

<b>Optometry Services Fee Schedule</b>		
<b>Fee Schedule Effective January 1, 2017</b>		
		<b>The inclusion of a rate on this table does not guarantee that a service is covered.</b>
		<b>Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice</b>
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<b>CODE</b>	<b>MODE</b>	<b>Description</b>
11623		EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,
16000		TREATMENT OF BURNS
16020		DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;
24361		ARTHROPLASTY, ELBOW W/ HUMERAL PROSTHETIC REPLACE.
37200		TRANSCATHETER BIOPSY
37203		TRANSCATHETER RETRIEVAL PERCUTANEOUS, INTRAVASC.
37204		TRANSCATHETER OCCLUSION/EMBOLIZATION, PERCUTANEOUS
42550		INJECTION FOR SIALOGRAPHY
46942		TREATMENT OF ANAL FISSURE
61624		TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION,
61626		TRANSCATH.OCCULSION/EMBOLIZATION,PERCU; NON-CNS
64561		PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE
64886		NERVE GRAFT, HEAD/NECK; MORE THAN 4 CM.
65205		REMOVE FOREIGN BODY FROM EYE
65210		REMOVE FOREIGN BODY FROM EYE
65220		REMOVE FOREIGN BODY FROM EYE
65222		REMOVE FOREIGN BODY FROM EYE
65430		CORNEAL SMEAR
65435		CURETTE/TREAT CORNEA
66820		INCISION OF LENS LESION
66821		DISCISSION SECONDARY CATARACT; LASER
66830		REMOVAL OF LENS LESION
66982		EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS
66983		INTRACAPSULAR EXTRACTION WITH INSERTION OF PROSTHE
66984		EXTRACAPSULAR CATARACT REMOVAL WITH LENS PROSTHES
66985		INSERT LENS PROSTHESIS
67041		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL
67042		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMITING
67043		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL
67113		REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITREORETINOPATHY,
67820		REVISE EYELASHES
67938		REMOVE FOREIGN BODY, EYELID
68040		TREATMENT OF EYELID LESIONS
68761		CLOSURE OF LACRIMAL PUNCTUM; BY PLUG, EACH
68801		DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION
68816		PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL
76510		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED
76510	26	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED
76510	TC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED
76511		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SCAN ONLY
76512		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WITHOUT SUPERIMPOSED
76513		ECHO EXAM OF EYE, WATER BATH
76514		OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL
76514	26	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL
76514	TC	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL
76516		ECHO EXAM OF EYE
76519		OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY
76529		ECHO EXAM OF EYE
92002		EYE EXAM & TREATMENT,INITIAL
92004		EYE EXAM & TREATMENT,INITIAL
92012		EYE EXAM & TREATMENT
92014		EYE EXAM & TREATMENT
92015		DETERMINATION OF REFRACTIVE STATE
92020		GONIOSCOPY (SEPARATE PROCEDURE)
92025		COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION
92025	26	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION

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92025	TC	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION
92060		SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG,
92060	26	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG,
92060	TC	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG,
92070		THERAPEUTIC BANDAGE LENS
92071		FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE
92072		FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING
92081		VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND
92081	26	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND
92081	TC	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND
92082		SPECIAL EYE EXAM
92082	26	SPECIAL EYE EXAM
92082	TC	SPECIAL EYE EXAM
92083		SPECIAL EYE EXAM
92083	26	SPECIAL EYE EXAM
92083	TC	SPECIAL EYE EXAM
92132		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH
92132	26	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH
92132	TC	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH
92133		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH
92133	26	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH
92133	TC	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH
92134		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH
92134	26	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH
92134	TC	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH
92136		OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS
92136	26	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS
92136	TC	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS
92228		REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG,
92228	26	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG,
92228	TC	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG,
92250		FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT
92250	26	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT
92250	TC	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT
92270		ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT
92270	26	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT
92270	TC	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT
92275		ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT
92275	26	ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT
92275	TC	ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT
92283		COLOR VISION EXAMINATION
92283	26	COLOR VISION EXAMINATION
92283	TC	COLOR VISION EXAMINATION
92284		DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT
92284	26	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT
92284	TC	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT
92531		SPONTANEOUS NYSTAGMUS TEST
92532		POSITIONAL NYSTAGMUS TEST
92534		OPTOKINETIC NYSTAGMUS TEST
92542		SPECIAL EYE TEST
92551		HEARING TEST
92552		HEARING TEST
92950		HEART-LUNG RESUSCITATION
95060		ALLERGY EYE TESTS
95824		ELECTROENCEPHALOGRAM
95851		RANGE OF MOTION EVALUATION

