501		3	resection and repair of portion of bronchus (br	202.03	202.03
32503		3	resection of apical lung tumor (eg, pancoast tu	1,456.63	1,456.63
32504		3	resection of apical lung tumor (eg, pancoast tu	1,673.39	1,673.39
32540		3	removal of lung lesion	1,325.71	1,325.71
32550		3	insertion of indwelling tunneled pleural cathete	185.62	603.82
32551		3	tube thoracostomy, includes water seal(eg, for	143.67	143.67
32560		3	chemical pleurodesis (eg, for recurrent or persi	91.57	227.42
32601		3	thoracoscopy, diagnostic (separate procedure)	250.63	250.63
32602		3	thoracoscopy, diagnostic (separate procedure)	271.94	271.94
32603		3	thoracoscopy, diagnostic (separate procedure)	352.55	352.55
32604		3	thoracoscopy, diagnostic (separate procedure)	395.92	395.92
32605		3	thoracoscopy, diagnostic (separate procedure)	312.54	312.54

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
32606		3	thoracoscopy, diagnostic (separate procedure)	378.30	378.30
32650		3	thoracoscopy, surgical; with pleurodesis (eg, r	534.61	534.61
32651		3	thoracoscopy, surgical;	847.00	847.00
32652		3	thoracoscopy, surgical;	1,287.25	1,287.25
32653		3	thoracoscopy, surgical;	820.88	820.88
32654		3	thoracoscopy, surgical;	907.76	907.76
32655		3	thoracoscopy, surgical;	748.63	748.63
32656		3	thoracoscopy, surgical;	640.59	640.59
32657		3	thoracoscopy, surgical;	631.70	631.70
32658		3	thoracoscopy, surgical;	577.10	577.10
32659		3	thoracoscopy, surgical;	586.39	586.39
32660		3	thoracoscopy, surgical;	829.38	829.38
32661		3	thoracoscopy, surgical;	645.14	645.14
32662		3	thoracoscopy, surgical;	722.28	722.28
32663		3	thoracoscopy, surgical;	1,114.79	1,114.79
32664		3	thoracoscopy, surgical;	686.42	686.42
32665		3	thoracoscopy, surgical;	965.30	965.30
32800		3	repair lung hernia thru chest wall	738.27	738.27
32810		3	close chest wall foll open flap drain for empyen	713.88	713.88
32815		3	open closure of major bronchial fistula	2,122.57	2,122.57
32820		3	major reconstruct chest wall post trauma	1,063.80	1,063.80
32851		3	lung transplant, single;	2,053.61	2,053.61
32852		3	lung transplant, single;	2,272.01	2,272.01
32853		3	lung transplant, double (bilateral sequential or	2,456.36	2,456.36
32854		3	lung transplant, double (bilateral sequential or	2,673.50	2,673.50
32900		3	resection ribs extrapleural all stages	1,087.20	1,087.20
32905		3	thoracoplasty schede type or extrapleural	1,072.15	1,072.15
32906		3	thoracoplasty with closure bronchopleural fistul	1,332.29	1,332.29
32940		3	revision of lung	982.37	982.37
32960		3	pneumothorax, therapeutic, intrapleural injectic	81.30	109.56
32997		3	total lung lavage (unilateral)	292.44	292.44
33010		3	pericardiocentesis;	101.45	101.45
33011		3	pericardiocentesis;	99.34	99.34
33015		3	incision of heart sac	428.57	428.57
33020		3	incision of heart sac	695.06	695.06
33025		3	incision of heart sac	641.64	641.64
33030		3	partial removal of heart sac	1,027.67	1,027.67
33031		3	pericardiectomy w/o cardiopulmonary bypass	1,148.27	1,148.27

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
33050		3	removal of heart sac lesion	793.70	793.70
33120		3	removal of heart lesion	1,255.23	1,255.23
33130		3	removal of heart lesion	1,105.29	1,105.29
33140		3	transmyocardial laser revascularization, by tho	1,262.42	1,262.42
33141		3	transmyocardial laser revascularization, by tho	122.54	122.54
33202		3	insertion for epicardial electrode(s); open incisi	625.81	625.81
33203		3	insertion for epicardial electrode(s); endoscopic	659.64	659.64
33206		3	insertion or replacement of permanent pacema	381.54	381.54
33207		3	insertion permanent pacemaker ventricular	408.76	408.76
33208		3	insertion or replacement of permanent pacema	440.71	440.71
33210		3	insertion or replacement of temporary transven	152.02	152.02
33211		3	insertion or replacement of temporary transven	152.83	152.83
33212		3	insertion or replacement of pacemaker pulse g	285.29	285.29
33213		3	insertion or replacement of pacemaker pulse g	325.73	325.73
33214		3	upgrade of implanted pacemaker system, conv	403.73	403.73
33215		3	insert transvenous electrode; single chamber (	257.84	257.84
33216		3	insertion or repositioning of a transvenous elec	317.19	317.19
33217		3	insertion or repositioning of a transvenous elec	314.54	314.54
33218		3	repair of single transvenous electrode for a sin	327.85	327.85
33220		3	repair of two transvenous electrodes for a dual	330.93	330.93
33222		3	revision or relocation of skin pocket for pacema	288.24	288.24
33223		3	revision of skin pocket for single or dual chamk	349.69	349.69
33224		3	insertion of pacing electrode, cardiac venous s	428.96	428.96
33225		3	insertion of pacing electrode, cardiac venous s	387.16	387.16
33226		3	repositioning of previously implanted cardiac vi	414.40	414.40
33233		3	removal of permanent pacemaker pulse gener	201.34	201.34
33234		3	removal of transvenous pacemaker electrode(s)	409.85	409.85
33235		3	removal of transvenous pacemaker electrode(s)	529.39	529.39
33236		3	removal of permanent epicardial pacemaker ar	626.81	626.81
33237		3	removal of permanent epicardial pacemaker ar	692.04	692.04
33238		3	removal of permanent transvenous electrode(s)	747.57	747.57
33240		3	insertion or replacement of implantable cardiov	391.89	391.89
33241		3	removal of implantable cardioverter-defibrillato	190.57	190.57
33243		3	removal of single or dual chamber pacing cardi	1,101.11	1,101.11
33244		3	removal of single or dual chamber pacing cardi	720.18	720.18
33249		3	insertion or repositioning of electrode lead(s) fc	762.73	762.73
33250		3	operative ablation of supraventricular arrhythm	1,180.95	1,180.95
33251		3	ablat supravent arrhyth focus with card-pul byp	1,309.17	1,309.17

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
33254		3	operative tissue ablation and reconstruction of	1,100.81	1,100.81
33255		3	operative tissue ablation and reconstruction of	1,346.73	1,346.73
33256		3	operative tissue ablation and reconstruction of	1,606.80	1,606.80
33257		3	operative tissue ablation and reconstruction of	463.50	463.50
33258		3	operative tissue ablation and reconstruction of	523.72	523.72
33259		3	operative tissue ablation and reconstruction of	683.15	683.15
33261		3	operative ablation of ventricular arrhythmogeni	1,302.95	1,302.95
33265		3	endoscopy, surgical; operative tissue ablation ;	1,098.50	1,098.50
33266		3	endoscopy, surgical;operative tissue ablation a	1,508.63	1,508.63
33282		3	implantation of patient-activated cardiac event	270.78	270.78
33284		3	removal of an implantable, patient-activated ca	194.46	194.46
33300		3	repair of heart wound	1,873.03	1,873.03
33305		3	repair of heart wound	3,128.59	3,128.59
33310		3	cardiotomy/explor without bypass	941.22	941.22
33315		3	cardiotomy explor with bypass	1,197.50	1,197.50
33320		3	suture repair of aorta or great vessels; without	853.48	853.48
33321		3	suture repair of aorta or great vessels;	962.53	962.53
33322		3	repair major blood vessels	1,117.90	1,117.90
33330		3	insertion of graft, aorta or great vessels; withou	1,129.53	1,129.53
33332		3	insertion of graft, aorta or great vessels;	1,127.12	1,127.12
33335		3	insertion of heart graft	1,523.78	1,523.78
33400		3	repair of aortic valve	1,836.64	1,836.64
33401		3	valvuloplasty, aortic valve;	1,208.91	1,208.91
33403		3	valvuloplasty, aortic valve;	1,216.57	1,216.57
33404		3	construction of apical/aortic conduit	1,443.83	1,443.83
33405		3	replacement, aortic valve, with cardiopulmonar	1,872.74	1,872.74
33406		3	replacement, aortic valve, with cardiopulmonar	2,313.82	2,313.82
33406		3	replacement, aortic valve, with cardiopulmonar	2,313.82	2,313.82
33410		3	replacement, aortic valve, with cardiopulmonar	2,041.58	2,041.58
33411		3	replacement aortic valve w/ annulus enlargeme	2,668.62	2,668.62
33412		3	replacement aortic valve, konno procedure	2,020.28	2,020.28
33413		3	replacement, aortic valve; by translocation of a	2,628.57	2,628.57
33414		3	repair of left ventricular outflow tract obstructio	1,755.79	1,755.79
33415		3	revision of aortic valve	1,628.75	1,628.75
33416		3	ventriculomyotomy/myectomy for subaortic ste	1,634.61	1,634.61
33416		3	ventriculomyotomy/myectomy for subaortic ste	1,634.61	1,634.61
33417		3	revision of aortic valve	1,360.88	1,360.88
33417		3	revision of aortic valve	1,360.88	1,360.88

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
33420		3	valvotomy, mitral valve; closed heart	1,107.47	1,107.47
33422		3	valvotomy, mitral valve; open heart, with cardiac	1,366.82	1,366.82
33425		3	revision of mitral valve	2,136.55	2,136.55
33426		3	valvuloplasty mv w/ card-pul bypass w/ prosth	1,935.42	1,935.42
33427		3	valvuloplasty mv w/ cpb radical reconstr w/wo i	2,019.41	2,019.41
33430		3	replacement of mitral valve	2,240.10	2,240.10
33460		3	valvectomy, tricuspid valve, with cardiopulmon:	1,901.57	1,901.57
33463		3	valvuloplasty, tricuspid valve;	2,403.63	2,403.63
33464		3	valvuloplasty, tricuspid valve;	1,934.14	1,934.14
33465		3	replacement, tricuspid valve, with cardiopulmoi	2,166.28	2,166.28
33468		3	revision of tricuspid valve	1,522.55	1,522.55
33470		3	valvotomy, pulmonary valve, closed heart; tran	961.99	961.99
33471		3	valvotomy, pulmonary valve, closed heart via p	1,072.16	1,072.16
33472		3	valvotomy, pulmonary valve, open heart; with ii	1,082.41	1,082.41
33474		3	revision of tricuspid valve	1,668.20	1,668.20
33475		3	replacement, pulmonary valve	1,875.72	1,875.72
33476		3	revision of heart chamber	1,186.24	1,186.24
33478		3	revision of heart chamber	1,274.38	1,274.38
33496		3	repair of non-structural prosthetic valve dysfuni	1,363.89	1,363.89
33500		3	repair coronary fistula w/cardio-pulmonary byp:	1,279.63	1,279.63
33501		3	repair of coronary fistula; wo cp bypass	887.86	887.86
33502		3	repair of anomalous coronary artery; by ligatior	1,024.87	1,024.87
33503		3	anomalous coronary artery graft without bypas	1,095.89	1,095.89
33504		3	anomalous coronary artery graft with bypass	1,171.08	1,171.08
33505		3	repair of anomalous coronary artery;	1,615.99	1,615.99
33506		3	repair of anomalous coronary artery;	1,672.75	1,672.75
33507		3	repair of anomalous (eg, intramural) aortic orig	1,413.93	1,413.93
33508		3	endoscopy, surgical, including video-assisted l	13.34	13.34
33510		3	coronary artery bypass single venous graft	1,592.32	1,592.32
33511		3	coronary artery bypass 2 coronary venous graf	1,738.37	1,738.37
33512		3	coronary artery bypass 3 coronary venous graf	1,958.83	1,958.83
33513		3	coronary artery bypass 4 coronary venous graf	2,001.71	2,001.71
33514		3	coronary artery bypass 5 coronary venous graf	2,121.24	2,121.24
33516		3	coronary artery bypass 6 or more venous graft:	2,205.25	2,205.25
33517		3	coronary artery bypass;single vein graft	152.00	152.00
33518		3	coronary artery bypass; 2 venous grafts	329.17	329.17
33519		3	coronary artery bypass; 3 venous grafts	439.06	439.06
33521		3	coronary artery bypass; 4 venous grafts	531.25	531.25

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
33522		3	coronary artery bypass; 5 venous grafts	604.12	604.12
33523		3	coronary artery bypass; 6 or more venous graf	689.41	689.41
33530		3	reoperation coronary bypass for more than 1 r	418.62	418.62
33533		3	coronary artery bypass; single arterial graft	1,550.30	1,550.30
33534		3	coronary artery bypass; 2 arterial grafts	1,803.32	1,803.32
33535		3	coronary artery bypass; 3 arterial grafts	2,002.94	2,002.94
33536		3	coronary artery bypass; 4 or more arterial graft	2,146.84	2,146.84
33542		3	removal of heart lesion	2,070.81	2,070.81
33545		3	repair of heart defect	2,443.62	2,443.62
33572		3	coronary endarterectomy, open, any method, c	192.82	192.82
33600		3	closure of atrioventricular valve (mitral or tricus	1,387.95	1,387.95
33602		3	closure of semilunar valve (aortic or pulmonary	1,322.78	1,322.78
33606		3	anastomosis of pulmonary artery to aorta (dam	1,440.50	1,440.50
33608		3	repair of complex cardiac anomaly other than p	1,478.42	1,478.42
33610		3	repair of complex cardiac anomalies (eg, single	1,442.88	1,442.88
33611		3	repair of double outlet right ventricle with intrav	1,587.50	1,587.50
33612		3	repair of double outlet right ventricle with intrav	1,639.37	1,639.37
33615		3	repair of complex cardiac anomalies (eg, tricus	1,632.71	1,632.71
33617		3	repair of complex cardiac anomalies (eg, single	1,752.91	1,752.91
33619		3	repair of single ventricle with aortic outflow obs	2,148.90	2,148.90
33641		3	repair of heart defect	1,305.23	1,305.23
33645		3	revision of heart veins	1,284.19	1,284.19
33647		3	repair of asd and vsd, direct or patch closure	1,365.25	1,365.25
33660		3	repair of incomplete or partial atrioventricular c	1,432.01	1,432.01
33665		3	repair of intermediate or transitional atrioventric	1,549.95	1,549.95
33670		3	repair of heart chambers	1,612.60	1,612.60
33675		3	closure of multiple ventricle septal defects;	1,608.51	1,608.51
33676		3	closure of multiple ventricle septal defects; with	1,673.60	1,673.60
33677		3	closure of multiple ventricle septal defects; with	1,739.53	1,739.53
33681		3	repair of heart defect	1,486.11	1,486.11
33684		3	repair of heart defect	1,518.60	1,518.60
33688		3	repair of heart defect	1,525.79	1,525.79
33690		3	banding of pulmonary artery	935.84	935.84
33692		3	complete repair tetralogy of fallot without pulm	1,434.66	1,434.66
33694		3	repair of heart defects	1,616.16	1,616.16
33697		3	complete repair tetralogy of fallot with pulmona	1,739.21	1,739.21
33702		3	repair of heart defects	1,244.22	1,244.22
33710		3	repair of heart defects	1,502.66	1,502.66

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
33720		3	repair of heart defect	1,260.40	1,260.40
33722		3	closure of aortico-left ventricular tunnel	1,256.51	1,256.51
33724		3	repair of isolated partial anomalous pulmonary	1,279.26	1,279.26
33726		3	repair of pulmonary venous stenosis	1,672.53	1,672.53
33730		3	complete repair anomalous venous return	1,594.84	1,594.84
33732		3	repair of cor triatriatum or supravalvular mitral r	1,329.50	1,329.50
33735		3	atrial septectomy or septostomy; closed heart (	1,012.41	1,012.41
33736		3	atrial septectomy or septostomy;	1,128.75	1,128.75
33737		3	atrial septectomy or septostomy; open heart, w	1,052.67	1,052.67
33750		3	shunt subclavian to pulmonary artery	1,058.87	1,058.87
33755		3	shunt ascending aorta to pulmonary artery	1,046.75	1,046.75
33762		3	shunt descending aorta to pulmonary artery	1,044.96	1,044.96
33764		3	shunt,central w/ prosthetic graft	1,029.99	1,029.99
33766		3	shunt; superior vena cava to pulmonary artery	1,132.71	1,132.71
33767		3	shunt;	1,147.49	1,147.49
33768		3	anastomosis, cavopulmonary, second superior	350.26	350.26
33770		3	repair of transposition of the great arteries with	1,745.70	1,745.70
33771		3	repair of transposition of the great arteries with	1,789.98	1,789.98
33774		3	rep transposition grt arteries w cardiopulm byp:	1,470.15	1,470.15
33775		3	rep transposition grt art w cpb w rem pulm ban	1,529.51	1,529.51
33776		3	rep transpo grt art w cpb w cl vent septal defec	1,609.29	1,609.29
33777		3	rep transpo grt art w cpb w rep subpulm obstru	1,576.62	1,576.62
33778		3	repair transpo grt arteries w cardiopulm bypass	1,937.99	1,937.99
33779		3	rep transpo grt arteries w cpb w removal pulm	1,861.12	1,861.12
33780		3	repair aortic artery w/ closure septal defect	1,933.73	1,933.73
33781		3	repair aortic artery w/ repair of obstruction	1,901.83	1,901.83
33786		3	total repair truncus arteriosus	1,869.14	1,869.14
33788		3	revision of pulmonary artery	1,260.71	1,260.71
33800		3	aortic suspension for tracheal decompression	790.92	790.92
33802		3	division aberrant vessel	850.09	850.09
33803		3	division of aberrant vessel w/ reanastomosis	925.50	925.50
33813		3	obliteration septal defect w/o bypass	1,047.42	1,047.42
33814		3	obliteration septal defect with bypass	1,236.13	1,236.13
33820		3	repair of patent ductus arteriosus; by ligation	791.04	791.04
33822		3	patent ductus arteriosus division under 18 yrs	840.04	840.04
33824		3	patene ductus arteriosus division 18 yrs older	950.04	950.04
33840		3	exc of coarctation of aorta w/wo assoc pat duc	961.28	961.28
33845		3	exc coarctation of aorta w/wo assoc pat duc ar	1,107.31	1,107.31

**Physician Fee Schedule
 Provider Specialty 001
 Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
33851		3	excision coarctation of aorta waldhusen procec	1,019.28	1,019.28
33852		3	repair of hypoplastic or interrupted aortic arch u	1,107.48	1,107.48
33853		3	repair of hypoplastic or interrupted aortic arch u	1,526.66	1,526.66
33860		3	ascending aorta graft, with cardiopulmonary by	2,556.14	2,556.14
33861		3	ascending aorta graft, with cardiopulmonary by	1,988.56	1,988.56
33863		3	ascending aorta graft, with cardiopulmonary by	2,553.51	2,553.51
33864		3	ascending aorta graft, with cardiopulmonary by	2,623.90	2,623.90
33870		3	transverse arch graft w/bypass	2,075.74	2,075.74
33875		3	descend thoracic aorta graft w/o bypass	1,610.91	1,610.91
33877		3	repair thoracoaaa w/ grft, w/wo cp bypass	2,872.11	2,872.11
33910		3	pulmonary artery embolectomy with bypass	1,347.61	1,347.61
33915		3	pulmonary artery embolectomy without bypass	1,078.67	1,078.67
33916		3	pulmonary endarterectomy w/ bypass	1,347.46	1,347.46
33917		3	repair of pulmonary artery stenosis by reconstr	1,218.95	1,218.95
33920		3	repair of pulmonary atresia with ventricular sep	1,475.33	1,475.33
33922		3	transection of pulmonary artery with cardiopuln	1,114.94	1,114.94
33924		3	ligation and takedown of a systemic-to-pulmon	236.42	236.42
33925		3	repair of pulmonary artery arborization anomali	1,435.23	1,435.23
33926		3	repair of pulmonary artery arborization anomali	1,914.65	1,914.65
33935		3	heart lung transplant with recipient cardiectomy	2,824.44	2,824.44
33945		3	heart transplant with or without recip cardiector	3,765.60	3,765.60
33960		3	prolonged extracorporeal circulation for cardio	821.89	821.89
33961		3	prolonged extracorporeal circulation for cardio	457.93	457.93
33967		3	insertion of intra-aortic balloon assist device, pi	224.45	224.45
33968		3	removal of intra-aortic balloon assist device, pe	28.84	28.84
33970		3	insertion of intra-aortic balloon assist device thi	301.92	301.92
33971		3	removal of intra-aortic balloon assist device inc	578.05	578.05
33973		3	insertion of intra-aortic balloon assist device thi	439.95	439.95
33974		3	removal of intra-aortic balloon assist device fro	736.12	736.12
33975		3	insertion of ventricular assist device; extracorp	911.80	911.80
33976		3	insertion of ventricular assist device; extracorp	1,012.52	1,012.52
33977		3	removal of ventricular assist device; extracorp	975.79	975.79
33978		3	removal of ventricular assist device; extracorp	1,075.31	1,075.31
33979		3	insertion of ventricular assist device, implantab	1,999.60	1,999.60
33980		3	removal of ventricular assist device, implantabl	2,933.33	2,933.33
34001		3	removal blood clot artery	788.21	788.21
34051		3	removal of blood clot,artery	788.97	788.97
34101		3	removal of blood clot,artery	501.15	501.15

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
34111		3	embolectomy/thrombectomy, radial or ulnar art	500.96	500.96
34151		3	removal of blood clot,artery	1,162.63	1,162.63
34201		3	removal blood clot artery	820.10	820.10
34203		3	embolectomy/thrombectomy,popliteal-tibio-per	802.22	802.22
34401		3	removal of blood clot, vein	1,197.09	1,197.09
34421		3	removal of blood clot, vein	607.40	607.40
34451		3	removal of blood clot, vein	1,255.33	1,255.33
34471		3	removal of blood clot, vein	880.27	880.27
34490		3	removal of blood clot, vein	503.69	503.69
34501		3	valvuloplasty femoral vein	780.96	780.96
34502		3	reconstruction of vena cava, any method	1,265.46	1,265.46
34510		3	venous valve transposition any vein donor	888.09	888.09
34520		3	cross-over vein graft to venous system	852.95	852.95
34530		3	saphenopopliteal vein anastomosis	801.31	801.31
34800		3	endovascular repair of infrarenal abdominal ao	954.53	954.53
34802		3	endovascular repair of infrarenal abdominal ao	1,042.59	1,042.59
34803		3	endovascular repair of infrarenal abdominal ao	1,067.51	1,067.51
34804		3	endovascular repair of infrarenal abdominal ao	1,042.00	1,042.00
34805		3	endovascular repair of infrarenal abdominal ao	979.13	979.13
34806		3	transcatheter placement of wireless physiologi	88.62	88.62
34808		3	endovascular placement of iliac artery occlusio	174.45	174.45
34812		3	open femoral artery exposure for delivery of en	288.56	288.56
34813		3	placement of femoral-femoral prosthetic graft c	200.66	200.66
34820		3	open iliac artery exposure for delivery of endov	414.39	414.39
34825		3	placement of proximal or distal extension prost	582.85	582.85
34826		3	placement of proximal or distal extension prost	173.21	173.21
34830		3	open repair of infrarenal aortic aneurysm or dis	1,526.69	1,526.69
34831		3	open repair of infrarenal aortic aneurysm or dis	1,618.87	1,618.87
34832		3	open repair of infrarenal aortic aneurysm or dis	1,640.58	1,640.58
34833		3	open iliac artery exposure with creation of conc	515.29	515.29
34834		3	open brachial artery exposure to assist in the d	233.43	233.43
34900		3	endovascular graft replacement for repair of ili	757.38	757.38
35001		3	direct repair of aneurysm, pseudoaneurysm, or	944.39	944.39
35002		3	repair rupture aneurysm artery neck incision	997.61	997.61
35005		3	direct repair of aneurysm, pseudoaneurysm, or	867.49	867.49
35011		3	direct repair of aneurysm, false aneurysm, or e	829.41	829.41
35013		3	repair ruptured aneurysm artery arm incision	1,029.27	1,029.27
35021		3	direct repair of aneurysm, pseudoaneurysm, or	1,008.53	1,008.53

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
35022		3	ruptured aneurysm innominate artery thoracic	1,141.25	1,141.25
35045		3	direct repair of aneurysm, pseudoaneurysm, or	806.51	806.51
35081		3	direct repair of aneurysm, pseudoaneurysm, or	1,447.37	1,447.37
35082		3	repair ruptured aneurysm abdominal aorta	1,818.10	1,818.10
35091		3	direct repair of aneurysm, pseudoaneurysm, or	1,531.73	1,531.73
35092		3	repair rupt aneurysm abd aorta visceral vessel:	2,172.79	2,172.79
35102		3	direct repair of aneurysm, pseudoaneurysm, or	1,570.68	1,570.68
35103		3	repair rupt aneurysm abd aorta iliac vessels	1,879.12	1,879.12
35111		3	direct repair of aneurysm, pseudoaneurysm, or	1,156.54	1,156.54
35112		3	repair ruptured aneurysm splenic artery	1,417.73	1,417.73
35121		3	direct repair of aneurysm, pseudoaneurysm, or	1,373.82	1,373.82
35122		3	repair rupt aneurysm hepatic celiac renal mese	1,644.73	1,644.73
35131		3	direct repair of aneurysm, pseudoaneurysm, or	1,170.84	1,170.84
35132		3	rupture aneurysm iliac artery	1,416.03	1,416.03
35141		3	direct repair of aneurysm, pseudoaneurysm, or	928.59	928.59
35142		3	repair defect of artery	1,111.03	1,111.03
35151		3	direct repair of aneurysm, pseudoaneurysm, or	1,047.36	1,047.36
35152		3	rupture aneurysm popliteal artery	1,216.42	1,216.42
35180		3	repair congenital a-v fistula, head and neck	694.57	694.57
35182		3	repair congenital a-v fistula, thorax and abdom	1,428.76	1,428.76
35184		3	repair congenital a-v fistula, extremities	841.93	841.93
35188		3	repair acq or traumatic a-v fistula, head and ne	704.90	704.90
35189		3	repair acq or traumatic a-v fistula, thorax/abd	1,319.45	1,319.45
35190		3	repair acq or traumatic a-v fistula, extremities	615.89	615.89
35201		3	repair blood vessel lesion	772.92	772.92
35206		3	repair blood vessel lesion	631.55	631.55
35207		3	repair blood vessels hand, finger	568.29	568.29
35211		3	repair blood vessel lesion	1,122.20	1,122.20
35216		3	repair blood vessel lesion	1,565.31	1,565.31
35221		3	repair blood vessel lesion	1,158.02	1,158.02
35226		3	repair blood vessel lesion	697.34	697.34
35231		3	repair blood vessel lesion	969.06	969.06
35236		3	repair blood vessel lesion	808.71	808.71
35241		3	repair blood vessel lesion	1,172.02	1,172.02
35246		3	repair blood vessel lesion	1,275.01	1,275.01
35251		3	repair blood vessel lesion	1,377.49	1,377.49
35256		3	repair blood vessel lesion	850.57	850.57
35261		3	repair blood vessel lesion	859.17	859.17

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
35266		3	repair blood vessel lesion	712.28	712.28
35271		3	repair blood vessel lesion	1,120.55	1,120.55
35276		3	repair blood vessel lesion	1,176.36	1,176.36
35281		3	repair blood vessel lesion	1,315.38	1,315.38
35286		3	repair blood vessel lesion	779.69	779.69
35301		3	rechanneling of artery	875.34	875.34
35302		3	thromboendarterectomy, including patch graft,	932.06	932.06
35303		3	thromboendarterectomy, including patch graft,	1,025.92	1,025.92
35304		3	thromboendarterectomy, including patch graft,	1,066.98	1,066.98
35305		3	thromboendarterectomy, including patch graft,	1,024.77	1,024.77
35306		3	thromboendarterectomy, including patch graft,	384.41	384.41
35311		3	rechanneling of artery	1,255.65	1,255.65
35321		3	rechanneling of artery	744.13	744.13
35331		3	rechanneling of artery	1,229.32	1,229.32
35341		3	rechanneling of artery	1,157.31	1,157.31
35351		3	rechanneling of artery	1,076.21	1,076.21
35355		3	thromboendarterectomy w/ or w/o patch, iliofer	873.71	873.71
35361		3	rechanneling of artery	1,324.55	1,324.55
35363		3	thromboendarterectomy w/ or w/o patch aortoil	1,441.20	1,441.20
35371		3	rechanneling of artery	687.91	687.91
35372		3	thromboendartectomy, w/wo patch grft, deep fe	826.09	826.09
35390		3	reoperation, carotid, thromboendarterectomy, r	135.38	135.38
35450		3	transluminal angioplasty, intraoperative, renal	432.95	432.95
35452		3	transluminal angioplasty, intraoperative, aortic	300.35	300.35
35454		3	transluminal angioplasty,intraoperative, iliac	263.47	263.47
35456		3	transluminal angioplasty, intraop, femoral-popli	318.93	318.93
35458		3	transluminal balloon angioplasty, open; brachic	409.32	409.32
35459		3	transliminal angioplasty,open; tibioperoneal	375.75	375.75
35460		3	transluminal angioplasty,open; tibioperoneal	261.23	261.23
35470		3	transluminal balloon angioplasty, percutaneous	384.22	2,211.59
35471		3	transluminal angioplasty percutan; renal/vislerr	458.69	2,431.72
35472		3	transluminal angioplasty percutaneous; aortic	307.07	1,686.55
35473		3	transluminal angioplasty percutaneous, iliac	271.64	1,609.29
35474		3	transluminal angioplasty, percutan; femoral-po	328.40	2,145.11
35475		3	transluminal balloon angioplasty, percutaneous	411.67	1,741.53
35476		3	transluminal angioplasty,percutaneous; venous	262.80	1,312.90
35480		3	transluminal peripheral atherectomy, open; ren	469.94	469.94
35481		3	transluminal peripheral atherectomy, open; aor	338.04	338.04

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
35482		3	transluminal peripheral atherectomy, open; ilia	295.58	295.58
35483		3	trans lum atherectomy open; fem-popliteal	356.88	356.88
35484		3	transluminal peripheral atherectomy, open; bra	445.17	445.17
35485		3	transluminal peripheral atherectomy, open; tibi	413.99	413.99
35490		3	translum atherectomy, percu; renal/viscerl art.	511.45	511.45
35491		3	translum atherectomy, percu; aortic	343.60	343.60
35492		3	translum atherectomy, percu; iliac	311.00	311.00
35493		3	translum atherectomy, percu; fem-popliteal	378.97	378.97
35494		3	transluminal peripheral atherectomy, percutane	480.76	480.76
35495		3	translum atherectomy, percu; tibioperoneal	439.29	439.29
35500		3	harvest of upper extremity vein, one segment,	271.10	271.10
35501		3	artery bypass graft	1,303.93	1,303.93
35506		3	artery bypass graft	1,110.17	1,110.17
35508		3	bypass graft w/ vein, carotid-vertebral	1,146.80	1,146.80
35509		3	artery bypass graft	1,253.62	1,253.62
35510		3	bypass graft, with vein; carotid-brachial	1,052.78	1,052.78
35511		3	artery bypass graft	989.48	989.48
35512		3	bypass graft, with vein; subclavian-brachial	1,026.52	1,026.52
35515		3	bypass graft w/ vein, subclavian-vertebral	1,108.73	1,108.73
35516		3	artery bypass graft	1,015.75	1,015.75
35518		3	bypass graft w/ vein, axillary-axillary	1,007.32	1,007.32
35521		3	artery bypass graft	1,060.24	1,060.24
35522		3	bypass graft, with vein; axillary-brachial	1,002.57	1,002.57
35523		3	bypass graft, with vein; brachial-ulnar or -radial	1,060.86	1,060.86
35525		3	bypass graft, with vein; brachial-brachial	940.90	940.90
35526		3	artery bypass graft	1,388.11	1,388.11
35531		3	artery bypass graft	1,694.16	1,694.16
35533		3	bypass graft w/ vein, axillary-femoral-femoral	1,310.96	1,310.96
35535		3	bypass graft, with vein; hepatorenal	1,679.88	1,679.88
35536		3	artery bypass graft	1,460.83	1,460.83
35537		3	bypass graft, with vein; aortoiliac	1,811.96	1,811.96
35538		3	bypass graft, with vein; aortobi-iliac	2,033.76	2,033.76
35539		3	bypass graft, with vein; aortofemoral	1,886.85	1,886.85
35540		3	bypass graft, with vein; aortobifemoral	2,113.56	2,113.56
35548		3	artery bypass graft	1,005.19	1,005.19
35549		3	artery bypass graft	1,092.08	1,092.08
35551		3	artery bypass graft	1,244.43	1,244.43
35556		3	artery bypass graft	1,157.48	1,157.48

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
35558		3	artery bypass graft	1,024.18	1,024.18
35560		3	bypass graft w/ vein, aortorenal	1,490.93	1,490.93
35563		3	artery bypass graft	1,142.69	1,142.69
35565		3	artery bypass graft	1,106.61	1,106.61
35566		3	artery bypass graft	1,389.50	1,389.50
35570		3	bypass graft, with vein; tibial-tibial, peroneal-tib	1,297.31	1,297.31
35571		3	artery bypass graft	1,122.78	1,122.78
35572		3	harvest of femoropopliteal vein, one segment, 1	293.34	293.34
35583		3	in-situ vein bypass; femoral-popliteal	1,195.53	1,195.53
35585		3	in-situ vein bypass; femoral-ant tib,post tib,perc	1,399.89	1,399.89
35587		3	in-situ vein bypass; popliteal-tibial, peroneal	1,157.60	1,157.60
35600		3	harvest of upper extremity artery, one segment	215.76	215.76
35601		3	artery bypass graft	1,205.50	1,205.50
35606		3	artery bypass graft	981.85	981.85
35612		3	artery bypass graft	767.10	767.10
35616		3	artery bypass graft	940.24	940.24
35621		3	artery bypass graft	927.54	927.54
35623		3	bypass graft, with other than vein;	1,138.44	1,138.44
35626		3	artery bypass graft	1,306.30	1,306.30
35631		3	artery bypass graft	1,558.88	1,558.88
35632		3	bypass graft, with other than vein; ilio-celiac	1,594.78	1,594.78
35633		3	bypass graft, with other than vein; ilio-mesente	1,722.25	1,722.25
35634		3	bypass graft, with other than vein; iliorenal	1,560.74	1,560.74
35636		3	bypass graft, with other than vein; splenorenal	1,383.34	1,383.34
35637		3	bypass graft, with other than vein; aortoiliac	1,431.46	1,431.46
35638		3	bypass graft, with vein; aortobi-iliac	1,462.30	1,462.30
35642		3	bypass graft w/ other than vein, carotid-vertebr	864.69	864.69
35645		3	bypass graft w/ other than vein, subclavian-ver	820.55	820.55
35646		3	bypass graft, with other than vein; aortobifemo	1,443.67	1,443.67
35647		3	bypass graft, with other than vein; aortofemora	1,306.69	1,306.69
35650		3	bypass graft w/ other than vein, axillary-axillary	893.28	893.28
35651		3	artery bypass graft	1,156.49	1,156.49
35654		3	bypass graft w/ other than vein, axil-fem-fem	1,153.40	1,153.40
35656		3	artery bypass graft	908.56	908.56
35661		3	artery bypass graft	909.18	909.18
35663		3	artery bypass graft	1,054.76	1,054.76
35665		3	artery bypass graft	987.94	987.94
35666		3	artery bypass graft	1,064.64	1,064.64

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
35671		3	artery bypass graft	937.88	937.88
35681		3	bypass graft; composite, prosthetic and vein (li	67.70	67.70
35682		3	bypass graft; autogenous composite, two segr	302.23	302.23
35683		3	bypass graft; autogenous composite, three or r	356.50	356.50
35685		3	placement of vein patch or cuff at distal anasto	169.73	169.73
35686		3	creation of distal arteriovenous fistula during lo	141.99	141.99
35691		3	transposition and/or reimplantation;	826.89	826.89
35693		3	transposition and/or reimplantation;	732.27	732.27
35694		3	transposition and/or reimplantation;	855.33	855.33
35695		3	transposition and/or reimplantation;	890.83	890.83
35697		3	reimplantation, visceral artery to infrarenal aort	126.44	126.44
35700		3	reoperation, femoral-popliteal or femoral (popli	130.11	130.11
35701		3	exploration,carotid artery	441.74	441.74
35721		3	exploration,femoral artery	375.14	375.14
35741		3	exploration popliteal artery	411.16	411.16
35761		3	exploration of artery/vein	302.77	302.77
35800		3	exploration of neck	390.19	390.19
35820		3	exploration of chest	1,538.13	1,538.13
35840		3	exploration of abdomen	510.77	510.77
35860		3	exploration of limb	329.64	329.64
35870		3	repair of graft-enteric fistula	1,071.75	1,071.75
35875		3	thrombectomy of arterial or venous graft (other	492.87	492.87
35876		3	thrombectomy of arterial or venous graft;	790.64	790.64
35879		3	revision, lower extremity arterial bypass, withoi	773.63	773.63
35881		3	revision, lower extremity arterial bypass, withoi	860.13	860.13
35883		3	revision, femoral anastamosis of synthetic arte	1,004.16	1,004.16
35884		3	revision, femoral anastamosis of synthetic arte	1,059.60	1,059.60
35901		3	excision of infected graft;	412.37	412.37
35903		3	excision of infected graft;	466.55	466.55
35905		3	excision of infected graft;	1,458.51	1,458.51
35907		3	excision of infected graft;	1,607.42	1,607.42
36000		3	insertion vein access device	7.83	19.66
36002		3	injection procedures (eg, thrombin) for percuta	91.29	134.55
36005		3	injection procedure for extremity venography (i	41.28	263.07
36010		3	insertion vein access device	103.95	456.10
36011		3	selective catheter placement, venous system;	134.39	720.44
36012		3	selective catheter placement, venous system;	151.48	678.70
36013		3	introduction of catheter, right heart or main puli	108.89	625.44

**Physician Fee Schedule
Provider Specialty 001
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Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
36014		3	selective catheter placement, left or right pulmo	131.66	653.40
36015		3	selective catheter placement, segmental or sub	152.24	716.95
36100		3	establish access to artery	133.33	418.00
36120		3	introduction of needle or intracatheter;	84.18	344.62
36140		3	introduction of needle or intracatheter;	86.60	380.20
36145		3	arteriovenous shunt for dialysis	84.75	376.62
36160		3	introduction of needle or intracatheter, aortic, tr	112.56	419.14
36200		3	establish access to aorta	129.47	509.03
36215		3	arterial cath. placement; 1st order thoracic or b	205.17	895.05
36216		3	selective catheter placement, arterial system;	231.30	978.58
36217		3	selective catheter placement, arterial system;	276.92	1,589.20
36218		3	selective catheter placement, arterial system; a	44.13	150.55
36245		3	introduction of catheter aorta, each additional	211.15	986.11
36246		3	selective catheter placement, arterial system;	230.67	970.44
36247		3	selective catheter placement, arterial system;	274.63	1,519.13
36248		3	selective catheter placement, arterial system; a	44.13	129.78
36260		3	insertion implantable infusion pump	469.54	469.54
36261		3	revision of implanted intra-arterial infusion pum	285.23	285.23
36262		3	removal of implanted infusion pump	216.84	216.84
36400		3	venipuncture, under age 3 years; femoral or ju	14.75	20.52
36405		3	venipuncture, under age 3 years;	12.86	18.62
36406		3	venipuncture, under age 3 years;	7.54	13.30
36410		3	venipuncture, child over age 3 years or adult, r	7.25	14.75
36415		3	collection of venous blood by venipuncture	2.78	2.78
36420		3	venipuncture, cutdown;	40.09	40.09
36425		3	venipuncture, cutdown;	31.51	31.51
36430		3	blood transfusion service	28.30	28.30
36440		3	push transfusion, blood, 2 years or under	42.17	42.17
36450		3	exchange transfusion, blood;	96.75	96.75
36455		3	exchange transfusion, blood;	105.55	105.55
36460		3	transfusion, intrauterine, fetal	276.16	276.16
36470		3	injection of sclerosing solution;	55.68	106.44
36471		3	injection of sclerosing solution;	78.45	131.80
36475		3	endovenous ablation therapy of incompetent ve	280.29	1,370.78
36476		3	endovenous ablation therapy of incompetent ve	137.21	298.43
36478		3	endovenous ablation therapy of incompetent ve	282.89	1,132.26
36479		3	endovenous ablation therapy of incompetent ve	138.07	313.43
36481		3	percutaneous portal vein catheterization by an	338.97	338.97

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
36500		3	venous catheterization for selective organ bloo	151.46	151.46
36510		3	catheterization of umbilical vein for diagnosis o	46.92	85.86
36511		3	therapeutic apheresis; for white blood cells	73.72	73.72
36512		3	therapeutic apheresis; for red blood cells	74.87	74.87
36513		3	therapeutic apheresis; for platelets	77.22	77.22
36514		3	therapeutic apheresis; for plasma pheresis	73.14	399.34
36515		3	therapeutic apheresis; with extracorporeal imm	71.70	1,479.14
36516		3	therapeutic apheresis; with extracorporeal sele	51.44	1,672.90
36522		3	photopheresis, extracorporeal	82.62	1,045.34
36555		3	insertion of non-tunneled centrally inserted cen	105.06	215.23
36556		3	insertion of non-tunneled centrally inserted cen	99.59	184.09
36557		3	insertion of tunneled centrally inserted central \	244.43	654.26
36558		3	insertion of tunneled centrally inserted central \	233.63	632.80
36560		3	insertion of tunneled centrally inserted central \	289.52	896.62
36561		3	insertion of tunneled centrally inserted central \	279.99	886.80
36563		3	insertion of tunneled centrally inserted central \	290.70	896.94
36565		3	insertion of tunneled centrally inserted central \	275.95	752.12
36566		3	insertion of tunneled centrally inserted central \	295.58	2,771.30
36568		3	insertion of peripherally inserted central venou:	80.50	242.01
36569		3	insertion of peripherally inserted central venou:	80.40	210.77
36570		3	insertion of peripherally inserted central venou:	258.21	909.44
36571		3	insertion of peripherally inserted central venou:	251.24	942.85
36575		3	repair of tunneled or non-tunneled central venc	32.05	124.63
36576		3	repair of central venous access device, with su	152.30	281.22
36578		3	replacement, catheter only, of central venous a	174.06	391.23
36580		3	replacement, complete, of a non-tunneled cent	57.87	180.44
36581		3	replacement, complete, of a tunneled centrally	164.97	586.63
36582		3	replacement, complete, of a tunneled centrally	242.34	819.16
36583		3	replacement, complete, of a tunneled centrally	242.75	819.57
36584		3	replacement, complete, of a peripherally insert	59.34	177.59
36585		3	replacement, complete, of a peripherally insert	227.56	840.15
36589		3	removal of tunneled central venous catheter, w	113.30	132.91
36590		3	removal of tunneled central venous access dev	160.67	215.47
36593		3	declotting by thrombolytic agent of implanted v	27.79	27.79
36595		3	mechanical removal of pericatheter obstructive	159.63	475.16
36596		3	mechanical removal of intraluminal (intracathet	37.64	106.57
36597		3	repositioning of previously placed central veno	53.24	101.12
36598		3	contrast injection(s) for radiologic evaluation of	49.44	90.11

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
36600		3	arterial puncture, withdrawal of blood for diagn	12.68	24.22
36620		3	arterial catheterization or cannulation for samp	42.14	42.14
36625		3	arterial catheterization or cannulation for samp	87.08	87.08
36640		3	arterial catheterization for prolonged infusion th	97.32	97.32
36660		3	catheterization, umbilical artery, newborn, for c	55.36	55.36
36680		3	placement of needle for intraosseous infusion	48.82	48.82
36800		3	insertion of cannula for hemodialysis, other pur	127.43	127.43
36810		3	redirection of blood flow	171.88	171.88
36815		3	redirection of blood flow	121.20	121.20
36818		3	arteriovenous anastomosis, open; by upper arr	551.15	551.15
36819		3	arteriovenous anastomosis, open; by upper arr	649.79	649.79
36820		3	arteriovenous anastomosis, open; by forearm v	651.91	651.91
36821		3	arteriovenous anastomosis, open; direct, any s	541.52	541.52
36822		3	insertion of cannula(s) for prolonged extracorp	302.49	302.49
36823		3	insertion of arterial and venous cannula(s) for i	1,037.16	1,037.16
36825		3	creation of arteriovenous fistula by other than c	470.00	470.00
36830		3	arteriovenous fistula nonautogenous graft	538.48	538.48
36831		3	thrombectomy, open, arteriovenous fistula with	371.37	371.37
36832		3	revision, open, arteriovenous fistula; without th	474.67	474.67
36833		3	revision, arteriovenous fistula; with thrombecto	536.45	536.45
36834		3	plastic repair of arteriovenous aneurysm (sepa	503.28	503.28
36835		3	insertion of thomas shunt (separate procedure)	370.72	370.72
36838		3	distal revascularization and interval ligation (dri	958.99	958.99
36860		3	external cannula declotting (separate procedur	84.46	150.50
36861		3	cannula declotting with balloon catheter	122.27	122.27
36870		3	thrombectomy, percutaneous, arteriovenous fis	251.72	1,424.98
37140		3	venous anastomosis; portocaval	1,096.58	1,096.58
37145		3	venous anastomosis; renoportal	1,182.29	1,182.29
37160		3	venous anastomosis; caval-mesenteric	1,028.71	1,028.71
37180		3	venous anastomosis; splenorenal, proximal	1,152.92	1,152.92
37181		3	splenorenal distal (selective decompression)	1,246.18	1,246.18
37182		3	insertion of transvenous intrahepatic portosyste	745.29	745.29
37183		3	revision of transvenous intrahepatic portosyste	354.17	354.17
37184		3	primary percutaneous transluminal mechanical	381.25	1,878.40
37185		3	primary percutaneous transluminal mechanical	140.45	621.81
37186		3	secondary percutaneous transluminal thrombe	215.68	1,264.34
37187		3	percutaneous transluminal mechanical thrombi	354.19	1,799.42
37188		3	percutaneous transluminal mechanical thrombi	256.30	1,527.04

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
37195		3	thrombolysis, cerebral, by intravenous infusion	251.02	251.02
37200		3	transcatheter biopsy	197.96	197.96
37201		3	transcatheter therapy, infusion for thrombolysis	233.63	233.63
37202		3	transcatheter therapy, infusion other than for th	280.46	280.46
37203		3	transcatheter retrieval, percutaneous, of intrav:	224.84	1,041.91
37204		3	transcatheter occlusion/embolization, percutan	786.58	786.58
37205		3	transcatheter placement of an intravascular ste	369.51	2,575.86
37206		3	transcatheter placement of an intravascular ste	180.15	1,537.42
37207		3	transcatheter placement of an intravascular ste	358.86	358.86
37208		3	transcatheter placement of an intravascular ste	173.86	173.86
37209		3	exchange of a previously placed arterial cathet	97.11	97.11
37210		3	uterine fibroid embolization (ufe, embolization c	468.40	2,737.04
37215		3	transcatheter placement of intravascular stent(	916.71	916.71
37216		3	transcatheter placement of intravascular stent(	842.49	842.49
37250		3	intravascular ultrasound (non-coronary vessel)	92.13	92.13
37251		3	intravascular ultrasound (non-coronary vessel)	68.64	68.64
37500		3	vascular endoscopy, surgical, with ligation of p	559.27	559.27
37565		3	ligation, internal jugular vein	556.41	556.41
37600		3	ligation of neck artery	569.23	569.23
37605		3	ligation of neck artery	651.68	651.68
37606		3	ligation of neck artery	423.97	423.97
37607		3	ligation or banding of angioaccess arterioveno	302.68	302.68
37609		3	ligation or biopsy temporal artery	155.79	224.43
37615		3	ligation major artery neck	374.99	374.99
37616		3	ligation major artery chest	874.14	874.14
37617		3	ligate major artery abdomen	1,042.75	1,042.75
37618		3	ligation major artery extremity	299.42	299.42
37620		3	interruption, partial or complete, of inferior ven:	542.94	542.94
37650		3	ligation of femoral vein	409.37	409.37
37660		3	ligation of common iliac vein	976.18	976.18
37700		3	revise leg vein	200.39	200.39
37718		3	ligation, division, and stripping, short saphenou	331.03	331.03
37722		3	ligation, division, and stripping, long (greater) s	383.15	383.15
37735		3	removal of leg veins/lesion	509.94	509.94
37760		3	revision of leg veins	502.23	502.23
37765		3	stab phlebectomy of varicose veins, one extrer	360.73	360.73
37766		3	stab phlebectomy of varicose veins, one extrer	439.13	439.13
37780		3	revision of leg vein	206.71	206.71

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
37785		3	revision leg vein	207.19	274.39
38100		3	removal of spleen	844.89	844.89
38101		3	splenectomy partial	849.19	849.19
38102		3	splenectomy; total, en bloc for extensive disea	202.47	202.47
38115		3	repair ruptured spleen w/wo partial splenectom	939.94	939.94
38120		3	laparoscopy, surgical, splenectomy	781.54	781.54
38200		3	injection for spleen x-ray	113.35	113.35
38204		3	management of recipient hematopoietic proger	82.86	82.86
38205		3	blood-derived hematopoietic progenitor cell ha	65.46	65.46
38206		3	blood-derived hematopoietic progenitor cell ha	65.46	65.46
38207		3	transplant preparation of hematopoietic progen	40.64	40.64
38208		3	transplant preparation of hematopoietic progen	25.94	25.94
38209		3	transplant preparation of hematopoietic progen	11.14	11.14
38220		3	bone marrow; aspiration only	49.09	119.75
38221		3	bone marrow; biopsy, needle or trocar	62.27	133.21
38230		3	bone marrow harvesting for transplantation.	250.00	250.00
38240		3	bone marrow or blood-derived peripheral stem	101.15	101.15
38241		3	bone marrow transplant, autologous	101.72	101.72
38242		3	bone marrow or blood-derived peripheral stem	77.10	77.10
38300		3	drainage of lymph node abscess or lymphaden	135.44	198.61
38305		3	drainage lymph node lesion	345.06	345.06
38308		3	incision of lymph channels	331.91	331.91
38380		3	suture and or ligation of thoracic duct cervical a	426.94	426.94
38381		3	suture and or ligation of thoracic duct thoracic :	638.20	638.20
38382		3	suture/ligation thoracic duct abdominal approa	515.13	515.13
38500		3	biopsy or excision of lymph node(s); open, sup	186.91	234.79
38505		3	biopsy or excision of lymph node(s);	59.53	97.89
38510		3	biopsy or excision of lymph node(s); open, dee	317.43	380.87
38520		3	biopsy or excision of lymph node(s); open, dee	346.65	346.65
38525		3	biopsy or excision of lymph node(s); open, dee	314.17	314.17
38530		3	biopsy or excision of lymph node(s); open, inte	404.28	404.28
38542		3	dissection deep jugular node	386.12	386.12
38550		3	excision of cystic hygroma, axillary or cervical;	357.34	357.34
38555		3	excision of cystic hygroma, axillary or cervical;	744.87	744.87
38562		3	limited lymphadenectomy for staging pelvic	534.94	534.94
38564		3	limited lymphadenectomy for staging retroperiti	531.55	531.55
38570		3	laparoscopy, surgical; with retroperitoneal lymf	433.68	433.68
38571		3	laparoscopy, surgical; with bilateral total pelvic	682.10	682.10

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
38572		3	laparoscopy, surgical; with bilateral total pelvic	750.62	750.62
38700		3	removal of lymph nodes, neck	600.81	600.81
38720		3	removal of lymph nodes, neck	998.87	998.87
38724		3	cervical lymphadenectomy	1,083.58	1,083.58
38740		3	removal lymph nodes, armpit	503.33	503.33
38745		3	removal lymph nodes, armpits	640.98	640.98
38746		3	thoracic lymphadenectomy, regional, including	211.67	211.67
38747		3	abdominal lymphadenectomy, regional, includi	206.34	206.34
38760		3	inguiofemoral lymphadenectomy superfic incl c	632.28	632.28
38765		3	inguiofemoral lymphadenectomy, superficial	984.23	984.23
38770		3	pelvic lymphadenectomy inc ext iliac hypogasti	659.11	659.11
38780		3	retroperitoneal lymphadenectomy extens inc pi	830.03	830.03
38790		3	injection procedure; lymphangiography	64.71	64.71
38792		3	injection procedure; for identification of sentine	31.24	31.24
38794		3	cannulation, thoracic duct	245.01	245.01
39000		3	mediastinotomy with exploration, drainage, ren	382.35	382.35
39010		3	mediastinotomy with exploration, drainage, ren	635.06	635.06
39200		3	removal mediastinal lesion	704.61	704.61
39220		3	removal mediastinal lesion	907.48	907.48
39400		3	visualization of mediastinum	394.28	394.28
39501		3	repair, laceration of diaphragm, any approach	645.94	645.94
39502		3	repair diaphragmatic hernia except neonatal	775.63	775.63
39503		3	repair diaphragmatic hernia neonatal	4,534.60	4,534.60
39520		3	repair of diaphragm hernia	774.20	774.20
39530		3	repair of diaphragm hernia	741.54	741.54
39531		3	rep diaphrag hernia comb thoracicoabdominal	775.21	775.21
39540		3	repair of diaphragm hernia	660.47	660.47
39541		3	repari diaphr hernia traumatic chronic	712.48	712.48
39545		3	imbrication of diaphragm for eventration, transt	700.65	700.65
39560		3	resection, diaphragm; with simple repair (eg, pi	605.71	605.71
39561		3	resection, diaphragm; with complex repair (eg,	941.40	941.40
40490		3	biopsy lip	56.91	95.84
40500		3	partial excision of lip	268.89	361.76
40510		3	partial excision of lip	267.08	351.58
40520		3	partial excision of lip	269.91	361.04
40525		3	excision lip full thickness local flap	419.92	419.92
40527		3	excision lip full thickness cross lip flap	496.38	496.38
40530		3	partial removal of lip	306.26	398.84

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
40650		3	repair lip	214.86	299.36
40652		3	repair lip	261.78	352.34
40654		3	repair lip	318.02	416.08
40700		3	repair cleft lip	704.99	704.99
40701		3	repair cleft lip	874.80	874.80
40702		3	repair cleft lip	680.23	680.23
40720		3	repair cleft lip	748.79	748.79
40761		3	repair cleft lip	810.78	810.78
40800		3	drainage mouth lesion	93.32	143.50
40801		3	drainage mouth lesion	163.26	221.81
40804		3	removal foreign body, mouth	94.53	146.45
40805		3	removal of embedded foreign body, vestibule c	169.31	232.48
40808		3	biopsy mouth lesion	78.39	128.87
40810		3	excision mouth lesion	93.36	143.83
40812		3	excision mouth lesion	145.67	203.36
40814		3	excision mouth lesion	224.70	274.30
40816		3	exc lesion of mucosa and submucosa w/o repa	235.17	289.11
40818		3	excision oral mucosa, graft	200.29	253.06
40820		3	destruction of lesion or scar of vestibule of mou	124.91	186.62
40830		3	repair mouth laceration	117.52	173.18
40831		3	repair mouth laceration	165.21	230.10
40840		3	reconstruction mouth	479.70	595.06
40842		3	reconstruction mouth	469.89	586.12
40843		3	reconstruction mouth	612.18	766.48
40844		3	reconstruction mouth	854.11	1,016.49
40845		3	reconstruction mouth	957.78	1,108.04
41000		3	drainage mouth lesion	82.76	115.05
41005		3	drainage mouth lesion	93.91	160.24
41006		3	drainage mouth lesion	193.69	260.02
41007		3	incision/drainage abscess mouth submental sp	187.96	260.35
41008		3	incision/drainage mouth submandibular space	200.84	268.32
41009		3	incision/drainage mouth masticator space	217.94	285.14
41010		3	incision tongue fold	80.63	143.79
41015		3	drainage extraoral abscess/cyst/hematoma flo	249.75	306.86
41016		3	incision/drainage extraoral lesion submental	259.18	315.13
41017		3	incision/drainage mouth lesion submandibular	260.33	317.44
41018		3	extraoral incision and drainage of abscess, cys	305.22	364.64
41019		3	placement of needles, catheters, or other devic	389.10	389.10

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
41100		3	biopsy tongue	82.36	121.58
41105		3	posterior one-third	83.52	121.88
41108		3	biopsy floor of mouth	67.07	104.27
41110		3	excision tongue lesion	97.86	150.07
41112		3	excision tongue lesion	185.64	237.55
41113		3	excision tongue lesion	206.64	260.87
41114		3	exc lesion tongue local tongue flap	480.64	480.64
41115		3	excision of lingual frenum (frenectomy)	110.64	174.67
41116		3	excision lesion floor of mouth	162.61	232.11
41120		3	partial removal of tongue	778.60	778.60
41130		3	partial removal of tongue	965.17	965.17
41135		3	tongue and neck surgery	1,617.82	1,617.82
41140		3	removal of tongue	1,660.15	1,660.15
41145		3	tongue removal; neck surgery	2,081.92	2,081.92
41150		3	mouth and jaw surgery	1,645.96	1,645.96
41153		3	glossectomy composite proc w/resection floor	1,787.46	1,787.46
41155		3	mouth, jaw, and neck surgery	2,227.63	2,227.63
41250		3	repair laceration tongue	106.13	163.82
41251		3	repair laceration to 2cm posterior one third ton	123.62	170.06
41252		3	repair laceration tongue	160.11	222.98
41500		3	fixation tongue	327.89	327.89
41510		3	tongue to lip surgery	301.01	301.01
41520		3	reconstruction, tongue fold	188.03	248.31
41800		3	drainage gum lesion	94.61	161.23
41805		3	removal foreign body, gum	119.77	166.49
41806		3	removal foreign body,jawbone	188.19	245.29
41820		3	excision, gum	348.61	348.61
41821		3	excision, gum flap	290.53	290.53
41822		3	excision gum lesion	131.60	206.01
41823		3	excision gum lesion	236.40	307.05
41825		3	excision gum lesion	93.51	146.58
41826		3	excision gum lesion	151.01	206.97
41827		3	excision gum lesion	224.42	307.49
41830		3	alveolectomy inc/curretage of osteitis or seque	207.82	277.90
41850		3	destruction of lesion except excision	34.86	34.86
41870		3	graft gum	464.83	464.83
41872		3	gingivoplasty, each quadrant (specify)	192.68	260.17
41874		3	alveoloplasty, each quadrant (specify)	189.84	264.54

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
42000		3	drainage mouth roof lesion	76.82	113.45
42100		3	biopsy roof of mouth	81.54	108.06
42104		3	excision lesion roof mouth	102.51	150.10
42106		3	excision lesion, mouth roof	134.21	190.44
42107		3	excision lesion palate, uvula local flap closure	259.13	332.39
42120		3	resection palate or extensive resection of lesio	726.94	726.94
42140		3	excision uvula	114.87	178.61
42145		3	palatopharyngoplasty	530.86	530.86
42160		3	destruction of lesion, palate or uvula (thermal, i	114.33	173.16
42180		3	repair palate	139.25	177.32
42182		3	repair palate	203.49	243.58
42200		3	reconstruction cleft palate	673.64	673.64
42205		3	reconstruction cleft palate	718.82	718.82
42210		3	reconstruction cleft palate	810.62	810.62
42215		3	reconstruction cleft palate	530.04	530.04
42220		3	reconstruction cleft palate	411.96	411.96
42225		3	reconstruction cleft palate	703.22	703.22
42226		3	lengthening palate and pharyngeal flap	699.76	699.76
42227		3	lengthening of palate with island flap	679.99	679.99
42235		3	repair palate	555.06	555.06
42260		3	repair nose to lip fistula	521.23	621.60
42300		3	drainage salivary gland	114.72	151.35
42305		3	drainage salivary gland	328.64	328.64
42310		3	drainage salivary gland	93.66	117.88
42320		3	drainage salivary gland	134.58	182.16
42330		3	treatment salivary stone	124.92	169.61
42335		3	treatment salivary stone	195.55	269.96
42340		3	treatment salivary stone	257.67	340.16
42400		3	biopsy salivary gland	44.83	79.73
42405		3	biopsy salivary gland	174.50	224.11
42408		3	excision salivary cyst	250.05	333.11
42409		3	treatment salivary cyst	169.19	240.14
42410		3	excision parotid gland	477.34	477.34
42415		3	ex parotid tumor parotid gl lat lob w dissecan p	863.18	863.18
42420		3	excision parotid gland	989.92	989.92
42425		3	excision parotid gland	650.91	650.91
42426		3	excision parotid tumor or parotid gland total	1,059.57	1,059.57
42440		3	excision submaxillary gland	358.96	358.96

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
42450		3	excision sublingual gland	271.84	332.99
42500		3	repair salivary duct	258.50	317.34
42505		3	repair salivary duct	346.73	413.07
42507		3	parotid duct divers bilateral	388.07	388.07
42508		3	parotid duct divers bilat w/exc one submanolb	553.19	553.19
42509		3	parotid duct diversion bilat w/exc both subman	635.43	635.43
42510		3	parotid duct diversion bilat ligat submandibular	479.40	479.40
42550		3	injection for sialography	53.92	113.04
42600		3	closure salivary fistula	269.92	356.73
42650		3	dilation salivary duct	45.01	60.87
42660		3	dilation and catheterization of salivary duct, wit	60.09	78.54
42665		3	ligation salivary duct, intraoral	156.49	224.56
42700		3	drainage tonsil abscess	102.16	136.76
42720		3	drainage throat abscess	305.52	345.32
42725		3	drainage throat abscess	622.09	622.09
42800		3	biopsy throat	84.49	114.78
42802		3	biopsy throat	102.35	173.87
42804		3	biopsy upper nose/throat	86.54	145.09
42806		3	biopsy uper nose/throat	101.77	164.07
42808		3	excision lesion pharynx	125.70	168.10
42809		3	removal of foreign body from pharynx	98.58	125.41
42810		3	excision throat cyst	214.19	281.67
42815		3	excision throat cyst	420.92	420.92
42820		3	removal tonsils and adenoids	222.96	222.96
42821		3	removal tonsils and adenoids	232.73	232.73
42825		3	removal of tonsils	199.04	199.04
42826		3	removal of tonsils	192.39	192.39
42830		3	removal of adenoids	156.55	156.55
42831		3	removal of adenoids	168.83	168.83
42835		3	removal of adenoids	141.11	141.11
42836		3	removal of adenoids	184.54	184.54
42842		3	radical resection tonsil without closure	730.87	730.87
42844		3	radical resection tonsil closure with local flap	1,028.76	1,028.76
42845		3	radical resection tonsil closure with other flap	1,689.72	1,689.72
42860		3	excision tonsil tags	141.49	141.49
42870		3	excision lingual tonsil	428.36	428.36
42890		3	partial removal pharynx	1,048.48	1,048.48
42892		3	resect lateral pharyngeal wall direct closure	1,377.08	1,377.08

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
42894		3	resect pharyngeal wall with myocutaneous flap	1,765.56	1,765.56
42900		3	repair throat wound	266.18	266.18
42950		3	reconstruction of throat	593.98	593.98
42953		3	pharyngoesophageal repair	729.38	729.38
42955		3	surgical opening of throat	559.82	559.82
42960		3	control oropharyngeal hemorrhage, primary or	129.23	129.23
42961		3	control oropharyngeal hemorrhage, primary or	320.42	320.42
42962		3	control bleeding, throat	397.44	397.44
42970		3	control of nasopharyngeal hemorrhage, primar	297.77	297.77
42971		3	control of nasopharyngeal hemorrhage, primar	350.41	350.41
42972		3	control bleeding,nose/throat	394.13	394.13
43020		3	incision of esophagus	405.98	405.98
43030		3	cricopharyngeal myotomy	401.79	401.79
43045		3	esophagotomy, thoracic approach, with remov:	1,023.13	1,023.13
43100		3	excision of lesion, esophagus, with primary rep	480.54	480.54
43101		3	excision of lesion, esophagus, with primary rep	799.41	799.41
43107		3	total or near total esophagectomy, without thor	1,980.42	1,980.42
43108		3	total or near total esophagectomy, without thor	3,348.71	3,348.71
43112		3	total or near total esophagectomy, with thoracc	2,117.37	2,117.37
43113		3	total or near total esophagectomy, with thoracc	3,341.27	3,341.27
43116		3	partial esophagectomy, cervical, with free intes	3,803.28	3,803.28
43117		3	partial esophagectomy, distal two-thirds, with tl	1,937.14	1,937.14
43118		3	partial esophagectomy, distal two-thirds, with tl	2,754.85	2,754.85
43121		3	partial esophagectomy, distal two-thirds, with tl	2,185.37	2,185.37
43122		3	partial esophagectomy, thoracoabdominal or a	1,958.89	1,958.89
43123		3	partial esophagectomy, thoracoabdominal or a	3,366.16	3,366.16
43124		3	total or partial esophagectomy, without reconst	2,873.57	2,873.57
43130		3	removal esophagus pouch	609.16	609.16
43135		3	removal esophagus pouch	1,144.40	1,144.40
43200		3	esophagoscopy, rigid or flexible; diagnostic, wi	81.56	160.88
43201		3	esophagoscopy, rigid or flexible; with directed :	102.74	220.98
43202		3	esophagoscopy, rigid or flexible; with biopsy, s	90.74	211.00
43204		3	esophagoscopy, rigid or flexible; with injection	178.83	178.83
43205		3	esophagoscopy, rigid or flexible;	179.34	179.34
43215		3	esophagoscopy, rigid or flexible; with removal (	122.62	122.62
43216		3	esophagoscopy, rigid or flexible;	114.26	151.75
43217		3	esophagoscopy, rigid or flexible; with removal (	134.78	283.32
43219		3	esophagoscopy, rigid or flexible; with insertion	136.17	136.17

