

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
11626		3	AMB SURG EXC MALIGNANT LESION 4.0 SCALP NECK	220.87	292.68	10/1/2009
11640		3	REMOVAL OF SKIN LESION	89.03	137.48	10/1/2009
11641		3	REMOVAL OF SKIN LESION	116.27	169.34	10/1/2009
11642		3	REMOVAL OF SKIN LESION	137.25	195.50	10/1/2009
11643		3	AMB SURG EXC MALIGNANT LESION FACE EARS 2.0 TO 3.0	171.64	230.48	10/1/2009
11644		3	AMB SURG EXC MALIGNANT LESION FACE EARS 3.0 TO 4.0	214.04	284.70	10/1/2009
11646		3	AMB SURG EXC MALIGNANT LESION FACE EARS OVER 4.0	301.44	376.14	10/1/2009
11720		3	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE	13.36	22.88	10/1/2009
11721		3	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE	22.83	32.93	10/1/2009
11730		3	REMOVAL OF NAIL	46.29	72.54	10/1/2009
11732		3	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIO	24.06	33.86	10/1/2009
11740		3	EVACUATION OF SUBUNGUAL HEMATOMA	23.86	32.81	10/1/2009
11750		3	REMOVAL OF NAIL BED	131.67	157.05	10/1/2009
11752		3	EXC NAIL WITH AMPUTATION OF TUFT OF DISTAL PHALANX	196.76	223.58	10/1/2009
11755		3	BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIIUM, PROXIMAL	65.53	97.54	10/1/2009
11760		3	RECONSTRUCTION OF NAIL BED	97.88	145.75	10/1/2009
11762		3	RECONSTRUCTION OF NAIL BED	151.21	197.06	10/1/2009
11765		3	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	50.25	92.37	10/1/2009
11770		3	AMB SURG EXC PILONIDAL CYST/SINUS SIMPLE	132.65	188.02	10/1/2009
11771		3	AMB SURG EXC PILONIDAL CYST/SINUS EXTENSIVE	307.22	386.82	10/1/2009
11772		3	AMB SURG EXC PILONIDAL CYST/SINUS COMPLICATED	400.21	469.42	10/1/2009
11900		3	INJECTION INTO SKIN LESIONS	23.82	41.12	10/1/2009
11901		3	INJECTION, INTRALESIONAL;	37.07	52.36	10/1/2009
11960		3	INSERTION OF TISSUE EXPENDER.	676.63	676.63	10/1/2009
11970		3	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	445.22	445.22	10/1/2009
11971		3	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS	219.47	328.20	10/1/2009
11975		3	INSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULE	64.50	98.83	10/1/2009
11976		3	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULE	75.51	111.27	10/1/2009
11980		3	SUBCUTANEOUS HORMONE PELLET (IMPLANTATION OF ESTRADIOL AND/O	63.43	79.29	10/1/2009
12001		3	REPAIR OF RECENT WOUND	77.94	107.64	10/1/2009
12002		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 2.5-7.5	86.49	114.76	10/1/2009
12004		3	SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX	101.73	135.47	10/1/2009
12005		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 12.5-20.0	126.86	168.97	10/1/2009
12006		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 20.0-30.0	160.31	209.91	10/1/2009
12007		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND OVER 30.0	183.24	237.75	10/1/2009
12011		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 2.5 CM	80.58	114.32	10/1/2009
12013		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 2.5-5.0	91.90	126.22	10/1/2009
12014		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 5.0-7.5	110.71	149.08	10/1/2009
12015		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 7.5-12.5	138.98	187.44	10/1/2009
12016		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 12.5-20.0	169.68	224.19	10/1/2009
12017		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 20.0-30.0	202.03	262.03	10/1/2009
12018		3	AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND OVER 30.0	249.70	319.70	10/1/2009
12020		3	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE.	140.16	194.38	10/1/2009
12021		3	TREATMENT OF SUPERFICIAL WOUND WITH PACKING.	101.67	115.81	10/1/2009
12031		3	AMB SURG CLOSURE WOUND UP TO 2.5 EXCLUD HAND/FEET	117.45	171.67	10/1/2009
12032		3	AMB SURG CLOSURE WOUND 2.5-7.5 EXCLUD HAND & FEET	144.25	220.68	10/1/2009
12034		3	AMB SURG REPAIR SIMPLE LACERATIONS 7.5 TO 12.5	151.12	218.32	10/1/2009
12035		3	AMB SURG CLOSURE WOUND 12.5 TO 20.0	177.27	266.09	10/1/2009
12036		3	AMB SURG CLOSURE WOUND 20.0 TO 30.0	204.66	292.34	10/1/2009
12037		3	AMB SURG CLOSURE WOUND OVER 30 CM SCALP AXILLAE	238.28	329.99	10/1/2009
12041		3	AMB SURG CLOSURE WOUND UP TO 2.5 CM NECK/HAND/FEET	125.86	180.09	10/1/2009
12042		3	AMB SURG CLOSURE WOUND 2.5-7.5 NECK/HAND/FEET	147.10	209.97	10/1/2009
12044		3	AMB SURG CLOSURE WOUND 7.5 T O 12.5 CM NECK/HAND	158.67	242.31	10/1/2009
12045		3	AMB SURG CLOSURE WOUND 12.5-20.0 NECK/FEET/GENTALI	184.21	268.71	10/1/2009
12046		3	AMB SURG CLOSURE WOUND 20.0-30.0 NECK/FEET/GENTALI	217.04	318.28	10/1/2009
12047		3	AMB SURG CLOSURE WOUND 30.0 CM NECK/HAND/FEET/GENI	237.52	341.63	10/1/2009
12051		3	AMB SURG CLOSURE WOUND UP TO 2.5 FACE/EYELID/NOSE	134.66	193.49	10/1/2009
12052		3	AMB SURG CLOSURE WOUND 2.5-5.0 FACE/EARS/EYELIDS	157.89	219.32	10/1/2009
12053		3	AMB SURG CLOSURE WOUND 5.0-7.5 FACE/EARS/EYELIDS	160.71	241.18	10/1/2009
12054		3	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS	170.94	255.45	10/1/2009
12055		3	AMB SURG CLOSURE WOUND 12.5-20.0 FACE/EARS/EYELIDS	208.76	308.26	10/1/2009
12056		3	AMB SURG CLOSURE WOUND 20.0 TO 30.0 FACE/EARS/EYE	254.67	363.98	10/1/2009
12057		3	AMB SURG CLOSURE WOUND OVER 30 CM FACE/EARS/EYELID	291.52	406.89	10/1/2009
13100		3	AMB SURG REPAIR COMPLEX TRUNK 1.0 TO 2.5 CM	175.72	229.95	10/1/2009
13101		3	AMB SURG REPAIR COMPLEX 2.5-7.5 CM TRUNK	213.62	290.34	10/1/2009
13102		3	COMPLEX REPAIR TRUNK EACH ADDITIONAL	57.38	79.02	10/1/2009
13120		3	AMB SURG REPAIR COMPLEX 1.0-2.5 SCLAP/ARMS/LEGS	183.65	239.02	10/1/2009
13121		3	AMB SURG REPAIR COMPLEX 2.5-7.5 SCALP/ARM/LEG	242.11	321.43	10/1/2009
13122		3	EACH ADDITIONAL -COMPLEX REPAIR TO SCALP,ARMS AND / OR LEGS	65.75	88.53	10/1/2009
13131		3	REPAIR OF WOUND OR LESION	207.26	264.08	10/1/2009
13132		3	REPAIR COMPLEX 2.5 TO 7.5 CM.	349.40	423.52	10/1/2009
13133		3	EACH ADDITIONAL -COMPLEX REPAIR TO FOREHEAD,CHEEKS,CHIN,MOUTH	102.13	125.49	10/1/2009
13150		3	REPAIR COMPLEX, EYE, NOSE, EAR AND/OR LIPS UP TO 1.0	206.30	263.11	10/1/2009
13151		3	REPAIR OF WOUND OR LESION	240.08	300.06	10/1/2009
13152		3	REPAIR COMPLEX,EYE,NOSE,EAR AND LIPS 2.5 TO 75.CM.	323.55	413.82	10/1/2009
13153		3	EACH ADDITIONAL -COMPLEX REPAIR TO EYELIDS,NOSE,EARS AND /OR LIF	110.67	137.79	10/1/2009
13160		3	SECONDARY CLOSURE OF SURGICAL WOUND DEHISCENCE.	606.98	606.98	10/1/2009