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95851	26	RANGE OF MOTION MEASRMTS & REPORT; @EXTREM, EX HND
95933		ORBISULARIS OCCULI REFLEX BY ELECTRODIAGNOSTIC TES
97161		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES
97162		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 30 MINUTES
97163		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 45 MINUTES
97164		RE-EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES
97165		EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES
97166		EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES
97167		EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 60 MINUTES
97168		RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 30 MINS
99050		SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFFICE
99051		SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED EVENING, WEEKEND
99053		SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-HOUR FACILITY, IN
99058		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS IN THE OFFICE, WHICH DISRUPTS OTHER
99060		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE OFFICE, WHICH DISRUPTS
99070		SPECIAL SUPPLIES
99082		UNUSUAL TRAVEL
99201		OV NEW PT MINOR-PHYS TIME APPROX. 10 MINUTES
99202		OV NEW PT, MODERATE-PHYS TIME APPROX 20 MINUTES
99203		OV NEW PT, MODERATE-PHYS TIME APPROX 30 MINUTES
99204		OV NEW PT, COMPLEX-PHYS TIME APPROX 45 MINUTES
99205		OV NEW PT, SEVERE-PHYS TIME APPROX 60 MINUTES
99211		OV ESTAB PT, MINIMAL W/WO PHYS, TIME APPROX 5 MIN
99212		OV ESTABLISHED PT, MINOR-PHYS TIME APPROX 10 MIN.
99213		OV ESTAB. PT, MODERATE. PHYS TIME APPROX 15 MIN.
99214		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 25 MIN.
99215		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 40 MIN.
99231		HOSP VISIT, STABLE. PHYS TIME APPROX 15 MINUTES
99232		HOSP VISIT, MODERATE. PHYS TIME APPROX 25 MINUTES
99233		HOSP VISIT, COMPLEX. PHYS TIME APPROX 35 MINUTES
99241		OUTPT. CONSULT, MINOR- PHYS TIME APPROX 15 MIN.
99242		OUTPT. CONSULT, MODERATE- PHYS TIME APPROX 30 MIN.
99243		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN.
99244		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 60 MIN.
99245		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN.
99251		INITIAL INPT CONSULT- PHYS TIME APPROX 20 MIN.
99252		INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.
99253		INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.
99254		INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.
99255		INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.
99281		ER VISIT, MINOR
99282		ER VISIT, LOW SEVERITY
99283		ER VISIT, MODERATE SEVERITY
99284		ER VISIT, HIGH SEVERITY
99285		ER VISIT, HIGH SEVERITY/LIFE THREATENING
99307		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF
99308		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF
99309		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF
99310		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF
99324		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW
99325		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW
99326		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW
99327		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW
99328		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW
99334		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN
99335		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN

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99336		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN
99337		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN
S0620		EYE EXAM & TREATMENT,INITIAL
S0621		EYE EXAM & TREATMENT