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
43220		3	esophagoscopy, rigid or flexible;	100.86	100.86
43226		3	esophagoscopy, rigid or flexible;	112.48	112.48
43227		3	esophagoscopy, rigid or flexible; with control of	167.65	167.65
43228		3	esophagoscopy, rigid or flexible;	178.75	178.75
43231		3	esophagoscopy, rigid or flexible; with endoscopy	152.17	152.17
43232		3	esophagoscopy, rigid or flexible; with transendoscopy	209.84	209.84
43234		3	upper gastrointestinal endoscopy, simple primary	94.88	209.66
43235		3	upper gastrointestinal endoscopy including esophagoscopy	115.77	227.10
43236		3	upper gastrointestinal endoscopy including esophagoscopy	140.77	282.66
43237		3	upper gastrointestinal endoscopy including esophagoscopy	191.72	191.72
43238		3	upper gastrointestinal endoscopy including esophagoscopy	237.70	237.70
43239		3	upper gastrointestinal endoscopy including esophagoscopy	137.10	263.14
43240		3	upper gastrointestinal endoscopy including esophagoscopy	319.25	319.25
43241		3	upper gastrointestinal endoscopy including esophagoscopy	124.42	124.42
43242		3	upper gastrointestinal endoscopy including esophagoscopy	340.48	340.48
43243		3	upper gastrointestinal endoscopy including esophagoscopy	214.46	214.46
43244		3	upper gastrointestinal endoscopy including esophagoscopy	237.72	237.72
43245		3	upper gastrointestinal endoscopy including esophagoscopy	149.86	149.86
43246		3	upper gastrointestinal endoscopy including esophagoscopy	200.83	200.83
43247		3	upper gastrointestinal endoscopy including esophagoscopy	160.33	160.33
43248		3	upper gastrointestinal endoscopy including esophagoscopy	151.51	151.51
43249		3	upper gastrointestinal endoscopy including esophagoscopy	139.48	139.48
43250		3	upper gastrointestinal endoscopy including esophagoscopy	149.90	149.90
43251		3	upper gastrointestinal endoscopy including esophagoscopy	174.43	174.43
43255		3	upper gastrointestinal endoscopy including esophagoscopy	226.98	226.98
43256		3	upper gastrointestinal endoscopy including esophagoscopy	203.94	203.94
43258		3	upper gastrointestinal endoscopy including esophagoscopy	213.84	213.84
43259		3	upper gastrointestinal endoscopy including esophagoscopy	243.73	243.73
43260		3	endoscopic retrograde cholangiopancreatography	279.10	279.10
43261		3	endoscopic retrograde cholangiopancreatography	293.39	293.39
43262		3	endoscopic retrograde cholangiopancreatography	344.61	344.61
43263		3	endoscopic retrograde cholangiopancreatography	340.91	340.91
43264		3	endoscopic retrograde cholangiopancreatography	413.77	413.77
43265		3	endoscopic retrograde cholangiopancreatography	464.37	464.37
43267		3	endoscopic retrograde cholangiopancreatography	343.17	343.17
43268		3	endoscopic retrograde cholangiopancreatography	348.65	348.65
43269		3	endoscopic retrograde cholangiopancreatography	382.04	382.04
43271		3	endoscopic retrograde cholangiopancreatography	344.32	344.32

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
43272		3	endoscopic retrograde cholangiopancreatogra	343.74	343.74
43273		3	endoscopic cannulation of papilla with direct vi	104.15	104.15
43279		3	laparoscopy, surgical, esophagomyotomy (hell	970.49	970.49
43280		3	laparoscopy, surgical, esophagogastric fundop	809.34	809.34
43300		3	repair of esophagus	476.87	476.87
43305		3	repair esophagus and fistula	856.39	856.39
43310		3	repair of esophagus	1,197.11	1,197.11
43312		3	esophagoplasty with repair of tracheoesophagi	1,322.32	1,322.32
43313		3	esophagoplasty for congenital defect, (plastic r	2,106.70	2,106.70
43314		3	esophagoplasty for congenital defect, (plastic r	2,412.20	2,412.20
43320		3	esophagogastrostomy (cardioplasty), with or w	1,051.76	1,051.76
43324		3	esophagogastric fundoplasty	1,020.55	1,020.55
43325		3	esophagogastric fundoplasty with fundic patch	1,004.37	1,004.37
43326		3	esophagogastric fundoplasty with gastroplasty	1,022.69	1,022.69
43330		3	esophagomyotomy (heller type); abdominal ap	985.25	985.25
43331		3	esophagomyotomy thoracic approach	1,066.67	1,066.67
43340		3	esophagojejunostomy w tot gastrec abd appro:	1,022.69	1,022.69
43341		3	esophagojejunostomy thoracic approach	1,124.67	1,124.67
43350		3	esophagostomy fistulization esopha ext abd a	872.13	872.13
43351		3	esophagostomy thoracic approach	1,023.18	1,023.18
43352		3	esophagomyotomy cervical approach	836.55	836.55
43360		3	gastrointestinal reconstruction for previous eso	1,794.55	1,794.55
43361		3	gastrointestinal reconstruction for previous eso	2,005.43	2,005.43
43400		3	ligation esophageal veins	1,231.18	1,231.18
43401		3	transection of esoph w/ repair for esoph varice:	1,168.29	1,168.29
43405		3	ligation or stapling at gastroesophageal junctio	1,130.49	1,130.49
43410		3	repair wound,esophagus	772.91	772.91
43415		3	suture of esophageal wound or injury; transtho	1,317.94	1,317.94
43420		3	repair opening,esophagus	773.81	773.81
43425		3	closure of esophagostomy or fistula; transthore	1,157.58	1,157.58
43450		3	dilation of esophagus	70.58	120.77
43453		3	dilation of esophagus, over guide wire	76.66	224.61
43456		3	dilation esophagus	123.89	453.54
43458		3	dilation of esophagus with balloon (30 mm diar	144.85	294.26
43460		3	esophagogastric tamponade, with balloon (sen	175.92	175.92
43500		3	incision of stomach	578.39	578.39
43501		3	gastrotomy; with suture repair of bleeding ulcei	995.83	995.83
43502		3	gastrotomy;	1,127.90	1,127.90

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
43510		3	gastrotomy; with esophageal dilation and inser	713.86	713.86
43520		3	incision pyloric muscle	522.92	522.92
43600		3	biopsy of stomach;	85.39	85.39
43605		3	biopsy of stomach	614.29	614.29
43610		3	excision, local; ulcer or benign tumor of stomac	725.88	725.88
43611		3	excision, local;	903.29	903.29
43620		3	gastrectomy, total; with esophagoenterostomy	1,473.60	1,473.60
43621		3	gastrectomy, total;	1,678.66	1,678.66
43622		3	gastrectomy, total;	1,703.43	1,703.43
43631		3	gastrectomy, partial, distal;	1,079.99	1,079.99
43632		3	gastrectomy, partial, distal;	1,473.44	1,473.44
43633		3	gastrectomy, partial, distal;	1,401.79	1,401.79
43634		3	gastrectomy, partial, distal;	1,548.27	1,548.27
43635		3	vagotomy when performed with partial distal ga	86.59	86.59
43640		3	division vagus nerve	867.96	867.96
43641		3	vagotomy w/ pyloroplasty parietal cell	875.56	875.56
43644		3	laparoscopy, surgical, gastric restrictive procec	1,285.36	1,285.36
43645		3	laparoscopy, surgical, gastric restrictive procec	1,375.43	1,375.43
43651		3	laparoscopy, surgical; transection of vagus ner	481.15	481.15
43652		3	laparoscopy, surgical; transection of vagus ner	563.73	563.73
43653		3	laparoscopy, surgical; gastrostomy, without coi	410.17	410.17
43760		3	change of gastrostomy tube	40.51	251.05
43761		3	repositioning of the gastric feeding tube, any m	86.87	97.83
43770		3	laparoscopy, surgical, gastric restrictive procec	822.50	822.50
43771		3	laparoscopy, surgical, gastric restrictive procec	938.53	938.53
43772		3	laparoscopy, surgical, gastric restrictive procec	709.76	709.76
43773		3	laparoscopy, surgical, gastric restrictive procec	939.30	939.30
43774		3	laparoscopy, surgical, gastric restrictive procec	710.58	710.58
43800		3	reconstruction of pylorus	688.79	688.79
43810		3	fusion stomach and bowel	746.76	746.76
43820		3	gastrojejunostomy; without vagotomy	968.04	968.04
43825		3	fusion stomach and bowel	960.83	960.83
43830		3	gastrostomy, open; without construction of gas	510.16	510.16
43831		3	temporary opening, stomach	425.56	425.56
43832		3	gastrostomy, open; with construction of gastric	786.39	786.39
43840		3	repair lesion, stomach	981.83	981.83
43842		3	gastric restrictive procedure, without gastric by	954.18	954.18
43843		3	gastric restrictive procedure, without gastric by	936.63	936.63

**Physician Fee Schedule
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Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
43845		3	gastric restrictive procedure with partial gastrectomy	1,450.95	1,450.95
43846		3	gastric restrictive procedure, with gastric bypass	1,207.99	1,207.99
43847		3	gastric restrictive procedure, with gastric bypass	1,320.36	1,320.36
43848		3	revision of gastric restrictive procedure for morbid obesity	1,432.83	1,432.83
43850		3	revision stomachbowel fusion	1,200.19	1,200.19
43855		3	revision stomachbowel fusion	1,254.13	1,254.13
43860		3	revision of gastrojejunal anastomosis (gastrojejunostomy)	1,218.53	1,218.53
43865		3	revision stomachbowel fusion	1,267.58	1,267.58
43870		3	repair opening, stomach	521.20	521.20
43880		3	repair stomach-bowel fistula	1,190.41	1,190.41
44005		3	freeing of bowel adhesion	813.15	813.15
44010		3	duodenotomy	638.94	638.94
44015		3	tube or needle catheter jejunostomy for enteral nutrition	111.10	111.10
44020		3	enterotomy, small intestine, other than duodenum	718.54	718.54
44021		3	enterotomy small bowel for decompression	726.73	726.73
44025		3	exploration of large bowel	731.54	731.54
44050		3	reduction bowel obstruction	692.38	692.38
44055		3	correction of malrotation	1,110.23	1,110.23
44100		3	biopsy of intestine by capsule, tube, peroral (or transanal)	91.99	91.99
44110		3	excision of one or more lesions of small or large intestine	626.55	626.55
44111		3	excision bowel lesions	729.82	729.82
44120		3	enterectomy, resection of small intestine; single	904.57	904.57
44121		3	enterectomy, resection of small intestine; each	186.82	186.82
44125		3	enterectomy, resection of small intestine; with ileostomy	877.98	877.98
44126		3	enterectomy, resection of small intestine for colon cancer	1,814.44	1,814.44
44127		3	enterectomy, resection of small intestine for colon cancer	2,113.05	2,113.05
44128		3	enterectomy, resection of small intestine for colon cancer	187.70	187.70
44130		3	enteroenterostomy, anastomosis of intestine, venteroenterostomy	947.46	947.46
44139		3	mobilization (take-down) of splenic flexure perforation	93.52	93.52
44140		3	partial removal of colon	999.02	999.02
44141		3	colectomy partial with cecostomy colostomy	1,315.62	1,315.62
44143		3	colectomy partial with end colostomy closure distal	1,230.97	1,230.97
44144		3	colectomy partial w/resec colos ileos mucofistula	1,293.88	1,293.88
44145		3	partial removal of colon	1,245.70	1,245.70
44146		3	colectomy partial w/coloproctostomy colostomy	1,556.75	1,556.75
44147		3	colectomy partial abd and transanal approach	1,405.89	1,405.89
44150		3	removal of colon	1,363.76	1,363.76
44151		3	colectomy total with continent ileostomy	1,559.96	1,559.96

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
44155		3	removal of colon	1,528.68	1,528.68
44156		3	colectomy total abd w/ proctectomy w/ continer	1,679.60	1,679.60
44157		3	colectomy, total, abdominal,with proctectomy; v	1,595.53	1,595.53
44158		3	colectomy, total, abdominal,with proctectomy;v	1,635.62	1,635.62
44160		3	colectomy, partial, with removal of terminal ileu	920.59	920.59
44180		3	laparoscopy, surgical, enterolysis (freeing of in	686.03	686.03
44186		3	laparoscopy, surgical; jejunostomy (eg, for dec	483.25	483.25
44187		3	laparoscopy, surgical; ileostomy or jejunostomy	814.30	814.30
44188		3	laparoscopy, surgical, colostomy or skin level c	901.05	901.05
44202		3	laparoscopy, surgical; enterectomy, resection c	1,033.93	1,033.93
44203		3	laparoscopy, surgical; each additional small int	186.05	186.05
44204		3	laparoscopy, surgical; colectomy, partial, with ε	1,154.89	1,154.89
44205		3	laparoscopy, surgical; colectomy, partial, with r	1,008.24	1,008.24
44206		3	laparoscopy, surgical; colectomy, partial, with ε	1,310.08	1,310.08
44207		3	laparoscopy, surgical; colectomy, partial, with ε	1,377.25	1,377.25
44208		3	laparoscopy, surgical; colectomy, partial, with ε	1,496.41	1,496.41
44210		3	laparoscopy, surgical; colectomy, total, abdomi	1,336.98	1,336.98
44211		3	laparoscopy, surgical; colectomy, total, abdomi	1,641.57	1,641.57
44212		3	laparoscopy, surgical; colectomy, total, abdomi	1,539.47	1,539.47
44213		3	laparoscopy, surgical, mobilization (take-down)	146.66	146.66
44227		3	laparoscopy, surgical, closure of enterostomy,	1,250.46	1,250.46
44300		3	surgical opening of bowel	621.62	621.62
44310		3	ileostomy	777.90	777.90
44312		3	repair small bowel opening	441.48	441.48
44314		3	repair small bowel opening	752.64	752.64
44316		3	continent ileostomy	1,031.46	1,031.46
44320		3	colostomy or skin level cecostomy	886.88	886.88
44322		3	colostomy or skin level cecostomy; with multipl	700.89	700.89
44340		3	repair large bowel opening	443.81	443.81
44345		3	repair large bowel opening	775.93	775.93
44346		3	revision of colostomy w/ repair paracolostomy l	871.53	871.53
44360		3	small intestinal endoscopy, enteroscopy beyon	126.04	126.04
44361		3	small intestinal endoscopy, enteroscopy beyon	138.92	138.92
44363		3	sm intest endoscopy enteroscopy w/remov fore	164.63	164.63
44364		3	small intestinal endoscopy, enteroscopy beyon	177.30	177.30
44365		3	small intestinal endoscopy, enteroscopy beyon	157.85	157.85
44366		3	small intestinal endoscopy, enteroscopy beyon	208.98	208.98
44369		3	small intestinal endoscopy, enteroscopy beyon	213.48	213.48

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
44370		3	small intestinal endoscopy, enteroscopy beyon	229.92	229.92
44372		3	small intest, endo, entero, placement j tube	203.52	203.52
44373		3	small int. endoscopy conversion of gtube to jtul	164.63	164.63
44376		3	small intestinal endoscopy, enteroscopy beyon	243.53	243.53
44377		3	small intestinal endoscopy, enteroscopy beyon	258.18	258.18
44378		3	small intestinal endoscopy, enteroscopy beyon	331.20	331.20
44379		3	small intestinal endoscopy, enteroscopy beyon	351.00	351.00
44380		3	ileoscopy, through stoma; diagnostic, with or w	54.80	54.80
44382		3	ileoscopy, through stoma; with biopsy, single o	65.91	65.91
44383		3	ileoscopy, through stoma; with transendoscopy	141.68	141.68
44385		3	endoscopic evaluation of small intestinal (abdo	84.51	186.61
44386		3	endoscopic evaluation of small intestinal (abdo	99.18	258.68
44388		3	colonoscopy through stoma; diagnostic, with or	131.71	259.20
44389		3	colonoscopy through stoma; with biopsy, single	147.06	300.78
44390		3	fiberoptic colonoscopy w removal foreign body	176.48	347.79
44391		3	colonoscopy through stoma; with control of ble	201.09	389.72
44392		3	colonoscopy through stoma; with removal of tu	173.68	326.83
44393		3	colonoscopy through stoma; with ablation of tu	221.19	380.69
44394		3	colonoscopy through stoma;	204.74	382.40
44397		3	colonoscopy through stoma; with transendosc	220.88	220.88
44500		3	introduction of long gastrointestinal tube (eg, r	21.07	21.07
44602		3	suture of small intestine (enterorrhaphy) for pe	1,028.21	1,028.21
44603		3	suture of small intestine (enterorrhaphy) for pe	1,178.20	1,178.20
44604		3	suture of large intestine (colorrhaphy) for perfo	789.31	789.31
44605		3	repair bowel lesion	972.84	972.84
44615		3	intestinal stricturoplasty (enterotomy and enter	801.35	801.35
44620		3	repair bowel opening	639.66	639.66
44625		3	closure of enterostomy, large or small intestine	757.93	757.93
44626		3	closure of enterostomy, large or small intestine	1,206.05	1,206.05
44640		3	repair bowel-skin fistula	1,051.87	1,051.87
44650		3	repair bowel fistula	1,093.90	1,093.90
44660		3	repair bowel-bladder fistula	1,059.89	1,059.89
44661		3	closure of enterovesical fistula; with intestine a	1,189.03	1,189.03
44680		3	surgical folding intestine	791.42	791.42
44700		3	exclusion of small intestine from pelvis by mesl	766.37	766.37
44701		3	intraoperative colonic lavage (list separately in	129.35	129.35
44800		3	excision bowel pouch	562.28	562.28
44820		3	excision mesentery lesion	621.67	621.67

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
44850		3	repair of mesentery	548.50	548.50
44900		3	incision and drainage of appendiceal abscess;	562.13	562.13
44901		3	incision and drainage of appendiceal abscess;	145.19	739.60
44950		3	appendectomy	476.19	476.19
44955		3	appendectomy; when done for indicated purpo	64.93	64.93
44960		3	appendectomy for rupt appen w/abscess or ge	641.54	641.54
44970		3	laparoscopy, surgical, appendectomy	437.22	437.22
45000		3	transrectal drainage of pelvic abscess	304.82	304.82
45005		3	drainage of rectal abscess	112.87	180.94
45020		3	drainage of rectal abscess	398.31	398.31
45100		3	biopsy of rectum	211.19	211.19
45108		3	anorectal myomectomy	257.35	257.35
45110		3	proctectomy; complete, combined abdominope	1,375.48	1,375.48
45111		3	proctectomy; partial resection of rectum, transa	807.83	807.83
45112		3	proctectomy, combined abdominoperineal, pull	1,420.45	1,420.45
45113		3	proctectomy, partial, with rectal mucosectomy,	1,455.18	1,455.18
45114		3	proctectomy, partial, with anastomosis; abdom	1,329.76	1,329.76
45116		3	partial removal of rectum	1,194.85	1,194.85
45119		3	proctectomy, combined abdominoperineal pull-	1,457.55	1,457.55
45120		3	proctectomy, complete (for congenital megacol	1,164.20	1,164.20
45121		3	proctectomy, complete (for congenital megacol	1,274.30	1,274.30
45123		3	proctectomy, partial, without anastomosis, peri	825.75	825.75
45126		3	pelvic exenteration for colorectal malignancy, v	2,153.04	2,153.04
45130		3	excision of rectal prolapse	807.64	807.64
45135		3	excision of rectal prolapse	988.49	988.49
45136		3	excision of ileoanal reservoir with ileostomy	1,368.40	1,368.40
45150		3	excision rectal stricture	292.91	292.91
45160		3	excision of rectal lesion	734.08	734.08
45170		3	excision rectal tumor simple transanal approac	573.57	573.57
45190		3	destruction of rectal tumor (eg, electrodessicati	498.05	498.05
45300		3	proctosigmoidoscopy, rigid; diagnostic, with or	37.85	78.81
45303		3	proctosigmoidoscopy, rigid; with dilation (eg, b;	64.77	602.08
45305		3	proctosigmoidoscopy, rigid; with biopsy, single	58.17	128.25
45307		3	proctosigm w/removal of foreign body	73.64	143.43
45308		3	proctosigmoidoscopy, rigid;	62.44	131.09
45309		3	proctosigmoidoscopy, rigid;	72.46	147.45
45315		3	proctosigmoidoscopy, rigid; with removal of mu	82.45	159.17
45317		3	proctosigmoidoscopy, rigid; with control of blee	86.96	154.45

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
45320		3	proctosigmoidoscopy, rigid; with ablation of tun	82.60	154.99
45321		3	proctosigmoidoscopy for decompression of vol	79.92	79.92
45327		3	proctosigmoidoscopy, rigid; with transendoscoj	93.21	93.21
45330		3	sigmoidoscopy, flexible; diagnostic, with or with	48.82	101.60
45331		3	sigmoidoscopy, flexible; with biopsy, single or r	59.27	129.07
45332		3	sigmoidoscopy w/removal of foreign body	86.95	211.83
45333		3	sigmoidoscopy, flexible; with removal of tumor(	86.47	213.08
45334		3	sigmoidoscopy, flexible; with control of bleedin	131.19	131.19
45335		3	sigmoidoscopy, flexible; with directed submucc	72.21	182.10
45337		3	sigmoidoscopy, flexible; with decompression of	112.35	112.35
45338		3	sigmoidoscopy, flexible;	112.48	238.51
45339		3	sigmoidoscopy, flexible;	148.90	248.98
45340		3	sigmoidoscopy, flexible; with dilation by balloor	91.03	323.20
45341		3	sigmoidoscopy, flexible; with endoscopic ultras	125.20	125.20
45342		3	sigmoidoscopy, flexible; with transendoscopic r	191.62	191.62
45345		3	sigmoidoscopy, flexible; with transendoscopic :	139.14	139.14
45355		3	colonoscopy, rigid or flexible, transabdominal v	160.40	160.40
45378		3	colonoscopy, flexible, proximal to splenic flexu	172.32	300.96
45379		3	colonoscopy fiberoptic beyond splenic flexure \	215.92	382.05
45380		3	colonoscopy, flexible, proximal to splenic flexu	207.63	361.35
45381		3	colonoscopy, flexible, proximal to splenic flexu	196.56	351.44
45382		3	colonoscopy, flexible, proximal to splenic flexu	265.38	475.92
45383		3	colonoscopy, flexible, proximal to splenic flexu	267.19	431.29
45384		3	colonoscopy, flexible, proximal to splenic flexu	215.75	355.63
45385		3	colonoscopy, flexible, proximal to splenic flexu	246.52	408.03
45386		3	colonoscopy, flexible, proximal to splenic flexu	211.92	499.46
45387		3	colonoscopy, flexible, proximal to splenic flexu	276.22	276.22
45391		3	colonoscopy, flexible, proximal to splenic flexu	238.53	238.53
45392		3	colonoscopy, flexible, proximal to splenic flexu	301.91	301.91
45395		3	colonoscopy through stoma; with ablation of tu	1,486.38	1,486.38
45397		3	colonoscopy through stoma; with transendoscc	1,611.29	1,611.29
45400		3	laparoscopy, surgical; proctopexy (for prolapse	858.51	858.51
45402		3	laparoscopy, surgical; proctopexy (for prolapse	1,149.37	1,149.37
45500		3	repair of rectum	376.19	376.19
45505		3	repair of rectum	412.27	412.27
45520		3	treatment of rectal prolapse	29.09	90.82
45540		3	fixation of rectal prolapse	792.53	792.53
45541		3	proctopexy for prolapse perineal approach	679.67	679.67

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
45550		3	fixation of rectal prolapse	1,089.79	1,089.79
45560		3	repair rectocele separate procedure	537.61	537.61
45562		3	exploration, repair, and presacral drainage for	824.74	824.74
45563		3	exploration, repair, and presacral drainage for	1,195.39	1,195.39
45800		3	repair rectobladder fistula	926.41	926.41
45805		3	repair rectobladder fistula	1,047.27	1,047.27
45820		3	repair rectourethral fistula	920.15	920.15
45825		3	repair rectourethral fistula	1,107.12	1,107.12
45900		3	reduction of rectal prolapse	145.52	145.52
45905		3	dilation of anal sphincter	123.24	123.24
45910		3	dilation rectal narrowing	146.06	146.06
45915		3	removal rectal obstruction	163.58	225.59
45990		3	anorectal exam, surgical, requiring anesthesia	81.69	81.69
46020		3	placement of seton	161.24	183.16
46030		3	removal of anal seton, other marker	64.22	91.61
46040		3	incision of rectal abscess	289.03	356.52
46045		3	drainage transanal abscess under anesthesia	298.21	298.21
46050		3	incision anal abscess	67.60	126.44
46060		3	incision and drainage of ischiorectal or intramu	328.07	328.07
46070		3	incision anal septum	166.67	166.67
46080		3	incision anal sphincter	117.04	166.94
46083		3	incision of thrombosed hemorrhoid, external	78.10	125.40
46200		3	removal anal fissure	217.44	278.59
46210		3	cryptectomy;	182.67	254.78
46211		3	removal anal crypts	266.74	346.05
46220		3	papillectomy or excision of single tag, anus (se	83.77	133.95
46221		3	hemorrhoidectomy by simple ligature	132.52	175.78
46230		3	excision of external hemorrhoid tags and/or mu	125.63	184.46
46250		3	hemorrhoidectomy	220.84	306.79
46255		3	hemorrhoidectomy	251.59	342.72
46257		3	hemorrhoidectomy with fissurectomy	294.16	294.16
46258		3	hemorrhoidectomy with fistulectomy	321.73	321.73
46260		3	hemorrhoidectomy	334.56	334.56
46261		3	hemorrhoidectomy int and external complex or	374.36	374.36
46262		3	hemorrhoidectomy int and ext complx or exten	390.54	390.54
46270		3	surgical treatment of anal fistula (fistulectomy/f	264.63	332.11
46275		3	removal anal fistula	284.00	352.06
46280		3	surgical treatment of anal fistula (fistulectomy/f	325.66	325.66

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
46285		3	removal anal fistula	280.40	342.41
46288		3	closure of anal fistula with rectal advancement	385.44	385.44
46320		3	removal hemorrhoid clot	79.73	121.27
46500		3	injection treatment of anus	90.06	146.87
46505		3	chemodenervation of internal anal sphincter	164.67	193.52
46600		3	anoscopy; diagnostic, with or without collection	28.81	58.80
46604		3	anoscopy; with dilation (eg, balloon, guide wire	50.06	361.26
46606		3	anoscopy; with biopsy, single or multiple	55.35	149.94
46608		3	anoscopy;	61.00	155.03
46610		3	anoscopy; with removal of single tumor, polyp,	60.47	153.34
46611		3	anoscopy;	62.46	121.59
46612		3	anoscopy; with removal of multiple tumors, polyp,	73.94	183.82
46614		3	anoscopy; with control of bleeding (eg, injection	52.73	93.39
46615		3	anoscopy;	75.21	108.38
46700		3	repair anal stricture	464.89	464.89
46705		3	repair of anal stricture	382.35	382.35
46706		3	repair of anal fistula with fibrin glue	122.79	122.79
46710		3	repair of ileoanal pouch fistula/sinus (eg, perine	792.41	792.41
46712		3	repair of ileoanal pouch fistula/sinus (eg, perine	1,620.30	1,620.30
46715		3	repair of low imperforate anus; with anoperine	378.45	378.45
46716		3	repair of low imperforate anus; with transpositi	923.29	923.29
46730		3	repair of high imperforate anus without fistula; p	1,405.40	1,405.40
46735		3	repair of high imperforate anus without fistula; p	1,642.26	1,642.26
46740		3	construction of anus	1,509.79	1,509.79
46742		3	repair of high imperforate anus with rectoureth	1,784.95	1,784.95
46744		3	repair of cloacal anomaly by anorectovaginopl	2,550.61	2,550.61
46746		3	repair of cloacal anomaly by anorectovaginopl	2,942.44	2,942.44
46748		3	repair of cloacal anomaly by anorectovaginopl	3,075.89	3,075.89
46750		3	repair anal sphincter	562.65	562.65
46751		3	repair anal sphincter	466.06	466.06
46753		3	reconstruction of anus	424.51	424.51
46754		3	removal of suture from anus	155.27	199.98
46760		3	repair anal sphincter	796.45	796.45
46761		3	sphincteroplasty, levator muscle imbrication	689.28	689.28
46762		3	sphincteroplasty w/ artificial sphincter	678.88	678.88
46900		3	destruction of lesion(s), anus (eg, condyloma, p	101.27	160.97
46910		3	destruction of lesion(s), anus (eg, condyloma, p	96.98	167.64
46916		3	destruction of lesion(s), anus (eg, condyloma, p	106.36	166.07

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
46917		3	destruction of lesion(s), anus (eg, condyloma, |	97.67	316.28
46922		3	destruction anal lesion, simple; surgical excisic	97.00	174.58
46924		3	destruction of lesion(s), anus (eg, condyloma, |	135.65	359.75
46930		3	destruction of internal hemorrhoid(s) by therma	112.08	153.90
46937		3	cryosurgery of rectal tumor;	129.64	181.26
46938		3	cryosurgery of rectal tumor;	263.28	316.63
46940		3	curettage or cautery of anal fissure, including c	108.34	152.76
46942		3	treatment of anal fissure	96.22	141.22
46945		3	ligation of internal hemorrhoids;	151.50	195.34
46946		3	ligation of internal hemorrhoids;	160.82	212.15
46947		3	hemorrhoidopexy (eg, for prolapsing internal h	274.26	274.26
47000		3	biopsy of liver, needle; percutaneous	82.66	248.50
47001		3	biopsy of liver, needle; when done for indicat	80.04	80.04
47010		3	hepatotomy; for open drainage of abscess or c	882.92	882.92
47011		3	hepatotomy; for percutaneous drainage of abs	160.07	160.07
47015		3	laparotomy, with aspiration and/or injection of l	837.86	837.86
47100		3	biopsy of liver, wedge	612.73	612.73
47120		3	partial removal of liver	1,729.94	1,729.94
47122		3	resection of liver, trisegmentectomy	2,577.36	2,577.36
47125		3	partial removal of liver	2,308.01	2,308.01
47130		3	partial removal of liver	2,481.98	2,481.98
47135		3	liver allotransplantation; orthotopic, partial or w	3,651.58	3,651.58
47136		3	liver allotransplantation;	3,113.17	3,113.17
47140		3	donor hepatectomy (including cold preservatio	2,598.27	2,598.27
47141		3	donor hepatectomy, with preparation and main	3,092.81	3,092.81
47142		3	donor hepatectomy, with preparation and main	3,405.84	3,405.84
47300		3	treatment,liver lesion	824.41	824.41
47350		3	management of liver hemorrhage; simple sutur	1,012.27	1,012.27
47360		3	management of liver hemorrhage; complex sut	1,378.74	1,378.74
47361		3	management of liver hemorrhage; exploration	2,268.87	2,268.87
47362		3	management of liver hemorrhage; re-exploratic	1,050.64	1,050.64
47370		3	laparoscopy, surgical, ablation of one or more l	926.11	926.11
47371		3	laparoscopy, surgical, ablation of one or more l	942.67	942.67
47380		3	ablation, open, of one or more liver tumor(s); r	1,083.21	1,083.21
47381		3	ablation, open, of one or more liver tumor(s); c	1,103.98	1,103.98
47382		3	ablation, one or more liver tumor(s), percutane	684.10	684.10
47400		3	incision of bile duct	1,573.82	1,573.82
47420		3	choledochotomy or choledochostomy with expl	991.27	991.27

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
47425		3	incision of bile duct	1,001.25	1,001.25
47460		3	transduodenal sphincterotomy or sphincterople	944.25	944.25
47480		3	incision of gallbladder	627.79	627.79
47490		3	percutaneous cholecystostomy	420.72	420.72
47500		3	injection for liver x-rays	85.11	85.11
47505		3	inj proc cholangiography thr existing cath.	32.85	32.85
47510		3	introduction transhepatic cath or stent	399.14	399.14
47511		3	intro transhepatic stent for biliary drainage	502.87	502.87
47525		3	change percutaneous biliary drainage catheter	102.70	453.70
47530		3	revision and/or reinsertion of transhepatic tube	299.85	1,100.20
47550		3	biliary endoscopy, intraoperative (choledochos	128.03	128.03
47552		3	biliary endoscopy, percutaneous via t-tube or c	273.32	273.32
47553		3	biliary endoscopy, percutaneous via t-tube or c	273.92	273.92
47554		3	biliary endoscopy, percutaneous via t-tube or c	400.95	400.95
47555		3	biliary endoscopy, percutaneous via t-tube or c	328.52	328.52
47556		3	biliary endoscopy, percutaneous via t-tube or c	371.64	371.64
47560		3	laparoscopy, surgical; with guided transhepatic	206.82	206.82
47561		3	laparoscopy, surgical; with guided transhepatic	224.14	224.14
47562		3	laparoscopy, surgical; cholecystectomy	544.92	544.92
47563		3	laparoscopy, surgical; cholecystectomy with ch	558.03	558.03
47564		3	laparoscopy, surgical; cholecystectomy with ex	645.40	645.40
47570		3	laparoscopy, surgical; cholecystoenterostomy	575.94	575.94
47600		3	removal of gallbladder	782.47	782.47
47605		3	removal of gallbladder	724.08	724.08
47610		3	removal of gallbladder	929.16	929.16
47612		3	cholecystectomy w/ choledochoenterostomy	938.87	938.87
47620		3	removal of gallbladder	1,019.31	1,019.31
47630		3	biliary duct stone extraction, percutaneous via	456.02	456.02
47700		3	explor for cong atresia bile ducts with or w/o liv	771.73	771.73
47701		3	portoenterostomy	1,328.51	1,328.51
47711		3	excision of bile duct tumor, with or without prim	1,153.35	1,153.35
47712		3	excision of bile duct tumor, with or without prim	1,478.03	1,478.03
47715		3	excision of choledochal cyst	968.88	968.88
47720		3	fusion gallbladder & bowel	836.47	836.47
47721		3	cholecystoenterostomy w/gastroenterostomy	987.70	987.70
47740		3	fusion gallbladder & bowel	954.34	954.34
47741		3	cholecystoenterostomy;	1,081.61	1,081.61
47760		3	anastomosis, of extrahepatic biliary ducts and	1,631.45	1,631.45

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
47765		3	anastomosis, of intrahepatic ducts and gastroir	2,155.55	2,155.55
47780		3	fusion bile ducts and bowel	1,784.56	1,784.56
47785		3	anastomosis, roux-en-y, of intrahepatic biliary c	2,328.10	2,328.10
47800		3	reconstruction of bile ducts	1,164.67	1,164.67
47801		3	placement of choledochal stent	821.44	821.44
47802		3	u-tube hepaticoenterostomy	1,117.63	1,117.63
47900		3	suture of extrahepatic biliary duct for pre-existii	1,007.29	1,007.29
48000		3	placement of drains, peripancreatic, for acute p	1,397.80	1,397.80
48001		3	placement of drains, peripancreatic, for acute p	1,719.28	1,719.28
48020		3	removal of pancreatic stone	860.82	860.82
48100		3	biopsy of pancreas, open (eg, fine needle aspii	653.43	653.43
48102		3	biopsy pancreas needle percutaneous	210.87	419.10
48105		3	resection or debridement of pancreas and perij	2,119.47	2,119.47
48120		3	removal pancreas lesion	816.94	816.94
48140		3	pancreatectomy, distal subtotal, with or without	1,157.12	1,157.12
48145		3	partial removal of pancreas	1,201.81	1,201.81
48146		3	pancreatectomy, distal, near-total with preservi	1,370.11	1,370.11
48148		3	excision of ampulla of vater	909.91	909.91
48150		3	pancreatectomy, proximal subtotal with total du	2,315.63	2,315.63
48152		3	pancreatectomy, proximal subtotal with total du	2,140.75	2,140.75
48153		3	pancreatectomy, proximal subtotal with near-tc	2,312.50	2,312.50
48154		3	pancreatectomy, proximal subtotal with near-tc	2,146.40	2,146.40
48155		3	removal of pancreas	1,328.55	1,328.55
48400		3	injection procedure for intraoperative pancreat	84.24	84.24
48500		3	marsupialization of pancreatic cyst	831.88	831.88
48510		3	external drainage, pseudocyst of pancreas; op	789.89	789.89
48511		3	external drainage, pseudocyst of pancreas; pe	173.28	718.37
48520		3	fusion pancreas cyst - bowel	807.47	807.47
48540		3	fusion pancreas cyst - bowel	965.64	965.64
48545		3	pancreatorrhaphy for injury	977.52	977.52
48547		3	duodenal exclusion with gastrojejunostomy for	1,319.39	1,319.39
48548		3	pancreaticojejunostomy, side-to-side anastomi	1,235.12	1,235.12
48554		3	transplantation of pancreatic allograft	1,825.48	1,825.48
48556		3	removal of transplanted pancreatic allograft	911.26	911.26
49000		3	exploration of abdomen	573.96	573.96
49002		3	reexploration of abdomen	754.83	754.83
49010		3	exploration behind abdomen	712.10	712.10
49020		3	drainage of peritoneal abscess or localized per	1,178.41	1,178.41

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
49021		3	drainage of peritoneal abscess or localized per	146.24	685.57
49040		3	drainage of subdiaphragmatic or subphrenic at	738.21	738.21
49041		3	drainage of subdiaphragmatic or subphrenic at	172.99	701.07
49060		3	drainage of retroperitoneal abscess; open	826.39	826.39
49061		3	drainage of retroperitoneal abscess; percutane	160.07	688.44
49062		3	drainage of extraperitoneal lymphocele to perit	561.12	561.12
49080		3	removal of abdominal fluid	58.38	131.64
49081		3	peritoneocentesis, abdominal paracentesis, or	54.91	122.98
49180		3	needle biopsy retroperitoneal mass percutanec	74.96	132.92
49203		3	excision or destruction, open, intra-abdominal t	900.06	900.06
49204		3	excision or destruction, open, intra-abdominal t	1,150.28	1,150.28
49205		3	excision or destruction, open, intra-abdominal t	1,317.54	1,317.54
49215		3	excision of presacral or sacrococcygeal tumor	1,652.19	1,652.19
49220		3	staging laparotomy for hodgkins disease or lym	717.53	717.53
49250		3	excision of umbilicus	427.84	427.84
49255		3	removal of omentum	581.34	581.34
49320		3	laparoscopy, abdomen, peritoneum, and omen	245.10	245.10
49321		3	laparoscopy, surgical; with biopsy (single or m	258.04	258.04
49322		3	laparoscopy, surgical, abdomen, peritoneum, e	280.62	280.62
49323		3	laparoscopy, surgical, abdomen, peritoneum, e	476.57	476.57
49324		3	laparoscopy, surgical; with insertion of intraper	292.13	292.13
49325		3	laparoscopy, surgical; with revision of previous	313.74	313.74
49326		3	laparoscopy, surgical; with omentopexy (omen	145.23	145.23
49400		3	injection of air or contrast into peritoneal cavity	81.20	138.59
49402		3	removal of peritoneal foreign body from periton	633.82	633.82
49419		3	insertion of intraperitoneal cannula or catheter,	338.46	338.46
49420		3	insertion intraperitoneal cannula or cath for dra	107.40	107.40
49421		3	insertion intraperitoneal cannula permanent	289.94	289.94
49422		3	removal of permanent intraperitoneal cannula c	291.48	291.48
49423		3	exchange of previously placed abscess or cyst	64.61	432.33
49424		3	contrast injection for assessment of abscess or	33.72	118.22
49425		3	insertion of peritoneal-venous shunt	569.00	569.00
49426		3	revision of peritoneal-venous shunt	484.68	484.68
49427		3	inj proc. for eval previously placed shunt.	38.94	38.94
49428		3	ligation of peritoneal-venous shunt	325.87	325.87
49429		3	removal of peritoneal-venous shunt	344.65	344.65
49435		3	insertion of subcutaneous extension to intraper	92.99	92.99
49436		3	delayed creation of exit site from embedded su	135.84	135.84

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
49440		3	insertion of gastrostomy tube, percutaneous, u	195.10	844.32
49441		3	insertion of duodenostomy or jejunostomy tube	215.61	917.02
49442		3	insertion of cecostomy or other colonic tube, pe	178.21	821.37
49446		3	conversion of gastrostomy tube to gastro-jejuni	143.68	766.36
49450		3	replacement of gastrostomy or cecostomy (or c	57.54	570.92
49451		3	replacement of doudenostomy or jejunostomy 1	80.03	544.65
49452		3	replacement of gastro-jejunosomy tube, percu	124.74	687.15
49460		3	mechanical removal of obstructive material fro	41.01	624.76
49465		3	contrast injection(s) for radiological evaluation	26.85	131.54
49491		3	repair, initial inguinal hernia, preterm infant (les	572.40	572.40
49492		3	repair, initial inguinal hernia, preterm infant (les	699.48	699.48
49495		3	repair, initial inguinal hernia, full term infant unc	290.89	290.89
49496		3	repair initial inguinal hernia, under age 6 month	441.24	441.24
49500		3	repair initial inguinal hernia, age 6 months to ui	288.81	288.81
49501		3	repair initial inguinal hernia, age 6 months to ui	438.10	438.10
49505		3	repair initial inguinal hernia, age 5 years or ove	379.41	379.41
49507		3	repair initial inguinal hernia, age 5 years or ove	467.49	467.49
49520		3	repair recurrent inguinal hernia, any age; reduc	464.08	464.08
49521		3	repair recurrent inguinal hernia, any age;	566.49	566.49
49525		3	repair inguinal hernia, sliding, any age	419.41	419.41
49540		3	repair lumbar hernia	496.45	496.45
49550		3	repair initial femoral hernia, any age, reducible	421.48	421.48
49553		3	repair initial femoral hernia, any age;	461.40	461.40
49555		3	repair recurrent femoral hernia; reducible	438.88	438.88
49557		3	repair recurrent femoral hernia;	533.37	533.37
49560		3	repair initial incisional or ventral hernia; reducit	545.44	545.44
49561		3	repair initial incisional hernia;	688.61	688.61
49565		3	repair recurrent incisional or ventral hernia; rec	565.53	565.53
49566		3	repair recurrent incisional hernia;	695.70	695.70
49568		3	implantation of mesh or other prosthesis for inc	205.76	205.76
49570		3	repair epigastric hernia (eg, preperitoneal fat);	298.16	298.16
49572		3	repair epigastric hernia (eg, preperitoneal fat);	370.17	370.17
49580		3	repair umbilical hernia, under age 5 years; red	231.77	231.77
49582		3	repair umbilical hernia, under age 5 years;	345.08	345.08
49585		3	repair umbilical hernia, age 5 years or over;	320.71	320.71
49587		3	repair umbilical hernia, age 5 years or over;	380.53	380.53
49590		3	repair abdominal hernia	417.90	417.90
49600		3	repair of small omphalocele, with primary closu	539.47	539.47

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
49605		3	repair of large omphalocele or gastroschisis; w	3,739.48	3,739.48
49606		3	repair omphalocele stag clo prosth red op roon	845.63	845.63
49610		3	repair umbilical hernia	501.88	501.88
49611		3	repair umbilical hernia	451.23	451.23
49650		3	laparoscopy, surgical; repair initial inguinal heri	312.01	312.01
49651		3	laparoscopy, surgical; repair recurrent inguinal	403.59	403.59
49652		3	laparoscopy, surgical, repair, ventral, umbilical	588.12	588.12
49653		3	laparoscopy, surgical, repair, ventral, umbilical	734.85	734.85
49654		3	laparoscopy, surgical, repair, incisional hernia	675.94	675.94
49655		3	laparoscopy, surgical, repair, incisional hernia	813.64	813.64
49656		3	laparoscopy, surgical, repair, recurrent incision	678.38	678.38
49657		3	laparoscopy, surgical, repair, recurrent incision	979.88	979.88
49900		3	repair of abdominal wall	599.16	599.16
49904		3	omental flap, extra-abdominal (eg, for reconstr	1,115.50	1,115.50
49905		3	omental flap for reconstruction of chest wall	274.69	274.69
50010		3	exploration of kidney	586.66	586.66
50020		3	drainage of perirenal or renal abscess; open	837.78	837.78
50021		3	drainage of perirenal or renal abscess; percuta	145.95	721.04
50040		3	drainage of kidney	788.87	788.87
50045		3	exploration of kidney	796.63	796.63
50060		3	removal of kidney stone	981.43	981.43
50065		3	incision of kidney	1,032.15	1,032.15
50070		3	incision of kidney	1,025.49	1,025.49
50075		3	removal of kidney stone	1,261.01	1,261.01
50080		3	percutaneous nephrostolithotomy, up to 2 cm	749.25	749.25
50081		3	percutaneous nephrostolithotomy, over 2 cm	1,101.05	1,101.05
50100		3	revise kidney blood vessels	802.98	802.98
50120		3	exploration of kidney	812.24	812.24
50125		3	exploration/drainage kidney	839.94	839.94
50130		3	removal of kidney stone	888.89	888.89
50135		3	exploration of kidney	962.97	962.97
50200		3	biopsy of kidney	121.79	121.79
50205		3	biopsy of kidney	565.56	565.56
50220		3	nephrectomy, including partial ureterectomy, ai	875.27	875.27
50225		3	removal of kidney	1,014.34	1,014.34
50230		3	removal of kidney	1,100.07	1,100.07
50234		3	nephrectomy with total ureterectomy and bladc	1,116.66	1,116.66
50236		3	removal of kidney & ureter	1,263.28	1,263.28

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
50240		3	partial removal of kidney	1,134.59	1,134.59
50250		3	ablation, open, one or more renal mass lesion(	1,052.45	1,052.45
50280		3	removal of kidney lesion	808.68	808.68
50290		3	excision of perinephric cyst	746.80	746.80
50300		3	donor nephrectomy, with preparation and main	1,252.71	1,252.71
50320		3	donor nephrectomy, open from living donor (ex	1,100.41	1,100.41
50340		3	removal of kidney	678.77	678.77
50360		3	renal allotransplantation, implantation of graft; u	1,865.67	1,865.67
50365		3	transplantation of kidney	2,101.95	2,101.95
50370		3	removal of transplanted renal allograft	871.75	871.75
50380		3	reimplantation of kidney	1,471.05	1,471.05
50382		3	removal (via snare/capture) and replacement c	241.37	1,016.62
50384		3	removal (via snare/capture) of internally dwellir	219.71	874.98
50385		3	removal (via snare/capture) and replacement c	205.79	992.86
50386		3	removal (via snare/capture) of internally dwellir	155.30	644.44
50387		3	removal and replacement of externally accessi	87.51	469.37
50389		3	removal of nephrostomy tube, requiring fluoros	48.08	272.18
50390		3	drainage of kidney lesion	85.11	85.11
50391		3	instillation(s) of therapeutic agent into renal pel	86.67	108.30
50392		3	drainage of kidney lesion	155.76	155.76
50393		3	introduction ureteral cath or stent into ureter	190.00	190.00
50394		3	preparation for kidney x-ray	42.57	84.97
50395		3	introduction of guide into renal pelvis	156.81	156.81
50396		3	measurement kidney pressure	101.19	101.19
50398		3	change of kidney tube	64.61	420.50
50400		3	revision of kidney/ureter	991.22	991.22
50405		3	revision of kidney/ureter	1,202.65	1,202.65
50500		3	repair of kidney wound	961.07	961.07
50520		3	closure kidney/skin fistula	888.60	888.60
50525		3	closure nephrovisceral fistula including viscera	1,111.95	1,111.95
50526		3	closure nephrovisceral fistula thoracic approac	1,165.44	1,165.44
50540		3	revision of horseshoe kidney	971.40	971.40
50541		3	laparoscopy, surgical; ablation of renal cysts	791.21	791.21
50542		3	laparoscopy, surgical; ablation of renal mass le	1,003.68	1,003.68
50543		3	laparoscopy, surgical; partial nephrectomy	1,280.96	1,280.96
50544		3	laparoscopy, surgical; pyeloplasty	1,080.38	1,080.38
50545		3	laparoscopy, surgical; radical nephrectomy (inc	1,159.51	1,159.51
50546		3	laparoscopy, surgical; nephrectomy, including p	1,027.46	1,027.46

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
50547		3	laparoscopy, surgical; donor nephrectomy from	1,234.29	1,234.29
50548		3	laparoscopy, surgical; nephrectomy with total u	1,169.33	1,169.33
50551		3	renal endoscopy through established nephrost	257.77	314.58
50553		3	renal endoscopy through established nephrost	272.33	328.56
50555		3	visualization/biopsy kidney	298.13	358.41
50557		3	treatment of kidney lesion	302.78	365.65
50561		3	renal endoscopy with removal of foreign body	345.95	414.87
50562		3	renal endoscopy through established nephrost	508.88	508.88
50570		3	renal endoscopy through nephrotomy or pyelot	432.00	432.00
50572		3	renal endoscopy through nephrotomy or pyelot	470.12	470.12
50574		3	visualization/biopsy kidney	496.63	496.63
50575		3	renal endoscopy through nephrotomy or pyelot	628.17	628.17
50576		3	treatment of kidney lesion	495.90	495.90
50580		3	treatment of kidney lesion	531.22	531.22
50590		3	lithotripsy shock wave (professional componen	482.15	774.30
50592		3	ablation, one or more renal tumor(s), percutane	313.03	2,867.78
50600		3	exploration of ureter	803.11	803.11
50605		3	ureterotomy for insertion of indwelling stent	774.23	774.23
50610		3	removal of stone, ureter	819.33	819.33
50620		3	removal of stone, ureter	777.12	777.12
50630		3	removal of stone, ureter	757.97	757.97
50650		3	removal of ureter	886.19	886.19
50660		3	removal of ureter	980.25	980.25
50684		3	injection for ureter x-ray	42.28	145.53
50686		3	manometric studies through ureterostomy or in	77.52	77.52
50688		3	change of ureter tube	67.30	67.30
50690		3	injection for ureter x-ray	59.76	83.12
50700		3	revision of ureter	793.47	793.47
50715		3	release of ureter	939.01	939.01
50722		3	release of ureter	816.85	816.85
50725		3	release/revision of ureter	933.81	933.81
50727		3	revision urinary-cutaneous anastomosis	426.86	426.86
50728		3	revision of urinary-cutaneous anastomosis w re	589.18	589.18
50740		3	fusion of ureter-kidney	919.32	919.32
50750		3	fusion of ureter-kidney	997.16	997.16
50760		3	fusion of ureter	930.63	930.63
50770		3	splicing of ureters	966.53	966.53
50780		3	reimplant ureter in bladder	933.02	933.02

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
50782		3	ureteroneocystostomy; anastomosis	916.15	916.15
50783		3	ureteroneocystostomy; ureteral tailoring	950.83	950.83
50785		3	reimplant ureter in bladder	1,035.52	1,035.52
50800		3	implant ureter in bowel	785.68	785.68
50810		3	ureterosigmoidostomy, with creation of sigmoic	1,035.24	1,035.24
50815		3	ureterocolon conduit, including intestine anastc	1,048.49	1,048.49
50820		3	ureteroileal conduit (ileal bladder), including int	1,117.29	1,117.29
50825		3	continent diversion, including intestine anaston	1,418.03	1,418.03
50830		3	urinary andiversion	1,540.21	1,540.21
50840		3	replacement of all or part of ureter by intestine	1,055.20	1,055.20
50845		3	cutaneous appendico-vesicostomy	1,069.91	1,069.91
50860		3	transplant of ureter to skin	810.64	810.64
50900		3	repair of ureter	713.20	713.20
50920		3	closure ureter/skin fistula	753.96	753.96
50930		3	closure ureter/bowel fistula	914.33	914.33
50940		3	release of ureter	758.61	758.61
50945		3	laparoscopy, surgical, ureterolithotomy	842.48	842.48
50947		3	laparoscopy, surgical; ureteroneocystostomy w	1,195.05	1,195.05
50948		3	laparoscopy, surgical; ureteroneocystostomy w	1,109.03	1,109.03
50951		3	visualization of ureter	268.91	328.61
50953		3	visualization of ureter	295.61	346.96
50955		3	visualization/biopsy ureter	319.43	383.46
50957		3	treatment of ureter lesion	310.29	373.45
50961		3	treatment of ureter lesion	277.76	336.88
50970		3	visualization of ureter	325.74	325.74
50972		3	visualization of ureter	313.61	313.61
50974		3	visualization/biopsy ureter	415.35	415.35
50976		3	treatment of ureter lesion	409.10	409.10
50980		3	treatment of ureter lesion	312.74	312.74
51020		3	cystotomy or cystostomy w/fulgration and/or in:	395.56	395.56
51030		3	incision/treatment bladder	392.25	392.25
51040		3	incision of bladder	246.64	246.64
51045		3	incision of bladder	394.52	394.52
51050		3	removal of bladder stone	401.87	401.87
51060		3	removal of ureteral stone	495.24	495.24
51065		3	cystotomy, with calculus basket extraction and,	491.97	491.97
51080		3	drainage of bladder abscess	344.10	344.10
51100		3	aspiration of bladder; by needle	33.39	50.98

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
51101		3	aspiration of bladder; by trocar or intracatheter	44.74	103.29
51102		3	aspiration of bladder; with insertion of suprapul	129.52	197.01
51500		3	removal of bladder cyst	530.43	530.43
51520		3	removal of bladder lesion	499.24	499.24
51525		3	removal of bladder lesion	735.11	735.11
51530		3	removal of bladder lesion	655.01	655.01
51535		3	revision of ureter lesion	665.36	665.36
51550		3	partial removal of bladder	808.84	808.84
51555		3	partial removal of bladder	1,076.14	1,076.14
51565		3	revision of bladder & ureter	1,100.08	1,100.08
51570		3	removal of bladder	1,256.99	1,256.99
51575		3	cyctectomy w/bilat lymphadenectomy including	1,571.39	1,571.39
51580		3	removal of bladder	1,637.06	1,637.06
51585		3	cyctectomy w/bilat lymph including hypogastric	1,823.98	1,823.98
51590		3	cystectomy, complete, with ureteroileal conduit	1,661.93	1,661.93
51595		3	cystectomy w/bilat lymph including hypogastric	1,888.99	1,888.99
51596		3	cystectomy, complete, with continent diversion	2,030.24	2,030.24
51597		3	removal of pelvic structures	1,958.25	1,958.25
51600		3	injection procedure for cystography or voiding i	38.43	156.67
51605		3	injection procedure and placement of chain for	32.86	32.86
51610		3	injection procedure for retrograde urethrocysto	54.31	92.09
51700		3	bladder irrigation, simple, lavage and/or instilla	38.43	72.46
51701		3	insertion of non-dwelling bladder catheter (eg,	23.30	50.12
51702		3	insertion of temporary indwelling bladder cathe	25.61	64.26
51703		3	insertion of temporary indwelling bladder cathe	70.31	117.03
51705		3	change of cystostomy tube;	56.86	93.78
51710		3	change of bladder tube	80.95	132.30
51715		3	endoscopic injection of implant material into th	171.64	246.92
51720		3	treatment of bladder lesion	71.74	97.99
51725		3	simple cystometrogram	181.18	181.18
51725	26	5	simple cystometrogram	65.89	65.89
51725	TC	T	simple cystometrogram	115.29	115.29
51726		3	complex cystometrogram with gas	262.52	262.52
51726	26	5	complex cystometrogram with gas	74.92	74.92
51726	TC	T	complex cystometrogram with gas	187.59	187.59
51736		3	simple uroglowmetry	44.72	44.72
51736	26	5	simple uroglowmetry	26.93	26.93
51736	TC	T	simple uroglowmetry	17.79	17.79

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
51741		3	electronic uroflowmetry initial recordin	71.17	71.17
51741	26	5	electronic uroflowmetry initial recordin	50.30	50.30
51741	TC	T	electronic uroflowmetry initial recordin	20.88	20.88
51772		3	urethral pressure profile gas/liquid initial record	202.68	202.68
51772	26	5	urethral pressure profile gas/liquid initial record	69.89	69.89
51772	TC	T	urethral pressure profile gas/liquid initial record	132.80	132.80
51784		3	electromyography studies (emg) of anal or uret	166.52	166.52
51784	26	5	electromyography studies (emg) of anal or uret	66.51	66.51
51784	TC	T	electromyography studies (emg) of anal or uret	100.00	100.00
51785		3	needle electromyography studies (emg) of ana	180.45	180.45
51785	26	5	needle electromyography studies (emg) of ana	66.60	66.60
51785	TC	T	needle electromyography studies (emg) of ana	113.85	113.85
51792		3	stimulaus evoked response	188.22	188.22
51792	26	5	stimulaus evoked response	47.79	47.79
51792	TC	T	stimulaus evoked response	140.43	140.43
51795		3	voiding press sty with press probe insert per ur	247.31	247.31
51795	26	5	voiding press sty with press probe insert per ur	66.80	66.80
51795	TC	T	voiding press sty with press probe insert per ur	180.51	180.51
51797		3	voiding pressure studies intra-abdominal	122.32	122.32
51797	26	5	voiding pressure studies intra-abdominal	37.98	37.98
51797	TC	T	voiding pressure studies intra-abdominal	84.34	84.34
51798		3	measurement of post-voiding residual urine an	16.58	16.58
51800		3	cystoplasty or cystourethroplasty with or w/o re	893.62	893.62
51820		3	revision of urinary tract	911.18	911.18
51840		3	anterior vesicourethropexy, or urethropexy (eg	543.69	543.69
51841		3	fixation of bladder/urethra	645.54	645.54
51845		3	abdomino-vaginal vesical neck suspension	495.14	495.14
51860		3	repair of bladder wound	605.60	605.60
51865		3	repair of bladder wound	750.60	750.60
51880		3	repair of bladder opening	392.44	392.44
51900		3	repair bladder/vagina lesion	696.03	696.03
51920		3	repair bladder/uterus lesion	643.27	643.27
51925		3	hysterectomy/bladder repair	838.85	838.85
51940		3	closure, exstrophy of bladder	1,378.46	1,378.46
51960		3	enterocystoplasty, including intestinal anastom	1,188.27	1,188.27
51980		3	construct bladder opening	607.92	607.92
51990		3	laparoscopy, surgical; urethral suspension for s	625.79	625.79
51992		3	laparoscopy, surgical; sling operation for stress	683.07	683.07

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
52000		3	cystourethroscopy	107.77	175.84
52001		3	cystourethroscopy with irrigation and evacuatic	250.59	326.44
52005		3	cystoscopy/urethral catheter	115.04	241.08
52007		3	cystourethroscopy with urethral catheterization	144.08	448.07
52010		3	cystoscopy/duct catheter	139.85	335.39
52204		3	cystoscopy and biopsy	122.19	367.34
52214		3	treat urinary tract lesion	188.57	483.33
52224		3	treat urinary tract lesion	147.53	685.42
52234		3	treatment of bladder lesion	215.18	215.18
52235		3	treatment of bladder lesion	252.32	252.32
52240		3	treatment of bladder lesion	441.57	441.57
52250		3	cystovre ins radioac sub w/wo biopsy o fulgura	211.21	211.21
52260		3	dilation of bladder	182.25	182.25
52265		3	cystourethroscopy, with dilation of bladder for i	137.26	352.42
52270		3	revision of urethra	158.54	341.10
52275		3	revision of urethra	217.36	466.84
52276		3	cystourethroscopy direct vision intern urethroct	232.01	232.01
52277		3	revision of sphincter	283.54	283.54
52281		3	cystourethroscopy, with calibration and/or dilati	134.23	257.09
52282		3	cystourethroscopy, with insertion of urethral ste	292.64	292.64
52283		3	injection treatment, urethra	174.51	239.68
52285		3	revision urethra & bladder	169.01	241.11
52290		3	revison ureter(s) opening	213.44	213.44
52300		3	cystourethroscopy; with resection or fulguratio	245.15	245.15
52301		3	cystourethroscopy; with resection or fulguratio	257.58	257.58
52305		3	treatment of bladder lesion	243.72	243.72
52310		3	remove bladder/urethra stone	131.95	212.99
52315		3	remove bladder/urethra stone	240.11	377.40
52317		3	litholapaxy: crushing or fragmentation of calcul	304.94	796.10
52318		3	litholapaxy: of calculus complicateed	415.60	415.60
52320		3	remove ureteral stone	215.63	215.63
52325		3	cystourethroscopy with fragmentation of calcul	280.63	280.63
52327		3	cystourethroscopy (including ureteral catheteri:	229.97	446.86
52330		3	exploration of ureter	230.86	646.76
52332		3	cystourethroscopy w/intsert indw ureteral stern	135.65	399.54
52334		3	cystourethroscopy with insertion of ureteral wir	224.11	224.11
52341		3	cystourethroscopy; with treatment of ureteral si	254.63	254.63
52342		3	cystourethroscopy; with treatment of ureterope	276.87	276.87

**Physician Fee Schedule
 Provider Specialty 001
 Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
52343		3	cystourethroscopy; with treatment of intra-rena	308.04	308.04
52344		3	cystourethroscopy with ureteroscopy; with trea	333.94	333.94
52345		3	cystourethroscopy with ureteroscopy; with trea	356.18	356.18
52346		3	cystourethroscopy with ureteroscopy; with trea	402.08	402.08
52351		3	cystourethroscopy, with ureteroscopy and/or p	274.15	274.15
52352		3	cystourethroscopy, with ureteroscopy and/or p	321.95	321.95
52353		3	cystourethroscopy, with ureteroscopy and/or p	370.50	370.50
52354		3	cystourethroscopy, with ureterscopy and/or pye	342.37	342.37
52355		3	cystourethroscopy, with ureteroscopy and/or p	408.28	408.28
52400		3	cystourethroscopy with incision, fulguration, or	418.72	418.72
52450		3	transurethral incision of prostate	398.26	398.26
52500		3	revision of bladder	416.15	416.15
52601		3	transurethral electrosurgical resection of prosta	709.01	709.01
52630		3	remove prostate regrowth	378.97	378.97
52640		3	relieve bladder contracture	258.00	258.00
52647		3	non-contact laser coagulation of prostate, inclu	551.57	1,796.07
52648		3	contact laser vaporization with or without trans	588.78	1,835.58
52649		3	laser enucleation of the prostate with morcellat	841.65	841.65
52700		3	drainage of prostate abscess	369.98	369.98
53000		3	revision of urethra	126.22	126.22
53010		3	revision of urethra	247.09	247.09
53020		3	meatotomy cutting of meatus except infant offic	84.29	84.29
53025		3	revision of urethra	55.27	55.27
53040		3	drainage of urethra abscess	334.12	334.12
53060		3	drainage of urethra abscess	130.56	146.71
53080		3	drainage of urinary leakage	369.72	369.72
53085		3	drainage of urinary leakage	526.25	526.25
53200		3	biopsy of urethra	121.34	132.59
53210		3	removal of urethra	658.49	658.49
53215		3	removal of urethra	800.33	800.33
53220		3	treatment of urethra lesion	383.77	383.77
53230		3	removal of urethra lesion	512.11	512.11
53235		3	removal of urethra lesion	544.64	544.64
53240		3	revision of urethral pouch	365.20	365.20
53250		3	removal of urethral gland	338.78	338.78
53260		3	treatment of urethral lesion	149.53	168.28
53265		3	treatment of urethral lesion	157.16	186.58
53270		3	removal of urethral gland	153.94	171.54

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
53275		3	repair of urethral defect	226.91	226.91
53400		3	revision urethra, 1st stage	684.55	684.55
53405		3	revision urethra, 2nd stage	754.24	754.24
53410		3	reconstruction of urethra	842.06	842.06
53415		3	urethroplasty, transpubic, one stage	971.81	971.81
53420		3	revision urethra, 1st stage	691.25	691.25
53425		3	revision urethra, 2nd stage	811.25	811.25
53430		3	reconstruction of urethra	809.88	809.88
53431		3	urethroplasty with tubularization of posterior ur	993.34	993.34
53440		3	operation for correction of male urinary incontir	750.79	750.79
53442		3	rem perineal prosthesis introduced for incontii	660.74	660.74
53444		3	insertion of tandem cuff (dual cuff)	683.08	683.08
53445		3	insertion of inflatable urethral/bladder neck sph	753.67	753.67
53446		3	removal of inflatable urethral/bladder neck sph	550.48	550.48
53447		3	removal and replacement of inflatable urethral/	697.04	697.04
53448		3	removal and replacement of inflatable urethral/	1,103.29	1,103.29
53449		3	repair of inflatable urethral/bladder neck sphinc	523.51	523.51
53450		3	revision of urethra	347.69	347.69
53460		3	revision of urethra	390.88	390.88
53500		3	urethrolisis, transvaginal, secondary, open, inc	629.61	629.61
53502		3	urethrorrhaphy female	413.49	413.49
53505		3	repair of urethra injury	415.36	415.36
53510		3	repair of urethra injury	540.92	540.92
53515		3	repair of urethra injury	683.02	683.02
53520		3	repair of urethra defect	474.33	474.33
53600		3	dilation of urethral stricture by passage of soun	55.95	73.26
53601		3	dilation of urethral stricture by passage of soun	46.65	70.87
53605		3	dilation urethral stricture	56.40	56.40
53620		3	dilation of urethral stricture by passage of filifor	76.05	104.60
53621		3	dilation of urethral stricture by passage of filifor	63.11	98.58
53660		3	dilation of female urethra including suppository	35.53	61.20
53661		3	dilation of female urethra including suppository	34.97	60.93
53665		3	dilation of urethra	32.96	32.96
53850		3	transurethral destruction of prostate tissue; by	486.80	2,056.91
53852		3	transurethral destruction of prostate tissue; by	529.69	1,981.55
54000		3	slitting of prepuce, dorsal or lateral (separate p	90.62	130.99
54001		3	slitting of prepuce, dorsal or lateral (separate p	117.15	161.57
54015		3	incision and drainage of penis deep	265.13	265.13