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

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

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

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

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

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

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

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CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
23505		3	TREATMENT CLAVICLE FRACTURE	235.38	247.78	10/1/2009
23515		3	REPAIR CLAVICLE FRACTURE	526.06	526.06	10/1/2009
23520		3	TREATMENT OF CLAVICLE DISLOCATION.	156.38	155.52	10/1/2009
23525		3	TREATMENT CLAVICLE DISLOCATION W MANIPULATION	227.35	242.35	10/1/2009
23530		3	OPEN TX CLAVICLE DISLOCATION.	403.20	403.20	10/1/2009
23532		3	OPEN TX OF CLOSED/OPEN STERNOCLAV DISLOCATION.	463.22	463.22	10/1/2009
23540		3	TX CLOSED CLAVICLE DISLOCATION.	151.81	153.83	10/1/2009
23545		3	TX CLOSED CLAVICLE DISLOCATION W MANIPULATION.	205.61	222.34	10/1/2009
23550		3	OPEN REPAIR CLAVICLE DISLOCATION.	427.23	427.23	10/1/2009
23552		3	OPEN REPAIR CLAVICLE DISLOCATION	492.21	492.21	10/1/2009
23570		3	TX OF CLOSED SCAPULAR FX.	162.43	160.41	10/1/2009
23575		3	REPAIR SCAPULA FX W MANIPULATION.	259.52	274.52	10/1/2009
23585		3	REPAIR SCAPULA FRACTURE	716.02	716.02	10/1/2009
23600		3	TX HUMEROUS FRACTURE	207.72	223.87	10/1/2009
23605		3	REPAIR HUMERUS FRACTURE	307.92	332.14	10/1/2009
23615		3	REPAIR HUMERUS FX W/WO TUBEROSITY	654.21	654.21	10/1/2009
23616		3	OPEN TX PROXIMAL HUMERAL FX PROSTHETIC REPLACE	978.31	978.31	10/1/2009
23620		3	TX HUMERUS FRACTURE.	174.30	184.40	10/1/2009
23625		3	REPAIR HUMERUS FRACTURE	253.59	269.17	10/1/2009
23630		3	REPAIR HUMERUS FRACTURE	561.62	561.62	10/1/2009
23650		3	REPAIR SHOULDER DISLOCATION.	192.79	209.81	10/1/2009
23655		3	REPAIR SHOULDER DISLOCATION	279.44	279.44	10/1/2009
23660		3	REPAIR SHOULDER DISLOCATION	433.09	433.09	10/1/2009
23665		3	REPAIR DISLOCATION/FRACTURE	283.06	299.80	10/1/2009
23670		3	REPAIR DISLOCATION/FRACTURE	631.76	631.76	10/1/2009
23675		3	REPAIR DISLOCATION/FRACTURE	364.53	392.22	10/1/2009
23680		3	REPAIR DISLOCATION/FRACTURE	684.10	684.10	10/1/2009
23700		3	FIXATION OF SHOULDER	145.57	145.57	10/1/2009
23800		3	FUSION OF SHOULDER JNT	777.29	777.29	10/1/2009
23802		3	FUSION OF SHOULDER JOINT	944.85	944.85	10/1/2009
23900		3	AMPUTATION OF ARM	1011.29	1011.29	10/1/2009
23920		3	AMPUTATION OF ARM	817.73	817.73	10/1/2009
23921		3	DISARTICULATION OF SHOULDER;	295.60	295.60	10/1/2009
23930		3	INCISION AND DRAINAGE DEEP ABSCESS OR HEMATOMA	161.64	254.52	10/1/2009
23931		3	INCISION AND DRAINAGE INFECTED BURSA.	115.91	197.52	10/1/2009
23935		3	INCISION DEEP W/OPENING OF CORTEX FOR OSTEOMYELITI	368.82	368.82	10/1/2009
24000		3	INCISION OF ELBOW JOINT	350.72	350.72	10/1/2009
24006		3	ARTHROTOMY ELBOW W/CAPSULAR RELEASE	532.35	532.35	10/1/2009
24065		3	BIOPSY SOFT TISSUES SUPERFICIAL.	123.63	181.61	10/1/2009
24066		3	BIOPSY SOFT TISSUES, DEEP.	295.76	422.66	10/1/2009
24075		3	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUBCU	230.87	341.91	10/1/2009
24076		3	EXCISION BENIGN TUMOR DEEP SUBFASCIAL OR INTRAMUSC	353.22	353.22	10/1/2009
24077		3	RADICAL RESECTION SOFT TISSUE TUMOR, ARM/ELBOW.	613.59	613.59	10/1/2009
24100		3	ARTHROTOMY ELBOW WITH SYNOVIAL BIOPSY ONLY	298.98	298.98	10/1/2009
24101		3	EXPLORATION OF ELBOW JOINT	368.53	368.53	10/1/2009
24102		3	EXPLORATION ELBOW JOINT.	458.64	458.64	10/1/2009
24105		3	AMB SURG EXCISION OLECRANON BURSA	246.18	246.18	10/1/2009
24110		3	REMOVAL OF BONE LESION	433.26	433.26	10/1/2009
24115		3	REMOVAL OF BONE LESION/GRAFT	548.62	548.62	10/1/2009
24116		3	REMOVAL OF BONE LESION/GRAFT	652.21	652.21	10/1/2009
24120		3	AMB SURG EXC BONE CYST/BENIGN TUMOR/OLECRANON	387.86	387.86	10/1/2009
24125		3	REMOVAL OF BONE LESION/GRAFT	448.68	448.68	10/1/2009
24126		3	REMOVAL OF BONE LESION/GRAFT	476.29	476.29	10/1/2009
24130		3	REMOVAL OF HEAD OF RADUIS	374.20	374.20	10/1/2009
24134		3	SEQUESTRECTOMY FOR OSTEOMYELITIS OR BONE ABSCESS S	564.22	564.22	10/1/2009
24136		3	SEQUES FOR OSTEO/BONE ABSCESS RADIAL HEAD OR NECK	446.69	446.69	10/1/2009
24138		3	SEQUES FOR OSTEO/BONE ABSCESS OLECRANON PROCESS	491.86	491.86	10/1/2009
24140		3	PARTIAL REMOVAL OF BONE	537.01	537.01	10/1/2009
24145		3	PARTIAL REMOVAL OF BONE	449.67	449.67	10/1/2009
24147		3	PARTIAL REMOVAL OF BONE	466.49	466.49	10/1/2009
24150		3	REMOVAL HUMERUS LESION.	735.67	735.67	10/1/2009
24151		3	REMOVAL OF HUMERUS LESION	846.36	846.36	10/1/2009
24152		3	REMOVAL RADIUS LESION.	552.73	552.73	10/1/2009
24153		3	RADICAL RESECTION TUMOR RADIAL HEAD/NECK GRAFT.	592.93	592.93	10/1/2009
24155		3	REMOVAL OF ELBOW JOINT	640.37	640.37	10/1/2009
24160		3	REMOVAL PROSTHETIC DEVICE	451.10	451.10	10/1/2009
24164		3	IMPLANT REMOVAL RADIAL HEAD	368.30	368.30	10/1/2009
24200		3	REMOVAL OF FOREIGN BODY SUBCUTANEOUS	100.41	141.94	10/1/2009
24201		3	REMOVAL OF FOREIGN BODY DEEP	269.30	395.91	10/1/2009
24220		3	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	56.85	128.08	10/1/2009
24300		3	MANIPULATION, ELBOW, UNDER ANESTHESIA	285.49	285.49	10/1/2009
24301		3	MUSCLE OR TENDON TRANSFER ANY TYPE SINGLE	565.57	565.57	10/1/2009
24305		3	TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON	430.80	430.80	10/1/2009
24310		3	REVISION OF ARM TENDON	352.35	352.35	10/1/2009
24320		3	REPAIR OF ARM TENDON	582.98	582.98	10/1/2009
24330		3	REVISION OF ARM MUSCLES	537.33	537.33	10/1/2009
24331		3	REVISION OF ARM MUSCLES	594.65	594.65	10/1/2009