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

<b>Medicaid Maximum Allowable</b>		
<b>FACILITY</b>	<b>NON-FACILITY</b>	<b>EFFECTIVE DATE</b>
\$147.37	\$202.75	1/1/2014
\$34.46	\$48.44	1/1/2014
\$40.58	\$56.46	1/1/2014
\$725.39	\$725.39	1/1/2014
\$188.18	\$188.18	1/1/2014
\$213.73	\$990.44	1/1/2014
\$747.72	\$747.72	1/1/2014
\$51.25	\$107.46	1/1/2014
\$91.47	\$134.25	1/1/2014
\$845.10	\$845.10	1/1/2014
\$688.86	\$688.86	1/1/2014
\$318.94	\$823.39	1/1/2014
\$976.09	\$976.09	1/1/2014
\$30.38	\$37.79	1/1/2014
\$36.62	\$46.21	1/1/2014
\$29.93	\$38.71	1/1/2014
\$40.11	\$50.80	1/1/2014
\$70.11	\$76.96	1/1/2014
\$46.67	\$52.97	1/1/2014
\$257.14	\$257.14	1/1/2014
\$197.52	\$209.04	1/1/2014
\$466.31	\$466.31	1/1/2014
\$705.26	\$705.26	1/1/2014
\$486.17	\$486.17	1/1/2014
\$505.21	\$505.21	1/1/2014
\$498.86	\$498.86	1/1/2014
\$880.61	\$880.61	1/1/2014
\$1,009.46	\$1,009.46	1/1/2014
\$1,058.63	\$1,058.63	1/1/2014
\$1,158.94	\$1,158.94	1/1/2014
\$36.33	\$35.23	1/1/2014
\$75.69	\$157.10	1/1/2014
\$36.64	\$43.77	1/1/2014
\$77.68	\$96.04	1/1/2014
\$68.87	\$79.29	1/1/2014
\$163.21	\$439.01	1/1/2014
\$114.44	\$114.44	1/1/2014
\$63.78	\$63.78	1/1/2014
\$50.66	\$50.66	1/1/2014
\$74.43	\$74.43	1/1/2014
\$69.87	\$69.87	1/1/2014
\$64.04	\$64.04	1/1/2014
\$9.80	\$9.80	1/1/2014
\$7.15	\$7.15	1/1/2014
\$2.65	\$2.65	1/1/2014
\$51.23	\$51.23	1/1/2014
\$54.80	\$54.80	1/1/2014
\$51.95	\$51.95	1/1/2014
\$34.68	\$52.78	1/1/2014
\$71.97	\$99.66	1/1/2014
\$36.70	\$55.60	1/1/2014
\$56.36	\$81.31	1/1/2014
\$15.02	\$24.61	1/1/2014
\$14.99	\$18.83	1/1/2014
\$24.18	\$24.18	1/1/2014
\$14.12	\$14.12	1/1/2014

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<b>FACILITY</b>	<b>NON-FACILITY</b>	<b>EFFECTIVE DATE</b>
\$10.06	\$10.06	1/1/2014
\$42.13	\$42.13	1/1/2014
\$27.96	\$27.96	1/1/2014
\$14.17	\$14.17	1/1/2014
\$28.26	\$47.17	1/1/2014
\$18.73	\$20.97	1/1/2014
\$53.78	\$66.85	1/1/2014
\$37.09	\$37.09	1/1/2014
\$15.58	\$15.58	1/1/2014
\$22.67	\$22.67	1/1/2014
\$49.06	\$49.06	1/1/2014
\$17.62	\$17.62	1/1/2014
\$31.45	\$31.45	1/1/2014
\$56.05	\$56.05	1/1/2014
\$20.21	\$20.21	1/1/2014
\$35.83	\$35.83	1/1/2014
\$28.59	\$28.59	1/1/2014
\$16.67	\$16.67	1/1/2014
\$11.92	\$11.92	1/1/2014
\$35.16	\$35.16	1/1/2014
\$23.24	\$23.24	1/1/2014
\$11.92	\$11.92	1/1/2014
\$35.16	\$35.16	1/1/2014
\$23.24	\$23.24	1/1/2014
\$11.92	\$11.92	1/1/2014
\$58.09	\$58.09	1/1/2014
\$22.22	\$22.22	1/1/2014
\$35.86	\$35.86	1/1/2014
\$23.63	\$23.63	1/1/2014
\$13.85	\$13.85	1/1/2014
\$9.78	\$9.78	1/1/2014
\$58.61	\$58.61	1/1/2014
\$18.30	\$18.30	1/1/2014
\$40.30	\$40.30	1/1/2014
\$63.33	\$63.33	1/1/2014
\$31.97	\$31.97	1/1/2014
\$31.36	\$31.36	1/1/2014
\$94.21	\$94.21	1/1/2014
\$41.48	\$41.48	1/1/2014
\$52.74	\$52.74	1/1/2014
\$31.74	\$31.74	1/1/2014
\$6.88	\$6.88	1/1/2014
\$24.86	\$24.86	1/1/2014
\$42.58	\$42.58	1/1/2014
\$9.22	\$9.22	1/1/2014
\$33.37	\$33.37	1/1/2014
\$17.16	\$17.16	1/1/2014
\$17.50	\$17.50	1/1/2014
\$32.96	\$32.96	1/1/2014
\$45.43	\$45.43	1/1/2014
\$7.86	\$7.86	1/1/2014
\$15.83	\$15.83	1/1/2014
\$140.62	\$211.35	1/1/2014
\$17.36	\$17.36	1/1/2014
\$47.43	\$47.43	1/1/2014
\$6.30	\$12.60	1/1/2014