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
54050		3	destruction of lesion(s), penis (eg, condyloma,	79.22	98.84
54055		3	treatment of penis lesion	73.10	94.44
54056		3	destruction of lesion, penis, simple; cryosurger	81.72	103.06
54057		3	destruction of lesion, penis, simple; laser	76.83	113.17
54060		3	treatment of penis lesion	107.50	153.35
54065		3	destruction of lesion(s), penis (eg, condyloma,	131.43	168.63
54100		3	biopsy of penis; (separate procedure)	97.84	154.09
54105		3	biopsy of penis	183.60	233.21
54110		3	treatment of penis lesion	533.22	533.22
54111		3	excision of penile plaque with graft to 5cm	689.78	689.78
54112		3	excision of penile plaque with graft more than 5	809.73	809.73
54115		3	removal foreign body from deep penile tissue	357.85	382.08
54120		3	partial amputation of penis	539.28	539.28
54125		3	amputation of penis	695.97	695.97
54130		3	amputation of penis	1,030.73	1,030.73
54135		3	amputation penis w/bilateral lymph include hyp	1,309.34	1,309.34
54150		3	circumcision	84.04	141.14
54160		3	circumcision	124.11	195.34
54161		3	circumcision	168.27	168.27
54162		3	lysis or excision of penile post-circumcision adl	167.25	227.25
54163		3	repair incomplete circumcision	184.56	184.56
54164		3	frenulotomy of penis	162.32	162.32
54200		3	injection procedure for peyronie disease;	71.02	92.07
54205		3	treatment of penis lesion	457.44	457.44
54220		3	ing procedure for corpora cavernosography	116.02	178.90
54220		3	irrigation of corpora cavernosa for priapism	116.02	178.90
54230		3	ing procedure for corpora cavernosography	68.65	82.78
54240		3	penile plethysmography	86.02	86.02
54240	26	5	penile plethysmography	58.02	58.02
54240	TC	T	penile plethysmography	28.01	28.01
54300		3	revision of penis	555.44	555.44
54304		3	plastic operation on penis for correct of chorde	650.92	650.92
54308		3	urethroplasty second stage hypospadias less tl	619.76	619.76
54312		3	urethroplasty for hypospadias repair more than	716.25	716.25
54316		3	urethroplasty for hypospadias repair with graft	867.28	867.28
54318		3	urethroplasty for hypospadias to release penis	624.36	624.36
54322		3	hypospadias repair with meatal advancement	678.16	678.16
54324		3	hypospadias repair with urethroplasty by flaps	843.09	843.09

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
54326		3	hypospadias repair with urethroplasty by flaps/	793.09	793.09
54328		3	hypospadias with urethroplasty to correct chor	803.78	803.78
54332		3	penile hypospadias repair dissection to corr ch	878.70	878.70
54336		3	hypospadias repair to corr chordee and urethr	998.57	998.57
54340		3	repair hypospadias complications, simple	482.18	482.18
54344		3	repair hypospadias complications mobilization	831.97	831.97
54348		3	repair hypospadias compli dissection and ureth	883.30	883.30
54352		3	repair of hypospadias cripple requiring dissecti	1,246.12	1,246.12
54360		3	plasti operation on penis to correct angulation	624.74	624.74
54380		3	revision of penis	692.33	692.33
54385		3	revise penis/bladder defect	835.74	835.74
54390		3	revise penis/bladder defect	1,019.45	1,019.45
54400		3	revision of penis	457.29	457.29
54406		3	removal of all components of a multi-componen	627.13	627.13
54415		3	removal of non-inflatable (semi-rigid) or inflata	449.83	449.83
54420		3	revision of penis	607.66	607.66
54430		3	revision of penis	550.28	550.28
54435		3	corpora cavernosa-glans penis fistulization	355.57	355.57
54440		3	revision of penis	751.87	751.87
54450		3	foreskin manipulation	50.92	62.46
54500		3	biopsy of testis, needle (separate procedure)	65.03	65.03
54505		3	biopsy of testis	182.17	182.17
54512		3	excision of extraparenchymal lesion of testis	458.21	458.21
54520		3	removal of testis	277.11	277.11
54522		3	orchiectomy, partial	497.60	497.60
54530		3	removal of testis	432.60	432.60
54535		3	extensive testis surgery	629.60	629.60
54550		3	exploration for testis	417.57	417.57
54560		3	exploration for testis	570.41	570.41
54600		3	reduce testis torsion	385.92	385.92
54620		3	fixation of testis	259.34	259.34
54640		3	orchiopexy, inguinal approach, with or without |	396.24	396.24
54650		3	orchiopexy, abdominal approach, for intra-abd	607.90	607.90
54670		3	repair testis injury	344.50	344.50
54680		3	relocation of testis(es)	671.80	671.80
54690		3	laparoscopy, surgical; orchiectomy	543.07	543.07
54690		3	laparoscopy, surgical; orchiectomy	543.07	543.07
54692		3	laparoscopy, surgical; orchiopexy for intra-abd	663.54	663.54

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
54700		3	drainage of scrotum	179.71	179.71
54800		3	biopsy of epididymis	113.82	113.82
54830		3	remove epididymis lesion	313.51	313.51
54840		3	remove epididymis lesion	275.34	275.34
54860		3	removal of epididymis	355.72	355.72
54861		3	removal of epididymes	481.58	481.58
54865		3	exploration of epididymis, with or without biops	302.66	302.66
55000		3	puncture aspiration of hydrocele, tunica vagina	72.14	102.14
55040		3	removal of hydrocele	286.16	286.16
55041		3	removal of hydroceles	430.98	430.98
55060		3	repair of hydrocele	320.02	320.02
55100		3	drainage of scrotum abscess	135.59	180.29
55110		3	scrotal exploration	325.62	325.62
55120		3	removal of scrotum lesion	298.59	298.59
55150		3	removal of scrotum	412.81	412.81
55175		3	scrotoplasty; simple	306.33	306.33
55180		3	scrotoplasty; complicated	583.74	583.74
55200		3	incision of sperm duct	234.80	408.71
55250		3	removal of sperm duct(s)	191.81	359.38
55300		3	preparation, sperm duct x-ray	155.89	155.89
55450		3	ligation of sperm ducts	217.57	320.54
55500		3	removal of hydrocele	317.64	317.64
55520		3	removal of sperm cord lesion	327.23	327.23
55530		3	revise spermatic cord veins	300.23	300.23
55535		3	revise spermatic cord veins	363.31	363.31
55540		3	revise hernia & sperm veins	397.11	397.11
55550		3	laparoscopy, surgical, with ligation of spermatic	359.83	359.83
55600		3	incise sperm duct pouch	362.40	362.40
55650		3	remove sperm duct pouch	610.73	610.73
55680		3	remove sperm pouch lesion	288.57	288.57
55700		3	biopsy of prostate	117.81	193.95
55705		3	biopsy of prostate	230.75	230.75
55706		3	biopsies, prostate, needle, transperineal, stere	326.08	326.08
55720		3	drainage of prostate abscess	394.92	394.92
55725		3	drainage of prostate abscess	501.33	501.33
55801		3	removal of prostate	933.85	933.85
55810		3	removal of prostate	1,130.40	1,130.40
55812		3	prostatectomy w lymph node biopsy	1,389.35	1,389.35

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
55815		3	prostatectomy perineal w pelvic lymphadenect	1,524.33	1,524.33
55821		3	removal of prostate	751.01	751.01
55831		3	removal of prostate	814.10	814.10
55840		3	prostatectomy, retropubic radical, with or witho	1,153.24	1,153.24
55842		3	prostatectomy retropubic w lymph biopsy	1,236.10	1,236.10
55845		3	extensive prostate surgery	1,414.83	1,414.83
55860		3	exposure of prostate, any approach, for inserti	753.42	753.42
55862		3	exposure of prostate, any approach, for inserti	952.16	952.16
55865		3	exposure of prostate, any approach, for inserti	1,154.07	1,154.07
55866		3	laparoscopy, surgical prostatectomy, retropubi	1,502.97	1,502.97
55873		3	cryosurgical ablation of the prostate (includes t	981.69	981.69
55875		3	transperineal placement of needles or catheter	653.23	653.23
55876		3	placement of interstitial device(s) for radiation t	91.20	119.76
55920		3	placement of needles and catheters into pelvic	369.21	369.21
56405		3	i and d of abscess, vulva/perineal.	82.34	84.07
56420		3	drainage of vulva abscess	71.64	96.44
56440		3	marsupilization of bartholin's gland cyst	142.91	142.91
56441		3	lysis of labial adhesions	110.42	116.47
56442		3	hymenotomy, simple incision	38.07	38.07
56501		3	destruction of lesion(s), vulva; simple (eg, lase	87.65	100.34
56515		3	destruction of lesion(s), vulva; extensive (eg, l	152.91	171.94
56605		3	biopsy of vulva or perineum (separate procedu	48.11	64.85
56606		3	biopsy of vulva or perineum (separate procedu	23.72	30.07
56620		3	vulvectomy partial unilateral or bilateral	383.67	383.67
56625		3	external genital surgery	463.00	463.00
56630		3	vulvectomy radical without skin graft	678.37	678.37
56631		3	vulvectomy, radical, partial; w lymphadenecton	863.46	863.46
56632		3	vulvectomy, radical, partial;	999.64	999.64
56633		3	vulvectomy, radical, complete	885.59	885.59
56634		3	vulvectomy, rad, complete; uni lymphadenecto	935.54	935.54
56637		3	vulvectomy, radical, complete; w lymphadener	1,106.38	1,106.38
56640		3	vulvectomy radical with inguinofem iliac pelvic	1,103.74	1,103.74
56700		3	external genital surgery	144.54	144.54
56740		3	external genital surgery	231.75	231.75
56800		3	plastic repair of introitus	190.57	190.57
56805		3	clitoroplasty for intersex state	900.27	900.27
56810		3	perineoplasty, repair of perineum, non-ob	204.80	204.80
56820		3	colposcopy of the vulva;	67.06	86.10

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
56821		3	colposcopy of the vulva; with biopsy (s)	91.06	115.30
57000		3	drainage of pelvic lesion	148.96	148.96
57010		3	colpotomy with drainage pelvic abscess	334.93	334.93
57020		3	drainage of pelvic fluid	64.75	73.97
57022		3	incision and drainage of vaginal hematoma; ob	129.99	129.99
57023		3	incision and drainage of vaginal hematoma; no	243.81	243.81
57061		3	destruction of vaginal lesion(s); simple (eg, las	74.87	87.27
57065		3	destruction of vaginal lesion(s); extensive (eg,	133.12	148.99
57100		3	biopsy of vagina	52.01	68.73
57105		3	biopsy of vagina	96.79	104.86
57106		3	vaginectomy, partial removal of vaginal wall;	369.06	369.06
57107		3	vaginectomy, partial removal of vaginal wall; w	1,098.13	1,098.13
57109		3	vaginectomy, partial removal of vaginal wall; w	1,255.96	1,255.96
57110		3	vaginectomy, complete removal of vaginal wall	706.31	706.31
57111		3	vaginectomy, complete removal of vaginal wall	1,268.72	1,268.72
57112		3	vaginectomy, complete removal of vaginal wall	1,347.56	1,347.56
57120		3	vaginal surgery	399.54	399.54
57130		3	vaginal surgery	125.65	140.36
57135		3	excision vaginal cyst or tumor	135.54	150.54
57150		3	treatment vaginal infection	23.72	39.29
57155		3	insertion of uterine tandems and/or vaginal ovc	330.96	330.96
57160		3	fitting and insertion of pessary or other intravaç	38.09	59.72
57170		3	diaphragm fitting with instructions	38.62	53.91
57180		3	intro of hemostatic agentor packn non-ob hemo	83.35	109.59
57200		3	repair of vagina	230.36	230.36
57210		3	repair vagina/perineum	286.15	286.15
57220		3	revision of urethra	248.50	248.50
57230		3	revision of urethral lesion	311.32	311.32
57240		3	repair of bladder lesion	519.75	519.75
57250		3	posterior colporrhaphy repair rectocele with or	508.80	508.80
57260		3	extensive vaginal repair	634.48	634.48
57265		3	extensive vaginal repair	708.65	708.65
57267		3	insertion of mesh or other prosthesis for repair	214.13	214.13
57268		3	repair enterocele vaginal approach	375.14	375.14
57270		3	repair of visceral pouch	625.38	625.38
57280		3	fixation of vagina	760.81	760.81
57282		3	sacrospinous ligament fixation for prolapse	397.86	397.86
57283		3	colpopexy, vaginal; intra-peritoneal approach (	538.98	538.98

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
57284		3	paravaginal defect repair (including repair of cy	659.08	659.08
57285		3	paravaginal defect repair (including repair for c	526.23	526.23
57287		3	removal or revision of sling for stress incontine	551.92	551.92
57288		3	sling operation for stress incontinence	581.17	581.17
57289		3	pereyra procedure inc anterior colporrhaphy	610.80	610.80
57291		3	construction artificial vagina w/o graft	423.67	423.67
57292		3	construction artificial vagina with graft	650.39	650.39
57295		3	revision (including removal) of prosthetic vagin	385.64	385.64
57296		3	revision (including removal) of prosthetic vagin	744.85	744.85
57300		3	repair rectum/vagina lesion	414.80	414.80
57305		3	repair rectum/vagina lesion	694.82	694.82
57307		3	repair rectum/vagina lesion	777.40	777.40
57308		3	closure of rectovaginal fistula; transperineal ap	495.52	495.52
57310		3	repair urethra/vagina lesion	386.25	386.25
57311		3	closure urethrovaginal fistula w/ bulbocavernos	441.27	441.27
57320		3	repair bladder/vagina lesion	439.68	439.68
57330		3	repair bladder/vagina lesion	625.55	625.55
57335		3	vaginoplasty for intersex state	913.60	913.60
57400		3	dilation procedure	106.78	106.78
57410		3	pelvic examination	83.79	83.79
57415		3	removal vag foreign body w anesth.	124.66	124.66
57420		3	colposcopy of the entire vagina, with cervix if p	71.24	90.56
57421		3	colposcopy of the entire vagina, with cervix if p	97.30	122.09
57423		3	paravaginal defect repair (including repair for c	727.90	727.90
57425		3	laparoscopy, surgical, colpopexy (suspension c	767.72	767.72
57452		3	examination of vagina	72.25	85.22
57454		3	colposcopy (vaginocopy); with biopsy(s) of the	107.89	120.87
57455		3	colposcopy of the cervix including upper/adjac	88.13	112.08
57456		3	colposcopy of the cervix including upper/adjac	82.22	105.87
57460		3	colposcopy (vaginocopy); with loop electrode	129.57	229.65
57461		3	colposcopy of the cervix including upper/adjac	149.95	258.10
57500		3	biopsy single or multiple or local exc lesion with	58.53	101.51
57505		3	endocervical curettage (not done as part of a d	70.09	78.16
57510		3	cautery of cervix; electro or thermal	91.19	103.59
57511		3	cryocautry initial or repeat cervix uteri	102.19	112.58
57513		3	cauterization of cervix laser surgery	102.77	111.14
57520		3	conization of cervix, with or without fulguration,	212.41	238.37
57522		3	conization of cervix, with or without fulguration,	188.46	204.32

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
57530		3	removal of cervix	267.31	267.31
57531		3	radical trachelectomy, with bilateral total pelvic	1,333.32	1,333.32
57540		3	removal of cervix tissue	609.72	609.72
57545		3	remove cervix, repair pelvis	643.36	643.36
57550		3	removal of cervix tissue	316.25	316.25
57555		3	remove cervix, repair vagina	468.23	468.23
57556		3	cervix uteri with repair of enterocele	446.79	446.79
57558		3	dilation and curettage of cervical stump	88.09	97.02
57700		3	revision of cervix	236.88	236.88
57720		3	revision of cervix	237.74	237.74
57800		3	dilation of cervical canal	38.19	46.84
58100		3	endometrial sampling (biopsy) with or without €	69.43	85.88
58110		3	endometrial sampling (biopsy) performed in co	33.00	38.47
58120		3	d & c diag and or therapeutic	168.56	193.94
58140		3	myomectomy, excision of leiomyomata of uteru	715.25	715.25
58145		3	removal of uterine lesion	423.08	423.08
58146		3	myomectomy, excision of fibroid tumor(s) of uti	911.61	911.61
58150		3	hysterectomy	775.35	775.35
58152		3	total abdominal hysterectomy (corpus and cerv	978.91	978.91
58180		3	partial hysterectomy	744.44	744.44
58200		3	extensive uterine surgery	1,025.67	1,025.67
58210		3	extensive uterine surgery	1,366.51	1,366.51
58240		3	removal of pelvis contents	2,148.77	2,148.77
58260		3	hysterectomy	646.99	646.99
58262		3	vaginal hysterectomy w/ removal of tubes and	723.21	723.21
58263		3	vaginal hysterectomy w/ removal or tube/ovary	779.38	779.38
58267		3	hysterectomy & repair vagina	828.23	828.23
58270		3	hysterectomy & repair vagina	693.48	693.48
58275		3	vaginal hysterectomy, with total or partial vagin	771.68	771.68
58280		3	hysterectomy, revise vagina	825.85	825.85
58285		3	hysterectomy	1,037.03	1,037.03
58290		3	vaginal hysterectomy, for uterus greater than 2	907.40	907.40
58291		3	vaginal hysterectomy, for uterus greater than 2	986.21	986.21
58292		3	vaginal hysterectomy, for uterus greater than 2	1,039.49	1,039.49
58293		3	vaginal hysterectomy, for uterus greater than 2	1,079.43	1,079.43
58294		3	vaginal hysterectomy, for uterus greater than 2	958.80	958.80
58300		3	insert intrauterine device	43.96	60.97
58301		3	removal of iud	54.10	74.87

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
58346		3	insertion of heyman capsules for clinical brachy	356.20	356.20
58353		3	endometrial ablation, thermal, without hysteros	172.88	862.47
58400		3	fixation of uterus	349.45	349.45
58410		3	fixation of uterus	627.72	627.72
58520		3	repair of ruptured uterus	612.94	612.94
58540		3	revision of uterus	711.87	711.87
58541		3	laparoscopy, surgical, supracervical hysterect	671.22	671.22
58542		3	laparoscopy, surgical, supracervical hysterect	745.85	745.85
58543		3	laparoscopy, surgical, supracervical hysterectc	758.32	758.32
58544		3	laparoscopy, surgical, supracervical hysterectc	819.79	819.79
58545		3	laparoscopy, surgical, myomectomy, excision;	701.21	701.21
58546		3	laparoscopy, surgical, myomectomy, excision;	889.22	889.22
58548		3	laparoscopy, surgical, with radical hysterectom	1,387.62	1,387.62
58550		3	laparoscopy, surgical; with vaginal hysterectom	691.88	691.88
58552		3	laparoscopy surgical, with vaginal hysterectom	763.90	763.90
58553		3	laparoscopy, surgical, with vaginal hysterectom	893.84	893.84
58554		3	laparoscopy, surgical, with vaginal hysterectom	1,024.32	1,024.32
58555		3	hysteroscopy, diagnostic (separate procedure)	150.67	187.59
58558		3	hysteroscopy, surgical; with sampling (biopsy)	212.41	253.94
58559		3	hysteroscopy, surgical; with lysis of intrauterine	273.32	273.32
58560		3	hysteroscopy, surgical; with division or resectic	308.96	308.96
58561		3	hysteroscopy, surgical; with removal of leiomyc	437.50	437.50
58562		3	hysteroscopy, surgical; with removal of impacte	231.70	268.90
58563		3	hysteroscopy, surgical; with endometrial ablati	273.32	1,404.76
58565		3	hysteroscopy, surgical; with bilateral fallopian t	347.19	1,495.07
58570		3	laparoscopy, surgical, with total hysterectomy,	720.87	720.87
58571		3	laparoscopy, surgical, with total hysterectomy,	792.39	792.39
58572		3	laparoscopy, surgical, with total hysterectomy,	897.01	897.01
58573		3	laparoscopy, surgical, with total hysterectomy,	1,015.96	1,015.96
58600		3	ligation or transection fallop tubes abd or vag u	283.44	283.44
58605		3	ligation or transection fallop tubes abd or vag p	257.56	257.56
58611		3	ligation or transection of fallopian tube(s) when	62.04	62.03
58615		3	occlus fallopian tubes by device vag/suprapubi	194.66	194.66
58660		3	laparoscopy, surgical; with lysis of adhesions (:	527.08	527.08
58661		3	laparoscopy, surgical; with removal of adnexal	506.87	506.87
58662		3	laparoscopy, surgical; with fulguration or excisi	554.03	554.03
58670		3	laparoscopy, surgical; with fulguration of ovidu	285.37	285.37
58671		3	laparoscopy, surgical; with occlusion of oviduct	285.27	285.28

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
58700		3	salpingectomy complete or partial unilateral or	596.32	596.32
58720		3	removal of ovary/tube(s)	560.45	560.45
58800		3	drainage of ovarian cyst(s)	231.68	248.11
58805		3	drainage of ovarian cyst(s)	315.15	315.15
58820		3	drainage of ovarian abscess; vaginal approach	242.87	242.87
58822		3	drainage of ovarian abscess	550.70	550.70
58823		3	drainage of pelvic abscess, transvaginal or trar	145.87	693.57
58825		3	ovarian transposition	544.62	544.62
58900		3	biopsy of ovary(s)	321.60	321.60
58920		3	partial removal of ovary(s)	548.63	548.63
58925		3	ovarian cystectomy unilateral or bilateral	571.81	571.81
58940		3	oophorectomy partial or total unilateral or bilate	390.85	390.85
58943		3	oophorectomy, partial or total, unilateral or bila	875.13	875.13
58950		3	resection of ovarian, tubal or primary peritonea	833.91	833.91
58951		3	resect ovarian malignancy	1,076.86	1,076.86
58952		3	resection of ovarian, tubal or primary peritonea	1,214.45	1,214.45
58953		3	bilateral salpingo-oophorectomy with omentect	1,507.13	1,507.13
58954		3	bilateral salpingo-oophorectomy with omentect	1,636.23	1,636.23
58956		3	bilateral salpingo-oophorectomy with total ome	1,054.86	1,054.86
58957		3	resection (tumor debulking) of recurrent ovaria	1,159.84	1,159.84
58958		3	resection (tumor debulking) of recurrent ovaria	1,289.23	1,289.23
58960		3	laparotomy, for staging or restaging of ovarian,	720.60	720.60
59000		3	amniocentesis; diagnostic	63.68	99.44
59001		3	amniocentesis; therapeutic amniotic fluid reduc	145.65	145.65
59012		3	cordocentesis (intrauterine), any method	160.67	160.67
59015		3	chorionic villus sampling, any method	104.54	121.56
59020		3	fetal contraction	54.27	54.27
59020	26	5	fetal contraction	29.80	29.80
59020	TC	T	fetal contraction	24.47	24.47
59025		3	fetal non-stress test	36.22	36.22
59025	26	5	fetal non-stress test	24.00	24.00
59025	TC	T	fetal non-stress test	12.22	12.22
59030		3	fetal blood sampling scalp	89.51	89.51
59100		3	removal of uterus lesion	641.34	641.34
59120		3	treatment atypical pregnancy	612.58	612.58
59121		3	surg treat ectopic pregn tubal wo salping/ooph	615.39	615.39
59130		3	treatment atypical pregnancy	718.66	718.66
59135		3	treatment atypical pregnancy	727.10	727.10

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
59136		3	tx ectopic pregnancy w/ partial resection uterus	679.77	679.77
59140		3	treatment atypical pregnancy	303.97	303.97
59150		3	lap tx ectopic pregnancy w/o removal tubes/ov	595.59	595.59
59151		3	lap tx ectopic pregnancy w/ removal tubes/ova	582.06	582.06
59160		3	currettage, postpartum	139.88	165.26
59200		3	insertion of hygrosopic cervical dilator	35.60	57.23
59300		3	repair of vaginal wall	114.96	148.70
59320		3	cerclage of cervix during pregnancy, vaginal	120.43	120.43
59325		3	cerclage of cervix during pregnancy, abdomina	190.14	190.14
59350		3	hysterorrhaphy of ruptured uterus	219.26	219.26
59400		3	obstetrical care	1,368.59	1,368.59
59409		3	vaginal delivery only (with or without episiotom	607.68	607.68
59410		3	vaginal delivery only (with or without episiotom	704.66	704.66
59412		3	external cephalic version, w/ or w/o tocolysis	81.41	81.41
59414		3	delivery of placenta (infant born outside of hos|	72.42	72.42
59425		3	antepartum care only;	268.96	340.20
59426		3	antepartum care only;	475.94	608.62
59430		3	postpartum care only, separate procedure	99.08	109.17
59510		3	total ob care w/ cesarean delivery	1,549.75	1,549.75
59514		3	cesarean delivery only;	719.52	719.52
59515		3	cesarean delivery only; including postpartum c	848.26	848.26
59525		3	subtotal or total hysterectomy after cesarean d	382.96	382.96
59812		3	surgical tx spontaneous abortion, any trimester	226.32	242.18
59820		3	missed abortion completed med or surg any tri	266.22	285.55
59821		3	surgical tx missed abortion, second trimester	270.52	290.99
59830		3	septic abortion	336.72	336.72
59840		3	d and c therapeutic abortion includes suction	162.68	167.88
59841		3	legal therapeutic abortion by d&c	276.63	292.49
59850		3	therapeutic abortion by saline injection	301.56	301.56
59851		3	legal abortion therapeutic with dilation and curr	309.39	309.39
59852		3	legal abortion therapeutic with hysterotomy	434.29	434.29
59855		3	induced abortion, by one or more vaginal supp	321.90	321.90
59856		3	induced abortion, by one or more vaginal supp	380.54	380.54
59857		3	induced abortion, by one or more vaginal supp	455.36	455.36
59866		3	multifetal pregnancy reduction(s) (mpr)	188.32	188.32
59870		3	uterine evac and curettage for hydatiform mole	361.15	361.15
59871		3	removal of cerclage suture under anesthesia (c	105.14	105.14
60000		3	incision and drainage of thyroglossal duct cyst,	109.80	119.89

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
60100		3	biopsy thyroid, percutaneous core needle	66.77	90.13
60200		3	drainage thyroid duct lesion	494.79	494.79
60210		3	partial thyroid lobectomy, unilateral;	530.30	530.30
60212		3	partial thyroid lobectomy, unilateral;	762.26	762.26
60220		3	total thyroid lobectomy, unilateral; with or withc	581.47	581.47
60225		3	total thyroid lobectomy, unilateral; with contrala	698.63	698.63
60240		3	removal of thyroid	741.12	741.12
60252		3	removal of thyroid	1,000.80	1,000.80
60254		3	extensive thyroid surgery	1,289.85	1,289.85
60260		3	thyroidectomy, removal of all remaining thyroid	835.63	835.63
60270		3	thyroidectomy, including substernal thyroid; ste	1,053.21	1,053.21
60271		3	thyroidectomy, including substernal thyroid gla	807.31	807.31
60280		3	removal thyroid duct lesion	331.70	331.70
60281		3	excision of thyroglossal duct,cyst,sinus;recurre	444.05	444.05
60300		3	aspiration and/or injection, thyroid cyst	41.14	83.54
60500		3	explore parathyroid glands	768.36	768.36
60502		3	re-exploration of parathyroids	964.57	964.57
60505		3	explore parathyroid glands	1,059.16	1,059.16
60512		3	parathyroid autotransplantation (list separately	188.72	188.72
60520		3	thymectomy, partial or total; transcervical appr	791.45	791.45
60521		3	thymectomy, partial or total;	907.99	907.99
60522		3	thymectomy, partial or total;	1,095.57	1,095.57
60540		3	exploration adrenal gland	834.42	834.42
60545		3	exploration adrenal gland	950.14	950.14
60600		3	removal carotid body lesion	1,105.31	1,105.31
60605		3	removal carotid body lesion	1,390.92	1,390.92
60650		3	laparoscopy, surgical, with adrenalectomy, par	930.77	930.77
61000		3	subdural tap through fontanelle, or suture, infai	84.42	84.42
61001		3	subdural tap through fontanelle, or suture, infai	82.50	82.50
61020		3	ventricular puncture through previous burr hole	97.93	97.93
61026		3	ventricular puncture through previous burr hole	98.15	98.15
61050		3	removal brain canal fluid	83.87	83.87
61055		3	cisternal or lateral cervical (c1-c2) puncture; wi	108.35	108.35
61070		3	puncture of shunt tubing or reservoir for aspirat	62.26	62.26
61105		3	twist drill hole for subdural or ventricular punct	322.80	322.80
61107		3	twist drill hole for implant ventric cath/recordin	241.37	241.37
61108		3	twist drill hole for evac of subdural hematoma	642.66	642.66
61120		3	burr hole(s) for ventricular puncture (including i	526.96	526.96

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
61140		3	incise skull brain biopsy	915.43	915.43
61150		3	incise skull for drainage	980.46	980.46
61151		3	incise skull for drainage	709.50	709.50
61154		3	incise skull for drainage	916.79	916.79
61156		3	incise skull for drainage	914.78	914.78
61210		3	relieve/measure brain fluid	281.80	281.80
61215		3	insertion of subcutaneous reservoir to ventr ca	350.75	350.75
61250		3	burr holes trephine, supratentorial, exploratory	617.31	617.31
61253		3	burr hole or trephine infratentorial unilateral/bi	681.32	681.32
61304		3	incise skull for exploration	1,208.13	1,208.13
61305		3	incise skull for exploration	1,457.22	1,457.22
61312		3	craniectomy for evac of hematoma, supratento	1,512.64	1,512.64
61313		3	craniectomy for evac of hematoma, intracerebr	1,444.54	1,444.54
61314		3	craniectomy for evac of hematoma, infratentori	1,336.90	1,336.90
61315		3	craniectomy for evac of hematoma, intracerebr	1,522.27	1,522.27
61316		3	incision and subcutaneous placement of crania	66.41	66.41
61320		3	incise skull for drainage	1,407.81	1,407.81
61321		3	craniectomy drainage of intracranial abscess ir	1,543.82	1,543.82
61322		3	craniectomy or craniotomy, decompressive, wi	1,714.40	1,714.40
61323		3	craniectomy or craniotomy, decompressive, wi	1,744.77	1,744.77
61330		3	incise skull for exploration	1,197.51	1,197.51
61332		3	exploration or decompression of orbit transcran	1,387.01	1,387.01
61333		3	explor decompress orbit transcran approach re	1,401.74	1,401.74
61334		3	exploration/decompression orbit transcran w/re	910.53	910.53
61340		3	other cranial decompression eg subtemporal si	1,047.79	1,047.79
61343		3	craniectomy w/ cervical laminectomy	1,620.56	1,620.56
61345		3	other cranial decompression posterior fossa	1,499.30	1,499.30
61440		3	craniotomy for section of tentorium cerebelli	1,467.80	1,467.80
61450		3	craniectomy for section comp or decomp or sel	1,391.17	1,391.17
61458		3	craniectomy exploration/decompress cranial ne	1,482.33	1,482.33
61460		3	craniectomy suboccipital for section of 1 or mo	1,504.10	1,504.10
61470		3	incise skull for surgery	1,395.19	1,395.19
61480		3	incise skull for surgery	1,358.39	1,358.39
61490		3	craniotomy for lobotomy, including cingulotomy	1,402.89	1,402.89
61500		3	removal of skull lesion	991.32	991.32
61501		3	craniectomy for osteomyelitis	849.43	849.43
61510		3	removal of brain lesion	1,598.12	1,598.12
61512		3	remove brain lining lesion	1,888.30	1,888.30

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
61514		3	removal of brain abscess	1,400.81	1,400.81
61516		3	removal of brain lesion	1,366.69	1,366.69
61517		3	implantation of brain intracavitary chemotherapy	66.38	66.38
61518		3	removal of brain lesion	2,031.64	2,031.64
61519		3	remove brain lining lesion	2,188.90	2,188.90
61520		3	craniectomy cerebellopontine angle tumor	2,800.36	2,800.36
61521		3	craniectomy excision brain tumor, midline tumor	2,352.70	2,352.70
61522		3	removal of brain abscess	1,612.49	1,612.49
61524		3	removal of brain lesion	1,522.54	1,522.54
61526		3	removal skull cavity lesion	2,545.98	2,545.98
61530		3	removal skull cavity lesion	2,161.90	2,161.90
61531		3	subdural implant of strip electrodes, long term monitoring	880.45	880.45
61533		3	craniectomy for insertion epidural electrode array	1,113.30	1,113.30
61534		3	removal of brain lesion	1,199.03	1,199.03
61535		3	craniectomy removal epidural electro array w/o	716.36	716.36
61536		3	removal of brain lesion	1,913.91	1,913.91
61537		3	craniotomy with elevation of bone flap; for lobe	1,765.48	1,765.48
61538		3	removal of brain tissue	1,893.35	1,893.35
61539		3	cranial lobectomy w/electrocorticography partial or total	1,732.82	1,732.82
61540		3	craniotomy with elevation of bone flap; for lobe	1,624.35	1,624.35
61541		3	craniectomy for transection of corpus callosum	1,560.36	1,560.36
61542		3	removal of brain tissue	1,692.45	1,692.45
61543		3	craniectomy for part or subtotal hemispherectomy	1,581.64	1,581.64
61544		3	remove/treat brain lesion	1,308.01	1,308.01
61545		3	bone flap craniectomy to excise craniopharyngeal	2,330.49	2,330.49
61546		3	removal of pituitary gland	1,688.59	1,688.59
61548		3	removal of pituitary gland	1,146.37	1,146.37
61550		3	release skull closure	751.41	751.41
61552		3	craniectomy for craniostenosis multiple sutures	986.95	986.95
61556		3	craniotomy for craniosynostosis, frontal/parietal	1,204.49	1,204.49
61557		3	craniotomy for craniosynostosis, bifrontal bone	1,236.80	1,236.80
61558		3	ext. craniectomy for multiple cranial sutures craniosyn	1,277.05	1,277.05
61559		3	ext. craniectomy for craniosynostosis w/recontour	1,770.99	1,770.99
61563		3	exc. tumor of cranial bone w/o optic nerve decompression	1,425.40	1,425.40
61564		3	exc. tumor of cranial bone w/ optic nerve decompression	1,783.90	1,783.90
61566		3	craniotomy with elevation of bone flap; for selected	1,646.75	1,646.75
61567		3	craniotomy with elevation of bone flap; for multiple	1,853.03	1,853.03
61570		3	craniectomy or craniotomy for excision foreign	1,347.15	1,347.15

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
61571		3	craniectomy or craniotomy penetrating wound	1,462.75	1,462.75
61575		3	transoral approach to skull base, brain stem	1,747.31	1,747.31
61576		3	transoral approach to skull base w/ split tongue	2,786.43	2,786.43
61580		3	craniofacial approach to anterior cranial fossa;	1,827.50	1,827.50
61581		3	craniofacial approach to anterior cranial fossa;	2,052.31	2,052.31
61582		3	craniofacial approach to anterior cranial fossa;	2,096.00	2,096.00
61583		3	craniofacial approach to anterior cranial fossa;	2,126.94	2,126.94
61584		3	orbitocranial approach to anterior cranial fossa	2,071.55	2,071.55
61585		3	orbitocranial approach to anterior cranial fossa	2,200.33	2,200.33
61586		3	bicoronal, transzygomatic and/or lefort i osteot	1,578.10	1,578.10
61590		3	infratemporal pre-auricular approach to middle	2,333.24	2,333.24
61591		3	infratemporal post-auricular approach to middl	2,349.10	2,349.10
61592		3	orbitocranial zygomatic approach to middle cra	2,333.45	2,333.45
61595		3	transtemporal approach to posterior cranial fos	1,761.32	1,761.32
61596		3	transcochlear approach to posterior cranial fos	1,940.94	1,940.94
61597		3	transcondylar (far lateral) approach to posterio	2,119.29	2,119.29
61598		3	transpetrosal approach to posterior cranial foss	1,879.83	1,879.83
61600		3	resection or excision of neoplastic, vascular or	1,585.32	1,585.32
61601		3	resection or excision of neoplastic, vascular or	1,729.05	1,729.05
61605		3	resection or excision of neoplastic, vascular or	1,662.03	1,662.03
61606		3	resection or excision of neoplastic, vascular or	2,222.46	2,222.46
61607		3	resection or excision of neoplastic, vascular or	2,064.71	2,064.71
61608		3	resection or excision of neoplastic, vascular or	2,397.95	2,397.95
61609		3	transection or ligation, carotid artery in cavern	465.37	465.37
61610		3	transection or ligation, carotid artery in cavern	1,424.93	1,424.93
61611		3	transection or ligation, carotid artery in petrous	359.54	359.54
61612		3	transection or ligation, carotid artery in petrous	1,268.76	1,268.76
61613		3	obliteration of carotid aneurysm, arteriovenous	2,331.97	2,331.97
61615		3	resection or excision of neoplastic, vascular or	1,844.13	1,844.13
61616		3	resection or excision of neoplastic, vascular or	2,421.21	2,421.21
61618		3	secondary repair of dura for cerebrospinal fluid	957.13	957.13
61619		3	secondary repair of dura for csf leak, anterior, i	1,104.68	1,104.68
61623		3	endovascular temporary balloon arterial occlus	446.36	446.36
61624		3	transcath.occulsion/embolization,percutaneous	889.02	889.02
61626		3	transcath.occulsion/embolization,percu; non-cr	724.66	724.66
61680		3	surg of malformation, supratentorial, simple	1,670.08	1,670.08
61682		3	surg of malformation, supratentorial, complex	3,143.72	3,143.72
61684		3	surg of malformation, infratentorial, simple	2,091.29	2,091.29

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
61686		3	surg of malformation, infratentorial, complex	3,364.65	3,364.65
61690		3	surg of malformation, dural, simple	1,589.58	1,589.58
61692		3	surg of malformation, dural, complex	2,717.65	2,717.65
61697		3	surgery of complex intracranial aneurysm, intrac	3,076.01	3,076.01
61698		3	surgery of complex intracranial aneurysm, intrac	3,312.87	3,312.87
61700		3	surgery of simple intracranial aneurysm, intrac	2,566.97	2,566.97
61702		3	incise skull/vessel surgery	2,881.78	2,881.78
61703		3	surgery intracranial aneurysm cervical approach	983.75	983.75
61705		3	revise circulation to head	1,891.64	1,891.64
61708		3	revise circulation to head	1,644.12	1,644.12
61710		3	revise circulation to head	1,490.43	1,490.43
61711		3	anastomosis arterial extracranial intracranial ar	1,926.46	1,926.46
61720		3	incise skull/brain surgery	860.71	860.71
61735		3	incise skull/brain surgery	1,058.27	1,058.27
61750		3	stereotactic biopsy aspiration or excision	1,029.19	1,029.19
61751		3	stereotactic biopsy, aspiration, or excision, incl	1,001.85	1,001.85
61760		3	stereotactic implant depth electrode; long term	1,133.70	1,133.70
61770		3	stereotactic localization, including burr hole(s),	1,120.92	1,120.92
61790		3	stereotactic lesion of gas ganglion percutaneous	622.26	622.26
61791		3	stereotactic lesion trigeminal medullary tract	806.45	806.45
61795		3	stereotactic computer assisted volumetric (nav	188.86	188.86
61796		3	stereotactic radiosurgery (particle beam, gamma	586.18	586.18
61797		3	stereotactic radiosurgery (particle beam, gamma	161.39	161.39
61798		3	stereotactic radiosurgery (particle beam, gamma	586.18	586.18
61799		3	stereotactic radiosurgery (particle beam, gamma	223.10	223.10
61800		3	application of stereotactic headframe for sterec	113.43	113.43
61850		3	burr twist drill hole implant neurostim elec corti	715.32	715.32
61860		3	craniectomy or craniotomy implant neurostim c	1,141.80	1,141.80
61863		3	twist drill, burr hole, craniotomy, or craniectomy	1,106.31	1,106.31
61864		3	twist drill, burr hole, craniotomy, or craniectomy	302.14	302.14
61867		3	twist drill, burr hole, craniotomy, or craniectomy	1,635.22	1,635.22
61868		3	twist drill, burr hole, craniotomy, or craniectomy	450.30	450.30
61870		3	craniectomy implant neurostim cerebellar/cortic	866.95	866.95
61875		3	craniectomy implant neurostim cerebel/subcort	845.29	845.29
61880		3	revision removal intracran neuro stim electrode	398.14	398.14
61885		3	incision and subcutaneous placement of cranie	459.37	459.37
61886		3	incision and subcutaneous placement of cranie	580.26	580.26
61888		3	revision/removal cranial neurostimulator pulse c	291.39	291.39

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
62000		3	repair of skull fracture	647.14	647.14
62005		3	repair of skull fracture	908.90	908.90
62010		3	elevation of depressed skull fracture with debri	1,110.10	1,110.10
62100		3	craniotomy for repair of dural/cerebrospinal flui	1,183.20	1,183.20
62115		3	reduce craniomegalic skull w/o graft/cranioplas	1,056.39	1,056.39
62116		3	reduce craniomegalic skull with cranioplasty	1,301.79	1,301.79
62117		3	reduce craniomegalic skull w craniotomy/recon	1,407.34	1,407.34
62120		3	repair skull cavity lesion	1,333.43	1,333.43
62121		3	craniotomy w repair encephalocele, skull base	1,219.04	1,219.04
62140		3	repair of skull	767.75	767.75
62141		3	repair of skull	843.37	843.37
62142		3	removal bone flap or prosthetic plate of skull	641.78	641.78
62143		3	replace bone flap or prosthetic plate of skull	752.43	752.43
62145		3	repair of skull & brain	1,032.66	1,032.66
62146		3	cranioplasty w autograft up to 5 cm diameter	886.12	886.12
62147		3	cranioplasty w autograft larger than 5cm diame	1,052.67	1,052.67
62148		3	incision and retrieval of subcutaneous cranial b	94.92	94.92
62160		3	neuroendoscopy, intracranial, for placement or	145.39	145.39
62161		3	neuroendoscopy, intracranial; with dissection c	1,110.04	1,110.04
62162		3	neuroendoscopy, intracranial; with feneration c	1,381.01	1,381.01
62163		3	neuroendoscopy, intracranial; with retrieval of f	892.58	892.58
62164		3	neuroendoscopy, intracranial; with excision of l	1,473.80	1,473.80
62165		3	neuroendoscopy, intracranial; with excision of j	1,144.02	1,144.02
62180		3	establish brain cavity shunt	1,163.55	1,163.55
62190		3	creation shunt subdural arial jugular auricular	660.69	660.69
62192		3	establish brain cavity shunt	705.00	705.00
62194		3	replacement or irrigation subdural catheter	288.15	288.15
62200		3	establish brain cavity shunt	1,006.07	1,006.07
62201		3	ventriculocisternostomy, stereotactic method	862.37	862.37
62220		3	establish brain cavity shunt	740.97	740.97
62223		3	establish brain cavity shunt	759.65	759.65
62225		3	replacement or irrigation ventricular catheter	361.32	361.32
62230		3	replacement or revision of cerebrospinal fluid s	611.95	611.95
62252		3	reprogramming of programmable cerebrospina	74.81	74.81
62252	26	5	reprogramming of programmable cerebrospina	35.77	35.77
62252	TC	T	reprogramming of programmable cerebrospina	39.04	39.04
62256		3	removal of complete cerebrospinal fluid shunt s	423.70	423.70
62258		3	replace brain cavity shunt	823.51	823.51

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
62263		3	percutaneous lysis of epidural adhesions using	293.34	488.88
62264		3	percutaneous lysis of epidural adhesions using	180.35	300.34
62267		3	percutaneous aspiration within the nucleus pul	131.25	195.57
62268		3	percutaneous aspiration, spinal cord cyst or sy	211.93	354.98
62269		3	biopsy of spinal cord, percutaneous needle	216.02	384.74
62270		3	spinal puncture, lumbar, diagnostic	61.31	117.26
62272		3	spinal puncture, therapeutic, for drainage of ce	64.68	137.66
62273		3	injection, epidural, of blood or clot patch	87.78	126.14
62280		3	injection/infusion of neurolytic substance (eg, a	119.66	230.41
62281		3	injection of neurolytic substance (eg, alcohol, p	115.53	213.89
62282		3	injection/infusion of neurolytic substance (eg, a	106.29	220.79
62284		3	injection for spine x-ray	71.93	167.97
62287		3	aspiration or decompression procedure, percut	423.90	423.90
62290		3	injection for disc x-ray	134.13	246.62
62291		3	injection procedure for diskography, each level	129.62	231.14
62292		3	inj proc chemonucleolysis lumbar 1 or more lev	383.97	383.97
62294		3	intrathecal injection into spine	612.74	612.74
62310		3	injection, single (not via indwelling catheter), n	79.52	162.58
62311		3	injection, single (not via indwelling catheter), n	65.95	143.24
62318		3	injection, including catheter placement, continu	80.11	173.85
62319		3	injection, including catheter placement, continu	74.90	157.38
62350		3	implantation, revision or repositioning of tunnel	296.36	296.36
62351		3	implantation, revision or repositioning of intrath	622.33	622.33
62355		3	removal of previously implanted intrathecal or e	221.94	221.94
62360		3	implantation or replacement of device for intrat	213.71	213.71
62361		3	implantation or replacement of device for intrat	294.25	294.25
62362		3	implantation or replacement of device for intrat	310.89	310.89
62365		3	removal of subcutaneous reservoir or pump, pr	245.22	245.22
62367		3	electronic analysis of programmable, implantec	19.02	29.40
62368		3	electronic analysis of programmable, implantec	29.77	42.16
62368	26	5	electronic analysis of programmable, implantec	7.44	10.54
62368	TC	T	electronic analysis of programmable, implantec	22.32	31.62
63001		3	decompression of spinal cord	906.59	906.59
63003		3	lamin f/decomp spin cord a/o cauda eq one/two	912.16	912.16
63005		3	revision of spinal column	865.12	865.12
63011		3	laminectomy sacral decompression spinal cord	818.40	818.40
63012		3	laminectomy, lumbar w decompression cauda	880.45	880.45
63015		3	laminectomy more than two segs cervical	1,088.49	1,088.49

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
63016		3	laminotomy thoracic	1,120.53	1,120.53
63017		3	laminotomy lumbar	912.48	912.48
63020		3	laminotomy, cervical, one interspace	862.96	862.96
63030		3	laminotomy (hemilaminectomy), with decompre	716.40	716.40
63035		3	laminotomy (hemilaminectomy), with decompre	153.05	153.05
63040		3	laminotomy (hemilaminectomy), with decompre	1,049.64	1,049.64
63042		3	revision of spinal column	982.29	982.29
63043		3	laminotomy (hemilaminectomy), with decompre	235.44	235.44
63044		3	laminotomy (hemilaminectomy), with decompre	222.00	222.00
63045		3	laminectomy, single segment, cervical	938.19	938.19
63046		3	laminectomy, single segment, thoracic	896.91	896.91
63047		3	laminectomy, single segment, lumbar	817.78	817.78
63048		3	laminectomy, facetectomy and foraminotomy (f	164.82	164.82
63055		3	decompression spinal cord, single segment,thc	1,208.29	1,208.29
63056		3	transpedicular approach with decompression o	1,115.99	1,115.99
63057		3	transpedicular approach with decompression o	252.42	252.42
63064		3	hemilaminectomy thoracic costovertebral appr	1,322.34	1,322.34
63066		3	costovertebral approach with decompression o	155.66	155.66
63075		3	diskectomy cervical ante appr w/o arthrodesis	1,030.56	1,030.56
63076		3	diskectomy, anterior, with decompression of sp	194.84	194.84
63077		3	diskectomy, single space, thoracic	1,132.58	1,132.58
63078		3	diskectomy, anterior, with decompression of sp	155.12	155.12
63081		3	vertebral corpectomy, single segment, cervical	1,325.44	1,325.44
63082		3	vertebral corpectomy (vertebral body resection	210.33	210.33
63085		3	vertebral corpectomy, single segment, thoracic	1,419.75	1,419.75
63086		3	vertebral corpectomy (vertebral body resection	149.49	149.49
63087		3	vertebral corpectomy, single segment, lumbar	1,812.78	1,812.78
63088		3	vertebral corpectomy (vertebral body resection	204.55	204.55
63090		3	vertebral corpectomy, single segment, lumbar	1,483.82	1,483.82
63091		3	vertebral corpectomy (vertebral body resection	140.60	140.60
63101		3	vertebral corpectomy (vertebral body resection	1,696.84	1,696.84
63102		3	vertebral corpectomy (vertebral body resection	1,689.92	1,689.92
63103		3	vertebral corpectomy (vertebral body resection	224.49	224.49
63170		3	laminectomy for myelotomy thoracic or thoracc	1,135.72	1,135.72
63172		3	laminectomy w/ drainage to subarachnoid spac	1,022.18	1,022.18
63173		3	laminectomy w/ drainage to peritoneal space	1,260.00	1,260.00
63180		3	laminectomy cervical one or two segements	1,028.14	1,028.14
63182		3	lamin and section of dentate ligaments more th	1,103.07	1,103.07

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
63185		3	revise spinal column/nerves	836.26	836.26
63190		3	laminectomy for rhizotomy more than two segn	961.23	961.23
63191		3	laminectomy w section of spinal accessory ner	919.25	919.25
63194		3	lamiwectomy cordotomy unilateral cervical	1,093.73	1,093.73
63195		3	revise spinal column/cord	1,106.10	1,106.10
63196		3	revise spinal column/cord	1,301.03	1,301.03
63197		3	laminectomy corotomy bilateral cervical	1,240.15	1,240.15
63198		3	revise spinal column/cord	1,381.29	1,381.29
63199		3	laminectomy cordotomy bilateral thoracic	1,462.51	1,462.51
63200		3	laminectomy for tethered spinal cord, lumbar	1,109.06	1,109.06
63250		3	revise spinal cord vessels	2,155.64	2,155.64
63251		3	laminectomy arteriovenovs malfunction thoraci	2,235.85	2,235.85
63252		3	laminectomy for malformation, thoracolumbar	2,237.49	2,237.49
63265		3	laminectomy for intraspinal lesion, cervical	1,228.24	1,228.24
63266		3	laminectomy for intraspinal lesion, thoracic	1,263.00	1,263.00
63267		3	excise intraspinal lesion lumbar	1,016.61	1,016.61
63268		3	excise intraspinal lesion, sacral	1,021.23	1,021.23
63270		3	excise intraspinal lesion, cervical	1,512.54	1,512.54
63271		3	excise intraspinal lesion, thoracic	1,521.61	1,521.61
63272		3	excise intraspinal lesion, lumbar	1,401.65	1,401.65
63273		3	excise intraspinal lesion, sacral	1,324.49	1,324.49
63275		3	biopsy/excise spinal tumor, cervical	1,319.64	1,319.64
63276		3	biopsy/excise spinal tumor, thoracic	1,314.64	1,314.64
63277		3	biopsy/ excise spinal tumor, lumbar	1,153.72	1,153.72
63278		3	biopsy/ excise spinal tumor, sacral	1,129.66	1,129.66
63280		3	biopsy/ excise spinal tumor, cervical	1,560.03	1,560.03
63281		3	biopsy/ excise spinal tumor, thoracic	1,542.35	1,542.35
63282		3	biopsy/ excise spinal tumor, lumbar	1,455.24	1,455.24
63283		3	biopsy/ excise spinal tumor, sacral	1,378.95	1,378.95
63285		3	biopsy/ excise spinal tumor, cervical	1,916.37	1,916.37
63286		3	biopsy, excise spinal tumor	1,909.32	1,909.32
63287		3	biopsy, excise spinal tumor	2,014.96	2,014.96
63290		3	biopsy, excise spinal tumor	2,039.08	2,039.08
63295		3	osteoplastic reconstruction of dorsal spinal elei	243.47	243.47
63300		3	removal vertebral body	1,360.96	1,360.96
63301		3	removal of vertebral body	1,528.45	1,528.45
63302		3	removal of vertebral body	1,518.70	1,518.70
63303		3	removal of vertebral body	1,588.98	1,588.98

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
63304		3	removal of vertebral body	1,684.31	1,684.31
63305		3	removal of vertebral body	1,721.63	1,721.63
63306		3	removal of vertebral body	1,803.82	1,803.82
63307		3	removal of vertebral body	1,674.12	1,674.12
63308		3	vertebral corpectomy (vertebral body resection	252.91	252.91
63600		3	examine spinal cord lesion	635.94	635.94
63610		3	stereotactic stim of spinal cord percu not follow	341.67	1,000.69
63615		3	stereotactic biopsy aspiration/exc lesion	850.22	850.22
63620		3	stereotactic radiosurgery (particle beam, gamr	586.18	586.18
63621		3	stereotactic radiosurgery (particle beam, gamr	185.54	185.54
63650		3	percutaneous implantation of neurostimulator e	315.03	315.03
63655		3	laminectomy for implantation of neurostimulato	623.23	623.23
63660		3	revision or removal of spinal neurostimulator el	331.14	331.14
63685		3	incision subcut placement neu/stimulator receiv	300.70	300.70
63688		3	revision removal spinal neurostimulator receive	269.25	269.25
63700		3	repair of spinal herniation	906.59	906.59
63702		3	repair of spinal herniation	1,019.32	1,019.32
63704		3	repair of spinal herniation	1,136.96	1,136.96
63706		3	repair of spinal herniation	1,323.60	1,323.60
63707		3	repair of dural/cerebrospinal fluid leak, not requ	669.19	669.19
63709		3	repair of dural/cerebrospinal fluid leak or pseuc	813.70	813.70
63710		3	dural graft spinal	812.61	812.61
63740		3	creation of shunt, including laminectomy	688.69	688.69
63741		3	creation shunt, lumbar, percutaneo w/o lamine	449.03	449.03
63744		3	replacement irrigation or revision of lumbar sut	470.42	470.42
63746		3	removal shunt system without replacement	409.74	409.74
64400		3	injection, anesthetic agent;	48.98	80.41
64402		3	injection, anesthetic agent;	55.75	82.57
64405		3	injection, anesthetic agent;	57.16	78.21
64408		3	injection, anesthetic agent;	68.72	90.06
64410		3	injection, anesthetic agent;	61.36	104.34
64412		3	injection, anesthetic agent;	54.53	103.27
64413		3	injection, anesthetic agent;	59.65	86.77
64415		3	injection, anesthetic agent;	58.02	98.40
64416		3	injection, anesthetic agent; brachial plexus, cor	72.95	72.95
64417		3	injection, anesthetic agent;	57.46	99.27
64418		3	injection, anesthetic agent;	56.96	100.80
64420		3	injection, anesthetic agent;	51.35	119.13

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
64421		3	injection, anesthetic agent;	70.42	175.68
64425		3	injection, anesthetic agent;	73.00	97.52
64430		3	injection, anesthetic agent;	68.84	117.58
64435		3	injection, anesthetic agent;	65.97	109.23
64445		3	injection, anesthetic agent;	62.84	102.06
64446		3	injection, anesthetic agent; sciatic nerve, contir	72.79	72.79
64447		3	injection, anesthetic agent; femoral nerve, sing	55.47	55.47
64448		3	injection, anesthetic agent; femoral nerve, cont	64.47	64.47
64449		3	injection, anesthetic agent; lumbar plexus, posi	72.09	72.09
64450		3	injection, anesthetic agent;	56.30	78.22
64455		3	injection(s), anesthetic agent and/or steroid, pl	32.09	40.16
64470		3	injection, anesthetic agent and/or steroid, para	80.91	194.83
64472		3	injection, anesthetic agent and/or steroid, para	51.90	85.35
64475		3	injection, anesthetic agent and/or steroid, para	63.54	173.99
64476		3	injection, anesthetic agent and/or steroid, para	38.87	71.45
64479		3	injection, anesthetic agent and/or steroid, trans	95.77	206.81
64480		3	injection, anesthetic agent and/or steroid, trans	62.68	104.80
64483		3	injection, anesthetic agent and/or steroid, trans	84.20	200.72
64484		3	injection, anesthetic agent and/or steroid, trans	53.44	102.47
64505		3	injection, anesthetic agent;	65.15	77.26
64508		3	injection, anesthetic agent;	53.90	106.10
64510		3	injection, anesthetic agent;	52.69	105.76
64517		3	injection, anesthetic agent; superior hypogastr	92.69	128.74
64520		3	injection, anesthetic agent;	59.53	137.98
64530		3	injection, anesthetic agent;	70.28	142.95
64555		3	percutaneous implantation of neurostimulator €	119.28	161.97
64561		3	percutaneous implantation of neurostimulator €	335.51	866.18
64573		3	incision implant neu/stim electro cranial nerve	438.89	438.89
64575		3	incision for implantation of neurostimulator elec	216.95	216.95
64577		3	incision for implantation of electrodes neuromu	267.33	267.33
64581		3	incision for implantation of neurostimulator elec	652.02	652.02
64585		3	revision or removal peripheral stimulator electc	123.03	250.50
64590		3	incision for placement stimulator receiver	137.76	236.11
64595		3	revision removal peripheral neu/stim receiver	108.51	242.32
64600		3	injection treatment of nerve	163.92	300.34
64605		3	injection treatment of nerve	261.22	424.46
64610		3	injection treatment of nerve	365.83	517.24
64612		3	chemodervation of muscle(s); muscle(s) inn	103.13	116.69

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
64613		3	destruction by neuro.agent; cervico-spinal musc	97.65	114.96
64614		3	chemodeneration of muscle(s); extremity(s) a	108.64	128.83
64620		3	injection treatment of nerve	128.31	203.30
64622		3	destruction by neurolytic agent, paravertebral f	136.08	242.51
64623		3	destruction by neurolytic agent, paravertebral f	38.68	89.74
64626		3	destruction by neurolytic agent, paravertebral f	179.30	282.84
64627		3	destruction by neurolytic agent, paravertebral f	45.34	122.06
64630		3	destruction by neurolytic agent; pudental nerv	148.69	177.25
64632		3	destruction by neurolytic agent; plantar commc	56.57	65.80
64640		3	injection treatment of nerve	136.25	174.03
64650		3	chemodeneration of eccrine glands; both axill	30.80	50.40
64680		3	destruction by neurolytic agent coliac plexus w.	124.23	228.93
64681		3	destruction by neurolytic agent, with or without	167.52	296.44
64702		3	revision of nerve,finger/toe	343.86	343.86
64704		3	revision of nerve, hand/foot	253.28	253.28
64708		3	revision of nerve, arm/leg	357.12	357.12
64712		3	revision of sciatic nerve	412.08	412.08
64713		3	revision of arm nerves	576.81	576.81
64714		3	revision of low back nerves	494.11	494.11
64716		3	neurozysis a/o transposition cranial nerve	390.45	390.45
64718		3	revise ulnar nerve at elbow	420.57	420.57
64719		3	revise ulnar nerve at wrist	291.71	291.71
64721		3	neurolysis and/or transposition median nerve a	306.08	307.23
64722		3	revise forearm nerve	250.72	250.72
64726		3	revise foot/toe nerve	220.97	220.97
64727		3	internal nerve revision	144.79	144.79
64732		3	incision of brow nerve	285.58	285.58
64734		3	incision of cheek nerve	308.95	308.95
64736		3	incision of chin nerve	291.66	291.66
64738		3	transection or avulsion of inferior alveolar nerv	345.16	345.16
64740		3	transection or avulsion of lingual nerve	344.05	344.05
64742		3	incision of facial nerve	352.94	352.94
64744		3	incise nerve, back of head	309.54	309.54
64746		3	incise diaphragm nerve	334.43	334.43
64752		3	incision of vagus nerve	379.05	379.05
64755		3	transection or avulsion of; vagus nerves limitec	677.04	677.04
64760		3	incision of vagus nerve	358.57	358.57
64761		3	incise nerve in pelvis	339.06	339.06

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
64763		3	incise hip/thigh nerve	408.94	408.94
64766		3	incise hip/thigh nerve	472.53	472.53
64771		3	transection/avulsion cranial nerve extradural	442.23	442.23
64772		3	incise spinal nerve	425.32	425.32
64774		3	remove lesion, skin nerve	307.14	307.14
64776		3	remove nerve lesion, digit	295.29	295.29
64778		3	excision of neuroma; digital nerve, each additic	143.84	143.84
64782		3	remove nerve lesion	348.33	348.33
64783		3	excision of neuroma; hand or foot, each additic	171.91	171.91
64784		3	remove nerve lesion	542.11	542.11
64786		3	remove sciatic nerve lesion	814.64	814.64
64787		3	remove nerve lesion/implant	197.42	197.42
64788		3	removal of nerve lesion	288.04	288.04
64790		3	removal of nerve lesion	620.28	620.28
64792		3	removal of nerve lesion	804.68	804.68
64795		3	biopsy of nerve	147.39	147.39
64802		3	remove sympathetic nerves	458.99	458.99
64804		3	remove sympathetic nerves	699.77	699.77
64809		3	remove sympathetic nerves	656.50	656.50
64818		3	remove sympathetic nerves	509.42	509.42
64820		3	sympathectomy; digital arteries, each digit	567.13	567.13
64821		3	sympathectomy; radial artery	510.92	510.92
64822		3	sympathectomy; ulnar artery	504.90	504.90
64823		3	sympathectomy; superficial palmar arch	574.27	574.27
64831		3	repair of nerve, digital	506.34	506.34
64832		3	suture of digital nerve, hand or foot; each addit	267.09	267.09
64834		3	repair of nerve, hand	561.36	561.36
64835		3	repair of nerve, hand	608.64	608.64
64836		3	repair of nerve, hand	608.32	608.32
64837		3	suture of each additional nerve, hand or foot (li	296.53	296.53
64840		3	repair of nerve, foot	693.16	693.16
64856		3	repair/transpose nerve	766.06	766.06
64857		3	suture major periph nerve arm/leg exc sciatic v	801.03	801.03
64858		3	repair sciatic nerve	923.30	923.30
64859		3	suture of each additional major peripheral nerv	201.14	201.14
64861		3	repair of arm nerves	1,043.04	1,043.04
64862		3	repair of low back nerves	1,022.96	1,022.96
64864		3	repair of facial nerve	664.29	664.29

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
64865		3	suture facial nerve intratemporal w/wo grafting	875.68	875.68
64866		3	fusion of facial/other nerve	910.78	910.78
64868		3	fusion of facial/other nerve	796.89	796.89
64870		3	fusion of facial/other nerve	782.62	782.62
64872		3	repair of nerve	94.31	94.31
64874		3	repair & revise nerve	138.71	138.71
64876		3	suture of nerve;	151.57	151.57
64885		3	nerve graft,head/neck; up to 4cm.	865.41	865.41
64886		3	nerve graft, head/neck; more than 4 cm.	1,026.82	1,026.82
64890		3	nerve graft, hand or foot	825.22	825.22
64891		3	nerve graft single strand hand or foot more tha	852.35	852.35
64892		3	nerve graft, arm or leg	802.81	802.81
64893		3	nerve graft single strand arm or leg more than	845.71	845.71
64895		3	nerve graft, hand or foot	992.75	992.75
64896		3	nerve graft multiple strands hand or foot more	1,094.56	1,094.56
64897		3	nerve graft, arm or leg	960.37	960.37
64898		3	nerve graft single strand more than 4 cm	1,047.04	1,047.04
64901		3	nerve graft, each additional nerve; single stran	472.02	472.02
64902		3	nerve graft, each additional nerve; multiple str	542.50	542.50
64905		3	nerve pedicle transfer first stage	767.53	767.53
64907		3	nerve pedicle transfer second stage	1,009.34	1,009.34
65091		3	revise eyeball	438.02	438.02
65101		3	removal of eyeball	504.62	504.62
65110		3	removal of eyeball	851.26	851.26
65112		3	remove eye, revise socket	1,002.67	1,002.67
65114		3	remove eye, revise socket	1,043.06	1,043.06
65205		3	removal of foreign body, external eye;	31.96	39.75
65210		3	remove foreign body from eye	38.52	48.61
65220		3	removal of foreign body, external eye;	31.49	40.72
65222		3	removal of foreign body, external eye;	42.19	53.44
65235		3	removal of foreign body, intraocular; from antei	481.81	481.81
65260		3	remove foreign body from eye	661.24	661.24
65265		3	remove foreign body from eye	744.83	744.83
65270		3	repair wound of eye	98.56	182.20
65272		3	repair wound of eye	239.22	338.14
65273		3	rep laceration conjunctiva by mobilazation rearr	262.99	262.99
65275		3	repair wound of eye	313.10	381.45
65280		3	repair wound of eye	461.45	461.45

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
65285		3	repair wound of eye	720.99	720.99
65286		3	repair of laceration by application of tissue glue	339.11	478.71
65290		3	repair wound of eye socket	338.52	338.52
65400		3	removal of eye lesion	407.96	457.86
65410		3	biopsy of cornea of eye	73.76	99.42
65420		3	removal of eye lesion	256.62	350.35
65426		3	remove/repair eye lesion	327.98	443.06
65430		3	scraping of cornea, diagnostic, for smear and/c	73.76	80.96
65435		3	removal of corneal epithelium;	49.09	55.72
65436		3	curette/treat cornea	255.15	265.24
65450		3	destruction of lesion of cornea by cryotherapy,	215.77	218.36
65600		3	multiple punctures of anterior cornea (eg, for c	230.63	264.66
65710		3	corneal transplant	761.13	761.13
65730		3	corneal transplant	847.25	847.25
65750		3	corneal transplant	859.85	859.85
65755		3	keratoplasty, penetrating	854.77	854.77
65770		3	keratoprosthesis	983.77	983.77
65772		3	corneal relaxing incision	276.48	306.47
65775		3	corneal wedge resection	377.75	377.75
65800		3	paracentesis of anterior chamber of eye (separ	93.35	105.75
65805		3	drainage of eyeball	93.35	114.98
65810		3	drainage of eyeball	320.26	320.26
65815		3	drainage of eyeball	324.92	433.64
65820		3	relieve inner eye pressure	514.85	514.85
65850		3	incision of eyeball	588.01	588.01
65855		3	trabeculoplasty by laser one or more sessions	207.26	234.38
65860		3	severing adhesions of anter. segmt. laser techn	180.03	216.37
65865		3	relieve inner eye adhesions	327.66	327.66
65870		3	relieve inner eye adhesions	405.13	405.13
65875		3	relieve inner eye adhesions	430.20	430.20
65880		3	relieve inner eye adhesions	453.72	453.72
65900		3	removal of epithelial downgrowth, anterior char	666.35	666.35
65920		3	removal of implanted material, anterior segmer	538.77	538.77
65930		3	removal of blood clot, anterior segment of eye	443.92	443.92
66020		3	injection, anterior chamber of eye (separate pr	90.72	127.35
66030		3	injection, anterior chamber (separate procedur	75.68	112.31
66130		3	remove eyeball lesion	400.25	485.63
66150		3	incision of eyeball	591.55	591.55