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

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

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

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

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

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26952		3	AMPUTATION OF FINGER	472.93	472.93	10/1/2009
26990		3	INCISION/DRAINAGE ABSCESS OR HEMATOMA	458.34	458.34	10/1/2009
26991		3	INCISON/DRAINAGE INFECTED BURSA	387.80	508.35	10/1/2009
26992		3	INCIS W/OPEN BONE CORT EX FOR OSTEOMYELITIS OR BON	724.82	724.82	10/1/2009
27000		3	AMB SURG TENOTOMY ADDUCTOR UNILATERAL HIP	332.84	332.84	10/1/2009
27001		3	AMB SURG TENOTOP ADDUCTOR OPEN HIP	404.11	404.11	10/1/2009
27003		3	INCISION OF HIT TENDON	434.12	434.12	10/1/2009
27005		3	TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)	548.94	548.94	10/1/2009
27006		3	TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE	554.48	554.48	10/1/2009
27025		3	INCISION OF HIP FASCIA	672.71	672.71	10/1/2009
27030		3	DRAINAGE OF HIP JOINT	717.96	717.96	10/1/2009
27033		3	EXPLORATION OF HIP JOINT	743.28	743.28	10/1/2009
27035		3	HIP JOINT DEVERVATION FEMORAL OR OBTURATOR NERVES	834.88	834.88	10/1/2009
27040		3	BIOPSY SOFT TISSUE SUPERFICIAL	152.55	246.86	10/1/2009
27041		3	BIOPSY SOFT TISSUE DEEP	519.76	519.76	10/1/2009
27047		3	EXCISION BENIGN TUMOR SUBCUTANEOUS	387.77	457.85	10/1/2009
27048		3	EXCISION BENIGN TUMOR DEEP	355.40	355.40	10/1/2009
27049		3	RADICAL RESECTION SOFT TISSUE TUMOR PELVIS/HIP	757.12	757.12	10/1/2009
27050		3	BIOPSY OF SACROILIAC JOINT	259.81	259.81	10/1/2009
27052		3	BIOPSY OF HIP JOINT	414.44	414.44	10/1/2009
27054		3	ARTHROTOMY WITH SYNOVECTOMY, HIP JOINT	509.46	509.46	10/1/2009
27060		3	REMOVAL OF ISCHIAL BURSA	320.63	320.63	10/1/2009
27062		3	REMOVAL OF FEMUR LESION	334.16	334.16	10/1/2009
27065		3	REMOVAL OF HIP BONE LESION	373.05	373.05	10/1/2009
27066		3	EXCISION OF BONE CYST OR TUMOR DEEP WITH OR WITHOU	607.99	607.99	10/1/2009
27067		3	EXCISION BENIGN TUMOR W/BONE GRAFT REQ SEPERATE IN	772.34	772.34	10/1/2009
27070		3	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITI	636.44	636.44	10/1/2009
27071		3	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITI	683.14	683.14	10/1/2009
27075		3	RADICAL RESECTION OF TUMOR OR INFECTION; WING OF ILIUM, ONE PUBI	1772.02	1772.02	10/1/2009
27076		3	PARTIAL REMOVAL OF HIP BONE	1219.96	1219.96	10/1/2009
27077		3	REMOVAL OF HIP BONE	2047.94	2047.94	10/1/2009
27078		3	PARTIAL REMOVAL OF HIP BONES	769.11	769.11	10/1/2009
27079		3	RADICAL RESECTION OF TUMOR OR INFECTION;	738.20	738.20	10/1/2009
27080		3	COCCYGECTOMY PRIMARY	368.84	368.84	10/1/2009
27086		3	REMOVAL FOREIGN BODY SUBCTANEOUS TISSUE	110.31	176.64	10/1/2009
27087		3	REMOVAL OF FOREIGN BODY DEEP TISSUE	474.79	474.79	10/1/2009
27090		3	REMOVAL OF HIP PROSTHESIS	628.87	628.87	10/1/2009
27091		3	REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PRO	1222.48	1222.48	10/1/2009
27093		3	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY;	57.52	143.18	10/1/2009
27095		3	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY WITH ANES	65.68	172.69	10/1/2009
27096		3	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHOGRAPHY AND/OR I	55.33	131.76	10/1/2009
27097		3	HAMSTRING RECESSON PROXIMAL	501.23	501.23	10/1/2009
27098		3	ADDUCT TRANSF TO ISHIUM	468.88	468.88	10/1/2009
27100		3	TRANSFER OF ABDOMINAL MUSCLE	617.89	617.89	10/1/2009
27105		3	TRANSFER OF SPINAL MUSCLE	647.21	647.21	10/1/2009
27110		3	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR	723.80	723.80	10/1/2009
27111		3	TRANSFER ILIOPSOAS TO FEMORAL NECK	646.24	646.24	10/1/2009
27120		3	RECONSTRUCTION OF HIP	983.09	983.09	10/1/2009
27122		3	ACETABULOPLASTY; RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PRO	840.98	840.98	10/1/2009
27125		3	HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIP	856.65	856.65	10/1/2009
27130		3	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REI	1106.00	1106.00	10/1/2009
27132		3	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY,	1293.03	1293.03	10/1/2009
27134		3	REVISION OF TOTAL HIP, BOTH COMPONENTS	1501.64	1501.64	10/1/2009
27137		3	REVISION OF TOTAL HIP, ACETABULAR COMPONENT ONLY	1143.28	1143.28	10/1/2009
27138		3	REVISION OF TOTAL HIP, FEMORAL COMPONENT ONLY	1190.23	1190.23	10/1/2009
27140		3	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER OF FEMUR (SEP/	681.79	681.79	10/1/2009
27146		3	INCISION OF HIP BONE	963.68	963.68	10/1/2009
27147		3	OSTEOTOMY WITH OPEN REDUCTION OF HIP	1123.28	1123.28	10/1/2009
27151		3	INCISION OF HIP BONES	1172.86	1172.86	10/1/2009
27156		3	REVISION OF HIP BONES	1311.78	1311.78	10/1/2009
27158		3	OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFORMATION)	1054.04	1054.04	10/1/2009
27161		3	INCISION OF NECK OF FEMUR	931.29	931.29	10/1/2009
27165		3	OSTEOTOMY INCLUDING INTERNAL OR EXTERNAL FIXATION	1040.82	1040.82	10/1/2009
27170		3	REPAIR/GRAFT FEMUR	901.82	901.82	10/1/2009
27175		3	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS;	500.22	500.22	10/1/2009
27176		3	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS;	691.45	691.45	10/1/2009
27177		3	REPAIR SLIPPED EPIPHYSIS	844.42	844.42	10/1/2009
27178		3	OPEN RX SLIPPED FEM EPIPHYSIS CLOSED MANIP W/SINGL	684.37	684.37	10/1/2009
27179		3	REVISION OF NECK OF FEMUR	737.48	737.48	10/1/2009
27181		3	FIXATION SLIPPED EPIPHYSIS	822.02	822.02	10/1/2009
27185		3	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCH	521.42	521.42	10/1/2009
27187		3	PROPHYLACTIC TX FEMORAL NECK AND PROXIMAL FEMUR	756.04	756.04	10/1/2009
27193		3	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASI	347.62	344.74	10/1/2009
27194		3	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASI	539.28	539.28	10/1/2009
27200		3	REPAIR TAIL BONE FRACTURE	127.00	124.41	10/1/2009
27202		3	REPAIR TAIL BONE FRACTURE	475.72	475.72	10/1/2009
27215		3	OPEN TX OF ILIAC SPINE S/INTERNAL FIXATION	558.49	558.49	10/1/2009