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<b>FACILITY</b>	<b>NON-FACILITY</b>	<b>EFFECTIVE DATE</b>
\$4.73	\$10.16	1/1/2014
\$48.70	\$48.70	1/1/2014
\$66.11	\$66.11	1/1/2017
\$66.11	\$66.11	1/1/2017
\$66.11	\$66.11	1/1/2017
\$44.79	\$44.79	1/1/2017
\$64.14	\$64.14	1/1/2017
\$64.14	\$64.14	1/1/2017
\$64.14	\$64.14	1/1/2017
\$42.32	\$42.32	1/1/2017
\$25.95	\$25.95	1/1/2014
\$25.95	\$25.95	1/1/2014
\$25.95	\$25.95	1/1/2014
\$17.30	\$17.30	1/1/2014
\$9.27	\$9.27	1/1/2014
\$9.23	\$9.23	1/1/2014
\$0.81	\$0.81	1/1/2014
\$20.40	\$31.54	1/1/2014
\$39.33	\$54.70	1/1/2014
\$59.36	\$79.24	1/1/2014
\$99.69	\$122.88	1/1/2014
\$129.73	\$155.34	1/1/2014
\$7.55	\$15.99	1/1/2014
\$20.10	\$31.85	1/1/2014
\$39.32	\$53.18	1/1/2014
\$60.84	\$80.12	1/1/2014
\$86.38	\$108.37	1/1/2014
\$32.60	\$32.60	1/1/2014
\$58.75	\$58.75	1/1/2014
\$84.16	\$84.16	1/1/2014
\$26.21	\$38.00	1/1/2014
\$55.31	\$71.20	1/1/2014
\$77.09	\$97.91	1/1/2014
\$122.40	\$145.43	1/1/2014
\$152.70	\$178.74	1/1/2014
\$38.80	\$38.80	1/1/2014
\$60.13	\$60.13	1/1/2014
\$91.29	\$91.28	1/1/2014
\$132.03	\$132.03	1/1/2014
\$160.87	\$160.87	1/1/2014
\$16.19	\$16.19	1/1/2014
\$31.50	\$31.50	1/1/2014
\$48.81	\$48.81	1/1/2014
\$91.39	\$91.39	1/1/2014
\$135.87	\$135.87	1/1/2014
\$34.72	\$34.72	1/1/2014
\$53.07	\$53.07	1/1/2014
\$70.40	\$70.40	1/1/2014
\$104.10	\$104.10	1/1/2014
\$47.19	\$47.19	1/1/2014
\$68.72	\$68.72	1/1/2014
\$113.64	\$113.64	1/1/2014
\$148.22	\$148.22	1/1/2014
\$174.48	\$174.48	1/1/2014
\$48.64	\$48.64	1/1/2014
\$75.34	\$75.34	1/1/2014

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\$106.09	\$106.09	1/1/2014
\$152.43	\$152.43	1/1/2014
\$71.97	\$99.66	1/1/2014
\$56.36	\$81.31	1/1/2014