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
66155		3	incision of eyeball	589.67	589.67
66160		3	incision of eyeball	671.97	671.97
66165		3	incision of eyeball	577.58	577.58
66170		3	fistulization of sclera for glaucoma; trabeculect	813.69	813.69
66172		3	fistulization of sclera for glaucoma;	1,022.36	1,022.36
66180		3	aqueous shunt to extraocular reservoir	812.33	812.33
66185		3	revision of aqueous shunt to extraocular reserv	511.42	511.42
66220		3	repair eyeball lesion	499.31	499.31
66225		3	repair/graft eyeball lesion	644.04	644.04
66250		3	follow-up surgery of eyeball	379.45	509.53
66500		3	incision of iris	241.32	241.32
66505		3	incision of iris	264.24	264.24
66600		3	removal of iris lesion	561.72	561.72
66605		3	removal of iris	732.34	732.34
66625		3	removal of iris	295.30	295.30
66630		3	removal of iris	389.02	389.02
66635		3	removal of iris	392.97	392.97
66680		3	repair of iris	351.31	351.31
66682		3	suture of iris ciliary body w/retrieval of suture	426.34	426.34
66700		3	ciliary body destruction; diathermy.	272.11	307.30
66710		3	ciliary body distruction; cyclophotocoagulation.	271.33	302.19
66711		3	ciliary body destruction; cyclophotocoagulation	434.06	434.06
66720		3	ciliary body destruction; crytherapy.	286.17	316.16
66740		3	ciliary body destruction; cyclodialysis.	272.49	300.17
66761		3	revision of iris	280.68	307.51
66762		3	revision of iris	290.53	322.54
66770		3	removal of inner eye lesion	329.46	358.59
66820		3	incision of lens lesion	270.50	270.50
66821		3	discission secondary cataract; laser	207.79	219.90
66825		3	repositioning intraocular lens pros; incisional	522.00	522.00
66830		3	removal of lens lesion	490.54	490.54
66840		3	removal lens material aspiration technique one	478.05	478.05
66850		3	removal of lens	545.83	545.83
66852		3	removal of lens material, pars plana w/wo vitre	584.39	584.39
66920		3	extraction of lens	521.36	521.36
66930		3	extraction of lens	592.65	592.65
66940		3	extraction of lens	537.80	537.80
66982		3	extracapsular cataract removal with insertion o	741.91	741.91

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
66983		3	intracapsular extraction with insertion of prosth	511.44	511.44
66984		3	extracapsular cataract removal with lens prostf	531.47	531.47
66985		3	insert lens prosthesis	524.79	524.79
66986		3	exchange of intraocular lens.	643.02	643.02
66990		3	use of ophthalmic endoscope (list separately ir	66.35	66.35
67005		3	partial removal of eye fluid	323.30	323.30
67010		3	partial removal of eye fluid	374.81	374.81
67015		3	release of eye fluid	399.18	399.18
67025		3	replace eye fluid	431.30	494.75
67027		3	implantation of intravitreal drug delivery system	592.02	592.02
67028		3	intravitreal injection of a pharmacologic agent (	120.17	148.72
67030		3	incise inner eye strands	356.01	356.01
67031		3	severing of vitreous strands, laser surgery	242.13	263.18
67036		3	vitrectomy, pars plana approach	669.09	669.09
67039		3	vitrectomy, mech., w focal endolaser photocoag	856.16	856.16
67040		3	laser treatment of retina	988.44	988.44
67041		3	vitrectomy, mechanical, pars plana approach; \	926.38	926.38
67042		3	vitrectomy, mechanical, pars plana approach; \	1,061.92	1,061.92
67043		3	vitrectomy, mechanical, pars plana approach; \	1,113.64	1,113.64
67101		3	repair of retinal detachment, one or more sessi	461.77	530.13
67105		3	repair of retinal detachment, one or more sessi	443.02	491.47
67107		3	repair of retinal detachment; scleral buckling (s	841.19	841.19
67108		3	repair of retinal detachment; with vitrectomy, ar	1,121.42	1,121.42
67110		3	repair of retinal detachment; by injection of air	531.95	594.53
67112		3	repair of retinal detachment; by scleral buckling	925.08	925.08
67113		3	repair of complex retinal detachment (eg, prolif	1,219.16	1,219.16
67115		3	release of encircling material	337.22	337.22
67120		3	revision of inner eye	380.41	446.46
67121		3	removal of implanted material, intraocular	626.61	626.61
67141		3	prophylaxis of retinal detachment	331.80	355.17
67145		3	prophylaxis of retinal detachment;photocoagula	339.33	358.36
67208		3	destruction of localized lesion of retina (eg, ma	397.84	411.68
67210		3	destruction of localized lesion of retina (eg, ma	466.93	482.22
67218		3	treatment inner eye lesion	980.89	980.89
67220		3	destruction of localized lesion of choroid (eg, cl	707.07	739.95
67221		3	destruction of localized lesion of choroid (eg, cl	157.09	208.14
67225		3	destruction of localized lesion of choroid (eg, cl	20.53	21.69
67227		3	destruction of retinopathy, one or more sessior	392.95	418.62

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
67228		3	destruction of retinopathy, photocoagulation	729.97	823.70
67229		3	treatment of extensive or pregressive retinopat	801.32	801.32
67250		3	reinforce eyeball wall	542.48	542.48
67255		3	reinforce/graft eyeball wall	579.71	579.71
67311		3	strabismus surgery, recession or resection pro	411.82	411.82
67312		3	strabismus surgery, two horizontal muscles	493.28	493.28
67314		3	strabismus surgery, one vertical muscle	461.85	461.85
67316		3	strabismus surgery, 2 or more vertical muscles	553.92	553.92
67318		3	strabismus surgery, any procedure, superior of	483.21	483.21
67320		3	transposition procedure (eg, for paretic extraoc	232.71	232.71
67331		3	strabismus surgery on patient with previous ey	220.35	220.35
67332		3	strabismus surgery on patient with scarring of €	239.62	239.62
67334		3	strabismus surgery by posterior fixation suture	217.36	217.36
67335		3	placement of adjustable suture(s) during strabi	109.34	109.34
67340		3	strabismus surgery involving exploration and/o	258.93	258.93
67343		3	release extensive scar tissue w/o detaching m	448.65	448.65
67345		3	chemodeneration of extraocular muscle	149.34	163.47
67346		3	biopsy of extraocular muscle	143.21	143.21
67400		3	orbitotomy without bone flap (frontal or transco	644.70	644.70
67405		3	explore/treat eye socket	548.02	548.02
67412		3	explore/treat eye socket	596.82	596.82
67413		3	explore/treat eye socket	597.03	597.03
67414		3	orbitotomy wo flap;w bone removal for decomp	918.80	918.80
67415		3	explore/treat eye socket	76.56	76.56
67420		3	explore/treat eye socket	1,144.45	1,144.45
67430		3	explore/treat eye socket	867.10	867.10
67440		3	explore/treat eye socket	836.12	836.12
67445		3	orbitotomy w flap/window; w bone removal.	985.91	985.91
67450		3	explore/treat eye socket	867.58	867.58
67500		3	inject/treat eye socket	58.29	64.05
67505		3	inject/treat eye socket	56.17	62.22
67515		3	injection of medication or other substance into	61.26	66.17
67560		3	revise eye socket implant	684.65	684.65
67570		3	optic nerve decompression.	804.90	804.90
67700		3	blepharotomy, drainage of abscess, eyelid	79.29	180.81
67710		3	incision of eyelid	66.00	152.24
67715		3	incision of eyelid	74.75	160.70
67800		3	remove eyelid lesion	72.70	87.41

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
67801		3	remove eyelid lesions	94.45	112.33
67805		3	remove eyelid lesions	115.85	138.93
67808		3	remove eyelid lesion(s)	250.71	250.71
67810		3	biopsy of eyelid	68.10	156.07
67820		3	correction of trichiasis;	38.21	37.06
67825		3	correction of trichiasis; epilation by other than f	83.39	88.59
67830		3	revise eyelashes	95.59	181.83
67835		3	revise eyelashes	305.33	305.33
67840		3	excision eyelid lesion without closure or with si	110.91	190.80
67850		3	destruction of lesion of lid margin (up to 1 cm)	99.12	153.63
67875		3	temporary closure of eyelids by suture	69.14	119.33
67880		3	revision of eyelid(s)	250.71	310.69
67882		3	construction intermarginal adhesions with trans	323.23	384.08
67901		3	repair eyelid defect	401.35	480.08
67902		3	repair eyelid defect	497.69	497.69
67903		3	repair eyelid defect	346.75	424.62
67904		3	repair blepharoptosis levator resection externa	411.45	502.58
67906		3	repair eyelid defect	359.65	359.65
67908		3	repair blepharoptosis conjunctivo-tarso-levator r	298.58	338.38
67909		3	revise eyelid defect	305.87	371.04
67911		3	revise eyelid defect	384.77	384.77
67912		3	correction of lagophthalmos, with implantation	345.44	620.87
67914		3	repair eyelid defect	201.61	269.39
67915		3	repair eyelid defect	177.95	241.11
67916		3	repair eyelid defect	300.45	371.40
67917		3	repair eyelid defect	332.53	406.36
67921		3	repair eyelid defect	188.44	256.22
67922		3	repair eyelid defect	171.42	233.42
67923		3	repair eyelid defect	324.39	392.16
67924		3	repair eyelid defect	313.77	405.20
67930		3	repair eyelid wound	173.73	254.49
67935		3	repair eyelid wound	316.84	414.03
67938		3	remove foreign body, eyelid	79.62	165.27
67950		3	revision of eyelids	326.30	399.55
67961		3	revision of eyelids	318.76	398.65
67966		3	revision of eyelids	452.79	527.78
67971		3	reconstruction of eyelid	511.17	511.17
67973		3	reconstruction of eyelid	662.63	662.63

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
67974		3	reconstruction of eyelid	659.96	659.96
67975		3	reconstruction of eyelid	482.50	482.50
68020		3	incise/drain eyelid lesion	76.83	82.31
68040		3	treatment of eyelid lesions	38.54	46.04
68100		3	biopsy eyelid lining	69.72	118.46
68110		3	remove eyelid lining lesion	102.58	154.21
68115		3	remove eyelid lining lesion	128.20	213.86
68130		3	remove eyelid lining lesion	284.06	369.71
68135		3	remove eyelid lining lesion	104.77	108.23
68200		3	subconjunctival injection	24.62	29.52
68320		3	revise/graft eyelid lining	365.05	489.07
68325		3	revise/graft eyelid lining	454.97	454.97
68326		3	revise eyelid lining	442.90	442.90
68328		3	revise/graft eyelid lining	494.92	494.92
68330		3	revise eyelid lining	314.10	411.30
68335		3	revise/graft eyelid lining	444.34	444.34
68340		3	separate eyelid adhesions	271.29	369.92
68360		3	revise eyelid lining	280.61	361.36
68362		3	revise eyelid lining	450.46	450.46
68400		3	incise/drain tear gland	94.99	191.61
68420		3	incise/drain tear sac	122.09	219.29
68440		3	incise tear duct opening	66.11	73.32
68500		3	removal of tear gland	671.13	671.13
68505		3	partial removal tear gland	674.97	674.97
68510		3	biopsy of tear gland	210.27	315.82
68520		3	removal of tear sac	474.70	474.70
68525		3	biopsy of tear sac	193.78	193.78
68530		3	clearance of tear duct	184.61	299.69
68540		3	remove tear gland lesion	641.82	641.82
68550		3	remove tear gland lesion	789.47	789.47
68700		3	repair tear ducts	414.20	414.20
68705		3	revise tear duct opening	115.29	163.45
68720		3	incise tear ducts	525.91	525.91
68745		3	incise tear ducts	527.87	527.87
68750		3	establish tear duct channel	542.36	542.36
68760		3	close tear duct opening	100.76	138.54
68761		3	closure of lacrimal punctum; by plug, each	81.71	101.03
68770		3	close tear system fistula	410.57	410.57

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
68801		3	dilation of lacrimal punctum, with or without irri	72.45	83.41
68810		3	probing of nasolacrimal duct, with or without irr	130.59	162.03
68811		3	probing of nasolacrimal duct, with or without irr	141.98	141.98
68815		3	probing of nasolacrimal duct, with or without irr	179.37	303.68
68816		3	probing of nasolacrimal duct with or without irr	171.69	461.83
68840		3	exploration of tear ducts	77.12	85.49
68850		3	injection of contrast medium for dacryocystogr	44.19	48.23
69000		3	drain external ear lesion	87.14	130.98
69005		3	drain external ear lesion	118.80	156.01
69020		3	drain outer ear canal lesion	105.67	166.24
69100		3	biopsy external ear	37.67	77.76
69105		3	biopsy external auditory canal	48.94	101.43
69110		3	partial removal external ear	243.62	331.88
69120		3	removal of external ear	295.95	295.95
69140		3	remove ear canal lesion(s)	644.79	644.79
69145		3	remove ear canal lesion(s)	183.68	278.57
69150		3	extensive outer ear surgery	795.15	795.15
69155		3	extensive ear/neck surgery	1,279.18	1,279.18
69200		3	removal foreign body from external auditory ca	42.50	88.36
69205		3	clear outer ear canal	76.02	76.02
69210		3	remove impacted ear wax	25.49	37.03
69220		3	debridement, mastoidectomy cavity, simple	47.45	99.08
69222		3	debridement, mastoidectomy cavity, complex	102.60	159.13
69310		3	reconstruction of external auditory canal (meat	806.75	806.75
69320		3	rebuild outer ear canal	1,153.35	1,153.35
69400		3	eustachian tube inflation, transnasal;	47.17	102.83
69401		3	eustachian tube inflation, transnasal;	37.65	60.43
69405		3	eustachian tube catheterization, transtympanic	147.06	191.18
69420		3	incision of eardrum	89.54	138.00
69421		3	incision of eardrum	113.48	113.48
69424		3	removal ventilating tube insert by other physici	47.50	93.65
69433		3	tympanostomy, local or topical anesthesia	97.02	144.03
69436		3	tympanostomy, general anesthesia	123.46	123.46
69440		3	exploration of middle ear	510.37	510.37
69450		3	tympanolysis transcanal	399.84	399.84
69501		3	removal of mastoid bone	549.99	549.99
69502		3	mastoidectomy complete	732.40	732.40
69505		3	removal mastoid structures	900.35	900.35

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
69511		3	removal mastoid structures	926.03	926.03
69530		3	remove part of temporal bone	1,251.32	1,251.32
69535		3	remove part of temporal bone	2,043.40	2,043.40
69540		3	remove ear lesion	94.24	149.90
69550		3	remove ear lesion	777.70	777.70
69552		3	remove ear lesion	1,192.47	1,192.47
69554		3	remove ear lesion	1,901.41	1,901.41
69601		3	revise mastoid surgery	789.45	789.45
69602		3	revise mastoid surgery	820.82	820.82
69603		3	revise mastoid surgery	952.71	952.71
69604		3	revise mastoid surgery	846.86	846.86
69605		3	revise mastoid surgery	1,179.95	1,179.95
69610		3	repair of eardrum	227.17	292.65
69620		3	repair of eardrum	367.46	509.35
69631		3	repair eardrum structures	656.81	656.81
69632		3	rebuild eardrum structures	808.00	808.00
69633		3	tympanoplasty w/o mastoidectomy with ossicul	778.09	778.09
69635		3	repair eardrum structures	913.57	913.57
69636		3	rebuild eardrum structures	1,035.48	1,035.48
69637		3	tympan antro/mastoid w ossicular chain recon	1,030.69	1,030.69
69641		3	revise middle ear & mastoid	783.36	783.36
69642		3	revise middle ear & mastoid	1,011.26	1,011.26
69643		3	revise middle ear & mastoid	923.57	923.57
69644		3	revise middle ear & mastoid	1,115.71	1,115.71
69645		3	revise middle ear & mastoid	1,092.65	1,092.65
69646		3	revise middle ear & mastoid	1,162.84	1,162.84
69650		3	release middle ear bone	596.49	596.49
69660		3	revise middle ear bone	702.75	702.75
69661		3	stapedectomy with foot plate drill out	919.50	919.50
69662		3	revision stapedectomy or stapedotomy	882.04	882.04
69666		3	repair middle ear structures	605.26	605.26
69667		3	repair middle ear structures	607.31	607.31
69670		3	remove mastoid air cells	708.62	708.62
69676		3	tympanic neurectomy	623.31	623.31
69700		3	close mastoid fistula	520.31	520.31
69720		3	release facial nerve	884.75	884.75
69725		3	release facial nerve	1,449.97	1,449.97
69740		3	repair facial nerve	894.15	894.15

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
69745		3	repair facial nerve	948.95	948.95
69801		3	labyrinthotomy, with or without cryosurgery incl	559.55	559.55
69802		3	incise inner ear	787.71	787.71
69805		3	explore inner ear	800.85	800.85
69806		3	explore inner ear	718.16	718.16
69820		3	establish inner ear window	649.50	649.50
69840		3	revise inner ear window	681.18	681.18
69905		3	remove inner ear	692.21	692.21
69910		3	remove inner ear & mastoid	777.05	777.05
69915		3	incise inner ear nerve	1,180.81	1,180.81
69930		3	cochlear device implantation with or w/o masto	947.69	947.69
69950		3	incise inner ear nerve	1,399.79	1,399.79
69955		3	release facial nerve	1,529.33	1,529.33
69960		3	release inner ear canal	1,484.26	1,484.26
69970		3	remove inner ear lesion	1,656.65	1,656.65
69990		3	microsurgical techniques, requiring use of oper	167.59	167.59
70010		3	myelography, posterior fossa	137.04	137.04
70010	26	5	myelography, posterior fossa	50.50	50.50
70010	TC	T	myelography, posterior fossa	86.55	86.55
70015		3	cisternography, positive contrast	114.97	114.97
70015	26	5	cisternography, positive contrast	51.66	51.66
70015	TC	T	cisternography, positive contrast	63.30	63.30
70030		3	radiologic exam eye	22.33	22.33
70030	26	5	radiologic exam eye	7.23	7.23
70030	TC	T	radiologic exam eye	15.11	15.11
70100		3	radiologic exam mandible partial	24.09	24.09
70100	26	5	radiologic exam mandible partial	7.54	7.54
70100	TC	T	radiologic exam mandible partial	16.54	16.54
70110		3	radiologic exam mandible complete	31.28	31.28
70110	26	5	radiologic exam mandible complete	10.59	10.59
70110	TC	T	radiologic exam mandible complete	20.69	20.69
70120		3	radiologic exam mastoid	26.22	26.22
70120	26	5	radiologic exam mastoid	7.54	7.54
70120	TC	T	radiologic exam mastoid	18.67	18.67
70130		3	radiologic exam mastoids, complete	43.43	43.43
70130	26	5	radiologic exam mastoids, complete	14.46	14.46
70130	TC	T	radiologic exam mastoids, complete	28.97	28.97
70134		3	radiologic exam internal auditory complete	37.36	37.36

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
70134	26	5	radiologic exam internal auditory complete	14.46	14.46
70134	TC	T	radiologic exam internal auditory complete	22.90	22.90
70140		3	radiologic exam, facial bones	23.64	23.64
70140	26	5	radiologic exam, facial bones	7.85	7.85
70140	TC	T	radiologic exam, facial bones	15.79	15.79
70150		3	radiologic exam facial bones, complete	33.81	33.81
70150	26	5	radiologic exam facial bones, complete	10.90	10.90
70150	TC	T	radiologic exam facial bones, complete	22.90	22.90
70160		3	radiologic exam nasal bones	25.22	25.22
70160	26	5	radiologic exam nasal bones	7.23	7.23
70160	TC	T	radiologic exam nasal bones	17.99	17.99
70170		3	dacryocystography	42.68	42.68
70170	26	5	dacryocystography	12.72	12.72
70170	TC	T	dacryocystography	30.40	30.40
70190		3	radiologic exam, optic foramina	28.01	28.01
70190	26	5	radiologic exam, optic foramina	8.76	8.76
70190	TC	T	radiologic exam, optic foramina	19.25	19.25
70200		3	radiologic exam, orbits, complete	35.01	35.01
70200	26	5	radiologic exam, orbits, complete	11.81	11.81
70200	TC	T	radiologic exam, orbits, complete	23.20	23.20
70210		3	radiologic exam sinuses	23.60	23.60
70210	26	5	radiologic exam sinuses	7.23	7.23
70210	TC	T	radiologic exam sinuses	16.36	16.36
70220		3	radiologic exam sinuses complete	30.90	30.90
70220	26	5	radiologic exam sinuses complete	10.30	10.30
70220	TC	T	radiologic exam sinuses complete	20.60	20.60
70240		3	radiologic exam sella turcica	23.24	23.24
70240	26	5	radiologic exam sella turcica	8.14	8.14
70240	TC	T	radiologic exam sella turcica	15.11	15.11
70250		3	radiologic exam skull	28.66	28.66
70250	26	5	radiologic exam skull	9.99	9.99
70250	TC	T	radiologic exam skull	18.67	18.67
70260		3	radiologic exam skull complete	38.14	38.14
70260	26	5	radiologic exam skull complete	14.17	14.17
70260	TC	T	radiologic exam skull complete	23.97	23.97
70300		3	radiologic exam teeth	11.21	11.21
70300	26	5	radiologic exam teeth	4.47	4.47
70300	TC	T	radiologic exam teeth	6.74	6.74

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
70310		3	radiologic exam, teeth partial exam	26.64	26.64
70310	26	5	radiologic exam, teeth partial exam	6.92	6.92
70310	TC	T	radiologic exam, teeth partial exam	19.72	19.72
70320		3	radiologic exam teeth complete	37.46	37.46
70320	26	5	radiologic exam teeth complete	9.36	9.36
70320	TC	T	radiologic exam teeth complete	28.10	28.10
70328		3	radiologic exam temporomandibular joint	23.51	23.51
70328	26	5	radiologic exam temporomandibular joint	7.54	7.54
70328	TC	T	radiologic exam temporomandibular joint	15.97	15.97
70330		3	radiologic exam teeth	37.22	37.22
70330	26	5	radiologic exam teeth	10.27	10.27
70330	TC	T	radiologic exam teeth	26.95	26.95
70332		3	temporomandibular joint arthrography	67.19	67.19
70332	26	5	temporomandibular joint arthrography	22.42	22.42
70332	TC	T	temporomandibular joint arthrography	44.77	44.77
70336		3	magnetic resonance (eg, proton) imaging, temj	405.29	405.29
70336	26	5	magnetic resonance (eg, proton) imaging, temj	63.10	63.10
70336	TC	T	magnetic resonance (eg, proton) imaging, temj	342.18	342.18
70350		3	cephalogram, orthodontic	16.28	16.28
70350	26	5	cephalogram, orthodontic	7.23	7.23
70350	TC	T	cephalogram, orthodontic	9.05	9.05
70355		3	orthopantogram	18.18	18.18
70355	26	5	orthopantogram	8.45	8.45
70355	TC	T	orthopantogram	9.73	9.73
70360		3	radiologic exam; neck	21.47	21.47
70360	26	5	radiologic exam; neck	7.23	7.23
70360	TC	T	radiologic exam; neck	14.24	14.24
70370		3	radiologic exam; pharynx or larynx	58.57	58.57
70370	26	5	radiologic exam; pharynx or larynx	13.35	13.35
70370	TC	T	radiologic exam; pharynx or larynx	45.22	45.22
70373		3	laryngography	63.59	63.59
70373	26	5	laryngography	17.57	17.57
70373	TC	T	laryngography	46.01	46.01
70380		3	radiologic exam, salivary gland	29.07	29.07
70380	26	5	radiologic exam, salivary gland	7.23	7.23
70380	TC	T	radiologic exam, salivary gland	21.85	21.85
70390		3	sialography	78.44	78.44
70390	26	5	sialography	16.28	16.28

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
70390	TC	T	sialography	62.16	62.16
70450		3	computerized axial tomography, head or brain	174.14	174.14
70450	26	5	computerized axial tomography, head or brain	36.52	36.52
70450	TC	T	computerized axial tomography, head or brain	137.61	137.61
70460		3	computerized axial tomography with contrast	225.29	225.29
70460	26	5	computerized axial tomography with contrast	48.34	48.34
70460	TC	T	computerized axial tomography with contrast	176.96	176.96
70470		3	computerized axial tomography with/without cc	272.48	272.48
70470	26	5	computerized axial tomography with/without cc	54.34	54.34
70470	TC	T	computerized axial tomography with/without cc	218.15	218.15
70480		3	computerized axial tomography orbit	265.23	265.23
70480	26	5	computerized axial tomography orbit	54.65	54.65
70480	TC	T	computerized axial tomography orbit	210.58	210.58
70481		3	computerized axial tomography with contrast	308.27	308.27
70481	26	5	computerized axial tomography with contrast	58.92	58.92
70481	TC	T	computerized axial tomography with contrast	249.35	249.35
70482		3	computerized axial tomography with/without cc	352.80	352.80
70482	26	5	computerized axial tomography with/without cc	61.68	61.68
70482	TC	T	computerized axial tomography with/without cc	291.11	291.11
70486		3	computerized axial tomography	224.32	224.32
70486	26	5	computerized axial tomography	48.65	48.65
70486	TC	T	computerized axial tomography	175.68	175.68
70487		3	computerized axial tomography, with contrast	271.17	271.17
70487	26	5	computerized axial tomography, with contrast	55.86	55.86
70487	TC	T	computerized axial tomography, with contrast	215.32	215.32
70488		3	computerized axial tomography with/without cc	329.65	329.65
70488	26	5	computerized axial tomography with/without cc	60.46	60.46
70488	TC	T	computerized axial tomography with/without cc	269.20	269.20
70490		3	computerized axial tomography,neck	222.55	222.55
70490	26	5	computerized axial tomography,neck	54.94	54.94
70490	TC	T	computerized axial tomography,neck	167.60	167.60
70491		3	computerized axial tomography neck with cont	266.74	266.74
70491	26	5	computerized axial tomography neck with cont	58.92	58.92
70491	TC	T	computerized axial tomography neck with cont	207.82	207.82
70492		3	computerized axial tomography with/without cc	323.38	323.38
70492	26	5	computerized axial tomography with/without cc	61.68	61.68
70492	TC	T	computerized axial tomography with/without cc	261.69	261.69
70496		3	computed tomographic angiography, head, wit	514.36	514.36

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
70496	26	5	computed tomographic angiography, head, wit	75.18	75.18
70496	TC	T	computed tomographic angiography, head, wit	439.18	439.18
70498		3	computed tomographic angiography, neck, witl	516.67	516.67
70498	26	5	computed tomographic angiography, neck, witl	75.47	75.47
70498	TC	T	computed tomographic angiography, neck, witl	441.20	441.20
70540		3	magnetic resonance (eg, proton) imaging, orbit	438.61	438.61
70540	26	5	magnetic resonance (eg, proton) imaging, orbit	57.41	57.41
70540	TC	T	magnetic resonance (eg, proton) imaging, orbit	381.20	381.20
70542		3	magnetic resonance (eg, proton) imaging, orbit	487.46	487.46
70542	26	5	magnetic resonance (eg, proton) imaging, orbit	68.91	68.91
70542	TC	T	magnetic resonance (eg, proton) imaging, orbit	418.55	418.55
70543		3	magnetic resonance (eg, proton) imaging, orbit	671.67	671.67
70543	26	5	magnetic resonance (eg, proton) imaging, orbit	91.51	91.51
70543	TC	T	magnetic resonance (eg, proton) imaging, orbit	580.16	580.16
70544		3	magnetic resonance angiography, head; withoi	472.59	472.59
70544	26	5	magnetic resonance angiography, head; withoi	51.10	51.10
70544	TC	T	magnetic resonance angiography, head; withoi	421.49	421.49
70545		3	magnetic resonance angiography, head; with c	470.57	470.57
70545	26	5	magnetic resonance angiography, head; with c	51.10	51.10
70545	TC	T	magnetic resonance angiography, head; with c	419.47	419.47
70546		3	magnetic resonance angiography, head; withoi	749.16	749.16
70546	26	5	magnetic resonance angiography, head; withoi	76.74	76.74
70546	TC	T	magnetic resonance angiography, head; withoi	672.42	672.42
70547		3	magnetic resonance angiography, neck; withoi	471.43	471.43
70547	26	5	magnetic resonance angiography, neck; withoi	51.10	51.10
70547	TC	T	magnetic resonance angiography, neck; withoi	420.34	420.34
70548		3	magnetic resonance angiography, neck; with c	489.90	489.90
70548	26	5	magnetic resonance angiography, neck; with c	51.10	51.10
70548	TC	T	magnetic resonance angiography, neck; with c	438.80	438.80
70549		3	magnetic resonance angiography, neck; withoi	749.73	749.73
70549	26	5	magnetic resonance angiography, neck; withoi	76.74	76.74
70549	TC	T	magnetic resonance angiography, neck; withoi	672.99	672.99
70551		3	magnetic resonance, brain	453.16	453.16
70551	26	5	magnetic resonance, brain	63.10	63.10
70551	TC	T	magnetic resonance, brain	390.06	390.06
70552		3	magnetic resonance, brain with contrast	506.71	506.71
70552	26	5	magnetic resonance, brain with contrast	76.11	76.11
70552	TC	T	magnetic resonance, brain with contrast	430.59	430.59

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
70553		3	magnetic resonance, brain with/without contrast	674.53	674.53
70553	26	5	magnetic resonance, brain with/without contrast	100.66	100.66
70553	TC	T	magnetic resonance, brain with/without contrast	573.88	573.88
70557		3	magnetic resonance (eg, proton) imaging, brain	498.38	498.38
70557	26	5	magnetic resonance (eg, proton) imaging, brain	124.60	124.60
70557	TC	T	magnetic resonance (eg, proton) imaging, brain	373.79	373.79
70558		3	magnetic resonance (eg, proton) imaging, brain	544.29	544.29
70558	26	5	magnetic resonance (eg, proton) imaging, brain	136.07	136.07
70558	TC	T	magnetic resonance (eg, proton) imaging, brain	408.22	408.22
70559		3	magnetic resonance (eg, proton) imaging, brain	552.78	552.78
70559	26	5	magnetic resonance (eg, proton) imaging, brain	138.20	138.20
70559	TC	T	magnetic resonance (eg, proton) imaging, brain	414.59	414.59
71010		3	radiologic exam, chest	19.18	19.18
71010	26	5	radiologic exam, chest	7.54	7.54
71010	TC	T	radiologic exam, chest	11.64	11.64
71015		3	radiologic exam stereo, frontal	23.58	23.58
71015	26	5	radiologic exam stereo, frontal	8.76	8.76
71015	TC	T	radiologic exam stereo, frontal	14.81	14.81
71020		3	radiological exam chest two views frontal/lateral	25.44	25.44
71020	26	5	radiological exam chest two views frontal/lateral	9.36	9.36
71020	TC	T	radiological exam chest two views frontal/lateral	16.08	16.08
71021		3	radiological exam chest with apical lordotic	30.66	30.66
71021	26	5	radiological exam chest with apical lordotic	11.21	11.21
71021	TC	T	radiological exam chest with apical lordotic	19.45	19.45
71022		3	radiologic exam chest with oblique projections	36.81	36.81
71022	26	5	radiologic exam chest with oblique projections	13.04	13.04
71022	TC	T	radiologic exam chest with oblique projections	23.77	23.77
71023		3	radiologic exam chest with fluoroscopy	53.13	53.13
71023	26	5	radiologic exam chest with fluoroscopy	16.37	16.37
71023	TC	T	radiologic exam chest with fluoroscopy	36.75	36.75
71030		3	radiological exam chest complete	37.10	37.10
71030	26	5	radiological exam chest complete	13.04	13.04
71030	TC	T	radiological exam chest complete	24.06	24.06
71034		3	radiologic exam, chest with fluoroscopy	72.85	72.85
71034	26	5	radiologic exam, chest with fluoroscopy	20.79	20.79
71034	TC	T	radiologic exam, chest with fluoroscopy	52.05	52.05
71035		3	radiologic exam chest, special views	27.26	27.26
71035	26	5	radiologic exam chest, special views	7.83	7.83

**Physician Fee Schedule
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Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
71035	TC	T	radiologic exam chest, special views	19.43	19.43
71040		3	bronchography, unilateral	76.21	76.21
71040	26	5	bronchography, unilateral	24.73	24.73
71040	TC	T	bronchography, unilateral	51.48	51.48
71060		3	bronchography, bilateral	110.74	110.74
71060	26	5	bronchography, bilateral	31.45	31.45
71060	TC	T	bronchography, bilateral	79.29	79.29
71090		3	insertion pacemaker	77.04	77.04
71090	26	5	insertion pacemaker	24.73	24.73
71090	TC	T	insertion pacemaker	53.25	53.25
71100		3	radiologic exam, ribs	26.02	26.02
71100	26	5	radiologic exam, ribs	9.36	9.36
71100	TC	T	radiologic exam, ribs	16.65	16.65
71101		3	radiologic exam ribs /posteroanterior chest	31.32	31.32
71101	26	5	radiologic exam ribs /posteroanterior chest	11.21	11.21
71101	TC	T	radiologic exam ribs /posteroanterior chest	20.11	20.11
71110		3	radiologic exam, ribs bilateral	32.39	32.39
71110	26	5	radiologic exam, ribs bilateral	11.21	11.21
71110	TC	T	radiologic exam, ribs bilateral	21.18	21.18
71111		3	radiologic exam including posteroanterior	41.36	41.36
71111	26	5	radiologic exam including posteroanterior	13.35	13.35
71111	TC	T	radiologic exam including posteroanterior	28.01	28.01
71120		3	radiologic exam sternum	25.97	25.97
71120	26	5	radiologic exam sternum	8.45	8.45
71120	TC	T	radiologic exam sternum	17.52	17.52
71130		3	radiologic exam sternoclavicular joint(s)	29.77	29.77
71130	26	5	radiologic exam sternoclavicular joint(s)	9.36	9.36
71130	TC	T	radiologic exam sternoclavicular joint(s)	20.40	20.40
71250		3	computerized axial tomography	227.29	227.29
71250	26	5	computerized axial tomography	49.56	49.56
71250	TC	T	computerized axial tomography	177.73	177.73
71260		3	computerized axial tomography with contrast	272.50	272.50
71260	26	5	computerized axial tomography with contrast	52.92	52.92
71260	TC	T	computerized axial tomography with contrast	219.58	219.58
71270		3	computerized axial tomography without contrast	336.24	336.24
71270	26	5	computerized axial tomography without contrast	58.92	58.92
71270	TC	T	computerized axial tomography without contrast	277.31	277.31
71275		3	computed tomographic angiography, chest, with contrast	415.16	415.16

**Physician Fee Schedule
 Provider Specialty 001
 Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
71275	26	5	computed tomographic angiography, chest, wit	82.41	82.41
71275	TC	T	computed tomographic angiography, chest, wit	332.75	332.75
71550		3	magnetic resonance (eg, proton) imaging, che	489.66	489.66
71550	26	5	magnetic resonance (eg, proton) imaging, che	62.00	62.00
71550	TC	T	magnetic resonance (eg, proton) imaging, che	427.67	427.67
71551		3	magnetic resonance (eg, proton) imaging, che	549.47	549.47
71551	26	5	magnetic resonance (eg, proton) imaging, che	73.40	73.40
71551	TC	T	magnetic resonance (eg, proton) imaging, che	476.07	476.07
71552		3	magnetic resonance (eg, proton) imaging, che	753.56	753.56
71552	26	5	magnetic resonance (eg, proton) imaging, che	96.96	96.96
71552	TC	T	magnetic resonance (eg, proton) imaging, che	656.60	656.60
72010		3	radiologic exam spine	54.84	54.84
72010	26	5	radiologic exam spine	18.46	18.46
72010	TC	T	radiologic exam spine	36.37	36.37
72020		3	radiologic exam spine /specify level	18.83	18.83
72020	26	5	radiologic exam spine /specify level	6.61	6.61
72020	TC	T	radiologic exam spine /specify level	12.22	12.22
72040		3	radiologic examination, spine, cervical; two or t	29.19	29.19
72040	26	5	radiologic examination, spine, cervical; two or t	9.36	9.36
72040	TC	T	radiologic examination, spine, cervical; two or t	19.83	19.83
72050		3	radiologic exam spine. 4 views	41.33	41.33
72050	26	5	radiologic exam spine. 4 views	13.04	13.04
72050	TC	T	radiologic exam spine. 4 views	28.30	28.30
72052		3	radiologic exam spine, complete	51.74	51.74
72052	26	5	radiologic exam spine, complete	15.37	15.37
72052	TC	T	radiologic exam spine, complete	36.37	36.37
72069		3	radiologic exam spine thoracolumbar	27.65	27.65
72069	26	5	radiologic exam spine thoracolumbar	9.36	9.36
72069	TC	T	radiologic exam spine thoracolumbar	18.27	18.27
72070		3	radiologic examination, spine; thoracic, two vie	26.88	26.88
72070	26	5	radiologic examination, spine; thoracic, two vie	9.36	9.36
72070	TC	T	radiologic examination, spine; thoracic, two vie	17.52	17.52
72072		3	radiologic examination, spine; thoracic, three v	30.54	30.54
72072	26	5	radiologic examination, spine; thoracic, three v	9.36	9.36
72072	TC	T	radiologic examination, spine; thoracic, three v	21.18	21.18
72074		3	radiologic examination, spine; thoracic, minimu	35.64	35.64
72074	26	5	radiologic examination, spine; thoracic, minimu	9.36	9.36
72074	TC	T	radiologic examination, spine; thoracic, minimu	26.28	26.28

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
72080		3	radiologic examination, spine; thoracolumbar, t	28.04	28.04
72080	26	5	radiologic examination, spine; thoracolumbar, t	9.36	9.36
72080	TC	T	radiologic examination, spine; thoracolumbar, t	18.67	18.67
72090		3	radiologic exam spine. scoliosis	36.83	36.83
72090	26	5	radiologic exam spine. scoliosis	12.10	12.10
72090	TC	T	radiologic exam spine. scoliosis	24.72	24.72
72100		3	radiologic examination, spine, lumbosacral; tw	30.63	30.63
72100	26	5	radiologic examination, spine, lumbosacral; tw	9.36	9.36
72100	TC	T	radiologic examination, spine, lumbosacral; tw	21.27	21.27
72110		3	radiologic examination, spine, lumbosacral; mii	42.78	42.78
72110	26	5	radiologic examination, spine, lumbosacral; mii	13.04	13.04
72110	TC	T	radiologic examination, spine, lumbosacral; mii	29.74	29.74
72114		3	radiologic exam spine complete /bending view	55.78	55.78
72114	26	5	radiologic exam spine complete /bending view	15.37	15.37
72114	TC	T	radiologic exam spine complete /bending view	40.41	40.41
72120		3	radiologic exam spine bending view	38.24	38.24
72120	26	5	radiologic exam spine bending view	9.36	9.36
72120	TC	T	radiologic exam spine bending view	28.87	28.87
72125		3	computerized axial tomography	227.86	227.86
72125	26	5	computerized axial tomography	49.56	49.56
72125	TC	T	computerized axial tomography	178.31	178.31
72126		3	computerized axial tomography with contrast	271.88	271.88
72126	26	5	computerized axial tomography with contrast	52.01	52.01
72126	TC	T	computerized axial tomography with contrast	219.87	219.87
72127		3	computerized axial tomography without contra	330.79	330.79
72127	26	5	computerized axial tomography without contra	54.05	54.05
72127	TC	T	computerized axial tomography without contra	276.74	276.74
72128		3	computerized axial tomography thoracic spine	227.29	227.29
72128	26	5	computerized axial tomography thoracic spine	49.56	49.56
72128	TC	T	computerized axial tomography thoracic spine	177.73	177.73
72129		3	comp. axial tomography/thoracic spine with coi	272.17	272.17
72129	26	5	comp. axial tomography/thoracic spine with coi	52.30	52.30
72129	TC	T	comp. axial tomography/thoracic spine with coi	219.87	219.87
72130		3	comp. tomography/thoracic spine without contr	331.66	331.66
72130	26	5	comp. tomography/thoracic spine without contr	54.34	54.34
72130	TC	T	comp. tomography/thoracic spine without contr	277.31	277.31
72131		3	computerized axial tomography/ lumbar spine	227.00	227.00
72131	26	5	computerized axial tomography/ lumbar spine	49.56	49.56

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
72131	TC	T	computerized axial tomography/ lumbar spine	177.44	177.44
72132		3	computerized axial tomography lumbar spine/c	271.88	271.88
72132	26	5	computerized axial tomography lumbar spine/c	52.30	52.30
72132	TC	T	computerized axial tomography lumbar spine/c	219.58	219.58
72133		3	computerized tomography lumbar spine w/wo c	331.37	331.37
72133	26	5	computerized tomography lumbar spine w/wo c	54.34	54.34
72133	TC	T	computerized tomography lumbar spine w/wo c	277.03	277.03
72141		3	magnetic resonance spinal canal	414.80	414.80
72141	26	5	magnetic resonance spinal canal	68.00	68.00
72141	TC	T	magnetic resonance spinal canal	346.80	346.80
72142		3	magnetic resonance /spine canal with contrast	511.85	511.85
72142	26	5	magnetic resonance /spine canal with contrast	81.84	81.84
72142	TC	T	magnetic resonance /spine canal with contrast	430.01	430.01
72146		3	magnetic resonance/ spinal canal and contents	425.31	425.31
72146	26	5	magnetic resonance/ spinal canal and contents	68.29	68.29
72146	TC	T	magnetic resonance/ spinal canal and contents	357.01	357.01
72147		3	magnetic resonance/spinal canal with contrast	468.30	468.30
72147	26	5	magnetic resonance/spinal canal with contrast	82.12	82.12
72147	TC	T	magnetic resonance/spinal canal with contrast	386.18	386.18
72148		3	magnetic resonance lumbar	419.83	419.83
72148	26	5	magnetic resonance lumbar	63.10	63.10
72148	TC	T	magnetic resonance lumbar	356.73	356.73
72149		3	magnetic resonance lumbar with contrast	505.84	505.84
72149	26	5	magnetic resonance lumbar with contrast	76.11	76.11
72149	TC	T	magnetic resonance lumbar with contrast	429.73	429.73
72156		3	magnetic resonance with /without contrast	675.22	675.22
72156	26	5	magnetic resonance with /without contrast	109.42	109.42
72156	TC	T	magnetic resonance with /without contrast	565.80	565.80
72157		3	mri; spinal canal, wo then w contrast; thoracic	641.76	641.76
72157	26	5	mri; spinal canal, wo then w contrast; thoracic	109.71	109.71
72157	TC	T	mri; spinal canal, wo then w contrast; thoracic	532.06	532.06
72158		3	magnetic resonance lumbar with/without contra	665.87	665.87
72158	26	5	magnetic resonance lumbar with/without contra	100.36	100.36
72158	TC	T	magnetic resonance lumbar with/without contra	565.51	565.51
72170		3	radiologic examination, pelvis; one or two view	20.60	20.60
72170	26	5	radiologic examination, pelvis; one or two view	7.23	7.23
72170	TC	T	radiologic examination, pelvis; one or two view	13.38	13.38
72190		3	radiologic exam pelvic complete	31.19	31.19

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
72190	26	5	radiologic exam pelvic complete	9.05	9.05
72190	TC	T	radiologic exam pelvic complete	22.13	22.13
72191		3	computed tomographic angiography, pelvis, wi	399.99	399.99
72191	26	5	computed tomographic angiography, pelvis, wi	77.63	77.63
72191	TC	T	computed tomographic angiography, pelvis, wi	322.37	322.37
72192		3	computerized axial tomography; pelvic	216.17	216.17
72192	26	5	computerized axial tomography; pelvic	46.80	46.80
72192	TC	T	computerized axial tomography; pelvic	169.37	169.37
72193		3	computerized axial tomography; pelvic with cor	258.57	258.57
72193	26	5	computerized axial tomography; pelvic with cor	49.56	49.56
72193	TC	T	computerized axial tomography; pelvic with cor	209.01	209.01
72194		3	tomography; pelvic with/without contrast	329.30	329.30
72194	26	5	tomography; pelvic with/without contrast	52.01	52.01
72194	TC	T	tomography; pelvic with/without contrast	277.30	277.30
72195		3	magnetic resonance (eg, proton) imaging, pelv	448.71	448.71
72195	26	5	magnetic resonance (eg, proton) imaging, pelv	62.00	62.00
72195	TC	T	magnetic resonance (eg, proton) imaging, pelv	386.71	386.71
72196		3	magnetic resonance (eg, proton) imaging, pelv	497.55	497.55
72196	26	5	magnetic resonance (eg, proton) imaging, pelv	73.98	73.98
72196	TC	T	magnetic resonance (eg, proton) imaging, pelv	423.57	423.57
72197		3	magnetic resonance (eg, proton) imaging, pelv	681.58	681.58
72197	26	5	magnetic resonance (eg, proton) imaging, pelv	96.38	96.38
72197	TC	T	magnetic resonance (eg, proton) imaging, pelv	585.20	585.20
72200		3	radiologic exam sacrum, coccyx	22.91	22.91
72200	26	5	radiologic exam sacrum, coccyx	7.23	7.23
72200	TC	T	radiologic exam sacrum, coccyx	15.68	15.68
72202		3	x-ray exam of sacroiliac joints, 3 or more views	27.68	27.68
72202	26	5	x-ray exam of sacroiliac joints, 3 or more views	8.14	8.14
72202	TC	T	x-ray exam of sacroiliac joints, 3 or more views	19.54	19.54
72220		3	sacrum and coccyx	23.31	23.31
72220	26	5	sacrum and coccyx	7.23	7.23
72220	TC	T	sacrum and coccyx	16.08	16.08
72240		3	myelograph, cervical	126.11	126.11
72240	26	5	myelograph, cervical	38.68	38.68
72240	TC	T	myelograph, cervical	87.42	87.42
72255		3	myelography, thoracic	115.42	115.42
72255	26	5	myelography, thoracic	37.82	37.82
72255	TC	T	myelography, thoracic	77.60	77.60

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
72265		3	myelography, lumbo sacral	117.25	117.25
72265	26	5	myelography, lumbo sacral	35.33	35.33
72265	TC	T	myelography, lumbo sacral	81.93	81.93
72270		3	myelography, entire spinal canal	183.00	183.00
72270	26	5	myelography, entire spinal canal	56.78	56.78
72270	TC	T	myelography, entire spinal canal	126.22	126.22
72275		3	epidurography, radiological supervision and int	83.06	83.06
72275	26	5	epidurography, radiological supervision and int	30.54	30.54
72275	TC	T	epidurography, radiological supervision and int	52.52	52.52
72285		3	diskography, cervical or thoracic, radiological s	141.23	141.23
72285	26	5	diskography, cervical or thoracic, radiological s	47.36	47.36
72285	TC	T	diskography, cervical or thoracic, radiological s	93.87	93.87
72291	26	5	radiological supervision and interpretation, per	57.53	57.53
72292	26	5	radiological supervision and interpretation, per	59.99	59.99
72295		3	disdography, lumbar	125.24	125.24
72295	26	5	disdography, lumbar	34.56	34.56
72295	TC	T	disdography, lumbar	90.68	90.68
73000		3	radiologic exam clavicle, complete	21.73	21.73
73000	26	5	radiologic exam clavicle, complete	6.92	6.92
73000	TC	T	radiologic exam clavicle, complete	14.81	14.81
73010		3	radiologic exam, scapula/ complete	22.33	22.33
73010	26	5	radiologic exam, scapula/ complete	7.23	7.23
73010	TC	T	radiologic exam, scapula/ complete	15.11	15.11
73020		3	radiologic exam shoulder	18.54	18.54
73020	26	5	radiologic exam shoulder	6.32	6.32
73020	TC	T	radiologic exam shoulder	12.22	12.22
73030		3	radiologic exam shoulder complete	23.61	23.61
73030	26	5	radiologic exam shoulder complete	7.83	7.83
73030	TC	T	radiologic exam shoulder complete	15.79	15.79
73040		3	radiologic exam shoulder, arthrography	84.49	84.49
73040	26	5	radiologic exam shoulder, arthrography	23.00	23.00
73040	TC	T	radiologic exam shoulder, arthrography	61.50	61.50
73050		3	radiologic exam, acromioclavicular joints	28.28	28.28
73050	26	5	radiologic exam, acromioclavicular joints	8.75	8.75
73050	TC	T	radiologic exam, acromioclavicular joints	19.54	19.54
73060		3	radiologic exam humerus	23.01	23.01
73060	26	5	radiologic exam humerus	7.23	7.23
73060	TC	T	radiologic exam humerus	15.79	15.79

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
73070		3	radiologic examination, elbow; two views	21.13	21.13
73070	26	5	radiologic examination, elbow; two views	6.32	6.32
73070	TC	T	radiologic examination, elbow; two views	14.81	14.81
73080		3	radiologic exam elbow, complete	27.05	27.05
73080	26	5	radiologic exam elbow, complete	7.23	7.23
73080	TC	T	radiologic exam elbow, complete	19.83	19.83
73085		3	radiologic exam elbow, arthrography	76.42	76.42
73085	26	5	radiologic exam elbow, arthrography	22.71	22.71
73085	TC	T	radiologic exam elbow, arthrography	53.71	53.71
73090		3	radiologic examination; forearm, two views	21.45	21.45
73090	26	5	radiologic examination; forearm, two views	6.62	6.62
73090	TC	T	radiologic examination; forearm, two views	14.81	14.81
73092		3	radiologic exam forearm infant	22.02	22.02
73092	26	5	radiologic exam forearm infant	6.62	6.62
73092	TC	T	radiologic exam forearm infant	15.40	15.40
73100		3	radiologic examination, wrist; two views	22.31	22.31
73100	26	5	radiologic examination, wrist; two views	6.92	6.92
73100	TC	T	radiologic examination, wrist; two views	15.40	15.40
73110		3	radiologic exam wrist, complete	26.66	26.66
73110	26	5	radiologic exam wrist, complete	7.23	7.23
73110	TC	T	radiologic exam wrist, complete	19.43	19.43
73115		3	radiologic exam wrist arthrography	80.93	80.93
73115	26	5	radiologic exam wrist arthrography	23.00	23.00
73115	TC	T	radiologic exam wrist arthrography	57.93	57.93
73120		3	radiologic exam, hand	21.16	21.16
73120	26	5	radiologic exam, hand	6.62	6.62
73120	TC	T	radiologic exam, hand	14.52	14.52
73130		3	radiologic exam hand min/3 views	24.35	24.35
73130	26	5	radiologic exam hand min/3 views	7.23	7.23
73130	TC	T	radiologic exam hand min/3 views	17.13	17.13
73140		3	radiologic exam finger(s)	22.53	22.53
73140	26	5	radiologic exam finger(s)	5.70	5.70
73140	TC	T	radiologic exam finger(s)	16.84	16.84
73200		3	tomography, upper extremity	215.56	215.56
73200	26	5	tomography, upper extremity	46.51	46.51
73200	TC	T	tomography, upper extremity	169.05	169.05
73201		3	tomography upper extremity, with contrast	258.44	258.44
73201	26	5	tomography upper extremity, with contrast	49.56	49.56

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
73201	TC	T	tomography upper extremity, with contrast	208.88	208.88
73202		3	tomography upper extremity, without contrast	330.25	330.25
73202	26	5	tomography upper extremity, without contrast	52.01	52.01
73202	TC	T	tomography upper extremity, without contrast	278.24	278.24
73206		3	computed tomographic angiography, upper ext	383.26	383.26
73206	26	5	computed tomographic angiography, upper ext	78.21	78.21
73206	TC	T	computed tomographic angiography, upper ext	305.06	305.06
73218		3	magnetic resonance (eg, proton) imaging, upper	448.71	448.71
73218	26	5	magnetic resonance (eg, proton) imaging, upper	57.12	57.12
73218	TC	T	magnetic resonance (eg, proton) imaging, upper	391.58	391.58
73219		3	magnetic resonance (eg, proton) imaging, upper	492.94	492.94
73219	26	5	magnetic resonance (eg, proton) imaging, upper	68.91	68.91
73219	TC	T	magnetic resonance (eg, proton) imaging, upper	424.02	424.02
73220		3	magnetic resonance (eg, proton) imaging, upper	677.72	677.72
73220	26	5	magnetic resonance (eg, proton) imaging, upper	91.80	91.80
73220	TC	T	magnetic resonance (eg, proton) imaging, upper	585.93	585.93
73221		3	magnetic resonance (eg, proton) imaging, any	424.77	424.77
73221	26	5	magnetic resonance (eg, proton) imaging, any	57.41	57.41
73221	TC	T	magnetic resonance (eg, proton) imaging, any	367.36	367.36
73222		3	magnetic resonance (eg, proton) imaging, any	468.71	468.71
73222	26	5	magnetic resonance (eg, proton) imaging, any	68.91	68.91
73222	TC	T	magnetic resonance (eg, proton) imaging, any	399.80	399.80
73223		3	magnetic resonance (eg, proton) imaging, any	648.31	648.31
73223	26	5	magnetic resonance (eg, proton) imaging, any	91.51	91.51
73223	TC	T	magnetic resonance (eg, proton) imaging, any	556.80	556.80
73500		3	radiologic exam hip	20.03	20.03
73500	26	5	radiologic exam hip	7.23	7.23
73500	TC	T	radiologic exam hip	12.79	12.79
73510		3	radiologic exam, hip	28.87	28.87
73510	26	5	radiologic exam, hip	9.05	9.05
73510	TC	T	radiologic exam, hip	19.83	19.83
73520		3	radiologic exam hip bilateral	31.30	31.30
73520	26	5	radiologic exam hip bilateral	10.90	10.90
73520	TC	T	radiologic exam hip bilateral	20.40	20.40
73525		3	radiologic exam hip, arthrograph	76.33	76.33
73525	26	5	radiologic exam hip, arthrograph	23.20	23.20
73525	TC	T	radiologic exam hip, arthrograph	53.13	53.13
73530		3	rad. exam hip during operative procedure	28.31	28.31

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
73530	26	5	rad. exam hip during operative procedure	12.41	12.41
73530	TC	T	rad. exam hip during operative procedure	16.37	16.37
73540		3	radiologic exam hip/ pelvis; child	28.86	28.86
73540	26	5	radiologic exam hip/ pelvis; child	8.45	8.45
73540	TC	T	radiologic exam hip/ pelvis; child	20.40	20.40
73542		3	radiological examination, sacroiliac joint arthro	62.89	62.89
73542	26	5	radiological examination, sacroiliac joint arthro	23.61	23.61
73542	TC	T	radiological examination, sacroiliac joint arthro	39.28	39.28
73550		3	radiologic examination, femur, two views	22.44	22.44
73550	26	5	radiologic examination, femur, two views	7.23	7.23
73550	TC	T	radiologic examination, femur, two views	15.22	15.22
73560		3	radiologic examination, knee; one or two views	22.33	22.33
73560	26	5	radiologic examination, knee; one or two views	7.23	7.23
73560	TC	T	radiologic examination, knee; one or two views	15.11	15.11
73562		3	radiologic examination, knee; three views	26.79	26.79
73562	26	5	radiologic examination, knee; three views	7.83	7.83
73562	TC	T	radiologic examination, knee; three views	18.96	18.96
73564		3	radiologic examination, knee; complete, four or	31.21	31.21
73564	26	5	radiologic examination, knee; complete, four or	9.36	9.36
73564	TC	T	radiologic examination, knee; complete, four or	21.85	21.85
73565		3	radiologic exam knee (both)	23.78	23.78
73565	26	5	radiologic exam knee (both)	7.52	7.52
73565	TC	T	radiologic exam knee (both)	16.26	16.26
73580		3	radiologic exam knee, arthrography	94.89	94.89
73580	26	5	radiologic exam knee, arthrography	23.20	23.20
73580	TC	T	radiologic exam knee, arthrography	71.70	71.70
73590		3	radiologic examination; tibia and fibula, two vie	21.47	21.47
73590	26	5	radiologic examination; tibia and fibula, two vie	7.23	7.23
73590	TC	T	radiologic examination; tibia and fibula, two vie	14.24	14.24
73592		3	rad exam lower extremity infant	22.02	22.02
73592	26	5	rad exam lower extremity infant	6.62	6.62
73592	TC	T	rad exam lower extremity infant	15.40	15.40
73600		3	radiologic examination, ankle; two views	21.16	21.16
73600	26	5	radiologic examination, ankle; two views	6.62	6.62
73600	TC	T	radiologic examination, ankle; two views	14.52	14.52
73610		3	radiologic exam complete	24.35	24.35
73610	26	5	radiologic exam complete	7.23	7.23
73610	TC	T	radiologic exam complete	17.13	17.13

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
73615		3	radiologic exam ankle, arthrography	78.35	78.35
73615	26	5	radiologic exam ankle, arthrography	22.91	22.91
73615	TC	T	radiologic exam ankle, arthrography	55.44	55.44
73620		3	radiologic examination, foot; two views	20.58	20.58
73620	26	5	radiologic examination, foot; two views	6.62	6.62
73620	TC	T	radiologic examination, foot; two views	13.95	13.95
73630		3	radiologic exam foot complete	24.06	24.06
73630	26	5	radiologic exam foot complete	7.23	7.23
73630	TC	T	radiologic exam foot complete	16.84	16.84
73650		3	radiologic exam calcaneus	20.87	20.87
73650	26	5	radiologic exam calcaneus	6.62	6.62
73650	TC	T	radiologic exam calcaneus	14.24	14.24
73660		3	radiologic exam calcaneus toe or toes	21.38	21.38
73660	26	5	radiologic exam calcaneus toe or toes	5.41	5.41
73660	TC	T	radiologic exam calcaneus toe or toes	15.97	15.97
73700		3	computerized axial tomography lower extremity	215.84	215.84
73700	26	5	computerized axial tomography lower extremity	46.51	46.51
73700	TC	T	computerized axial tomography lower extremity	169.33	169.33
73701		3	computerized axial tomography with contrast	260.17	260.17
73701	26	5	computerized axial tomography with contrast	49.85	49.85
73701	TC	T	computerized axial tomography with contrast	210.32	210.32
73702		3	computerized axial tomography with & without	331.11	331.11
73702	26	5	computerized axial tomography with & without	52.30	52.30
73702	TC	T	computerized axial tomography with & without	278.81	278.81
73706		3	computed tomographic angiography, lower ext	416.35	416.35
73706	26	5	computed tomographic angiography, lower ext	82.16	82.16
73706	TC	T	computed tomographic angiography, lower ext	334.19	334.19
73718		3	magnetic resonance (eg, proton) imaging, lowe	440.92	440.92
73718	26	5	magnetic resonance (eg, proton) imaging, lowe	57.41	57.41
73718	TC	T	magnetic resonance (eg, proton) imaging, lowe	383.51	383.51
73719		3	magnetic resonance (eg, proton) imaging, lowe	487.74	487.74
73719	26	5	magnetic resonance (eg, proton) imaging, lowe	68.91	68.91
73719	TC	T	magnetic resonance (eg, proton) imaging, lowe	418.84	418.84
73720		3	magnetic resonance (eg, proton) imaging, lowe	677.44	677.44
73720	26	5	magnetic resonance (eg, proton) imaging, lowe	91.80	91.80
73720	TC	T	magnetic resonance (eg, proton) imaging, lowe	585.64	585.64
73721		3	magnetic resonance (eg, proton) imaging, any	431.98	431.98
73721	26	5	magnetic resonance (eg, proton) imaging, any	57.41	57.41

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
73721	TC	T	magnetic resonance (eg, proton) imaging, any	374.57	374.57
73722		3	magnetic resonance (eg, proton) imaging, any	472.46	472.46
73722	26	5	magnetic resonance (eg, proton) imaging, any	69.20	69.20
73722	TC	T	magnetic resonance (eg, proton) imaging, any	403.26	403.26
73723		3	magnetic resonance (eg, proton) imaging, any	646.86	646.86
73723	26	5	magnetic resonance (eg, proton) imaging, any	91.80	91.80
73723	TC	T	magnetic resonance (eg, proton) imaging, any	555.07	555.07
73725		3	magnetic resonance angiography, lower extre	479.82	479.82
73725	26	5	magnetic resonance angiography, lower extre	77.94	77.94
73725	TC	T	magnetic resonance angiography, lower extre	401.88	401.88
74000		3	radiologic exam abdomen	20.34	20.34
74000	26	5	radiologic exam abdomen	7.54	7.54
74000	TC	T	radiologic exam abdomen	12.79	12.79
74010		3	radiologic exam abdomen anteroposterior/ obli	29.79	29.79
74010	26	5	radiologic exam abdomen anteroposterior/ obli	9.68	9.68
74010	TC	T	radiologic exam abdomen anteroposterior/ obli	20.11	20.11
74020		3	radiologic exam abdomen, complete	31.90	31.90
74020	26	5	radiologic exam abdomen, complete	11.50	11.50
74020	TC	T	radiologic exam abdomen, complete	20.40	20.40
74022		3	rad exam abdomen. complete abdomen series	38.57	38.57
74022	26	5	rad exam abdomen. complete abdomen series	13.63	13.63
74022	TC	T	rad exam abdomen. complete abdomen series	24.92	24.92
74150		3	computer tomography without contrast mater	218.23	218.23
74150	26	5	computer tomography without contrast mater	50.78	50.78
74150	TC	T	computer tomography without contrast mater	167.44	167.44
74160		3	tomography, abdomen with contrast	289.88	289.88
74160	26	5	tomography, abdomen with contrast	54.63	54.63
74160	TC	T	tomography, abdomen with contrast	235.25	235.25
74170		3	tomography, without/with contrast	379.24	379.24
74170	26	5	tomography, without/with contrast	59.83	59.83
74170	TC	T	tomography, without/with contrast	319.41	319.41
74175		3	computed tomographic angiography, abdomen	423.28	423.28
74175	26	5	computed tomographic angiography, abdomen	81.59	81.59
74175	TC	T	computed tomographic angiography, abdomen	341.69	341.69
74181		3	magnetic resonance (eg, proton) imaging, abd	406.89	406.89
74181	26	5	magnetic resonance (eg, proton) imaging, abd	62.28	62.28
74181	TC	T	magnetic resonance (eg, proton) imaging, abd	344.61	344.61
74182		3	magnetic resonance (eg, proton) imaging, abd	539.66	539.66

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
74182	26	5	magnetic resonance (eg, proton) imaging, abd	73.98	73.98
74182	TC	T	magnetic resonance (eg, proton) imaging, abd	465.68	465.68
74183		3	magnetic resonance (eg, proton) imaging, abd	682.16	682.16
74183	26	5	magnetic resonance (eg, proton) imaging, abd	96.38	96.38
74183	TC	T	magnetic resonance (eg, proton) imaging, abd	585.78	585.78
74190		3	peritoneogram (eg, after injection of air or cont	61.32	61.32
74190	26	5	peritoneogram (eg, after injection of air or cont	20.56	20.56
74190	TC	T	peritoneogram (eg, after injection of air or cont	41.68	41.68
74210		3	radiologic exam, pharynx	60.68	60.68
74210	26	5	radiologic exam, pharynx	15.66	15.66
74210	TC	T	radiologic exam, pharynx	45.03	45.03
74220		3	radiologic exam; esophagus	69.00	69.00
74220	26	5	radiologic exam; esophagus	19.64	19.64
74220	TC	T	radiologic exam; esophagus	49.35	49.35
74230		3	swallowing function, with cineradiography/vid	71.08	71.08
74230	26	5	swallowing function, with cineradiography/vid	22.69	22.69
74230	TC	T	swallowing function, with cineradiography/vid	48.39	48.39
74235		3	removal of foreign body(s)	132.26	132.26
74235	26	5	removal of foreign body(s)	51.93	51.93
74235	TC	T	removal of foreign body(s)	80.32	80.32
74240		3	radiologic exam; gastrointestinal tract	85.69	85.69
74240	26	5	radiologic exam; gastrointestinal tract	29.60	29.60
74240	TC	T	radiologic exam; gastrointestinal tract	56.09	56.09
74241		3	radiologic exam, gastrointestinal tract (films)	91.17	91.17
74241	26	5	radiologic exam, gastrointestinal tract (films)	29.32	29.32
74241	TC	T	radiologic exam, gastrointestinal tract (films)	61.86	61.86
74245		3	radiologic examination, gastrointestinal tract, u	136.43	136.43
74245	26	5	radiologic examination, gastrointestinal tract, u	38.97	38.97
74245	TC	T	radiologic examination, gastrointestinal tract, u	97.46	97.46
74246		3	rad exam, gastrointestinal tract upper air contr	97.92	97.92
74246	26	5	rad exam, gastrointestinal tract upper air contr	29.60	29.60
74246	TC	T	rad exam, gastrointestinal tract upper air contr	68.31	68.31
74247		3	rad exam, gastrointestinal tract with/without filn	107.34	107.34
74247	26	5	rad exam, gastrointestinal tract with/without filn	29.60	29.60
74247	TC	T	rad exam, gastrointestinal tract with/without filn	77.74	77.74
74249		3	radiological examination, gastrointestinal tract,	146.15	146.15
74249	26	5	radiological examination, gastrointestinal tract,	38.97	38.97
74249	TC	T	radiological examination, gastrointestinal tract,	107.17	107.17

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
74250		3	radiologic examination, small intestine, include	80.17	80.17
74250	26	5	radiologic examination, small intestine, include	19.96	19.96
74250	TC	T	radiologic examination, small intestine, include	60.22	60.22
74251		3	radiologic examination, small bowel, includes r	249.03	249.03
74251	26	5	radiologic examination, small bowel, includes r	29.60	29.60
74251	TC	T	radiologic examination, small bowel, includes r	219.42	219.42
74260		3	duodenography, hypotonic	207.34	207.34
74260	26	5	duodenography, hypotonic	21.18	21.18
74260	TC	T	duodenography, hypotonic	186.17	186.17
74270		3	radiologic examination, colon; barium enema, \	115.13	115.13
74270	26	5	radiologic examination, colon; barium enema, \	29.60	29.60
74270	TC	T	radiologic examination, colon; barium enema, \	85.52	85.52
74280		3	radiologic exam, air contrast/ high density	159.40	159.40
74280	26	5	radiologic exam, air contrast/ high density	42.33	42.33
74280	TC	T	radiologic exam, air contrast/ high density	117.07	117.07
74283		3	therapeutic enema, contrast or air, for reductio	167.03	167.03
74283	26	5	therapeutic enema, contrast or air, for reductio	86.10	86.10
74283	TC	T	therapeutic enema, contrast or air, for reductio	80.93	80.93
74290		3	cholecystography, oral contrast	51.25	51.25
74290	26	5	cholecystography, oral contrast	13.63	13.63
74290	TC	T	cholecystography, oral contrast	37.62	37.62
74291		3	cholecystography, additional exam	44.03	44.03
74291	26	5	cholecystography, additional exam	8.45	8.45
74291	TC	T	cholecystography, additional exam	35.58	35.58
74300		3	cholangiography and/or pancreatography; intra	43.92	43.92
74300	26	5	cholangiography and/or pancreatography; intra	15.37	15.37
74300	TC	T	cholangiography and/or pancreatography; intra	28.55	28.55
74301	26	5	cholangiography and/or pancreatography; addi	9.05	9.05
74305		3	cholangiography and/or pancreatography; thro	42.35	42.35
74305	26	5	cholangiography and/or pancreatography; thro	18.11	18.11
74320		3	cholangiography, percutaneous, transhepatic	90.96	90.96
74320	26	5	cholangiography, percutaneous, transhepatic	23.29	23.29
74320	TC	T	cholangiography, percutaneous, transhepatic	67.68	67.68
74327		3	postoperative biliary duct calculus removal, pei	103.62	103.62
74327	26	5	postoperative biliary duct calculus removal, pei	30.20	30.20
74327	TC	T	postoperative biliary duct calculus removal, pei	73.41	73.41
74328		3	endoscopic catheterization	129.22	129.22
74328	26	5	endoscopic catheterization	30.20	30.20