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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Rural Health Clinic**

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

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

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

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

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

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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				FACILITY	NON-FACILITY	EFFECTIVE DATE
72128	26	5	COMPUTERIZED AXIAL TOMOGRAPHY THORACIC SPINE	49.56	49.56	10/1/2009
72128	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY THORACIC SPINE	177.73	177.73	10/1/2009
72129		3	COMP. AXIAL TOMOGRAPHY/THORACIC SPINE WITH CONTRAS	272.17	272.17	10/1/2009
72129	26	5	COMP. AXIAL TOMOGRAPHY/THORACIC SPINE WITH CONTRAS	52.30	52.30	10/1/2009
72129	TC	T	COMP. AXIAL TOMOGRAPHY/THORACIC SPINE WITH CONTRAS	219.87	219.87	10/1/2009
72130		3	COMP. TOMOGRAPHY/THORACIC SPINE WITHOUT CONTRAST	331.66	331.66	10/1/2009
72130	26	5	COMP. TOMOGRAPHY/THORACIC SPINE WITHOUT CONTRAST	54.34	54.34	10/1/2009
72130	TC	T	COMP. TOMOGRAPHY/THORACIC SPINE WITHOUT CONTRAST	277.31	277.31	10/1/2009
72131		3	COMPUTERIZED AXIAL TOMOGRAPHY/ LUMBAR SPINE	227.00	227.00	10/1/2009
72131	26	5	COMPUTERIZED AXIAL TOMOGRAPHY/ LUMBAR SPINE	49.56	49.56	10/1/2009
72131	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY/ LUMBAR SPINE	177.44	177.44	10/1/2009
72132		3	COMPUTERIZED AXIAL TOMOGRAPHY LUMBAR SPINE/CONTRAS	271.88	271.88	10/1/2009
72132	26	5	COMPUTERIZED AXIAL TOMOGRAPHY LUMBAR SPINE/CONTRAS	52.30	52.30	10/1/2009
72132	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY LUMBAR SPINE/CONTRAS	219.58	219.58	10/1/2009
72133		3	COMPUTERIZED TOMOGRAPHY LUMBAR SPINE WWO CONTRAST	331.37	331.37	10/1/2009
72133	26	5	COMPUTERIZED TOMOGRAPHY LUMBAR SPINE WWO CONTRAST	54.34	54.34	10/1/2009
72133	TC	T	COMPUTERIZED TOMOGRAPHY LUMBAR SPINE WWO CONTRAST	277.03	277.03	10/1/2009
72141		3	MAGNETIC RESONANCE SPINAL CANAL	414.80	414.80	10/1/2009
72141	26	5	MAGNETIC RESONANCE SPINAL CANAL	68.00	68.00	10/1/2009
72141	TC	T	MAGNETIC RESONANCE SPINAL CANAL	346.80	346.80	10/1/2009
72142		3	MAGNETIC RESONANCE /SPINE CANAL WITH CONTRAST	511.85	511.85	10/1/2009
72142	26	5	MAGNETIC RESONANCE /SPINE CANAL WITH CONTRAST	81.84	81.84	10/1/2009
72142	TC	T	MAGNETIC RESONANCE /SPINE CANAL WITH CONTRAST	430.01	430.01	10/1/2009
72146		3	MAGNETIC RESONANCE/ SPINAL CANAL AND CONTENTS	425.31	425.31	10/1/2009
72146	26	5	MAGNETIC RESONANCE/ SPINAL CANAL AND CONTENTS	68.29	68.29	10/1/2009
72146	TC	T	MAGNETIC RESONANCE/ SPINAL CANAL AND CONTENTS	357.01	357.01	10/1/2009
72147		3	MAGNETIC RESONANCE/SPINAL CANAL WITH CONTRAST	468.30	468.30	10/1/2009
72147	26	5	MAGNETIC RESONANCE/SPINAL CANAL WITH CONTRAST	82.12	82.12	10/1/2009
72147	TC	T	MAGNETIC RESONANCE/SPINAL CANAL WITH CONTRAST	386.18	386.18	10/1/2009
72148		3	MAGNETIC RESONANCE LUMBAR	419.83	419.83	10/1/2009
72148	26	5	MAGNETIC RESONANCE LUMBAR	63.10	63.10	10/1/2009
72148	TC	T	MAGNETIC RESONANCE LUMBAR	356.73	356.73	10/1/2009
72149		3	MAGNETIC RESONANCE LUMBAR WITH CONTRAST	505.84	505.84	10/1/2009
72149	26	5	MAGNETIC RESONANCE LUMBAR WITH CONTRAST	76.11	76.11	10/1/2009
72149	TC	T	MAGNETIC RESONANCE LUMBAR WITH CONTRAST	429.73	429.73	10/1/2009