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
74328	TC	T	endoscopic catheterization	100.55	100.55
74329		3	endoscopic cath of the pancreatic ductal system	125.85	125.85
74329	26	5	endoscopic cath of the pancreatic ductal system	30.20	30.20
74329	TC	T	endoscopic cath of the pancreatic ductal system	95.65	95.65
74330		3	combined endoscopic catheterization	137.26	137.26
74330	26	5	combined endoscopic catheterization	38.66	38.66
74330	TC	T	combined endoscopic catheterization	100.55	100.55
74340		3	introduction of long gastrointestinal tube (eg, nr)	105.91	105.91
74340	26	5	introduction of long gastrointestinal tube (eg, nr)	23.00	23.00
74340	TC	T	introduction of long gastrointestinal tube (eg, nr)	83.66	83.66
74355		3	placement of enteroclysis tube	114.59	114.59
74355	26	5	placement of enteroclysis tube	32.65	32.65
74355	TC	T	placement of enteroclysis tube	83.97	83.97
74360		3	intraluminal dilation of strictures/obstructions	123.11	123.11
74360	26	5	intraluminal dilation of strictures/obstructions	23.87	23.87
74360	TC	T	intraluminal dilation of strictures/obstructions	100.24	100.24
74363		3	percutaneous transhepatic dilation of biliary duct	223.76	223.76
74363	26	5	percutaneous transhepatic dilation of biliary duct	38.04	38.04
74400		3	urography, intravenous	86.78	86.78
74400	26	5	urography, intravenous	20.87	20.87
74400	TC	T	urography, intravenous	65.91	65.91
74410		3	urography, infusion, drip technique	91.39	91.39
74410	26	5	urography, infusion, drip technique	21.16	21.16
74410	TC	T	urography, infusion, drip technique	70.24	70.24
74415		3	urography, with mephrotomography	104.57	104.57
74415	26	5	urography, with mephrotomography	20.87	20.87
74415	TC	T	urography, with mephrotomography	83.70	83.70
74420		3	urography, retrograde	98.42	98.42
74420	26	5	urography, retrograde	15.66	15.66
74420	TC	T	urography, retrograde	83.66	83.66
74425		3	urography, antegrade	56.43	56.43
74425	26	5	urography, antegrade	15.66	15.66
74425	TC	T	urography, antegrade	41.67	41.67
74430		3	cystography, minimum 3 views	62.03	62.03
74430	26	5	cystography, minimum 3 views	13.83	13.83
74430	TC	T	cystography, minimum 3 views	48.19	48.19
74440		3	vasograph	66.78	66.78
74440	26	5	vasograph	16.28	16.28

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
74440	TC	T	vasograph	50.51	50.51
74445		3	corpora cavernosography	83.06	83.06
74445	26	5	corpora cavernosography	49.90	49.90
74445	TC	T	corpora cavernosography	35.33	35.33
74450		3	urethrocystography	60.26	60.26
74450	26	5	urethrocystography	14.43	14.43
74450	TC	T	urethrocystography	46.47	46.47
74455		3	urethrocystography, voiding	71.79	71.79
74455	26	5	urethrocystography, voiding	14.43	14.43
74455	TC	T	urethrocystography, voiding	57.35	57.35
74470		3	radiologic exam; renal cyst study	62.08	62.08
74470	26	5	radiologic exam; renal cyst study	23.29	23.29
74470	TC	T	radiologic exam; renal cyst study	40.14	40.14
74475		3	introduction catheter into renal pelvis	98.30	98.30
74475	26	5	introduction catheter into renal pelvis	23.29	23.29
74475	TC	T	introduction catheter into renal pelvis	75.01	75.01
74480		3	introduction of ureteral catheter or stent	98.59	98.59
74480	26	5	introduction of ureteral catheter or stent	23.29	23.29
74480	TC	T	introduction of ureteral catheter or stent	75.30	75.30
74485		3	dilation of nephrostomy, ureters	94.05	94.05
74485	26	5	dilation of nephrostomy, ureters	23.49	23.49
74485	TC	T	dilation of nephrostomy, ureters	70.56	70.56
74710		3	pelvimentry, with/without placental localization	34.97	34.97
74710	26	5	pelvimentry, with/without placental localization	14.74	14.74
74710	TC	T	pelvimentry, with/without placental localization	20.22	20.22
74775		3	perineogram	72.20	72.20
74775	26	5	perineogram	26.55	26.55
74775	TC	T	perineogram	46.79	46.79
75557		3	cardiac magnetic resonance imaging for morp	410.86	410.86
75557	26	5	cardiac magnetic resonance imaging for morp	104.09	104.09
75557	TC	T	cardiac magnetic resonance imaging for morp	306.76	306.76
75561		3	cardiac magnetic resonance imaging for morp	553.01	553.01
75561		5	cardiac magnetic resonance imaging for morp	438.04	438.04
75561		T	cardiac magnetic resonance imaging for morp	114.97	114.97
75600		3	aortography, thoracic without serialography	253.20	253.20
75600	26	5	aortography, thoracic without serialography	22.30	22.30
75600	TC	T	aortography, thoracic without serialography	230.89	230.89
75605		3	aortography, thoracic by serialography	217.82	217.82

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
75605	26	5	aortography, thoracic by serialography	50.38	50.38
75605	TC	T	aortography, thoracic by serialography	167.44	167.44
75625		3	aortography, abdominal by serialography	214.84	214.84
75625	26	5	aortography, abdominal by serialography	49.13	49.13
75625	TC	T	aortography, abdominal by serialography	165.71	165.71
75630		3	aortography, abdominal plus bilateral lower ext	250.44	250.44
75630	26	5	aortography, abdominal plus bilateral lower ext	78.46	78.46
75630	TC	T	aortography, abdominal plus bilateral lower ext	171.98	171.98
75635		3	computed tomographic angiography, abdomina	482.15	482.15
75635	26	5	computed tomographic angiography, abdomina	104.40	104.40
75635	TC	T	computed tomographic angiography, abdomina	377.74	377.74
75650		3	angiography, cervicocerebral	231.14	231.14
75650	26	5	angiography, cervicocerebral	64.57	64.57
75650	TC	T	angiography, cervicocerebral	166.58	166.58
75658		3	angiography, brachial	228.13	228.13
75658	26	5	angiography, brachial	55.49	55.49
75658	TC	T	angiography, brachial	172.63	172.63
75660		3	angiography, external carotid unilateral	232.25	232.25
75660	26	5	angiography, external carotid unilateral	56.74	56.74
75660	TC	T	angiography, external carotid unilateral	175.51	175.51
75662		3	angiography, external carotid, bilateral	267.10	267.10
75662	26	5	angiography, external carotid, bilateral	72.85	72.85
75662	TC	T	angiography, external carotid, bilateral	194.26	194.26
75665		3	angiography, carotid, cerebral, unilateral	238.33	238.33
75665	26	5	angiography, carotid, cerebral, unilateral	57.05	57.05
75665	TC	T	angiography, carotid, cerebral, unilateral	181.28	181.28
75671		3	angiography, carotid, cerebral, bilateral	270.48	270.48
75671	26	5	angiography, carotid, cerebral, bilateral	71.89	71.89
75671	TC	T	angiography, carotid, cerebral, bilateral	198.59	198.59
75676		3	angiography, carotid, cervical, unilateral	232.45	232.45
75676	26	5	angiography, carotid, cervical, unilateral	56.65	56.65
75676	TC	T	angiography, carotid, cervical, unilateral	175.80	175.80
75680		3	angiography, carotid, cervical, bilateral	259.81	259.81
75680	26	5	angiography, carotid, cervical, bilateral	72.18	72.18
75680	TC	T	angiography, carotid, cervical, bilateral	187.62	187.62
75685		3	angiography, vertebral, cervical	232.83	232.83
75685	26	5	angiography, vertebral, cervical	56.74	56.74
75685	TC	T	angiography, vertebral, cervical	176.09	176.09

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
75705		3	angiography, spinal, selective	269.71	269.71
75705	26	5	angiography, spinal, selective	94.77	94.77
75705	TC	T	angiography, spinal, selective	174.94	174.94
75710		3	angiography, extremity, unilateral	227.15	227.15
75710	26	5	angiography, extremity, unilateral	49.33	49.33
75710	TC	T	angiography, extremity, unilateral	177.82	177.82
75716		3	angiography, extremity, bilateral	253.51	253.51
75716	26	5	angiography, extremity, bilateral	56.65	56.65
75716	TC	T	angiography, extremity, bilateral	196.85	196.85
75722		3	angiography, renal, unilateral	224.45	224.45
75722	26	5	angiography, renal, unilateral	50.09	50.09
75722	TC	T	angiography, renal, unilateral	174.36	174.36
75724		3	angiography renal bilateral selective	261.90	261.90
75724	26	5	angiography renal bilateral selective	67.92	67.92
75724	TC	T	angiography renal bilateral selective	193.98	193.98
75726		3	angiography visceral selective or suprasedlectiv	224.73	224.73
75726	26	5	angiography visceral selective or suprasedlectiv	49.22	49.22
75726	TC	T	angiography visceral selective or suprasedlectiv	175.51	175.51
75731		3	angiography adrenal unilateral, selective	232.43	232.43
75731	26	5	angiography adrenal unilateral, selective	51.72	51.72
75731	TC	T	angiography adrenal unilateral, selective	180.71	180.71
75733		3	angiography adrenal bilateral selective	263.40	263.40
75733	26	5	angiography adrenal bilateral selective	60.21	60.21
75733	TC	T	angiography adrenal bilateral selective	203.20	203.20
75736		3	angiography pelvic,selective or suprasedlective	226.66	226.66
75736	26	5	angiography pelvic,selective or suprasedlective	49.71	49.71
75736	TC	T	angiography pelvic,selective or suprasedlective	176.96	176.96
75741		3	angiography pulmonary unilateral selective	218.12	218.12
75741	26	5	angiography pulmonary unilateral selective	56.74	56.74
75741	TC	T	angiography pulmonary unilateral selective	161.38	161.38
75743		3	angiography pulmonary bilateral selective	239.33	239.33
75743	26	5	angiography pulmonary bilateral selective	72.18	72.18
75743	TC	T	angiography pulmonary bilateral selective	167.15	167.15
75746		3	angiography pulmonary by nonse cath or ven	219.84	219.84
75746	26	5	angiography pulmonary by nonse cath or ven	48.93	48.93
75746	TC	T	angiography pulmonary by nonse cath or ven	170.90	170.90
75756		3	angiography,internal mammary	233.19	233.19
75756	26	5	angiography,internal mammary	52.20	52.20

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
75756	TC	T	angiography,internal mammary	180.99	180.99
75774		3	angiography, selective, each additional vessel	169.54	169.54
75774	26	5	angiography, selective, each additional vessel	15.66	15.66
75774	TC	T	angiography, selective, each additional vessel	153.88	153.88
75790		3	angiography, arteriovenous shunt (eg, dialysis	142.35	142.35
75790	26	5	angiography, arteriovenous shunt (eg, dialysis	77.32	77.32
75790	TC	T	angiography, arteriovenous shunt (eg, dialysis	65.03	65.03
75801		3	lymphangiography, extremity only unilateral	207.02	207.02
75801	26	5	lymphangiography, extremity only unilateral	34.04	34.04
75801	TC	T	lymphangiography, extremity only unilateral	173.05	173.05
75803		3	lymphangiography, extremity only, bilateral	220.39	220.39
75803	26	5	lymphangiography, extremity only, bilateral	50.45	50.45
75803	TC	T	lymphangiography, extremity only, bilateral	173.35	173.35
75805		3	lymphangiography, pelvic/abdominal, unilatera	228.38	228.38
75805	26	5	lymphangiography, pelvic/abdominal, unilatera	35.18	35.18
75805	TC	T	lymphangiography, pelvic/abdominal, unilatera	195.06	195.06
75807		3	lymphangiography, pelvic;abdominal, bilateral	240.21	240.21
75807	26	5	lymphangiography, pelvic;abdominal, bilateral	50.45	50.45
75807	TC	T	lymphangiography, pelvic;abdominal, bilateral	189.76	189.76
75809		3	shuntogram for investigation of previously plac	69.40	69.40
75809	26	5	shuntogram for investigation of previously plac	19.96	19.96
75809	TC	T	shuntogram for investigation of previously plac	49.44	49.44
75810		3	splenoportography	448.27	448.27
75810	26	5	splenoportography	49.51	49.51
75810	TC	T	splenoportography	401.89	401.89
75820		3	venography, extremity, unilateral	95.42	95.42
75820	26	5	venography, extremity, unilateral	30.49	30.49
75820	TC	T	venography, extremity, unilateral	64.93	64.93
75822		3	venography, extremity, bilateral	117.24	117.24
75822	26	5	venography, extremity, bilateral	45.29	45.29
75822	TC	T	venography, extremity, bilateral	71.95	71.95
75825		3	venography, caval, inferior with serialography	207.25	207.25
75825	26	5	venography, caval, inferior with serialography	48.76	48.76
75825	TC	T	venography, caval, inferior with serialography	158.49	158.49
75827		3	venography, caval, superior, with seralography	206.85	206.85
75827	26	5	venography, caval, superior, with seralography	47.78	47.78
75827	TC	T	venography, caval, superior, with seralography	159.08	159.08
75831		3	venography, renal, unilateral, selective	209.65	209.65

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
75831	26	5	venography, renal, unilateral, selective	48.84	48.84
75831	TC	T	venography, renal, unilateral, selective	160.81	160.81
75833		3	venography, renal, bilateral, selective	234.43	234.43
75833	26	5	venography, renal, bilateral, selective	63.24	63.24
75833	TC	T	venography, renal, bilateral, selective	171.19	171.19
75840		3	venography, adrenal, unilateral, selective	207.83	207.83
75840	26	5	venography, adrenal, unilateral, selective	48.18	48.18
75840	TC	T	venography, adrenal, unilateral, selective	159.65	159.65
75842		3	venography, adrenal, bilateral, selective	235.75	235.75
75842	26	5	venography, adrenal, bilateral, selective	63.99	63.99
75842	TC	T	venography, adrenal, bilateral, selective	171.76	171.76
75860		3	venography, sinus or jugular, catheter	213.87	213.87
75860	26	5	venography, sinus or jugular, catheter	49.90	49.90
75860	TC	T	venography, sinus or jugular, catheter	163.97	163.97
75870		3	venography, superior sagittal sinus	212.05	212.05
75870	26	5	venography, superior sagittal sinus	48.65	48.65
75870	TC	T	venography, superior sagittal sinus	163.40	163.40
75872		3	venography, epidural	231.13	231.13
75872	26	5	venography, epidural	51.29	51.29
75872	TC	T	venography, epidural	179.84	179.84
75880		3	venography, orbital	96.29	96.29
75880	26	5	venography, orbital	29.34	29.34
75880	TC	T	venography, orbital	66.94	66.94
75885		3	percutaneous transhepatic porto w hemodynar	223.61	223.61
75885	26	5	percutaneous transhepatic porto w hemodynar	62.23	62.23
75885	TC	T	percutaneous transhepatic porto w hemodynar	161.38	161.38
75887		3	percutaneous transhepatic portog wo hemody	225.34	225.34
75887	26	5	percutaneous transhepatic portog wo hemody	62.23	62.23
75887	TC	T	percutaneous transhepatic portog wo hemody	163.11	163.11
75889		3	hepatic venog wedged or free w hemodynamic	210.32	210.32
75889	26	5	hepatic venog wedged or free w hemodynamic	49.22	49.22
75889	TC	T	hepatic venog wedged or free w hemodynamic	161.09	161.09
75891		3	hepatic venography wedged or free wo hemod	210.32	210.32
75891	26	5	hepatic venography wedged or free wo hemod	49.22	49.22
75891	TC	T	hepatic venography wedged or free wo hemod	161.09	161.09
75893		3	venous sampling thru cath w or wo angiograph	183.80	183.80
75893	26	5	venous sampling thru cath w or wo angiograph	23.00	23.00
75893	TC	T	venous sampling thru cath w or wo angiograph	160.81	160.81

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
75894		3	transcatheter therapy, embolization, any methc	823.53	823.53
75894	26	5	transcatheter therapy, embolization, any methc	56.56	56.56
75894	TC	T	transcatheter therapy, embolization, any methc	769.69	769.69
75896		3	transcatheter therapy, infusion, any method	723.28	723.28
75896	26	5	transcatheter therapy, infusion, any method	56.83	56.83
75896	TC	T	transcatheter therapy, infusion, any method	668.83	668.83
75898		3	angiography through existing catheter for follow	101.10	101.10
75898	26	5	angiography through existing catheter for follow	71.58	71.58
75898	TC	T	angiography through existing catheter for follow	33.48	33.48
75900		3	exchange of a previously placed arterial cathet	666.30	666.30
75900	26	5	exchange of a previously placed arterial cathet	21.07	21.07
75900	TC	T	exchange of a previously placed arterial cathet	645.24	645.24
75901		3	mechanical removal of pericatheter obstructive	132.45	132.45
75901	26	5	mechanical removal of pericatheter obstructive	20.87	20.87
75901	TC	T	mechanical removal of pericatheter obstructive	111.58	111.58
75902		3	mechanical removal of intraluminal (intracathet	74.53	74.53
75902	26	5	mechanical removal of intraluminal (intracathet	16.59	16.59
75902	TC	T	mechanical removal of intraluminal (intracathet	57.94	57.94
75940		3	percutaneous placement of ivc filter	424.24	424.24
75940	26	5	percutaneous placement of ivc filter	23.10	23.10
75940	TC	T	percutaneous placement of ivc filter	401.57	401.57
75945		3	intravascular ultrasound (non-coronary vessel)	70.36	70.36
75946		3	intravascular ultrasound (non-coronary vessel)	84.78	84.78
75946	26	5	intravascular ultrasound (non-coronary vessel)	17.21	17.21
75946	TC	T	intravascular ultrasound (non-coronary vessel)	67.57	67.57
75952	26	5	endovascular repair of infrarenal abdominal ao	189.45	189.45
75953		3	placement of proximal or distal extension prost	73.57	73.57
75953	26	5	placement of proximal or distal extension prost	57.38	57.38
75954	26	5	endovascular repair of iliac artery aneurysm, p:	93.59	93.59
75956		3	endovascular repair of descending thoracic aoi	1,301.96	1,301.96
75956	26	5	endovascular repair of descending thoracic aoi	325.49	325.49
75956	TC	T	endovascular repair of descending thoracic aoi	976.47	976.47
75957		3	endovascular repair of descending thoracic aoi	1,115.48	1,115.48
75957	26	5	endovascular repair of descending thoracic aoi	278.87	278.87
75957	TC	T	endovascular repair of descending thoracic aoi	836.61	836.61
75958		3	placement of proximal extension prosthesis for	743.80	743.80
75958	26	5	placement of proximal extension prosthesis for	185.95	185.95
75958	TC	T	placement of proximal extension prosthesis for	557.85	557.85

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
75959		3	placement of distal extension prosthesis(s) (de	651.16	651.16
75959	26	5	placement of distal extension prosthesis(s) (de	162.79	162.79
75959	TC	T	placement of distal extension prosthesis(s) (de	488.37	488.37
75960		3	transcath. intro. intravasc.stent percu.&/or opei	208.76	208.76
75960	26	5	transcath. intro. intravasc.stent percu.&/or opei	35.78	35.78
75960	TC	T	transcath. intro. intravasc.stent percu.&/or opei	172.98	172.98
75961		3	transcath retrvl, percutaneous of intrav forgn br	336.12	336.12
75961	26	5	transcath retrvl, percutaneous of intrav forgn br	181.62	181.62
75961	TC	T	transcath retrvl, percutaneous of intrav forgn br	154.50	154.50
75962		3	transluminal angioplasty, any meth, periph arte	222.46	222.46
75962	26	5	transluminal angioplasty, any meth, periph arte	23.20	23.20
75962	TC	T	transluminal angioplasty, any meth, periph arte	199.26	199.26
75964		3	transluminal balloon angioplasty, each addition	131.36	131.36
75964	26	5	transluminal balloon angioplasty, each addition	15.57	15.57
75964	TC	T	transluminal balloon angioplasty, each addition	115.79	115.79
75966		3	transluminal angioplasty any meth renl/viscerl ;	262.64	262.64
75966	26	5	transluminal angioplasty any meth renl/viscerl ;	57.89	57.89
75966	TC	T	transluminal angioplasty any meth renl/viscerl ;	204.74	204.74
75968		3	transluminal balloon angioplasty, each addition	131.73	131.73
75968	26	5	transluminal balloon angioplasty, each addition	15.94	15.94
75968	TC	T	transluminal balloon angioplasty, each addition	115.79	115.79
75970		3	transcatheter biopsy	391.56	391.56
75970	26	5	transcatheter biopsy	35.90	35.90
75970	TC	T	transcatheter biopsy	355.66	355.66
75978		3	transluminal angioplasty, venous	218.80	218.80
75978	26	5	transluminal angioplasty, venous	22.71	22.71
75980		3	percutaneous transhepaticbiliary graing w cont	229.94	229.94
75980	26	5	percutaneous transhepaticbiliary graing w cont	61.94	61.94
75980	TC	T	percutaneous transhepaticbiliary graing w cont	167.99	167.99
75982		3	percut plcment of drng cath f/comb int&ext bil c	247.82	247.82
75982	26	5	percut plcment of drng cath f/comb int&ext bil c	61.94	61.94
75982	TC	T	percut plcment of drng cath f/comb int&ext bil c	185.87	185.87
75984		3	change of percutaneous tube or drainage cath	91.56	91.56
75984	26	5	change of percutaneous tube or drainage cath	31.12	31.12
75984	TC	T	change of percutaneous tube or drainage cath	60.43	60.43
75989		3	radiological guidance for percutaneous drainag	116.15	116.15
75989	26	5	radiological guidance for percutaneous drainag	51.07	51.07
75989	TC	T	radiological guidance for percutaneous drainag	65.08	65.08

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
75992		3	transluminal atherectomy, peripheral artery	511.37	511.37
75992	26	5	transluminal atherectomy, peripheral artery	23.78	23.78
75992	TC	T	transluminal atherectomy, peripheral artery	487.61	487.61
75993		3	transluminal atherectomy, each additional perip	260.89	260.89
75993	26	5	transluminal atherectomy, each additional perip	15.66	15.66
75993	TC	T	transluminal atherectomy, each additional perip	245.23	245.23
75994		3	transluminal atherectomy, renal radio. sup.& in	478.29	478.29
75994	26	5	transluminal atherectomy, renal radio. sup.& in	52.62	52.62
75994	TC	T	transluminal atherectomy, renal radio. sup.& in	425.67	425.67
75995		3	transluminal atherectomy visceral,rad. sup & in	506.19	506.19
75995	26	5	transluminal atherectomy visceral,rad. sup & in	55.67	55.67
75995	TC	T	transluminal atherectomy visceral,rad. sup & in	450.50	450.50
75996		3	transluminal atherectomy, each additional visci	256.16	256.16
75996	26	5	transluminal atherectomy, each additional visci	15.37	15.37
75996	TC	T	transluminal atherectomy, each additional visci	240.79	240.79
76000		3	fluoroscopy (separate procedure), up to one hc	75.81	75.81
76000	26	5	fluoroscopy (separate procedure), up to one hc	7.23	7.23
76000	TC	T	fluoroscopy (separate procedure), up to one hc	68.59	68.59
76001		3	fluoroscope exam. extensive	109.81	109.81
76001	26	5	fluoroscope exam. extensive	29.09	29.09
76001	TC	T	fluoroscope exam. extensive	80.72	80.72
76010		3	radiologic examination from nose to rectum for	22.36	22.36
76010	26	5	radiologic examination from nose to rectum for	7.83	7.83
76010	TC	T	radiologic examination from nose to rectum for	14.52	14.52
76080		3	radiologic examination, abscess, fistula or sinu	51.30	51.30
76080	26	5	radiologic examination, abscess, fistula or sinu	23.29	23.29
76080	TC	T	radiologic examination, abscess, fistula or sinu	28.01	28.01
76098		3	radiological examination, surgical specimen	15.96	15.96
76098	26	5	radiological examination, surgical specimen	6.92	6.92
76098	TC	T	radiological examination, surgical specimen	9.05	9.05
76100		3	xray exam, snl plane body sctn other than w u	106.87	106.87
76100	26	5	xray exam, snl plane body sctn other than w u	24.73	24.73
76100	TC	T	xray exam, snl plane body sctn other than w u	82.14	82.14
76101		3	xray exam complex motion bdy sect othr w kid;	147.45	147.45
76101	26	5	xray exam complex motion bdy sect othr w kid;	24.44	24.44
76101	TC	T	xray exam complex motion bdy sect othr w kid;	123.00	123.00
76102		3	xray exam complex motion bdy sect othr w kid;	197.36	197.36
76102	26	5	xray exam complex motion bdy sect othr w kid;	24.16	24.16

**Physician Fee Schedule
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Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
76102	TC	T	xray exam complex motion bdy sect othr w kid;	173.20	173.20
76120		3	cineradiography/videoradiography, except whe	60.15	60.15
76120	26	5	cineradiography/videoradiography, except whe	15.99	15.99
76120	TC	T	cineradiography/videoradiography, except whe	44.16	44.16
76125		3	cineradiography/videoradiography to complem	37.27	37.27
76125	26	5	cineradiography/videoradiography to complem	12.08	12.08
76125	TC	T	cineradiography/videoradiography to complem	25.20	25.20
76140		3	consult on x-ray exam made elsewhere,written	32.02	32.02
76150		3	xeroradiography	14.52	14.52
76350		3	subtraction in conjunction w/contrast studies	122.43	122.43
76350	26	5	subtraction in conjunction w/contrast studies	10.77	10.77
76376		3	3d rendering with interpretation and reporting c	63.59	63.59
76376	26	5	3d rendering with interpretation and reporting c	8.94	8.94
76376	TC	T	3d rendering with interpretation and reporting c	54.65	54.65
76377		3	3d rendering with interpretation and reporting c	89.44	89.44
76377	26	5	3d rendering with interpretation and reporting c	34.58	34.58
76377	TC	T	3d rendering with interpretation and reporting c	54.87	54.87
76380		3	computerized axial tomography, limited or loca	164.11	164.11
76380	26	5	computerized axial tomography, limited or loca	41.73	41.73
76380	TC	T	computerized axial tomography, limited or loca	122.39	122.39
76506		3	echoencephalography,b-scan including a-modi	92.49	92.49
76506	26	5	echoencephalography,b-scan including a-modi	27.46	27.46
76506	TC	T	echoencephalography,b-scan including a-modi	65.03	65.03
76510		3	ophthalmic ultrasound, diagnostic; b-scan and	120.39	120.39
76510	26	5	ophthalmic ultrasound, diagnostic; b-scan and	67.09	67.09
76510	TC	T	ophthalmic ultrasound, diagnostic; b-scan and	53.30	53.30
76511		3	ophthalmic ultrasnd, echog a-scan w amplitud	78.30	78.30
76511	26	5	ophthalmic ultrasnd, echog a-scan w amplitud	40.58	40.58
76511	TC	T	ophthalmic ultrasnd, echog a-scan w amplitud	37.72	37.72
76512		3	ophthalmic ultrasnd, echog; constrast b-scan	73.50	73.50
76512	26	5	ophthalmic ultrasnd, echog; constrast b-scan	40.67	40.67
76512	TC	T	ophthalmic ultrasnd, echog; constrast b-scan	32.83	32.83
76513		3	ophthalmic ultrasound, echography, diagnostic	67.37	67.37
76513	26	5	ophthalmic ultrasound, echography, diagnostic	27.89	27.89
76513	TC	T	ophthalmic ultrasound, echography, diagnostic	39.47	39.47
76514		3	ophthalmic ultrasound, echography, diagnostic	10.31	10.31
76514	26	5	ophthalmic ultrasound, echography, diagnostic	7.52	7.52
76514	TC	T	ophthalmic ultrasound, echography, diagnostic	2.79	2.79

**Physician Fee Schedule
 Provider Specialty 001
 Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
76516		3	ophthalmic biometry by ultrasnd echography a-s	53.89	53.89
76516	26	5	ophthalmic biometry by ultrasnd echography a-s	23.10	23.10
76516	TC	T	ophthalmic biometry by ultrasnd echography a-s	30.80	30.80
76519		3	ophthalmic bilm by ultrasnd echog, a-scan w/in	57.64	57.64
76519	26	5	ophthalmic bilm by ultrasnd echog, a-scan w/in	23.38	23.38
76519	TC	T	ophthalmic bilm by ultrasnd echog, a-scan w/in	34.26	34.26
76529		3	ophthalmic ultrasonic foreign body localization	54.65	54.65
76529	26	5	ophthalmic ultrasonic foreign body localization	24.52	24.52
76529	TC	T	ophthalmic ultrasonic foreign body localization	30.13	30.13
76536		3	ultrasound, soft tissues of head and neck (eg, t	88.08	88.08
76536	26	5	ultrasound, soft tissues of head and neck (eg, t	23.33	23.33
76536	TC	T	ultrasound, soft tissues of head and neck (eg, t	64.75	64.75
76604		3	ultrasound, chest, b-scan (includes mediastinu	69.11	69.11
76604	26	5	ultrasound, chest, b-scan (includes mediastinu	23.31	23.31
76604	TC	T	ultrasound, chest, b-scan (includes mediastinu	45.80	45.80
76645		3	ultrasound, breast(s) (unilateral or bilateral), b-	72.93	72.93
76645	26	5	ultrasound, breast(s) (unilateral or bilateral), b-	23.00	23.00
76645	TC	T	ultrasound, breast(s) (unilateral or bilateral), b-	49.93	49.93
76700		3	ultrasound, abdominal, b-scan and/or real time	109.26	109.26
76700	26	5	ultrasound, abdominal, b-scan and/or real time	34.41	34.41
76700	TC	T	ultrasound, abdominal, b-scan and/or real time	74.86	74.86
76705		3	echog, abd, b-scan &/or real time w/ img docur	82.86	82.86
76705	26	5	echog, abd, b-scan &/or real time w/ img docur	25.33	25.33
76705	TC	T	echog, abd, b-scan &/or real time w/ img docur	57.53	57.53
76770		3	ultrasound, retroperitoneal (eg, renal, aorta, no	104.58	104.58
76770	26	5	ultrasound, retroperitoneal (eg, renal, aorta, no	31.45	31.45
76770	TC	T	ultrasound, retroperitoneal (eg, renal, aorta, no	73.13	73.13
76775		3	echog,retroprtnl,b-scan&/or rel tm w/img doc; li	88.90	89.19
76775	26	5	echog,retroprtnl,b-scan&/or rel tm w/img doc; li	25.03	25.31
76775	TC	T	echog,retroprtnl,b-scan&/or rel tm w/img doc; li	63.88	63.88
76776		3	ultrasound, transplanted kidney, real time and	116.16	116.16
76776	26	5	ultrasound, transplanted kidney, real time and	32.37	32.37
76776	TC	T	ultrasound, transplanted kidney, real time and	83.79	83.79
76800		3	ultrasound, spinal canal and contents	99.24	99.24
76800	26	5	ultrasound, spinal canal and contents	45.45	45.45
76800	TC	T	ultrasound, spinal canal and contents	53.78	53.78
76801		3	ultrasound, pregnant uterus, real time with ima	105.27	105.27
76801	26	5	ultrasound, pregnant uterus, real time with ima	41.75	41.75

**Physician Fee Schedule
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Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
76801	TC	T	ultrasound, pregnant uterus, real time with ima	63.52	63.52
76802		3	ultrasound, pregnant uterus, real time with ima	59.91	59.91
76802	26	5	ultrasound, pregnant uterus, real time with ima	34.74	34.74
76802	TC	T	ultrasound, pregnant uterus, real time with ima	25.15	25.15
76805		3	ultrasound, pregnant uterus, b-scan and/or rea	117.09	117.09
76805	26	5	ultrasound, pregnant uterus, b-scan and/or rea	41.47	41.47
76805	TC	T	ultrasound, pregnant uterus, b-scan and/or rea	75.63	75.63
76810		3	echography; complete with multiple gestation	81.26	81.26
76810	26	5	echography; complete with multiple gestation	40.87	40.87
76810	TC	T	echography; complete with multiple gestation	40.40	40.40
76811		3	ultrasound, pregnant uterus, real time with ima	165.57	165.57
76811	26	5	ultrasound, pregnant uterus, real time with ima	78.61	78.61
76811	TC	T	ultrasound, pregnant uterus, real time with ima	86.95	86.95
76812		3	ultrasound, pregnant uterus, real time with ima	162.09	162.09
76812	26	5	ultrasound, pregnant uterus, real time with ima	73.52	73.52
76812	TC	T	ultrasound, pregnant uterus, real time with ima	88.57	88.57
76813		3	ultrasound, pregnant uterus, real time with ima	103.13	103.13
76813	26	5	ultrasound, pregnant uterus, real time with ima	48.17	48.17
76813	TC	T	ultrasound, pregnant uterus, real time with ima	54.97	54.97
76814		3	ultrasound, pregnant uterus, real time with ima	67.50	67.50
76814	26	5	ultrasound, pregnant uterus, real time with ima	40.50	40.50
76814	TC	T	ultrasound, pregnant uterus, real time with ima	26.99	26.99
76815		3	echography, pregnant uterus, b-scan and/or re	72.91	72.91
76815	26	5	echography, pregnant uterus, b-scan and/or re	27.21	27.21
76815	TC	T	echography, pregnant uterus, b-scan and/or re	45.71	45.71
76816		3	echograph pregnant uterus follow up	89.62	89.63
76816	26	5	echograph pregnant uterus follow up	35.37	35.37
76816	TC	T	echograph pregnant uterus follow up	54.25	54.25
76817		3	ultrasound, pregnant uterus, real time with ima	81.41	81.41
76817	26	5	ultrasound, pregnant uterus, real time with ima	31.19	31.19
76817	TC	T	ultrasound, pregnant uterus, real time with ima	50.21	50.21
76818		3	fetal biophysical profile; with non-stress testing	97.42	97.42
76818	26	5	fetal biophysical profile; with non-stress testing	43.53	43.53
76818	TC	T	fetal biophysical profile; with non-stress testing	53.89	53.89
76819		3	fetal biophysical profile; without non-stress test	75.32	75.32
76819	26	5	fetal biophysical profile; without non-stress test	32.10	32.10
76819	TC	T	fetal biophysical profile; without non-stress test	43.22	43.22
76820		3	doppler velocimetry, fetal; umbilical artery	43.64	43.64

**Physician Fee Schedule
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Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
76820	26	5	doppler velocimetry, fetal; umbilical artery	20.79	20.79
76820	TC	T	doppler velocimetry, fetal; umbilical artery	22.85	22.85
76821		3	doppler velocimetry, fetal; middle cerebral arte	78.15	78.15
76821	26	5	doppler velocimetry, fetal; middle cerebral arte	29.06	29.06
76821	TC	T	doppler velocimetry, fetal; middle cerebral arte	49.09	49.09
76825		3	echocardiography fetal	167.82	167.82
76825	26	5	echocardiography fetal	69.31	69.31
76825	TC	T	echocardiography fetal	98.51	98.51
76826		3	echocardiography, fetal heart in utero	92.36	92.36
76826	26	5	echocardiography, fetal heart in utero	33.97	33.97
76826	TC	T	echocardiography, fetal heart in utero	58.39	58.39
76827		3	doppler ecg, fetal heart pulsed &/or cont. wave	57.77	57.77
76827	26	5	doppler ecg, fetal heart pulsed &/or cont. wave	23.96	23.96
76827	TC	T	doppler ecg, fetal heart pulsed &/or cont. wave	33.81	33.81
76828		3	doppler ecg, fetal heart puls.&/or cont wave fol	43.00	43.00
76828	26	5	doppler ecg, fetal heart puls.&/or cont wave fol	23.24	23.24
76828	TC	T	doppler ecg, fetal heart puls.&/or cont wave fol	19.75	19.75
76830		3	ultrasound, transvaginal	95.90	95.90
76830	26	5	ultrasound, transvaginal	29.03	29.03
76830	TC	T	ultrasound, transvaginal	66.87	66.87
76831		3	hysterosonography, with or without color flow c	95.97	95.97
76831	26	5	hysterosonography, with or without color flow c	29.68	29.68
76831	TC	T	hysterosonography, with or without color flow c	66.29	66.29
76856		3	ultrasound, pelvic (nonobstetric), b-scan and/o	96.48	96.48
76856	26	5	ultrasound, pelvic (nonobstetric), b-scan and/o	29.32	29.32
76856	TC	T	ultrasound, pelvic (nonobstetric), b-scan and/o	67.16	67.16
76857		3	echo, pelv (non-ob) b-scan&/or rel tm w/img d;|	80.05	80.05
76857	26	5	echo, pelv (non-ob) b-scan&/or rel tm w/img d;|	16.57	16.57
76857	TC	T	echo, pelv (non-ob) b-scan&/or rel tm w/img d;|	63.48	63.48
76870		3	ultrasound, scrotum and contents	95.50	95.50
76870	26	5	ultrasound, scrotum and contents	27.47	27.47
76870	TC	T	ultrasound, scrotum and contents	68.02	68.02
76872		3	echography, transrectal	113.69	113.69
76872	26	5	echography, transrectal	30.38	30.38
76872	TC	T	echography, transrectal	83.31	83.31
76873		3	echography, transrectal; prostate volume study	144.41	144.41
76873	26	5	echography, transrectal; prostate volume study	66.26	66.26
76873	TC	T	echography, transrectal; prostate volume study	78.15	78.15

**Physician Fee Schedule
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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
76880		3	ultrasound, extremity, non-vascular, b-scan an	99.88	99.88
76880	26	5	ultrasound, extremity, non-vascular, b-scan an	24.47	24.47
76880	TC	T	ultrasound, extremity, non-vascular, b-scan an	75.41	75.41
76885		3	ultrasound, infant hips, real time with imaging c	108.71	108.71
76885	26	5	ultrasound, infant hips, real time with imaging c	31.45	31.45
76885	TC	T	ultrasound, infant hips, real time with imaging c	77.25	77.25
76886		3	ultrasound, infant hips, real time with imaging c	80.34	80.34
76886	26	5	ultrasound, infant hips, real time with imaging c	25.98	25.98
76886	TC	T	ultrasound, infant hips, real time with imaging c	54.36	54.36
76930		3	ultrasonic guidance for pericardiocentesis, ima	78.92	78.92
76930	26	5	ultrasonic guidance for pericardiocentesis, ima	30.51	30.51
76930	TC	T	ultrasonic guidance for pericardiocentesis, ima	48.41	48.41
76932		3	ultrasonic guidance for endomyocardial biopsy	79.42	79.42
76932	26	5	ultrasonic guidance for endomyocardial biopsy	30.51	30.51
76932	TC	T	ultrasonic guidance for endomyocardial biopsy	48.89	48.89
76936		3	ultrasound guided compression repair of arteria	251.89	251.89
76936	26	5	ultrasound guided compression repair of arteria	85.67	85.67
76936	TC	T	ultrasound guided compression repair of arteria	166.21	166.21
76937		3	ultrasound guidance for vascular access requir	28.94	28.94
76937	26	5	ultrasound guidance for vascular access requir	13.12	13.12
76937	TC	T	ultrasound guidance for vascular access requir	15.82	15.82
76940		3	ultrasound guidance for, and monitoring of, visi	139.10	139.10
76940	26	5	ultrasound guidance for, and monitoring of, visi	88.39	88.39
76940	TC	T	ultrasound guidance for, and monitoring of, visi	53.34	53.34
76941		3	ultrasonic guidance for intrauterine fetal transfu	100.69	100.69
76941	26	5	ultrasonic guidance for intrauterine fetal transfu	55.86	55.86
76941	TC	T	ultrasonic guidance for intrauterine fetal transfu	44.84	44.84
76942		3	ultrasonic guidance for needle placement (eg, l	147.47	147.47
76942	26	5	ultrasonic guidance for needle placement (eg, l	28.69	28.69
76942	TC	T	ultrasonic guidance for needle placement (eg, l	118.78	118.78
76945		3	ultrasonic guidance for chorionic villus samplin	73.35	73.35
76945	26	5	ultrasonic guidance for chorionic villus samplin	27.83	27.83
76945	TC	T	ultrasonic guidance for chorionic villus samplin	45.52	45.52
76946		3	ultrasonic guidance for amniocentesis, imaging	35.85	35.85
76946	26	5	ultrasonic guidance for amniocentesis, imaging	15.71	15.71
76946	TC	T	ultrasonic guidance for amniocentesis, imaging	20.15	20.15
76950		3	ultrasonic guidance for placement of radiation t	56.98	56.98
76950	26	5	ultrasonic guidance for placement of radiation t	24.44	24.44

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
76950	TC	T	ultrasonic guidance for placement of radiation 1	32.53	32.53
76965		3	ultrasonic guidance for interstitial radioelement	118.89	118.89
76965	26	5	ultrasonic guidance for interstitial radioelement	58.07	58.07
76965	TC	T	ultrasonic guidance for interstitial radioelement	60.82	60.82
76970		3	ultrasound study follow-up (specify)	66.26	66.26
76970	26	5	ultrasound study follow-up (specify)	16.33	16.33
76970	TC	T	ultrasound study follow-up (specify)	49.93	49.93
76975		3	gastrointestinal endoscopic ultrasound, superv	81.78	81.78
76975	26	5	gastrointestinal endoscopic ultrasound, superv	34.99	34.99
76975	TC	T	gastrointestinal endoscopic ultrasound, superv	46.80	46.80
76977		3	ultrasound bone density measurement and inte	11.11	11.11
76977	26	5	ultrasound bone density measurement and inte	2.33	2.33
76977	TC	T	ultrasound bone density measurement and inte	8.77	8.77
76998		3	ultrasonic guidance, intraoperative	134.61	134.61
76998	26	5	ultrasonic guidance, intraoperative	51.23	51.23
76998	TC	T	ultrasonic guidance, intraoperative	83.97	83.97
77001		3	fluoroscopic guidance for central venous acces	82.96	82.96
77001	26	5	fluoroscopic guidance for central venous acces	16.08	16.08
77001	TC	T	fluoroscopic guidance for central venous acces	66.87	66.87
77002		3	fluoroscopic guidance for needle placement (e)	56.98	56.98
77002	26	5	fluoroscopic guidance for needle placement (e)	22.42	22.42
77002	TC	T	fluoroscopic guidance for needle placement (e)	34.55	34.55
77003		3	fluoroscopic guidance and localization of needl	47.79	47.79
77003	26	5	fluoroscopic guidance and localization of needl	23.63	23.62
77003	TC	T	fluoroscopic guidance and localization of needl	24.17	24.17
77011		3	computed tomography guidance for stereotact	538.18	538.18
77011	26	5	computed tomography guidance for stereotact	51.11	51.11
77011	TC	T	computed tomography guidance for stereotact	487.07	487.07
77012		3	computed tomography guidance for needle pla	158.80	158.80
77012	26	5	computed tomography guidance for needle pla	49.85	49.85
77012	TC	T	computed tomography guidance for needle pla	108.95	108.95
77013		3	computerized tomography guidance for, and m	481.36	481.36
77013	26	5	computerized tomography guidance for, and m	171.81	171.81
77013	TC	T	computerized tomography guidance for, and m	319.10	319.10
77014		3	computed tomography guidance for placement	148.13	148.13
77014	26	5	computed tomography guidance for placement	35.65	35.65
77014	TC	T	computed tomography guidance for placement	112.47	112.47
77021		3	magnetic resonance guidance for needle place	355.91	355.91

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
77021	26	5	magnetic resonance guidance for needle place	64.70	64.70
77021	TC	T	magnetic resonance guidance for needle place	291.21	291.21
77022		3	magnetic resonance guidance for, and monitor	239.90	239.90
77022	26	5	magnetic resonance guidance for, and monitor	179.92	179.92
77022	TC	T	magnetic resonance guidance for, and monitor	59.99	59.99
77031		3	stereotactic localization guidance for breast bic	155.28	155.28
77031	26	5	stereotactic localization guidance for breast bic	67.80	67.80
77031	TC	T	stereotactic localization guidance for breast bic	87.50	87.50
77032		3	mammographic guidance for needle placemen	48.37	48.37
77032	26	5	mammographic guidance for needle placemen	23.91	23.91
77032	TC	T	mammographic guidance for needle placemen	24.46	24.46
77051		3	computer-aided detection (computer algorithm	9.76	9.76
77051	26	5	computer-aided detection (computer algorithm	2.65	2.65
77051	TC	T	computer-aided detection (computer algorithm	7.12	7.12
77052		3	computer-aided detection (computer algorithm	9.76	9.76
77052	26	5	computer-aided detection (computer algorithm	2.65	2.65
77052	TC	T	computer-aided detection (computer algorithm	7.12	7.12
77053		3	mammary ductogram or galactogram, single dt	60.82	60.82
77053	26	5	mammary ductogram or galactogram, single dt	15.37	15.37
77053	TC	T	mammary ductogram or galactogram, single dt	45.45	45.45
77054		3	mammary ductogram or galactogram, multiple	81.92	81.92
77054	26	5	mammary ductogram or galactogram, multiple	19.33	19.33
77054	TC	T	mammary ductogram or galactogram, multiple	62.59	62.59
77055		3	mammography; unilateral	68.60	68.60
77055	26	5	mammography; unilateral	29.92	29.92
77055	TC	T	mammography; unilateral	38.68	38.68
77056		3	mammography; bilateral	86.99	86.99
77056	26	5	mammography; bilateral	37.15	37.15
77056	TC	T	mammography; bilateral	49.84	49.84
77057		3	screening mammography, bilateral (2-view film	65.91	65.91
77057	26	5	screening mammography, bilateral (2-view film	29.92	29.92
77057	TC	T	screening mammography, bilateral (2-view film	35.99	35.99
77058		3	magnetic resonance imaging, breast, without a	666.54	666.54
77058	26	5	magnetic resonance imaging, breast, without a	69.51	69.51
77058	TC	T	magnetic resonance imaging, breast, without a	597.03	597.03
77059		3	magnetic resonance imaging, breast, without a	715.55	715.55
77059	26	5	magnetic resonance imaging, breast, without a	69.51	69.51
77059	TC	T	magnetic resonance imaging, breast, without a	646.04	646.04

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
77071		3	manual application of stress performed by phy:	31.85	31.85
77072		3	bone age studies	18.92	18.92
77072	26	5	bone age studies	8.14	8.14
77072	TC	T	bone age studies	10.77	10.77
77073		3	bone length studies (orthoroentgenogram, scai	30.08	30.08
77073	26	5	bone length studies (orthoroentgenogram, scai	11.50	11.50
77073	TC	T	bone length studies (orthoroentgenogram, scai	18.58	18.58
77074		3	radiologic examination, osseous survey; limitec	55.13	55.13
77074	26	5	radiologic examination, osseous survey; limitec	19.33	19.33
77074	TC	T	radiologic examination, osseous survey; limitec	35.80	35.80
77075		3	radiologic examination, osseous survey; compl	79.67	79.67
77075	26	5	radiologic examination, osseous survey; compl	23.00	23.00
77075	TC	T	radiologic examination, osseous survey; compl	56.67	56.67
77076		3	radiologic examination, osseous survey, infant	74.75	74.75
77076	26	5	radiologic examination, osseous survey, infant	28.77	28.77
77076	TC	T	radiologic examination, osseous survey, infant	45.98	45.98
77077		3	joint survey, single view, 2 or more joints (spec	34.03	34.03
77077	26	5	joint survey, single view, 2 or more joints (spec	13.23	13.23
77077	TC	T	joint survey, single view, 2 or more joints (spec	20.80	20.80
77078		3	computed tomography, bone mineral density si	135.17	135.17
77078	26	5	computed tomography, bone mineral density si	10.59	10.59
77078	TC	T	computed tomography, bone mineral density si	124.59	124.59
77079		3	computed tomography, bone mineral density si	45.83	45.83
77079	26	5	computed tomography, bone mineral density si	8.79	8.79
77079	TC	T	computed tomography, bone mineral density si	37.04	37.04
77080		3	dual-energy x-ray absorptiometry (dxa), bone c	56.23	56.23
77080	26	5	dual-energy x-ray absorptiometry (dxa), bone c	8.45	8.45
77080	TC	T	dual-energy x-ray absorptiometry (dxa), bone c	47.78	47.78
77081		3	dual-energy x-ray absorptiometry (dxa), bone c	24.20	24.20
77081	26	5	dual-energy x-ray absorptiometry (dxa), bone c	9.07	9.07
77081	TC	T	dual-energy x-ray absorptiometry (dxa), bone c	15.12	15.12
77082		3	dual-energy x-ray absorptiometry (dxa), bone c	23.21	23.21
77082	26	5	dual-energy x-ray absorptiometry (dxa), bone c	6.94	6.94
77082	TC	T	dual-energy x-ray absorptiometry (dxa), bone c	16.27	16.27
77083		3	radiographic absorptiometry (eg, photodensitor	21.27	21.27
77083	26	5	radiographic absorptiometry (eg, photodensitor	8.16	8.16
77083	TC	T	radiographic absorptiometry (eg, photodensitor	13.10	13.10
77084		3	magnetic resonance (eg, proton) imaging, boni	460.65	460.65

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
77084	26	5	magnetic resonance (eg, proton) imaging, bon	68.58	68.58
77084	TC	T	magnetic resonance (eg, proton) imaging, bon	392.07	392.07
77261		3	therapeutic radiology treatment planning;	59.43	59.43
77262		3	therapeutic radiology treatment planning;	89.31	89.31
77263		3	therapeutic radiology treatment planning;	132.51	132.51
77280		3	radiation therapeutic simulator aided field settir	147.02	147.02
77280	26	5	radiation therapeutic simulator aided field settir	29.54	29.54
77280	TC	T	radiation therapeutic simulator aided field settir	117.48	117.48
77285		3	radiation therapeutic simulator aided field sett	253.08	253.08
77285	26	5	radiation therapeutic simulator aided field sett	44.11	44.11
77285	TC	T	radiation therapeutic simulator aided field sett	208.97	208.97
77290		3	radiation therapy simulator aided field setting c	392.85	392.85
77290	26	5	radiation therapy simulator aided field setting c	65.51	65.51
77290	TC	T	radiation therapy simulator aided field setting c	327.35	327.35
77295		3	therapeutic radiology simulation-aided field set	548.03	548.03
77295	26	5	therapeutic radiology simulation-aided field set	191.43	191.43
77295	TC	T	therapeutic radiology simulation-aided field set	356.60	356.60
77300		3	basic radiation dosimetry calculation, central a:	57.65	57.65
77300	26	5	basic radiation dosimetry calculation, central a:	25.98	25.98
77300	TC	T	basic radiation dosimetry calculation, central a:	31.67	31.67
77301		3	intensity modulated radiotherapy plan, includin	1,726.32	1,726.32
77301	26	5	intensity modulated radiotherapy plan, includin	335.48	335.48
77301	TC	T	intensity modulated radiotherapy plan, includin	1,390.84	1,390.84
77305		3	radiation therpy isodose plan simple	59.40	59.40
77305	26	5	radiation therpy isodose plan simple	29.54	29.54
77305	TC	T	radiation therpy isodose plan simple	29.87	29.87
77310		3	radiation therapy intermed three or more theraj	82.73	82.73
77310	26	5	radiation therapy intermed three or more theraj	44.11	44.11
77310	TC	T	radiation therapy intermed three or more theraj	38.62	38.62
77315		3	radiation therapy complex	120.77	120.77
77315	26	5	radiation therapy complex	65.51	65.51
77315	TC	T	radiation therapy complex	55.26	55.26
77321		3	special teletherapy port part/ hemi/ total body	98.50	98.50
77321	26	5	special teletherapy port part/ hemi/ total body	39.84	39.84
77321	TC	T	special teletherapy port part/ hemi/ total body	58.66	58.66
77326		3	brachytherapy isodose calculation (simple)	114.75	114.75
77326	26	5	brachytherapy isodose calculation (simple)	38.93	38.93
77326	TC	T	brachytherapy isodose calculation (simple)	75.83	75.83

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
77327		3	brachytherapy isodose calculation intermediate	163.65	163.65
77327	26	5	brachytherapy isodose calculation intermediate	58.28	58.28
77327	TC	T	brachytherapy isodose calculation intermediate	105.37	105.37
77328		3	brachytherapy isodose calculation complex	224.56	224.56
77328	26	5	brachytherapy isodose calculation complex	87.82	87.82
77328	TC	T	brachytherapy isodose calculation complex	136.75	136.75
77331		3	special dosimetry eg tld. microdosimetry	51.39	51.39
77331	26	5	special dosimetry eg tld. microdosimetry	36.57	36.57
77331	TC	T	special dosimetry eg tld. microdosimetry	14.81	14.81
77332		3	treatment devices design & construction (simpl	62.65	62.65
77332	26	5	treatment devices design & construction (simpl	22.62	22.62
77332	TC	T	treatment devices design & construction (simpl	40.03	40.03
77333		3	treatment devices (intermediate)	56.27	56.27
77333	26	5	treatment devices (intermediate)	35.34	35.34
77333	TC	T	treatment devices (intermediate)	20.92	20.92
77334		3	treatment devices (complex)	127.71	127.71
77334	26	5	treatment devices (complex)	51.96	51.96
77334	TC	T	treatment devices (complex)	75.75	75.75
77336		3	continuing medical physics consultation, includ	48.73	48.73
77370		3	special medical radiation physics consultation	92.67	92.67
77371	TC	T	radiation treatment delivery, stereotactic radios	237.90	237.90
77372	TC	T	radiation treatment delivery, stereotactic radios	484.29	484.29
77373	TC	T	stereotactic body radiation therapy, treatment c	897.01	897.01
77401		3	radiation treatment delivery, superficial and/or i	24.96	24.96
77402		3	radiation treatment delivery, single treatment a	107.44	107.44
77403		3	radiation treatment delivery, single treatment a	94.47	94.47
77404		3	radiation treatment delivery, single treatment a	103.99	103.99
77406		3	radiation treatment delivery, single treatment a	104.85	104.85
77407		3	radiation treatment delivery, two separate treat	168.50	168.50
77408		3	radiation treatment delivery, two separate treat	126.68	126.68
77409		3	radiation treatment delivery, two separate treat	139.66	139.66
77411		3	radiation treatment delivery, two separate treat	138.79	138.79
77412		3	radiation treatment delivery, three or more sep:	163.22	163.22
77413		T	radiation treatment delivery, three or more sep:	123.27	123.27
77414		3	radiation treatment delivery, three or more sep:	182.54	182.54
77416		3	radiation treatment delivery, three or more sep:	183.40	183.40
77417		3	therapeutic radiology port film(s)	12.61	12.61
77418		3	intensity modulated treatment delivery, single c	412.11	412.11

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
77421		3	stereoscopic x-ray guidance for localization of t	90.38	90.38
77421	26	5	stereoscopic x-ray guidance for localization of t	16.31	16.31
77421	TC	T	stereoscopic x-ray guidance for localization of t	74.08	74.08
77422		3	high energy neutron radiation treatment deliver	153.70	153.70
77423		3	high energy neutron radiation treatment deliver	176.49	176.49
77427		3	radiation treatment management, five treatmer	157.66	157.66
77431		3	radiation therapy management with complete c	80.43	80.43
77432		3	stereotactic radiation treatment management o	335.23	335.23
77435		3	sterotactic body radiation therapy, treatment m	555.86	555.86
77470		3	special treatment procedure (eg, total body irra	206.20	206.20
77470	26	5	special treatment procedure (eg, total body irra	87.82	87.82
77470	TC	T	special treatment procedure (eg, total body irra	118.37	118.37
77600		3	hyperthermia, externally generated	296.22	296.22
77600	26	5	hyperthermia, externally generated	65.51	65.51
77600	TC	T	hyperthermia, externally generated	230.72	230.72
77605		3	hyperthermia, ext; deep	528.36	528.36
77605	26	5	hyperthermia, ext; deep	85.63	85.63
77605	TC	T	hyperthermia, ext; deep	442.73	442.73
77610		3	hyperthermia generated by interstitial prob.	492.92	492.92
77610	26	5	hyperthermia generated by interstitial prob.	63.77	63.77
77610	TC	T	hyperthermia generated by interstitial prob.	429.15	429.15
77615		3	hyperthermia; more than 5 interstitial applicato	696.97	696.97
77615	26	5	hyperthermia; more than 5 interstitial applicato	87.53	87.53
77615	TC	T	hyperthermia; more than 5 interstitial applicato	609.44	609.44
77620		3	intracavitary hyperthermia generated by probe	310.14	310.14
77620	26	5	intracavitary hyperthermia generated by probe	65.86	65.86
77620	TC	T	intracavitary hyperthermia generated by probe	244.27	244.27
77750		3	infusion or instillation of radioelement sourtion	279.75	279.75
77750	26	5	infusion or instillation of radioelement sourtion	207.43	207.43
77750	TC	T	infusion or instillation of radioelement sourtion	72.34	72.34
77761		3	intracavitary radiation source application; simpl	286.85	286.85
77761	26	5	intracavitary radiation source application; simpl	159.20	159.20
77761	TC	T	intracavitary radiation source application; simpl	127.65	127.65
77762		3	intracavity radioelement application intermedia	392.35	392.35
77762	26	5	intracavity radioelement application intermedia	240.63	240.63
77762	TC	T	intracavity radioelement application intermedia	151.72	151.72
77763		3	interstitial radioelement application; complex	556.34	556.34
77763	26	5	interstitial radioelement application; complex	361.15	361.15

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
77763	TC	T	interstitial radioelement application; complex	195.19	195.19
77776		3	interstitial radiation source application; simple	337.14	337.14
77776	26	5	interstitial radiation source application; simple	199.30	199.30
77776	TC	T	interstitial radiation source application; simple	137.84	137.84
77777		3	interstitial radioelement application (intermedi	471.13	471.13
77777	26	5	interstitial radioelement application (intermedi	318.25	318.25
77777	TC	T	interstitial radioelement application (intermedi	152.88	152.88
77778		3	interstitial radioelement application complex	675.36	675.36
77778	26	5	interstitial radioelement application complex	472.16	472.16
77778	TC	T	interstitial radioelement application complex	203.18	203.18
77785		3	remote afterloading high dose rate radionuclide	150.32	150.32
77785	26	5	remote afterloading high dose rate radionuclide	59.79	59.79
77785	TC	T	remote afterloading high dose rate radionuclide	90.54	90.54
77786		3	remote afterloading high dose rate radionuclide	449.59	449.59
77786	26	5	remote afterloading high dose rate radionuclide	134.69	134.69
77786	TC	T	remote afterloading high dose rate radionuclide	314.91	314.91
77787		3	remote afterloading high dose rate radionuclide	668.23	668.23
77787	26	5	remote afterloading high dose rate radionuclide	206.72	206.72
77787	TC	T	remote afterloading high dose rate radionuclide	461.51	461.51
77789		3	surface application of radiation source	85.29	85.29
77789	26	5	surface application of radiation source	47.98	47.98
77789	TC	T	surface application of radiation source	37.31	37.31
77790		3	supervision, handling, loading of radiation sour	71.62	71.62
77790	26	5	supervision, handling, loading of radiation sour	44.11	44.11
77790	TC	T	supervision, handling, loading of radiation sour	27.51	27.51
78000		3	thyroid uptake; single determination	54.61	54.61
78000	26	5	thyroid uptake; single determination	8.14	8.14
78000	TC	T	thyroid uptake; single determination	46.46	46.46
78001		3	thyroid uptake; multiple determinations	69.39	69.39
78001	26	5	thyroid uptake; multiple determinations	11.19	11.19
78001	TC	T	thyroid uptake; multiple determinations	58.20	58.20
78003		3	thyroid uptake stimulation, suppression or disch	60.71	60.71
78003	26	5	thyroid uptake stimulation, suppression or disch	13.95	13.95
78003	TC	T	thyroid uptake stimulation, suppression or disch	46.76	46.76
78006		3	thyroid imaging, w/uptake; single determinator	170.52	170.52
78006	26	5	thyroid imaging, w/uptake; single determinator	20.87	20.87
78006	TC	T	thyroid imaging, w/uptake; single determinator	149.66	149.66
78007		3	thyroid imaging, w/uptake; multpl determinator	104.41	104.41

**Physician Fee Schedule
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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
78007	26	5	thyroid imaging, w/uptake; multpl determinator	21.47	21.47
78007	TC	T	thyroid imaging, w/uptake; multpl determinator	82.95	82.95
78010		3	thyroid imaging; only	118.85	118.85
78010	26	5	thyroid imaging; only	16.59	16.59
78010	TC	T	thyroid imaging; only	102.26	102.26
78011		3	thyroid imaging; with vascular flow	135.24	135.24
78011	26	5	thyroid imaging; with vascular flow	19.33	19.33
78011	TC	T	thyroid imaging; with vascular flow	115.92	115.92
78015		3	thyroid carcinoma metastases imaging; limited	160.96	160.96
78015	26	5	thyroid carcinoma metastases imaging; limited	28.69	28.69
78015	TC	T	thyroid carcinoma metastases imaging; limited	132.27	132.27
78016		3	thyroid carcinoma metastases imaging w/add'l stu	244.01	244.01
78016	26	5	thyroid carcinoma metastases imaging w/add'l stu	35.10	35.10
78016	TC	T	thyroid carcinoma metastases imaging w/add'l stu	208.91	208.91
78018		3	thyroid carcinoma metastases imaging; whole l	246.18	246.18
78018	26	5	thyroid carcinoma metastases imaging; whole l	36.84	36.84
78018	TC	T	thyroid carcinoma metastases imaging; whole l	209.35	209.35
78020		3	thyroid carcinoma metastases uptake (list sepa	72.63	72.63
78020	26	5	thyroid carcinoma metastases uptake (list sepa	25.73	25.73
78020	TC	T	thyroid carcinoma metastases uptake (list sepa	46.89	46.89
78070		3	parathyroid imaging	136.97	136.97
78070	26	5	parathyroid imaging	35.30	35.30
78070	TC	T	parathyroid imaging	101.67	101.67
78075		3	adrenal imaging, cortex &/or medulla	319.26	319.26
78075	26	5	adrenal imaging, cortex &/or medulla	31.74	31.74
78075	TC	T	adrenal imaging, cortex &/or medulla	287.51	287.51
78102		3	bone marrow imaging; limited area	126.63	126.63
78102	26	5	bone marrow imaging; limited area	23.60	23.60
78102	TC	T	bone marrow imaging; limited area	103.03	103.03
78103		3	bone marrow imaging; multiple areas	170.11	170.11
78103	26	5	bone marrow imaging; multiple areas	32.05	32.05
78103	TC	T	bone marrow imaging; multiple areas	138.05	138.05
78104		3	bone marrow imaging; whole body	194.86	194.86
78104	26	5	bone marrow imaging; whole body	34.48	34.48
78104	TC	T	bone marrow imaging; whole body	160.38	160.38
78110		3	plasma volume, radiopharmaceutical volume-d	60.38	60.38
78110	26	5	plasma volume, radiopharmaceutical volume-d	8.14	8.14
78110	TC	T	plasma volume, radiopharmaceutical volume-d	52.23	52.23

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
78111		3	plasma volume radionuclide vol-dilut tech;mult	77.02	77.02
78111	26	5	plasma volume radionuclide vol-dilut tech;mult	9.66	9.66
78111	TC	T	plasma volume radionuclide vol-dilut tech;mult	67.37	67.37
78120		3	red cell volume determination; single sampling	68.67	68.67
78120	26	5	red cell volume determination; single sampling	9.96	9.96
78120	TC	T	red cell volume determination; single sampling	58.70	58.70
78121		3	red cell volume determination; multiple samplir	83.32	83.32
78121	26	5	red cell volume determination; multiple samplir	13.63	13.63
78121	TC	T	red cell volume determination; multiple samplir	69.68	69.68
78122		3	whole blood volume determination, including si	103.39	103.39
78122	26	5	whole blood volume determination, including si	19.33	19.33
78122	TC	T	whole blood volume determination, including si	84.06	84.06
78130		3	red cell survival study	121.02	121.02
78130	26	5	red cell survival study	26.24	26.24
78130	TC	T	red cell survival study	94.77	94.77
78135		3	red cell survival study plus splenic and/or hepa	251.02	251.02
78135	26	5	red cell survival study plus splenic and/or hepa	27.47	27.47
78135	TC	T	red cell survival study plus splenic and/or hepa	223.56	223.56
78140		3	red cell splenic and/or hepatic sequestration	117.21	117.21
78140	26	5	red cell splenic and/or hepatic sequestration	26.24	26.24
78140	TC	T	red cell splenic and/or hepatic sequestration	90.96	90.96
78185		3	spleen imaging only, with or without vascular fl	146.37	146.37
78185	26	5	spleen imaging only, with or without vascular fl	17.19	17.19
78185	TC	T	spleen imaging only, with or without vascular fl	129.18	129.18
78190		3	kinetics, platelet survival, w/wo diff org/tis loc	288.09	288.09
78190	26	5	kinetics, platelet survival, w/wo diff org/tis loc	46.24	46.24
78190	TC	T	kinetics, platelet survival, w/wo diff org/tis loc	241.85	241.85
78191		3	platelet survival study	156.71	156.71
78191	26	5	platelet survival study	25.95	25.95
78191	TC	T	platelet survival study	130.76	130.76
78195		3	lymphatics and lymph nodes imaging	262.72	262.72
78195	26	5	lymphatics and lymph nodes imaging	51.58	51.58
78195	TC	T	lymphatics and lymph nodes imaging	211.14	211.14
78201		3	liver imaging; static only	135.22	135.22
78201	26	5	liver imaging; static only	18.44	18.44
78201	TC	T	liver imaging; static only	116.78	116.78
78202		3	liver imaging; with vascular flow	156.06	156.06
78202	26	5	liver imaging; with vascular flow	21.49	21.49

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
78202	TC	T	liver imaging; with vascular flow	134.57	134.57
78205		3	liver imaging (spect)	186.90	186.90
78205	26	5	liver imaging (spect)	30.52	30.52
78205	TC	T	liver imaging (spect)	156.39	156.39
78206		3	liver imaging (spect); with vascular flow	262.76	262.76
78206	26	5	liver imaging (spect); with vascular flow	41.10	41.10
78206	TC	T	liver imaging (spect); with vascular flow	221.66	221.66
78215		3	liver and spleen imaging; static only	144.48	144.48
78215	26	5	liver and spleen imaging; static only	20.87	20.87
78215	TC	T	liver and spleen imaging; static only	123.61	123.61
78216		3	liver and spleen imaging with vascular flow	109.69	109.69
78216	26	5	liver and spleen imaging with vascular flow	24.22	24.22
78216	TC	T	liver and spleen imaging with vascular flow	85.47	85.47
78220		3	liver functn stdy w/hepatobiliary agnts, w/ser in	114.03	114.03
78220	26	5	liver functn stdy w/hepatobiliary agnts, w/ser in	20.87	20.87
78220	TC	T	liver functn stdy w/hepatobiliary agnts, w/ser in	93.17	93.17
78223		3	hepatobiliary ductal sys imaging,incl gallbladde	241.85	241.85
78223	26	5	hepatobiliary ductal sys imaging,incl gallbladde	35.93	35.93
78223	TC	T	hepatobiliary ductal sys imaging,incl gallbladde	205.93	205.93
78230		3	salivary gland imaging	123.13	123.13
78230	26	5	salivary gland imaging	19.04	19.04
78230	TC	T	salivary gland imaging	104.09	104.09
78231		3	salivary gland imaging; with serial images	105.34	105.34
78231	26	5	salivary gland imaging; with serial images	22.09	22.09
78231	TC	T	salivary gland imaging; with serial images	83.25	83.25
78232		3	salivary gland function study	107.15	107.15
78232	26	5	salivary gland function study	20.24	20.24
78232	TC	T	salivary gland function study	86.91	86.91
78258		3	esophageal motility	171.79	171.79
78258	26	5	esophageal motility	32.03	32.03
78258	TC	T	esophageal motility	139.77	139.77
78261		3	gastric mucosa imaging	189.41	189.41
78261	26	5	gastric mucosa imaging	29.60	29.60
78261	TC	T	gastric mucosa imaging	159.81	159.81
78262		3	gastroesophageal reflux study	186.79	186.79
78262	26	5	gastroesophageal reflux study	28.72	28.72
78262	TC	T	gastroesophageal reflux study	158.08	158.08
78264		3	gastric emptying study	215.00	215.00

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
78264	26	5	gastric emptying study	33.28	33.28
78264	TC	T	gastric emptying study	181.72	181.72
78267		3	urea breath test, c-14; acquisition for analysis	10.17	10.17
78268		3	urea breath test, c-14; analysis	87.18	87.18
78270		3	vitamin b-12 absorption study; wo intrinsic fact	62.34	62.34
78270	26	5	vitamin b-12 absorption study; wo intrinsic fact	8.45	8.45
78270	TC	T	vitamin b-12 absorption study; wo intrinsic fact	53.89	53.89
78271		3	vitamin b-12 absorption study; w/intrinsic factor	62.92	62.92
78271	26	5	vitamin b-12 absorption study; w/intrinsic factor	8.16	8.16
78271	TC	T	vitamin b-12 absorption study; w/intrinsic factor	54.75	54.75
78272		3	vitamin b-12 absorption stds cmbnd,w&wo intri	71.46	71.46
78272	26	5	vitamin b-12 absorption stds cmbnd,w&wo intri	10.92	10.92
78272	TC	T	vitamin b-12 absorption stds cmbnd,w&wo intri	60.54	60.54
78278		3	acute gastrointestinal blood loss imaging	259.25	259.25
78278	26	5	acute gastrointestinal blood loss imaging	42.33	42.33
78278	TC	T	acute gastrointestinal blood loss imaging	216.93	216.93
78282		3	gastrointestinal protein loss	57.32	57.32
78282	26	5	gastrointestinal protein loss	16.28	16.28
78282	TC	T	gastrointestinal protein loss	41.04	41.04
78290		3	intestine imaging (eg, ectopic gastric mucosa, l	231.46	231.46
78290	26	5	intestine imaging (eg, ectopic gastric mucosa, l	29.29	29.29
78290	TC	T	intestine imaging (eg, ectopic gastric mucosa, l	202.17	202.17
78291		3	peritoneal-venous shunt patency test	189.15	189.15
78291	26	5	peritoneal-venous shunt patency test	37.75	37.75
78291	TC	T	peritoneal-venous shunt patency test	151.41	151.41
78300		3	bone and/or joint imaging; limited area	132.87	132.87
78300	26	5	bone and/or joint imaging; limited area	26.55	26.55
78300	TC	T	bone and/or joint imaging; limited area	106.31	106.31
78305		3	bone and/or joint imaging; multiple areas	176.65	176.65
78305	26	5	bone and/or joint imaging; multiple areas	35.33	35.33
78305	TC	T	bone and/or joint imaging; multiple areas	141.33	141.33
78306		3	bone and/or joint imaging; whole body	195.49	195.49
78306	26	5	bone and/or joint imaging; whole body	36.84	36.84
78306	TC	T	bone and/or joint imaging; whole body	158.65	158.65
78315		3	bone and/or joint imaging; three phase study	259.61	259.61
78315	26	5	bone and/or joint imaging; three phase study	43.55	43.55
78315	TC	T	bone and/or joint imaging; three phase study	216.06	216.06
78320		3	bone and/or joint imaging; tomographic	200.86	200.86

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
78320	26	5	bone and/or joint imaging; tomographic	44.46	44.46
78320	TC	T	bone and/or joint imaging; tomographic	156.39	156.39
78350		3	bone density study; single photon absorptiome	26.79	26.79
78350	26	5	bone density study; single photon absorptiome	9.07	9.07
78350	TC	T	bone density study; single photon absorptiome	17.72	17.72
78351		3	bone density (bone mineral content) study, one	12.72	12.72
78351	26	5	bone density (bone mineral content) study, one	3.19	3.19
78414		3	determ of ventricular ejection frctn w/probe tech	66.87	66.87
78414	26	5	determ of ventricular ejection frctn w/probe tech	18.17	18.17
78414	TC	T	determ of ventricular ejection frctn w/probe tech	48.69	48.69
78428		3	cardiac shunt detection	154.38	154.38
78428	26	5	cardiac shunt detection	34.72	34.72
78428	TC	T	cardiac shunt detection	119.67	119.67
78445		3	non-cardiac vascular flow imaging (ie, angiogra	129.17	129.17
78445	26	5	non-cardiac vascular flow imaging (ie, angiogra	20.87	20.87
78445	TC	T	non-cardiac vascular flow imaging (ie, angiogra	108.31	108.31
78456		3	acute venous thrombosis imaging, peptide	273.05	273.05
78456	26	5	acute venous thrombosis imaging, peptide	45.24	45.24
78456	TC	T	acute venous thrombosis imaging, peptide	227.81	227.81
78457		3	venous thrombosis imaging, venogram; unilate	148.79	148.79
78457	26	5	venous thrombosis imaging, venogram; unilate	32.68	32.68
78457	TC	T	venous thrombosis imaging, venogram; unilate	116.12	116.12
78458		3	venous thrombosis imaging; bilateral	164.23	164.23
78458	26	5	venous thrombosis imaging; bilateral	38.66	38.66
78458	TC	T	venous thrombosis imaging; bilateral	125.57	125.57
78459		3	myocardial imaging, positron emission tomogra	951.23	951.23
78459	26	5	myocardial imaging, positron emission tomogra	66.50	66.50
78459	TC	T	myocardial imaging, positron emission tomogra	882.69	882.69
78460		3	myocardial perfusion imaging; (planar) single s	149.29	149.29
78460	26	5	myocardial perfusion imaging; (planar) single s	37.12	37.12
78460	TC	T	myocardial perfusion imaging; (planar) single s	112.17	112.17
78461		3	myocardial perfusion imaging; multiple studies,	168.59	168.59
78461	26	5	myocardial perfusion imaging; multiple studies,	53.18	53.18
78461	TC	T	myocardial perfusion imaging; multiple studies,	115.41	115.41
78464		3	myocardial perfusion imaging; tomographic (sp	218.31	218.31
78464	26	5	myocardial perfusion imaging; tomographic (sp	48.91	48.91
78464	TC	T	myocardial perfusion imaging; tomographic (sp	169.41	169.41
78465		3	myocardial perfusion imaging; tomographic (sp	385.25	385.25

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
78465	26	5	myocardial perfusion imaging; tomographic (sp	66.12	66.12
78465	TC	T	myocardial perfusion imaging; tomographic (sp	319.13	319.13
78466		3	myocardial imaging, infarct avid, planar	141.97	141.97
78466	26	5	myocardial imaging, infarct avid, planar	30.47	30.47
78466	TC	T	myocardial imaging, infarct avid, planar	111.50	111.50
78468		3	myocardial imag;infarct avid; planar w/eject fra	178.98	178.98
78468	26	5	myocardial imag;infarct avid; planar w/eject fra	36.21	36.21
78468	TC	T	myocardial imag;infarct avid; planar w/eject fra	142.77	142.77
78469		3	myocardial imaging, infarct avid, planar; tomog	203.53	203.53
78469	26	5	myocardial imaging, infarct avid, planar; tomog	40.81	40.81
78469	TC	T	myocardial imaging, infarct avid, planar; tomog	162.72	162.72
78472		3	cardiac blood pool imaging, gated equilibrium;	207.15	207.15
78472	26	5	cardiac blood pool imaging, gated equilibrium;	43.17	43.17
78472	TC	T	cardiac blood pool imaging, gated equilibrium;	163.98	163.98
78473		3	cardiac blood pool imaging, gated equilibrium;	283.46	283.46
78473	26	5	cardiac blood pool imaging, gated equilibrium;	65.77	65.77
78473	TC	T	cardiac blood pool imaging, gated equilibrium;	217.69	217.69
78478		3	myocardial perfusion study with wall motion, q	47.67	47.67
78478	26	5	myocardial perfusion study with wall motion, q	22.90	22.90
78478	TC	T	myocardial perfusion study with wall motion, q	24.76	24.76
78480		3	myocardial perfusion study with ejection fractio	39.41	39.41
78480	26	5	myocardial perfusion study with ejection fractio	14.65	14.65
78480	TC	T	myocardial perfusion study with ejection fractio	24.76	24.76
78481		3	cardiac blood pool imaging, (planar), first pass	182.05	182.05
78481	26	5	cardiac blood pool imaging, (planar), first pass	44.71	44.71
78481	TC	T	cardiac blood pool imaging, (planar), first pass	137.34	137.34
78483		3	cardiac blood pool imaging, (planar), first pass	257.39	257.39
78483	26	5	cardiac blood pool imaging, (planar), first pass	67.88	67.88
78483	TC	T	cardiac blood pool imaging, (planar), first pass	189.52	189.52
78491		3	myocardial imaging, positron emission tomogra	952.07	952.07
78491	26	5	myocardial imaging, positron emission tomogra	67.28	67.28
78491	TC	T	myocardial imaging, positron emission tomogra	882.69	882.69
78492		3	myocardial imaging, positron emission tomogra	969.22	969.22
78492	26	5	myocardial imaging, positron emission tomogra	84.78	84.78
78492	TC	T	myocardial imaging, positron emission tomogra	882.69	882.69
78494		3	cardiac blood pool imaging, gated equilibrium,	226.30	226.30
78494	26	5	cardiac blood pool imaging, gated equilibrium,	52.80	52.80
78494	TC	T	cardiac blood pool imaging, gated equilibrium,	173.50	173.50

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
78496		3	cardiac blood pool imaging, gated equilibrium,	93.16	93.16
78496	26	5	cardiac blood pool imaging, gated equilibrium,	22.62	22.62
78496	TC	T	cardiac blood pool imaging, gated equilibrium,	70.53	70.53
78580		3	pulmonary perfusion imaging; particulate	163.93	163.93
78580	26	5	pulmonary perfusion imaging; particulate	31.74	31.74
78580	TC	T	pulmonary perfusion imaging; particulate	132.19	132.19
78584		3	pulmonary perfusion imag.partic.w/vent;singl b	125.58	125.58
78584	26	5	pulmonary perfusion imag.partic.w/vent;singl b	42.33	42.33
78584	TC	T	pulmonary perfusion imag.partic.w/vent;singl b	83.25	83.25
78585		3	pulm perf imging, part w/vent;rebr &wshot w cr	270.19	270.19
78585	26	5	pulm perf imging, part w/vent;rebr &wshot w cr	46.80	46.80
78585	TC	T	pulm perf imging, part w/vent;rebr &wshot w cr	223.40	223.40
78586		3	pulmonary ventilation aerosol; single projectior	124.65	124.65
78586	26	5	pulmonary ventilation aerosol; single projectior	17.19	17.19
78586	TC	T	pulmonary ventilation aerosol; single projectior	107.46	107.46
78587		3	pulmonary ventilation imaging, aeorsol; mult pr	156.87	156.87
78587	26	5	pulmonary ventilation imaging, aeorsol; mult pr	21.16	21.16
78587	TC	T	pulmonary ventilation imaging, aeorsol; mult pr	135.73	135.73
78588		3	pulmonary perfusion imaging, particulate, with	250.81	250.81
78588	26	5	pulmonary perfusion imaging, particulate, with	46.80	46.80
78588	TC	T	pulmonary perfusion imaging, particulate, with	204.00	204.00
78591		3	pulmonary ventilation imag, gaseous, sngl bret	126.38	126.38
78591	26	5	pulmonary ventilation imag, gaseous, sngl bret	17.19	17.19
78591	TC	T	pulmonary ventilation imag, gaseous, sngl bret	109.19	109.19
78593		3	pulmnrly vent. imag, gas w/rebr&wshot w/wo si	149.01	149.01
78593	26	5	pulmnrly vent. imag, gas w/rebr&wshot w/wo si	20.87	20.87
78593	TC	T	pulmnrly vent. imag, gas w/rebr&wshot w/wo si	128.16	128.16
78594		3	pulm vent imgng, gas, w/rebr&shot w/wo si br;r	174.15	174.15
78594	26	5	pulm vent imgng, gas, w/rebr&shot w/wo si br;r	22.69	22.69
78594	TC	T	pulm vent imgng, gas, w/rebr&shot w/wo si br;r	151.45	151.45
78596		3	pulmonary quantitative differential function stuc	290.45	290.45
78596	26	5	pulmonary quantitative differential function stuc	53.28	53.28
78596	TC	T	pulmonary quantitative differential function stuc	237.18	237.18
78600		3	brain imaging, limited procedure; static	135.71	135.71
78600	26	5	brain imaging, limited procedure; static	19.02	19.02
78600	TC	T	brain imaging, limited procedure; static	116.69	116.69
78601		3	brain imaging, ltd procedure; w/vascular flow	161.46	161.46
78601	26	5	brain imaging, ltd procedure; w/vascular flow	21.78	21.78

**Physician Fee Schedule
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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
78601	TC	T	brain imaging, ltd procedure; w/vascular flow	139.69	139.69
78605		3	brain imaging, complete study; static	151.13	151.13
78605	26	5	brain imaging, complete study; static	22.98	22.98
78605	TC	T	brain imaging, complete study; static	128.16	128.16
78606		3	brain imaging, complete study w/vascular flow	236.39	236.39
78606	26	5	brain imaging, complete study w/vascular flow	27.47	27.47
78606	TC	T	brain imaging, complete study w/vascular flow	208.93	208.93
78607		3	brain imaging, complete study; tomographic	284.48	284.48
78607	26	5	brain imaging, complete study; tomographic	52.61	52.61
78607	TC	T	brain imaging, complete study; tomographic	231.88	231.88
78608		3	brain imaging, positron emission tomography (i	872.42	872.42
78608	26	5	brain imaging, positron emission tomography (i	64.11	64.11
78608	TC	T	brain imaging, positron emission tomography (i	808.32	808.32
78609		3	brain imaging, positron emission tomography (i	882.18	882.18
78609	26	5	brain imaging, positron emission tomography (i	62.09	62.09
78609	TC	T	brain imaging, positron emission tomography (i	820.10	820.10
78610		3	brain imaging, vascular flow only	136.70	136.70
78610	26	5	brain imaging, vascular flow only	13.30	13.30
78610	TC	T	brain imaging, vascular flow only	123.40	123.40
78630		3	cerebrospinal fluid flow,imag; cisternography	250.94	250.94
78630	26	5	cerebrospinal fluid flow,imag; cisternography	29.29	29.29
78630	TC	T	cerebrospinal fluid flow,imag; cisternography	221.65	221.65
78635		3	cerebrospinal fluid flow imag; ventriculography	228.40	228.40
78635	26	5	cerebrospinal fluid flow imag; ventriculography	26.34	26.34
78635	TC	T	cerebrospinal fluid flow imag; ventriculography	202.06	202.06
78645		3	cerebrospinal fluid flow imag; shunt evaluation	231.11	231.11
78645	26	5	cerebrospinal fluid flow imag; shunt evaluation	24.52	24.52
78645	TC	T	cerebrospinal fluid flow imag; shunt evaluation	206.60	206.60
78647		3	cerebrospinal fluid flow, imaging (not including	265.13	265.13
78647	26	5	cerebrospinal fluid flow, imaging (not including	38.37	38.37
78647	TC	T	cerebrospinal fluid flow, imaging (not including	226.76	226.76
78650		3	cerebrospinal fluid leakage detection and local	244.70	244.70
78650	26	5	cerebrospinal fluid leakage detection and local	26.24	26.24
78650	TC	T	cerebrospinal fluid leakage detection and local	218.45	218.45
78660		3	radiopharmaceutical dacryocystography	128.03	128.03
78660	26	5	radiopharmaceutical dacryocystography	22.69	22.69
78660	TC	T	radiopharmaceutical dacryocystography	105.33	105.33
78700		3	kidney imaging; static only	134.68	134.68

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
78700	26	5	kidney imaging; static only	19.33	19.33
78700	TC	T	kidney imaging; static only	115.35	115.35
78701		3	kidney imaging; with vascular flow	161.13	161.13
78701	26	5	kidney imaging; with vascular flow	20.87	20.87
78701	TC	T	kidney imaging; with vascular flow	140.27	140.27
78707		3	kidney imaging with vascular flow and function	188.42	188.42
78707	26	5	kidney imaging with vascular flow and function	41.10	41.10
78707	TC	T	kidney imaging with vascular flow and function	147.31	147.31
78708		3	kidney imaging with vascular flow and function	154.30	154.30
78708	26	5	kidney imaging with vascular flow and function	51.98	51.98
78708	TC	T	kidney imaging with vascular flow and function	102.32	102.32
78709		3	kidney imaging with vascular flow and function	277.54	277.54
78709	26	5	kidney imaging with vascular flow and function	60.43	60.43
78709	TC	T	kidney imaging with vascular flow and function	217.11	217.11
78710		3	kidney imaging, tomographic (spect)	185.35	185.35
78710	26	5	kidney imaging, tomographic (spect)	28.38	28.38
78710	TC	T	kidney imaging, tomographic (spect)	156.97	156.97
78725		3	kidney function study, non-imaging radioisotop	78.44	78.44
78725	26	5	kidney function study, non-imaging radioisotop	15.99	15.99
78725	TC	T	kidney function study, non-imaging radioisotop	62.45	62.45
78730		3	urinary bladder residual study	60.01	60.01
78730	26	5	urinary bladder residual study	7.38	7.38
78730	TC	T	urinary bladder residual study	52.63	52.63
78740		3	ureteral reflux study (radiopharmaceutical voidi	160.33	160.33
78740	26	5	ureteral reflux study (radiopharmaceutical voidi	24.71	24.71
78740	TC	T	ureteral reflux study (radiopharmaceutical voidi	135.62	135.62
78761		3	testicular imaging; with vascular flow	161.07	161.07
78761	26	5	testicular imaging; with vascular flow	30.52	30.52
78761	TC	T	testicular imaging; with vascular flow	130.55	130.55
78799		3	kidney function study including pharmacologic	115.95	115.95
78799	26	5	kidney function study including pharmacologic	86.97	86.97
78799	TC	T	kidney function study including pharmacologic	28.98	28.98
78800		3	radiopharmaceutical localization of tumor; limit	144.04	144.04
78800	26	5	radiopharmaceutical localization of tumor; limit	28.00	28.00
78800	TC	T	radiopharmaceutical localization of tumor; limit	116.04	116.04
78801		3	radionuclide localization multiple areas	192.64	192.64
78801	26	5	radionuclide localization multiple areas	33.99	33.99
78801	TC	T	radionuclide localization multiple areas	158.65	158.65

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
78802		3	radionuclide localization whole body	251.86	251.86
78802	26	5	radionuclide localization whole body	36.84	36.84
78802	TC	T	radionuclide localization whole body	215.03	215.03
78803		3	radiopharmaceutical localization of tumor; tom	277.81	277.81
78803	26	5	radiopharmaceutical localization of tumor; tom	46.80	46.80
78803	TC	T	radiopharmaceutical localization of tumor; tom	231.01	231.01
78804		3	radiopharmaceutical localization of tumor or dis	443.00	443.00
78804	26	5	radiopharmaceutical localization of tumor or dis	45.98	45.98
78804	TC	T	radiopharmaceutical localization of tumor or dis	397.01	397.01
78805		3	radiopharmaceutical localization of inflammato	144.58	144.58
78805	26	5	radiopharmaceutical localization of inflammato	31.14	31.14
78805	TC	T	radiopharmaceutical localization of inflammato	113.44	113.44
78806		3	radionuclide localization of abscess; whole boc	263.53	263.53
78806	26	5	radionuclide localization of abscess; whole boc	36.84	36.84
78806	TC	T	radionuclide localization of abscess; whole boc	226.69	226.69
78807		3	radiopharmaceutical localization of abscess; to	278.20	278.20
78807	26	5	radiopharmaceutical localization of abscess; to	46.89	46.89
78807	TC	T	radiopharmaceutical localization of abscess; to	231.30	231.30
78808		3	injection procedure for radiopharmaceutical loc	35.54	35.54
78811		3	tumor imaging, positron emission tomography	875.23	875.23
78811	26	5	tumor imaging, positron emission tomography	66.92	66.92
78811	TC	T	tumor imaging, positron emission tomography	808.32	808.32
78812		3	tumor imaging, positron emission tomography	891.72	891.72
78812	26	5	tumor imaging, positron emission tomography	83.40	83.40
78812	TC	T	tumor imaging, positron emission tomography	808.32	808.32
78813		3	tumor imaging, positron emission tomography	894.77	894.77
78813	26	5	tumor imaging, positron emission tomography	86.45	86.45
78813	TC	T	tumor imaging, positron emission tomography	808.32	808.32
78814		3	tumor imaging, positron emission tomography	903.02	903.02
78814	26	5	tumor imaging, positron emission tomography	94.70	94.70
78814	TC	T	tumor imaging, positron emission tomography	808.32	808.32
78815		3	tumor imaging, positron emission tomography	913.10	913.10
78815	26	5	tumor imaging, positron emission tomography	104.79	104.79
78815	TC	T	tumor imaging, positron emission tomography	808.32	808.32
78816		3	tumor imaging, positron emission tomography	915.83	915.83
78816	26	5	tumor imaging, positron emission tomography	107.53	107.53
78816	TC	T	tumor imaging, positron emission tomography	808.32	808.32
79005		3	radiopharmaceutical therapy, by oral administr	125.08	125.08

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
79005	26	5	radiopharmaceutical therapy, by oral administr	76.17	76.17
79005	TC	T	radiopharmaceutical therapy, by oral administr	48.91	48.91
79101		3	radiopharmaceutical therapy, by intravenous a	140.74	140.74
79101	26	5	radiopharmaceutical therapy, by intravenous a	87.50	87.50
79101	TC	T	radiopharmaceutical therapy, by intravenous a	53.24	53.24
79200		3	intracavitary radioactive colloid therapy	142.73	142.73
79200	26	5	intracavitary radioactive colloid therapy	85.46	85.46
79200	TC	T	intracavitary radioactive colloid therapy	57.28	57.28
79300		3	interstitial radioactive colloid therapy	180.85	180.85
79300	26	5	interstitial radioactive colloid therapy	69.19	69.19
79300	TC	T	interstitial radioactive colloid therapy	111.67	111.67
79403		3	radiopharmaceutical therapy, radiolabeled mor	178.15	178.15
79403	26	5	radiopharmaceutical therapy, radiolabeled mor	97.22	97.22
79403	TC	T	radiopharmaceutical therapy, radiolabeled mor	80.93	80.93
79440		3	intra-articular radiopharmaceutical therapy	132.15	132.15
79440	26	5	intra-articular radiopharmaceutical therapy	85.26	85.26
79440	26	5	intra-articular radiopharmaceutical therapy	85.26	85.26
79440	TC	T	intra-articular radiopharmaceutical therapy	46.89	46.89
79445		3	radiopharmaceutical therapy, by intra-arterial p	184.45	184.45
79445	26	5	radiopharmaceutical therapy, by intra-arterial p	103.45	103.45
79445	TC	T	radiopharmaceutical therapy, by intra-arterial p	81.00	81.00
80047		3	basic metabolic panel (calcium, ionized). this p	27.56	27.56
80048		3	basic metabolic panel	10.19	10.19
80050		3	general health screen panel	11.50	11.73
80051		3	electrolyte panel	8.77	8.77
80053		3	comprehensive metabolic panel	10.74	10.74
80055		3	obstetric profile	28.67	28.67
80061		3	lipid profile	17.04	17.04
80069		3	renal function panel	10.19	10.19
80074		3	acute hepatitis panel	59.25	59.25
80076		3	hepatic function panel	10.19	10.19
80100		3	drug screen, qualitative; multiple drug classes	18.49	18.49
80101		3	drug screen, qualitative; single drug class meth	17.51	17.51
80102		3	drug confirmation	16.84	16.84
80150		3	amikacin	19.16	19.16
80152		3	amitriptyline	20.71	20.71
80154		3	benzodiazepines	23.51	23.51
80156		3	carbamazepine; total	18.51	18.51

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
80157		3	carbamazepine; free	16.85	16.85
80158		3	cyclosporine	22.96	22.96
80160		3	desipramine	21.89	21.89
80162		3	digoxin	16.88	16.88
80164		3	dipropylacetic acid	17.04	17.04
80166		3	doxepin	19.71	19.71
80168		3	ethosuximide	20.78	20.78
80170		3	gentamicin	4.40	4.40
80172		3	gold	20.71	20.71
80173		3	haloperidol	18.51	18.51
80174		3	imipramine	21.89	21.89
80176		3	lidocaine	18.67	18.67
80178		3	lithium	8.41	8.41
80182		3	nortriptyline	17.04	17.04
80184		3	phenobarbital	14.57	14.57
80185		3	phentoin: total	16.85	16.85
80186		3	phentoin; free	17.50	17.50
80188		3	primidone	20.71	20.71
80190		3	procainamide	21.30	21.30
80192		3	procainamide: with antibodies	21.30	21.30
80194		3	quinidine	18.55	18.55
80195		3	sirolimus	17.44	17.44
80196		3	salicylate	9.03	9.03
80197		3	tacrolimus	17.44	17.44
80198		3	theophylline	17.99	17.99
80200		3	tobramycin	20.49	20.49
80201		3	topiramate	15.16	15.16
80202		3	vancomycin	17.04	17.04
80299		3	quantitation of drug, not elsewhere specified	17.41	17.41
80400		3	acth stimulation panel;	41.46	41.46
80402		3	acth stimulation panel;	110.53	110.53
80406		3	acth stimulation panel;	99.50	99.50
80408		3	aldosterone suppression evaluation panel (eg,	159.56	159.56
80410		3	calcitonin stimulation panel (eg, calcium, penta	102.13	102.13
80412		3	corticotropic releasing hormone (crh) stimulat	419.06	419.06
80418		3	combined rapid anterior pituitary evaluation pa	734.33	734.33
80420		3	dexamethasone suppression panel, 48 hour	91.58	91.58
80422		3	glucagon tolerance panel;	58.59	58.59

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
80424		3	glucagon tolerance panel;	64.21	64.21
80428		3	growth hormone stimulation panel (eg, arginine	84.78	84.78
80430		3	growth hormone suppression panel (glucose a	99.74	99.74
80432		3	insulin-induced c-peptide suppression panel	140.49	140.49
80434		3	insulin tolerance panel;	128.58	128.58
80435		3	insulin tolerance panel;	130.90	130.90
80436		3	metyrapone panel	115.90	115.90
80438		3	thyrotropin releasing hormone (trh) stimulation	62.16	62.16
80439		3	thyrotropin releasing hormone (trh) stimulation	82.88	82.88
80440		3	thyrotropin releasing hormone (trh) stimulation	73.93	73.93
80500		3	clinical pathology consultation; limited	15.20	17.22
80500	26	5	clinical pathology consultation; limited	13.19	14.56
80502		3	clinical pathology consultation; comprehensive	52.93	54.08
80502	26	5	clinical pathology consultation; comprehensive	40.41	41.14
81000		3	urinalysis, by dip stick or tablet reagent for bilir	4.03	4.03
81001		3	urinalysis, by dip stick or tablet reagent for bilir	4.03	4.03
81002		3	urinalysis routine without microscopy	3.25	3.25
81003		3	ua, by dip stick or tablet; automated, wo micro	2.86	2.86
81005		3	urine tests	2.76	2.76
81007		3	urinalysis; bacteriuria screen, except by culture	3.27	3.27
81015		3	microscopic urine exam	3.86	3.86
81020		3	urinalysis routine 2 or 3 glass test	4.69	4.69
81025		3	ua preg. test - color comparison method	8.04	8.04
81050		3	volume measurement for timed collection, each	3.81	3.81
82000		3	acetaldehyde blood	15.75	15.75
82003		3	acetaminophen	25.73	25.73
82009		3	acetone qualitative	5.74	5.74
82010		3	laboratory services,analysis	10.39	10.39
82013		3	acetylcholinesterase	14.21	14.21
82016		3	acylcarnitines; qualitative, each specimen	17.63	17.63
82017		3	acylcarnitines; quantitative, each specimen (foi	21.45	21.45
82024		3	acth	49.11	49.11
82030		3	adenosine;5'monophosphate,cyclic (cyclic am	32.81	32.81
82040		3	albumin serum	6.30	6.30
82042		3	albumin; urine or other source, quantitative, ea	6.58	6.58
82043		3	albumin; urine, micr, quantitative	7.36	7.36
82044		3	albumin; urine, micro, semiquantitative	3.64	3.64
82045		3	albumin; ischemia modified	43.16	43.16

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
82055		3	alcohol , any specimin except breath	13.74	13.74
82075		3	alcohol breath	15.32	15.32
82085		3	aldolase	12.34	12.34
82088		3	aldosterone	51.82	51.82
82101		3	laboratory services,analysis	38.17	38.17
82103		3	alpha-1-antitrypsin; total	17.08	17.08
82104		3	alpha-1-antitrypsin; phenotype	18.38	18.38
82105		3	alpha-fetoprotein; serum	21.33	21.33
82106		3	alpha-fetoprotein; amniotic fluid	21.33	21.33
82107		3	alpha-fetoprotein (afp), afp-l3 fraction isoform a	81.89	81.89
82108		3	aluminum	32.40	32.40
82120		3	amines, vaginal fluid, qualitative	4.78	4.78
82127		3	amino acids; single, qualitative, each specimer	17.63	17.63
82128		3	amino acids; multiple, qualitative, each specim	17.63	17.63
82131		3	amino acids; single, quantitative, each specime	21.45	21.45
82135		3	aminolevulinic acid delta	20.93	20.93
82136		3	amino acids, 2 to 5 amino acids, quantitative, e	21.45	21.45
82139		3	amino acids, 6 or more amino acids, quantitativ	21.45	21.45
82140		3	ammonia	18.53	18.53
82143		3	amniotic fluid scan	8.75	8.75
82145		3	amphetamine or methamphetamine	19.77	19.77
82150		3	amylase	8.24	8.24
82154		3	androstenediol glucuronide	36.66	36.66
82157		3	androstenedione	37.22	37.22
82160		3	androsterone	31.80	31.80
82163		3	angiotensin ii	26.10	26.10
82164		3	angiotensin i (ace)	18.55	18.55
82172		3	apolipoprotein, each	19.70	19.70
82175		3	arsenic	24.12	24.12
82180		3	ascorbic acid	12.57	12.57
82190		3	atomic absorption spectroscopy, each	18.96	18.96
82205		3	barbiturates, not elsewhere specified	14.57	14.57
82232		3	beta-2 microglobulin	20.58	20.58
82239		3	bile acids; total	20.71	20.71
82240		3	bile acids; cholyglycine	20.71	20.71
82247		3	bilirubin; total	6.39	6.39
82248		3	bilirubin; direct	6.39	6.39
82252		3	bilirubin feces qualitative	5.78	5.78

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
82261		3	biotinidase, each specimen	21.45	21.45
82270		3	blood, occult, by peroxidase activity (eg, guaiac)	4.13	4.13
82271		3	blood, occult, by peroxidase activity (eg, guaiac)	4.13	4.13
82272		3	blood, occult, by peroxidase activity (eg, guaiac)	4.13	4.13
82274		3	blood, occult, by fecal hemoglobin determinatic	20.22	20.22
82286		3	bradykinin	8.75	8.75
82300		3	cadmium	29.42	29.42
82306		3	calcifediol (25-oh vitamin d-3)	37.64	37.64
82307		3	calciferol (vitamin d)	40.97	40.97
82308		3	calcitonin	34.04	34.04
82310		3	calcium; total	6.55	6.55
82330		3	calcium; ionized	17.37	17.37
82331		3	calcium after calcium infusion test	6.58	6.58
82340		3	calcium urine quantitative timed specimen	6.62	6.62
82355		3	calculus; qualitative analysis	14.71	14.71
82360		3	calculus quantitative chemical	16.37	16.37
82365		3	calculus quantitative infrared spectroscopy	16.39	16.39
82370		3	calculus quantitative x-ray defraction	15.93	15.93
82373		3	carbohydrate deficient transferrin	22.96	22.96
82374		3	carbon dioxide	6.22	6.22
82375		3	laboratory services,analysis	14.07	14.07
82376		3	carbon diox comb parcarb muno qualitativ	7.62	7.62
82378		3	carcinoembryonic antigen (cea)	24.12	24.12
82379		3	carnitine (total and free), quantitative, each spe	21.45	21.45
82380		3	carotene	11.73	11.73
82382		3	catecholamines; total urine	21.86	21.86
82383		3	catecholamines blood	31.86	31.86
82384		3	catecholamines fractionated	32.10	32.10
82387		3	cathepsin-d	17.63	17.63
82390		3	ceruloplasmin	13.66	13.66
82397		3	chemiluminescent assay	17.63	17.63
82415		3	chloramphenicol	16.11	16.11
82435		3	chloride, serum	5.84	5.84
82436		3	chloride, urine	6.39	6.39
82438		3	chloride; other source	6.22	6.22
82441		3	chlorinatrd hydrocarbonns screen	7.63	7.63
82465		3	cholesterol, serum or whole blood, total	5.53	5.53
82480		3	cholinesterase	7.31	7.31

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
82482		3	cholinesterase	5.85	5.85
82485		3	chondroitine b sulfate quantitative	26.25	26.25
82486		3	chromatography, qualitative; column (eg, gas li	22.96	22.96
82487		3	chromatography paper	20.29	20.29
82488		3	chromatography paper 2 dimensional	27.16	27.16
82489		3	chromatography thin layer	23.51	23.51
82491		3	chromatography, quantitative, column (eg, gas	22.96	22.96
82492		3	chromatography, quantitative, column (eg, gas	22.96	22.96
82495		3	chromium	25.79	25.79
82507		3	citric acid	35.35	35.35
82520		3	cocaine or metabolite	19.26	19.26
82523		3	collagen cross links, any method	18.64	18.64
82525		3	copper	15.78	15.78
82528		3	corticosterone	28.62	28.62
82530		3	cortisol; free	21.25	21.25
82533		3	cortisol; total	20.73	20.73
82540		3	creatine	5.90	5.90
82541		3	column chromatography/mass spectrometry (e	22.96	22.96
82542		3	column chromatography/mass spectrometry (e	22.96	22.96
82543		3	column chromatography/mass spectrometry (e	22.96	22.96
82544		3	column chromatography/mass spectrometry (e	22.96	22.96
82550		3	creatine kinase (ck), (cpk); total	8.28	8.28
82552		3	cpk isoenzyme (qualitative)	17.03	17.03
82553		3	cpk; mb fraction only	14.68	14.68
82554		3	cpk; isoforms	15.09	15.09
82565		3	creatinine; blood	6.52	6.52
82570		3	creatinine; other source	6.58	6.58
82575		3	creatinine clearance	12.01	12.01
82585		3	cryofibrinogen	10.90	10.90
82595		3	cryoglobulin, qualitative or semi-quantitative (e	8.23	8.23
82600		3	cyanide	24.67	24.67
82607		3	cyanocobalamin (vitamin b-12)	19.16	19.16
82608		3	cyanocobalamin unsaturated binding capacity	18.21	18.21
82610		3	cystatin c	17.29	17.29
82615		3	cystine	10.38	10.38
82626		3	dehydroepiandrosterone (dhea)	32.13	32.13
82627		3	dhea-s	28.27	28.27
82633		3	deoxycorticosterone	39.38	39.38

**Physician Fee Schedule
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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
82634		3	deoxycortisol, 11-	37.22	37.22
82638		3	dibucaine number	15.57	15.57
82646		3	creatine and creatinine	26.25	26.25
82649		3	dihydromorphinone	32.68	32.68
82651		3	dihydrotestosterone	32.82	32.82
82652		3	dihydroxyvitamin d	48.94	48.94
82654		3	dimethadione	17.60	17.60
82656		3	elastase, pancreatic (el-1), fecal, qualitative or	14.57	14.57
82657		3	enzyme activity in blood cells, cultured cells, or	22.96	22.96
82658		3	enzyme activity in blood cells, cultured cells, or	22.96	22.96
82664		3	electrophoretic tech	43.68	43.68
82666		3	epiandrosterone	27.31	27.31
82668		3	erythropoietin	23.90	23.90
82670		3	estradiol	30.28	30.28
82671		3	estrogens fractionated blood	41.07	41.07
82672		3	estrogens total blood	27.57	27.57
82677		3	estriol	30.75	30.75
82679		3	estrone	31.74	31.74
82690		3	ethchlorvynol	21.98	21.98
82693		3	ethylene glycol	17.64	17.64
82696		3	etiocholanolone	29.98	29.98
82705		3	fecal fat screen	6.47	6.47
82710		3	fat or lipids, feces; quantitative	21.36	21.36
82715		3	fecal fat	21.89	21.89
82725		3	fatty acids, nonesterified	16.93	16.93
82726		3	very long chain fatty acids	22.96	22.96
82728		3	ferritin specify method	17.32	17.32
82731		3	fetal fibronectin, cervicovaginal secretions, sen	81.89	81.89
82735		3	fluoride	23.58	23.58
82742		3	flurazepam	25.17	25.17
82746		3	folic acid	18.69	18.69
82747		3	folic acid; rbc	19.16	19.16
82757		3	fructose semen	22.06	22.06
82759		3	galactorinase rbc	27.31	27.31
82760		3	galactose	14.23	14.23
82775		3	galactose-1-phosdgate uridyl transferase;qual	26.78	26.78
82776		3	galactose 1 phosphate uridyl transferase quan	10.66	10.66
82784		3	gamma globulin	11.82	11.82

**Physician Fee Schedule
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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
82785		3	gammaglobulin; ige	20.94	20.94
82787		3	gammaglobulin; immunoglobulin subclasses, (i	10.19	10.19
82800		3	oxygen saturation ph only	8.16	8.16
82803		3	gases, blood, any combination of ph, pco2, po:	24.61	24.61
82805		3	gases, blood, any combination of ph, pco2, po:	36.08	36.08
82810		3	gases, blood, o2 saturation only, by direct mea	11.10	11.10
82820		3	hemoglobin - oxygen affinity	12.70	12.70
82926		3	gastric analysis	6.93	6.93
82928		3	gastric acid free or totoal single spec	8.33	8.33
82938		3	gastrin after secretin stimulation	22.50	22.50
82941		3	gastrin	22.42	22.42
82943		3	glucagon	18.17	18.17
82945		3	glucose, body fluid, other than blood	4.99	4.99
82946		3	glucagon tolerance test	19.16	19.16
82947		3	glucose; quantitative, blood (except reagent str	4.99	4.99
82948		3	glucose blood stick test	4.03	4.03
82950		3	glucose post glucose dose	6.04	6.04
82951		3	glucose tolerance	16.37	16.37
82952		3	glucose tolerance test each assit beyond 3 spe	4.99	4.99
82953		3	tolbutamide tolerance	18.45	18.45
82955		3	glucose 6 phosphate dehydrogenase	5.92	5.92
82960		3	glucose 6 phosphate dehydrogenase screen	7.71	7.71
82962		3	blood glucose by monitoring device	2.98	2.98
82963		3	glucosidase beta	27.31	27.31
82965		3	glutamate dehydrogenase	9.83	9.83
82975		3	glutamine	20.14	20.14
82977		3	g g t	9.15	9.15
82978		3	glutathione level and stability	18.12	18.12
82979		3	glutathione reductase rbc	8.75	8.75
82980		3	glutethimide	23.30	23.30
82985		3	glycated protein	19.16	19.16
83001		3	gonadotropin; follicle stimulating hormone (fsh)	23.63	23.63
83002		3	luteinizing hormone (lh)	23.55	23.55
83003		3	growth stimulating hormone	21.19	21.19
83008		3	guanosine monophosphate (gmp), cyclic	21.34	21.34
83009		3	helicobacter pylori, blood test analysis for urea	85.64	85.64
83010		3	haptoglobin	16.00	16.00
83012		3	haptoglobin phenotypes electrophoresis	21.86	21.86

**Physician Fee Schedule
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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
83013		3	helicobacter pylori; analysis for urease activity,	85.64	85.64
83014		3	helicobacter pylori, breath test analysis; drug a	9.99	9.99
83015		3	heavy metal screen	23.94	23.94
83018		3	heavy metal; quantitative, each	27.92	27.92
83020		3	hemoglobin fractionation and quantitation; elec	15.98	15.98
83020	26	5	hemoglobin fractionation and quantitation; elec	15.48	15.48
83021		3	hemoglobin fractionation and quantitation; chrc	22.96	22.96
83026		3	hemoglobin; by copper sulfate method	3.00	3.00
83030		3	hemoglobin f(fetal) chemical	10.52	10.52
83033		3	hemoglobin; f (fetal), qualitative	7.58	7.58
83036		3	hemoglobin; glycated	12.34	12.34
83045		3	methemoglobin	6.31	6.31
83050		3	methemoglobin quantitative	9.31	9.31
83051		3	methemoglobin plasma	9.29	9.29
83055		3	sulfhemoglobin qualitative	6.25	6.25
83060		3	sulfhemoglobin quantitative	10.52	10.52
83065		3	hemoglobin thermolabile	8.75	8.75
83068		3	hemoglobin unstablescreen	3.66	3.66
83069		3	hemoglobin urine	5.01	5.01
83070		3	hemosiderin	0.70	0.70
83071		3	hemosiderin; quantitative	8.75	8.75
83080		3	b-hexosaminidase, each assay	21.45	21.45
83088		3	histamine	37.55	37.55
83090		3	homocystine	21.45	21.45
83150		3	homovanillic acid (hva)	24.61	24.61
83491		3	hydroxycorticosteroids, 17- (17-ohcs)	22.27	22.27
83497		3	5 hiaa qualitative	16.39	16.39
83498		3	hydroxyprogesterone, 17-d	34.53	34.53
83499		3	hydroxyprogesterone 20	32.05	32.05
83500		3	hydroxyproline free	28.80	28.80
83505		3	hydroxyproline total	30.90	30.90
83516		3	immunoassay for analyte other than infectious	14.57	14.57
83518		3	immunoassay for analyte other than antibody c	9.72	9.72
83519		3	immunoassay, analyte, quantitative; by radioph	17.18	17.18
83520		3	immunoassay analyte; not otherwise specified	16.46	16.46
83525		3	insulin; total	14.54	14.54
83527		3	insulin;	16.09	16.09
83528		3	intrinsic factor level	20.22	20.22

**Physician Fee Schedule
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Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
83540		3	iron	8.24	8.24
83550		3	ibc	11.11	11.11
83570		3	idh	11.25	11.25
83582		3	ketogenic steroids; fractionation	18.02	18.02
83586		3	ketosteroids, 17- (17-ks); total	16.28	16.28
83593		3	ketosteroids, 17- (17-ks); fractionation	33.44	33.44
83605		3	lactates	13.58	13.58
83615		3	lactate dehydrogenase (ld), (ldh)	7.68	7.68
83625		3	ldh isoenzymes	11.83	11.83
83630		3	lactoferrin, fecal; qualitative	26.08	26.08
83632		3	lactogen, human placental (hpl)	25.70	25.70
83633		3	lactose urine qualitaitive	7.00	7.00
83634		3	lactose urine quantititive	14.65	14.65
83655		3	lead	15.39	15.39
83661		3	fetal lung maturity assessment; lecithin sphingol	27.95	27.95
83662		3	l/s ratio	24.05	24.05
83663		3	fetal lung maturity assessment; fluorescence p	24.05	24.05
83664		3	fetal lung maturity assessment; lamellar body c	24.05	24.05
83670		3	leucine aminopeptidase (lap)	11.65	11.65
83690		3	lipase	8.75	8.75
83695		3	lipoprotein (a)	16.46	16.46
83700		3	lipoprotein, blood; electrophoretic separation a	14.31	14.31
83701		3	lipoprotein, blood; high resolution fractionation	31.56	31.56
83718		3	lipoprotein, direct measurement; (hdl cholester	10.41	10.41
83719		3	lipoprotein, direct measurement; direct measur	14.80	14.80
83721		3	lipoprotein, direct measurement; direct measur	12.13	12.13
83727		3	luteinizing releasing factor (lrh)	21.86	21.86
83735		3	magnesium	8.52	8.52
83775		3	malate dehydrogenase	9.37	9.37
83785		3	manganese blood or urine	31.27	31.27
83788		3	mass spectrometry and tandem mass spectrom	22.96	22.96
83789		3	mass spectrometry and tandem mass spectrom	22.96	22.96
83805		3	meprobamate blood/urine	22.41	22.41
83825		3	mercury, quantitative	20.68	20.68
83835		3	methanephines	21.54	21.54
83840		3	methadone or cocaine	20.76	20.76
83857		3	methemalbumin	13.66	13.66
83858		3	methsuximide	18.85	18.85

**Physician Fee Schedule
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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
83864		3	mucopolysaccharides, acid; quantitative	25.32	25.32
83866		3	mucopolysaccharides acid urine screen	12.52	12.52
83872		3	mucin synovial fluid	7.45	7.45
83873		3	myelin basic protein, cerebrospinal fluid	21.88	21.88
83874		3	myoglobin	16.42	16.42
83876		3	myeloperoxidase (mpo	17.21	17.21
83880		3	natriuretic peptide	43.16	43.16
83883		3	nephelometry, each analyte	17.29	17.29
83885		3	nickel	31.15	31.15
83887		3	nicotine	30.11	30.11
83890		3	molecular diagnostics; molecular isolation or e;	5.10	5.10
83891		3	molecular diagnostics; isolation or extraction of	5.10	5.10
83892		3	nuclear molecular dx; enzymatic digestion	5.10	5.10
83893		3	molecular diagnostics; dot/slot blot production	5.10	5.10
83894		3	molecular diagnostics; separation by gel electr	5.10	5.10
83896		3	nuclear molecular dx; each	5.10	5.10
83897		3	molecular diagnostics; nucleic acid transfer (e	5.10	5.10
83898		3	molecular diagnostics; amplification of patient r	5.23	5.23
83900		3	molecular diagnostics; amplification of patient r	10.47	10.47
83901		3	molecular diagnostics; amplification of patient r	5.23	5.23
83902		3	molecular diagnostics; reverse transcription	5.23	5.23
83903		3	molecular diagnostics; mutation scanning, by p	5.23	5.23
83904		3	molecular diagnostics; mutation identification b	5.23	5.23
83905		3	molecular diagnostics; mutation identification b	5.23	5.23
83906		3	molecular diagnostics; mutation identification b	5.23	5.23
83907		3	molecular diagnostics; mutation identification b	16.98	16.98
83908		3	molecular diagnostics; signal amplification of p	5.23	5.23
83909		3	molecular diagnostics; separation and identifi	5.23	5.23
83912		3	nuclear molecular diagnostics; interpretation ar	5.10	5.10
83912	26	5	nuclear molecular diagnostics; interpretation ar	14.91	14.91
83913		3	molecular diagnostics; rna stabilization	16.98	16.98
83914		3	mutation identification by enzymatic ligation or	5.23	5.23
83915		3	5 nucleotidase	14.18	14.18
83916		3	oligoclonal immune (oligoclonal bands)	25.56	25.56
83918		3	organic acids; total, quantitative, each specime	20.93	20.93
83919		3	organic acids; qualitative, each specimen	20.93	20.93
83921		3	organic acid, single, quantitative	20.93	20.93
83925		3	opiates	24.74	24.74

**Physician Fee Schedule
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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
83930		3	osmolality blood	8.41	8.41
83935		3	osmolality	8.66	8.66
83937		3	osteocalcin (bone g1a protein)	36.20	36.20
83945		3	oxalate	16.37	16.37
83950		3	oncoprotein, her-2/neu	81.89	81.89
83951		3	oncoprotein; des-gamma-carboxy-prothrombin	85.58	85.58
83970		3	parathormone	52.48	52.48
83986		3	ph body fluid except blood	4.55	4.55
83992		3	phencyclidine	18.69	18.69
83993		3	calprotectin, fecal	24.95	24.95
84022		3	phenothiazine	19.80	19.80
84030		3	phenylalanine (pku), blood	7.00	7.00
84035		3	phenylketones, qualitative	4.65	4.65
84060		3	phosphatase acid	9.39	9.39
84061		3	phosphatase acid; forensic exam	10.06	10.06
84066		3	phosphatase acid; prostatic	12.29	12.29
84075		3	phosphatase alkaline	6.58	6.58
84078		3	phosphatase alkaline blood heat stable	9.28	9.28
84080		3	alkaline phosphatase isoenzyme	18.80	18.80
84081		3	phosphatidylglycerol	21.01	21.01
84085		3	phosphogluconat6 6-dehydrogenase rbc	8.57	8.57
84087		3	phosphohexose isomerase	13.12	13.12
84100		3	phosphorus inorganic (phosphate)	6.03	6.03
84105		3	phosphorus (phosphate) urine	6.58	6.58
84106		3	porphobilinogen	5.45	5.45
84110		3	porphobilinogen urine quantitative	10.74	10.74
84119		3	porphyrins qualitative	10.95	10.95
84120		3	porphyrins, urine; quantitation and fractionation	18.70	18.70
84126		3	porphyrins feces quantitative	32.39	32.39
84127		3	porphyrins, feces; qualitative	11.83	11.83
84132		3	potassium serum	5.84	5.84
84133		3	potassium urine	5.47	5.47
84134		3	prealbumin	18.55	18.55
84135		3	pregnanediol	24.32	24.32
84138		3	pregnanetriol	24.08	24.08
84140		3	pregnenolone	25.45	25.45
84143		3	17-hydroxypregnenolone	29.02	29.02
84144		3	progesterone	26.53	26.53

**Physician Fee Schedule
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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
84146		3	prolactin	24.64	24.64
84150		3	prostaglandin, each	31.74	31.74
84152		3	prostate specific antigen (psa); complexed (dir	23.39	23.39
84153		3	prostate specific antigen (psa); total	23.39	23.39
84154		3	prostate specific antigen (psa); free	23.39	23.39
84155		3	protein; total, except refractometry	4.66	4.66
84156		3	protein, total, except by refractometry; urine	4.66	4.66
84157		3	protein, total, except by refractometry; other so	4.66	4.66
84160		3	protein refractometric	6.58	6.58
84163		3	pregnancy-associated plasma protein-a (papp-	11.12	11.12
84165		3	protein electrophoresis	13.60	13.60
84165	26	5	protein electrophoresis	15.20	15.20
84166		3	protein; electrophoretic fractionation and quant	22.68	22.68
84166	26	5	protein; electrophoretic fractionation and quant	15.20	15.20
84181		3	protein; western blot, w report & interp	14.95	14.95
84181	26	5	protein; western blot, w report & interp	15.20	15.20
84182		3	protein; immuno probe for band id, each	14.95	14.95
84182	26	5	protein; immuno probe for band id, each	15.68	15.68
84202		3	protoporphyrin rbc quantitative	18.25	18.25
84203		3	protoporphyrin rbc screen	10.95	10.95
84206		3	proinsulin	22.65	22.65
84207		3	pyridoxine vitamine b-6	35.72	35.72
84210		3	pyruvate	13.80	13.80
84220		3	pyruvate kinase	11.99	11.99
84228		3	quinine	14.80	14.80
84233		3	receptor assay estrogen (estradiol)	81.89	81.89
84234		3	receptor assay progesterone	82.48	82.48
84235		3	receptor assay endocrine not estrogen or prog	66.54	66.54
84238		3	receptor assay non-endocrine	46.49	46.49
84244		3	renin	27.96	27.96
84252		3	riboflavin	25.73	25.73
84255		3	selenium	32.46	32.46
84260		3	serotonin	20.71	20.71
84270		3	shbg	27.63	27.63
84275		3	sialic acid	17.08	17.08
84285		3	silica	29.94	29.94
84295		3	sodium blood	6.12	6.12
84300		3	sodium urine	6.18	6.18

**Physician Fee Schedule
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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
84302		3	sodium; other source	6.18	6.18
84305		3	somatomedin	17.63	17.63
84307		3	somatostatin	17.63	17.63
84311		3	spectrophometry, not elsewhere specified	8.89	8.89
84315		3	specific gravity cexce pt urine	3.19	3.19
84375		3	sugar chomatographic tlc/paper chomatoga ph	24.92	24.92
84376		3	sugars (mon-, di, and oligosaccharides); single	7.00	7.00
84377		3	sugars (mon-, di, and oligosaccharides); multip	7.00	7.00
84378		3	sugars (mon-, di, and oligosaccharides); single	14.65	14.65
84379		3	sugars (mon-, di, and oligosaccharides); multip	14.65	14.65
84392		3	sulfate, urine	6.04	6.04
84402		3	testosterone; free	32.37	32.37
84403		3	testosterone; total	32.83	32.83
84425		3	thiamine	27.00	27.00
84430		3	thiocyanate	7.33	7.33
84432		3	thyroglobulin	20.42	20.42
84436		3	thyroxine; total	7.33	7.33
84437		3	thyroxine; requiring elution (eg, neonatal)	8.23	8.23
84439		3	thyroxine; free	11.47	11.47
84442		3	tbg by ria	18.80	18.80
84443		3	tsh	20.72	20.72
84445		3	thyroid stimulating immune globulins (tsi)	64.66	64.66
84446		3	vitamin e	18.03	18.03
84449		3	transcortin (cortisol binding globulin)	22.89	22.89
84450		3	transferase; aspartate amino (ast) (sgot)	6.57	6.57
84460		3	transferase; alanine amino (alt) (sgpt)	6.73	6.73
84466		3	transferrin	16.23	16.23
84478		3	triglycerides	7.32	7.32
84479		3	thyroid hormone (t3 or t4) uptake or thyroid hor	7.58	7.58
84480		3	triiodothyronine t3; total (tt-3)	18.03	18.03
84481		3	tridothyronine (t-3); free	21.54	21.54
84482		3	t-3; reverse	20.04	20.04
84484		3	troponin, quantitative	12.51	12.51
84485		3	trypsin duodenal fluid	9.55	9.55
84488		3	trypsin; feces, qualitative	9.28	9.28
84490		3	trypsin feces quantitative	9.67	9.67
84510		3	tyrosine	13.22	13.22
84512		3	troponin, qualitative	7.91	7.91

**Physician Fee Schedule
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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
84520		3	urea nitrogen; quantitative	5.01	5.01
84525		3	urea nitrogen; semiquantitative (eg, reagent str	4.78	4.78
84540		3	laboratory services,analysis	6.04	6.04
84545		3	urea clearance	7.33	7.33
84550		3	uric acid; blood	5.74	5.74
84560		3	uric acid; other source	6.04	6.04
84577		3	fecal urobilinogen quantitative	15.86	15.86
84578		3	urobilinogen qualitative	2.98	2.98
84580		3	urobilinogen urine quantitative	9.03	9.03
84583		3	urobilinogen urine semiquantitative	6.39	6.39
84585		3	uma	19.71	19.71
84586		3	vasoactive intestinal peptide (vip)	20.32	20.32
84588		3	vasopressin (antidiuretic hormone, adh)	43.16	43.16
84590		3	vitamin a	14.74	14.74
84591		3	vitamin, not otherwise specified	14.74	14.74
84597		3	vitamin k	17.43	17.43
84600		3	volatiles	17.70	17.70
84620		3	d-xylose tolerance	15.06	15.06
84630		3	zinc	14.48	14.48
84681		3	c-peptide any method	20.20	20.20
84702		3	gonadotropin chorionic quantitative	11.12	11.12
84703		3	gonadotropin chorionic qualitative	9.55	9.55
84704		3	gonadotropin, chorionic (hcg); free beta chain	11.12	11.12
85002		3	bleeding time	5.72	5.72
85004		3	blood count; automated differential wbc count	8.23	8.23
85007		3	blood count diff wbc count	4.38	4.38
85008		3	blood count; manual smear exam	4.38	4.38
85009		3	differential wbc count	4.72	4.72
85013		3	blood count; spun microhematocrit	3.01	3.01
85014		3	blood count; other than spun hematocrit	3.01	3.01
85018		3	hemoglobin	3.01	3.01
85025		3	blood count hemogram/platelet count auto/autc	9.88	9.88
85027		3	blood count hemogram automated w platelet c	8.23	8.23
85032		3	blood count; manual cell count (erythrocyte, lei	5.47	5.47
85041		3	rbc	3.82	3.82
85044		3	reticulocyte count	5.47	5.47
85045		3	blood count, reticulocyte count, flow cytometry	5.09	5.09
85046		3	blood count; reticulocytes, hemoglobin concen	7.10	7.10

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
85048		3	wbc	3.23	3.23
85049		3	blood count; platelet, automated	5.69	5.69
85055		3	reticulated platelet assay	34.04	34.04
85060		3	blood smear, peripheral, interp by physician	18.76	18.76
85060	26	5	blood smear, peripheral, interp by physician	13.49	13.49
85097		3	bone marrow, smear interpretation	39.04	70.48
85097		5	bone marrow, smear interpretation	30.39	61.03
85130		3	chromogenic substrate assay	15.12	15.12
85170		3	clot retraction	4.60	4.60
85175		3	clot lysis time whole blood dilution	5.78	5.78
85210		3	clotting factor ii prothrombin specific	16.51	16.51
85220		3	clotting factor v labile factor	22.44	22.44
85230		3	clotting factor vii	22.77	22.77
85240		3	clotting factor viii one stage	22.77	22.77
85244		3	clotting; factor viii related antigen	25.96	25.96
85245		3	clotting; factor 8	29.17	29.17
85246		3	clotting; factor 8, vw factor antigen	29.17	29.17
85247		3	clotting; factor 8, multimetric analysis	29.17	29.17
85250		3	clotting factor ix	24.21	24.21
85260		3	clotting factor x	22.77	22.77
85270		3	clotting factor xi	22.77	22.77
85280		3	clotting factor xii	24.61	24.61
85290		3	clotting factor xiii	20.78	20.78
85291		3	clotting factor xiii fibrin stabilizing screen sol	11.30	11.30
85292		3	clotting; factor ii prekallikrein assay	24.08	24.08
85293		3	clotting; factor ii molecular weight assay	24.08	24.08
85300		3	clotting inhibitors or anticoagulants antithrombi	15.06	15.06
85301		3	clotting inhibitors; antithrombin iii, antigen ass	13.75	13.75
85302		3	clotting inhibitors or anticoagulants; protein c, a	15.29	15.29
85303		3	clotting inhibitors or anticoag; protein c	17.58	17.58
85305		3	clotting inhibitors or anticoagulants; protein s, t	14.74	14.74
85306		3	clotting inhibitors or anticoag; protein s free	18.17	18.17
85307		3	activated protein c (apc) resistance assay	18.17	18.17
85335		3	factor inhibitor test	16.37	16.37
85337		3	thrombomodulin	13.25	13.25
85345		3	coagulation time	5.47	5.47
85347		3	coagulation time other methods	5.41	5.41
85348		3	coagulation time other methods	4.73	4.73

**Physician Fee Schedule
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Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
85360		3	euglobulin lysis	10.68	10.68
85362		3	fibrin degradation products	8.75	8.75
85370		3	fdp; quantitative	11.71	11.71
85378		3	fdp, d-dimer; semiquantitative	9.07	9.07
85379		3	fdp, d-dimer; quantitative	11.71	11.71
85380		3	fibrin degradation products, d-dimer; ultrasensi	11.71	11.71
85384		3	fibrinogen; activity	10.80	10.80
85385		3	fibrinogen; antigen	10.80	10.80
85390		3	fibrinolysins or coagulopathy screen, interpreta	6.57	6.57
85390	26	5	fibrinolysins or coagulopathy screen, interpreta	15.48	15.48
85396		3	coagulation/fibrinolysis assay, whole blood (eg	15.79	15.79
85397		3	coagulation and fibrinolysis, functional activity,	30.49	30.49
85400		3	fibrinolytic mechanisms plasmin	11.25	11.25
85410		3	fibrinolytic mechanisms antiplasmin	9.80	9.80
85415		3	fibrinolytic factors & inhibitors	21.86	21.86
85420		3	fibrinolytic mechanisms plasminogen	8.31	8.31
85421		3	plasminogen, antigenic assay	12.95	12.95
85441		3	heinz bodies direct	5.35	5.35
85445		3	heinz bodies induced acetyl phenylhydrazine	8.66	8.66
85460		3	hemoglobin or rbc, fetal, for fetomaternal hem	9.58	9.58
85461		3	hemoglobin or rbc, fetal, for fetomaternal hem	8.43	8.43
85475		3	hemolysin, acid	9.58	9.58
85520		3	heparin assay	16.64	16.64
85525		3	heparin neutralization	15.06	15.06
85530		3	heparin-protamine tolerance test	18.03	18.03
85536		3	iron stain, peripheral blood	8.23	8.23
85540		3	leukocyte alkaline phosphatase	10.94	10.94
85547		3	rbc fragility	5.21	5.21
85549		3	muramidase	23.85	23.85
85555		3	osmotic fragility, rbc; unincubated	8.50	8.50
85557		3	osmotic fragility incubated quantitative	16.98	16.98
85576		3	platelet; aggregation (in vitro), each agent	27.31	27.31
85576	26	5	platelet; aggregation (in vitro), each agent	15.48	15.48
85597		3	platelet neutralization	22.86	22.86
85610		3	prothrombin time	5.00	5.00
85611		3	prothrombin time	5.01	5.01
85612		3	russell viper venom time (includes venom); unc	12.17	12.17
85613		3	russell vipor venom time; duluted	12.17	12.17

**Physician Fee Schedule
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Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
85635		3	reptilase test	12.52	12.52
85651		3	sedimentation rate, erythrocyte, non-automated	4.51	4.51
85652		3	sedimentation rate, erythrocyte; automated	3.43	3.43
85660		3	sickling rbc reduction slide method	7.02	7.02
85670		3	thrombin time plasma	7.34	7.34
85675		3	thrombin time titer	8.72	8.72
85705		3	thromboplastin inhibition; tissue	12.24	12.24
85730		3	ptt	7.63	7.63
85732		3	thromboplastin time, partial (ptt); substitution, p	8.23	8.23
85810		3	viscosity	12.89	12.89
86000		3	agglutins febrile ea	8.87	8.87
86001		3	allergen specific igg quantitative or semiquantit	6.64	6.64
86003		3	allergen specific ige; quantitative or semiquanti	6.64	6.64
86005		3	allergen specific ige; qualitative, multiallergen s	10.14	10.14
86021		3	antibody identification leukocyte antibodies	19.14	19.14
86022		3	antibody identification platelet antibodies	23.35	23.35
86023		3	antibody id platelet associated immunoglobulin	15.83	15.83
86038		3	antinuclear antibodies (ana);	15.37	15.37
86039		3	ana; titer	14.20	14.20
86060		3	aso titer	9.28	9.28
86063		3	antistreptolysin screen	7.34	7.34
86077		3	blood bank services; evaluation of irregular ant	39.13	40.86
86077	26	5	blood bank services; evaluation of irregular ant	29.77	31.02
86078		3	blood bank irregular antib investigation of trans	39.13	41.44
86078	26	5	blood bank irregular antib investigation of trans	30.04	31.69
86079		3	blood bank authorization for deviation stand pr	39.42	41.72
86079	26	5	blood bank authorization for deviation stand pr	29.86	31.31
86140		3	crp	6.58	6.58
86141		3	c-reactive protein; high sensitivity (hsgrp)	16.46	16.46
86146		3	beta 2 glycoprotein i antibody, each	18.45	18.45
86147		3	cardiolipin (phospholipid) antibody, each ig cla	18.45	18.45
86148		3	anti-phosphatidylserine (phospholipid) antibody	18.98	18.98
86155		3	chemothaxis assay specify method	20.32	20.32
86156		3	cold agglutinin; screen	8.16	8.16
86157		3	cold agglutinin; titer	8.16	8.16
86160		3	complement; antigen, each component	15.27	15.27
86161		3	complement; functional activity, each	15.27	15.27
86162		3	complement total	25.83	25.83