72156		3	MAGNETIC RESONANCE WITH /WITHOUT CONTRAST	675.22	675.22	10/1/2009
72156	26	5	MAGNETIC RESONANCE WITH /WITHOUT CONTRAST	109.42	109.42	10/1/2009
72156	TC	T	MAGNETIC RESONANCE WITH /WITHOUT CONTRAST	565.80	565.80	10/1/2009
72157		3	MRI; SPINAL CANAL, WO THEN W CONTRAST; THORACIC	641.76	641.76	10/1/2009
72157	26	5	MRI; SPINAL CANAL, WO THEN W CONTRAST; THORACIC	109.71	109.71	10/1/2009
72157	TC	T	MRI; SPINAL CANAL, WO THEN W CONTRAST; THORACIC	532.06	532.06	10/1/2009
72158		3	MAGNETIC RESONANCE LUMBAR WITH/WITHOUT CONTRAST	665.87	665.87	10/1/2009
72158	26	5	MAGNETIC RESONANCE LUMBAR WITH/WITHOUT CONTRAST	100.36	100.36	10/1/2009
72158	TC	T	MAGNETIC RESONANCE LUMBAR WITH/WITHOUT CONTRAST	565.51	565.51	10/1/2009
72170		3	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	20.60	20.60	10/1/2009
72170	26	5	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	7.23	7.23	10/1/2009
72170	TC	T	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	13.38	13.38	10/1/2009
72190		3	RADIOLOGIC EXAM PELVIC COMPLETE	31.19	31.19	10/1/2009
72190	26	5	RADIOLOGIC EXAM PELVIC COMPLETE	9.05	9.05	10/1/2009
72190	TC	T	RADIOLOGIC EXAM PELVIC COMPLETE	22.13	22.13	10/1/2009
72191		3	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST I	399.99	399.99	10/1/2009
72191	26	5	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST I	77.63	77.63	10/1/2009
72191	TC	T	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST I	322.37	322.37	10/1/2009
72192		3	COMPUTERIZED AXIAL TOMOGRAPHY; PELVIC	216.17	216.17	10/1/2009
72192	26	5	COMPUTERIZED AXIAL TOMOGRAPHY; PELVIC	46.80	46.80	10/1/2009
72192	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY; PELVIC	169.37	169.37	10/1/2009
72193		3	COMPUTERIZED AXIAL TOMOGRAPHY; PELVIC WITH CONTRAS	258.57	258.57	10/1/2009
72193	26	5	COMPUTERIZED AXIAL TOMOGRAPHY; PELVIC WITH CONTRAS	49.56	49.56	10/1/2009
72193	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY; PELVIC WITH CONTRAS	209.01	209.01	10/1/2009
72194		3	TOMOGRAPHY; PELVIC WITH/WITHOUT CONTRAST	329.30	329.30	10/1/2009
72194	26	5	TOMOGRAPHY; PELVIC WITH/WITHOUT CONTRAST	52.01	52.01	10/1/2009
72194	TC	T	TOMOGRAPHY; PELVIC WITH/WITHOUT CONTRAST	277.30	277.30	10/1/2009
72195		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTR	448.71	448.71	10/1/2009
72195	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTR	62.00	62.00	10/1/2009
72195	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTR	386.71	386.71	10/1/2009
72196		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST	497.55	497.55	10/1/2009
72196	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST	73.98	73.98	10/1/2009
72196	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST	423.57	423.57	10/1/2009
72197		3	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTR	681.58	681.58	10/1/2009
72197	26	5	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTR	96.38	96.38	10/1/2009
72197	TC	T	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTR	585.20	585.20	10/1/2009
72200		3	RADIOLOGIC EXAM SACRUM, COCCYX	22.91	22.91	10/1/2009
72200	26	5	RADIOLOGIC EXAM SACRUM, COCCYX	7.23	7.23	10/1/2009
72200	TC	T	RADIOLOGIC EXAM SACRUM, COCCYX	15.68	15.68	10/1/2009
72202		3	X-RAY EXAM OF SACROILIAC JOINTS, 3 OR MORE VIEWS	27.68	27.68	10/1/2009
72202	26	5	X-RAY EXAM OF SACROILIAC JOINTS, 3 OR MORE VIEWS	8.14	8.14	10/1/2009
72220		3	SACRUM AND COCCYX	23.31	23.31	10/1/2009