**Physician Fee Schedule
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Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
86171		3	complement fixation test, each	12.74	12.74
86185		3	counterimmunoelectrophoresis, each antigen	11.38	11.38
86200		3	cyclic citrullinated peptide (ccp), antibody	16.46	16.46
86215		3	ash titer	16.84	16.84
86225		3	deoxyribonucleic acid (dna) antibody; native or	17.47	17.47
86226		3	dna antibody; single stranded	15.40	15.40
86235		3	extractable nuclear antigen antibody	22.80	22.80
86243		3	fc receptor	26.10	26.10
86255		3	fluorescent noninfectious agent antibody; scree	15.32	15.32
86255	26	5	fluorescent noninfectious agent antibody; scree	15.48	15.48
86256		3	fluorescent antibody titer	15.32	15.32
86256	26	5	fluorescent antibody titer	15.48	15.48
86277		3	growth hormone, human (hgh), antibody	20.01	20.01
86280		3	hemagglutination inhibitor	10.41	10.41
86294		3	immunoassay for tumor antigen, qualitative or :	24.94	24.94
86300		3	immunoassay for tumor antigen, quantitative; c	26.45	26.45
86301		3	immunoassay for tumor antigen, quantitative; c	26.45	26.45
86304		3	immunoassay for tumor antigen, quantitative; c	26.45	26.45
86308		3	heterophile antibodies; screening	6.58	6.58
86309		3	heterophile antibodies; titer	8.23	8.23
86310		3	heterophile absorption	9.37	9.37
86316		3	immunoassay for tumor antigen; other antigen,	26.45	26.45
86317		3	immunoassay for infectious agent antibody, qu	18.45	18.45
86318		3	immunoassay for infectious agent antibody, qu	16.46	16.46
86320		3	immunolectrophoresis; serum	28.50	28.50
86320	26	5	immunolectrophoresis; serum	15.48	15.48
86325		3	immunolectrophoresis; other fluids (eg, urine,	28.43	28.43
86325	26	5	immunolectrophoresis; other fluids (eg, urine,	15.20	15.20
86327		3	immunolectrophoresis serum each specimen	28.85	28.85
86327	26	5	immunolectrophoresis serum each specimen	17.82	17.82
86329		3	immunodiffusion, not elsewhere specified	17.85	17.85
86331		3	gel diffusion qualitative ouchterlony	14.43	14.43
86332		3	immune complex assay	30.99	30.99
86334		3	immunofixation electrophoresis	28.40	28.40
86334	26	5	immunofixation electrophoresis	15.48	15.48
86335		3	immunofixation electrophoresis; other fluids wit	37.31	37.31
86335	26	5	immunofixation electrophoresis; other fluids wit	15.20	15.20
86337		3	insulin antibodies	27.23	27.23

**Physician Fee Schedule
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Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
86340		3	intrinsic factor antibodies	19.16	19.16
86341		3	islet cell antibody	17.08	17.08
86343		3	leukocyte histamine release	15.84	15.84
86344		3	leukocyte phagocytosis	10.16	10.16
86353		3	lymphocyte transformation, mitogen (phytomitc	62.33	62.33
86355		3	b cells, total count	47.96	47.96
86356		3	mononuclear cell antigen, quantitative (eg, flow c	34.04	34.04
86357		3	natural killer (nk) cells, total count	47.96	47.96
86359		3	t cells;	47.96	47.96
86360		3	t cells; absolute cd4 and cd8 count, including r;	59.74	59.74
86361		3	t cells; absolute cd4 count	34.04	34.04
86367		3	stem cells (ie, cd34), total count	47.96	47.96
86376		3	microsomal antibodies (eg, thyroid or liver-kidn	17.62	17.62
86378		3	migration inhibitory factor test	25.03	25.03
86382		3	neutralization test viral	21.49	21.49
86384		3	nbt test	14.48	14.48
86403		3	particle agglutination; screen, each antibody	12.96	12.96
86406		3	particle agglutination;	13.53	13.53
86430		3	rheumatoid factor; qualitative	7.22	7.22
86431		3	rheumatoid factor; quantitative	7.22	7.22
86480		3	tuberculosis test, cell mediated immunity meas	78.80	78.80
86485		3	skin teat; candida	6.33	6.33
86486		3	skin test; unlisted antigen, each	3.86	3.86
86490		3	sensitivity test coccidioidomycosis	5.30	5.30
86510		3	sensitivity test histoplasmosis	5.30	5.30
86580		3	sensitivity test tuberculosis	5.59	5.59
86590		3	streptokinase antibody	14.02	14.02
86592		3	syphilis, precipitation or flocculation tests	5.42	5.42
86593		3	syphilis precipitation flocculation test quantiti	5.61	5.61
86602		3	antibody; actinomyces	12.94	12.94
86603		3	antibody; adenovirus	16.21	16.21
86606		3	antibody; aspergillus	16.21	16.21
86609		3	antibody; bacterium, not elsewhere specified	16.21	16.21
86611		3	antibody; bartonella	12.94	12.94
86612		3	antibody; blastomyces	16.21	16.21
86615		3	antibody; bordetella	16.77	16.77
86617		3	antibody;	15.05	15.05
86618		3	antibody; lyme disease	18.45	18.45

**Physician Fee Schedule
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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
86619		3	antibody; borrelia	17.01	17.01
86622		3	antibody; brucella	9.58	9.58
86625		3	antibody; campylobactor	9.58	9.58
86628		3	antibody; candida	14.43	14.43
86631		3	antibody; chlamydia	15.03	15.03
86632		3	antibody; chlamida, igm	16.14	16.14
86635		3	antibody, coccidioides	14.59	14.59
86638		3	antibody; q fever	15.42	15.42
86641		3	antibody; cryptococcus	18.33	18.33
86644		3	antibody; cmv	18.27	18.27
86645		3	antibody; cmv, igm	18.45	18.45
86648		3	antibody; diptheria	18.45	18.45
86651		3	antibody; encephalitis, california	16.77	16.77
86652		3	antibody; encephalitis, eastern equine	16.77	16.77
86653		3	antibody; encephalitis st, louis	16.77	16.77
86654		3	antibody;encephalitis western equine	16.77	16.77
86658		3	antibody; enterovirus	16.21	16.21
86663		3	antibody; epstein-barr, early antigen	16.68	16.68
86664		3	antibody; epstein-barr, nuclear antigen	18.45	18.45
86665		3	antibody; epstein-barr viral capsid	20.66	20.66
86666		3	antibody; ehrlichia	12.94	12.94
86668		3	antibody; fracisella tularensis	13.22	13.22
86671		3	antibody; fungus	15.59	15.59
86674		3	antibody; giardia lamblia	18.45	18.45
86677		3	antibody; helicobacter pyloui	18.45	18.45
86682		3	antibody; helminth	16.53	16.53
86684		3	antibody; hemophilus influenza	18.45	18.45
86687		3	antibody; htlv i	10.67	10.67
86688		3	antibody; htlv-it	14.95	14.95
86689		3	htlv i, antibody detection; confirmatory test	24.62	24.62
86692		3	antobody; hepatitis, delta agent	18.45	18.45
86694		3	antibody; herpes simplex, non-specific type te:	18.27	18.27
86695		3	antibody; herpes simplex. type i	16.77	16.77
86696		3	antibody; herpes simplex, type 2	24.62	24.62
86698		3	antobody; histoplasn	15.89	15.89
86701		3	antibody; hiv-1	11.29	11.29
86702		3	antibody; hiv-2	14.95	14.95
86703		3	antibody; hiv-1 & hiv-2, single assay	14.95	14.95

**Physician Fee Schedule
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Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
86704		3	hepatitis b core antibody (hbcab), total	14.80	14.80
86705		3	hepatitis b core antibody (hbcab); igm antibody	14.96	14.96
86706		3	hepatitis b surface antibody (hbsab)	13.66	13.66
86707		3	hepatitis be antibody (hbeab)	14.71	14.71
86708		3	hepatitis a antibody (haab), total	15.75	15.75
86709		3	hepatitis a antibody (haab); igm antibody	14.31	14.31
86710		3	antibody, influenza virus	17.24	17.24
86713		3	antibody; legionella	19.46	19.46
86717		3	antibody; leishmania	10.66	10.66
86720		3	antibody; leptospira	12.54	12.54
86723		3	antibody; listeria monocytogenes	16.77	16.77
86727		3	antibody; lymphocytic choriomeningitis	16.21	16.21
86729		3	antibody; lymphogranuloma venerum	15.19	15.19
86732		3	antibody; mucormycosis	16.77	16.77
86735		3	antibody; mumps	16.59	16.59
86738		3	antibody; mycoplasma	16.84	16.84
86744		3	antibody; nocardia	16.77	16.77
86747		3	antibody; parvovirus	18.45	18.45
86750		3	antibody; malaria	16.77	16.77
86753		3	antibody; protozoa, not elsewhere speci fied	10.66	10.66
86756		3	antibody; respiratory syncytial virus	16.39	16.39
86757		3	antibody; rickettsia	24.62	24.62
86759		3	antibody; rotavirus	16.21	16.21
86762		3	antibody; rubella	18.27	18.27
86765		3	antibody; rubeola	16.38	16.38
86768		3	antibody; salmonella	16.77	16.77
86771		3	antibody; shigella	16.77	16.77
86774		3	antibody; tetanus	18.45	18.45
86777		3	antibody; toxoplasma	18.27	18.27
86778		3	antibody; toxoplasma, igm	18.31	18.31
86781		3	antibody; treponema pallidum, confirm. test	16.84	16.84
86784		3	antibody; trichinella	15.97	15.97
86787		3	antibody; varicella-zoster	16.38	16.38
86788		3	antibody; west Nile virus, igm	18.45	18.45
86789		3	antibody; west Nile virus	18.27	18.27
86790		3	antibody; virus, not elsewhere specified	16.38	16.38
86793		3	antibody; yersinia	16.77	16.77
86800		3	thyroglobulin antibody	20.22	20.22

**Physician Fee Schedule
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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
86803		3	hepatitis c antibody;	18.15	18.15
86804		3	hepatitis c antibody; confirmatory test (eg, imm	15.05	15.05
86805		3	lymphocytotoxicity assay, visual xm; w/ titrator	66.48	66.48
86806		3	lymphocytotoxicity assay, visual xm; w/o titratic	60.51	60.51
86807		3	serum screening for cytotoxic pra; standard me	50.31	50.31
86808		3	serum screening for cytotoxic pra; quick metho	37.74	37.74
86812		3	tissue typing hla typing a,b, or c single antigen	32.81	32.81
86813		3	tissue typing hla typing a,b, &/or c mult antigen	73.73	73.73
86816		3	hla typing; dr/dq, single antigen	35.42	35.42
86817		3	hla typing; dr/dq, multiple antigens	81.85	81.85
86821		3	tissue typing lymphocyte culture mixed (mlc)	71.78	71.78
86822		3	tissue typing lymphocyte culture primed (plc)	46.47	46.47
86850		3	antibody screen, rbc, each serum technique	14.81	14.81
86860		3	antibody elution, each elution	14.49	14.49
86870		3	antibody id, each panel for each serum techniq	26.15	26.15
86880		3	coombs test; direct, each antiserum	6.83	6.83
86885		3	antihuman globulin test indirect, qualitative eac	7.27	7.27
86886		3	coombs test, indirect titer, each antiserum	6.58	6.58
86900		3	blood typing; abo	3.79	3.79
86901		3	blood typing; rh (d)	3.79	3.79
86903		3	blood typing; antigen screening, per unit screei	12.00	12.00
86904		3	blood typing; antigen screening, per unit screei	12.08	12.08
86905		3	blood typing; rbc antigens, each	4.86	4.86
86906		3	blood typing; rh phenotyping, complete	9.86	9.86
86940		3	hemolysins/agglutinins, auto, screen, each	10.43	10.43
86941		3	hemolysins/ agglutinins, each; incubated	15.40	15.40
87001		3	animal inoculation small animal w/observation	16.81	16.81
87003		3	animal inoculation small animal w/observator	21.40	21.40
87015		3	concentration (any type), for infectious agents	8.49	8.49
87040		3	culture, bacterial; blood, with isolation and pres	13.12	13.12
87045		3	culture, bacterial; feces, with isolation and preli	11.99	11.99
87046		3	culture, bacterial; stool, additional pathogens, i	11.99	11.99
87070		3	culture, bacterial; any other source except urin	10.95	10.95
87071		3	culture, bacterial; quantitative, aerobic with isol	11.99	11.99
87073		3	culture, bacterial; quantitative, anaerobic with i:	11.99	11.99
87075		3	culture, bacterial; any source, anaerobic with is	12.03	12.03
87076		3	culture, bacterial; anaerobic isolate, additional	10.27	10.27
87077		3	culture, bacterial; aerobic isolate, additional me	10.27	10.27

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
87081		3	culture, presumptive, pathogenic organisms, s	7.33	7.33
87084		3	culture w colony estimation from density chart i	10.95	10.95
87086		3	culture, bacterial; quantitative colony count, uri	10.26	10.26
87088		3	culture, bacterial; with isolation and presumptiv	10.29	10.29
87101		3	culture, fungi (mold or yeast) isolation, with pre	9.80	9.80
87102		3	culture fungi isolation other source	10.68	10.68
87103		3	blood culture for fungi	11.47	11.47
87106		3	culture, fungi, definitive identification, each org:	13.12	13.12
87107		3	culture, fungi, definitive identification, each org:	13.12	13.12
87109		3	culture mycoplasm any source	19.57	19.57
87110		3	culture, chlamydia, any source	24.91	24.91
87116		3	culture, tubercle or other acid-fast bacilli (eg, tt	13.74	13.74
87118		3	culture, mycobacterial, definitive identification,	13.91	13.91
87140		3	culture, typing; immunofluorescent method, ea	7.09	7.09
87143		3	culture, typing; gas liquid chromatography (glc)	15.93	15.93
87147		3	culture, typing; immunologic method, other tha	6.58	6.58
87149		3	culture, typing; identification by nucleic acid prc	25.50	25.50
87152		3	culture, typing; identification by pulse field gel t	6.65	6.65
87158		3	culture typing other methods	6.65	6.65
87164		3	darkfield examination	8.05	8.05
87164	26	5	darkfield examination	15.20	15.20
87166		3	dark field exam any source w/o collection	14.36	14.36
87168		3	macroscopic examination; arthropod	4.85	4.85
87169		3	macroscopic examination; parasite	4.85	4.85
87172		3	pinworm exam (eg, cellophane tape prep)	4.85	4.85
87176		3	homogenization, tissue, for culture	7.48	7.48
87177		3	ova and parasites	11.31	11.31
87181		3	susceptibility studies, antimicrobial agent; agar	6.04	6.04
87184		3	susceptibility studies, antimicrobial agent; disk	8.76	8.76
87185		3	susceptibility studies, antimicrobial agent; enzy	6.04	6.04
87186		3	susceptibility studies, antimicrobial agent; micr	10.99	10.99
87187		3	susceptibility studies, antimicrobial agent; micr	13.18	13.18
87188		3	susceptibility studies, antimicrobial agent; maci	8.44	8.44
87190		3	susceptibility studies, antimicrobial agent; myc	7.19	7.19
87197		3	serum bactericidal titer	19.10	19.10
87205		3	smear, primary source with interpretation; gran	5.42	5.42
87206		3	smear, primary source with interpretation; fluor	6.83	6.83
87207		3	smear, primary source with interpretation; spec	7.62	7.62

**Physician Fee Schedule
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Physician Services**

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
87207	26	5	smear, primary source with interpretation; spec	15.48	15.48
87209		3	smear, primary source with interpretation; com	22.85	22.85
87210		3	smear, primary source with interpretation; wet	4.85	4.85
87220		3	tissue examination by koh slide of samples fro	5.42	5.42
87230		3	tissue culture lymphocyte	25.11	25.11
87250		3	virus isolation; inoculation of embryonated egg	20.71	20.71
87252		3	virus isolation; tissue culture inoculation, obser	20.71	20.71
87253		3	virus isolation; tissue culture, additional studies	20.71	20.71
87254		3	virus isolation; shell vial, includes identification	20.71	20.71
87255		3	virus isolation; including identification by non-ir	31.07	31.07
87260		3	infectious agent antigen detection by immunofl	14.57	14.57
87265		3	infectious agent antigen detection by direct fluc	14.57	14.57
87267		3	infectious agent antigen detection by immunofl	14.57	14.57
87269		3	infectious agent antigen detection by immunofl	14.57	14.57
87270		3	infectious agent antigen detection by direct fluc	14.57	14.57
87271		3	infectious agent antigen detection by immunofl	14.57	14.57
87272		3	infectious agent antigen detection by direct fluc	14.57	14.57
87273		3	infectious agent antigen detection by immunofl	14.57	14.57
87274		3	infectious agent antigen detection by immunofl	14.57	14.57
87275		3	infectious agent antigen detection by immunofl	14.57	14.57
87276		3	infectious agent antigen detection by direct fluc	14.57	14.57
87277		3	infectious agent antigen detection by immunofl	14.57	14.57
87278		3	infectious agent antigen detection by direct fluc	14.57	14.57
87279		3	infectious agent antigen detection by immunofl	14.57	14.57
87280		3	infectious agent antigen detection by direct fluc	14.57	14.57
87281		3	infectious agent antigen detection by immunofl	14.57	14.57
87283		3	infectious agent antigen detection by immunofl	14.57	14.57
87285		3	infectious agent antigen detection by direct fluc	14.57	14.57
87290		3	infectious agent antigen detection by direct fluc	14.57	14.57
87299		3	infectious agent antigen detection by immunofl	14.57	14.57
87300		3	infectious agent antigen detection by immunofl	14.57	14.57
87301		3	infectious agent antigen detection by enzyme i	14.57	14.57
87305		3	infectious agent antigen detection by enzyme i	14.57	14.57
87320		3	infectious agent antigen detection by enzyme i	14.57	14.57
87324		3	infectious agent antigen detection by enzyme i	14.57	14.57
87327		3	infectious agent antigen detection by enzyme i	14.57	14.57
87328		3	infectious agent antigen detection by enzyme i	14.57	14.57
87329		3	infectious agent antigen detection by enzyme i	14.57	14.57

**Physician Fee Schedule
 Provider Specialty 001
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Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
87332		3	infectious agent antigen detection by enzyme i	14.57	14.57
87335		3	infectious agent antigen detection by enzyme i	14.57	14.57
87336		3	infectious agent antigen detection by enzyme i	14.57	14.57
87337		3	infectious agent antigen detection by enzyme i	14.57	14.57
87338		3	infectious agent antigen detection by enzyme i	18.29	18.29
87339		3	infectious agent antigen detection by enzyme i	14.57	14.57
87340		3	infectious agent antigen detection by enzyme i	11.83	11.83
87341		3	infectious agent antigen detection by enzyme i	11.83	11.83
87350		3	infectious agent antigen detection by enzyme i	14.07	14.07
87380		3	infectious agent antigen detection by enzyme i	20.88	20.88
87385		3	infectious agent antigen detection by enzyme i	14.57	14.57
87390		3	infectious agent antigen detection by enzyme i	22.43	22.43
87391		3	infectious agent antigen detection by enzyme i	22.43	22.43
87400		3	infectious agent antigen detection by enzyme i	14.57	14.57
87420		3	infectious agent antigen detection by enzyme i	14.57	14.57
87425		3	infectious agent antigen detection by enzyme i	14.57	14.57
87427		3	infectious agent antigen detection by enzyme i	14.57	14.57
87430		3	infectious agent antigen detection by enzyme i	14.57	14.57
87449		3	infectious agent antigen detection by enzyme i	14.57	14.57
87450		3	infectious agent antigen detection by enzyme i	9.72	9.72
87451		3	infectious agent antigen detection by enzyme i	9.72	9.72
87470		3	infectious agent detection by nucleic acid (dna	25.50	25.50
87471		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87472		3	infectious agent detection by nucleic acid (dna	41.41	41.41
87475		3	infectious agent detection by nucleic acid (dna	25.50	25.50
87476		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87477		3	infectious agent detection by nucleic acid (dna	41.41	41.41
87480		3	infectious agent detection by nucleic acid (dna	25.50	25.50
87481		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87482		3	infectious agent detection by nucleic acid (dna	41.41	41.41
87485		3	infectious agent detection by nucleic acid (dna	25.50	25.50
87486		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87487		3	infectious agent detection by nucleic acid (dna	41.41	41.41
87490		3	infectious agent detection by nucleic acid (dna	25.50	25.50
87491		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87492		3	infectious agent detection by nucleic acid (dna	41.41	41.41
87495		3	infectious agent detection by nucleic acid (dna	25.50	25.50
87496		3	infectious agent detection by nucleic acid (dna	31.18	31.18

**Physician Fee Schedule
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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
87497		3	infectious agent detection by nucleic acid (dna	41.41	41.41
87498		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87500		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87510		3	infectious agent detection by nucleic acid (dna	25.50	25.50
87511		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87512		3	infectious agent detection by nucleic acid (dna	41.41	41.41
87515		3	infectious agent detection by nucleic acid (dna	25.50	25.50
87516		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87517		3	infectious agent detection by nucleic acid (dna	41.41	41.41
87520		3	infectious agent detection by nucleic acid (dna	25.50	25.50
87521		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87522		3	infectious agent detection by nucleic acid (dna	41.41	41.41
87525		3	infectious agent detection by nucleic acid (dna	25.50	25.50
87526		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87527		3	infectious agent detection by nucleic acid (dna	41.41	41.41
87528		3	infectious agent detection by nucleic acid (dna	25.50	25.50
87529		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87530		3	infectious agent detection by nucleic acid (dna	41.41	41.41
87531		3	infectious agent detection by nucleic acid (dna	25.50	25.50
87532		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87533		3	infectious agent detection by nucleic acid (dna	41.41	41.41
87534		3	infectious agent detection by nucleic acid (dna	25.50	25.50
87535		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87536		3	infectious agent detection by nucleic acid (dna	67.59	67.59
87537		3	infectious agent detection by nucleic acid (dna	25.50	25.50
87538		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87539		3	infectious agent detection by nucleic acid (dna	41.41	41.41
87540		3	infectious agent detection by nucleic acid (dna	25.50	25.50
87541		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87542		3	infectious agent detection by nucleic acid (dna	41.41	41.41
87550		3	infectious agent detection by nucleic acid (dna	25.50	25.50
87551		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87552		3	infectious agent detection by nucleic acid (dna	41.41	41.41
87555		3	infectious agent detection by nucleic acid (dna	25.50	25.50
87556		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87557		3	infectious agent detection by nucleic acid (dna	41.41	41.41
87560		3	infectious agent detection by nucleic acid (dna	25.50	25.50
87561		3	infectious agent detection by nucleic acid (dna	31.18	31.18

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
87562		3	infectious agent detection by nucleic acid (dna	41.41	41.41
87580		3	infectious agent detection by nucleic acid (dna	25.50	25.50
87581		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87582		3	infectious agent detection by nucleic acid (dna	41.41	41.41
87590		3	infectious agent detection by nucleic acid (dna	25.50	25.50
87591		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87592		3	infectious agent detection by nucleic acid (dna	41.41	41.41
87620		3	infectious agent detection by nucleic acid (dna	25.50	25.50
87621		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87622		3	infectious agent detection by nucleic acid (dna	41.41	41.41
87640		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87641		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87650		3	infectious agent detection by nucleic acid (dna	25.50	25.50
87651		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87652		3	infectious agent detection by nucleic acid (dna	41.41	41.41
87653		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87660		3	infectious agent detection by nucleic acid (dna	25.50	25.50
87797		3	infectious agent detection by nucleic acid (dna	25.50	25.50
87798		3	infectious agent detection by nucleic acid (dna	31.18	31.18
87799		3	infectious agent detection by nucleic acid (dna	41.41	41.41
87800		3	infectious agent detection by nucleic acid (dna	50.99	50.99
87801		3	infectious agent detection by nucleic acid (dna	62.35	62.35
87802		3	infectious agent antigen detection by immunoa	14.57	14.57
87803		3	infectious agent antigen detection by immunoa	14.57	14.57
87804		3	infectious agent antigen detection by immunoa	14.57	14.57
87807		3	infectious agent antigen detection by immunoa	14.57	14.57
87808		3	infectious agent antigen detection by immunoa	14.57	14.57
87809		3	infectious agent detection by immunoassay wit	14.57	14.57
87810		3	infectious agent detection by immunoassay wit	14.57	14.57
87850		3	infectious agent detection by immunoassay wit	14.57	14.57
87880		3	infectious agent detection by immunoassay wit	14.57	14.57
87899		3	infectious agent detection by immunoassay wit	14.57	14.57
87900		3	infectious agent drug susceptibility phenotype p	103.56	103.56
87901		3	infectious agent genotype analysis by nucleic a	99.24	99.24
87902		3	infectious agent genotype analysis by nucleic a	99.24	99.24
87903		3	infectious agent phenotype analysis by nucleic	346.04	346.04
87904		3	infectious agent phenotype analysis by nucleic	20.71	20.71
87905		3	infectious agent enzymatic activity other than v	16.93	16.93

**Physician Fee Schedule
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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
87905		3	infectious agent enzymatic activity other than v	16.23	16.23
88104		3	cytopathology,fld,wash or brush, excpt cerv or	49.40	49.40
88104	26	5	cytopathology,fld,wash or brush, excpt cerv or	23.05	23.05
88104	TC	T	cytopathology,fld,wash or brush, excpt cerv or	26.35	26.35
88106		3	cytopthlgy,fld,wash or brush,expt cer or vag fltr	61.22	61.22
88106	26	5	cytopthlgy,fld,wash or brush,expt cer or vag fltr	23.05	23.05
88106	TC	T	cytopthlgy,fld,wash or brush,expt cer or vag fltr	38.17	38.17
88107		3	cytopthlgy,fld,wash or brush,expt cer or vag sr	77.18	77.18
88107	26	5	cytopthlgy,fld,wash or brush,expt cer or vag sr	31.79	31.79
88107	TC	T	cytopthlgy,fld,wash or brush,expt cer or vag sr	45.39	45.39
88108		3	cytopathology, concentration technique, smear	58.05	58.05
88108	26	5	cytopathology, concentration technique, smear	23.05	23.05
88108	TC	T	cytopathology, concentration technique, smear	35.01	35.01
88112		3	cytopathology, selective cellular enhancement	82.86	82.86
88112	26	5	cytopathology, selective cellular enhancement	47.28	47.28
88112	TC	T	cytopathology, selective cellular enhancement	35.58	35.58
88125		3	cytopathology, forensic	17.44	17.44
88125	26	5	cytopathology, forensic	10.90	10.90
88125	TC	T	cytopathology, forensic	6.54	6.54
88130		3	buccal smear	19.13	19.13
88130	26	5	buccal smear	20.11	20.11
88140		3	sex chromatin ident periph blood smear	10.16	10.16
88140	26	5	sex chromatin ident periph blood smear	10.26	10.26
88141		3	cytopathology, cervical or vaginal (any reportin	22.43	22.43
88142		3	cytopathology, cervical or vaginal (any reportin	25.76	25.76
88143		3	cytopathology, cervical or vaginal (any reportin	25.76	25.76
88147		3	cytopathology smears, cervical or vaginal; scre	13.43	13.43
88148		3	cytopathology smears, cervical or vaginal; scre	13.43	13.43
88150		3	cytopathology, slides, cervical or vaginal; manu	13.43	13.43
88152		3	cytopathology, slides, cervical or vaginal; with i	13.43	13.43
88153		3	cytopathology, slides, cervical or vaginal; with i	13.43	13.43
88154		3	cytopathology, slides, cervical or vaginal; with i	13.43	13.43
88155		3	cytopathology, slides, cervical or vaginal, defin	7.62	7.62
88160		3	cytopathology, smears, any other source; scre	41.76	41.76
88160	26	5	cytopathology, smears, any other source; scre	20.60	20.60
88160	TC	T	cytopathology, smears, any other source; scre	21.16	21.16
88161		3	cytopathology,any othr source; prep,screen & i	43.49	43.49
88161	26	5	cytopathology,any othr source; prep,screen & i	20.31	20.31

**Physician Fee Schedule
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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
88161	TC	T	cytopathology,any othr source; prep,screen & i	23.18	23.18
88162		3	cytopathology, extend stdy involv over5slid &/c	63.04	63.04
88162	26	5	cytopathology, extend stdy involv over5slid &/c	31.50	31.50
88162	TC	T	cytopathology, extend stdy involv over5slid &/c	31.54	31.54
88164		3	cytopathology, slides, cervical or vaginal (the b	13.43	13.43
88165		3	cytopathology, slides, cervical or vaginal (the b	13.43	13.43
88166		3	cytopathology, slides, cervical or vaginal (the b	13.43	13.43
88167		3	cytopathology, slides, cervical or vaginal (the b	13.43	13.43
88172		3	cytopathology, evaluation of fine needle aspira	42.57	42.57
88172	26	5	cytopathology, evaluation of fine needle aspira	24.87	24.87
88172	TC	T	cytopathology, evaluation of fine needle aspira	17.70	17.70
88173		3	eval fn ndl sspir w/wo prep sm; interpret & repc	107.89	107.89
88173	26	5	eval fn ndl sspir w/wo prep sm; interpret & repc	57.30	57.30
88173	TC	T	eval fn ndl sspir w/wo prep sm; interpret & repc	50.58	50.58
88174		3	cytopathology, cervical or vaginal (any reportin	27.16	27.16
88175		3	cytopathology, cervical or vaginal (any reportin	33.04	33.04
88182		3	cell cycle or dna analysis	81.92	81.92
88182	26	5	cell cycle or dna analysis	29.79	29.79
88182	TC	T	cell cycle or dna analysis	52.12	52.12
88184		3	flow cytometry, cell surface, cytoplasmic, or nu	62.41	62.41
88185		3	flow cytometry, cell surface, cytoplasmic, or nu	37.03	37.03
88187		3	flow cytometry, interpretation; 2 to 8 markers	54.43	54.43
88188		3	flow cytometry, interpretation; 9 to 15 markers	67.02	67.02
88189		3	flow cytometry, interpretation; 16 or more mark	85.59	85.59
88230		3	tissue culture for non-neoplastic disease	148.12	148.12
88230	26	5	tissue culture for non-neoplastic disease	121.17	121.17
88230	TC	T	tissue culture for non-neoplastic disease	39.78	39.78
88233		3	tissue culture, skin	178.93	178.93
88233	26	5	tissue culture, skin	146.56	146.56
88233	TC	T	tissue culture, skin	48.25	48.25
88235		3	tissue culture, placenta	187.22	187.22
88235	26	5	tissue culture, placenta	153.40	153.40
88235	TC	T	tissue culture, placenta	50.52	50.52
88237		3	tissue culture for neoplastic disorders; bone ma	160.59	160.59
88237	26	5	tissue culture for neoplastic disorders; bone ma	131.44	131.44
88237	TC	T	tissue culture for neoplastic disorders; bone ma	43.21	43.21
88239		3	tissue culture for neoplastic disorders; solid tur	187.57	187.57
88239	26	5	tissue culture for neoplastic disorders; solid tur	153.68	153.68

**Physician Fee Schedule
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Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
88239	TC	T	tissue culture for neoplastic disorders; solid tur	50.62	50.62
88245		3	chromosome analysis for breakage syndromes	189.26	189.26
88245	26	5	chromosome analysis for breakage syndromes	155.08	155.08
88245	TC	T	chromosome analysis for breakage syndromes	51.08	51.08
88248		3	chromosome analysis for breakage syndromes	220.18	220.18
88248	26	5	chromosome analysis for breakage syndromes	180.56	180.56
88248	TC	T	chromosome analysis for breakage syndromes	59.58	59.58
88261		3	chromosome analysis; count 5 cells, 1 karyoty	224.71	224.71
88261	26	5	chromosome analysis; count 5 cells, 1 karyoty	184.29	184.29
88261	TC	T	chromosome analysis; count 5 cells, 1 karyoty	60.82	60.82
88262		3	chromosome analysis, option iii	158.47	158.47
88262	26	5	chromosome analysis, option iii	129.70	129.70
88262	TC	T	chromosome analysis, option iii	42.62	42.62
88263		3	chromosome analysis	191.07	191.07
88263	26	5	chromosome analysis	156.57	156.57
88263	TC	T	chromosome analysis	51.58	51.58
88264		3	chromosome analysis; analyze 20-25 cells	158.47	158.47
88264	26	5	chromosome analysis; analyze 20-25 cells	129.70	129.70
88264	TC	T	chromosome analysis; analyze 20-25 cells	42.62	42.62
88267		3	chromosome analysis, amniotic fluid or chorioi	228.56	228.56
88267	26	5	chromosome analysis, amniotic fluid or chorioi	187.47	187.47
88267	TC	T	chromosome analysis, amniotic fluid or chorioi	61.88	61.88
88269		3	chromosome analysis, amniotic fluid	211.47	211.47
88269	26	5	chromosome analysis, amniotic fluid	173.38	173.38
88269	TC	T	chromosome analysis, amniotic fluid	57.18	57.18
88271		3	molecular cytogenetics; dna probe, each (eg, fi	18.40	18.40
88271	26	5	molecular cytogenetics; dna probe, each (eg, fi	14.26	14.26
88271	TC	T	molecular cytogenetics; dna probe, each (eg, fi	4.14	4.14
88272		3	molecular cytogenetics; in situ hybridization, ar	34.04	34.04
88272	26	5	molecular cytogenetics; in situ hybridization, ar	27.15	27.15
88272	TC	T	molecular cytogenetics; in situ hybridization, ar	8.44	8.44
88273		3	molecular cytogenetics; in situ hybridization, ar	40.85	40.85
88273	26	5	molecular cytogenetics; in situ hybridization, ar	32.76	32.76
88273	TC	T	molecular cytogenetics; in situ hybridization, ar	10.31	10.31
88274		3	molecular cytogenetics; interphase in situ hybri	44.25	44.25
88274	26	5	molecular cytogenetics; interphase in situ hybri	35.56	35.56
88274	TC	T	molecular cytogenetics; interphase in situ hybri	11.25	11.25
88275		3	molecular cytogenetics; interphase in situ hybri	51.06	51.06
88275	26	5	molecular cytogenetics; interphase in situ hybri	41.17	41.17
88275	TC	T	molecular cytogenetics; interphase in situ hybri	13.12	13.12
88280		3	chrom analysis additional karotyping	31.91	31.91
88280	26	5	chrom analysis additional karotyping	25.39	25.39

**Physician Fee Schedule
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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
88280	TC	T	chrom analysis additional karotyping	7.86	7.86
88283		3	banding for chromosome analysis	24.49	24.49
88283	26	5	banding for chromosome analysis	19.27	19.27
88283	TC	T	banding for chromosome analysis	5.82	5.82
88285		3	chromosome analysis, additional cells counted	24.15	24.15
88285	26	5	chromosome analysis, additional cells counted	19.00	19.00
88285	TC	T	chromosome analysis, additional cells counted	5.72	5.72
88289		3	high resolution for chromosome analysis	43.12	43.12
88289	26	5	high resolution for chromosome analysis	34.63	34.63
88289	TC	T	high resolution for chromosome analysis	10.94	10.94
88291		3	cytogenetics and molecular cytogenetics, interj	23.81	23.81
88300		3	level i-surgical pathology, gross exam only	18.46	18.46
88300	26	5	level i-surgical pathology, gross exam only	3.56	3.56
88300	TC	T	level i-surgical pathology, gross exam only	14.91	14.91
88302		3	level ii-surgical pathology, grossµ exam	38.68	38.68
88302	26	5	level ii-surgical pathology, grossµ exam	5.41	5.41
88302	TC	T	level ii-surgical pathology, grossµ exam	33.28	33.28
88304		3	level iii - surgical pathology, gross and microsc	49.28	49.28
88304	26	5	level iii - surgical pathology, gross and microsc	9.08	9.08
88304	TC	T	level iii - surgical pathology, gross and microsc	40.19	40.19
88305		3	level iv - surgical pathology, gross and microsc	84.18	84.18
88305	26	5	level iv - surgical pathology, gross and microsc	31.19	31.19
88305	TC	T	level iv - surgical pathology, gross and microsc	52.99	52.99
88307		3	level v - surgical pathology, gross and microsc	168.75	168.75
88307	26	5	level v - surgical pathology, gross and microsc	66.34	66.34
88307	TC	T	level v - surgical pathology, gross and microsc	102.42	102.42
88309		3	level vi-surgicla pathology, gross & micro exarr	255.05	255.05
88309	26	5	level vi-surgicla pathology, gross & micro exarr	114.55	114.55
88309	TC	T	level vi-surgicla pathology, gross & micro exarr	140.49	140.49
88311		3	decalcification procedure	14.80	14.80
88311	26	5	decalcification procedure	9.99	9.99
88311	TC	T	decalcification procedure	4.81	4.81
88312		3	special stains; group i for microorganisms, eac	79.15	79.15
88312	26	5	special stains; group i for microorganisms, eac	22.13	22.13
88312	TC	T	special stains; group i for microorganisms, eac	57.01	57.01
88313		3	group ii, all other,excpt immunocytochem &imn	57.48	57.48
88313	26	5	group ii, all other,excpt immunocytochem &imn	9.70	9.70
88313	TC	T	group ii, all other,excpt immunocytochem &imn	47.78	47.78
88314		3	group ii, histochemical staining w/frozen sectio	70.49	70.49
88314	26	5	group ii, histochemical staining w/frozen sectio	18.76	18.76
88314	TC	T	group ii, histochemical staining w/frozen sectio	51.73	51.73
88318		3	determinative histochemistry identify chemica	79.16	79.16

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
88318	26	5	determinative histochemistry identify chemica	17.24	17.24
88318	TC	T	determinative histochemistry identify chemica	61.92	61.92
88319		3	determinative histochemistry or cytochemistry/i	109.89	109.89
88319	26	5	determinative histochemistry or cytochemistry/i	21.82	21.82
88319	TC	T	determinative histochemistry or cytochemistry/i	88.07	88.07
88321		3	consultation on tissue exam	66.23	73.15
88323		3	consult & report on referred mat' req.prep of skl	116.70	116.70
88323	26	5	consult & report on referred mat' req.prep of skl	71.89	71.89
88323	TC	T	consult & report on referred mat' req.prep of skl	44.81	44.81
88325		3	comprehensive review records slides w/report	102.98	155.47
88329		3	operating room consultation	27.92	40.32
88331		3	pathology consultation during surgery; first tiss	73.01	73.01
88331	26	5	pathology consultation during surgery; first tiss	50.00	50.00
88331	TC	T	pathology consultation during surgery; first tiss	23.00	23.00
88332		3	pathlgy consult dur. surg; ea add tis blk w/frz sl	32.74	32.74
88332	26	5	pathlgy consult dur. surg; ea add tis blk w/frz sl	24.56	24.56
88332	TC	T	pathlgy consult dur. surg; ea add tis blk w/frz sl	8.18	8.18
88333		3	pathology consultation during surgery; cytologi	74.76	74.76
88333	26	5	pathology consultation during surgery; cytologi	50.03	50.03
88333	TC	T	pathology consultation during surgery; cytologi	24.72	24.72
88334		3	pathology consultation during surgery; cytologi	45.18	45.18
88334	26	5	pathology consultation during surgery; cytologi	30.08	30.08
88334	TC	T	pathology consultation during surgery; cytologi	15.11	15.11
88342		3	immunocytochemistry each antibody	79.98	79.98
88342	26	5	immunocytochemistry each antibody	34.60	34.60
88342	TC	T	immunocytochemistry each antibody	45.39	45.39
88346		3	immunofluorescent stdy, ea. antibdy; direct me	80.29	80.29
88346	26	5	immunofluorescent stdy, ea. antibdy; direct me	35.20	35.20
88346	TC	T	immunofluorescent stdy, ea. antibdy; direct me	45.10	45.10
88347		3	immunofluorescent study indirect method	63.85	63.85
88347	26	5	immunofluorescent study indirect method	33.75	33.75
88347	TC	T	immunofluorescent study indirect method	30.10	30.10
88348		3	electron microscopy diagnostic	496.11	496.11
88348	26	5	electron microscopy diagnostic	62.11	62.11
88348	TC	T	electron microscopy diagnostic	434.00	434.00
88349		3	electron microscopy scanning	236.02	236.02
88349	26	5	electron microscopy scanning	31.79	31.79
88349	TC	T	electron microscopy scanning	204.23	204.23
88355		3	morphometric analysis skeletal muscle	192.06	192.06
88355	26	5	morphometric analysis skeletal muscle	72.91	72.91
88355	TC	T	morphometric analysis skeletal muscle	119.15	119.15
88356		3	morphometric analysis nerve	234.33	234.33

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
88356	26	5	morphometric analysis nerve	116.43	116.43
88356	TC	T	morphometric analysis nerve	117.90	117.90
88358		3	morphometric analysis of tumor	62.69	62.69
88358	26	5	morphometric analysis of tumor	37.95	37.95
88358	TC	T	morphometric analysis of tumor	24.74	24.74
88360		3	morphometric analysis, tumor immunohistoche	96.73	96.73
88360	26	5	morphometric analysis, tumor immunohistoche	45.00	45.00
88360	TC	T	morphometric analysis, tumor immunohistoche	51.73	51.73
88361		3	morphometric analysis; tumor immunohistoche	121.49	121.49
88361	26	5	morphometric analysis; tumor immunohistoche	48.28	48.28
88361	TC	T	morphometric analysis; tumor immunohistoche	73.20	73.20
88362		3	nerve teasing preparation	211.08	211.08
88362	26	5	nerve teasing preparation	89.05	89.05
88362	TC	T	nerve teasing preparation	122.03	122.03
88365		3	tissue in situ hybridization, interpretation and re	125.79	125.79
88365	26	5	tissue in situ hybridization, interpretation and re	48.39	48.39
88365	TC	T	tissue in situ hybridization, interpretation and re	77.40	77.40
88367		3	morphometric analysis, in situ hybridization, (q	191.73	191.73
88367	26	5	morphometric analysis, in situ hybridization, (q	51.82	51.82
88367	TC	T	morphometric analysis, in situ hybridization, (q	139.91	139.91
88368		3	morphometric analysis, in situ hybridization, (q	169.18	169.18
88368	26	5	morphometric analysis, in situ hybridization, (q	54.65	54.65
88368	TC	T	morphometric analysis, in situ hybridization, (q	114.53	114.53
88371		3	protein analysis of tissue by western blot, interj	18.45	18.45
88371	26	5	protein analysis of tissue by western blot, interj	15.20	15.20
88372		3	protein analysis of tissue by western blot, immu	14.95	14.95
88372	26	5	protein analysis of tissue by western blot, immu	15.20	15.20
88372	TC	T	protein analysis of tissue by western blot, immu	15.52	15.52
88400		3	bilirubin, total, transcutaneous	6.39	6.39
88720		3	bilirubin, total, transcutaneous	6.42	6.42
88720		3	bilirubin, total, transcutaneous	6.67	6.67
88740		3	hemoglobin, quantitative, transcutaneous, per i	6.67	6.67
88741		3	hemoglobin, quantitative, transcutaneous, per i	6.67	6.67
89049		3	caffeine halothane contracture test (chct) for m	56.95	191.06
89050		3	cell count, miscellaneous body fluids (eg, cereb	6.02	6.02
89051		3	synovial fluid diff	6.62	6.62
89055		3	leukocyte assessment, fecal, qualitative or sen	5.42	5.42
89060		3	crystal id, synovial fluid	9.09	9.09
89100		3	duodenal intub/aspiration sing spec approp tes	31.99	192.06
89105		3	duodenal intub/aspir multi fract spec w/wo cutc	27.24	197.11
89125		3	fat stain, feces, urine, or respiratory secretions	5.49	5.49
89130		3	gastric intubation and aspiration	23.65	166.99

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
89132		3	gastric intub and aspiration diagnostic after stir	14.78	189.55
89135		3	gastric analysis fractional	42.15	227.60
89136		3	gastric intub/asp/ir/fract collections 2 hours	13.96	160.76
89140		3	gastric analysis wih histamine	43.08	189.59
89141		3	gastric intub asp for ac collection 3 hr includ ga	40.65	195.81
89160		3	meat fibers feces	4.69	4.69
89190		3	nasal smear for eosinophils	5.92	5.92
89225		3	starch granules, feces	4.25	4.25
89235		3	water load test	7.00	7.00
89300		3	semen analysis; presence and/or motility of sp	11.33	11.33
89310		3	semen analysis	10.66	10.66
89320		3	semen analysis complete	15.32	15.32
89321		3	semen analysis, presence and/or motility of sp	15.32	15.32
89325		3	sperm agglutination with antibody titer	13.57	13.57
89330		3	cervical mucus penetration test	12.59	12.59
90465	EP	L	immunization admin under 8 years (percutane	15.70	15.70
90466	EP	L	each additional injection per day (single or cor	8.84	8.84
90467	EP	L	immunization administration under age 8 years	7.81	11.27
90468	EP	L	immunization administration under age 8 years	6.32	8.34
90471		3	immunization admin (includes percutaneous, ir	15.70	15.70
90471	EP	L	immunization administration-one single or com	15.70	15.70
90472		3	each additional vaccine (single or combination	8.84	8.84
90472	EP	L	each additional immunization admin;one vaccir	8.84	8.84
90473		3	each additional immunization admin;one vaccir	6.94	11.27
90473	EP	L	immunization admin (intranasal or oral)	6.94	11.27
90474		3	each additional vaccine (single or combination	6.32	7.47
90474	EP	L	each additional vaccine (single or combination	6.32	7.47
90801		3	psychiatric diagnostic interview examination	108.39	128.29
90802		3	interactive psychiatric diagnostic interview exai	116.58	136.76
90804		3	individual psychotherapy, insight oriented, beh:	48.11	56.28
90805		3	individual psychotherapy, insight oriented, beh:	65.07	67.49
90806		3	individual psychotherapy, insight oriented, beh:	73.84	78.98
90807		3	individual psychotherapy, insight oriented, beh:	93.15	95.27
90808		3	individual psychotherapy, insight oriented, beh:	111.06	116.21
90809		3	individual psychotherapy, insight oriented, beh:	117.42	125.28
90810		3	individual psychotherapy, interactive, using pla	52.52	59.79
90811		3	individual psychotherapy, interactive, using pla	58.98	69.58
90812		3	individual psychotherapy, interactive, using pla	78.35	85.91
90813		3	individual psychotherapy, interactive, using pla	84.70	95.30
90814		3	individual psychotherapy, interactive, using pla	117.39	124.66
90815		3	individual psychotherapy, interactive, using pla	121.62	132.21
90816		3	individual psychotherapy, insight oriented, beh:	52.45	52.45

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
90817		3	individual psychotherapy, insight oriented, beh.	58.29	58.29
90818		3	individual psychotherapy, insight oriented, beh.	78.14	78.14
90819		3	individual psychotherapy, insight oriented, beh.	83.90	83.90
90821		3	individual psychotherapy, insight oriented, beh.	109.90	109.90
90822		3	individual psychotherapy, insight oriented, beh.	121.35	121.35
90823		3	individual psychotherapy, interactive, using pla	56.65	56.65
90824		3	individual psychotherapy, interactive, using pla	63.01	63.01
90826		3	individual psychotherapy, interactive, using pla	82.90	82.90
90827		3	individual psychotherapy, interactive, using pla	88.10	88.10
90828		3	individual psychotherapy, interactive, using pla	119.91	119.91
90829		3	individual psychotherapy, interactive, using pla	125.34	125.34
90845		3	psychoanalysis	67.85	69.30
90846		3	family psychotherapy (without the patient prese	71.98	73.71
90847		3	family psychotherapy (conjoint psychotherapy)	86.33	91.53
90849		3	multiple-family group psychotherapy	25.13	27.45
90853		3	group psychotherapy (other than of a multiple-l	24.65	26.09
90857		3	interactive group psychotherapy	26.19	29.36
90862		3	pharmacologic management, including prescrip	48.07	50.49
90865		3	narcosynthesis for psychiatric diagnostic and tl	111.98	129.28
90870		3	special therapy	72.10	113.34
90935		3	hemodialysis proc. with single physician eval.	55.56	55.56
90937		3	hemodialysis proc. requiring repeated evaluati	91.40	91.40
90945		3	dialysis procedure other than hemodialysis (eg	57.72	57.72
90947		3	dialysis procedure other than hemodialysis (eg	93.54	93.54
90951		3	end-stage renal disease (esrd) related services	806.82	806.82
90952		3	end-stage renal disease (esrd) related services	375.08	375.08
90953		3	end-stage renal disease (esrd) related services	254.08	254.08
90954		3	end-stage renal disease (esrd) related services	662.47	662.47
90955		3	end-stage renal disease (esrd) related services	375.08	375.08
90956		3	end-stage renal disease (esrd) related services	254.07	254.07
90957		3	end-stage renal disease (esrd) related services	531.72	531.72
90958		3	end-stage renal disease (esrd) related services	358.73	358.73
90959		3	end-stage renal disease (esrd) related services	235.42	235.42
90960		3	end-stage renal disease (esrd) related services	235.82	235.82
90961		3	end-stage renal disease (esrd) related services	190.39	190.39
90962		3	end-stage renal disease (esrd) related services	137.68	137.68
90963		3	end-stage renal disease (esrd) related services	455.77	455.77
90964		3	end-stage renal disease (esrd) related services	380.33	380.33
90965		3	end-stage renal disease (esrd) related services	361.76	361.76
90966		3	end-stage renal disease (esrd) related services	188.37	188.37
90967		3	end-stage renal disease (esrd) related services	16.30	16.30
90968		3	end-stage renal disease (esrd) related services	12.72	12.72

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
90969		3	end-stage renal disease (esrd) related services	12.41	12.41
90970		3	end-stage renal disease (esrd) related services	6.58	6.58
91000		3	esophageal intubation & collection of washing i	71.14	71.14
91000	26	5	esophageal intubation & collection of washing i	30.28	30.28
91000	TC	T	esophageal intubation & collection of washing i	40.87	40.87
91010		3	esophageal motility (manometric study of the e	149.79	149.79
91010	26	5	esophageal motility (manometric study of the e	55.74	55.74
91010	TC	T	esophageal motility (manometric study of the e	94.06	94.06
91011		3	esophageal motility study	200.18	200.18
91011	26	5	esophageal motility study	68.34	68.34
91011	TC	T	esophageal motility study	131.84	131.84
91012		3	esophageal motility study with acid perfusion s	203.26	203.26
91012	26	5	esophageal motility study with acid perfusion s	65.75	65.75
91012	TC	T	esophageal motility study with acid perfusion s	137.51	137.51
91020		3	gastric motility (manometric) studies	181.87	181.87
91020	26	5	gastric motility (manometric) studies	63.87	63.87
91020	TC	T	gastric motility (manometric) studies	117.99	117.99
91022		3	duodenal motility (manometric) study	150.14	150.14
91022	26	5	duodenal motility (manometric) study	65.60	65.60
91022	TC	T	duodenal motility (manometric) study	84.54	84.54
91030		3	esophagus, acid perfusion	109.16	109.16
91030	26	5	esophagus, acid perfusion	41.28	41.28
91030	TC	T	esophagus, acid perfusion	67.89	67.89
91034		3	esophagus, gastroesophageal reflux test; with	156.35	156.35
91034	26	5	esophagus, gastroesophageal reflux test; with	43.25	43.25
91034	TC	T	esophagus, gastroesophageal reflux test; with	113.09	113.09
91037		3	esophageal function test, gastroesophageal re	125.77	125.77
91037	26	5	esophageal function test, gastroesophageal re	43.83	43.83
91037	TC	T	esophageal function test, gastroesophageal re	81.95	81.95
91038		3	esophageal function test, gastroesophageal re	111.37	111.37
91038	26	5	esophageal function test, gastroesophageal re	49.61	49.61
91038	TC	T	esophageal function test, gastroesophageal re	61.75	61.75
91040		3	esophageal balloon distension provocation stu	296.22	296.22
91040	26	5	esophageal balloon distension provocation stu	44.98	44.98
91040	TC	T	esophageal balloon distension provocation stu	251.24	251.24
91052		3	gastric analysis test with injection of stimulant	97.14	97.14
91052	26	5	gastric analysis test with injection of stimulant	33.88	33.88
91052	TC	T	gastric analysis test with injection of stimulant	63.27	63.27
91055		3	gastric intubation, washing & preparing slides f	105.11	105.11
91055	26	5	gastric intubation, washing & preparing slides f	38.66	38.66
91055	TC	T	gastric intubation, washing & preparing slides f	66.44	66.44
91065		3	breath hydrogen test	51.24	51.24

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
91065	26	5	breath hydrogen test	8.75	8.75
91065	TC	T	breath hydrogen test	42.51	42.51
91105		3	gastric intubation,and aspiration/lavage for tx.	14.15	62.32
91110		3	gastrointestinal tract imaging, intraluminal (eg,	707.90	707.90
91110	26	5	gastrointestinal tract imaging, intraluminal (eg,	162.28	162.28
91110	TC	T	gastrointestinal tract imaging, intraluminal (eg,	545.62	545.62
91120		3	rectal sensation, tone, and compliance test (ie,	303.52	303.52
91120	26	5	rectal sensation, tone, and compliance test (ie,	40.86	40.86
91120	TC	T	rectal sensation, tone, and compliance test (ie,	262.67	262.67
91122		3	anorectal manometry	183.65	183.65
91122	26	5	anorectal manometry	75.64	75.64
91122	TC	T	anorectal manometry	108.01	108.01
92002		3	eye exam & treatment,initial	36.48	55.52
92004		3	eye exam & treatment,initial	75.71	104.84
92012		3	eye exam & treatment	38.60	58.49
92014		3	eye exam & treatment	59.29	85.53
92015		3	determination of refractive state	15.80	25.89
92018		3	eye exam & treatment	107.31	107.31
92019		3	ophthalmol exam/eval under gen anesthesia sul	53.55	53.55
92020		3	gonioscopy (separate procedure)	15.77	19.81
92025		3	computerized corneal topography, unilateral or	25.44	25.44
92025	26	5	computerized corneal topography, unilateral or	14.86	14.86
92025	TC	T	computerized corneal topography, unilateral or	10.58	10.58
92060		3	sensorimotor examination with multiple measu	44.32	44.32
92060	6	5	sensorimotor examination with multiple measu	29.41	29.41
92060	TC	T	sensorimotor examination with multiple measu	14.91	14.91
92070		3	therapeutic bandage lens	29.72	49.62
92081		3	visual field examination, unilateral or bilateral, v	39.02	39.02
92081	TC	T	visual field examination, unilateral or bilateral, v	23.85	23.85
92082		3	special eye exam	51.61	51.61
92082	26	5	special eye exam	18.53	18.53
92082	TC	T	special eye exam	33.08	33.08
92083		3	special eye exam	58.96	58.96
92083	26	5	special eye exam	21.27	21.27
92083	TC	T	special eye exam	37.69	37.69
92135		3	scanning computerized ophthalmic diagnostic i	34.38	34.38
92135	26	5	scanning computerized ophthalmic diagnostic i	15.15	15.15
92135	TC	T	scanning computerized ophthalmic diagnostic i	19.23	19.23
92136		3	ophthalmic biometry by partial coherence interl	61.11	61.11
92136	26	5	ophthalmic biometry by partial coherence interl	23.38	23.38
92136	TC	T	ophthalmic biometry by partial coherence interl	37.72	37.72
92235		3	fluorescein angiography (includes multiframe ir	94.61	94.61

**Physician Fee Schedule
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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
92235	26	5	fluorescein angiography (includes multiframe ir	35.17	35.17
92235	TC	T	fluorescein angiography (includes multiframe ir	59.44	59.44
92240		3	indocyanine-green angiography (includes multi	174.80	174.80
92240	26	5	indocyanine-green angiography (includes multi	47.87	47.87
92240	TC	T	indocyanine-green angiography (includes multi	126.94	126.94
92265		3	needle oculoelectromyography, one or more e)	58.17	58.17
92265	26	5	needle oculoelectromyography, one or more e)	33.26	33.26
92265	TC	T	needle oculoelectromyography, one or more e)	24.91	24.91
92270		3	electro-oculography with interpretation and rep	66.62	66.62
92270	26	5	electro-oculography with interpretation and rep	33.63	33.63
92270	TC	T	electro-oculography with interpretation and rep	32.99	32.99
92275		3	electroretinography with interpretation and repr	99.10	99.10
92275	26	5	electroretinography with interpretation and repr	43.63	43.63
92275	TC	T	electroretinography with interpretation and repr	55.48	55.48
92283		3	color vision examination	33.39	33.39
92283	26	5	color vision examination	7.23	7.23
92283	TC	T	color vision examination	26.15	26.15
92284		3	dark adaptation examination with interpretation	44.80	44.80
92284	26	5	dark adaptation examination with interpretation	9.70	9.70
92284	TC	T	dark adaptation examination with interpretation	35.10	35.10
92502		3	ear and throat examination	76.05	76.05
92504		3	special ear examination	7.83	22.25
92506		3	evaluation of speech, language, voice, commu	36.64	119.41
92507		3	treatment of speech, language, voice, commur	24.42	68.25
92508		3	treatment of speech, language, voice, commur	11.19	23.88
92511		3	visualization nose & throat	46.97	117.34
92512		3	nasal function studies	23.02	46.97
92516		3	facial nerve function studies (eg, electroneuron	18.51	48.21
92520		3	laryngeal function studies	32.34	48.20
92526		3	treatment of swallowing dysfunction and/or ora	22.73	63.69
92531		3	spontaneous nystagmus test	18.05	18.05
92532		3	positional nystagmus test	18.41	18.41
92533		3	inner ear test	11.73	11.73
92534		3	optokinetic nystagmus test	34.67	34.67
92541		3	spontaneous nystagmus test, including gaze a	46.14	46.14
92541	26	5	spontaneous nystagmus test, including gaze a	16.91	16.91
92541	TC	T	spontaneous nystagmus test, including gaze a	29.24	29.24
92542		3	positional nystagmus test min of 4 positions w	47.80	47.80
92542	26	5	positional nystagmus test min of 4 positions w	13.95	13.95
92542	TC	T	positional nystagmus test min of 4 positions w	33.85	33.85
92543		3	claoric vestibular test, ea. irrigation with record	21.97	21.97
92543	26	5	claoric vestibular test, ea. irrigation with record	4.47	4.47

**Physician Fee Schedule
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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
92543	TC	T	cloric vestibular test, ea. irrigation with record	17.50	17.50
92544		3	optokinetic nystagmus test	38.40	38.40
92544	26	5	optokinetic nystagmus test	10.90	10.90
92544	TC	T	optokinetic nystagmus test	27.51	27.51
92545		3	oscillating tracking test with recording	36.03	36.03
92545	26	5	oscillating tracking test with recording	9.67	9.67
92545	TC	T	oscillating tracking test with recording	26.35	26.35
92546		3	sinusoidal vertical axis rotational testing	64.44	64.44
92546	26	5	sinusoidal vertical axis rotational testing	12.12	12.12
92546	TC	T	sinusoidal vertical axis rotational testing	52.31	52.31
92547		3	use of vertical electrodes (list separately in adc	4.07	4.07
92548		3	computerized dynamic posturography	73.36	73.36
92548	26	5	computerized dynamic posturography	21.18	21.18
92548	TC	T	computerized dynamic posturography	52.18	52.18
92551		3	hearing test	8.27	8.27
92552		3	hearing test	16.65	16.65
92553		3	hearing test	22.24	22.24
92555		3	speech audiometry threshold;	12.33	12.33
92556		3	speech audiometry threshold; with speech rec	19.06	19.06
92557		3	comprehensive audiometry threshold evaluatio	34.34	36.36
92560		3	hearing test, screening	17.50	17.50
92561		3	special hearing test	21.67	21.67
92562		3	special hearing test	17.52	17.52
92563		3	special hearing test	15.79	15.79
92564		3	special hearing test	15.12	15.12
92565		3	special hearing test	9.73	9.73
92567		3	tympometry	12.61	14.06
92568		3	acoustic reflex testing	14.73	14.73
92569		3	acoustic reflex decay test	11.64	11.64
92571		3	special hearing test	12.61	12.61
92572		3	special hearing test	13.47	13.47
92575		3	special hearing test	27.22	27.22
92576		3	special hearing test	16.27	16.27
92577		3	special hearing test	13.20	13.20
92579		3	visual reinforcement audiometry (vra)	33.68	35.99
92582		3	special hearing test	31.76	31.76
92583		3	special hearing test	25.52	25.52
92584		3	electrocochleography	51.74	51.74
92585		3	auditory evoked potentials for evoked respons	79.22	79.22
92585	26	5	auditory evoked potentials for evoked respons	21.38	21.38
92585	TC	T	auditory evoked potentials for evoked respons	57.86	57.86
92586		3	auditory evoked potentials for evoked respons	48.05	48.05

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
92587		3	evoked otoacoustic emissions; limited (single s	30.08	30.08
92587	26	5	evoked otoacoustic emissions; limited (single s	5.70	5.70
92587	TC	T	evoked otoacoustic emissions; limited (single s	24.38	24.38
92588		3	evoked otoacoustic emissions; comprehensive	49.76	49.76
92588	26	5	evoked otoacoustic emissions; comprehensive	15.17	15.17
92588	TC	T	evoked otoacoustic emissions; comprehensive	34.58	34.58
92590		3	hearing aid examination and selection monaur:	35.53	35.53
92591		3	hearing aid exam and selection binaural	53.36	53.36
92592		3	hearing aid check monaural	15.55	15.55
92593		3	hearing aid check binaural	23.51	23.51
92594		3	electroacoustic evaluation for hearing aid mon:	17.17	17.17
92595		3	electroacoustic evaluation for hearing aid bina:	25.66	25.66
92596		3	ear protector attenuation measurements	26.85	26.85
92601		3	diagnostic analysis of cochlear implant, patient	115.78	126.16
92602		3	diagnostic analysis of cochlear implant, patient	69.02	78.54
92603		3	diagnostic analysis of cochlear implant, age 7 y	104.41	113.93
92604		3	diagnostic analysis of cochlear implant, age 7 y	59.68	67.47
92607		3	eval for prescription for speech generating & al	119.81	119.81
92608		3	each additional 30 minutes (use in conjunction	22.90	22.90
92609		3	therapeutic svcs for use of speech generating (	63.66	63.66
92610		3	eval of swallowing and oral function for feeding	61.57	61.57
92611		3	motion fluoroscopic evaluation of swallowing fu	67.05	67.05
92612		3	endoscopic study of swallowing	54.81	123.74
92614		3	flexible fiberoptic endoscopic evaluation, larynx	54.81	110.47
92616		3	flexible fiberoptic endoscopic evaluation of swa	80.85	152.10
92620		3	evaluation of central auditory function, with rep	60.25	60.25
92621		3	evaluation of central auditory function, with rep	14.00	14.00
92625		3	assessment of tinnitus (includes pitch, loudnes	47.70	47.70
92626		3	evaluation of auditory rehabilitation status; first	65.49	65.49
92627		3	evaluation of auditory rehabilitation status; eac	15.97	15.97
92950		3	heart-lung resuscitation	147.93	222.34
92953		3	temporary transcutaneous pacing	9.87	9.87
92960		3	cardioversion, elective, electrical conversion of	111.34	208.54
92961		3	cardioversion, elective, electrical conversion of	217.78	217.78
92970		3	cardioassist-method of circulatory assist; interr	152.12	152.12
92971		3	cardioassist-method of circulatory assist; exter	86.37	86.37
92973		3	percutaneous transluminal coronary thrombect	154.40	154.40
92974		3	transcatheter placement of radiation delivery d	141.53	141.53
92975		3	thrombolysis, coronary; by intracoronary infusio	339.17	339.17
92977		3	thrombolysis, coronary; by intravenous infusio	103.11	103.11
92978		3	intravascular ultrasound (coronary vessel or gr	222.28	222.28
92978	26	5	intravascular ultrasound (coronary vessel or gr	83.27	83.27

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
92978	TC	T	intravascular ultrasound (coronary vessel or gr	143.14	143.14
92979		3	intravascular ultrasound (coronary vessel or g	135.04	135.04
92979	26	5	intravascular ultrasound (coronary vessel or g	67.14	67.14
92979	TC	T	intravascular ultrasound (coronary vessel or g	71.49	71.49
92980		3	transcatheter placement of an intracoronary ste	703.37	703.37
92981		3	transcatheter placement of an intracoronary ste	195.71	195.71
92982		3	percutaneous transluminal coronary angioplast	521.44	521.44
92984		3	percutaneous transluminal coronary balloon ar	139.73	139.73
92986		3	percutaneous balloon valvuloplasty; aortic valv	1,151.79	1,151.79
92987		3	percutaneous balloon valvuloplasty; mitral valv	1,192.11	1,192.11
92990		3	percutaneous balloon valvuloplasty; pulmonary	917.49	917.49
92992		3	atrial septectomy or septostomy; transvenous r	896.11	896.11
92993		3	atrial septectomy or septostomy; blade method	896.11	896.11
92995		3	percutaneous transluminal coronary atherector	574.65	574.65
92996		3	percutaneous transluminal coronary atherector	150.92	150.92
92997		3	percutaneous transluminal pulmonary artery ba	532.86	532.86
92998		3	percutaneous transluminal pulmonary artery ba	272.76	272.76
93000		3	electrocardiogram, complete	16.85	16.85
93005		3	electrocardiogram, tracing	9.34	9.34
93010		3	electrocardiogram report	7.52	7.52
93015		3	cardiovascular stress test	80.66	80.66
93016		3	cardiovascular stress test using maximal or sul	20.48	20.48
93017		3	electrocardiogram tracing	46.59	46.59
93018		3	treadmill ekg-interp only	13.59	13.59
93024		3	ergonovine provocation test	99.13	99.13
93024	26	5	ergonovine provocation test	52.84	52.84
93024	TC	T	ergonovine provocation test	46.28	46.28
93025		3	microvolt t-wave alternans for assessment of v	170.93	170.93
93025	26	5	microvolt t-wave alternans for assessment of v	34.36	34.36
93025	TC	T	microvolt t-wave alternans for assessment of v	136.57	136.57
93040		3	electrocardiogram report	10.86	10.87
93041		3	rhythm ecg tracing	4.23	4.23
93042		3	rhythm strip-interp only	6.63	6.63
93224		3	electrocardiographic monitoring for 24 hours by	94.50	94.50
93225		3	electrocardiographic monitoring for 24 hours by	27.83	27.83
93226		3	electrocardiographic monitoring for 24 hours by	42.86	42.86
93227		3	electrocardiographic monitoring for 24 hours by	23.82	23.81
93228		3	wearable mobile cardiovascular telemetry with	21.51	21.51
93229		3	wearable mobile cardiovascular telemetry with	21.51	21.51
93230		3	electrocardiographic monitoring for 24 hours by	96.63	96.63
93231		3	24 hr ecg, recording only	27.85	27.85
93232		3	electrocardiographic monitoring for 24 hours by	45.83	45.83

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
93233		3	electrocardiographic monitoring for 24 hours by	22.95	22.95
93235		3	electrocardiographic monitoring for 24 hours by	102.30	102.30
93236		3	electrocardiographic monitoring for 24 hours by	83.66	83.66
93237		3	electrocardiographic monitoring for 24 hours by	20.48	20.48
93268		3	patient demand single or multiple event recordi	210.95	210.95
93270		3	patient demand single or multi event recording	16.58	16.58
93271		3	patient demand single or multiple event recordi	171.42	171.42
93272		3	patient demand single or multiple event recordi	22.95	22.95
93278		3	signal-averaged electrocardiography w/wo e	32.09	32.09
93278	26	5	signal-averaged electrocardiography w/wo e	10.87	10.87
93278	TC	T	signal-averaged electrocardiography w/wo e	21.21	21.21
93279		3	programming device evaluation with iterative a	45.68	45.68
93279	26	5	programming device evaluation with iterative a	30.18	30.18
93279	TC	T	programming device evaluation with iterative a	15.50	15.50
93280		3	programming device evaluation with iterative a	54.13	54.13
93280	26	5	programming device evaluation with iterative a	36.23	36.23
93280	TC	T	programming device evaluation with iterative a	17.90	17.90
93281		3	programming device evaluation with iterative a	63.28	63.28
93281	26	5	programming device evaluation with iterative a	42.30	42.30
93281	TC	T	programming device evaluation with iterative a	20.98	20.98
93282		3	programming device evaluation with iterative a	58.46	58.46
93282	26	5	programming device evaluation with iterative a	39.49	39.49
93282	TC	T	programming device evaluation with iterative a	18.96	18.96
93283		3	programming device evaluation with iterative a	71.23	71.23
93283	26	5	programming device evaluation with iterative a	49.68	49.68
93283	TC	T	programming device evaluation with iterative a	21.56	21.56
93284		3	programming device evaluation with iterative a	83.53	83.53
93284	26	5	programming device evaluation with iterative a	59.09	59.09
93284	TC	T	programming device evaluation with iterative a	24.44	24.44
93285		3	programming device evaluation with iterative a	39.32	39.32
93285	26	5	programming device evaluation with iterative a	24.69	24.69
93285	TC	T	programming device evaluation with iterative a	14.63	14.63
93286		3	peri-procedural device evaluation and program	22.26	22.26
93286	26	5	peri-procedural device evaluation and program	12.63	12.63
93286	TC	T	peri-procedural device evaluation and program	9.63	9.63
93287		3	peri-procedural device evaluation and program	29.44	29.44
93287	26	5	peri-procedural device evaluation and program	18.55	18.55
93287	TC	T	peri-procedural device evaluation and program	10.88	10.88
93288		3	interrogation device evaluation (in person) with	35.16	35.16
93288	26	5	interrogation device evaluation (in person) with	20.24	20.24
93288	TC	T	interrogation device evaluation (in person) with	14.92	14.92
93289		3	interrogation device evaluation (in person) with	54.44	54.44

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
93289	26	5	interrogation device evaluation (in person) with	36.54	36.54
93289	TC	T	interrogation device evaluation (in person) with	17.90	17.90
93290		3	interrogation device evaluation (in person) with	26.13	26.13
93290	26	5	interrogation device evaluation (in person) with	17.84	17.84
93290	TC	T	interrogation device evaluation (in person) with	8.29	8.29
93291		3	interrogation device evaluation (in person) with	33.72	33.72
93291	26	5	interrogation device evaluation (in person) with	20.44	20.44
93291	TC	T	interrogation device evaluation (in person) with	13.29	13.29
93292		3	interrogation device evaluation (in person) with	30.55	30.55
93292	26	5	interrogation device evaluation (in person) with	20.24	20.24
93292	TC	T	interrogation device evaluation (in person) with	10.31	10.31
93293		3	transtelephonic rhythm strip pacemaker evalua	47.45	47.45
93293	26	5	transtelephonic rhythm strip pacemaker evalua	14.12	14.12
93293	TC	T	transtelephonic rhythm strip pacemaker evalua	33.32	33.32
93294		3	interrogation device evaluation(s) (remote), up	30.67	30.67
93295		3	interrogation device evaluation(s) (remote), up	55.44	55.44
93296		3	interrogation device evaluation(s) (remote), up	29.04	29.04
93297		3	interrogation device evaluation(s), (remote) up	21.51	21.51
93298		3	interrogation device evaluation(s), (remote) up	24.69	24.69
93299		3	interrogation device evaluation(s), (remote) up	24.68	24.68
93303		3	transthoracic echocardiography for congenital	175.07	175.07
93303	26	5	transthoracic echocardiography for congenital	57.77	57.77
93303	TC	T	transthoracic echocardiography for congenital	117.32	117.32
93304		3	transthoracic echocardiography for congenital	108.26	108.26
93304	26	5	transthoracic echocardiography for congenital	32.72	32.72
93304	TC	T	transthoracic echocardiography for congenital	75.54	75.54
93306		3	echocardiography, transthoracic, real-time with	213.69	213.69
93306	26	5	echocardiography, transthoracic, real-time with	60.07	60.07
93306	TC	T	echocardiography, transthoracic, real-time with	153.62	153.62
93307		3	echocardiography, transthoracic, real-time with	141.40	141.40
93307	26	5	echocardiography, transthoracic, real-time with	41.68	41.68
93307	TC	T	echocardiography, transthoracic, real-time with	99.73	99.73
93308		3	echocardiography, rl-time imag.doc.w/wom-mc	89.29	89.29
93308	26	5	echocardiography, rl-time imag.doc.w/wom-mc	24.42	24.42
93308	TC	T	echocardiography, rl-time imag.doc.w/wom-mc	64.86	64.86
93312		3	echocardiography, transesophageal, real time	262.23	262.23
93312	26	5	echocardiography, transesophageal, real time	97.29	97.29
93312	TC	T	echocardiography, transesophageal, real time	164.94	164.94
93313		3	echocardio, rl time w/doc transesophageal; plc	34.84	34.84
93314		3	echocardio, rl time w/doc transesophageal inte	224.02	224.02
93314	26	5	echocardio, rl time w/doc transesophageal inte	55.06	55.06
93314	TC	T	echocardio, rl time w/doc transesophageal inte	168.98	168.98

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
93315		3	transesophageal echocardiography for congen	242.15	242.15
93315	26	5	transesophageal echocardiography for congen	124.51	124.51
93315	TC	T	transesophageal echocardiography for congen	116.01	116.01
93316		3	transesophageal echocardiography for congen	38.11	38.11
93317		3	transesophageal echocardiography for congen	198.60	198.60
93317	26	5	transesophageal echocardiography for congen	77.39	77.39
93317	TC	T	transesophageal echocardiography for congen	116.01	116.01
93318		3	echocardiography, transesophageal (tee) for r	200.32	200.32
93318	26	5	echocardiography, transesophageal (tee) for r	94.15	94.15
93318	TC	T	echocardiography, transesophageal (tee) for r	106.17	106.17
93320		3	doppler echocardiography, pulsed wave and/or	62.30	62.30
93320	26	5	doppler echocardiography, pulsed wave and/or	17.24	17.24
93320	TC	T	doppler echocardiography, pulsed wave and/or	45.05	45.05
93321		3	doppler echocardiography, pulsed wave and/or	27.51	27.51
93321	26	5	doppler echocardiography, pulsed wave and/or	6.90	6.90
93321	TC	T	doppler echocardiography, pulsed wave and/or	20.62	20.62
93325		3	doppler echocardiography color flow velocity r	41.43	41.43
93325	26	5	doppler echocardiography color flow velocity r	3.25	3.25
93325	TC	T	doppler echocardiography color flow velocity r	38.18	38.18
93350		3	echocardiography, transthoracic, real-time with	171.08	171.08
93350	26	5	echocardiography, transthoracic, real-time with	67.28	67.28
93350	TC	T	echocardiography, transthoracic, real-time with	103.80	103.80
93351		3	echocardiography, transthoracic, real-time with	222.60	222.60
93352		3	use of echocardiographic contrast agent during	30.94	30.94
93501		3	right heart catheterization	638.41	638.41
93501	26	5	right heart catheterization	141.00	141.00
93501	TC	T	right heart catheterization	497.41	497.41
93503		3	placement of flow directed catheter	94.69	94.69
93505		3	endocardial biopsy	603.06	603.06
93505	26	5	endocardial biopsy	203.90	203.90
93505	TC	T	endocardial biopsy	399.15	399.15
93508		3	catheter placement in coronary artery(s), arteri	849.35	849.35
93508	26	5	catheter placement in coronary artery(s), arteri	195.64	195.64
93508	TC	T	catheter placement in coronary artery(s), arteri	653.70	653.70
93510		3	left heart catheterization (retrograde)	1,052.97	1,052.97
93510	26	5	left heart catheterization (retrograde)	206.39	206.39
93510	TC	T	left heart catheterization (retrograde)	846.58	846.58
93511		3	left heart cath retrog from brad/axil or fem artery	1,386.69	1,386.69
93511	26	5	left heart cath retrog from brad/axil or fem artery	239.29	239.29
93511	TC	T	left heart cath retrog from brad/axil or fem artery	1,152.49	1,152.49
93514		3	left heart cath by left ventricular puncture	1,432.89	1,432.89
93514	26	5	left heart cath by left ventricular puncture	329.56	329.56

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
93514	TC	T	left heart cath by left ventricular puncture	1,103.32	1,103.32
93524		3	combined transseptal and retrograde left heart	1,824.07	1,824.07
93524	26	5	combined transseptal and retrograde left heart	329.99	329.99
93524	TC	T	combined transseptal and retrograde left heart	1,504.08	1,504.08
93526		3	combined rt heart cath and retrograde left heart	1,351.40	1,351.40
93526	26	5	combined rt heart cath and retrograde left heart	284.46	284.46
93526	TC	T	combined rt heart cath and retrograde left heart	1,066.94	1,066.94
93527		3	combined rt. heart catheterization/transseptal l	1,838.98	1,838.98
93527	26	5	combined rt. heart catheterization/transseptal l	344.63	344.63
93527	TC	T	combined rt. heart catheterization/transseptal l	1,503.47	1,503.47
93528		3	combined rt heart cath with left ventricular punct	1,914.98	1,914.98
93528	26	5	combined rt heart cath with left ventricular punct	409.95	409.95
93528	TC	T	combined rt heart cath with left ventricular punct	1,504.08	1,504.08
93529		3	combined rt. and left heart cath thru existing s	1,729.05	1,729.05
93529	26	5	combined rt. and left heart cath thru existing s	228.26	228.26
93529	TC	T	combined rt. and left heart cath thru existing s	1,506.22	1,506.22
93530		3	right heart catheterization for congenital cardia	734.37	734.37
93530	26	5	right heart catheterization for congenital cardia	194.70	194.70
93530	TC	T	right heart catheterization for congenital cardia	542.86	542.86
93531		3	combined right heart cath. and retrograde left h	1,922.17	1,922.17
93531	26	5	combined right heart cath. and retrograde left h	381.39	381.39
93531	TC	T	combined right heart cath. and retrograde left h	1,548.93	1,548.93
93532		3	combined right and left catheterization for cong	1,882.05	1,882.05
93532	26	5	combined right and left catheterization for cong	452.32	452.32
93532	TC	T	combined right and left catheterization for cong	1,429.75	1,429.75
93533		3	combined rt. and left cath. through septal open	1,747.63	1,747.63
93533	26	5	combined rt. and left cath. through septal open	304.40	304.40
93533	TC	T	combined rt. and left cath. through septal open	1,443.22	1,443.22
93539		3	injection procedure during cardiac catheterizati	18.44	64.87
93540		3	injection procedure during cardiac catheterizati	19.95	191.85
93541		3	injection procedure during cardiac catheterizati	13.28	13.28
93542		3	injection px; cardiac cath. selective right ventric	13.28	116.53
93543		3	injection px; cardiac cath. select. left ventricula	13.28	64.04
93544		3	injection px; cardiac cath. for aortography	11.74	46.64
93545		3	injection px; cardiac cath. selective coronary ar	18.44	134.38
93555		3	imaging supervision, interpretation and report	92.85	92.85
93555	26	5	imaging supervision, interpretation and report	37.38	37.38
93555	TC	T	imaging supervision, interpretation and report	55.46	55.46
93556		3	imaging supervision, interpretation and report f	128.85	128.85
93556	26	5	imaging supervision, interpretation and report f	38.29	38.29
93556	TC	T	imaging supervision, interpretation and report f	90.55	90.55
93561		3	indicator dilution studies	37.52	37.52

**Physician Fee Schedule
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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
93561	26	5	indicator dilution studies	20.02	20.02
93561	TC	T	indicator dilution studies	17.22	17.22
93562		3	indicator dilution studies/cardiac output measu	17.06	17.06
93562	26	5	indicator dilution studies/cardiac output measu	6.34	6.34
93562	TC	T	indicator dilution studies/cardiac output measu	10.66	10.66
93571		3	intravascular doppler velocity and/or pressure c	221.36	221.36
93571	26	5	intravascular doppler velocity and/or pressure c	82.97	82.97
93571	TC	T	intravascular doppler velocity and/or pressure c	142.84	142.84
93572		3	intravascular doppler velocity and/or pressure c	138.93	138.93
93572	26	5	intravascular doppler velocity and/or pressure c	65.30	65.30
93572	TC	T	intravascular doppler velocity and/or pressure c	73.63	73.63
93580		3	percutaneous transcatheter closure of congeni	845.44	845.44
93581		3	percutaneous transcatheter closure of a conge	1,108.55	1,108.55
93600		3	bundle of his recording	155.28	155.28
93600	26	5	bundle of his recording	98.97	98.97
93600	TC	T	bundle of his recording	60.73	60.73
93602		3	intra-atrial recording	127.86	127.86
93602	26	5	intra-atrial recording	98.59	98.59
93602	TC	T	intra-atrial recording	33.39	33.39
93603		3	right ventricular recording	146.08	146.08
93603	26	5	right ventricular recording	98.79	98.79
93603	TC	T	right ventricular recording	51.72	51.72
93609		3	intraventricular and/or intra-atrial mapping of ta	304.31	304.31
93609	26	5	intraventricular and/or intra-atrial mapping of ta	233.45	233.45
93609	TC	T	intraventricular and/or intra-atrial mapping of ta	81.53	81.53
93610		3	intra-atrial pacing	174.71	174.71
93610	26	5	intra-atrial pacing	140.15	140.15
93610	TC	T	intra-atrial pacing	40.76	40.76
93612		3	intraventricular pacing	183.10	183.10
93612	26	5	intraventricular pacing	139.48	139.48
93612	TC	T	intraventricular pacing	49.26	49.26
93613		3	intracardiac electrophysiologic 3-dimensional n	328.00	328.00
93613	26	5	intracardiac electrophysiologic 3-dimensional n	188.75	188.75
93613	TC	T	intracardiac electrophysiologic 3-dimensional n	122.43	122.43
93618		3	induction arrhythmia by electrical pacing	311.58	311.58
93618	26	5	induction arrhythmia by electrical pacing	200.45	200.45
93618	TC	T	induction arrhythmia by electrical pacing	121.66	121.66
93619		3	comprehensive electrophysiologic evaluation w	574.12	574.12
93619	26	5	comprehensive electrophysiologic evaluation w	346.15	346.15
93619	TC	T	comprehensive electrophysiologic evaluation w	241.28	241.28
93620		3	comprehensive electrophysiologic evaluation w	807.94	807.94
93620	26	5	comprehensive electrophysiologic evaluation w	544.13	544.13

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
93620	TC	T	comprehensive electrophysiologic evaluation w	272.45	272.45
93621		3	comprehensive electrophysiologic evaluation w	174.11	174.11
93621	26	5	comprehensive electrophysiologic evaluation w	98.43	98.43
93621	TC	T	comprehensive electrophysiologic evaluation w	75.67	75.67
93622		3	comprehensive electrophysiologic evaluation w	254.50	254.50
93622	26	5	comprehensive electrophysiologic evaluation w	143.98	143.98
93622	TC	T	comprehensive electrophysiologic evaluation w	110.52	110.52
93623	26	5	programmed stimulation and pacing after intra	133.48	133.48
93640		3	electrophysiologic evaluation of cardioverter-de	381.44	381.44
93640	26	5	electrophysiologic evaluation of cardioverter-de	163.79	163.79
93640	TC	T	electrophysiologic evaluation of cardioverter-de	225.18	225.18
93641		3	electrophysiologic evaluation of cardioverter-de	486.38	486.38
93641	26	5	electrophysiologic evaluation of cardioverter-de	277.20	277.20
93641	TC	T	electrophysiologic evaluation of cardioverter-de	222.72	222.72
93642		3	electrophysiologic evaluation of single or dual c	384.35	384.35
93642	26	5	electrophysiologic evaluation of single or dual c	227.51	227.51
93642	TC	T	electrophysiologic evaluation of single or dual c	156.84	156.84
93650		3	intracardiac catheter ablation of atrioventricul	499.26	499.26
93651		3	intracardiac catheter ablation of arrhythmogeni	759.98	759.98
93652		3	intracardiac catheter ablation of arrhythmogeni	827.00	827.00
93660		3	evaluation of cardiovascular function with tilt ta	140.69	140.69
93660	26	5	evaluation of cardiovascular function with tilt ta	86.94	86.94
93662		3	intracardiac echocardiography during therapeu	253.66	253.66
93662	26	5	intracardiac echocardiography during therapeu	128.88	128.88
93662	TC	T	intracardiac echocardiography during therapeu	103.88	103.88
93701		3	bioimpedance, thoracic, electrical	27.33	27.33
93701	26	5	bioimpedance, thoracic, electrical	7.52	7.52
93701	TC	T	bioimpedance, thoracic, electrical	19.81	19.81
93720		3	pleth., total body; with interp	36.68	36.68
93721		3	pleth., tracing only	29.74	29.74
93722		3	pleth., interp. only	6.94	6.94
93724		3	electronic analysis of antitachycardia pacemak	275.52	275.52
93724	26	5	electronic analysis of antitachycardia pacemak	223.76	223.76
93724	TC	T	electronic analysis of antitachycardia pacemak	51.75	51.75
93740		3	temperature gradient studies	7.98	7.98
93740	26	5	temperature gradient studies	6.62	6.62
93740	TC	T	temperature gradient studies	1.35	1.35
93745		3	initial set-up and programming by a physician c	59.58	59.58
93745	26	5	initial set-up and programming by a physician c	37.63	37.63
93745	TC	T	initial set-up and programming by a physician c	21.95	21.95
93770		3	determination of venous pressure	7.12	7.12
93770	26	5	determination of venous pressure	6.62	6.62

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
93770	TC	T	determination of venous pressure	0.48	0.48
93797		3	Cardiac rehab	8.12	14.75
93798		3	Cardiac rehab/monitor	12.68	21.33
93875		3	bilat. extracranial artery studies, non-invasive	80.47	80.47
93875	26	5	bilat. extracranial artery studies, non-invasive	9.36	9.36
93875	TC	T	bilat. extracranial artery studies, non-invasive	71.11	71.11
93880		3	duplex scan of extracranial arteries; comp bil s	196.58	196.58
93880	26	5	duplex scan of extracranial arteries; comp bil s	25.84	25.84
93880	TC	T	duplex scan of extracranial arteries; comp bil s	170.73	170.73
93882		3	duplex scan of extracranial arteries;	129.51	129.51
93882	26	5	duplex scan of extracranial arteries;	17.01	17.01
93882	TC	T	duplex scan of extracranial arteries;	112.50	112.50
93886		3	transcranial doppler stdy of intracranial art;corr	236.35	236.35
93886	26	5	transcranial doppler stdy of intracranial art;corr	39.44	39.44
93886	TC	T	transcranial doppler stdy of intracranial art;corr	196.91	196.91
93888		3	transcranial doppler study of the intracranial ar	160.92	160.92
93888	26	5	transcranial doppler study of the intracranial ar	26.66	26.66
93888	TC	T	transcranial doppler study of the intracranial ar	134.26	134.26
93890		3	transcranial doppler study of the intracranial ar	207.64	207.64
93890	26	5	transcranial doppler study of the intracranial ar	41.89	41.89
93890	TC	T	transcranial doppler study of the intracranial ar	165.76	165.76
93892		3	transcranial doppler study of the intracranial ar	227.89	227.89
93892	26	5	transcranial doppler study of the intracranial ar	47.71	47.71
93892	TC	T	transcranial doppler study of the intracranial ar	180.18	180.18
93893		3	transcranial doppler study of the intracranial ar	227.32	227.32
93893	26	5	transcranial doppler study of the intracranial ar	48.00	48.00
93893	TC	T	transcranial doppler study of the intracranial ar	179.32	179.32
93922		3	noninvasive physiologic studies of upper or low	95.55	95.55
93922	26	5	noninvasive physiologic studies of upper or low	10.50	10.50
93922	TC	T	noninvasive physiologic studies of upper or low	85.06	85.06
93923		3	noninvasive physiologic studies of upper or low	147.51	147.51
93923	26	5	noninvasive physiologic studies of upper or low	19.15	19.15
93923	TC	T	noninvasive physiologic studies of upper or low	128.36	128.36
93924		3	noninvasive physiologic studies of lower extrem	181.59	181.59
93924	26	5	noninvasive physiologic studies of lower extrem	21.77	21.77
93924	TC	T	noninvasive physiologic studies of lower extrem	159.82	159.82
93925		3	duplex scan lower extrem. arteries; bilat, comp	244.41	244.41
93925	26	5	duplex scan lower extrem. arteries; bilat, comp	24.64	24.64
93925	TC	T	duplex scan lower extrem. arteries; bilat, comp	219.77	219.77
93926		3	duplex scan of lower extremity arteries or arter	155.94	155.94
93926	26	5	duplex scan of lower extremity arteries or arter	16.70	16.70
93926	TC	T	duplex scan of lower extremity arteries or arter	139.24	139.24

**Physician Fee Schedule
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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
93930		3	duplex scan upper extrem. arteries; comp.bilat	192.61	192.61
93930	26	5	duplex scan upper extrem. arteries; comp.bilat	19.75	19.75
93930	TC	T	duplex scan upper extrem. arteries; comp.bilat	172.86	172.86
93931		3	duplex scan of upper extremity arteries or arter	128.93	128.93
93931	26	5	duplex scan of upper extremity arteries or arter	13.14	13.14
93931	TC	T	duplex scan of upper extremity arteries or arter	115.78	115.78
93965		3	non-invasive physiologic studies of extremity v	97.90	97.90
93965	26	5	non-invasive physiologic studies of extremity v	14.77	14.77
93965	TC	T	non-invasive physiologic studies of extremity v	83.13	83.13
93970		3	duplex scan of extremity veins, comp. bilat. stu	200.45	200.45
93970	26	5	duplex scan of extremity veins, comp. bilat. stu	29.02	29.02
93970	TC	T	duplex scan of extremity veins, comp. bilat. stu	171.43	171.43
93971		3	duplex scan of extremity veins including respor	132.73	132.73
93971	26	5	duplex scan of extremity veins including respor	19.24	19.24
93971	TC	T	duplex scan of extremity veins including respor	113.50	113.50
93975		3	duplex scan of arterial inflow and venous outflc	301.67	301.67
93975	26	5	duplex scan of arterial inflow and venous outflc	77.44	77.44
93975	TC	T	duplex scan of arterial inflow and venous outflc	224.23	224.23
93976		3	duplex scan of arterial inflow and venous outflc	174.15	174.15
93976	26	5	duplex scan of arterial inflow and venous outflc	51.41	51.41
93976	TC	T	duplex scan of arterial inflow and venous outflc	122.74	122.74
93978		3	duplex scan complete; aorta,vena cava,iliac va	188.54	188.54
93978	26	5	duplex scan complete; aorta,vena cava,iliac va	27.80	27.80
93978	TC	T	duplex scan complete; aorta,vena cava,iliac va	160.75	160.75
93979		3	duplex scan of aorta, inferior vena cava, iliac v:	130.38	130.38
93979	26	5	duplex scan of aorta, inferior vena cava, iliac v:	18.64	18.64
93979	TC	T	duplex scan of aorta, inferior vena cava, iliac v:	111.75	111.75
93990		3	duplex scan of hemodialysis	152.53	152.53
93990	26	5	duplex scan of hemodialysis	10.41	10.41
93990	TC	T	duplex scan of hemodialysis	142.11	142.11
94002		3	ventilation assist and management, initiation of	73.92	73.92
94003		3	ventilation assist and management, initiation of	53.42	53.42
94004		3	ventilation assist and management, initiation of	38.89	38.89
94010		3	spirometry, including graphic record, total and i	26.37	26.37
94010	26	5	spirometry, including graphic record, total and i	6.94	6.94
94010	TC	T	spirometry, including graphic record, total and i	19.43	19.43
94060		3	bronchospasm evaluation: spirometry as in 94(	46.24	46.24
94060	26	5	bronchospasm evaluation: spirometry as in 94(	12.17	12.17
94060	TC	T	bronchospasm evaluation: spirometry as in 94(	34.06	34.06
94070		3	prolonged postexposure evaluation of broncho	48.38	48.38
94070	26	5	prolonged postexposure evaluation of broncho	23.91	23.91
94070	TC	T	prolonged postexposure evaluation of broncho	24.47	24.47

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
94150		3	vital capacity, total	17.86	17.86
94150	26	5	vital capacity, total	3.25	3.25
94150	TC	T	vital capacity, total	14.61	14.61
94200		3	maximum breathing capacity, maximal voluntary ventilation	17.86	17.86
94200	26	5	maximum breathing capacity, maximal voluntary ventilation	4.50	4.50
94200	TC	T	maximum breathing capacity, maximal voluntary ventilation	13.38	13.38
94240		3	functional residual capacity or residual volume	31.21	31.21
94240	26	5	functional residual capacity or residual volume	10.32	10.32
94240	TC	T	functional residual capacity or residual volume	20.88	20.88
94250		3	expired gas collection	19.40	19.40
94250	26	5	expired gas collection	4.50	4.50
94250	TC	T	expired gas collection	14.91	14.91
94260		3	thoracic gas volume	24.94	24.94
94260	26	5	thoracic gas volume	5.11	5.11
94260	TC	T	thoracic gas volume	19.83	19.83
94350		3	determination maldistribution of inspired gas	27.85	27.85
94350	26	5	determination maldistribution of inspired gas	10.32	10.32
94350	TC	T	determination maldistribution of inspired gas	17.52	17.52
94360		3	determination of resistance to airflow	34.58	34.58
94360	26	5	determination of resistance to airflow	10.32	10.32
94360	TC	T	determination of resistance to airflow	24.26	24.26
94370		3	lung function test	26.87	26.87
94375		3	respiratory flow volume loop	29.87	29.87
94375	26	5	respiratory flow volume loop	12.17	12.17
94375	TC	T	respiratory flow volume loop	17.70	17.70
94400		3	breathing response to co2	42.22	42.22
94400	26	5	breathing response to co2	16.23	16.23
94400	TC	T	breathing response to co2	25.99	25.99
94450		3	breathing response to hypoxia	40.66	40.66
94450	26	5	breathing response to hypoxia	15.75	15.75
94450	TC	T	breathing response to hypoxia	24.91	24.91
94610		3	intrapulmonary surfactant administration by a physician	51.98	51.98
94620		3	pulmonary stress testing; simple (eg, prolonged) (including respiratory flow volume loop)	57.71	57.71
94620	26	5	pulmonary stress testing; simple (eg, prolonged) (including respiratory flow volume loop)	25.74	25.74
94620	TC	T	pulmonary stress testing; simple (eg, prolonged) (including respiratory flow volume loop)	31.97	31.97
94621		3	pulmonary stress testing; complex (including respiratory flow volume loop)	130.50	130.50
94621	26	5	pulmonary stress testing; complex (including respiratory flow volume loop)	59.01	59.01
94621	TC	T	pulmonary stress testing; complex (including respiratory flow volume loop)	71.48	71.48
94640		3	nonpressurized inhalation treatment for acute exacerbation of chronic obstructive pulmonary disease	10.49	10.49
94642		3	aerosol inhalation pentamidine prophylaxis	9.20	9.20
94644		3	continuous inhalation treatment with aerosol medication	26.93	26.93
94645		3	continuous inhalation treatment with aerosol medication	10.49	10.49

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
94660		3	continuous positive airway pressure ventilation	30.26	46.12
94662		3	cont negative pressure vent iniation/managemt	30.06	30.06
94664		3	inhalation therapy	11.46	11.47
94667		3	manipulation chest wall	15.99	15.99
94668		3	manipulation chest wall subsequent	15.11	15.11
94680		3	expired gas analysis	45.83	45.83
94680	26	5	expired gas analysis	10.32	10.32
94680	TC	T	expired gas analysis	35.51	35.51
94681		3	expired gas analysis with co2	49.47	49.47
94681	26	5	expired gas analysis with co2	7.87	7.87
94681	TC	T	expired gas analysis with co2	41.60	41.60
94690		3	expired gas analysis rest, indirect	39.80	39.80
94690	26	5	expired gas analysis rest, indirect	2.96	2.96
94690	TC	T	expired gas analysis rest, indirect	36.85	36.85
94720		3	carbon monoxide diffusing capacity (eg, single	40.93	40.93
94720	26	5	carbon monoxide diffusing capacity (eg, single	10.32	10.32
94725		3	membrane diffusion capacity	52.79	52.79
94725	26	5	membrane diffusion capacity	10.32	10.32
94725	TC	T	membrane diffusion capacity	42.46	42.46
94750		3	pulmonary compliance study (eg, plethysmogr	56.32	56.32
94750	26	5	pulmonary compliance study (eg, plethysmogr	9.10	9.10
94750	TC	T	pulmonary compliance study (eg, plethysmogr	47.23	47.23
94760		3	noninvasive ear or pulse oximetry for oxygen s	2.13	2.13
94761		3	noninvasive ear or pulse oximetry multiple dete	4.07	4.07
94762		3	noninvasive pulse oximetry for o2 saturation; b	22.74	22.74
94770		3	carbon dioxide/infrared analysis	28.76	28.76
94770	26	5	carbon dioxide/infrared analysis	6.02	6.02
94770	26	5	pediatric home apnea monitoring event recordi	6.02	6.02
94770	TC	T	carbon dioxide/infrared analysis	22.72	22.72
94772		3	respiratory pattern recording	95.65	95.65
94772	26	5	respiratory pattern recording	50.37	50.37
94772	TC	T	respiratory pattern recording	45.29	45.29
94777		3	pediatric home apnea monitoring event recordi	69.17	69.17
95004		3	percutaneous tests (scratch, puncture, prick) w	4.55	4.55
95010		3	percutaneous tests (scratch, puncture, prick) s	13.81	13.81
95015		3	intracutaneous (intradermal) tests, sequential a	10.36	10.36
95024		3	intracutaneous (intradermal) tests with allerger	5.41	5.41
95027		3	skin end point titration	3.69	3.69
95028		3	intracutaneous (intradermal) tests with allerger	8.56	8.56
95044		3	patch or application test(s) (specify number of t	4.81	4.81
95052		3	photo patch test(s) (specify number of tests)	5.39	5.39
95056		3	photosensitivity tests	27.31	27.31

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
95060		3	allergy eye tests	18.27	18.27
95065		3	allergy nose test	16.63	16.63
95070		3	allergy bronchial tests	33.85	33.85
95071		3	inhala bronch challenge testing w/antigens spe	41.92	41.92
95075		3	ingestion challenge test	39.44	51.56
95115		3	immunotherapy, one injection	8.18	8.18
95117		3	professional services for allergen immunothera	9.91	9.91
95120		3	professional services for allergen immunothera	4.39	4.39
95125		3	professional services for allergen immunothera	6.60	6.60
95130		3	immunotherapy	28.52	28.52
95131		3	immunotherapy 2 stinging insect venoms	35.53	35.53
95132		3	immunotherapy 3 stinging insect venoms	27.97	27.97
95133		3	immunotherapy 4 stinging insect venoms	51.74	51.74
95134		3	immunotherapy 5 stinging insect venoms	61.93	61.93
95144		3	professional services for the supervision of pre	2.65	9.28
95145		3	professional services for the supervision of pre	2.65	12.17
95146		3	professional services for the supervision and p	2.65	19.95
95147		3	professional services for the supervision and p	2.65	19.37
95148		3	professional services for the supervision and p	2.65	27.16
95149		3	professional services for the supervision and p	2.65	35.53
95165		3	professional services for the supervision of pre	2.65	9.28
95170		3	professional services for the supervision and p	2.65	7.26
95180		3	rapid desensitization procedure, each hour (eg	88.26	115.38
95805		3	multiple sleep latency or maintenance of wakel	337.65	337.65
95805	26	5	multiple sleep latency or maintenance of wakel	76.55	76.55
95805	TC	T	multiple sleep latency or maintenance of wakel	261.10	261.10
95806		3	sleep study, simultaneous recording of ventilati	167.62	167.62
95806	26	5	sleep study, simultaneous recording of ventilati	67.76	67.76
95806	TC	T	sleep study, simultaneous recording of ventilati	99.86	99.86
95807		3	sleep study, simultaneous recording of ventilati	393.89	393.89
95807	26	5	sleep study, simultaneous recording of ventilati	67.19	67.19
95807	TC	T	sleep study, simultaneous recording of ventilati	326.71	326.71
95808		3	polysomnography; sleep staging with 1-3 add'l	517.17	517.17
95808	26	5	polysomnography; sleep staging with 1-3 add'l	107.69	107.69
95808	TC	T	polysomnography; sleep staging with 1-3 add'l	409.48	409.48
95810		3	polysomnography; sleep staging with 4 or more	616.62	616.62
95810	26	5	polysomnography; sleep staging with 4 or more	141.95	141.95
95810	TC	T	polysomnography; sleep staging with 4 or more	474.67	474.67
95811		3	polysomnography; of sleep, attended by a tech	679.36	679.36
95811	26	5	polysomnography; of sleep, attended by a tech	152.59	152.59
95811	TC	T	polysomnography; of sleep, attended by a tech	526.77	526.77
95812		3	eeg extended monitoring; up to 1 hour	189.03	189.03

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
95812	26	5	eeg extended monitoring; up to 1 hour	44.95	44.95
95812	TC	T	eeg extended monitoring; up to 1 hour	144.07	144.07
95813		3	eeg extended monitoring; greater than 1 hour	232.67	232.67
95813	26	5	eeg extended monitoring; greater than 1 hour	71.58	71.58
95813	TC	T	eeg extended monitoring; greater than 1 hour	161.09	161.09
95816		3	electroencephalogram (eeg) including recordin	173.55	173.55
95816	26	5	electroencephalogram (eeg) including recordin	44.95	44.95
95816	TC	T	electroencephalogram (eeg) including recordin	128.59	128.59
95819		3	electroencephalogram (eeg) including recordin	186.23	186.23
95819	26	5	electroencephalogram (eeg) including recordin	44.95	44.95
95819	TC	T	electroencephalogram (eeg) including recordin	141.28	141.28
95822		3	electroencephalogram; sleep only	185.39	185.39
95822	26	5	electroencephalogram; sleep only	44.95	44.95
95822	TC	T	electroencephalogram; sleep only	140.43	140.43
95824		3	electroencephalogram; cerebral death eval. on	49.90	49.90
95824	26	5	electroencephalogram; cerebral death eval. on	30.79	30.79
95824	TC	T	electroencephalogram; cerebral death eval. on	13.44	13.44
95827		3	electroencephalogram; all night sleep only	298.73	298.73
95827	26	5	electroencephalogram; all night sleep only	44.47	44.47
95827	TC	T	electroencephalogram; all night sleep only	254.26	254.26
95829		3	electrocorticogram at surger	967.48	967.48
95829	26	5	electrocorticogram at surger	260.77	260.77
95829	TC	T	electrocorticogram at surger	706.72	706.72
95830		3	insertion of electrodes for electroencephalogra	70.75	142.28
95830	26	5	insertion of electrodes for electroencephalogra	23.46	24.96
95831		3	muscle testing, manual (separate procedure) w	11.81	20.76
95832		3	muscle testing hand	12.32	19.53
95833		3	muscle testing total evaluation of body excludir	19.67	28.89
95834		3	body muscle evaluation	24.78	34.30
95851		3	range of motion evaluation	6.62	13.26
95851	26	5	range of motion evaluation	4.98	10.68
95852		3	range of motion measurements and report of h	4.78	10.26
95852	26	5	range of motion measurements and report of h	1.19	2.57
95857		3	tensilon test for myasthenia gravis	22.40	33.65
95857	26	5	tensilon test for myasthenia gravis	5.60	8.41
95860		3	needle electromyography, one extremity with o	65.93	65.93
95860	26	5	needle electromyography, one extremity with o	41.01	41.01
95860	TC	T	needle electromyography, one extremity with o	24.91	24.91
95861		3	needle electromyography, two extremities with	95.87	95.87
95861	26	5	needle electromyography, two extremities with	65.55	65.55
95861	TC	T	needle electromyography, two extremities with	30.31	30.31
95863		3	needle electromyography, three extremities wit	114.34	114.34

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
95863	26	5	needle electromyography, three extremities wit	78.54	78.54
95863	TC	T	needle electromyography, three extremities wit	35.80	35.80
95864		3	needle electromyography, four extremities with	130.80	130.80
95864	26	5	needle electromyography, four extremities with	84.01	84.01
95864	TC	T	needle electromyography, four extremities with	46.78	46.78
95865		3	needle electromyography; larynx	92.08	92.08
95865	26	5	needle electromyography; larynx	67.55	67.55
95865	TC	T	needle electromyography; larynx	24.53	24.53
95866		3	needle electromyography; hemidiaphragm	75.28	75.28
95866	26	5	needle electromyography; hemidiaphragm	53.63	53.63
95866	TC	T	needle electromyography; hemidiaphragm	21.65	21.65
95867		3	needle electromyography, cranial nerve supplie	57.17	57.17
95867	26	5	needle electromyography, cranial nerve supplie	33.30	33.30
95867	TC	T	needle electromyography, cranial nerve supplie	23.86	23.86
95868		3	needle electromyography, cranial nerve supplie	78.57	78.57
95868	26	5	needle electromyography, cranial nerve supplie	49.60	49.60
95868	TC	T	needle electromyography, cranial nerve supplie	28.97	28.97
95869		3	needle electromyography; thoracic paraspinal i	36.26	36.26
95869	26	5	needle electromyography; thoracic paraspinal i	15.68	15.68
95869	TC	T	needle electromyography; thoracic paraspinal i	20.58	20.58
95870		3	needle electromyography; other than paraspina	35.40	35.40
95870	26	5	needle electromyography; other than paraspina	15.68	15.68
95870	TC	T	needle electromyography; other than paraspina	19.72	19.72
95872		3	needle electromyography using single fiber ele	136.78	136.78
95872	26	5	needle electromyography using single fiber ele	115.90	115.90
95872	TC	T	needle electromyography using single fiber ele	20.88	20.88
95873		3	electrical stimulation for guidance in conjunctio	36.85	36.85
95873	26	5	electrical stimulation for guidance in conjunctio	16.54	16.54
95873	TC	T	electrical stimulation for guidance in conjunctio	20.29	20.29
95874		3	needle electromyography for guidance in conju	34.83	34.83
95874	26	5	needle electromyography for guidance in conju	15.97	15.97
95874	TC	T	needle electromyography for guidance in conju	18.86	18.86
95875		3	ischemic limb exercise test with serial specime	75.12	75.12
95875	26	5	ischemic limb exercise test with serial specime	45.96	45.96
95875	TC	T	ischemic limb exercise test with serial specime	29.17	29.17
95900		3	nerve conduction, amplitude and latency/veloc	42.44	42.44
95900	26	5	nerve conduction, amplitude and latency/veloc	17.82	17.82
95900	TC	T	nerve conduction, amplitude and latency/veloc	24.62	24.62
95903		3	nerve conduction study, any site; motor with f-v	49.98	49.98
95903	26	5	nerve conduction study, any site; motor with f-v	25.07	25.07
95903	TC	T	nerve conduction study, any site; motor with f-v	24.91	24.91
95904		3	nerve conduction, amplitude and latency/veloc	37.35	37.35

**Physician Fee Schedule
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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON- FACILITY
95904	26	5	nerve conduction, amplitude and latency/veloc	14.46	14.46
95904	TC	T	nerve conduction, amplitude and latency/veloc	22.90	22.90
95920		3	intraoperative neurophysiology testing, per hou	122.82	122.82
95920	26	5	intraoperative neurophysiology testing, per hou	89.43	89.43
95920	TC	T	intraoperative neurophysiology testing, per hou	33.40	33.40
95921		3	testing of autonomic nervous system function;	59.53	59.53
95921	26	5	testing of autonomic nervous system function;	37.22	37.22
95921	TC	T	testing of autonomic nervous system function;	22.31	22.31
95922		3	testing of autonomic nervous system function;	71.12	71.12
95922	26	5	testing of autonomic nervous system function;	39.86	39.86
95922	TC	T	testing of autonomic nervous system function;	31.26	31.26
95923		3	testing of autonomic nervous system function;	92.61	92.61
95923	26	5	testing of autonomic nervous system function;	37.70	37.70
95923	TC	T	testing of autonomic nervous system function;	54.91	54.91
95925		3	short-latency somatosensory evoked potential	93.22	93.22
95925	26	5	short-latency somatosensory evoked potential	22.82	22.82
95925	TC	T	short-latency somatosensory evoked potential	70.41	70.41
95926		3	short latency somatosensory study, any site; in	91.58	91.58
95926	26	5	short latency somatosensory study, any site; in	22.62	22.62
95926	TC	T	short latency somatosensory study, any site; in	68.96	68.96
95927		3	short latency somatosensory study, any site; in	93.80	93.80
95927	26	5	short latency somatosensory study, any site; in	23.10	23.10
95927	TC	T	short latency somatosensory study, any site; in	70.69	70.69
95930		3	visual evoked potential (vep) testing central ne	82.46	82.46
95930	26	5	visual evoked potential (vep) testing central ne	14.77	14.77
95930	TC	T	visual evoked potential (vep) testing central ne	67.69	67.69
95933		3	orbicularis oculi reflex by electrodiagnostic test	51.23	51.23
95933	26	5	orbicularis oculi reflex by electrodiagnostic test	24.95	24.95
95933	TC	T	orbicularis oculi reflex by electrodiagnostic test	26.28	26.28
95934		3	h-reflex, amplitude and latency study; record g;	38.61	38.61
95934	26	5	h-reflex, amplitude and latency study; record g;	21.49	21.49
95934	TC	T	h-reflex, amplitude and latency study; record g;	17.13	17.13
95936		3	h-reflex, amplitude and latency study; other tha	34.29	34.29
95936	26	5	h-reflex, amplitude and latency study; other tha	23.22	23.22
95936	TC	T	h-reflex, amplitude and latency study; other tha	11.07	11.07
95937		3	neuromuscular junctn testing, ea nerve,any 1 r	45.89	45.89
95937	26	5	neuromuscular junctn testing, ea nerve,any 1 r	28.19	28.19
95937	TC	T	neuromuscular junctn testing, ea nerve,any 1 r	17.70	17.70
95950		3	monitoring for identification and lateralization o	188.68	188.68
95950	26	5	monitoring for identification and lateralization o	62.80	62.80
95950	TC	T	monitoring for identification and lateralization o	125.88	125.88
95951		3	monitoring for localization of cerebral seizure f	1,436.21	1,436.21

**Physician Fee Schedule
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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
95951	26	5	monitoring for localization of cerebral seizure fr	249.62	249.62
95951	TC	T	monitoring for localization of cerebral seizure fr	1,154.21	1,154.21
95953		3	monitor for loclzn of cerebral seiz. by comp ee	321.26	321.26
95953	26	5	monitor for loclzn of cerebral seiz. by comp ee	136.54	136.54
95953	TC	T	monitor for loclzn of cerebral seiz. by comp ee	184.72	184.72
95954		3	pharmacological or physical activation requirin	198.68	198.68
95954	26	5	pharmacological or physical activation requirin	95.11	95.11
95954	TC	T	pharmacological or physical activation requirin	103.58	103.58
95955		3	electroencephalogram during surgery interpret:	109.67	109.67
95955	26	5	electroencephalogram during surgery interpret:	41.42	41.42
95955	TC	T	electroencephalogram during surgery interpret:	68.25	68.25
95956		3	monitor for loclzn of cerebral seiz.by telemet.ee	561.94	561.94
95956	26	5	monitor for loclzn of cerebral seiz.by telemet.ee	128.33	128.33
95956	TC	T	monitor for loclzn of cerebral seiz.by telemet.ee	433.62	433.62
95957		3	digital analysis of electroencephalogram (eeg)	207.61	207.61
95957	26	5	digital analysis of electroencephalogram (eeg)	82.66	82.66
95957	TC	T	digital analysis of electroencephalogram (eeg)	124.94	124.94
95958		3	wada activation test for hemispheric funct.inc.e	308.80	308.80
95958	26	5	wada activation test for hemispheric funct.inc.e	176.73	176.73
95958	TC	T	wada activation test for hemispheric funct.inc.e	132.07	132.07
95961		3	functional cortical and subcortical mapping by :	187.11	187.11
95961	26	5	functional cortical and subcortical mapping by :	131.51	131.51
95961	TC	T	functional cortical and subcortical mapping by :	55.60	55.60
95962		3	functional cortical mapping by stimulation of ele	173.85	173.85
95962	26	5	functional cortical mapping by stimulation of ele	136.69	136.69
95962	TC	T	functional cortical mapping by stimulation of ele	37.15	37.15
95965	26	5	magnetoencephalography (meg), recording an	340.70	340.70
95966	26	5	magnetoencephalography (meg), recording an	169.70	169.70
95967	26	5	magnetoencephalography (meg), recording an	145.44	145.44
95970		3	electronic analysis of implanted neurostimulatc	18.37	40.00
95971		3	electronic analysis of implanted neurostimulatc	33.21	46.47
95972		3	electronic analysis of implanted neurostimulatc	63.09	82.99
95973		3	electronic analysis of implanted neurostimulatc	37.56	45.65
95974		3	electronic analysis of implanted neurostimulatc	123.81	140.54
95975		3	electronic analysis of implanted neurostimulatc	71.24	77.88
95978		3	electronic analysis of implanted neurostimulatc	145.28	166.91
95979		3	electronic analysis of implanted neurostimulatc	68.29	74.92
95990		3	refilling and maintenance of implantable pump	46.18	46.18
95991		3	refilling and maintenance of implantable pump	30.38	70.48
96000		3	comprehensive computer-based motion analys	72.43	72.43
96001		3	comprehensive computer-based motion analys	85.74	85.74
96002		3	dynamic surface electromyography, during wal	16.93	16.93

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
96003		3	dynamic fine wire electromyography, during wa	14.81	14.81
96004		3	physician review and interpretation of compreh	91.68	91.68
96040		3	medical genetics and genetic counseling servic	32.05	32.05
96101		3	psychological testing (includes psychodiagnosi	71.10	71.38
96105		3	assessment of aphasia (includes assessment c	57.20	57.20
96110		3	developmental testing; limited (eg, developmer	8.75	8.75
96111		3	developmental testing; extended (includes ass	106.25	108.56
96116		3	neurobehavioral status exam (clinical assessm	75.11	79.14
96118		3	neuropsychological testing (eg, halstead-reitan	73.37	89.24
96125		3	standardized cognitive performance testing (eg	67.13	78.38
96150		3	health and behavior assessment, each 15 min	18.96	19.25
96150	EP	L	health and behavior assessment, each 15 min	18.96	19.25
96151		3	health and behavior assessment, each 15 min	18.34	18.63
96151	EP	L	health and behavior assessment, each 15 min	18.34	18.63
96360		3	intravenous infusion, hydration; initial, 31 minu	45.05	45.05
96361		3	intravenous infusion, hydration; each additiona	13.11	13.11
96365		3	intravenous infusion, for therapy, prophylaxis, c	54.95	54.95
96366		3	intravenous infusion, for therapy, prophylaxis, c	17.65	17.65
96367		3	intravenous infusion, for therapy, prophylaxis, c	27.77	27.77
96368		3	intravenous infusion, for therapy, prophylaxis, c	16.47	16.47
96369		3	subcutaneous infusion for therapy or prophylax	119.64	119.64
96370		3	subcutaneous infusion for therapy or prophylax	12.75	12.75
96371		3	subcutaneous infusion for therapy or prophylax	57.88	57.88
96372		3	therapeutic, prophylactic, or diagnostic injectio	17.04	17.04
96373		3	therapeutic, prophylactic, or diagnostic injectio	14.63	14.63
96374		3	therapeutic, prophylactic, or diagnostic injectio	43.61	43.61
96375		3	therapeutic, prophylactic, or diagnostic injectio	18.91	18.91
96401		3	chemotherapy administration, subcutaneous oi	54.34	54.34
96402		3	chemotherapy administration, subcutaneous oi	29.78	29.78
96405		3	chemotherapy administration, intralesional;	24.01	68.43
96406		3	chemotherapy administration, intralesional;	35.05	94.76
96409		3	chemotherapy administration; intravenous, pus	89.43	89.43
96411		3	chemotherapy administration; intravenous, pus	50.97	50.97
96413		3	chemotherapy administration, intravenous infu:	117.89	117.89
96415		3	chemotherapy administration, intravenous infu:	26.64	26.64
96416		3	chemotherapy administration, intravenous infu:	128.40	128.40
96417		3	chemotherapy administration, intravenous infu:	58.70	58.70
96420		3	chemotherapy admin, intra-arterial push	85.90	85.90
96422		3	chemotherapy admin, intra-arterial infusion up	138.68	138.68
96423		3	chemotherapy administration, intra-arterial; inf	62.23	62.23
96425		3	chemotherapy admin, intra-arterial infusion, ov	136.66	136.66
96440		3	chemotherapy admin, into pleural cavity includi	109.85	482.18

**Physician Fee Schedule
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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
96445		3	chemotherapy admin, into peritoneal cavity inc	97.32	232.00
96450		3	chemotherapy administration, into cns (eg, intr:	73.14	169.18
96521		3	refilling and maintenance of portable pump	101.47	101.47
96522		3	refilling and maintenance of implantable pump	86.19	86.19
96523		3	irrigation of implanted venous access device fc	20.19	20.19
96542		3	chemotherapy injection, subarachnoid or intrav	37.46	108.41
96567		3	photodynamic therapy by external application c	93.08	93.08
96570		3	photodynamic therapy by endoscopic applicati	48.01	48.01
96571		3	photodynamic therapy by endoscopic applicati	23.22	23.22
96900		3	ultraviolet light therapy	15.40	15.40
96910		3	photochemotheraph tar/ultrauioret b goeckerm:	49.82	49.82
96912		3	photochemotherapy psoralens/ultrauioret a puv	63.86	63.86
96913		3	photochemotherapy, 4-8 hrs, physician supervi	88.50	88.50
96920		3	laser treatment for inflammatory skin disease (i	53.27	130.57
96921		3	laser treatment for inflammatory skin disease (i	52.93	127.92
96922		3	laser treatment for inflammatory skin disease (i	94.53	190.28
97001		3	physical therapy evaluation	58.30	58.30
97002		3	physical therapy re-evaluation	31.21	31.21
97003		3	occupational therapy evaluation	61.67	61.67
97004		3	occupational therapy re-evaluation	35.54	35.54
97010		3	application of a modality to one or more areas;	3.79	3.79
97012		3	physical med treatment one area traction	12.03	12.03
97014		3	physical med treatment electrical stimulation	11.00	11.00
97016		3	physical med treatment vasopneumatic device:	12.44	12.44
97018		3	physical med treatment paraffin bath	6.40	6.40
97022		3	physical medicine treatment whirlpool	14.15	14.15
97024		3	physical medicine treatment diathermy	4.38	4.38
97026		3	physical medicine treatment infrared	4.09	4.09
97028		3	physical medicine treatment one area ultraviole	5.00	5.00
97032		3	application of a modality to one or more areas;	13.47	13.47
97033		3	application of a modality to one or more areas;	19.84	19.84
97034		3	application of a modality to one or more areas;	12.22	12.22
97035		3	application of a modality to one or more areas;	9.63	9.63
97036		3	application of a modality to one or more areas;	20.76	20.76
97110		3	therapeutic procedure, one or more areas, eac	23.37	23.37
97112		3	therapeutic procedure, one or more areas, eac	24.03	24.03
97113		3	therapeutic procedure, one or more areas, eac	28.34	28.34
97116		3	therapeutic procedure, one or more areas, eac	20.46	20.46
97124		3	therapeutic procedure, one or more areas, eac	18.61	18.61
97140		3	manual therapy techniques	21.68	21.68
97530		3	therapeutic activities, direct (one on one) patie	24.59	24.59
97533		3	sensory integrative techniques to enhance sen	21.70	21.70

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CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
97535		3	self-care/home management training (eg, activ	24.62	24.62
97597		3	removal of devitalized tissue from wound(s), se	26.57	47.63
97598		3	removal of devitalized tissue from wound(s), se	35.45	59.10
97750		3	physical performance test or measurement (eg	23.94	23.94
97760		3	orthotic(s) management and training (including	26.44	26.44
97761		3	prosthetic training, upper and/or lower extremit	23.65	23.65
97762		3	checkout for orthotic/prosthetic use, establishe	26.94	26.94
97802		3	medical nutrition therapy; initial assessment an	23.07	24.51
97803		3	medical nutrition therapy; re-assessment and ii	19.99	21.44
98940		3	chiropractic manipulative treatment (cmt); spin	17.69	20.58
98941		3	chiropractic manipulative treatment (cmt); spin	25.65	28.54
98942		3	chiropractic manipulative treatment (cmt); spin	34.44	37.33
99050		3	Medical services after hrs	27.30	27.30
99051		3	Med serv, eve/wkend/holiday	27.30	27.30
99053		3	Med serv 10pm-8am, 24 hr fac	27.30	27.30
99058		3	Office emergency care	18.20	18.20
99060		3	service(s) provided on an emergency basis, ou	9.76	9.76
99070		3	special supplies	9.71	9.71
99082		3	unusual travel	0.85	0.85
99100		3	anesthesia for patient of extreme age, under or	17.90	17.90
99116		3	anesthesia complicated by utilization of total bc	17.90	17.90
99135		3	anesthesia complicated by utilization of control	17.51	17.51
99140		3	anesthesia complicated by emergency conditic	17.90	17.90
99143		3	moderate sedation services (other than those s	19.77	19.77
99144		3	moderate sedation services (other than those s	16.24	16.24
99145		3	moderate sedation services (other than those s	7.91	7.91
99148		3	moderate sedation services (other than those s	25.80	25.80
99149		3	moderate sedation services (other than those s	25.80	25.80
99150		3	moderate sedation services (other than those s	12.89	12.89
99170		3	anogenital examination with colposcopic magn	78.64	117.00
99175		3	induced vomiting	19.86	19.86
99183		3	physician attendance and supervision of hyper	94.59	155.44
99185		3	hypothermia, regional	44.63	44.63
99186		3	hypothermia, total body	57.06	57.06
99190		3	monitoring services	92.52	92.52
99191		3	monitoring services	59.41	59.41
99192		3	monitoring services	43.02	43.02
99195		3	therapeutic phlebotomy	56.06	56.06
99201		3	ov new pt minor-phys time approx. 10 minutes	21.46	33.18
99202		3	ov new pt, moderate-phys time approx 20 minu	41.38	57.54
99203		3	ov new pt, moderate-phys time approx 30 min	62.45	83.36
99204		3	ov new pt, complex-phys time approx 45 minut	104.87	129.27

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
99205		3	ov new pt, severe-phys time approx 60 minute:	136.47	163.41
99211		3	ov estab pt, minimal w/wo phys, time approx 5	7.94	16.82
99212		3	ov established pt, minor-phys time approx 10 n	21.14	33.50
99213		3	ov estab. pt, moderate. phys time approx 15 m	41.37	55.94
99214		3	ov estab. pt, severe. phys time approx 25 min.	64.00	84.29
99215		3	ov estab. pt, severe. phys time approx 40 min.	90.87	114.00
99217		3	observation care discharge day management	61.32	61.32
99218		3	initial observation, per day, low complexity	57.84	57.84
99219		3	initial observation care, per day, moderate corr	95.78	95.78
99220		3	initial observation care, per day, high complexi	134.33	134.33
99221		3	initial hosp. care, minor. phys time approx 30 n	83.05	83.05
99222		3	initial hosp care, moderate-phys time approx 50	113.34	113.34
99223		3	initial hosp care, severe-phys time approx 70 n	166.89	166.89
99231		3	hosp visit, stable. phys time approx 15 minute:	34.30	34.30
99232		3	hosp visit, moderate. phys time approx 25 min	61.81	61.81
99233		3	hosp visit, complex. phys time approx 35 minu	88.53	88.53
99234		3	observation or inpatient hospital care, for the e	117.16	117.16
99235		3	observation or inpatient hospital care, for the e	153.91	153.91
99236		3	observation or inpatient hospital care, for the e	191.29	191.29
99238		3	hospital discharge day management; 30 minut	61.11	61.11
99239		3	hospital discharge day management; more tha	88.81	88.81
99241		3	outpt. consult, minor- phys time approx 15 min	27.57	39.98
99242		3	outpt. consult, moderate- phys time approx 30	58.18	74.90
99243		3	outpt. consult, severe- phys time approx 40 mi	81.09	103.00
99244		3	outpt. consult, severe- phys time approx 60 mi	128.77	152.99
99245		3	outpt. consult, severe- phys time approx 80 mi	160.63	188.03
99251		3	initial inpt consult- phys time approx 20 min.	40.82	40.82
99252		3	initial inpt consult- phys time approx 40 min.	63.26	63.25
99253		3	initial inpt consult- phys time approx 55 min.	96.03	96.02
99254		3	initial inpt consult- phys time approx 80 min.	138.89	138.89
99255		3	initial inpt consult- phys time approx 110 min.	169.23	169.23
99281		3	er visit, minor	17.03	17.03
99282		3	er visit, low severity	33.13	33.13
99283		3	er visit, moderate severity	51.35	51.35
99284		3	er visit, high severity	96.14	96.14
99285		3	emergency department visit for the evaluation :	142.93	142.93
99288		3	physician direction of ems advanced life suppo	44.63	44.63
99291		3	critical care, evaluation and management of the	178.21	211.66
99292		3	critical care, evaluation and management of the	97.86	105.47
99304		3	initial nursing facility care, per day, for the eval	74.00	74.00
99305		3	initial nursing facility care, per day, for the eval	103.46	103.46
99306		3	initial nursing facility care, per day, for the eval	132.95	132.95

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
99307		3	subsequent nursing facility care, per day, for th	36.52	36.52
99308		3	subsequent nursing facility care, per day, for th	55.83	55.83
99309		3	subsequent nursing facility care, per day, for th	74.06	74.06
99310		3	subsequent nursing facility care, per day, for th	109.51	109.51
99315		3	nursing facility discharge day management; 30	53.43	53.43
99316		3	nursing facility discharge day management; 30	69.81	69.81
99318		3	evaluation and management of a patient involv	77.42	77.42
99324		3	domiciliary or rest home visit for the evaluation	49.64	49.64
99325		3	domiciliary or rest home visit for the evaluation	72.30	72.30
99326		3	domiciliary or rest home visit for the evaluation	119.54	119.54
99327		3	domiciliary or rest home visit for the evaluation	155.92	155.92
99328		3	domiciliary or rest home visit for the evaluation	183.55	183.55
99334		3	domiciliary or rest home visit for the evaluation	51.16	51.16
99335		3	domiciliary or rest home visit for the evaluation	79.25	79.25
99336		3	domiciliary or rest home visit for the evaluation	111.60	111.60
99337		3	domiciliary or rest home visit for the evaluation	160.35	160.35
99341		3	home visit for the evaluation and management	49.64	49.64
99342		3	home visit for the evaluation and management	72.30	72.30
99343		3	home visit for the evaluation and management	116.43	116.43
99344		3	home visit for the evaluation and management	152.86	152.86
99345		3	home visit for the evaluation and management	183.86	183.86
99347		3	home visit for the evaluation and management	48.44	48.44
99348		3	home visit for the evaluation and management	73.14	73.14
99349		3	home visit for the evaluation and management	106.51	106.51
99350		3	home visit for the evaluation and management	148.49	148.49
99354		3	prolonged physician service in the office or oth	80.13	84.57
99355		3	prolonged physician service in the office or oth	79.28	83.72
99356		3	prolonged physician service in the inpatient set	77.23	77.23
99357		3	prolonged physician service in the inpatient set	77.76	77.76
99360		3	physician standby service, requiring prolonged	49.94	49.94
99367		3	medical team conference with interdisciplinary	50.50	50.50
99375		3	physician supervision of patients under care of	86.78	95.98
99378		3	physician supervision of a hospice patient (pati	89.95	99.15
99381	EP	L	initial comprehensive preventive medicine eval	80.33	80.33
99382	EP	L	initial comprehensive preventive medicine age	80.33	80.33
99383	EP	L	new pt physical exam: 5 through 11 years	80.33	80.33
99384		3	new pt physical exam: 12 to 17 years	70.52	96.83
99384	EP	L	new pt physical exam: 12 through 17 years	80.33	80.33
99385		3	new pt physical exam: 18 to 39 years	70.52	96.83
99385	EP	L	initial comprehensive preventive medicine age	80.33	80.33
99386		3	new pt physical exam: 40 to 64 years	86.54	113.48
99387		3	new pt physical exam: 65 years and over	94.92	124.40
99391	EP	L	periodic comprehensive preventive medicine re	80.33	80.33
99392	EP	L	estab. pt physical exam: 1 to 4 years	80.33	80.33

**Physician Fee Schedule
Provider Specialty 001
Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
99393	EP	L	estab. pt physical exam: 5 through 11 years	80.33	80.33
99394		3	estab. pt physical exam: 12 to 17 years	62.58	83.81
99394	EP	L	estab. pt physical exam: 12 to 17 years	80.33	80.33
99395		3	estab. pt physical exam: 18 to 39 years	62.58	84.13
99395	EP	L	estab. pt physical exam: 18 to 39 years	80.33	80.33
99396		3	estab. pt physical exam: 40 to 64 years	70.52	92.08
99397		3	estab. pt physical exam: 65 years and older	78.91	103.31
99404		3	preventive medicine, individual counseling, appx 6	81.40	91.49
99406		3	smoking and tobacco use cessation counseling	10.66	11.93
99406	EP	L	smoking and tobacco use cessation counseling	10.66	11.93
99407		3	smoking and tobacco use cessation counseling	22.10	23.05
99407	EP	L	smoking and tobacco use cessation counseling	22.10	23.05
99408		3	alcohol and/or substance (other than tobacco)	29.46	30.73
99408	EP	L	alcohol and/or substance (other than tobacco)	29.46	30.73
99409		3	alcohol and/or substance (other than tobacco)	59.14	60.41
99409	EP	L	alcohol and/or substance (other than tobacco)	59.14	60.41
99412		3	preventive medicine, group counseling, appx 6	10.59	16.07
99420		3	administration and interpretation of health risk	8.14	8.14
99420	EP	L	administration and interpretation of health risk	8.14	8.14
99460		3	initial hospital or birthing center care, per day, f	51.95	51.95
99461		3	initial care, per day, for evaluation and manage	58.00	76.70
99462		3	subsequent hospital care, per day, for evaluati	27.70	27.70
99463		3	initial hospital or birthing center care, per day, f	69.50	69.50
99464		3	attendance at delivery (when requested by the	59.50	59.50
99465		3	delivery/birthing room resuscitation, provision c	121.70	121.70
99466		3	critical care services delivered by a physician, f	194.48	194.48
99467		3	critical care services delivered by a physician, f	97.11	97.11
99468		3	initial inpatient neonatal critical care, per day, f	728.86	728.86
99469		3	subsequent inpatient neonatal critical care, per	319.19	319.19
99471		3	initial inpatient pediatric critical care, per day, f	649.31	649.31
99472		3	subsequent inpatient pediatric critical care, per	321.76	321.76
99475		3	initial inpatient pediatric critical care, per day, f	448.01	448.01
99476		3	subsequent inpatient pediatric critical care, per	267.00	267.00
99477		3	initial hospital care, per day, for the evaluation	283.71	283.71
99478		3	subsequent intensive care, per day, for the eva	115.35	115.35
99479		3	subsequent intensive care, per day, for the eva	101.59	101.59
99480		3	subsequent intensive care, per day, for the eva	97.70	97.70
A4216		3	sterile water, saline and/or dextrose (diluent), 10ml	0.42	0.42
A4217		3	sterile/saline or water, 500ml	2.64	2.64
A4263		3	permanent, long-term, nondissolvable lacrimal c	9.79	9.79
G0108		3	diabetes outpatient self-management training s	18.37	18.37
G0109		3	diabetes self-management training services, gr	10.29	10.29
G0127		3	trimming of dystrophic nails, any number	6.94	15.31
G0202		3	screening. mammography, producing direct dig	104.56	104.56

**Physician Fee Schedule
 Provider Specialty 001
 Physician Services**

Medicaid Maximum Allowable

CODE	MOD	TOS	Description	2009 FACILITY	2009 NON-FACILITY
G0202	26	5	screening. mammography, producing direct di	29.34	29.34
G0202	TC	T	screening. mammography, producing direct di	75.22	75.22
G0204		3	diagnostic, mammography, producing direct di	123.03	123.03
G0204	26	5	diagnostic, mammography, producing direct di	36.28	36.28
G0204	TC	T	diagnostic, mammography, producing direct di	86.75	86.75
G0206		3	diagnostic, mammography, producing direct di	97.72	97.72
G0206	26	5	diagnostic, mammography, producing direct di	29.34	29.34
G0206	TC	T	diagnostic, mammography, producing direct di	68.39	68.39
G0416		3	surgical pathology, gross & microscopic exami	509.65	509.65
G0417		3	surgical pathology, gross & microscopic exami	989.88	989.88
G0418		3	surgical pathology, gross & microscopic exami	1,699.58	1,699.58
G0419		3	surgical pathology, gross & microscopic exami	2,015.76	2,015.76
H0001		3	alcohol and/or drug assessment	20.21	20.21
H0005		3	alcohol and/or drug services; group counseling	7.45	7.45
H0031		3	mental health assessment, by non-physician	20.21	20.21
Q0111		3	wet mounts, including preparation of vaginal, c	5.05	5.05
Q0112		3	all potassium hydroxide (koh) preparations	5.64	5.64
Q0113		3	pinworm examinations	3.89	3.89
Q3014	GT	3	telehealth originating site facility fee	21.25	21.25
Q4101		3	skin substitute, apligraf, per square centimeter	28.56	28.56
Q4106		3	skin substitute, dermagraft, per square centime	34.99	34.99
S9442		3	birthing class (one unit = 2 hours)	8.69	8.69
T1017		3	dmh case mgmt area mh 1/4hr	17.67	17.67
V2797		3	supply of low vision aids	60.18	60.18

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

Physician Drug Program Procedure Codes And Rates

CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY
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