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

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

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

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

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

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

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

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

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

CODE	MOD	TOS	DESCRIPTION	Medicaid Maximum Allowable		
				FACILITY	NON-FACILITY	EFFECTIVE DATE
76100		3	XRAY EXAM, SNGL PLANE BODY SCTN OTHER THAN W UROGR	106.87	106.87	10/1/2009
76100	26	5	XRAY EXAM, SNGL PLANE BODY SCTN OTHER THAN W UROGR	24.73	24.73	10/1/2009
76100	TC	T	XRAY EXAM, SNGL PLANE BODY SCTN OTHER THAN W UROGR	82.14	82.14	10/1/2009
76101		3	XRAY EXAM COMPLEX MOTION BDY SECT OTHR W KIDY; UNI	147.45	147.45	10/1/2009
76101	26	5	XRAY EXAM COMPLEX MOTION BDY SECT OTHR W KIDY; UNI	24.44	24.44	10/1/2009
76101	TC	T	XRAY EXAM COMPLEX MOTION BDY SECT OTHR W KIDY; UNI	123.00	123.00	10/1/2009
76102		3	XRAY EXAM COMPLEX MOTION BDY SECT OTHR W KID; BILT	197.36	197.36	10/1/2009
76102	26	5	XRAY EXAM COMPLEX MOTION BDY SECT OTHR W KID; BILT	24.16	24.16	10/1/2009
76102	TC	T	XRAY EXAM COMPLEX MOTION BDY SECT OTHR W KID; BILT	173.20	173.20	10/1/2009
76120		3	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY	60.15	60.15	10/1/2009
76120	26	5	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY	15.99	15.99	10/1/2009
76120	TC	T	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY	44.16	44.16	10/1/2009
76125		3	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAI	37.27	37.27	10/1/2009
76125	26	5	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAI	12.08	12.08	10/1/2009
76125	TC	T	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAI	25.20	25.20	10/1/2009
76140		3	X-RAY CONSULTATION	32.02	32.02	10/1/2009
76150		3	X-RAY EXAM, DRY PROCESS	14.52	14.52	10/1/2009
76350		3	SUBTRACTION IN CONJUNCTION WITH CONTRAST STUDIES	122.43	122.43	10/1/2009
76350	26	5	SUBTRACTION IN CONJUNCTION WITH CONTRAST STUDIES	10.77	10.77	10/1/2009
76380		3	COMPUTERIZED AXIAL TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP	164.11	164.11	10/1/2009
76380	26	5	COMPUTERIZED AXIAL TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP	41.73	41.73	10/1/2009
76380	TC	T	COMPUTERIZED AXIAL TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP	122.39	122.39	10/1/2009
76506		3	ECHOENCEPHALOGRAPHY,B-SCAN INCLUDING A-MODE	92.49	92.49	10/1/2009
76506	26	5	ECHOENCEPHALOGRAPHY,B-SCAN INCLUDING A-MODE	27.46	27.46	10/1/2009
76506	TC	T	ECHOENCEPHALOGRAPHY,B-SCAN INCLUDING A-MODE	65.03	65.03	10/1/2009
76511		3	OPHTHALMIC ALTRASND, ECHOG A-SCAN W AMPLITUD QUALI	78.30	78.30	10/1/2009
76511	26	5	OPHTHALMIC ALTRASND, ECHOG A-SCAN W AMPLITUD QUALI	40.58	40.58	10/1/2009
76511	TC	T	OPHTHALMIC ALTRASND, ECHOG A-SCAN W AMPLITUD QUALI	37.72	37.72	10/1/2009
76512		3	OPHTHALMIC ULTRASND, ECHOG; CONTRAST B-SCAN	73.50	73.50	10/1/2009
76512	26	5	OPHTHALMIC ULTRASND, ECHOG; CONTRAST B-SCAN	40.67	40.67	10/1/2009
76512	TC	T	OPHTHALMIC ULTRASND, ECHOG; CONTRAST B-SCAN	32.83	32.83	10/1/2009
76513		3	ECHO EXAM OF EYE, WATER BATH	67.37	67.37	10/1/2009
76513	26	5	ECHO EXAM OF EYE, WATER BATH	27.89	27.89	10/1/2009
76513	TC	T	ECHO EXAM OF EYE, WATER BATH	39.47	39.47	10/1/2009
76514		3	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACH'	10.31	10.31	10/1/2009
76514	26	5	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACH'	7.52	7.52	10/1/2009
76514	TC	T	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACH'	2.79	2.79	10/1/2009
76516		3	OPHTHALMIC BIOMETRY BY ULTRSDN ECHOGRAPHY A-SCAN	53.89	53.89	10/1/2009
76516	26	5	OPHTHALMIC BIOMETRY BY ULTRSDN ECHOGRAPHY A-SCAN	23.10	23.10	10/1/2009
76516	TC	T	OPHTHALMIC BIOMETRY BY ULTRSDN ECHOGRAPHY A-SCAN	30.80	30.80	10/1/2009
76519		3	OPHTHALMIC BILM BY ULTRASND ECHOG, A-SCAN W/INTRA0	57.64	57.64	10/1/2009
76519	26	5	OPHTHALMIC BILM BY ULTRASND ECHOG, A-SCAN W/INTRA0	23.38	23.38	10/1/2009
76519	TC	T	OPHTHALMIC BILM BY ULTRASND ECHOG, A-SCAN W/INTRA0	34.26	34.26	10/1/2009
76529		3	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	54.65	54.65	10/1/2009
76529	26	5	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	24.52	24.52	10/1/2009
76529	TC	T	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	30.13	30.13	10/1/2009
76536		3	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATH'	88.08	88.08	10/1/2009
76536	26	5	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATH'	23.33	23.33	10/1/2009
76536	TC	T	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATH'	64.75	64.75	10/1/2009
76604		3	ULTRASOUND, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TII	69.11	69.11	10/1/2009
76604	26	5	ULTRASOUND, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TII	23.31	23.31	10/1/2009
76604	TC	T	ULTRASOUND, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TII	45.80	45.80	10/1/2009
76645		3	ULTRASOUND, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/OR R	72.93	72.93	10/1/2009
76645	26	5	ULTRASOUND, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/OR R	23.00	23.00	10/1/2009
76645	TC	T	ULTRASOUND, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/OR R	49.93	49.93	10/1/2009
76700		3	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCU	109.26	109.26	10/1/2009
76700	26	5	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCU	34.41	34.41	10/1/2009
76700	TC	T	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCU	74.86	74.86	10/1/2009
76705		3	ECHOG, ABD, B-SCAN &/OR REAL TIME W/ IMG DOCUMNTN	82.86	82.86	10/1/2009
76705	26	5	ECHOG, ABD, B-SCAN &/OR REAL TIME W/ IMG DOCUMNTN	25.33	25.33	10/1/2009
76705	TC	T	ECHOG, ABD, B-SCAN &/OR REAL TIME W/ IMG DOCUMNTN	57.53	57.53	10/1/2009
76770		3	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN A	104.58	104.58	10/1/2009
76770	26	5	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN A	31.45	31.45	10/1/2009
76770	TC	T	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN A	73.13	73.13	10/1/2009
76775		3	ECHOG,RETROPRTNL,B-SCAN&/OR REL TM W/IMG DOC; LMTD	88.90	89.19	10/1/2009
76775	26	5	ECHOG,RETROPRTNL,B-SCAN&/OR REL TM W/IMG DOC; LMTD	25.03	25.31	10/1/2009
76775	TC	T	ECHOG,RETROPRTNL,B-SCAN&/OR REL TM W/IMG DOC; LMTD	63.88	63.88	10/1/2009
76776		3	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER	116.16	116.16	10/1/2009
76776	26	5	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER	32.37	32.37	10/1/2009
76776	TC	T	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER	83.79	83.79	10/1/2009
76800		3	ULTRASOUND, SPINAL CANAL AND CONTENTS	99.24	99.24	10/1/2009
76800	26	5	ULTRASOUND, SPINAL CANAL AND CONTENTS	45.45	45.45	10/1/2009
76800	TC	T	ULTRASOUND, SPINAL CANAL AND CONTENTS	53.78	53.78	10/1/2009
76801	TC	T	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	63.52	63.52	10/1/2009
76802	TC	T	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	25.15	25.15	10/1/2009
76805	TC	T	ULTRASOUND, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAC	75.63	75.63	10/1/2009
76810	TC	T	ECHOGRAPHY; COMPLETE WITH MULTIPLE GESTATION	40.40	40.40	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

**Physician Fee Schedule
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Rural Health Clinic**

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

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

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

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

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

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Medicaid Maximum Allowable
100%

					Medicaid Maximum Allowable		
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
87299	3		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	14.57	14.57	10/1/2009	
87300	3		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	14.57	14.57	10/1/2009	
87301	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	14.57	14.57	10/1/2009	
87305	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	14.57	14.57	10/1/2009	
87320	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	14.57	14.57	10/1/2009	
87324	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	14.57	14.57	10/1/2009	
87327	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	14.57	14.57	10/1/2009	
87328	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	14.57	14.57	10/1/2009	
87332	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	14.57	14.57	10/1/2009	
87335	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	14.57	14.57	10/1/2009	
87336	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	14.57	14.57	10/1/2009	
87337	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	14.57	14.57	10/1/2009	
87338	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	18.29	18.29	10/1/2009	
87339	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	14.57	14.57	10/1/2009	
87340	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	11.83	11.83	10/1/2009	
87341	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	11.83	11.83	10/1/2009	
87350	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	14.07	14.07	10/1/2009	
87380	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	20.88	20.88	10/1/2009	
87385	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	14.57	14.57	10/1/2009	
87390	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	22.43	22.43	10/1/2009	
87391	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	22.43	22.43	10/1/2009	
87400	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	14.57	14.57	10/1/2009	
87420	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	14.57	14.57	10/1/2009	
87425	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	14.57	14.57	10/1/2009	
87427	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	14.57	14.57	10/1/2009	
87430	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	14.57	14.57	10/1/2009	
87449	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY	14.57	14.57	10/1/2009	
87450	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	9.72	9.72	10/1/2009	
87451	3		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	9.72	9.72	10/1/2009	
87470	3		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTON	25.50	25.50	10/1/2009	
87471	3		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTON	31.18	31.18	10/1/2009	
87472	3		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTON	41.41	41.41	10/1/2009	
87475	3		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELI	25.50	25.50	10/1/2009	
87476	3		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELI	31.18	31.18	10/1/2009	
87477	3		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELI	41.41	41.41	10/1/2009	
87480	3		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA	25.50	25.50	10/1/2009	
87481	3		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA	31.18	31.18	10/1/2009	
87482	3		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA	41.41	41.41	10/1/2009	
87485	3		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMY	25.50	25.50	10/1/2009	
87486	3		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMY	31.18	31.18	10/1/2009	
87487	3		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMY	41.41	41.41	10/1/2009	
87490	3		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMY	25.50	25.50	10/1/2009	
87491	3		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMY	31.18	31.18	10/1/2009	
87492	3		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMY	41.41	41.41	10/1/2009	
87495	3		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOME	25.50	25.50	10/1/2009	</

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

**Physician Fee Schedule
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Rural Health Clinic**

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

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

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

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

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

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

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Rural Health Clinic**

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

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

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

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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Physician Drug Program Procedure Codes And Rates

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

**Physician Fee Schedule
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Rural Health Clinic**

						Medicaid Maximum Allowable		
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE		
90648		3	Hemophilus Influenza b Vaccine (HIB), PRP-T Conjugate (4 dose schedule), Intramuscular use	\$21.11	\$21.11	10/1/2009		
90649		3	Human Papilloma Virus (HPV) vaccine, types 6, 11, 16, 18, quadrivalent, 3 dose schedule, for IM use (Gardasil), 0.5 ml	\$136.48	\$136.48	10/1/2009		
90658		3	Influenza Virus Vaccine, Split Virus, 3 years and above, for Intramuscular use	\$12.82	\$12.82	10/1/2009		
90660		3	Influenza Virus Vaccine, Live, for Intranasal us (FluMist)	\$21.36	\$21.36	10/1/2009		
90703		3	Tetanus Toxoid Adsorbed, for Intramuscular use	\$20.81	\$20.81	10/1/2009		
90704		3	Mumps Virus Vaccine, Live, for Subcutaneous use	\$21.24	\$21.24	10/1/2009		
90705		3	Measles Virus Vaccine, Live, for Subcutaneous use	\$16.25	\$16.25	10/1/2009		
90706		3	Rubella Virus Vaccine, Live, for Subcutaneous use	\$18.18	\$18.18	10/1/2009		
90707		3	Measles, Mumps, and Rubella Virus Vaccine (MMR), Live, for Subcutaneous use	\$41.25	\$41.25	10/1/2009		
90713		3	Poliovirus Vaccine, Inactivated, (IPV), for Subcutaneous use	\$24.92	\$24.92	10/1/2009		
90715		3	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for IM use	\$34.06	\$34.06	10/1/2009		
90716		3	Varicella Virus Vaccine, Live for Subcutaneous use	\$71.21	\$71.21	10/1/2009		
90721		3	Diphtheria, Tetanus Toxoids, and Acellular Pertussis Vaccine and Hemophilus Influenza B Vaccine (DtaP-Hib), for Intramuscular use	\$41.58	\$41.58	10/1/2009		
90723		3	Diphtheria, Tetanus TertussisHepatitis B and Polio, for Intramuscular use	\$73.03	\$73.03	10/1/2009		
			Pneumococcal Polysaccharide Vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 yrs or older, for Subcutaneous or Intramuscular use					
90732		3		\$31.70	\$31.70	10/1/2009		
90733		3	Meningococcal Polysaccharide Vaccine (any group(s)), for Subcutaneous use	\$91.00	\$91.00	10/1/2009		
			Meningococcal conjugate vaccine, serogroups A, C, Y, W-135 (tetravalent) for IM use.					
90734		3		\$102.21	\$102.21	10/1/2009		
			Hepatitis B Vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use					
90740		3		\$111.02	\$111.02	10/1/2009		
90746		3	Hepatitis B Vaccine, Adult dosage, for Intramuscular use	\$55.51	\$55.51	10/1/2009		
			Hepatitis B Vaccine, Dialysis or Immunosuppressed Patient dosage (4 dose schedule), for Intramuscular use					
90747		3		\$111.02	\$111.02	10/1/2009		
***J1931		3	Laronidase, 0.1 mg, inj. (Aldurazyme)	\$23.60	\$23.60	10/1/2009		
***J7302		3	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	\$479.84	\$479.84	10/1/2009		

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*** indicated NDC required

DENTAL

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

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

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

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic

				Medicaid Maximum Allowable		
CODE	MOD	TOS	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.						